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A Publication of Philadelphia Corporation for Aging (PCA)

News and Possibilities for Seniors

December 2017 • Free

IN THIS ISSUE

AIDS Memorial Quilt:
love and remembrance....8



'Living with Dying':
a guide for caregivers.....10



Health Brief.....2
Calendar.....12
Don's Column.....23
Crossword.....23

NEXT MONTH:
Reinvention



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Planning ahead to face emergencies

By Linda L. Riley

It may seem counterintuitive to think you could plan for an emergency, but there are certain steps you can take to help you cope in case of a disaster. The most common emergencies in Pennsylvania are floods, fires and storms, including winter storms, tropical storms, tornadoes and hurricanes, according to the Pennsylvania Emergency Management Agency. It is essential to know what steps to take to shelter in place or to evacuate, along with where you can go, how you can get there, and whom you can contact for help or to let them know you are safe.

Communication is key

Phones and TVs may not work during a disaster. Having a windup radio or one that runs on batteries and making sure the batteries are fresh and working will enable you to find out about conditions outside of your home, such as flooding, road closures and evacuation orders, that can help you decide how to proceed.

In addition, make a family emergency plan:

- Have a list of phone numbers of people to contact for help if you need to leave your home.

- Post emergency numbers near all telephones. Pre-program the numbers into phones that have auto-dial. Teach children how and when to dial 9-1-1 for emergency assistance.
- Arrange for more than one person to check on you after an emergency.
- Choose a friend or relative who lives out of the area to be your emergency contact. That person can let others know where you are and help you keep in touch.
- Agree on a place to meet with people in your local support network in case of an emergency, such as a library, senior center or place of worship.

Having several ways to contact people is important in case communication channels are disrupted. If you have a landline telephone, be sure that you also have a phone that does not require electricity to work. Cordless phones are convenient but will not work if the power goes out. Likewise, cell phones will only hold a charge for so long; if you are relying on them, turn them on only when they are needed, to save the battery life. If you call someone and do not get an answer, send a text. If your

• continued on page 14

Caregiving

Meeting the challenges of spousal caregiving

By Marcia Z. Siegal

"In sickness and in health, to love and to cherish, till death us do part" is a promise often made in wedding vows. However, many blithe bridal couples don't anticipate what really lies ahead in the event of sickness and disability and the anguish that can accompany spousal caregiving as they grow old.

According to the report "Caregiving in the U.S. 2015" by the National Alliance for Caregiving and the AARP Public Policy Institute, 85 percent of care recipients are cared for by relatives. While most caregivers are adult children, 12 percent are spouses. Of those spousal caregivers, nearly half are 75 or older. Many face health issues themselves. Thirty-seven percent of spousal caregivers report that caregiving has made their own health worse. Forty-five percent describe themselves as highly stressed.

New responsibilities

Psychologists Barry J. Jacobs, Psy.D., and his wife, Julia L. Mayer, Psy.D., co-authored "AARP Meditations for Caregivers: Practical, Emotional, and Spiritual Support for You and Your Family," published in

• continued on page 20



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Caregiving for one's spouse can bring a variety of challenges, from loneliness to relationship changes.



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For more information, call the PCA Helpline at 215-765-9040 or visit pcaCares.org.

Health Brief



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Caregivers of patients with Alzheimer's disease report rewards – and stress

About 5.5 million Americans are living with Alzheimer's disease, the most common form of dementia, according to the Alzheimer's Association. The bulk of their care – 83 percent – falls on unpaid family members.

A new study conducted by the University of Michigan, called the National Poll on Healthy Aging, surveyed the experiences of dementia caregivers ages 50 to 80. Most – 62 percent – were women, and 60 percent were caring for a parent. The others were caring for a spouse, another relative or a friend. The survey results illustrate the ups and downs of caring for ailing family members.

It's no secret that family caregivers carry a heavy physical and emotional burden, but the survey indicated some surprising benefits of caregiving. "A striking finding was that 45 percent of caregivers described their experience as 'very rewarding,'" said Erica Solway of the University of Michigan's Institute for Healthcare Policy and Innovation, "while just 19 percent called it 'very stressful.'"

While dementia caregiving has positive aspects, that fact should not overshadow the burdens families face. Of the survey respondents, 78 percent said caregiving was at least "somewhat" stressful, and more than a fourth said they'd neglected their own health.

In addition, caregivers often say they have little personal time. Of those surveyed, two-thirds said their caregiving responsibilities interfered with their work, everyday tasks or ability to take care of themselves.

It is recommended that caregivers periodically ask a trusted relative or friend to take over for the day, or at least for a few hours. If there's no one who can step in, professional/paid respite care might be an option. Caregivers also can look to resources in their community and online. Those include temporary or regular in-home care, adult day centers – where people with dementia can go for supervised activities – and short-term stays in an assisted-living facility when a caregiver needs to travel or have a medical procedure.

While getting help and taking breaks are critical for caregivers' health, only 27 percent of those surveyed said they'd used such resources.

Families often are unaware that help is out there, and by the time caregivers need assistance, they might be so overwhelmed that they feel they don't have the time – or energy – to access support. It is suggested that families start planning for such needs soon after a loved one is diagnosed with dementia, before the caregiving becomes too intense.

Source: *HealthDay News*

Help for caregivers

Caregivers can call the PCA Helpline at 215-765-9040 or go to pcaCares.org to search for caregiving resources. In addition, PCA's Caregiver Support Program offers tips; support groups; links to caregiving resources; and for those who qualify financially, reimbursement for caregiving supplies and respite care.

Milestones

Published by Philadelphia Corporation for Aging

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Milestones is published monthly and distributed at more than 850 locations throughout Philadelphia including stores, libraries, community and senior centers, and other organizations serving older adults.

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Subscriptions & Distribution:
Home delivery: \$12/year
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Caregiving

Caring ‘providers’ share their homes with those in need through PCA’s ‘Dom Care’ program

By Marcia Z. Siegal



Managed by PCA

Sylvia Robinson-Hite has opened her home to two men who can’t live independently and need help with the tasks of daily living. She is a “provider” with the Domiciliary Care, or “Dom Care,” Program run by Philadelphia Corporation for Aging (PCA). She has found the experience profoundly satisfying. “I’ve been very blessed with Jeffrey* and David,” she said. “That’s the way I look at it.”

The feeling is mutual. Ceramic angels that David gave her sit on a shelf above the kitchen sink in her warm and welcoming Mount Airy home. A piece of construction paper stuck to the refrigerator holds a note David wrote in blue crayon to her and her daughter and granddaughters: “I love you Miss Robinson. I love Roslyn and Sheena and Sasha and little Sylvia. Love, David.” Another note posted in her kitchen is from Jeffrey. “I am thankful for Miss Robinson. She helped me a lot,” it says.

A supportive alternative

The Dom Care Program, which serves residents throughout Philadelphia, marked its 40th year in 2017. Through the program, the agency matches adults who are elderly or have physical or mental disabilities with providers willing to share their homes and provide meals, housekeeping and laundry assistance; arrange transportation to medical appointments; supervise medications; and assist with personal hygiene as needed.

“Most of all, they provide attention and support to individuals who otherwise would be living in a personal care home or other institution,” said Jean Janik, PCA’s director of community living options. Residents pay a monthly fee, usually through Social Security, Supplemental Security Income (SSI) or a retirement account, for room, board and services.

Robinson-Hite followed family tradition in becoming a Dom Care provider. Her mother, Mamie Lashley, had cared for several residents over the years. Deborah Kish-Silver, who was then a PCA care manager for Dom Care, would see Robinson-Hite during her regular monitoring visits to Lashley’s home.

Mother and daughter live in adjoining houses, and Robinson-Hite was often visiting.

The care manager encouraged Lashley’s daughter to consider getting involved in the program. “I think you would make an excellent provider,” Robinson-Hite remembers her saying. When Robinson-Hite objected that she was working full-time, Kish-Silver explained that Dom Care residents are often in day programs, and providers can be matched with residents whose schedule fit theirs. After thinking it over, Robinson-Hite decided to give it a try in 2010.

A perfect match

“I have a gentleman who I think would be perfect for you,” Robinson-Hite remembers Kish-Silver telling her.

“David came for a visit. For me, it was love at first sight. He sat on the couch right there,” she said, pointing to the white couch in her living room, “and he said this was where he wanted to live.” David lived with her for five years, until his death from brain cancer two years ago.

“He had developmental disabilities and was in a day program, but he was intellectually capable in many ways,” said Robinson-Hite of David, who was 22 when he moved in. “He could read, use a calculator and correct my spelling. He would tell me little jokes and riddles. He used to go out and buy me flowers.”

The two developed “complete trust in each other and love for each other,” Robinson-Hite said.

Jeffrey, now 72, came to live with Robinson-Hite and David in 2012. His personality soon asserted itself. “Jeffrey is a big news man. He loves to watch the news, and he also watches all the sports,” Robinson-Hite said. “He’ll come and tell me what happened and who did what. We watch Eagles games together, and we talk about them.” Unlike David, who had family in another state, Jeffrey has no family. “I and my family are all he has,” she said.

“You get to know residents’ personalities, and you find what you have in common,” Robinson-Hite said. “You’ll find something.

You can’t just feed and water them ... You have to talk with them. You treat people with respect – just like you want to be treated.”

Personal space

At the time of Robinson-Hite’s interview with Milestones, Jeffrey was at his day program, and Robinson-Hite showed off his room with its cozy bed, floor-to-ceiling closet, desk, TV and radio. An array of colorful caps was on display on wall hooks. On the walls hung certificates Jeffrey had received for achievements in his day program. The room was full of the stuffed animals he loves. “This is his house. His room has to reflect him,” Robinson-Hite said.

Jeffrey’s closet was neatly stacked with clothes and towels Robinson-Hite had laundered and put away. “I do his linens, make his bed and clean his room once a week,” she said. “He is responsible for his room the rest of the time. He also takes out the trash on trash day.”

“Mornings when he wakes up, he will ask: ‘Miss Robinson, how did you sleep?’ Then he’ll tell me, ‘I slept like a baby,’” she said. “It makes me feel good that he slept like a baby in a room I provided for him. I think God put me on Earth to do this work.”

Living with Dom Care residents, you adapt to their quirks, as you would with any member of your family, Robinson-Hite said. “Jeffrey likes to wear a lot of layers,” she said. “He’ll come dressed in the morning in two undershirts, two polo shirts, two sweaters and a fleece. I’ll joke with him, ‘I told you I’m not doing all that laundry.’ He’ll change and come back and say to me, ‘Miss Robinson, I have two undershirts, one shirt and one sweater.’ I’ll give him a thumbs up.”

Jeffrey also has some particular dislikes when it comes to food: He doesn’t like fish or rice. “When I cook a meal with rice, I make a pack of noodles for him,” Robinson-Hite



Paola Noguerras

Opening her home to individuals in need through PCA’s ‘Dom Care’ program has proved rewarding for Sylvia Robinson-Hite.

said. “If I cook fish, I serve him chicken instead, which he loves. He loves peppers and onions, so I cook a lot of meals with that.”

There for each other

David, Robinson-Hite’s original resident, was slightly built and had health and balance problems. But he was determined to give Robinson-Hite physical support when she experienced a painful flare-up of gout. Her fiancé was helping her walk to the car so he could drive her to the hospital. David insisted on helping, too. “I’m strong, Miss Robinson,” he said as he walked on one side of her. “Put your arm around my neck.”

Likewise, she was there for David when he became critically ill in 2015. “He started to have very bad headaches and to feel dizzy. I would take him back and forth to the doctors and to the hospital, but they couldn’t find anything wrong with him,” she said. “Finally I took him to the hospital and said we weren’t leaving. Something was really wrong. That’s when they discovered the brain tumor.”

David underwent surgery, but the cancer had spread too far and was terminal. He remained hospitalized after that. “I was there with him in his hospital room every day,”

• continued on page 5

'Dom Care': Providing supportive homes

The Pennsylvania Department of Aging established the Domiciliary Care, or "Dom Care," Program 40 years ago and oversees the program statewide. Area agencies on aging (AAAs) like Philadelphia Corporation for Aging (PCA) administer the program in their service area. Dom Care provides a home-like living arrangement for adults 18 and older who are unable to live independently and need help with activities of daily living. PCA administers the program in Philadelphia. Dom Care "providers" open their homes to individuals who need supervision, support and encouragement in a family setting. Providers cannot be related to their residents.

AAAs like PCA are responsible for the initial certification and ongoing annual inspections of Dom Care homes in their area. They also oversee the placement of individuals into certified Dom Care homes. Dom Care staff work closely with providers and residents to ensure that the matches work and remain mutually satisfactory.

PCA currently has 150 providers and 160 residents in its Dom Care program. "We have three residents who have been in Dom Care 40 years and one resident who has lived in the same home for 31 years," said Jean Janik, PCA director of community living options. "We continue to seek more Dom Care providers to meet growing needs."

Residents

To be eligible for Dom Care, people must have a physical disability or mental health condition that impedes them from living

successfully on their own. An assessment helps determine if the program can support the individual's needs and notes his preferences for area of the city or type of home. For example, some residents might prefer homes with children or pets. The individual is given a choice of homes, and there is a trial visit. The resident pays the provider a monthly fee, usually through Social Security, Supplemental Security Income (SSI) or a retirement account, for room, board and services. Currently, that fee is \$979.

Providers

Applicants to be providers go through a certification process that includes an assessment to determine the type of care the person is able and willing to provide. Providers must give references, pass a background check, participate in initial and continued training, and undergo a home study. Provider homes are certified and monitored annually to ensure they meet state fire and safety regulations and for basic cleanliness and security. The home must have a private room for each participant, who should also have access to bathroom, kitchen and laundry facilities, as well as dining and living space. A maximum of two residents may live in each home. Dom Care staff check in regularly with providers and participants throughout the placement.

* * *

For information about becoming a Dom Care provider, call 215-765-9000, ext. 5365. For resident inquiries, call the PCA Helpline at 215-765-9040.

'Dom care'

• continued from page 4

Robinson-Hite said. "I cried with him. I prayed with him. I held his hand."

Robinson-Hite and her daughter, grandchildren and fiancé would visit David regularly at the hospital. "The nurses would say, 'David, your family is here,'" Robinson-Hite remembered. Sometimes staff less familiar with the patient "would look at us funny," she said. "David was white, and we are black, but that's what happens when you open your heart. We were family to the end."

Two of David's cousins from out of state also visited him in the hospital during his

final days. They had not really known David, but they became acquainted with him during their visits and by speaking with Robinson-Hite. "They thanked me for the care and all the love I had given him," she said. "We can't thank you enough," they kept saying. They realized from talking with him what a sense of home he had with me."

Robinson-Hite has advice for anyone thinking about becoming a Dom Care provider: "Try it. You might like it. Keep an open mind and open heart."

**Name has been changed for confidentiality.*

Contact Marcia Z. Siegal at msiegal@pcaphl.org.



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Caregiving

Caring for ailing parents – remotely

By Barbara Sherf

My experience of long-distance caregiving is still so fresh that I am raw. In 2015, my mother, after whom I am named, died after nearly a decade of shuttling among hospitals, rehab facilities and her Somers Point, New Jersey, home, where my younger brother, Kevin, took care of her. Over the years, I witnessed Kevin leave his job, go into depression, gain way too much weight, and isolate himself while taking care of Mom. My oldest sister, Karen, was busy caring for her son and an adult daughter who has epilepsy while overseeing the building of a handicapped-accessible home. When needed, she stepped up to help me navigate the nightmare of helping to care for ailing parents from a distance.

While living in Flourtown, Pennsylvania, I took the lead in getting my father into the Veterans Memorial Home in Vineland, New Jersey, after he was diagnosed with vascular dementia. Gathering the necessary documents and completing the 47-page application took six months. I had learned that he had to go into a facility in the state where he had resided when he had gone into active duty – New Jersey. Once he was there, we could seek a transfer. We never did. The place was the cream of the crop, and he eventually settled in.

While my dad was in a safe place, my beloved mother was not. My brother had left his job, and the two of them were attempting to live off of her Social Security check. Eventually, I simply asked the tax collector and insurance agents to send the invoices to

me so my sister and I could attempt to deal with them. There are no words to describe the stress involved with the financial strain.

These tips, which I found on caregivers.org, are so on-target and yet can be hard to follow when you are “in the moment.”

✓ Seek support from other caregivers.

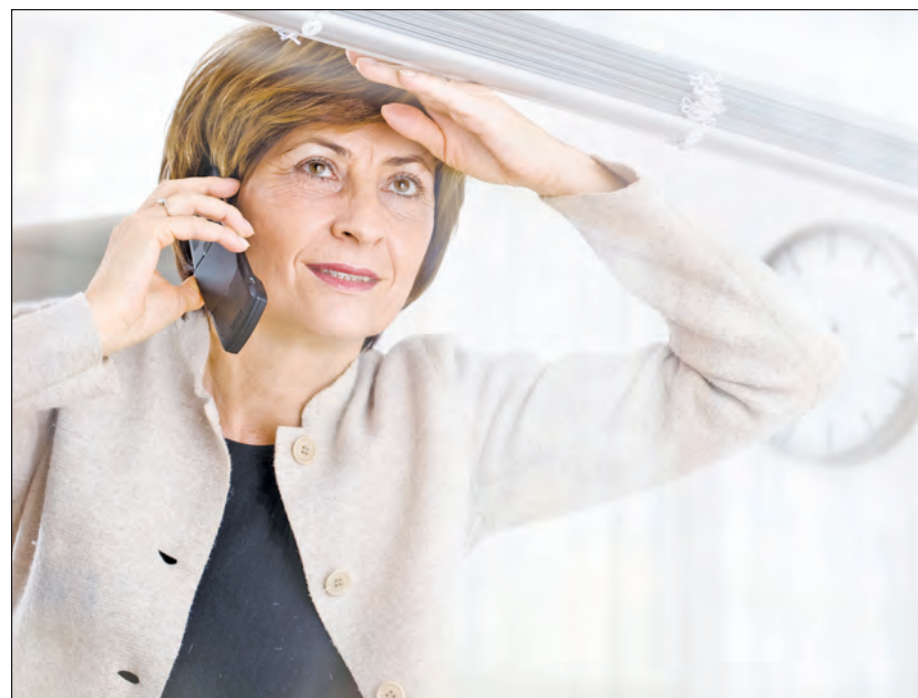
I tried going to support groups but found them depressing. Instead, I found friends and other caregivers whom I could call when things got too out of control. Karen and I formed a tag team; we could call each other to commiserate.

About mid-point on this journey, I found a spiritual community with the Chestnut Hill Quaker Friends Meeting. They listened, offered advice, suggested counseling and sustained me.

✓ Accept offers of help.

On an early trip to the Veterans Memorial Home, just before meeting with the admissions staff, I recognized Ed Brown, whom I had worked with in the early '90s. Ed, whose father was in the home, was my angel through the entire process. He explained the overwhelming application and signed as my witness. Ed and I live more than an hour from Vineland, yet we would check on each other's parents when we visited and report back.

I kept in touch with a group of my mother's neighbors and devoted friends almost daily. They brought her food and gave her furniture, clothing and money. But mainly it was their visits that would brighten her day.



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When I had a few minutes while waiting for a doctor's appointment, I wrote them thank-you notes, and I took them to lunch with Mom if she was up to it.

✓ Take care of your own health.

When you are in the thick of things, it's not easy to get to the gym, even though it provides balance and a release. I kept sneakers in the car and forced myself to walk the bike path near my mom's house and even get down to the bay to meditate by the water. In Vineland, I would make it a point to walk the grounds before making the long drive home.

✓ Communicate effectively with the doctors.

My mother's doctor was not the most communicative man; however, there was a nurse practitioner in the office whom we adored. Mary Lou gave me her cell number, and I texted her updates. When my mother was in a rehab facility, where I stayed when we thought it was her final night, she was in so much pain that I called 911 and had an ambulance take us to the ER for proper pain meds. Do what you need to do.

I was able to sit with my father's primary physician and discuss the implications of dementia while Dad was somewhat cognizant. At Veterans Home, I had to force some difficult conversations with the medical staff. Toward the end, my father would put a fake gun to his head and pretend to shoot himself. He stopped eating. And yet in the hospital, they

were doing tests and poking him despite his being on hospice. Few checked his chart, and I posted a big note with magic marker on the door to his room: “DO NOT ENTER – LET HIM DIE” and sat, on guard, just inside the door.

✓ Take breaks, often.

Before my father went to the home, I would go to the townhouse he shared with his long-time partner to give her breaks and stay over while she went to her daughter's house. Finances were an issue, and while we hired someone to take him out two times a week for a few hours, it was clearly not enough.

✓ Organize medical information.

Document every interaction with health providers: date, time and person. (Ask for a last name.) And always ask for a direct-dial call-back number to avoid voicemail hell.

Each of my parents had a separate briefcase with specific files set up, plus two general files: “Need to Act on Now” and “Wait for Sanity.” I toted these briefcases to their appointments; it was easier than taking files out of a cabinet every time.

✓ Watch out for signs of depression.

I wound up in a mental health unit when my meltdown occurred. The photos in the brochure looked lovely, but it was a lock-down

• continued on page 22



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Fancy lampshades and seeing a face in the crowd

By Dorothy Stanaitis

Lampshades were ornate in 1925, really ornate. Dayson Co. in Philadelphia hired several young women to paint beautiful scenes or glue artificial flowers, charming ruffles and fringe onto the silk shades that its crew of young men manufactured.

The lampshade factory was a busy, bustling place and a magnet for artistic girls from the city and local suburbs when my mother applied for a position there. Her sewing skills were superb, and her ingenious ideas for decorating the product quickly won her a place on the team.

Mother was probably the youngest girl to be hired, but she soon became one of the most valued workers. And it wasn't just the supervisors who noticed. The crew of young men from the factory often joined the young women during lunch breaks. If the weather was at all nice, the men and women would leave the factory lunchroom and enjoy their sandwiches on the metal fire escape stairs that ran along

the side of the building. Two of the men began vying for my mother's attention. She enjoyed their friendly conversation and wasn't sure which of the two she preferred.

Then the company decided to send my mother and an older woman on a tour of Pennsylvania department stores in Lancaster, Altoona, Johnstown and Harrisburg. Their job was to sit in the store windows, where potential customers could watch them decorating the ornate lampshades.

The older woman painted flowers on the shades, and my mother sewed fringe, braid, beads and ribbons in attractive patterns around the flowers.

To add an air of glamour and sophistication to the process, ads were placed in local newspapers claiming that the decorators came from New York City. The ads drew admiring crowds of curious folks who gathered on the sidewalks in front of the store windows. Often, people would dash into the store to buy the very shade that was being decorated at that moment. It was an exciting adventure for

a young woman: traveling, staying in hotels and working before admiring crowds.

But the real excitement came one day when my mother suddenly noticed a familiar face in the crowd. It was one of the young men from the factory back in Philadelphia, who had taken time off from work and traveled by train and bus to watch her. He didn't enter the store or try to talk to her. He just stood on the sidewalk admiring her work.

The next day, Mother couldn't keep her mind on that work. She kept scanning the crowd until at last she saw the face she had been looking for.

During the 61 years of their subsequent marriage, that same man often stood watch-



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ing my mother work and often pointed out to visitors the beautiful objects she made to decorate our home. She decorated things all of her life, and he never grew tired of watching her do it.

Dorothy Stanaitis is a retired librarian and freelance writer.

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Encounters with The AIDS Memorial Quilt: One woman's journey of love

By M.L. Polak

My mind goes back to the first time I walked in the World AIDS Day procession one long-ago Dec. 1 on the section of Philadelphia's Broad Street that's now known as Avenue of the Arts. I had met a friend who asked if I would help carry a stranger's panel from The AIDS Memorial Quilt.

Of course, I agreed, envying the love and care of this tender remembrance, although doing so made me feel worse, if possible, about the death of my brother, Marty, on May 20, 1992, at the time still a new wound.

Holding someone else's quilt panel rather than my own brother's, I worried everybody would see what a terribly selfish sister I must be, too busy to commemorate my own flesh and blood in a panel. But nothing is as simple as it seems.

Procession

During the procession, most of us wore black and carried open black umbrellas,

though the sun was shining. The umbrellas were a custom started by the late Vaughn Stubbs, well-known and beloved Philadelphia artist, teacher, activist, veteran and conscientious objector, who taught art to seniors and the blind. Somber and silent, we strode through the streets of Center City at lunchtime, the suit-and-briefcase set giving us quizical stares. As my feet found a comfortable rhythm, pacing me to my partner, I held the panel high with my left arm, the umbrella with my right.

I was marching against an enemy called AIDS. Tears flooded my eyes and flowed down my face. I mourned my brother's loss yet rejoiced at his flowering during his last months of life, when he became an AIDS educator in upstate New York prisons and migrant farms. And aren't AIDS casualties our own "disappeared," like so many missing from Third World countries, snatched from us as we watch, horrified and helpless while our formerly hale, handsome and hearty dear ones waste away before our very eyes?



A panel on The AIDS Memorial Quilt marks the author's remembrance of her brother.

M.L. Polak

Together

These were my thoughts en route to JFK Boulevard, where on that day, the "Love" sculpture was symbolically enshrouded, dramatizing the desperate stilling of hundreds of thousands of creative voices by this disease that is, in so many respects, an equal opportunity destroyer.

By the time several processions converged on Love Park near City Hall, we heard the stark beat of caissons and the names of the

begins, "BE BRAVE, HONEY, I pray into the phone, I LOVE YOU."

Translation

Several years later, as part of a community service project, I joined three students from Moore College of Art who assisted me in making an AIDS Memorial Quilt panel dedicated to Marty. It was like an old-time quilting bee; our cutting and stitching spanned perhaps six weeks. These resourceful, talented young women – Nichole Tremblay McPhee and two of her friends – helped me translate my vision into actuality. They showed me how I could make a fabric transfer of a portrait of my brother from his college days done in pastels, preserving my memory of him in his prime, when everything loomed before him as a possibility. He was in a fishing boat, asking what's for dinner, with the message, "Be Kind," and his name spelled out in royal blue block letters above his head.

The students then accompanied me on a bus to Washington, D.C., where we were awed at the vast magnificence of the quilt, the names of the dead in bloom, their colors vibrant like fields of flowers, stretching as far as the eye could see.

I was marching against an enemy called AIDS.

dead read aloud. There we were: those in the crowd infected with AIDS; those who were activists or caretakers or buddies for the sick and dying; those who had had loved ones die in their arms; those who knew themselves to be dying; those nauseated not just by the ravages of chemo or other toxic treatments but by politicians' short attention spans and pharmaceutical greed.

Finally, my tears dried and I reached an emotional catharsis of sorts that enabled me to take my place onstage, bundled against the cold, listening to others speak before I would eventually read a poem for my brother entitled "Proud Flesh," which refers to the raw red flesh that will not heal, a poem that

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M.L. Polak's writing has appeared in *The New York Times*, *The Philadelphia Inquirer*, the *Washington Post*, *The Philadelphia Daily News*, *Andy Warhol's Interview* and elsewhere.

PCA wins 2017 Mature Media Awards

Philadelphia Corporation for Aging (PCA) has won four 2017 National Mature Media Awards for outstanding writing in Milestones and for its recently redesigned website, pcaCares.org.

The prize-winning entries were:

- **Gold:** "Vital support helps him keep her home" by Alicia M. Colombo, published in July 2016
- **Silver:** "Dancing in the street is best medicine" by Marcia Z. Siegal, published in November 2016
- **Silver:** Senior Service Needs Checklist, a tool on pcaCares.org
- **Bronze:** pcaCares.org, PCA's website



Alicia M. Colombo



Marcia Z. Siegal

The National Mature Media Awards is the nation's largest awards program that annually recognizes the best marketing, communications, educational materials and programs for adults 50 and older.

For the past 16 years, Milestones has been published monthly and distributed at more than 850 locations throughout Philadelphia including stores, libraries, community and senior centers, and other organizations serving older adults. To subscribe to Milestones e-news, a free weekly electronic publication featuring articles from Milestones newspaper, go to pcaCares.org and scroll to the bottom. To download PDFs of the current issue or past issues or to find a distribution site, go to pcaMilestones.org. 🌿



GOT QUESTIONS? We have answers!

Send Milestones your questions about aging-related issues. We will print select questions – along with answers from experts at Philadelphia Corporation for Aging (PCA) – in upcoming issues. We welcome questions on topics such as:

- **Care in the home • Senior centers • Caregiving**
- **Safe housing • Protective services**

Submit your name, address, phone number and question to milestonesnews@pcaCares.org or:

Milestones Editor, PCA
642 N. Broad St. Philadelphia, PA 19130

Milestones reserves the right to edit submissions for print.



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Caregiving

'Living with Dying, a Complete Guide for Caregivers' tackles a difficult subject

By Constance Garcia-Barrio

In "Living with Dying, a Complete Guide for Caregivers," Katie Beecham, who cared for her father while he was dying of prostate cancer that had spread to his bones, and Katie Ortlip, a registered nurse and hospice social worker, take a clear look at a tough topic. "When you're caring for someone who's dying, you need an easy-to-use instruction book," says Ortlip, who has 25 years' experience in her field. "You need a boxed, bolded and bullet-pointed guide that tells you what to expect and how to care for a patient at the end of life. Our book is that book."

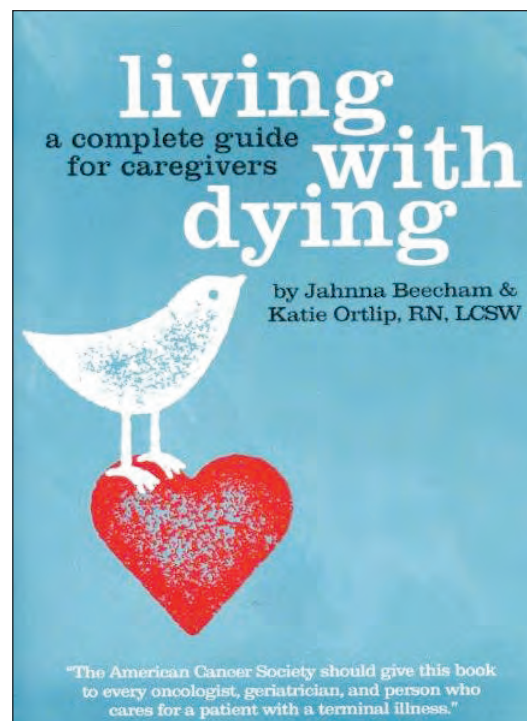
The book's three parts correspond to the timeline of dying, death and grief. Part One covers the emotional and spiritual aspects of being a companion to someone who's dying but also considers practical matters like required documents such as a power of attorney, which confers the power to make business decisions when the patient can no longer do so. Beecham and Ortlip emphasize self-care as they paint a frank picture of the task:

"The second your loved one is diagnosed with a terminal illness, everything changes ... You've been handed a full-time job that is both emotionally and physically overwhelming. As you take on this position, you should know the givens." Some of those include:

- You won't have enough time or money to help out the way you would like.
- At times, you may feel overwhelmed with grief.
- Despite all of the above difficulties, you will be glad you were there.

Part Two consists of a five-chapter caregiver's manual with advice about setting up your home with items like a bedside commode and dealing with daily physical issues like mouth care. This section's longest chapter addresses managing common problems like insomnia. The authors' personal experience provides an invaluable guide: "Dad would go through bouts of combativeness where he wouldn't let me into his room," Beecham writes. "I found that if I sang my responses to him ... he'd come around." The discussion of pain control – "People fear unrelieved pain more than ... death itself" – is thorough.

Part Three, "Journey's End," takes readers through the process of dying. "Our body ... [knows] how to die," the authors write. "It has a system for shutting down that is kind and helps us have a good death."



Finally, the book covers what to do after a death, such as writing an obituary. It also looks at the difficult and highly personal business of grieving.

"Living with Dying" not only considers the issue of resolving conflicts before death but also presents the nuts and bolts of daily care of the dying. It lists useful items like a daily log to keep track of medications given and simple steps to make the bathroom fall-proof. The sidebars, which detail Beecham's and Ortlip's experiences, warm the book with a personal tone. Clear language makes ideas easy to grasp, as does the alphabetical listing of common problems in the caregiver's manual. The section on medical terminology prepares readers to talk with doctors, while the online resources and suggested readings equip them to delve into specific issues.

Caring for dying loved ones takes a toll, Ortlip says, but it also brings rewards. "Families often tell me how grateful they are that they cared for their loved ones, even though it was a difficult journey," she says. "There is great opportunity for healing and growth at the end of life, not only for the patient but also for the caregiver."

Constance Garcia-Barrio is a freelance writer and author of a novel about African-American history in Philadelphia.



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'Home for the Holidays' campaign to focus on people living with dementia

Philadelphia Corporation for Aging (PCA) is joining the national "Home for the Holidays" campaign, which encourages the discussion of important issues affecting older Americans during the holiday season, when family and friends often gather. The annual initiative is led by the National Association of Area Agencies on Aging (n4a) in collaboration with the AARP Foundation.

This year's campaign, entitled "Living Well with Dementia in the Community: Resources and Support," focuses on raising awareness of the steps people

can take if they suspect a parent or a loved one has dementia. A brochure, to be available by mid-December on PCA's website, pcaCares.org, describes resources that can enhance the ability of a person with dementia to live in the community.

Information on services including level-of-care assessments and care at home, as well as support resources, is available at pcaCares.org or by calling the PCA Helpline at 215-765-9040, weekdays from 8:30 a.m. to 5 p.m. (Reports of suspected abuse or neglect of a senior can be made 24/7.)

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December 2017

SUNDAY

3

Harold Robinson & Friends. Works by Schulhoff & Prokofiev. 3 p.m. American Philosophical Society. 215-569-8080. \$

HUMAN RIGHTS DAY

10

Christmas Time is Here. Canadian Brass performs a mix of classical brass standards & holiday favorites. 2 p.m. Annenberg Center Live. 215-898-3900. \$
Renaissance Noel. Timely holiday music by Vox Renaissance Consort. 4 p.m. Thomas Great Hall, Bryn Mawr College. 610-688-2800. \$

17

Jazz Vespers. Live music with spiritual readings & meditation. 5 p.m. Lutheran Church of Holy Communion. 215-567-3668.

24

Last Day for Christmas Village in Phila. German-style Christmas market with holiday goods, food & drinks from 80+ local vendors. 11 a.m. to 5 p.m. LOVE Park. 267-774-6404.

NEW YEAR'S EVE

31

Philadelphia Orchestra's New Year's Eve Concert. Say farewell to 2017 & ring in the New Year with the city's best celebration. 7:30 p.m. Kimmel Center. Tickets: 215-893-1999. \$

MONDAY

4

Deck the Halls. Activities include ornament making & tree trimming. 10 a.m. to 2 p.m. Center in the Park. 215-848-7722.

Coffee & Conversations: Miracles, Solstice & Natural Delights of Chanukah. Significance of holiday customs & rituals. 9:30 a.m. KleinLife: NE Phila. 215-698-7300.

Holiday Dance Performance. Tap dance show by the Libby Spencer Dancers. 12:30 p.m. Marconi Older Adult Program. 215-717-1971.

18

Breast Cancer Support Group. 1-2:30 p.m. Center in the Park. 215-848-7722.

CHRISTMAS

25

Being ___ at Christmas. Snowy. Jewish. Happy. Caring. Sparkly. Fill in your blank on this day of fun. Live music & kid-friendly activities. 10 a.m. to 5 p.m. National Museum of American Jewish History. 215-923-3811. \$

TUESDAY

5

Emancipation. Historians explore the meaning of freedom, equality & emancipation to celebrate the anniversary to the 14th Amendment. Noon. National Constitution Center. 215-409-6700. \$

Tai Chi. Improve flexibility, balance & health. 1 p.m. Journey's Way. 215-487-1750. (Dec. 5, 7, 12, 14, 19, 21, 26, 28)

HANUKKAH *(begins at sundown)*

12

Chanukah & December Birthday Party. Celebration & entertainment. 11:45 a.m. to 1:45 p.m. KleinLife: NE Phila. 215-698-7300. \$

19

21st Annual Senior Holiday Gala. Hand-picked selection of food & drinks with live music & dancing from some of Phila.'s finest musicians. 11 a.m. to 4 p.m. The Grand Ballroom, Marriott. 215-685-2736. \$

Philadelphia Library Book Club. Book discussion of a best-seller. 12:45 p.m. KleinLife: NE Phila. 215-698-7300.

KWANZAA BEGINS

26

Winter Break Programming. Family-friendly programs & interactive shows. Colonial dress-up, photo opportunities & military muster demos. 9:30 a.m. to 5 p.m. National Constitution Center. 215-409-6700. (Through Dec. 31 with varied hours) \$

WEDNESDAY

6

Handbag & Jewelry Sale. 10 a.m. KleinLife: NE Phila. 215-698-7300. (Also Dec. 7) \$

Holiday Ugly Sweater Jawn. 4 p.m. Fumo Family Library. 215-685-1758.

Foot Specialist Dr. Allen Jaffe Bring insurance card. 10 a.m. to 1 p.m. Phila. Senior Center. 215-546-5879.

Art Reception & Exhibit Opening. Sketches & photography. 1-3 p.m. On Lok House. 215-599-3016. (Exhibit through Jan. 12, 2018.)

Holiday Choir Concert & Breakfast. 7:30 a.m. Southwest Senior Center. 215-937-1880.

Stroke Education. Recovering & lowering risk. 2 p.m. Mercy Fitzgerald Hospital. 215-748-9592.

20

Ageless Grace with Juan. 10 a.m. Center in the Park. 215-848-7722.

27

DIY Art & Card Making Station. Create handmade greetings. 5:30-7:30 p.m. Phila. Museum of Art. 215-763-8100. (*Pay What You Wish* museum admission Wednesday nights.)

THURSDAY

PEARL HARBOR REMEMBRANCE DAY 7

Stroke Education Class. Guidance through recovery process, nutrition, medication & lifestyle changes to reduce risk factors. 2-3:30 p.m. Mercy Phila. Hospital. 215-748-9592.

Tap Dance. Learn a fun, new aerobic exercise. All levels. 2 p.m. Journey's Way. 215-487-1750. (Thursdays). \$

Caregivers Support Group. Information & resources for caregivers. 12:30 p.m. Marconi Older Adult Program. 215-717-1971.

Penn Cares: Depression. Honest presentation & discussion with UPenn physician. 11 a.m. Southwest Senior Center. 215-937-1880.

21

Holiday Luncheon. Delicious meal with all the trimmings. 11 a.m. to 1 p.m. Phila. Senior Center. Register: 215-546-5879. \$

28

New Year's Eve Party. Celebrate with hats, horns, noisemakers, lunch & entertainment by Mike Lazar. 11:45 a.m. to 1:45 p.m. KleinLife: NE Phila. Register for lunch: 215-698-7300. \$

FRIDAY

WORLD AIDS DAY

1

Handel's "Messiah." Music selections by Ama Deus Ensemble. 7 p.m. St. Paul's Episcopal Church. 610-688-2800. \$

Women's Wellness Workshop: Healthy Relationships. For African & Caribbean immigrants. All are welcome. 5:30 p.m. African Cultural Alliance of North America. 215-729-8225.

Holiday Bazaar. Flea market, crafts, food & raffles. 10 a.m. to 2 p.m. Southwest Senior Center. 215-937-1880.

Holiday Concert & Sing-along. Doctor's Chamber Orchestra. 1 p.m. Journey's Way. 215-487-1750.

Pa. Ballet Presents George Balanchine's "The Nutcracker." 7 p.m. Kimmel Center. 215-893-1999. (Through Dec. 31, various times) \$

Handel's "Messiah." Music by Ama Deus Ensemble. 7 p.m. St. Mark's Church. 610-688-2800. \$

Hanukkah Luncheon. Themed music with service. 10:30 a.m. KleinLife: Center City. RSVP: 215-832-0539.

Holiday Dance Party. Food & prizes. 12:30 p.m. Marconi Older Adult Program. 215-717-1971.

22

Friday Night Lights. The Holiday Garden Rail all lit up & decorated for the season. White lights sparkle along the rails & miniature greens adorn the buildings. 4:30-7:30 p.m. Morris Arboretum of the Univ. of Pa. 215-247-5777. (Fridays in Dec.) \$

29

Jimmy Alex Mummers Trio. Festival luncheon with mummers performances & music. 11:30 a.m. KleinLife: Center City. RSVP: 215-832-0539.

SATURDAY

2

Handmade Holidays: Green Sale. Wreaths, centerpieces, evergreens & gifts. 10 a.m. to 3 p.m. Bartram's Garden. 215-729-5281.

There's No Place Like Home: Aging in Place. 11 a.m. to 1:30 p.m. Friends Center. 215-720-9415.

9

Irish Christmas in America. Family-friendly holiday performance of Irish & Scottish ballads & dancing. 8 p.m. Annenberg Center Live. 215-898-3900. \$

16

Rubber Stamping Club & Card Making Class. Includes supplies. 2:30-4:30 p.m. Center in the Park. 215-848-7722.

23

Fireside Sing-A-long Celebration. Holiday songs & cheer by the fireplace. Phila. Senior Center. 2 p.m.
Winter Wellness Walks. Brisk walks on a paved path, led by an experienced volunteer to get your heart rate up. 10:30 a.m. Morris Arboretum of the Univ. of Pa. Saturdays in Dec.

30

Blue Cross RiverRink Winterfest. Ice skating, ski lodge, kids area & games, & holiday tree. All ages. 11 a.m. to 1 a.m. Delaware River Waterfront. 215-925-RINK. (Through March 4, 2018; varied hours) \$/skating.

Milestones™

Events that end with a "\$" require an entrance fee or advance ticket purchase. Free events may request donations or sell items. Please call the number listed for pricing or other details.

Send your calendar items to:

ATTN: Milestones Editor
PCA, 642 N. Broad St.,
Philadelphia, PA 19130
Phone: 215-765-9000, ext. 5081
Fax: 215-765-9066

Email:
milestonesnews@pcaCares.org

Event submission deadline: 25th of the month for publication in month after next.

Emergencies

• continued from page 1

computer is working, also send an email and a Facebook message. Reaching out in multiple ways increases the probability you will get through.

Shelter in place

In many cases, unless you have been told to evacuate, you are safest staying where you are. The Centers for Disease Control and Prevention (CDC) recommends that you listen carefully to local radio or television stations for instructions because the exact recommendations will depend on the situation.

When directed to shelter in place, you should get inside, find the safest place in your building and stay put until you receive word it is safe to leave. The location of the safest spot will depend on the type of emergency; in case of a tornado, for example, head for the interior part of a basement or inside room, without windows, on the lowest floor. Detailed information on surviving various types of emergencies, including natural disasters, severe weather, and chemical spills and leaks, is available on the CDC website at emergency.cdc.gov/hazards-specific.asp.

Having an emergency kit will help you

survive until the danger has passed or help can reach you. (See sidebar on next page for checklist.) Keep it in a place where you can get to it easily. In addition, keep essential family records and documents in a waterproof and fireproof safe that you can take with you if you need to leave. Inexpensive models can be purchased at most hardware stores. Include copies of birth certificates, passports, driver

Office of Emergency Management recommends considering the following in planning for an emergency:

- Will you need help to evacuate? If you have a functional or access need, such as requiring a walker, wheelchair or assistance while walking, determine who will be available to help you and how you will get to a safe place.

In many cases, unless you have been told to evacuate, you are safest staying where you are.

licenses, health insurance cards, insurance policies and bank account numbers, as well as cash, local and state maps, and a copy of your emergency contact numbers.

Fill out a personal health record (PHR) (available at myphr.com; click on “start a PHR,” then “choose a PHR”) for anyone in your household who takes medicines or who has a medical need or condition, including anyone who has trouble walking, is in a wheelchair, or who can’t hear or see well.

Special needs

If you have special needs, Philadelphia’s

- Do you have a household member who is blind or has low vision? Make sure family and friends or caregivers practice guiding and directing him or her. Include service animals in drills so they learn exit routes.
- Do you use ways to communicate such as American Sign Language or computers that “speak?” Make a plan for how you will communicate with emergency workers and other unfamiliar people.

Be prepared to evacuate

Know all the usable exits from each room in the buildings you spend time in and from

the buildings themselves, and plan two ways of getting out of each room. If your home has more than one level, consider getting escape ladders.

Make sure windows are not nailed or painted shut and that security gratings on windows have a fire safety feature so they can be easily opened from the inside.

If you have a car, keep a half tank of gas in it at all times in case you need to evacuate. If you don’t have a car, plan alternate means of transportation. Have a backup transportation plan in case your usual mode is not available.

Learn how to turn off your home’s water, gas and electricity at the main switches, and consider doing so before leaving the house, depending on the nature of the emergency. If for any reason you turn off the natural gas service to your home, call your gas company when it’s time to restore service. Do not attempt to restore service yourself.

Have an emergency kit containing essential supplies ready to take with you when you evacuate. (See sidebar on next page for checklist.) Most importantly, make a plan and review it at least once a year to make sure it still covers your needs and that the resources you are counting on are still available.

Linda L. Riley is the former editor of Milestones.

Prepare for your pets’ care in case of an emergency

Planning ahead for your pets is crucial in case you have to evacuate during an emergency; you will need a plan to enable them to be transported safely and to have somewhere to go. Many emergency shelters don’t allow pets unless they are service animals. The Humane Society of the United States cautions that if the electricity goes out, you should not leave pets behind. In summer, even just an hour or two in extreme heat can be dangerous; in winter, despite their fur coats, it isn’t safe to leave pets in an unheated house.

When disaster strikes, be ready. Know your pets’ hiding places in case you need to find them quickly. Have the following in an easily accessible place:

- Collar, muzzle, leash and/or carriers to enable you to keep pets safe and secure.
- Contact information for your vet and records, including photos of your pet,

license, microchip records, ID tag, proof of current vaccinations, and a list of medications and doses.

- A three-day supply of food, water and medicines, plus bowls and a manual can opener if needed.
- Plastic bags, litter, litter box and scoop (if you have a cat).

The Humane Society also recommends making a list in advance of places where you might be able to take your pet. Among its suggestions:

- Make arrangements with friends or relatives. Ask people outside your immediate area if they would be able to shelter you and your pets – or just your pets – if necessary. If you have more than one pet, you may need to house them at separate locations.
- Consider a kennel or veterinarian’s office. Make a list of boarding facilities

and veterinary offices that might be able to shelter animals in emergencies. (Make sure to include their 24-hour telephone numbers.)

- Contact hotels and motels outside your immediate area to find out if they accept pets. Ask about any restrictions on number, size and species. Inquire whether a “no pet” policy would be waived in an emergency. Keep a list of animal-friendly places handy, and call ahead for a reservation as soon as you think you might have to leave your home.

The following websites can be used to search for pet-friendly hotels by location; some charge no additional fee to have animals, while others charge from \$50 per stay to \$350 per night. Most information is geared to dog owners; if you have cats, birds or other pets, inquire in advance about the site’s policies.



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- **Bringfido.com** offers the ability to search by location for pet-friendly hotels. You can call toll-free at 877-411-3436 or email concierge@bringfido.com.

- **tripswithpets.com** offers information about car rentals and airlines, in addition to hotels, and has a toll-free number: 866-212-1803.



Emergency kit checklist

An emergency kit, which can be used both when sheltering in place and when evacuating, should include the following:

- Extra keys for car and house
- Flashlight and extra batteries
- Battery-operated AM/FM radio and extra batteries, or a wind-up radio that doesn't need batteries
- A whistle to signal for help
- One-week supply of prescription medications
- Back-up medical equipment, such as oxygen, a scooter battery, mobility aids, hearing aids and batteries, glasses, contact lenses and contact lens solution
- Three-day supply of food and water (food that is ready-to-eat and won't spoil; one gallon of drinking water for each person each day.)
- Manual can opener
- Bottle opener
- Knife
- Eating utensils: forks, spoons, knives, plates and cups
- First-aid kit
- Fully charged backup batteries or power banks for cell phones, along with chargers
- Iodine tablets, or one quart of unscented bleach and an eyedropper.

To disinfect water, add iodine according to package instructions or eight drops of bleach per gallon. Disinfect water only if told to do so by health officials.

- Plastic bucket with tight lid to use as a toilet
- Personal hygiene items, such as hand sanitizer, soap, toothbrush and toothpaste, feminine hygiene products, toilet paper and wipes
- Towels and washcloths
- Trash bags, scissors and duct tape
- Small shovel
- Paper, pens, pencils, playing cards and books
- Supplies for pets and service animals (See sidebar on page 14.)

Check the food, medicine and batteries in your kit twice a year to make sure they haven't expired. Rechargeable batteries should be checked recharged if needed. An easy way to remember is to check the kit each time you reset your clocks for the start or end of Daylight Saving Time.

This list was compiled from information provided by Ready PA, the Centers for Disease Control and Prevention, and the Philadelphia Office of Emergency Management.

Sign up for Philadelphia's emergency alert system



ReadyPhiladelphia is an emergency alert system that allows the Office of Emergency Management to alert you during natural disasters, local emergencies and more. Alerts may include important steps to take to stay safe, including instructions to evacuate or to shelter in place. To get these alerts, go to readyphiladelphia.org and sign up. Then you can choose what alerts you want to receive.

Alert options

You can get phone, text or email alerts on your home phone, personal mobile devices, business phone, business mobile devices

and computer. You can choose to receive alerts on the following:

- Two devices to get text messages
- Three devices to get email messages
- Four phone numbers to get phone messages

You can choose to get weather alerts, flooding alerts for the Delaware and Schuylkill rivers, Philadelphia police alerts, government and court closing alerts, SEPTA transportation alerts, and more. You can also indicate up to five addresses in Philadelphia about which you would want to receive alerts: home, work, school or others. ☀



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Have you realized that your elderly loved one is having a hard time living on their own?

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To learn more about what the Mercy LIFE program has to offer, **contact us at 215.339.4747 or visit www.mercylife.org**



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Federal Trade Commission offers advice on blocking unwanted phone calls

The telephone is a tool that scammers commonly use to trick or defraud you. If you answer the phone and hear a recorded message instead of a live person, it's what's known as a "robocall." Internet-powered phone systems have made it cheap and easy for scammers to make illegal sales pitches using robocalls, as well as live people, from anywhere in the world. Technology also lets fraudsters hide from law enforcement by displaying fake caller ID information. It's a good idea to allow unrecognized phone numbers, especially those from unknown area codes, to go to voicemail or the answering machine. Scammers typically won't leave a message and will call you back later, sometimes repeatedly, in an attempt to get you to answer the phone.

The Federal Trade Commission (FTC) provides the following information about services and devices for blocking unwanted calls.

National Do Not Call Registry

The first step to reducing the number of unwanted sales calls you receive is to sign up for the National Do Not Call Registry. Add your phone number for free by visiting donotcall.gov or calling 1-888-382-1222

from the phone you want to register. (If you register online, you will receive a confirmation email from donotcall.gov. You must click on the link in the email within 72 hours to complete your registration.) Registration is permanent as long as you keep the same phone number. You can call or go online to verify that your number is on the registry.

Most legitimate companies won't call once your number is registered. If a company is ignoring the registry, there's a good chance that it's a scam. If you get these calls, hang up and file a complaint with the FTC. It's important to note that the Do Not Call Registry prohibits only sales calls. You still may receive political, charitable, debt collection, informational and telephone survey calls. In addition, companies may still call if you've previously done business with them or if you've given them written permission to call you. However, if you ask a company not to call you again, the law requires that your request be honored. Record the date of your request.

Mobile phones

Many mobile phones come equipped with built-in features that can block calls. These features let consumers block specific contacts; identify unwanted incoming calls for future blocking; and set "do not disturb" hours, a feature that is very useful while you are sleeping. You must manage these lists on your own, and the device may limit how many phone numbers you can block. Some features are built into the phone's operating system or come pre-installed, so you may not need to download an application ("app") unless you want more sophisticated features, like those described below.

Call-blocking apps let you create blacklists – lists of numbers to block from calling your cell phone. Many of these apps also create their own blacklist databases from numbers that have received significant consumer complaints. You can also create whitelists – numbers to allow – that are broader than just your personal contacts.

Some mobile apps let you choose which types of calls you want to block. For example, you might block all calls except those from



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contacts, or all calls except those from contacts and numbers on a whitelist that you have created. Some apps offer additional features: reverse call look-up, which identifies callers based on their phone number; blocking unwanted texts; logging the number of calls received from a number; and silent ringers for unknown callers.

Depending on which smartphone, service provider and apps you have, you may be given choices about how to respond to an incoming call. For example, you might be able to send a prewritten text message to the caller or file a complaint with the FTC. Some apps let you block calls based on the geographic location or area code of the incoming call.

Many call-blocking apps are free or cost only a few dollars. However, some apps may upload your contact information, along with information about what numbers you call or call you. The app's privacy policy should explain how it gets and uses your information.

Cloud-based services

Cloud-based services – or those provided via the internet – can block unwanted calls for mobile phone lines or phone lines that operate over the internet, like phone service provided by a cable company.

These services rely on accessing your call data to add to databases. Some cloud-based

services and mobile apps require all calls to be routed through their service, where calls are instantly analyzed. You may have choices about how unwanted calls are handled – for example, the call might ring silently, go straight to a separate voicemail, or go to a spam folder. Some cloud-based services are free, while some charge a monthly fee.

Call-blocking devices

Devices that block unwanted calls can be installed directly on a home phone. Some call-blocking devices use blacklist databases of known spam numbers and allow you to add additional numbers to be blocked. Other devices rely on you to manually create and update your own blacklist. Some devices divert the call after one ring, and some show a blinking light when an unrecognized call comes in. Others connect the caller to a recording with options that allow legitimate callers to ring through.

Some devices rely on a whitelist that limits incoming calls to approved numbers. Some also allow you to set up "do not disturb" hours. You'll have to pay to buy a call-blocking device, and not all devices work with all types of home phones and service providers. So, it's advisable to consult your phone service provider before purchasing any device.

Phone company services

You may consider using services provided by your phone service provider. Providers typically have solutions for all phones – landline, cable, internet-based and mobile. Many providers allow you to block between 10 and 30 numbers, but you are responsible for identifying the numbers. Robocallers frequently shift the numbers they use, so they may still be able to get through.

Many providers allow you to block calls from anonymous callers – those who prevent their phone number from appearing on a caller ID device, or whose number shows up as "Anonymous" or "Private." But robocallers often show fake numbers on your caller ID, so this service may not be successful at blocking all unwanted calls. Some providers also offer services that allow you to block calls or divert them to voicemail. Some providers offer these services for free; others charge a fee.

For more information about the apps, services and features described in this article, consult the website or customer service department for your phone's manufacturer or service provider. 🌞

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From bald to bushy to beautiful: Musings on hair

By Frank Burd

"Hair" is the title of a glorious musical about the hair we wore and the generation we were. It defined us. Long, flowing hair, Afros, and beards adorned our heads and were statements about the baby-boom generation. Not neat or trimmed; we didn't care.

Hair. Where did it go? Many of us who still have it, who haven't lost it to age or worse – chemo – either shave our heads bald or dye it.

But we dyed it in the '60s, didn't we? What was that Clairol commercial? "Hair color so natural only her hairdresser knows for sure." That's when everyone wanted to be a blonde. Now, women want to be blonde again. The reason, however, is different. Now, it is so they

don't have to color it as often, because white hair doesn't show up as strongly against blonde as against black or brown. I know of a handful of women who have allowed their hair to go white, then spruced up their tresses with shades of purple, green and pink.

As for men, it seems that the term "male pattern baldness" is disappearing from our vocabularies. That is because men in their 30s and 40s with seriously receding hairlines and pattern baldness decided not to be half-bald. The shaved head became a popular style for these men and is now being copied by men in their 60s and 70s.

And then there are the women with that beautiful red hair. They used to lie out at the beach getting tan to better match their natu-

ral headdress. Well, it turns out that the sun was a killer, as some discovered when they developed melanoma and other skin cancers. Turns out that redheads are especially susceptible to such cancers.

I've marveled at my black friends who have done such amazing things with their hair, from the Afro to dreadlocks to cornrows and more. I am fascinated with the current style of dyeing the top of the hair a light brown color.

Today, as I look at the younger men, the so-called Millennials, I see a uniformity that surprises me. Stylish today among them is short hair and a short beard that looks like a five-day growth. And strangely, to me, they all



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look the same – kind of like Bradley Cooper. Is this what our parents' generation thought of us when we were young?

Hair always grew where people didn't want it. Women shaved their legs and their armpits. Some men shaved their hairy backs. Now, we older guys buy little appliances to eliminate hair where we really don't want it. Bushy eyebrows may seem sexy to some, but they can get wild and out of hand. As for the hairs that peek out from the ears and nose, that's just unacceptable. I have these little trimmers that I use to trim those stray hairs that fight to see daylight.

But I am complaining too much. I've decided to take a new approach when I see women with white hair and men with bushy eyebrows – give them a thumbs-up. Rejoice in our age. Kudos to us – the survivors of tragedy and disease – for being there for our aging parents, our friends and siblings who are ill, and of course, for our children.

Yes! We are the parents, the grandparents, and even the great-grandparents. We don't need to look young. We need to be proud of our age. As for hair? It's just the trimming on the package that is us.

Frank Burd, a freelance writer and photographer, is a former Philadelphia public school teacher.

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Crossword puzzle solution

(See page 23 for clues.)



'Too youthful?' One woman's take on dressing appropriately for her age

By Sally Friedman

When my late mother and I would shop together as she got older, I would often point out to her something I thought she'd look wonderful in. She would glance at it and in a blink dismiss it. "Too youthful," she would say.

Those two words angered me. Why should my mother, who looked wonderful in almost anything, discard so many interesting shirts and skirts and dresses just because of a date on the calendar? Why would she limit herself to only what she deemed right for her age?

This was, mind you, after the blossoming of the women's movement, when we were, presumably, releasing ourselves from all of the old rules and limitations, the era when feminist leaders insisted that we could have it all, be anyone we wanted to be.

So why couldn't my mother celebrate her great, trim figure and wear skirts that didn't hover below her knees? Why did she turn down a peasant-y dress in the exact palette of colors that flattered her?

"You'll understand someday that it's pathetic to try to be something you're not," was the message my mother gave me on those contentious shopping trips.

I thought of those trips recently when I was on a rare shopping foray with Nancy, my youngest daughter, who can still pass for a kid when she pulls her hair back into a ponytail and wears jeans and a T-shirt and not a stitch of makeup. In her late 40s, she doesn't look a bit like a mother of three.

Nancy dresses exactly as she pleases, sometimes in a tailored mode, other times looking more like a teenage waif. Her hair is usually wild and free, and she has a penchant for weird shoes that only she could get away with.

So it was no surprise that Nancy was furious with me when I rejected a ruffled confection of a dress in vivid lime that she thought would be perfect for a wedding I was attending. "Absolutely not!" I told her. And then out came those two words that must have been channeled from my late mother. "Too youthful!"

I did like the dress. But the wild, dizzying print seemed to belong to a teen wanting to stand out at the junior prom.

And there we were, having the same argument I'd had with Nancy's grandmother years before.



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"Why label yourself?" Nancy demanded. "If you like it, wear it."

I thought of a silver spangled vest I'd dared to wear back in the wild days of London's Carnaby Street. I thought of the 1970s and those platform shoes I'd worn that turned walking into a blood sport.

I remembered dresses with lower necklines than I'd dare to wear now, and colors I have since banned from my life. I certainly recalled my brief Bohemian period, when black turtlenecks dominated my wardrobe. If I wore one now, I'd look like I had the flu.

There was no way to explain to Nancy that maybe a woman just knows when it's time to shed any notions of being a hippie or disco diva, or Madonna. When being a grown-up just feels right. And when you know that what you wear says a lot about how you feel inside.

I do wear bright colors. I love them.

I feel frumpy in mid-calf skirts and dresses and tend to stick to a just-above-the-knee length.

Minis? No way. I leave that to my granddaughters.

And I have not yet joined my contemporaries who insist that it's too late for bathing suits. That seems way too Draconian, although wearing a bikini in public: unthinkable!

As much as I love fashion — as much as I haunt thrift shops for slightly edgy accessories — I do remind myself, as I look at women struggling to look 40 when it's decades too late for that, that the French have always had it figured out.

French women seem uncannily skilled at

making age-right fashions come off as gorgeous.

And the French generally espouse the notion that beauty is something you grow into and that in trying to battle age, you're doomed to lose.

So I will not be wearing the ruffled lime green dress to the wedding. Hopefully, I

won't be wearing a boring black one, either.

I will dress in something comfortable, celebratory, maybe even semi-funky, and yes, suitable to a woman of a certain age. As I told Nancy, growing older does make us wiser.

I frankly don't think she believes me ... yet.

Sally Friedman is a freelance writer and essayist. She can be reached at pinegander@aol.com.

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Spousal caregiving

• continued from page 1

2016. They say that spousal caregivers often assume a myriad of new responsibilities, such as personal care of their spouse, driving and household financial administration, on top of their usual non-caregiving tasks. In their presentation on spousal caregiving at Philadelphia Corporation for Aging's (PCA's) Regional Conference on Aging earlier this year, the authors said that spousal caregiving typically brings added pressures. Caregivers often become care recipients' advocates and intermediaries with medical and social service professionals. As spouses become immersed in caregiving, they can face isolation and loneliness.

Jacobs notes that spousal caregivers can face dramatic changes in their relationships. In his article, "When Caregivers Fall Out of Love," published by AARP.org, he says, "These spouses often lose not only physical intimacy with their ill loved ones, but also deep friendship if those partners are no longer emotionally or cognitively capable of serving as their confidants. They frequently have to mourn their past joys as a couple along with the

dreams they had held for future happiness."

While long-held expectations can be lost, new ones often arise, Jacobs and Mayer said during their PCA presentation. "The care

Spousal caregivers can face dramatic changes in their relationships.

recipient expects love, care and company," Jacobs said. "The caregiver expects love, appreciation and cooperation. When expectations are violated, it can lead to resentment."

Feeling helpless

One of the greatest satisfactions of spousal caregiving comes from helping to relieve a loved one's suffering. However, there can be times when caregivers can't do so, despite their best efforts, the psychologists said at PCA. When caregivers feel helpless to control the situation and relieve their spouses' suffering, it compounds their stress and can impact their psychological and physical well-being, they said.

Healthy relationships are usually balanced; there's a give-and-take between partners. But caregiving relationships are necessarily "skewed," or imbalanced, because the well spouse has to do most of the work, according to Northwestern University psychiatrist and family caregiving expert John S. Rolland, M.D.

Jacobs concurs, noting in his AARP article, "To whatever degree possible, well and ill spouses should try to minimize these skews and maintain a two-way give-and-take. Ill spouses should continue to try to do whatever they are capable of – simple chores, listening well, giving thanks – for well spouses. Well spouses should refrain from hogging the glory by taking over all responsibilities and disempowering the ill spouse."

"If a care recipient can't do helpful tasks, giving heartfelt gratitude still matters," Jacobs said at PCA.

Couples also can try to schedule time together for daily positive interaction to broaden their focus from care activities.

Replenishing

According to Rolland, couples can adapt best when they can develop a new sense of separateness that acknowledges their differ-

ent needs and realities.

For ill spouses, that can include a willingness to accept care from people besides their spouse, such as other family members and professional caregivers. Well spouses can look for outside support, such as caregiver support groups or individual counseling. They also need to find ways to replenish their energy and find gratification by pursuing personal interests and time with friends and other family members.

Many spousal caregivers approach their role with a sense of mission – often a combination of love and duty. However, spousal caregiving inevitably changes marriage dynamics as once-balanced relationships become skewed. The love spouses may feel for each other can be tested; relationships that were problematic can face added tension. Anger, frustration and resentment can flare up for both spouses. It's important to find ways to sustain caregivers and for care recipients to find ways to give back. By maintaining a give-and-take relationship and acknowledging their separate realities, couples may create a new equilibrium and even strengthen bonds of love at a highly challenging time.

Contact Marcia Z. Siegal at msiegal@pcaphl.org.

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Recipe Box

Add spice to your holidays with an American classic: Sweet potato pie

Celebrated by many African-Americans, Kwanzaa occurs annually from Dec. 26 to Jan. 1 to honor the culture and traditions of people of African origin. Food is central to the celebration and includes African dishes as well as African-American, Afro-Caribbean and other dishes from the African diaspora. Sweet potato pie is an American favorite. It is also a great comfort food and makes a delicious addition to any meal.

Five-Spice Sweet Potato Pie

(Servings: 10)

Ingredients:

Ingredients:

2 lbs. sweet potatoes (about 5 medium)

¾ cup packed brown sugar

½ cup 2% reduced-fat milk

2 tbsp. butter, softened

1 tsp. vanilla extract

½ tsp. ground cinnamon

½ tsp. five-spice powder or pumpkin

pie spice

¼ tsp. salt

¼ tsp. ground nutmeg

3 large eggs, lightly beaten

½ 15-oz. package refrigerated pie dough

Directions:

Preheat oven to 375°.

Pierce sweet potatoes several times with a fork.

Place sweet potatoes on a baking sheet. Bake at 375° for 1 hour and 15 minutes or until tender. Cool slightly.

Peel and discard skins. Place the pulp in a medium bowl, and mash.



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Add ¾ cup brown sugar and the next 8 ingredients (through eggs) to pulp. Beat with a mixer at medium speed until well blended.

Fit refrigerated pie dough into a 9-inch pie plate; fold edges under, and crimp. Pour sweet potato mixture into pie shell.

Bake at 375° for 55 minutes or until a

knife inserted in center comes out clean. Cool pie completely on a wire rack.

Note: Five-spice powder is a blend of cinnamon, cloves, fennel seed, star anise, and Szechuan peppercorns that can be found in the spice aisle of most supermarkets.

Source: myrecipes.com



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Remote care

• continued from page 6

shared a room with three other women. I checked myself out after one long night. I would have been well-served to rent a hotel room for the weekend and take care of myself. I did get to a good therapist and eventually on a medication that worked for me, but only after doing genetic testing to find the right meds.

✓ Make sure legal documents are in order.

As a writer and personal historian, I had pressed my parents years ago to get their legal documents in order and had power of attorney (POA) for both. My brother clearly should have been mom's co-POA. Karen, who advocated as much as she could have for my father, should have been co-POA for him. I had copies of the POA and living will documents on file at each of their hospitals, and I always kept a copy of each in my car.

✓ Give yourself credit.

While I put in time at the computer and navigated the bureaucracy from afar, I was often guilt-ridden about not being geographically "there" for my parents as much as I would have liked. In the end, however, both Karen and I were there with my brother at the house administering the oral doses of morphine when my mother was finally on hospice. She needed 24-hour care and there were no funds to hire aides. Karen and I were there for my father's final day as well.

For now, I am getting on with my life. I am telling stories, reading spiritual books, volunteering with my Quaker community, going into nursing homes to give out free hugs, and celebrating the fact that I have no regrets.

Flourtown resident Barbara Sherf captures stories through CommunicationsPro.com. She can be reached at CaptureLifeStories@gmail.com or 215-990-9317.

Don's Column

More women are finally standing up against Hollywood creeps



By Don Harrison

Hollywood folklore features the casting couch, and its variations, with greedy, horny impresarios preying on lovely starlets who reluctantly trade "favors" for a boost in their careers. Yet it seems as though everyone in the movie industry is (to quote "Casablanca's" Claude Rains) "shocked, shocked" at the latest allegations.

Every industry probably has powerful men who have used their power to try to hit on female job seekers, with varying degrees of effectiveness. The refreshing news is that women no longer feel forced to keep quiet about it.

A few sick guys (apparently more than a few in the movie industry) have loused things up for some women. These characters, using their power and the secrecy that accompanies it, might be having their come-uppance. Good. Women are, justifiably, standing up for their rights as members of the human race.

Go, girl, go.

Playing in the street

There was a park at the end of the block, but we boys played in the street. It was more spontaneous. We didn't need gear (too costly) and we could improvise (and argue)

endlessly. The girls played hopscotch and skipped rope – on the sidewalk.

Once in a while, during our improvised play, an automobile would show up. Someone would shout "Car!" and we'd disperse to curbside and wait until the car passed to resume our play.

There's too much traffic now, and curbside parking narrows the playing field. Little League and sandlot games in the park have replaced playing in the street.

This means more adult supervision, which was unthinkable in those days of street games.

Crosswords

Homebound as I've recently been, I watch a little daytime TV, but most often the screen is dark. When I do watch TV, I watch news-casts, "The View," "Jeopardy" and occasional repeats of "M*A*S*H" and "Law and Order," recalling my own Army duty and my cub reporter days in police stations. Otherwise, I do crossword puzzles.

I used to be pretty good at "Jeopardy," but my prowess has ebbed ("ebb" is a frequent crossword answer in the New York Times and Philadelphia Inquirer) as questions about pop culture increase.

Milestones Editor Emeritus Don Harrison served as deputy editor of the Daily News opinion pages and as an assistant managing editor and city editor of the Philadelphia Bulletin.

Crossword

Calorie Counting

Across

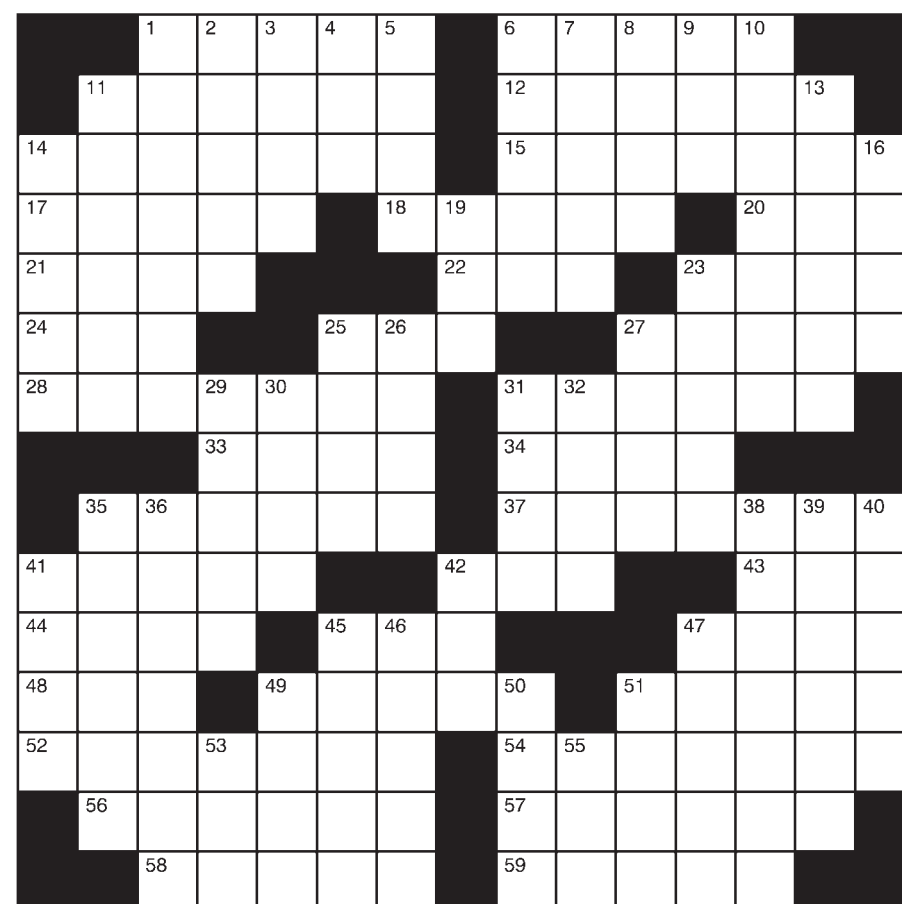
- | | | | |
|------------------------|--|-------------------------|------------------------|
| 1 Menu offering | 22 Pub offering | 31 Took out the creases | 47 Test places |
| 6 Certain hanger | 23 Cable | 33 Biographer Leon | 48 Donkey, in Brest |
| 11 Less lenient | 24 Between pi and sigma | 34 Artist Chagall | 49 Girl's name |
| 12 Beverage container | 25 Erwin of films | 35 Watercourse | 51 Certain eye |
| 14 Menu offering | 27 Like some bathrooms | 37 Aerial | 52 Sweet |
| 15 Main dishes | 28 Contributor to blood pressure reading | 41 Belle or Ringo | 54 Ice cream offerings |
| 17 Whitens | | 42 Total: abbr. | 56 Usher |
| 18 Do a hair job | | 43 Charged atom | 57 Some tubes |
| 20 Female ruff | | 44 Sweet place | 58 Scandinavian |
| 21 Heavens: comb. form | | 45 Hawaiian food | 59 Depression: anat. |

Down

- | | | | |
|-----------------------|--------------------------------|------------------|----------------------|
| 1 Theater districts | 10 Childish | 29 ___ Haute, IN | 45 Shaved |
| 2 Abalone | 11 Ostentatious | 30 Aura | 46 Bizarre |
| 3 Companion of Andy | 13 Looked myopically | 31 Muslim leader | 47 Puts on cargo |
| 4 But, to Caesar | 14 Armadillos | 32 Carry on | 49 Dole, with out |
| 5 Weight allowance | 16 Sow | 35 Expiates | 50 ___ I cared |
| 6 Filch | 19 ___ -de-vie | 36 Pharaoh | 51 Danube tributary |
| 7 Go rigid | 23 Flinch | 38 Falls | 53 Lumberjack's tool |
| 8 Speed | 25 Part of a loom | 39 Peers | 55 Numero ___ |
| 9 Prefix meaning peak | 26 Prefix for dynamic or phase | 40 Handles: Fr. | |
| | 27 Wrong: law | 41 Food fish | |
| | | 42 To expose | |

Solution

The solution can be found on page 18.



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