Dancing in the street is best medicine

By Marcia Z. Siegal

“To say I dance for my health is an understatement. Dance to me is the fountain of youth,” said 70-year-old Matthew (Matt) Hopkins.

Tall and thin, he can be found out and about, dancing all around the streets of center city – sometimes at 15th and Market across from Dilworth Plaza; or on the 400 block of South Street; in front of the Convention Center; and, when the weather gets cold, in the Suburban Station concourse.

Hopkins is hard to miss. On a recent day, the father of one and grandfather of four was dressed in typically flamboyant fashion, with a blue plaid shirt, a red plaid tie, a silk jacket, and a dozen bracelets on each arm. He totes a megaboos that plays songs for his musical accompaniment, mostly rap and hip-hop selections, but he’s danced to Broadway tunes and even classical works by Bach and Stravinsky at times.

Hopkins said he is not at all self-conscious to be dancing on the city streets at 70. “You can’t let external forces define you,” he said. “I tell people ‘you have to embrace your snowflake.’ Just as every snowflake is unique, you have to embrace what makes you unique. I’m an exemplar of that. The key is to be happy. When you are happy, your body is healthy. Dancing is my joy.”

Hopkins (who goes by the rap name O.G. Mister Matt – O.G is short for “Original Gentleman”) said street dancing is central to a new lifestyle that enabled him to shed 80 pounds, overcome depression, and avoid the mental and physical deterioration he’s observed in contemporaries who “sit around and watch TV, not being vital or creative.

“I would tell them ‘take a walk. Get some sunshine. Go out a little bit.’ They would tell me to act my age and not be an old fool, but I believe you have to keep moving to have mental clarity,” he said.

Transformative moment

Four years ago, following several years as his aunt’s full-time live-in caregiver, Hopkins found himself depressed, 80 pounds overweight, pre-diabetic, and diagnosed with high blood pressure and peripheral artery disease. He had been virtually homebound himself during those years. When his aunt entered a nursing home because he could no longer care for her, Hopkins decided to embark on an intensive mind-body-spirit program to overhaul his own health situation. The dancer emerged from that, he said.

He worked with doctors at Mercy Hospi-
Health Brief

Cold stress is a real danger for seniors

Exposure to cold can have a greater impact as you age, because the body’s ability to regulate temperature and to sense cold may lessen with age. Older people are also more likely to have a medical condition that further affects temperature regulation, such as undertaker thyroid, stroke, severe arthritis, Parkinson’s disease and diabetes. Age-related factors make seniors more vulnerable to hypothermia (also known as cold stress), a serious health condition caused by excessive body heat loss from exposure to the cold.

Spending time outdoors in the elements – snow, wind, rain and frigid temperatures – can put you at risk for developing hypothermia very quickly. But danger can lurk indoors, too. Consistent indoor temperatures as mild as 60° to 65°F can cause symptoms, since this is well below the body’s normal temperature of 98°, says Sharon Congleton, RN, BSN, health promotion nurse supervisor at Philadelphia Corporation for Aging (PCA). (If you are having trouble paying for oil or gas to heat your home this winter, see the article on page 1 for resources to help.)

Those who don’t dress warmly enough; eat poorly; and/or take prescription medications for high blood pressure, anxiety, depression, poor circulation or sleeplessness may also be at risk.

To protect yourself, Congleton recommends following these guidelines:
- Stay warm and dry, whether indoors or outdoors
- Avoid exposure to snow, wind, rain and water/dampness
- Dress warmly
- Wear loose layers of clothing, especially woolens
- Cover your head and neck with a hat and scarf
- Wear gloves or mittens
- Change socks and long underwear if they become damp or wet
- Wear warm shoes and socks
- Keep skin and clothing dry to lessen the chance of frostbite
- Eat nutritious meals on a regular basis, especially a hot meal
- Drink a lot of fluids

Watch for these danger signs

Shivering is usually the first symptom that your body temperature has started to drop, because it’s your body’s automatic attempt to warm itself. Signs and symptoms of mild hypothermia also include dizziness, hunger, nausea, increased heart rate and breathing, difficulty speaking, slight confusion, and fatigue. According to the Mayo Clinic, someone with hypothermia usually isn’t aware of his or her condition because the symptoms often begin gradually. If you begin to notice more severe signs in yourself or someone else, seek medical attention. As your body temperature drops, signs and symptoms of moderate to severe hypothermia include:
- Severe clumsiness or lack of coordination
- Slurred speech or mumbling
- Confusion and poor decision-making, such as trying to remove warm clothes
- Drowsiness or very low energy
- Lack of concern about one’s condition
- Progressive loss of consciousness
- Weak pulse
- Slow, shallow breathing

What to do in an emergency

In a cold stress medical emergency, call 9-1-1. Remove any wet clothes and provide warm, dry clothing. Cover the person’s head and neck, and wrap the body in blankets, towels, extra clothes or newspaper. It is important to handle a hypothermic person gently and warm them gradually. Do not apply direct heat or hot water, take medications, drink alcohol, or rub arms or legs. At this stage, these actions will make the condition worse.
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Preparation and communication can help caregivers cope with holiday stress

By Marcia Z. Siegal

Norman Rockwell’s classic painting of an American family at Thanksgiving, “Freedom from Want,” is one of the most enduring images we have for the holiday season. Created in 1942, it depicts not only a festive meal, but also the happy togetherness of a family celebration. However, not every family holiday situation is so idyllic. Particularly for the millions of Americans who are caregivers, holiday celebrations can cause stress to skyrocket.

Cheryl Clark, director of Philadelphia Corporation for Aging’s (PCA) Caregiver Support Program, said it’s important to communicate and to be realistic about your limits as a host or guest and those of the person you are caring for. “Take the opportunity to share your caregiving situation,” she said. “Be open about your needs and allow others to help.”

Those who will be celebrating with you may not be attuned to the cared-for person’s current personal care needs and what your caregiving efforts entail. The Family Caregiver Alliance advises that “although it is understandable to have reservations about discussing a loved one’s impairments, honest communication about the realities of the caregiving situation offers others the opportunity to respond with assistance. Sharing the truths of your situation may help reduce some of the feelings of isolation and lack of appreciation common in caregivers.”

Plan ahead

One way to do this is to write a brief note describing the person’s condition and enclosing it in a holiday greeting card, the alliance notes. The Alzheimer’s Association said you can also communicate the realities of the caregiving situation and adjust holiday expectations in advance through a face-to-face meeting, a group discussion by telephone or video chat, or by emailing family and friends.

If hosting the holiday celebration is difficult for you this year, say so. Consider asking another member of the family to take over. If you do want to go ahead, think about simplifying the festivities, perhaps by inviting a smaller group, making the event potluck, or ordering a prepared meal (even if that means asking others to help with expenses).

If you still want to decorate for the holidays, ask for help. Also, think of simplifying gift-giving. Order online or consider buying gift cards or making donations to charity.

Adapt to the recipient’s needs

If an impaired loved one could find an event at your home over-stimulating, one option is to have the person spend time in another room in the house designated as a quiet place, according to the Family Caregiver Alliance. Other family members or friends may be able to help keep the person company; or, you might want to hire an aide to assist.

If celebrations are being held elsewhere and would be overwhelming for your loved one, you can encourage family members to visit your home to spend individual time with the relative.

Take care of yourself

One of the cardinal rules of caregiving is to take care of yourself, said Clark. “Taking good care of yourself makes you better able to take care of the person you are caring for,” Clark said.

Here are some tips to help ensure your own health and wellbeing at a stressful time, or in general.

• Exercise regularly, even if it means finding someone else to take over your caregiver duties.
• Avoid giving in to stress-driven urges for overeating or overindulging in alcohol.
• Try to find time for yourself to do something you especially enjoy, such as reading, walking, listening to music, gardening and/or visiting with a friend.
• Get enough rest. Sleep deprivation can sap your energy, making your mind and body feel especially stressed.
• Make a “wish list” and share it. Do you need someone to stay with your loved one for a day, so you can have some respite? Do you need help with errands or yardwork? Would you enjoy a gift certificate for something relaxing, like a massage or facial? Let your family know.
• Make a New Year’s resolution: Commit to caring and finding time for yourself to reduce stress.

Contact Marcia Z. Siegal at msiegel@pcaphl.org

Resources to help caregivers

PCA’s Caregiver Support Program provides assistance to eligible primary unpaid caregivers who are providing daily hands-on care to a friend or relative. This support can include access to resources and information; financial assistance to help families who qualify financially pay for caregiving supplies and services; and reduction of emotional stress through care management and respite care services. For information about the program, respite care and other caregiver resources:

PCA Helpline – 215-765-9040 (open weekdays, 8:30 a.m. to 5 p.m.) or www.pcaCares.org (click on “Services for Seniors” and then “Caregiver Support”).

The Alzheimer’s Association’s Delaware Valley Chapter provides information, education and support for caregivers and people with Alzheimer’s disease: 399 Market Street, Suite 102; 1-800-272-3900 (24/7 Helpline); or www.alz.org/delVal. For holiday tips, type “holidays” in the website search function.

The Family Caregiver Alliance (a program of the National Center on Caregiving) provides education, policy advocacy, information and support: 800-455-8106 or www.caregiver.org. (For holiday tips, type “holidays” in the website search function.)
Little-known program covers costs of care at home for qualifying veterans

By Linda L. Riley

Veterans who need help with some of the activities of daily living, who are bedridden or have disabilities that result in the need for assistance may qualify for “Aid and Attendance” or “Housebound” benefits. For those who qualify, these benefits are in addition to a monthly pension, and may be available even to those whose income is too high for them to be eligible for a basic pension. To qualify, the veteran must have served during wartime, and must meet specific medical and financial criteria. The individual must also be age 65 or older, or meet one of these criteria: have a permanent and total non-service-connected disability; be living in a nursing home; or receive Social Security disability benefits.

Wartime service

The veteran must have served at least 90 days of active duty, with at least one day during a period of war, as defined below:
- World War II: December 7, 1941, through December 31, 1946, extended to July 25, 1947, where continuous with active duty on or before December 31, 1946.
- Persian Gulf War: August 2, 1990, through a date as yet to be prescribed by Presidential proclamation or law.

The veteran does not have to have been in combat, or in a combat zone; or have retired from the military; and does not have to have a service-related injury. A surviving spouse of a wartime veteran may also apply.

“Countable” income and assets

To be eligible for the Aid and Attendance or Housebound Benefit, the individual cannot have assets in excess of $80,000, not including a car and primary home.

“Countable” income for a veteran living alone must be less than $15,233 a year, or for a veteran with a spouse, less than $19,093 a year. In determining what is “countable income,” first add up Social Security, pension payments, interest income and any other income or distributions. Then deduct from that total the costs of health insurance premiums; prescriptions; home care services; and other health care expenses, including assisted living or nursing home costs, if the person is living in a facility. You must be able to provide documentation of all of these expenses.

Medical conditions

To qualify for the Housebound benefit, the individual must be “substantially confined to your immediate premises because of permanent disability,” according to the Veterans Administration website.

The Aid and Attendance benefit is available if you meet one of these criteria:
- You are unable to perform some of the basic activities of daily living (ADL) without assistance. These include eating and drinking, dressing yourself, moving from bed to chair, using the toilet, adjusting prosthetic devices, and managing your own medication.
- You have a disability that results in your being confined to your bed except when receiving treatment.
- Your eyesight in both eyes is no better than 5/200 with correction; or you have a concentric contraction of your visual field that measures 5 degrees of less.
- You are living in a nursing home due to a mental or physical disability.

Paperwork needed

Documentation of all of your income and assets, medical and health insurance bills, and of your medical condition and treatments is required to determine eligibility. You must also provide your military discharge/separation papers (DD-214). If you do not have them and need to obtain them, you can do so online at https://www.archives.gov/veterans.
Nurse whose lifelong passion was helping others retired reluctantly in her 70s

By Alicia M. Colombo

Growing up, Joan Randolph always thought about nursing as a career. “When I was young, there weren’t as many choices for women as there are today. Women were nurses, social workers and teachers – and that was about it. But if I had it to do over again, I wouldn’t do anything different. I like the idea of being able to help people return to their optimum level of health and to support them along the way,” she said. “Nursing was a calling. I always said I loved nursing because nurses do for patients what they can’t do for themselves. The physician is important, but he or she only comes in for a few minutes and then leaves. The nurse is with you 24/7.”

Five decades in pursuit of that calling earned her Jefferson College of Nursing’s Special Achievement Award. Presented in July, the award honors significant, long-term achievement of Jefferson College of Nursing graduates. “When they told me I was selected, I was surprised. I thought there had to be someone more deserving. They felt that consistently, throughout my career and life I had served the profession admirably,” she said.

As a young girl growing up in Southwest Philadelphia, she dreamed of working in a big hospital. “I always wanted to go to Jefferson. My mom had surgery there, and I knew about the outstanding reputation of its nursing school,” said Randolph, who graduated from Jefferson School of Nursing in 1956.

“Back then you lived in the nurses’ residence,” she said. “There was a curfew, and women couldn’t be married. There were lots of rules that they don’t have now. I got my start in the medical/surgical unit, where a lot of nurses get good basic experience.”

After graduation, she was hired to work at Thomas Jefferson University Hospital in Philadelphia. “I only worked at Jefferson for three years. I loved the excitement of working in Center City. But after I got married, we moved to Fox Chase, where my husband was from. The commute was too much. We lived near Jeanes Hospital, so I just walked in to check it out one day. I asked around and found out they needed extra help. I started working part time almost immediately,” Randolph said.

**Up through the ranks**

She spent the next 38 years of her career at Jeanes Hospital, working her way up through the ranks from providing hands-on care to becoming a nurse executive. “I worked in all patient care departments of the hospital. I was promoted to nurse manager, supervisor, and finally chief nurse executive and vice president of patient services, a position I held for 22 years. It’s unusual, because people either burn out before then or there’s a new CEO who desires to hire a new person. I was just fortunate that they kept me in that role for so long,” she said.

More than luck, perhaps it is truly her passion for the field of nursing that kept her going for so long. “Nursing is hard work. During the recession, nurses who wanted to retire found they had to work longer instead. The average age of nurses is now up to 50,” said Randolph.

**Resisting retirement**

She found it hard to leave the field herself, and kept working into her early 70s. Randolph first attempted retirement in 2002, only to be pulled back into the workforce unexpectedly. “Three months after I first retired, they called me back because the person they hired to replace me didn’t work out. The CEO asked me to come back for two or three months until they re-hired, but it took almost two years,” she said.

After she left the second time, Temple Health System, which owned Jeanes Hospital, offered her consulting work. “I evaluated the new emergency department at the former Northeastern Hospital in Kensington; evaluated the nurse recruitment system for human resources; and worked at Temple Children’s Hospital for about eight months to carry on the day-to-day operations before it closed,” she said. “In 2005, my hubby was starting to not be well. I thought it was enough and really wanted to be home with him.”

When her husband of 54 years passed away, she thought she’d continue to live in their home, alone. “The first year, we had a big tree limb fall through the roof and rip off the gutter during a bad snowstorm. I started to think about doing something different because of my mobility issues. From being tall and being a nurse for many years before the use of assistive or lifting devices, it put a strain on my body,” she said.

“I wanted a life care program. Someplace that moves through the continuum of care from independent living to assisted living and medical care if needed,” she said. Randolph moved to nearby Rydal Park, a continuing care retirement community in Jenkintown two years ago.

Now 81, and happily retired for 10 years, Randolph continues to contribute to the field of nursing. Thirty years ago, she started a nurse executives’ dinner group where colleagues in the field could meet regularly to socialize, share ideas and network. She was also involved with the conceptualization and implementation of the “Tribute to Nursing,” mural at Broad and Vine Streets. Damaged by weather over the years, the original mural was replaced in 2010 with a new design, “The Evolving Face of Nursing,” which incorporates LED lights, creating one image by day, and a different one by night.

Before even moving in to Rydal Park, Randolph had the idea to start a nurses’ group there. During one of her preview visits to the community, she encountered a nurse she knew from Fox Chase Cancer Center. “She introduced me to another lady, who was also a nurse. Then another woman overheard us talking, and said she was a nurse. There are 20 of us now, and we meet every other month. There’s collegiality among nurses. We were in the same profession, but we’re all from different backgrounds. One nurse served in World War II, another worked in a leprosy colony, two were nurse anesthetists and one a nurse educator in a school of nursing,” Randolph said. But, she said, nurses share a common mindset.

“We go the extra mile for patients, and we do it throughout our whole career. You treat the whole person, not just their immediate diagnosis. One nurse in our group told a story about how she’d cared for a man who was brought into the hospital where she worked. He kept screaming and was very unhappy. She finally asked him what was wrong, and he said he wanted to see a horse. She found out that before he got sick, he owned a horse farm in Maryland. She knew a mounted police officer and asked him to bring the horse over. He was so happy to see the horse that the officer then stopped by every day. After that the patient was quiet, content and concentrated on getting well,” she said.

**Nursing’s future**

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Dancing  
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...he began to lose weight and improve nutrition; began practicing yoga; and joined a Silver Sneakers program for exercise. He began taking on new mental challenges, like learning to use social media. And he deepened his involvement with his church.

“I try to savor every moment because life is the most precious gift,” he said.

“My dancing continues to get better and better,” said Hopkins, who learns some of his moves by observing others at nightclubs and discos. “I am an example of what a person can do if you put your mind to it.”

Closing the generation gap
Hopkins’ most frequent street dance performances are hip-hop, and that’s deliberate. “I think it helps me connect to young people and engage them with my message,” he said. Teens and young adults are often drawn to him when he dances, and conversations start there.

Sometimes in conversation, sometimes by rapping, he tells them that they should love themselves and appreciate their own unique gifts. “I also ask them to think about how they can improve themselves and to work hard at it. It’s important to delay gratification. I was lucky to have mentors and role models, and if I can be a positive influence on young people, I want to be that. Young people are our best resources. Theirs are the minds that can potentially cure cancer and solve the rest of the world’s problems. I want them to feel my support and positive energy.”

His second love
Hopkins is a man of diverse talents. “Music is my second love,” he said. A professional classical and jazz percussionist in earlier years, he studied at Temple University and Settlement Music School and performed as an extra with the Philadelphia Orchestra and Philadelphia Chamber Orchestra in the 1960s. At a time when music unions in Philadelphia were segregated, he said he was the first black to integrate the area’s all-white musicians’ union.

Decades ago, funded by a Rockefeller grant, he studied and performed African music and the music of new composers. Through the grant, he helped bring performances of African music to students in the Philadelphia public schools. Later, he taught percussion and African drumming at Settlement Music School; ran the music program at a former K-8 Catholic school in South Philadelphia; composed an opera while there, which he took on tour to several cities; and played at Carnegie Hall for a Martin Luther King memorial performance.

A way with words, too
Then his career took a turn from music to words, as a result of caring for his mother. “In 1992, I cared for my mother who was dying of lung cancer,” he said. “She and I played Scrabble to pass the time. She taught me the game when I was a child. After her death, I sought out Scrabble players in the area. I fell in love with the game. I became the director of the local club and joined the National Scrabble Association. I won a Philadelphia Magazine award for my Scrabble club at the Parent-Infant Center on the Penn Campus.”

He went to work for the National Scrabble Association, and for 25 years helped to run tournaments for adult players in cities across the country. “I was a director of a number of national championship events in North America for the National Scrabble Association and was on its board,” he said. In 2006, while still working with the association, Hopkins helped launch ASAP Scrabble as a new citywide initiative of the After School Activities Partnerships (ASAP) program, founded by Marciene Mattleman. ASAP recruits volunteers, teachers and organizations to lead a variety of after-school enrichment clubs across the city.

“I felt Scrabble could be a catalyst to change kids’ lives,” he said. Since 2006, ASAP Scrabble has engaged more than 8,000 students, in grades K-12. As part of his work with the National Scrabble Association, Hopkins also helped other cities develop youth programs modelled after ASAP Scrabble.

Hopkins is currently a volunteer leader with several ASAP Scrabble clubs. He helps to organize the citywide ASAP Scrabble tournament in June at the Seaport Museum on Penn’s Landing. “School Scrabble through ASAP is now my passion,” he said. “I jokingly call myself the grandfather of school Scrabble.”

He continues to embrace life’s possibilities, a return to performing jazz among them, and those yet to be imagined. “I don’t see any limits,” Hopkins said.

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Serving Thanksgiving dinner is just one of many ways they address food needs

By Marcia Z. Siegal

Reverend Nancy Jackson doesn’t want anyone to go hungry. She and her staff are the driving force for the food ministry at Zion A.M.E. Church, which will host its seventh annual Thanksgiving dinner for the community Nov. 22. “We expect to serve about 500 people that day,” Jackson said.

Jackson and other church members reach out to grocery stores, meat and produce markets, and other merchants to solicit donations for the Thanksgiving celebration. Many church members help get things ready by peeling potatoes, snapping beans and other sundry tasks, and also bringing home-cooked food to the festivities. Church volunteers serve the buffet-style meal on the big day. William (Bill) Manson, a professional caterer and Zion A.M.E. Lay Organization leader, is in charge of the food. “We’ll have turkey, gravy, cranberry sauce, string beans, collard greens, yams, seasoned rice, salad, rolls, sweet potato pie, apple pie, cherry pie and pound cake. Thanksgiving is a really big deal for us. We’re giving people a home-cooked Thanksgiving meal with all the trimmings. For many of them, it will be the only Thanksgiving dinner they have,” he said.

“When we first started doing Thanksgiving seven years ago, there were 150 people in line when we opened the doors,” said Jackson, a church elder and retired employment counselor. “Word spread. “Every year since then people come up to me as it gets closer to the holiday and ask, ‘You’re doing Thanksgiving again, aren’t you?’” Most attendees come from the neighborhood surrounding Zion A.M.E.’s 21st and Tasker Street site, she said.

Addressing hunger year-round

Last year, the food ministry expanded to serve free meals year-round to the community. Spurred by a regular donation of breakfast sandwiches by a local Wawa, through the Harvest Program, the church now offers breakfast Mondays, Wednesdays and Fridays. A weekly lunch on Wednesday afternoons, added recently, typically draws at least 70 people. Learning of Zion A.M.E.’s dedication to feeding people in need, other local churches have supported the effort by donating unused items from their own food pantries. “God just keeps opening doors,” said Zion A.M.E.’s Pastor Rev. Bruce D. Points, Sr.

Members also contribute food or aid financially to supplement what is donated for the meals program, “for instance, if we have to go out and purchase 10 pounds of bacon or some grits,” the pastor said. “The food ministry is not something that profits the church. It is fundamental to our church, but it does have a cost. The majority of our members understand that it’s a cost that is worthwhile.”

During these community meals, Points makes the rounds, stopping at each table to introduce himself to the people sitting there. “I don’t proselytize, but I will ask if someone needs prayer or has something else he or she wants us to know.” The church also uses the opportunity to offer information and services that may be useful to attendees. A recent lunch featured a presentation on voter registration, for example. During the Thanksgiving celebration, there will be blood pressure screenings and HIV testing available in another room of the church and a Philadelphia Corporation for Aging outreach table featuring information and resources for older adults.

Points said that 80% of the people who come to these communal meals are seniors (as are most of the people who volunteer on behalf of the meals program). Many who come to eat enjoy the camaraderie as well as the food. Kenny Washington, a frequent meals participant, said “most of the people who come are from the neighborhood. I always see people I know.” His friend James Brown said, “the food is good, very good,” pointing to the soup, chicken cacciatore, peas and carrots, mashed potatoes, applesauce, cakes, pies and ice cream offered for lunch that day.

“Brother Manson likes to do things like that,” Points said of the sumptuous luncheon spread. “He can work wonders with very little.”

Inspired by grandmother

Manson said he learned to cook by watching his grandmother when he was...
Thanksgiving

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growing up. She followed the Southern culinary traditions. “She was raised on a farm, and in those days you cooked whatever was at hand, things like chicken and collard greens,” Manson said. In adulthood, “I hit the cookbooks to experiment with different cuisines, but I always retained my grandmother’s sense of taste and seasoning, and the basics she taught me.” After retiring from a career as a food distribution manager five years ago, he opened his own catering business and also became the volunteer chef for Zion A.M.E.’s food ministry programs. “The goal is to keep things financially feasible and nutritionally sound,” he said of the meals he prepares, but creativity and flair remain a big part of it.

Jackson said feeding people comes naturally to her. “My husband and I have three children. I also raised two nieces and three foster children. When they were growing up, all the kids in the neighborhood were constantly at my house. If someone was at the door, I would invite that person in and serve him as well. I had a big kitchen, and I loved doing it.”

“Feeding people is a passion with me. Sometimes you see people who may not be homeless, but they may still be hungry. When they come here to eat, I tell them to take what they want and go for seconds if there is food available.”

Looking ahead to the Thanksgiving celebration, Jackson said preparations will get very intense the week before the holiday. She and Manson are sure to find something for every willing volunteer to do. “I enjoy doing this,” Jackson said of the growing food ministry she founded. “I enjoy the people. Everyone is welcome this Thanksgiving. The more, the merrier.”

Find food resources in Philadelphia

Of the more than 291,000 Philadelphians age 60 or older, 32,000 (about 11%) have cut the size of meals or skipped meals because there was not enough money in the budget for food, according to a recent Philadelphia Health Management Corporation Household Health survey. There are resources to help, on a one-time or ongoing basis.

Senior Community Centers: Philadelphians Corporation for Aging (PCA) funds nutritious lunches, five days a week, at a network of 20 senior centers and eight satellite meal sites in neighborhoods throughout Philadelphia. Philadelphia residents age 60 and older can have lunch. A donation is requested for meals. For those under age 60, there is a fee. To find a senior center near you, call the PCA Helpline at 215-765-9040 or visit www.pcaCares.org.

USDA National Hunger Hotline (1-866-348-6479): Philabundance partners with the USDA National Hunger Hotline and WhyHunger to connect people to food resources in the community, including:

• Emergency food providers
• Government assistance programs
• Food pantries
• Soup kitchens
• Government nutrition programs
• Grassroots organizations that provide access to nutritious foods and nutritional support services

SNAP Hotline (215-430-0556): Residents of Bucks, Chester and Philadelphia counties can apply for Supplemental Nutrition Assistance Program (SNAP) benefits by phone. Hotline counselors are available Monday through Friday, 9 a.m. to 5 p.m. The SNAP Hotline is provided by the Greater Philadelphia Coalition Against Hunger.

For information about the Thanksgiving event or other Zion A.M.E. community meal programs, or to donate to the church’s food ministry: Zion A.M.E. Church, 1600 S. 21st St.; 215-468-6489; or email Reverend Nancy Jackson at zionamephila@gmail.com.

Meals are held at the following dates and times. Advance registration is not required:

Thanksgiving (2016): Tues., Nov. 22, 12 to 3 p.m.
Breakfast: Mon, Wed. and Fri, 9 to 10:30 a.m.
Lunch: Wed., 12 to 1:30 p.m.

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Monday-Friday, 8 a.m. to 5 p.m.
November 2016
National Family Caregivers & Older Adult’s Disease Awareness Month

Sunday
Daylight Saving Time Ends (Fall Back)

Monday
AARP TEK Program: Comprehensive
Online technology workshop, includes touchscreen basics, apps, & test measuring. 10 a.m. to 3 p.m. Kimmel Center. Philadelphia. Register: 215-893-7280.

Tuesday
The Black Experience During World War II. Lecture about racism faced by American-service
women. 11:30 a.m. Center on the Hill. 215-247-6045.
Vespers. 2 p.m. St. John's. Register: 215-698-7300.

Wednesday
AARP TEK Program: Comprehensive
Online technology workshop, includes touchscreen basics, apps, & test measuring. 10 a.m. to 3 p.m. Kimmel Center. Philadelphia. Register: 215-893-7280.

Thursday
Veterans Day & November
Veteran. Franklin High School color guard, special guest speaker,冻子 hot lunch & live patriotic entertainment. 10:30 a.m. Commun. of Philadelphia & Northeast Pa. Sponsored by Aeroma Home Care & Hospice – VetAssist Pro-
Adult Coloring: Benefits include relaxation, reduced stress, socialization & creative expression. 2.30 p.m. Center in the Park. 215-848-7722. (Tuesdays through Dec. 6)

Friday
Dinner & Opera: Donizetti's "Lucia di Lammermoor." Presented by Amici Opera, Company. 6 p.m. Franco & Ingenis. Register: 215-755-8905. (2nd Friday of each month)

Saturday
Thanksgiving Dinner. 11 a.m. Veterans Day & November. Veterans Day. 11 a.m. Center on the Hill.
Thanksgiving Dinner. 11 a.m. Veterans Day & November. Veterans Day. 11 a.m. Center on the Hill.

Events that end with a 5 require an entrance fee or advance purchase ticket. Emails that end with a 0 require a reservation or offers apply for sales. Please call the number listed for information on pricing or other questions about an event.


Thanksgiving Lunchroom. Holiday feast & entertainment. 10 a.m. to 4 p.m. Northeast Regional Library. (Nov. 24 & Nov. 25)

Thru the Week in Philadelphia: To Get You Through the Week. (See listing)


Thanksgiving Day Parade. 9 a.m. (2016 Christ-
mas Village in Philadelphia. Authentic outdoor German holiday market with vendors selling traditional European food, gifts, ornaments, jewelry & more. 10 a.m. to 2 p.m. Philadelphia City Hall. (Nov. 20 & Nov. 24 through Dec. 24) www.philadelphia.gov

Thanksgiving Lunchroom. Holiday feast & entertainment. 10 a.m. to 4 p.m. Northeast Regional Library. (Nov. 24 & Nov. 25)


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When Barbara Cohen’s husband, Sarle, was dying, a network of comfort and care surrounded them, designed to ease both his pain – and hers. She credits this comfort to Hospice of Philadelphia, operated by the Visiting Nurse Association (VNA) of Greater Philadelphia.

A key Medicare benefit, hospice can be provided free of charge for patients at the end stage of an illness whose doctors have certified that they have a life expectancy of six months or less. In selecting hospice, patients forgo aggressive treatments that are not working or providing relief. Instead, hospice care focuses on pain control and symptom management (palliative care). Hospice is usually provided in the patient’s home, but it also can be provided in a dedicated hospice facility or an assisted living or nursing facility.

According to the National Hospice and Palliative Care Organization (NHPCO), “hospice care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient’s needs and wishes. Support is provided to the patient’s loved ones as well. At the center of hospice and palliative care is the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so.”

The hospice team usually consists of the patient’s personal physician; a hospice physician (or medical director); nurses; home health aides; social workers; clergy or other counselors; trained volunteers; and speech, physical, and occupational therapists, if needed, NHPCO said.

Why choose hospice?

It was Sarle Cohen’s physician who encouraged Barbara to consider hospice for him. “My husband had advanced dementia. The doctor asked me if I had ever thought about hospice. I did not know a lot about it. At that time, I thought hospice was for cancer patients who would not live for more than six months,” she said.

Shortly thereafter, Barbara Cohen connected with the Hospice of Philadelphia, operated by the Visiting Nurse Association (VNA) of Greater Philadelphia, on her husband’s behalf. “The people there were wonderful,” she said. “They did everything they could to help. I wanted to keep my husband at home, and I did. I already had home health aides in place. The hospice program provided a doctor, nurses, a social worker, a physical therapist and a music therapist. Everything was done to make my husband comfortable. Everyone was very professional and very kind.”

In addition to managing the patient’s pain and symptoms and providing medications, hospice services can include coaching the family on how to care for the patient; provision of needed drugs, medical supplies and equipment; special services, like speech, occupational and physical therapy as needed; making short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time; nutritional counseling; and support for routine care, such as dressing, bathing and eating. Hospice social workers provide counseling, support, and referral to other services and community resources. Hospice chaplains are available to provide spiritual support and guidance for the patient and family.

Craig Hindman, director of clinical services for Hospice of Philadelphia, said, “there is tremendous value in hospice services because they focus on the quality of life. The best part for the hospice team is the relationship we get to establish with the patients and their family and to talk and discuss the patient’s wishes. In a hospital setting, nurses, physicians, and social workers often don’t have much time to talk with the patient, and the patient isn’t given much time to process information. Here we have time,” he said. “After doing our initial hospice assessment, we put in as many supports as we can.”

Hospice staff members visit regularly to evaluate the patient and provide additional care or other services if the situation changes and are on-call 24 hours a day, seven days a week.

Cohen said that Anne Imhof, the nurse who coordinated her husband’s hospice team, was invaluable. “She gave me so much comfort and useful information about what was going on and what we could expect as my husband’s illness progressed. I consulted with her on so many things – what he could eat, whether to get...
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Hospice

• continued from page 14

him out of the chair or let him sit, whether or not he should be treated with antibiotics, and more. She was always available for my calls.”

Hospice of Philadelphia also operates a 15-bed Inpatient Hospice Unit located at Falls Center, 3300 Henry Ave. in Northwest Philadelphia. The unit serves hospice patients whose medications cannot be managed at home or who need intensive round-the-clock care. In some cases during an inpatient stay, doctors are able to develop a medication regimen that will control pain so the person can be discharged to home.

In focusing on the quality of a person’s life at this final stage, hospice staff also seeks to find ways to bring joy and to relieve depression, anxiety and stress, according to Jane Feinman, VNA of Greater Philadelphia’s executive vice president of hospice and palliative care. In addition to its regular services, Hospice of Philadelphia offers alternative therapies, like the music therapy provided to Sarle Cohen, as well as massage and pet therapy.

Wish fulfillment

Social workers and chaplains hone in on fulfilling last wishes. “We had one patient in our inpatient facility who was completely alone. He had been estranged from his family for a long time,” Hindman said. “One of our social workers took time to research the one relative he spoke of. Through some internet detective work and by making some calls, she located that person. We were able to reunite them in his hospice room before he died.”

Another man who had been in the unit for a month was missing his beloved cat, which was then being cared for by a neighbor. Aside from the cat, he had no other “family.” “We arranged to pick up the cat and bring it to his room for a few hours. He was overjoyed. For me, being able to add to a patient’s quality of life at such an emotional and difficult time is so worthwhile,” Hindman said.

Laura Barry, an ordained interfaith chaplain with Hospice of Philadelphia, also does her part to fulfill patients’ dreams. Recently, this included securing a small grant to pay for Phillies tickets for a man, who was receiving hospice in a nursing home, and his family. It was a joyous occasion for the patient, an ardent lifelong Phillies fan, to be able to leave the facility and go to the stadium. The team was alerted to the fulfillment of this last wish, and he was able to meet some of the players.

“Death is a taboo topic in our culture,” Barry said. “I try to facilitate discussion about it with patients who are dying and their families and loved ones if they are willing. It has really become a passion for me.” Talks have ranged from Barry’s own faith journey; to a patient’s relationship with God; and the fear of what comes after death, she said. “One of the most amazing things for me is how much I’ve stretched and grown by the conversations I’ve had,” she said. “It is an honor to support patients and their families at a time when they are most vulnerable and raw.”

Hospice services do not end once a patient dies. This Medicare benefit also covers bereavement counseling for surviving family members, to help them deal with grief and loss. In addition to providing such counseling, Hospice of Philadelphia also sponsors two annual memorial events open to survivors, staff and others who wish to commemorate loved ones.

A Butterfly Release takes place in June, during which participants each receive a specially folded envelope containing a butterfly. When the signal is given, they open their envelopes to release the butterflies. A hospice official also opens a box containing dozens of butterflies, which then take flight.

In December, the organization will hold its Hospice Tree Lighting, a non-denominational event that friends and families can attend and sponsor a light in memory of a loved one.

For more information about Hospice of Philadelphia, including memorial events, call 215-581-2046; email hospicehelp@vnaphilly.org or jfeinman@vnaphilly.org; or visit www.vnaphilly.org/philadelphia-hospice.

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

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Shawn E. Carper • Supervisor

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**Resources for end-of-life planning**

A variety of resources is available to help individuals and their families through the challenges of their final days.

- **Aging with Dignity**: Provides practical information, advice and legal tools to ensure your wishes and those of your loved ones will be respected. The Five Wishes document helps you express how you want to be treated if you are seriously ill and unable to speak for yourself. For information: 888-5-WISHES (594-7437) or www.agingwithdignity.org

- **Medicare Hospice Benefits**: The Centers for Medicare and Medicaid Services has a booklet, “Medicare Hospice Benefits,” which is available on its website at www.medicare.gov (type “hospice” in the search function) or by calling 1-800-MEDICARE (1-800-633-4227).

- **National Hospice and Palliative Care Organization (NHPCO)**: Provides information, education, advocacy and resources for professionals, families and caregivers. NHPCO also offers free resources through its website, www.caringinfo.org, to help people make end-of-life decisions; address caregiver issues; and receive information about choosing a hospice, paying for hospice, and more. For information: NHPCO, 1731 King St. #100, Alexandria, VA 22314; 703-837-1500; or www.nhpcog.org

- **Philadelphia Corporation for Aging (PCA)**: Offers a list of hospice providers. To request this list, call the PCA Helpline at 215-765-9040; or visit www.pcaCares.org, then click on “Find a Service Provider” and select “hospice” in the drop-down menu.
Energy
• continued from page 1

Some families, especially those with children, have to make the difficult decision between eating and heating their homes. To assist you in this effort, the Energy Coordinating Agency (ECA) provides a wide range of energy services to low-income Philadelphia residents. There are 14 Neighborhood Energy Centers (NECs) stationed at community organizations throughout the city where you can receive one-stop access to comprehensive energy services, including bill payment assistance; budget counseling; conservation education; and access to weatherization, heating services and home repair. ECA also manages the Heater Hotline at 215-568-7190, which deploys crews to repair the heating systems of low-income Philadelphia homeowners.

Through the Low Income Home Energy Assistance Program (LIHEAP) Crisis Interface program, ECA repairs and replaces inoperable heating systems for both low-income homeowners and renters in Philadelphia. For more information, contact your local NEC (see page 18) or go to www.ecasavesenergy.org.

Help from LIHEAP

Most low-income seniors and anyone receiving public assistance, such as housing, Supplemental Security Income (SSI) or Supplemental Nutrition Assistance Program (SNAP), will qualify for utility assistance from LIHEAP. This federally-funded program provides cash grants of $200 to $1,000 to help low-income people manage their energy costs and ensure service during the winter. Annual household income limits to qualify for LIHEAP start at $17,820 for one person and increase by $6,210 for each additional household member. A relatively small percentage of households will only receive a 50% LIHEAP grant due to their heating arrangements with their landlords. In addition to the LIHEAP cash program, households experiencing a heating emergency may be eligible for additional benefits through the LIHEAP Crisis program. Emergency situations include: depletion of fuel or less than a 15-day supply, broken heating equipment or leaking lines, inoperable main or secondary heating source, and utility termination or 60-day shutoff notice.

After your application is reviewed, you will receive a written notice explaining your eligibility and the amount of assistance you will receive. Payments are sent directly to a utility company or fuel dealer and are credited to your account. It can take up to 30 days for a response, so don’t wait until you are unable to pay your bill to apply. Most other energy assistance programs will require you to apply for LIHEAP before you are eligible to receive additional assistance.

Lower rates & other assistance

Many utility companies offer special savings programs or rates for seniors and/or low-income customers who qualify. Following are descriptions of programs offered by Philadelphia’s most widely-used utility companies. If yours is not listed here, contact the company to inquire.

The Philadelphia Water Revenue Bureau offers a 25% senior citizen discount on water and sewer bills for all customers age 65-plus who have an annual household income of $31,500 or less. For information or to apply, call 215-686-6880 or go to www.phila.gov/revenue.

PECO offers several energy assistance programs, including credits based on income and energy use; energy efficiency and weatherization help; and grants. Customers may receive up to $500 in assistance through PECO’s Matching Energy Assistance Fund (MEAF), which is funded through voluntary contributions made by citizens that are matched dollar-for-dollar by PECO.

PECO’s Customer Assistance and Referral Evaluation Services (CARES) program is a referral and information service designed to assist customers who have temporary personal or financial hardships that prevent the payment of their utility bill.

PECO’s Customer Assistance Program (CAP) helps make electric and natural gas energy used. To qualify for CAP, customers must meet all of the following requirements:

- Have a monthly gross household income of $1,485 or less for one person or $2,002 or less for a couple.
- Apply for LIHEAP
- Participate in PECO’s Low-income Usage Reduction Program that provides year-round conservation and weatherization assistance for qualified households.
- Pay their bill on time each month.
- For information or to apply for any of PECO’s programs, call 1-800-774-7040 or go to www.peco.com/help.

PGW has several programs to assist income-eligible customers with paying their gas bills. Income-eligible customers who qualify for the Customer Responsibility Program (CRP) receive a consistent, discounted bill each month to help them better afford their bills and keep gas service on. The discount is based on household size and gross household income, and can be up to 50% over the course of a year. By paying on time each month, in less than three years, customers will eliminate any past due balance. To qualify for CRP, customers must meet income requirements (at or below 150% of the Federal Poverty Level, or $1,485 for one person or $2,003 per couple) and apply for LIHEAP. CRP participants may also qualify for PGW’s conservation and weatherization assistance programs.

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LIHEAP will open for the 2016-2017 season on November 1 and accept applications through March 31, 2017. The Department of Human Services may extend or shorten the program, depending upon the availability of federal funds.

For information or to apply for LIHEAP: call 1-866-857-7095 (TDD 1-800-451-5886) or 215-560-1583; visit www.compass.state.pa.us; or apply in person at 1348 W. Sedgley Ave. in Philadelphia.

Similar to PECO, PGW also offers a CARES program that provides payment assistance to residential customers with special circumstances, including medical emergencies, unemployment or other temporary hardships. For information or to apply for any of these programs, contact PGW at 215-235-1000 or www.pgworks.com.

Both PECO and PGW offer rebates and incentives to residential customers for installing energy-efficient appliances or equipment in their homes.

Prevent shutoffs

The Utility Emergency Services Fund (UESF) has three utility assistance programs for Philadelphia residents who meet annual total household income guidelines of no more than $17,033 for one person or $22,036 for a couple, and who have already applied for LIHEAP.

• The newest of the three is the Oil Assistance Program, which provides up to 100 gallons of oil once every 12 months.

• The Utility Grant Program will assist when an electric, gas or water account has been terminated or scheduled for shut off. The utility companies match the UESF grant dollar-for-dollar. The total amount of assistance varies by company: $1,500 for PECO and PGW; and $2,000 for Philadelphia Water Department (PWD). PWD customers may also be eligible to receive up to $500 for a city grant to assist with their water bill, increasing the total amount of assistance to $2,500. All grants must be applied to the utility account to reach a zero balance. If the bill is in excess of the grant, the applicant is responsible for the balance.

Applicant must not have received a UESF grant in the past 24 months.

• The Utility Housing Stabilization Program assists families with excessive water usage and high bills by providing financial assistance to pay off past due bills; plumbing repairs and modifications to help decrease water usage; and in-home water conservation education to help promote good habits, lower usage and decrease water bills for the long term.

For information, contact UESF at 215-972-5170 or http://uesfacts.org. To apply for the Oil Assistance Program, contact Michele Thomas at 215-814-6823 or email michelethomas@uesfacts.org.

Contact Alicia M. Colombo at acolombo@pcaphl.org
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Located in neighborhoods throughout the city, these centers can help with accessing resources and applying for assistance.

Trained counselors provide a range of services to help make home energy more affordable, including budget counseling, intake for conservation and home repair programs, applications for utility assistance grants, and payment agreements. Following are the locations of the 14 Neighborhood Energy Centers, and the areas they serve.

**ACHIEVEability:** 59 N 60th St., 215-748-8838
- Service Area: West Philadelphia, Overbrook and West Park

**Center in the Park:** 5818 Germantown Ave., 215-848-7722
- Service Area: Northwest Philadelphia

**Congreso de Latinos Unidos, Inc.:** 216 W. Somerset St., 215-763-8870
- Service Area: North Philadelphia, East of Broad Street

**Diversified Community Services:**
- The Dixon House, 1920 S. 20th St., 215-336-3511
- Service Area: South Philadelphia, West of Broad Street
- **Germantown Crisis Ministry:** 3 5 W. Chelten Ave., 215-843-2340
- Service Area: Northwest Philadelphia
- **Greater Philadelphia Asian Social Service:** 4943 N. 5th St., 215-456-1662
- Service Area: North Philadelphia, Olney, Logan and Nicetown

**HACE:** 4660 Frankford Ave. (Intake Center), 167 W. Allegheny Ave. (Main Office), 215-426-8025
- Service Area: Frankford, Kensington and Northeast Philadelphia

**Hunting Park NAC:** 3760 N. Delhi St., 215-225-5560
- Service Area: North Philadelphia, Nicetown, Logan and Olney

**New Kensington CDC:** 2513 Frankford Ave., 215-427-0350
- Service Area: Kensington, Frankford and Northeast Philadelphia

**Nicetown CDC Community Center:** 4300 Germantown Ave., 215-329-1824
- Service Area: West Oak Lane, North Philadelphia, Nicetown, Olney and Logan

**Southwest CDC:** 6328 Paschall Ave., 215-729-0800
- Service Area: Southwest Philadelphia

**Strawberry Mansion Neighborhood Action Center, Inc.:** 2829 West Diamond St., 215-235-7505
- Service Area: North Philadelphia, West of Broad Street

**United Communities:** 2029 S. 8th St., 215-467-8700
- Service Area: South Philadelphia, East of Broad Street

**We Never Say Never:** 4427 Lancaster Ave., 215-452-0440
- Service Area: West Philadelphia, Overbrook and West Park
Nurse
• continued from page 6

our profession and appreciation for the part each of us has contributed to our patients and their families,” Randolph said. “Health care today is becoming a business. I worry that the patient isn’t always going to be the main focus. I’ve heard doctors say they have only ten minutes to see a patient. But I also think there have been some wonderful advances in medicine and nursing. Nurses today are doing research, getting advanced degrees and using information technology. It’s very different. But the art and science of nursing inspires people to love the profession,” she said.

One of the industry’s advancements, she feels, will benefit older adults. “Nurse practitioners are fabulous for seniors. They are good listeners and take time with patients. They’re now more accepted by physicians. They have prescriptive authority, which means they can order medications; and they’re educated to know when to seek the doctor’s advice. They are outstanding advocates for seniors,” said Randolph.

“When I went into nursing, I felt that it was something that would be very rewarding and satisfying, and that comes with a lifelong passion and sense of connection. I also appreciate the opportunities I have had to encourage young people to consider a career in nursing and to be available to students as they follow through their careers.”

Contact Alicia M. Colombo at acolombo@pcaphl.org

Still time to apply for Pennsylvania Property Tax/Rent Rebate

The deadline for older adults and people with disabilities to apply for rebates on rent and property taxes paid in 2015 was extended to December 31. The rebate program benefits eligible Pennsylvanians age 65-plus; widows and widowers age 50-plus; and people with disabilities age 18-plus. The annual income limit is $35,000 for homeowners and $15,000 for renters; half of Social Security income is excluded. For Property Tax/Rent Rebate claim forms and more information, contact the Pennsylvania Revenue Department at www.revenue.pa.gov or 1-888-222-9190.

Veterans’ benefits
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There is help available with filing an application from individuals who have been approved and accredited by the Veterans Administration (VA). To find someone near you, visit www.va.gov/ogc/apps/accreditation/index.asp and search by the city. VA-recognized veterans service organizations, including their accredited representatives, are not permitted to receive fees for assisting with VA claims.

For details on the documentation and forms required, contact the Philadelphia Regional Benefit Office at 5000 Wissahickon Ave. or by phone at 215-842-2000.

Contact Linda L. Riley at lriley@pcaphl.org
Home Sweet Home

PCA’s SHARP program helps make seniors’ homes safer, easier to get around

By Alicia M. Colombo

Falls are the leading cause of injuries for older Americans, and result in more than 27,000 deaths annually, according to the U.S. Centers for Disease Control and Prevention (CDC). Simple modifications can make a home more accessible and reduce the risk of falls, and have a significant impact on an older person’s ability to live at home and remain independent.

Philadelphia Corporation for Aging’s (PCA) Senior Housing Assistance Repair Program (SHARP) was established in 1980 to improve the safety, security and energy efficiency of seniors’ homes. Through this, and other programs, PCA arranges for repairs and modifications to the homes of more than 1,000 low-income elderly Philadelphia homeowners each year.

“Even though the repairs and modifications we provide are considered ‘minor,’ the impact of these services for seniors is immeasurable,” said Rich Klimek, PCA housing supervisor. “A simple wrought iron railing allows a frail senior to leave home more safely,” he said.

Modifications are made following consultation with an occupational therapist. These can include installation of grab bars; provision of durable medical equipment, such as tub chairs and toilet safety frames; and installation and repair of wrought iron rails, both interior and exterior.

Minor home repairs done through SHARP constitute replacement or repair of exterior and interior doors; plumbing fixtures, such as faucets, toilets and drains; electrical parts, such as light fixtures, outlets or switches; sink bases; and even basement steps.

“Because the Housing Department makes a physical change to an older person’s environment, enhancing their independence and safety, it is very easy to see the difference we make in people’s lives every day,” said Klimek. “It is even more rewarding to receive positive feedback from satisfaction sur-

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Department of Public Health
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Safer homes

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veys. Housing staff often receive voicemails thanking them for their service or beautiful thank you cards in the mail.

Housing services allow seniors and people with disabilities to more easily access all areas of their homes. One participant wrote, "I can move around my house so much better because of what you did here, especially adding an extra rail to the second floor." Another noted that the quality of repairs, modifications and customer service far exceeded his expectations. "The work completed has positively affected the quality of living in my home in terms of safety, comfort and security. All staff from the first telephone contact to post inspection well represented your organization," said this SHARP recipient.

To qualify for SHARP, the senior must be a Philadelphia homeowner age 60 or older, whose home is structurally sound and where all utilities, including the central heating system, are functioning. SHARP services are free to those who meet guidelines of having household income which is at or below 200% of the federal poverty level. Those whose household income is above this range may be eligible to have repairs and modifications made on a cost-sharing basis.

In addition to SHARP, which provides services to seniors in the community who are not served by other PCA programs, Other Housing Services (OHS) assists individuals served through PCA’s long-term care programs. Service coordinators from these programs can make requests for major modifications, such as bath or shower modifications; and installation of interior and exterior stair glides, wheelchair lifts, half bathrooms, window air conditioners, and wrought iron rails. Participants in PCA’s long-term care programs may also make requests for minor modifications, such as grab bars. Approximately 350 jobs are completed annually, some of which cost upwards of $25,000.

"One case in particular that stands out was a participant who had a wheelchair lift that malfunctioned after years of service," Klimek said. "She was trapped in her home, finding it extremely difficult to get to vital doctor appointments. Through the work of her service coordinator and OHS staff, this older woman received a new wheelchair lift with accompanying modifications to the entrance areas. She was so grateful to everyone involved for giving her the ability to safely exit and enter her home again."

The Housing Department also has contracts with managed Medicare providers, such as Bravo/Health Springs and Health Partners Plans, to provide minor home bathroom modifications.

At times, specialized funding becomes available, and the Housing Department is able to undertake major repairs, such as replacing roofs, rebuilding steps, replacing sewer stacks, or repairing door frames. “These individuals, who are identified through SHARP inspections, are completely thrilled and relieved that PCA was able to solve major housing problems," Klimek said. “One senior who received a stair glide through these special major repairs and modifications continues to call the Housing Department a few times throughout the year to express her gratitude for her newfound independence of moving around in her home,” said Klimek.

For information or to apply for services provided by the Housing Department, seniors may call the PCA Helpline at 215-765-9040.

Contact Alicia M. Colombo at acolombo@pcaphl.org

Not having a railing can be a barrier to leaving the house

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Harvest pumpkin is delicious stuffed with bread, apples, raisins and walnuts

By Linda L. Riley

This fall, consider the pumpkin’s potential to be more than a jack o’lantern or purée for a pie. This harvest pumpkin recipe provides a beautiful centerpiece for the holiday dinner table and a delicious vegetable dish that will please all of your guests. The combination of honey and apples with dried cranberries and apple cider vinegar makes it both sweet and savory; the walnuts add crunch; and the bread and pumpkin combine to create a hearty, satisfying dish. It will yield generous servings for 12 people. If you are having fewer people, use a smaller pumpkin and reduce the ingredients accordingly.

**Equipment:** 10-inch Dutch oven (Mine is cast iron, though you can use any Dutch oven, or any cooking vessel large enough to hold the pumpkin securely which can safely be put in the oven.)

**Ingredients:**
2 large apples
1 cup walnuts (whole or pieces)
1 cup dried cranberries (or raisins, but dried cranberries add a little bit of a tart punch)
20 ounces of bread, cubed into bite-sized pieces (Use an unsliced loaf of whole grain, pumpkin seed or other substantial bread, not sliced white bread.)
2 tbsp. apple cider vinegar
4 tbsp. honey
1 cup boiling water
Cinnamon sugar to garnish servings

**Instructions:**
Preheat oven to 350 degrees Fahrenheit.
Cut the top off of the pumpkin, and set aside.
Scoop out the seeds and pulp.
Cut the bread into bite-sized pieces and put them into a large bowl. Core and slice two large apples, keeping the skins on; add a cup of walnuts and a cup of dried cranberries.

In a small bowl, mix together two tablespoons of apple cider vinegar, four tablespoons of honey and a cup of boiling water, then pour into the bread mixture stirring it all together.

Stuff the pumpkin with the bread mixture.
Put the stuffed pumpkin into your Dutch oven; put the pumpkin’s top back on it; and put it into a 350-degree oven.
Bake for 90 minutes, then remove the pumpkin’s top and let it bake for another 15 minutes so the bread toasts a little bit and the liquid cooks off.
Serve with a dash of cinnamon sugar, being sure to scoop out part of the pumpkin along with the filling.
Like most scientists, meteorologists used to toil in obscurity. But TV has turned meteorology into a high-profile glamorous pursuit.

Once, you could go through a lifetime unaware you’d ever even seen a meteorologist, but today, if you watch TV news, you see dozens – and coincidentally (?), many of them are pretty women!

On every channel’s news team, more people seem to be reporting on cold fronts than on political campaigns and abandoned warehouse fires. On every “news” program, the weather map is a backdrop.

Regardless of the forecast, TV weather people must be entertainers, too, as proficient at banter as they are at Fahrenheit readings.

And it’s no longer enough to just report on the temperature. Now, a “heat index” tells us how hot we really feel, and determined in a lab – or maybe a TV studio – we learn what constitutes a “heat wave.”

During last summer’s record heat (thanks for that information, weather folks), we were told repeatedly that three straight 90-degree days constitutes a “heat wave.” During one two-week string, the high one day was forecast at 89 or 90. As the day grew longer – and hotter – so did the suspense: Would we get to 90, the weather-folk kept speculating, or was the heat wave about to end? A TV true-life who-dun-it.

Alas, the temperature reached “only” 89 – but worry not, a pretty meteorologist reassured us, on the next few days, we could expect 90-degree highs. The heat wave was over, but another was on its way.

What a relief!

* * * *

Choices, choices …

For decades, I’ve gone to the polls twice a year to vote. It’s a civic duty – and a privilege.

Some say, “Why vote? I don’t like either alternative.” But life itself is a series of choices. Alternatives are often bad. As often as not, I’ll admit, I’ve voted against, rather than for.

Not voting is itself a choice, true, but it’s a cop-out. Voting is what democracy is all about; we should choose to vote, and no matter how sorry some of the options may seem, one is always preferable...

Or vice versa.

Democracy is certainly not the most efficient governmental system, but it’s the fairest. For democracy to work as it should, however, the best and the brightest should be serving the public, and the public they serve should be informed and concerned. Sad to say, this is not so (either way); too often, the choices are pretty bad.

But the choices certainly won’t improve without us participating. Like you, I hate making choices, but I’ll be at the polls to make them. I hope you will, too.

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