Generations

Area 13 Agency On Aging & Disability

Spring 2017 • Volume 56

VINCENNES UNIVERSITY
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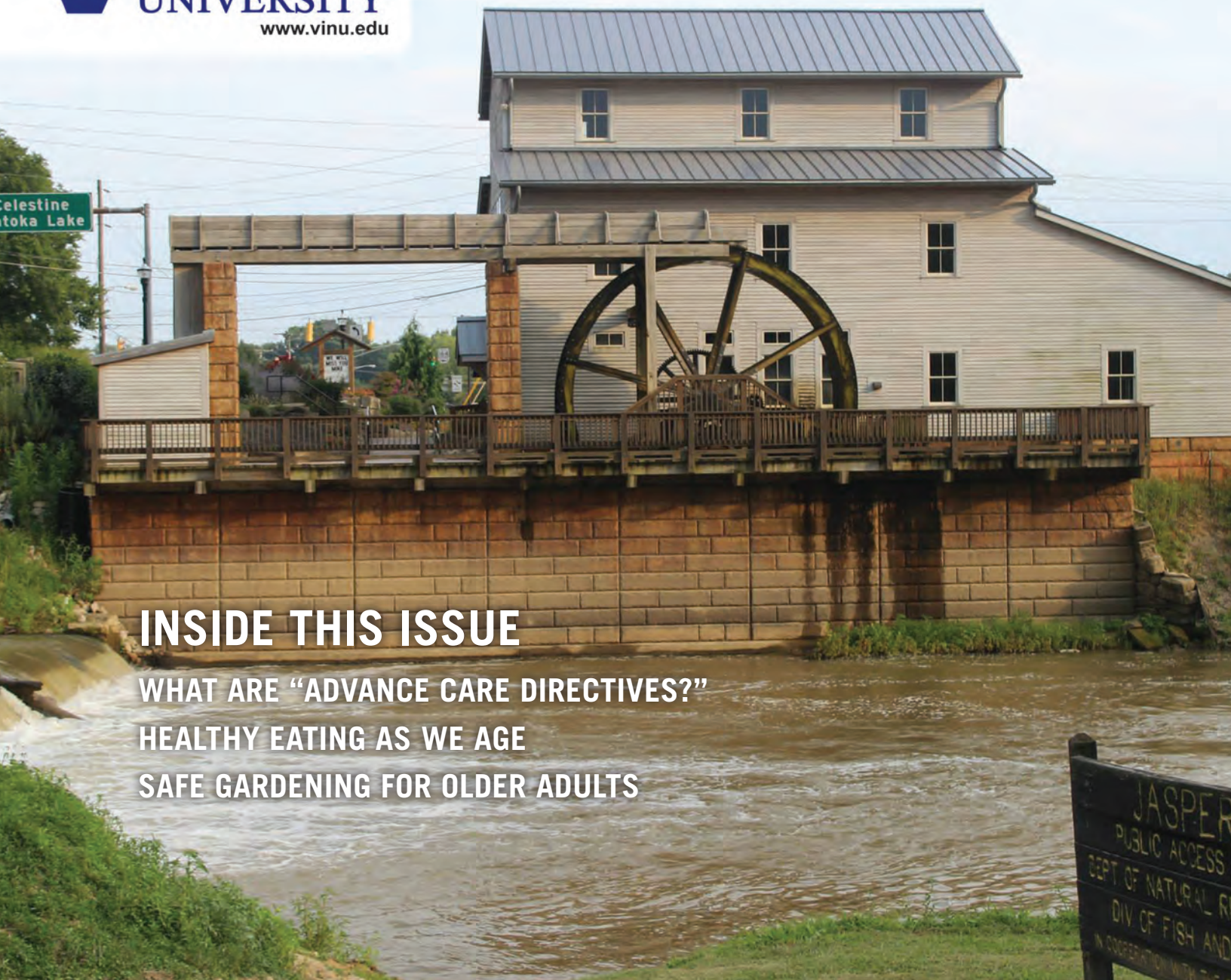

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VINCENNES UNIVERSITY

Generations

Area 13 Agency On Aging & Disability

Volume 56
Spring 2017

Generations, affiliated with Vincennes University, is a not-for-profit agency which serves older adults, individuals with disabilities of all ages and caregivers in the counties of Daviess, Dubois, Greene, Knox, Martin and Pike, without regard to race, national origin, sex, age, religion, disability, and/or sexual orientation by providing resources that foster personal independence while assuring individual dignity and an enhanced quality of life.

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Generations Magazine is published by Vincennes University's Community Services/GENERATIONS.

Generations Magazine is published three times a year for older adults in Daviess, Dubois, Greene, Knox, Martin and Pike counties.
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Special thanks to Brenda Osmon of Tuff Osmon Photography for the cover photo.

A Letter from the Editor

Brenda Hancock

Spring! A time of reflection and new beginnings! A great time to think about where we have been and where we are going. It's so exciting to begin to see the trees budding, the flowers blooming, the robins hopping around and to smell the fresh aroma in the air that we recognize as the change of the season. It is with this same excitement that I approach my new adventure as the editor of our Generations magazine.

I will, no doubt, have some big shoes to fill, as the previous editor, Jane Hall had it down to a science before retiring at the end of 2016. For the past 10 years, she has lovingly and painstakingly made sure that each magazine is full of information that our subscribers want and need. She had a passion for the magazine, and I fully intend to carry that torch!

Please allow me to tell you a little about myself and my background. I live in Knox County with my husband of nearly 2o years, my seventeen-year-old daughter and my mother. I have been part of the Generations family for almost 10 years; most of these years were spent as a Case Manager. However, last year, I made the leap from the field-based case management position to the largely office-based position of Community Resource Coordinator.

I am also a caregiver to my mother, who is a Generations' client. So, I have been on both sides of the fence, so to speak, when it comes to services provided by Generations, and believe me when I say that both sides have been a complete blessing to my life. This is why I am so excited for the opportunity to continue to provide you with the same great publication that you are accustomed to!

Thank you and Happy Spring!!

Brenda Hancock

Safe Gardening for Older Adults

By: Ketcham Memorial Center, Odon, IN
"Come Home To Ketcham Memorial Therapy Dept."

Gardening, like therapy, can be a healing force. There are many health benefits including physical, cognitive, sensory, and psychosocial skills. Bending, stretching, and pulling weeds from standing or sitting is great physical exercise. Being one with God & nature, and working in harmony with the earth is peaceful and relaxing. The art of planting, nurturing, and harvesting is purposeful and very rewarding.

Although there are many health benefits, gardening also has many risk factors when safety techniques are not followed. Improper gardening can lead to back pain, sore muscles, joint aches, injuries and more. In fact, 75% of pain from gardening is due to poor body mechanics and bad habits. Following simple strategies to decrease pain and prevent injury can make gardening a fun and safe activity for all.

Consider Applying these Tips for Safe Gardening

LIFTING

- Squat and bend your knees. Let your legs and read end muscles do the lifting, not your back.
- Use raised garden beds when possible
- Contract your abdominal muscles
- Keep your feet apart rather than close together
- Move close to objects you are working on

REACHING

- Work below shoulders whenever possible to avoid neck or shoulder strain

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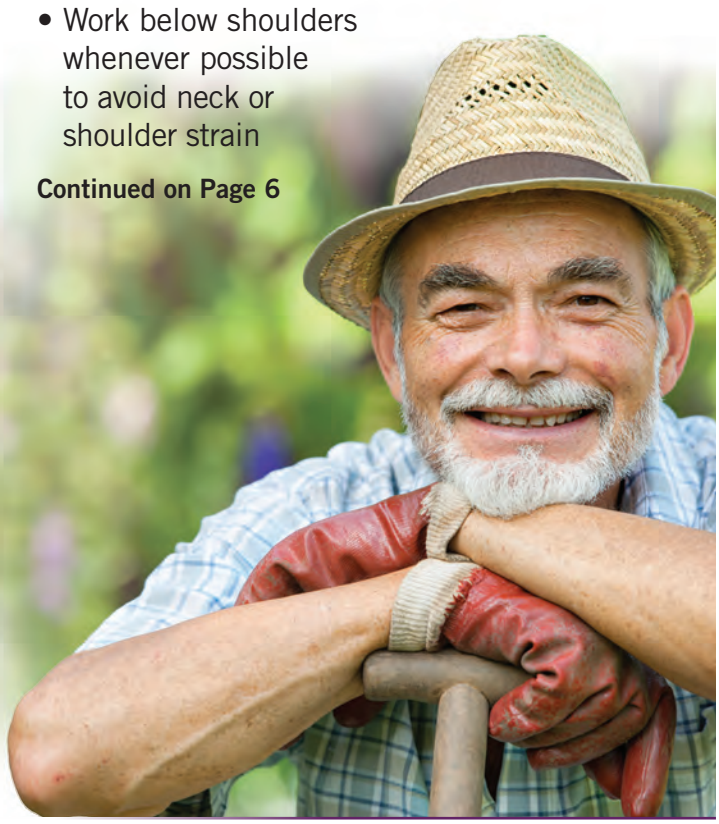

PACK YOUR BAGS, NOT YOUR WORRIES.

Having a parent in a safe, comfortable place with highly trained medical staff nearby and activities to keep them engaged can go a long way in reducing the amount of time you spend worrying. That's why we're here.

Schedule a respite stay today.

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What are "Advance Care Directives?"

The Article, What Are "Advance Care Directives?" by Marlo Sollitto was contributed by AgingCare.com

Advance care directives help ensure that the elderly parent you care for has a voice in the kind of medical treatment that they receive if they become incapacitated and are unable to make decisions or let their wishes be known.

It's a good idea for caregivers to ask their person they are caring for to draft an advance care directive. You might want to do so for yourself as well. Elders value their ability and freedom to make choices, especially about the kind of medical treatment they receive.

But what if your elderly parent become incapacitated and is unable to make decisions or let their wishes be known?

Advance care directives can help ensure that your mom or dad's voice is heard in these circumstances. They allow your parent to specify their wishes for health care and life-sustaining measures and to name a person who will make health care decisions for them in the event that they can't do it for themselves.

The types of situations that a health care directive covers are:

- The use of equipment such as or ventilators (breathing machines) dialysis (kidney) machines.
- "Do not resuscitate" (DNR) orders (instructions not to use CPR if breathing or heartbeat stops); in some cases, this also includes life-sustaining devices such as breathing machines.
- Whether you would want fluid (usually by IV) or nutrition (tube feeding into your stomach) if you couldn't eat or drink for yourself.
- Whether you want treatment for pain, even if you aren't able to make other decisions (this may be called comfort care or palliative care).
- Whether you want to donate organs or other body tissues.

When to get Advance Care Directives

It is impossible to know the exact circumstances in which the advance directives are used. When you create the document, it is also impossible to know what medical options will be available, and how the ailing person's feelings might change. For these reasons, the person signing an advance care directive should select an agent who can be trusted to make judgments guided by an understanding of wishes as explicitly as possible. Mulling over end-of-life care with the healthcare agent can help a person sort out his or her feelings, preferences, and values.

Advance directives go by different names in different states, but two common ones are: Living Will and Durable Power of Attorney. A living will states the person's medical wishes that will guide health care if a person becomes mentally or physically unable to make decisions. A durable power of attorney for health care, or health care proxy form, designates a person to act on an ill person's behalf when necessary.

As you prepare these documents, it's a good idea to discuss all health care wishes and decisions with the doctor who is providing care.

National Healthcare Decision Day 2017

April 16, 2017 is National Healthcare Decision Day. On this day, individuals nationwide are encouraged to tackle the sometimes overwhelming, but always important task of advance care planning. For your free advance care planning guide, visit: http://www.caringinfo.org/files/public/ad/Indiana.pdf. Here you will find step-by-step instructions to lead you through the process.

Safe Gardening for Older Adults

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- Use a ladder to stay at the level of your work
- Take frequent breaks to stretch your neck and back
- Keep your feet firmly on the ground
- Use both arms whenever possible

KNEELING

- Move close to your work so you are not stretching or straining your back to reach
- Always face your work without twisting
- Squat with your knees on the ground or at least one knee on the ground
- Keep your back relatively straight

TOOLS

- Select tools that have padded and curved handles to protect the joints in your hands and fingers
- Use a two-wheeled garden cart to move items as it is more stable than a wheelbarrow
- Try knee pads or a kneeler seat, which is a combination kneeling platform and seat
- Consider a raised garden bed which allows easier access for planting and garden upkeep

Ketcham Memorial Center celebrates a 40+ legacy of providing exceptional care and love to older adults. Ketcham is a non-profit, independent community proud to be recognized nationally 2013, 2014 & 2015 by U.S. News & World Report as one of the Top 5 nursing facilities in the state of Indiana. We provide skilled nursing, short-term rehabilitation, outpatient therapy and long term care to Daviess and surrounding counties. For more information, contact us or schedule a tour. www.ketchammemorial.com | 812-636-4920.

Please consider a memorial or tribute donation to Generations as a way to honor a friend or loved one.

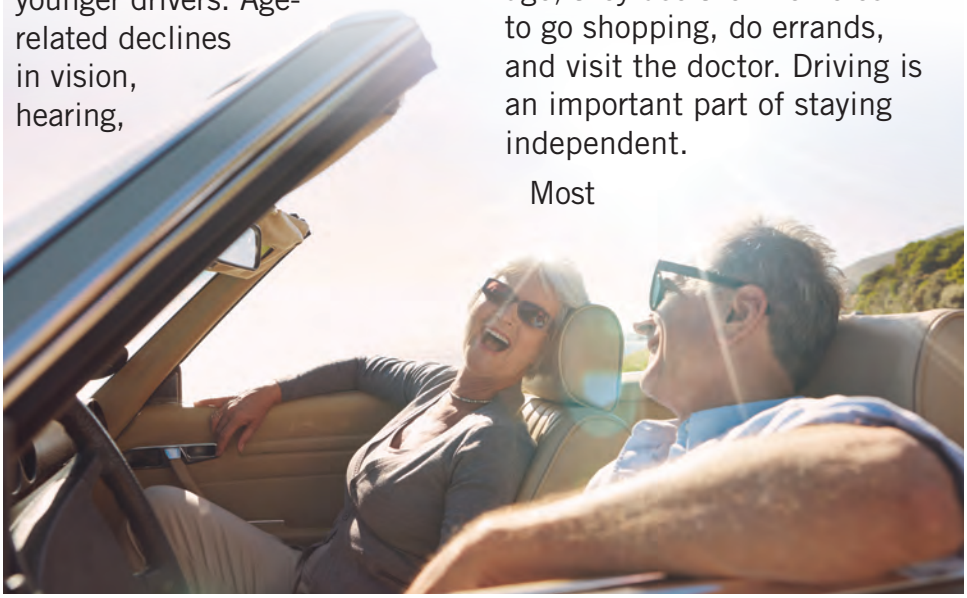
With your support, we can continue to provide older adults in our area with the options they need to live and age successfully.

Donations may be sent to:
Generations, P.O. Box 314, Vincennes, IN 47591

HOW AGING AFFECTS DRIVING

National Highway Traffic Safety Administration

As people get older, their driving patterns change. Retirement, different schedules, and new activities affect when and where they drive. Most older adults drive safely because they have a lot of experience behind the wheel. But when they are involved in crashes, they are often hurt more seriously than younger drivers. Age-related declines in vision, hearing, and other abilities, as well as certain health conditions and medications, can affect driving skills.



Changes in Driving Habits

When people retire, they no longer drive to work. With more leisure time, they may start new activities, visit friends and family more often, or take more vacations. Like drivers of any age, they use their vehicles to go shopping, do errands, and visit the doctor. Driving is an important part of staying independent.

Most people 70 and older have drivers' licenses. They tend to drive fewer miles than younger drivers. But, they are also keeping their licenses longer and driving more miles than in the past, often favoring local roads over highways. As the overall population ages, there will be more older drivers on the road.

A Complex Task

Driving is a complicated task. It requires people to see and hear clearly; pay close attention to other cars, traffic signs and signals, and pedestrians; and react quickly to events. Drivers must be able to accurately judge distances and speeds and monitor movement on both sides as well in front of them.

It's common for people to have declines in visual, thinking, or physical abilities as they get older. As a result, older drivers are more likely than younger ones to have trouble in certain situations, including making left turns, changing lanes, and navigating through intersections.

Common Mistakes

Common mistakes of older drivers include:

- failing to yield the right of way
- failing to stay in lane
- misjudging the time or distance needed to turn in front of traffic
- failing to stop completely at a stop sign
- speeding or driving too slowly.

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How Aging Affects Driving

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Older Drivers and Crashes

Driving errors can lead to traffic accidents, injuries, and death. The risk of crashes rises with age, especially after age 75. Studies show that older drivers are more, and less, likely to be involved in certain types of crashes than other drivers. Older drivers are less likely to be involved in crashes related to alcohol use, speeding, and driving at night. But they are more likely to get into crashes:

- at intersections (usually in the vehicle that is struck)
- in which the front of one vehicle hits the side of another vehicle
- where the older driver is merging and the other vehicle is traveling faster or is in the older driver's blind spot

For recent statistics on the rate of injuries from crashes among older drivers, see Traffic Safety Facts 2012: Older Population. (National Highway Traffic Safety Administration).

Crashes Down Among Older Drivers

Fortunately, the rate of crashes among adults 65 and over has decreased in recent years. Research suggests that this decline is due to a number of factors, including older adults' better health, safer cars, and safer roads. In addition, older drivers' ability to "police" themselves — like not driving at night – and stricter state laws for renewal of driver's licenses may help.

Most traffic deaths of older drivers occur during the daytime, on weekdays, and involve other vehicles. Older adults are more susceptible to death or serious injury in a crash if they are physically frail, but the good news is that older people are more likely to survive crashes than in the past.

Tri-State BBB: "Can You Hear Me?" Scam Hits the Tri-State

Better Business Bureau

Evansville, IN—The Tri-State Better Business Bureau® has received reports and calls from area residents who report that they have received calls for various types of services or offers where the caller appears to have problems with their phone equipment and asks the question, "Can you hear me?" The usual response is "Yes," but this affirmative answer can lead to problems for the unsuspecting victim.

Callers to the BBB have shared that offers range from vacation packages to computer technicians asking to clean up malware and other kinds of viruses. If the caller refuses to pay, the fraudster will play back a recording with the respondent's voice saying, "Yes," to a question regarding acceptance of the offer.

Your BBB offers the following advice to our Tri-State residents:

1. Don't answer calls from unfamiliar or unknown numbers.
2. Refrain from providing any affirmative response to the question, "Can you hear me?" Such responses include yes, okay, fine, etc.
3. Don't provide any personally identifiable information to anyone you may not know. Personally identifiable information includes social security numbers, bank account information, credit

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Changes to the Nutrition Facts Label

U.S. Food and Drug Administration

On May 20, 2016, the FDA announced the new Nutrition Facts label for packaged foods to reflect new scientific information, including the link between diet and chronic diseases such as obesity and heart disease. The new label will make it easier for consumers to make better informed food choices. FDA published the final rules in the Federal Register on May 27, 2016.

HIGHLIGHTS OF THE FINAL NUTRITION FACTS LABEL

1. Features a Refreshed Design

- The "iconic" look of the label remains, but we are making important updates to ensure consumers have access to the information they need to make informed decisions about the foods they eat. These changes include increasing the type size for "Calories," "servings per container," and the "Serving size" declaration, and bolding the number of calories and the "Serving size" declaration to highlight this information.
- Manufacturers must declare the actual amount, in addition to percent Daily Value of vitamin D, calcium, iron and potassium. They can voluntarily declare the gram amount for other vitamins and minerals.
- The footnote is changing to better explain what percent Daily Value means. It will read: "*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice."

2. Reflects Updated Information about Nutrition Science

- "Added sugars," in grams and as percent Daily Value, will be included on the label. Scientific data shows that it is difficult to meet nutrient needs while staying within calorie limits if you consume more than 10 percent of your total daily calories from added sugar, and this is consistent with the 2015-2020 Dietary Guidelines for Americans.
- The list of nutrients that are required or permitted to be declared is being updated. Vitamin D and potassium will be required on the label. Calcium and iron will continue to be required. Vitamins A and C will no longer be required but can be included on a voluntary basis.
- While continuing to require "Total Fat," "Saturated Fat," and "Trans Fat" on the label, "Calories from Fat" is being removed because research shows the type of fat is more important than the amount.
- Daily values for nutrients like sodium, dietary fiber and vitamin D are being updated based on newer scientific evidence from the Institute of

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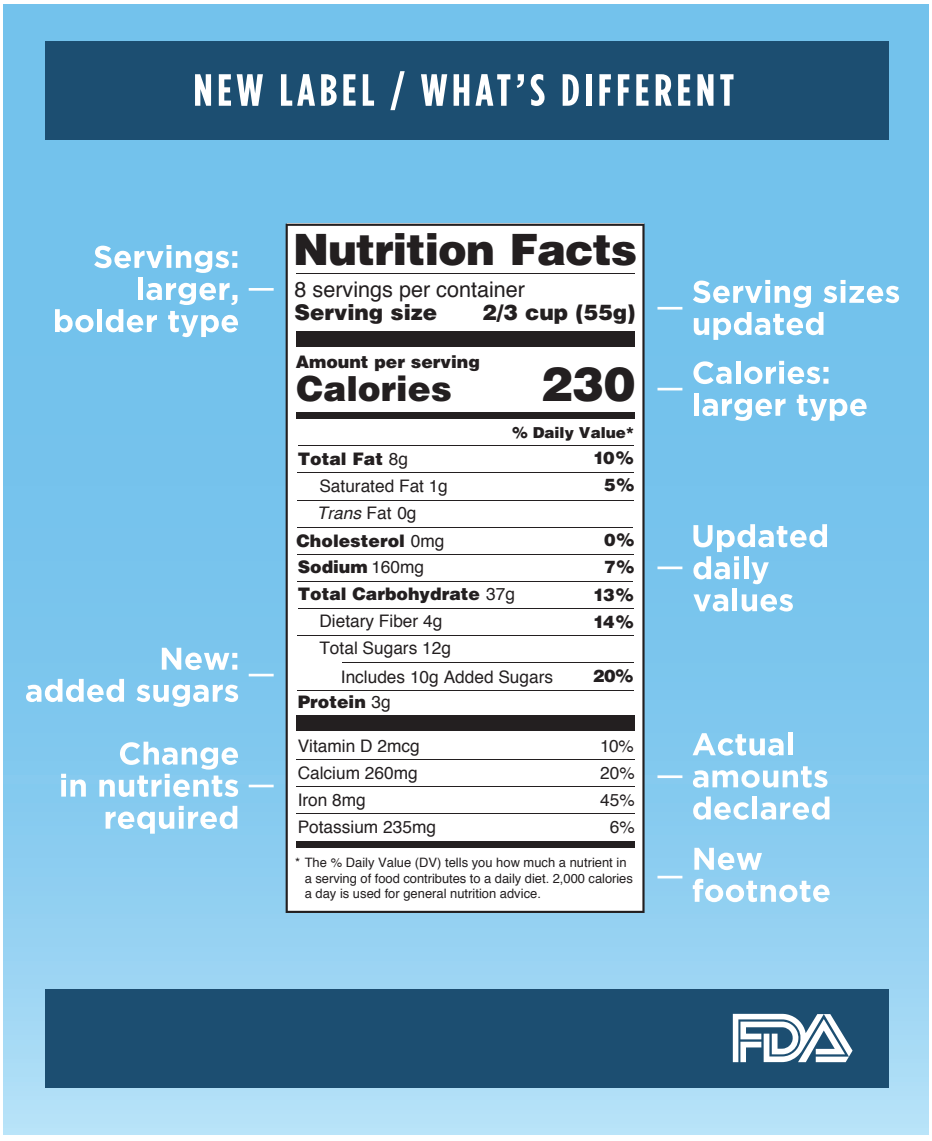
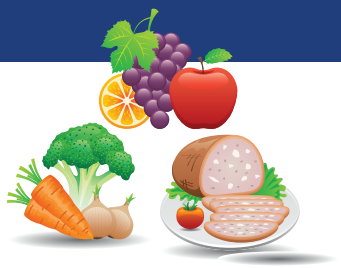


6 Ways to Eat Well As You Get Older

1 Know what a healthy plate looks like

See how to build a healthy plate at ChooseMyPlate.gov

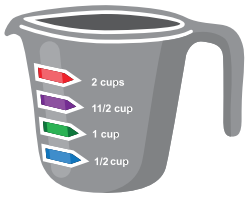


2 Look for important nutrients

Eat enough protein, fruits and vegetables, whole grains, low-fat dairy, and Vitamin D.

3 Read nutrition labels

Be a smart shopper! Find items that are lower in fat, added sugars, and sodium.



4 Use recommended servings

Learn the recomended daily servings for adults aged 60+ at heart.org

5 Stay hydrated

Water is an important nutrient too! Drink fluids consistently throughout the day.

6 Stretch your food budget

Get help paying for healthy food at BenefitsCheckUp.org/getSNAP

ncoa
National Council on Aging

Healthy Eating As We Age

USDA's Center for Nutrition Policy and Promotion

As we age, healthy eating can make a difference in our health, help to improve how we feel, and encourage a sense of well-being. Eating healthy has benefits that can help older adults:

NUTRIENTS

- Obtain nutrients needed by the body such as potassium, calcium, vitamin D, vitamin B12, minerals, and dietary fiber.
- Lose weight or maintain a healthy weight
- Reduce the risk of developing chronic diseases such as high blood pressure, diabetes, hypertension, and heart disease. If you have a chronic disease, eating well can help to manage the disease.
- Meet individual calorie and nutrition needs.
- Help to maintain energy levels.

SPECIAL NUTRITION CONCERNS FOR OLDER ADULTS

Our daily eating habits change as our bodies get older. Make small adjustments to help you enjoy the foods and beverages you eat and drink.

- Add flavor to foods with spices and herbs instead of salt and look for low-sodium packaged foods.
- Add sliced fruits and vegetable to your meals and snacks. Look for pre-sliced fruits and vegetables on sale if slicing and chopping is a challenge.
- Ask your doctor to suggest other options if the medications you take affect your appetite or change your desire to eat.
- Drink 3 cups of fat-free or low-fat milk throughout the day. If you cannot tolerate milk try small amounts of yogurt, butter milk, hard cheese or lactose-free foods. Drink water instead of sugary drinks.
- Consume foods fortified with vitamin B12, such as fortified cereals.

BE ACTIVE YOUR WAY

Focus on maintaining a healthy body weight. Being physically active can help you stay strong and independent as you grow older. If you are overweight or obese, weight loss can improve your quality of life and reduce the risk of disease and disability.

- Adults at any age need at least 2 ½ hours or 150 minutes of moderate-intensity physical activity each week. Being active at least 3 days a week is a good goal.
- Find an activity that is appropriate for your fitness level. If you are not active, start by walking or riding a stationary bike. Strive for at least 10 minutes of exercise at a time and be as active as possible.
- Include activities that improve balance and reduce your risk of falling such as lifting small weights. Add strength building activities at least 2 times per week.
- Being active will make it easier to enjoy other activities such as shopping, playing a sport, or gardening.
- If you are not sure about your level of fitness, check with your doctor before starting an intense exercise program or vigorous physical activity.

Changes to the Nutrition Facts Label

Continued from Page 11

Medicine and other reports such as the 2015 Dietary Guidelines Advisory Committee Report, which was used in developing the 2015-2020 Dietary Guidelines for Americans. Daily values are reference amounts of nutrients to consume or not to exceed and are used to calculate the percent Daily Value (% DV) that manufacturers include on the label. The %DV helps consumers understand the nutrition information in the context of a total daily diet.

3. Updates Serving Sizes and Labeling Requirements for Certain Package Sizes

- By law, serving sizes must be based on amounts of foods and beverages that people are actually eating, not what they should be eating. How much people eat and drink has changed since the previous serving size requirements were published in 1993. For example, the reference amount used to set a serving of ice cream was previously ½ cup but is changing to â…" cup. The reference amount used to set a serving of soda is changing from 8 ounces to 12 ounces.
- Package size affects what people eat. So for packages that are between one and two servings, such as a 20

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SIDE-BY-SIDE COMPARISON

Original Label

Nutrition Facts
Serving Size 2/3 cup (55g)
Servings Per Container About 8

Amount Per Serving

Calories 230	Calories from Fat 72
	% Daily Value*
Total Fat 8g	**12%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**12%**
Dietary Fiber 4g	**16%**
Sugars 1g	
Protein 3g	
Vitamin A	10%
Vitamin C	8%
Calcium	20%
Iron	45%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

New Label

Nutrition Facts
8 servings per container
Serving size **2/3 cup (55g)**

Amount per serving
Calories **230**

	% Daily Value*
Total Fat 8g	**10%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**13%**
Dietary Fiber 4g	**14%**
Total Sugars 12g	
Includes 10g Added Sugars	**20%**
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Note: The images above are meant for illustrative purposes to show how the new Nutrition Facts label might look compared to the old label. Both labels represent fictional products. When the original hypothetical label was developed in 2014 (the image on the left-hand side), added sugars was not yet proposed so the "original" label shows 1g of sugar as an example. The image created for the "new" label (shown on the right-hand side) lists 12g total sugar and 10g added sugar to give an example of how added sugars would be broken out with a % Daily Value.

Changes to the Nutrition Facts Label

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ounce soda or a 15-ounce can of soup, the calories and other nutrients will be required to be labeled as one serving because people typically consume it in one sitting.

- For certain products that are larger than a single serving but that could be consumed in one sitting or multiple sittings, manufacturers will have to provide "dual column" labels to indicate the amount of calories and nutrients on both a "per serving" and "per package"/"per unit" basis. Examples would be a 24-ounce bottle of soda or a pint of ice cream. With dual-column labels available, people will be able to easily understand how many calories and nutrients they are getting if they eat or drink the entire package/unit at one time.

COMPLIANCE DATE

Manufacturers will need to use the new label by July 26, 2018. However, manufacturers with less than $10 million in annual food sales will have an additional year to comply.

"Can You Hear Me?" Scam

Continued from Page 10

card numbers, or answers to such questions as "What's your mother's maiden name," "On what street did you live in the second grade?".

If you've become victimized by this scam, complain. You may report your experience to the BBB at bbb.org/scamtracker, and your experience will be shared with other agencies.

ABOUT BBB: *For more than 100 years, Better Business Bureau has been helping people find businesses, brands, and charities they can trust. In 2015, people turned to BBB more than 172 million times for BBB Business Profiles on more than 5.3 million businesses and Charity Reports on 11,000 charities, all available for free at bbb.org. There are local, independent BBBs across the United States, Canada, and Mexico, including BBB Serving Evansville and the Tri-State, incorporated in 1985 and serving 18 counties in Indiana, Kentucky, and Illinois.*

To contact your local Better Business Bureau, you may call the Tri-State Better Business Bureau at (812)-473-0202.

Questions About Reverse Mortgages

National Council on Aging

Reverse mortgages can be a tool for older homeowners seeking to bring in extra income. But there is a lot of confusion and fear about these products, their intention, and who should obtain them. Here are some answers to common questions about reverse mortgages.

Why should I (or anyone) consider a reverse mortgage?

A reverse mortgage is a special type of loan for homeowners aged 62+ that lets you convert a portion of the equity in your home into cash. This loan may be useful for someone who expects to live in his/her home for several years, and would like extra money to do so.

Reverse mortgages work best when they are considered as part of a broader financial plan, rather than as a tool for getting quick cash or managing a financial crisis. Therefore, a reverse mortgage is not a fit for everyone, and obtaining counseling is critical.

Our official guide, Use Your Home to Stay at Home©, explains the advantages and disadvantages of reverse mortgages, as well as other resources available to help older homeowners age in place.

What's the difference between a reverse mortgage and a regular home equity loan?

Unlike a traditional home equity loan (or a second mortgage), you don't have to repay a reverse mortgage loan until you either no longer live in the home as your principal residence or you fail to meet the obligations of the mortgage, such as paying property taxes, maintaining homeowners' insurance, and keeping up with home maintenance. At this time, there are also no income requirements for obtaining a reverse mortgage.

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Questions About Reverse Mortgages

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There are different types of reverse mortgages with different payment methods, but the most common is the FHA insured Home Equity Conversion Mortgage (HECM). Homeowners can receive their payment (borrowed equity) either as fixed monthly payments, a lump sum payment, a line of credit, or a combination of these.

How much does a reverse mortgage cost?

Just like with a traditional mortgage, there are closing costs associated with a reverse mortgage. These closing costs may include a loan origination fee, appraisal, title search and insurance, surveys, inspections, recording fees, and other fees. Sometimes these costs can be financed into the loan.

The Federal Housing Administration (FHA) also requires borrowers to pay an upfront mortgage insurance premium on some HECM reverse mortgages. Depending on how much you borrow during the first year, this could be sizeable and affect the cost of these loans.

The National Reverse Mortgage Lender Association (NRMLA) has a helpful reverse mortgage calculator to estimate your costs. Fees vary by lender, so if you are considering a reverse mortgage, it is important to shop around.

Are reverse mortgages a scam?

Reverse mortgages themselves are not a scam, but there are unscrupulous people and companies that sometimes use reverse mortgages to exploit consumers. The FBI and U.S. Department of Housing and Urban Development (HUD) urge vigilance when looking at reverse mortgage products.

The FHA maintains a list of legitimate reverse mortgage lenders that offer HECM loans. Check your lender at HUD. It helps to work with a lender who has many years of experience with these loans. Federal law prohibits anyone from requiring you to buy a financial product (e.g., life insurance, long-term care insurance, an annuity) in order to get a reverse mortgage.

To learn more about common scams targeted at seniors, use NCOA's toolkit, Savvy Saving Seniors®.

Why do I need to get counseling before applying for a reverse mortgage?

The federal government requires that all reverse mortgage borrowers receive counseling before they take out a HECM loan. Counselors are trained and approved by HUD to provide unbiased information and to discuss alternatives to a HECM, the costs associated with the loan, the various products and payment plan options, and much more. The counseling session equips the borrower with the knowledge needed to make an informed choice. There is a fee for this counseling, usually payable at the time of the counseling. In some circumstances, the borrower may pay the fee at the time of the closing, using funds from the reverse mortgage.

You can get counseling through by calling 1-855-899-3778. NCOA has partnered with GreenPath Financial Wellness, a nonprofit HUD-approved housing counseling agency, to provide this service. You can also find a counselor in your area at the HUD HECM Counselor Roster.

Tips To Prevent Medicare Fraud

Medicare.gov – The Official U.S. Government Site for Medicare

DO'S:

- Do protect your Medicare number (on your Medicare card) and your Social Security Number (on your Social Security card). Treat your Medicare card like it's a credit card.
- Do remember that nothing is ever "free." Don't accept offers of money or gifts for free medical care.
- Do ask questions. You have a right to know everything about your medical care including the costs billed to Medicare.
- Do educate yourself about Medicare. Know your rights and know what a provider can and can't bill to Medicare.
- Do use a calendar to record all of your doctor's appointments and what tests or X-rays you get. Then check your Medicare statements carefully to make sure you got each service listed and that all the details are correct. If you spend time in a hospital, make sure the admission date, discharge date, and diagnosis on your bill are correct.
- Do be wary of providers who tell you that the item or service isn't usually covered, but they "know how to bill Medicare" so Medicare will pay.
- Do make sure you understand how a plan works before you join.
- Do always check your pills before you leave the pharmacy to be sure you got the correct medication, including whether it's a brand or generic and the full amount. If you don't get your full prescription, report the problem to the pharmacist.
- Do report suspected instances of fraud.

DON'TS:

- Don't allow anyone, except your doctor or other Medicare providers, to review your medical records or recommend services.
- Don't contact your doctor to request a service that you don't need.
- Don't let anyone persuade you to see a doctor for care or services you don't need.
- Don't accept medical supplies from a door-to-door salesman. If someone comes to your door claiming to be from Medicare or Medicaid, remember that Medicare and Medicaid don't send representatives to your home to sell products or services.
- Don't be influenced by certain media advertising about your health. Many television and radio ads don't have your best interest at heart.
- Don't give your Medicare card, Medicare number, Social Security card, or Social Security Number to anyone except your doctor or other authorized Medicare provider.

Above all, never let age extinguish the fire of your inner child.

-S. Ajna

Caregiver Corner

Beat Caregiver Burnout, Be Honest With Yourself and Others

The Article, Beat Caregiver Burnout, Be Honest With Yourself and Others by Anne-Marie Botek was contributed by AgingCare.com

One of the most popular discussion threads here, on AgingCare.com, is called, "The Caregiver…How are YOU doing today?"

Created by Jam, one of our most active members, this discussion has entertained thousands of comments about one of caregiving's most troubling paradoxes: Does anyone ever really ask you how you're holding up as you try to take care of your elderly loved one?

And no, the casual acquaintance, who, upon asking, expects no further response beyond a rote, "Fine, thank you," wrapped in a falsely bright smile, doesn't count.

Far from making a caregiver feel connected to and supported by those around them, this exchange can be terribly isolating.

Most caregivers are rarely asked how they are doing by someone who is willing to hear the truthful answer. Even when someone really does want to know, unless they are a fellow caregiver, how could they possibly understand your pain and frustration?

The "Fine, thank you," mentality can even become so ingrained that a caregiver may stop asking themselves how they are doing.

Ceasing to have an honest inner dialogue can intensify a caregiver's feelings of isolation, putting them at great risk for burnout.

Cara Levine, Assistant Administrator of the Workmen's Circle MultiCare Center, a senior care facility in New York, says that most caregivers don't even realize they're burning out because they are so focused on caring for their loved one that they forget to check up on their own wellbeing.

According to Levine, the most effective way to avoid caregiver burnout is to start being honest—How ARE you doing today, really?

Know thyself

Caregivers are often counseled to make sure they take care of themselves. But for many, the statement: "If you don't take care of yourself, you won't be around to take care of them," is as unhelpful as it is true.

Research indicates that as many as 13% of caregivers die before their care recipients do. While the causes of death vary, the chronic stress associated with caregiving has been cited as a contributor to this statistic.

But, when your whole life revolves around caring for someone else, how do you begin to make yourself a priority?

Levine says that caregivers should start by taking stock of their situation, seeking specific sources of stress and how to neutralize them.

She says that caregivers should ask themselves certain questions in order to begin developing a care plan for themselves:

- How am I feeling today?
- What is it about my situation that is making me feel this way?
- What things are causing most of my stress?
- What things are stressful, but manageable?

Once you've discovered where your stress is coming from, you can figure out a plan of attack by asking yourself these questions:

- Knowing that I can only control myself and my outlook, what steps can I take to manage my stress levels?
- What do I have to do to get some time for myself?
- If I had the time what would I want to do with it? What do I enjoy doing?

"Everyone needs an outlet," Levine says, "the trick is to figure out what works best for you."

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Indiana's New and Improved POST (Physicians Order for Scope of Treatment) Form

By Jeff R. Hawkins & Jennifer J. Hawkins

The Indiana State Department of health (ISDH) updated and improved the Indiana Physicians Orders for Scope of Treatment (POST) form in December 2016. The new form is available for download in PDF and Microsoft Word formats at http://www.in.gov/isdh/25880.htm, and it should be available in the offices of most health care service providers. We provide the form to our clients that may be able to use it, and we make it available upon request to whoever requests a copy.

The Indiana legislature enacted an entire chapter of legislation about POST in 2013 (available online at: http://iga.in.gov/legislative/laws/2016/ic/titles/016/articles/036/chapters/006/). An Indiana patient is a "qualified person" to establish a POST form under Indiana Code § 16-36-6-5 if the patient has at least one of the following conditions:

(1) An advanced chronic progressive illness.

(2) An advanced chronic progressive frailty.

(3) A condition caused by injury, disease, or illness from which, to a reasonable degree of medical certainty:

(A) there can be no recovery; and

(B) death will occur from the condition within a short period without the provision of life prolonging procedures.

(4) A medical condition that, if the person were to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful or within a short period the person would experience repeated cardiac or pulmonary failure resulting in death.

The Indiana General Assembly enacted the 2013 Post legislation in response to a national movement to provide a better way for seriously ill patients to coordinate end-of-life health care with their physicians. The movement began in 1991 with the formation of the Oregon POLST Task Force, which created the original Physician Orders for Life-Sustaining Treatment (POLST) form that Oregon adopted in 1995.

We reported a defect in the original Indiana POST form on December 6, 2014, in our article entitled, "Indiana Physician Orders for Scope of Treatment." We said in that article:

"Patients that have appointed healthcare representatives with an appointment healthcare representative or a healthcare power of attorney should avoid completing the section of the back side of the [POST] form that mentions healthcare representatives because a patient can accidentally terminate his or her previous appointment of healthcare representative and thereby prevent an intended healthcare representative from helping with healthcare decisions other than end-of-life choices."

The ISDH replaced that defective language in the new POST form with clearer instructions and alternative signature provisions for adult patients, the parent of a minor patient, a patient's health care representative, a patient's health care attorney-in-fact under a Health Care Power of Attorney, or a patient's legal guardian. The ISDH has also published advance care directives statutes and POST statutes, forms for POST and several kinds of advance care directives, Information for Health Care Professionals about POST, and Information for Patients about POST on the ISDH website at: http://www.in.gov/isdh/25880.htm.

Jeff R. Hawkins and Jennifer J. Hawkins are Trust & Estate Specialty Board Certified Indiana Trust & Estate Lawyers and active members of the Indiana State Bar Association and National Academy of Elder Law Attorneys. Both lawyers are admitted to practice law in Indiana, and Jeff Hawkins is admitted to practice law in Illinois. Jeff is also a registered civil mediator, a Fellow of the American College of Trust and Estate Counsel, the American Bar Foundation, and the Indiana Bar Foundation; and he was the 2014-15 President of the Indiana State Bar Association.

Find more information about these and other topics at www.HawkinsLaw.com, add us to your Google+ circles, like us on Facebook, follow us on Twitter @HawkinsLawPC or call us at 812-268-8777.

Is There an Age Limit for Organ Donation?

U.S. Department of Health & Human Services

U.S. Government Information on Organ Donation and Transplantation

www.organdonor.gov

There's no age limit to donation or to signing up. People in their 50s, 60s, 70s and beyond have been both organ donors and organ transplant recipients. Below are some facts you should know about donation for people over age 50.

FACT: People of all ages can be organ donors. To date, the oldest organ donor in the U.S. was age 92. He was a liver donor and saved the life of a 68-year-old woman.

FACT: Don't rule yourself out. Being older doesn't mean you can't be a donor. Doctors will decide at the time of your death whether you can donate.

FACT: In 2015, more than 60 percent of all the people who received organ transplants were 50 or older. And nearly 20 percent of all people who received transplants were over age 65.

FACT: In 2015, about 1 out of every 3 people who donated organs was over the age of 50. You're never too old to make a difference.

Register today to be an organ, eye and tissue donor.
RegisterMe.org

Caregiver Corner

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Whether you find solace in the synagogue, or enjoy basking in the bathtub, you need to find the time to do things that make you feel good.

For her part, Levine makes sure that she periodically takes some time away from the nursing home, where she works, to go see a silly movie. "Being a caregiver, sometimes you just need to get away and laugh," she says.

"Well, since you asked..."

Once you figure out what you need—remember to ask for it.

According to Levine, one of the hardest things for caregivers to do is to make their needs known and ask for help. "Sometimes you have to be willing to accept help," she declares.

People in your life who know that you're caring for an elderly loved one probably want to help, but they can't be expected to guess what you need—you need to be honest and tell them.

It can be something as simple as asking your neighbor to take care of your lawn while they're out mowing their own, or asking the handyman down the street to take a look at your leaking gutters.

What is Hospice Care? What is Palliative Care?

National Institute of Aging

Hospice care is intended to provide comfort to you and your family during a life-threatening illness, rather than provide treatments to cure the illness.

Palliative care is similar to comfort care in hospice, but it is offered along with any medical treatments you might be receiving for a life-threatening illness, such as chemotherapy for cancer or dialysis for kidney failure.

The main goal of both hospice and palliative care is to keep you comfortable. In addition, you can always choose to move from hospice to palliative care if you want to pursue treatments to cure your illness.

OUR MISSION

Generations' mission is to offer older adults, individuals with disabilities and caregivers options for a better quality of life.

WHAT WE OFFER

Generations works with community partners and contracted providers to offer services to our clients in Daviess, Dubois, Greene, Knox, Martin & Pike Counties. We offer:

- Aging and Disability Resource Center
- AngelWorx Volunteer Program
- Meals on Wheels
- Case Management
- Caregiver Services
- Care Transitions
- Generations Magazine
- Health & Wellness Programs
- Ombudsman Services
- Options Counseling
- At Home Pre-Admission Screening for nursing home placement
- Contracted providers allow us to offer transportation, adult day services and legal assistance.

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Experts in Long Term Care

Long Term Care is a great option for those who can no longer be cared for at home due to illness, injury, frailty, or other limitations. Under the guidance of an attending physician, Long Term Care is provided by licensed nurses, specially trained health care aides and a full interdisciplinary care team.

Physical, Occupational and Speech Therapies are also available to ensure our long term care residents function at the highest level of independence possible. The setting is home-like, cheerful, soothing and secure.

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& Rehabilitative Center
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Prairie Village
Nursing & Rehabilitation
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