

The Best OF AGING



TIME WELL SPENT

Grandparents As Parents

PAGE: 10

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FALLS ARE NO LAUGHING MATTER

PAGE: 4

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From the Publisher

Welcome to *The Best of Aging*! We have a new addition to our magazine this month. It is a new section called Financial Fitness. It is full of great advice from local experts ranging from legal matters to Medicare/Medicaid advice to moneysaving tips – all with a mature focus in mind.

Spring is right around the corner and the sun is making its way onto our faces more and more these days. I started thinking about the seasons and related this to our different moods and emotions that we deal with every day. Although sometimes we complain about the winter and its often-associated darkness and cold, we never question why there is a winter in the first place. For the most part, it's because we all realize that it is a natural and necessary part of nature.

The same is true of our emotions. I get angry, sad, happy, depressed, and think nothing of it because they are natural processes that serve a great purpose in life once you understand the emotion. Sometimes, my wife or kids will notice quietness about me and be concerned with me with a question like, "Are you okay?" or "Is something wrong?"

I have never been asked the same questions when I am happy. So my latest response to the questions is "Really I'm okay. Just be very concerned if I were perpetually happy like the people on the television." In television, and in most of society, it is a bad thing to be anything other than happy.

I believe that a perpetual anything is far worse than a temporary something. A temporary anger, in which no one is harmed, allows a person to make a necessary change in their life that they otherwise wouldn't do if they were perpetually happy. However, you can only use an emotion to your benefit if you understand how the emotion affects you and you have successfully worked with it a while.

Have you ever seen a baby get angry? They cry, scream, yell, kick their feet, and then ten minutes later everything is okay and completely forgotten. The anger is out. It's not suppressed or bottled in to create conditions that are far worse like heart attacks, jealousy, revenge, or rage. No one got hurt and they got what they wanted. Most important of all, the spectators of this event (usually on a crowded plane) don't really blame the baby for being angry because it is natural.

Those who express anger for the sake of anger are missing the point. In other words if someone is angry at the world and just complains and rants and raves at every event that comes his way, then he is being controlled by the emotion of anger. Knowing what you want out of life or what you don't want out of life, is a more appropriate channel to focus the benefits of any particular emotion. For example, in putting together an issue that deals with a serious issue such as child abandonment, I have to be able to experience a true sadness in order to get the message across to our readers. If I were perpetually happy, then no such thing would exist in my artificial world.

I left the corporate world a few years ago and used anger to serve and motivate me in a positive way to build a better life for my family and myself. I didn't want to be part of someone's vision of a made-up, plastic world where everyone was supposed to be happy every single minute of the day and problems were not supposed to exist. That's not the real world in which we live in. I'd much rather experience all parts that life has to offer us.

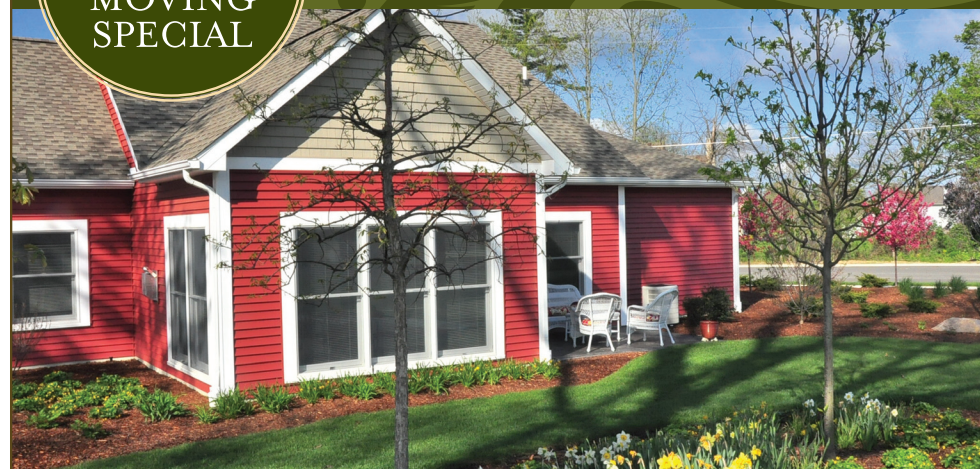
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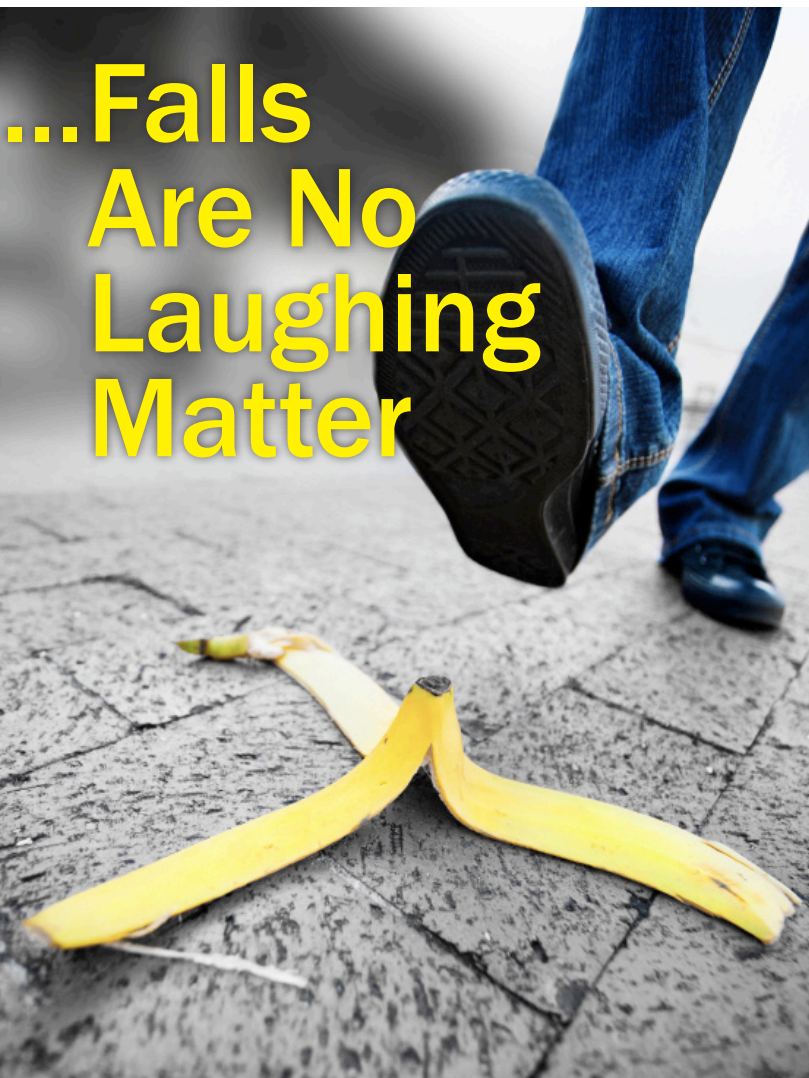
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...Falls Are No Laughing Matter

By Neil B. Alexander, M.D.

People of all ages fall. We see pictures and videos of people as they fall. We sometimes laugh at the way they look when they fall. But falls are no laughing matter, and are the fifth leading cause of all death in older adults in the United States. Aside from the fall-induced injury, fallers fear the next fall and reduce their activities, thereby putting them at even more increased risk due to deconditioning. Deconditioning is a gradual physiological process where the level of physical conditioning and corresponding physical performance ability of the individual is reduced.

Risk factors for falls among older adults living in the community are not just the obvious problems with balance and walking. People with previous falls and who have strength and vision problems are also at high risk. Important risk factors include taking medications that affect the brain (“psychotropic”) and dizziness, which might be associated with a drop in blood pressure upon rapidly rising from lying or sitting.

A number of other factors can raise the risk for falls, from a clinical condition (such as depression or impaired thinking) to specific symptoms (arthritic pain) or dysfunction (dependence on others or a device to conduct daily activities). In addition, some patients may have heart rhythm or feet problems that may need to be addressed. Because of the multiple risk factors that contribute to falls, it is important to use interventions that are multi-targeted in order to reduce fall risk.

Based on most recent guidelines from the American Geriatrics Society, anyone who has difficulty with walking or balance should seek help, especially if one has a history of falls, a recent fall, or multiple falls (more than two in the last twelve months). A trained health care professional should then evaluate for these and other risk factors and recommend the multi-targeted interventions that are known to reduce the risk of falls.

After the evaluation, there are a number of key factors that can be implemented. Both the number and dosage of medications, particularly any psychotropics, may be minimized based upon a physician’s evaluation. Exercise can be a critical intervention, but must be individually tailored, instructed by a professional, have a balance component and be of sufficient duration (at least 3-4 months).

Enhancement of vision is advised and removal of cataracts has been found to reduce fall risk. Supplementation of Vitamin D, up to levels of 800 international units or more, has been proposed at least for those with deficiency (based on a blood test) or with limitations in diet or exposure to sunlight (such as those who are housebound). Behavioral and medication strategies are available to counteract heart rhythm and postural hypotension problems. Optimal footwear should be worn regularly, with

Anyone who has difficulty with walking or balance should seek help, especially if one has a history of falls, a recent fall, or multiple falls (more than two in the last twelve months).

sufficient coverage of the back of the foot, non-skid sole, and limited sole and heel height, to provide proper support (i.e. no slippers without heel support). Modification of the environment does not mean just adding a grab bar to the shower and eliminating throw rugs. One must be attentive to the environmental demand and what devices or modifications can reduce the demand, i.e. using stairs safely means only when there is sufficient lighting, a sturdy hand rail, and proper tread edge contrast available.

Falling should be no laughing matter and with the help of trained health care professionals, you could be on your way to a happier and healthier lifestyle.



Neil B. Alexander, M.D., is Professor of Internal Medicine and Geriatric Medicine, Senior Research Professor, Institute of Gerontology, University of Michigan, and Director of the Veterans Affairs Ann Arbor Health Care System Geriatric Research Education and Clinical Center.

FYI

For information on steps you can take to prevent falls please visit: <http://www.homesafetycouncil.org/SafeSeniors>



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THE FOUR MOST IMPORTANT NUMBERS OF YOUR LIFE

By Lynn Alexander

Many of us consider the numbers of our birthday, anniversary, or children's birthdates as the most important numbers in our life. Others have lucky numbers; and some have even won the lottery with theirs. However, I would like you to realize that there are two other sets of four numbers that we should all guard with our life! These are the last four digits of our social security number and the four number security code on our credit card.

Schemes, scams, and swindles have grown faster than our national debt in America. For every dollar we earn or save there are thousands of schemes to steal it from us. Some of the cleverest scams involve these important numbers; and here is how they work:

1 You check into your hotel room, tired from the journey; and your room phone rings. When you answer the "desk clerk" tells you that there was a glitch with your credit card and that you need to give them the four number security code on the front or back of your card. In fact, this "desk clerk" is a criminal who has called the front desk asking for made up names until they find their target. You just gave access to charge away on your card.

2 You receive a call from "your credit card company" asking you if you charged such and such item at a cost of a certain amount. When you reply No, they will tell you that their fraud department has discovered unauthorized purchases on your account and that they are on the case so not to worry. You only need to verify your account with that four digit magical number. They will also tell you that it will take a month or so to get these charges off your account so not to be alarmed if you see them on your next statement. This gives the thieves an extra month to place charges on your account before you report them to your real credit card company.

3 You receive an e-mail or phone call from "The IRS" stating that they can get your refund to you quickly and are fast tracking your form. They simply need you to verify the last four digits of your Social Security number. While you are waiting for the bogus quick turnaround, someone is using your Social Security number to steal your identity and/or charge away.

4 You receive an email from "your bank" stating that they are verifying account holders' information to update their records. You must verify all of your information including the last four digits of your Social Security number. Now this becomes pretty transparent if you receive one of these emails and you don't have an account at that bank!

Never give out these precious four numbers of either a credit card security code or your social security number.

Are you sensing a recurring theme here? NEVER give out these precious four numbers of either a credit card security code or your social security number. No reputable organization will ask you for this information out of the blue. Whenever anyone asks for information, tell him you will call back. Hang up and call the phone number you have on file for this organization. You will undoubtedly be told that no one from that organization has contacted you. Report any scam attempts to the proper authorities. Your local police department, attorney general, credit card companies, and the US Postal Service all have programs in place to thwart fraud. Remember that if you allow these incidents to go unreported, another person may become their victim.

Protect these four numbers as if they were the most precious numbers of your life...right up there with the birth date of a grandchild or the million dollar winning ticket to a lottery.



Lynn Alexander is known as Your Aging Well Advisor, an advocate for seniors and speaker on aging well and caregiving. A former Michigan Cabinet official, State Commissioner on Aging and executive for Oakland County, she recently authored "Caregiver Tsunami". Lynn Alexander may be contacted by visiting her website at www.YourAgingWellAdvisor.com or by calling (248) 972-4993.

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Grandparents as Parents

By Lee Thorsen

There are 5 million children under the age of 18 living in grandparent-headed households. This is an increase of 7% within a decade according to the U.S. Census Bureau. As a group, grandparents who raise their grandchildren have gone above and beyond the call of duty and that is why they are worthy of this edition's Time Well Spent profile. If you know of a person or group that has a fascinating story to tell, please let us know.

In my family, my great aunt and uncle raised their grandson from an infant to the age of nine and then, after a five-year gap, took on the very difficult and turbulent teenage years of the grandson. The grandson eventually took his own life in the basement of their house many years later. Despite the tragic ending, the truth is that the grandson's mother and father abandoned him. Instead of letting the child slip into the foster care system, Aage and Lora Thorsen chose to raise their grandson on their own many years after having raised their own children. They did not have a support group or organization to help them through the financial, emotional, or legal hurdles that they had to face and because of the era in which it occurred, they probably wouldn't have wanted to seek help.

Thankfully today, there are many loosely knit programs scattered across the country that strives to help grandparents cope with the often-unexpected challenge of raising grandchildren. **Grandparents As Parents, GAP** as it is fondly called, is a local program founded in 1992 by Catholic Social Services of Washtenaw County and is located right here in Ypsilanti. When you meet Sue Monet, program coordinator for GAP, you immediately latch on to her enthusiasm and wonderful spirit of positive energy. She is definitely a "half-full" personality type. But don't confuse her optimism as another form of naiveté. Sue Monet has been helping seniors in one form or another for the past 30 years and has seen more sorrow and hardships than most of us have.

"It's a growing trend," said Ms. Monet, "and yet we only reach a small fraction of grandparents who raise their grandchildren." It is estimated that there are 5,000 households in which the grandparents have their grandchildren living with them here in Washtenaw County and GAP only helps about 3% of that group. As you would expect, there are a myriad of reasons why parents aren't able to raise their own children. Poverty, teen pregnancy, drugs, alcohol, mental health problems, divorce, child abuse, and death are just a few of the reasons that these grandparents step in.

This goes well beyond that brother, sister, cousin, friend or acquaintance who seems to continually take advantage of the good nature and generosity of their parent's time and money as it relates to taking care of their own children. They drop their kids off every weekend, expect their parents to



buy their kids lavish presents, and generally want their parents to help them live beyond their means or level of personal responsibility. No, this is a life-changing event that has presented itself to these grandparents where they can either turn a blind eye or step in and do the right thing. The type of event that can rip apart and permanently divide families and their friends.

Instead of the grandparents seeing themselves as heroes, there is an unfortunate sense of shame, pity and perceived social stigma that often comes with the territory. Grandparents sometimes say to themselves, "I must have done something wrong in raising my own child to end up in this situation." This couldn't be any further from the truth. "Part of our program allows grandparents to talk with one another in a support group setting and share experiences," said Ms. Monet. "I remember a particular gentleman's first time at a support group and he started off saying to the group that it was his fault for his son's actions and a resounding "No" arose from the other support group members."

It's not easy for a grandparent to raise a grandchild in today's world. Even parents have a hard enough time coping with the technology changes that bring children a whole new level of social connectedness. Facebook, Twitter, texting, cell phones, all allow a child to connect to influences and potential dangers that didn't exist in the world that the grandparents originally had to deal with while raising children the first time around. Couple this with health-related issues that naturally comes with being older and you soon understand that it is not a walk in the park to take on this responsibility for sometimes a decade or more.

GAP has a number of services that a grandparent can choose to take advantage of at no cost to them. Those interested can attend support groups that meet in different areas of the county or receive private, individualized counseling to help with financial, medical or legal concerns.

Ann Arbor resident DuWaine Hoy took advantage of the private counseling services of GAP starting back in 2001. That is when he decided to step in and help one of his grandsons who had been

abandoned by his father and was living in various homeless shelters with his mother for most of his young life. "I started off needing some direction on how to get health insurance for my grandson," said Mr. Hoy, "and the people at GAP were extremely helpful in getting me through this. After that, I would talk with them about once a month and they even helped me with finding and paying for a day camp program for my grandson."

In April of 2001, Mr. Hoy's six-year old grandson came to live with him. Mr. Hoy was 80-years old at the time. "He came to me with only the clothes on his back and he had never went to school," explains Mr. Hoy. "I signed him up to start kindergarten in the fall and gave him a stable home to live in."

Mr. Hoy, who is a World War II Navy veteran and retired from the University of Michigan after 30 years of service, enjoyed his experience with his grandson for two years until another family member stepped in and adopted his grandson. "He is a good boy, just as good as can be," said Mr. Hoy, "and he is in a family with a mom, dad and siblings that loves him and cares for him."

Mr. Hoy stepped in at the right time to make this particular story turn from a potential tragedy to a heartwarming inspiration. Despite all of the hardships that come with raising another person's child at the twilight of their lives, when asked, "Would you do it again?" well over 90% of grandparents would indeed do it again according to GAP.

Regardless of how a story ends for a child affected from abandonment, it is people like Aage and Lora Thorsen, DuWaine Hoy, and all of the staff at Grandparents As Parents that really inspires us to not overt our eyes or cross that street when we see a child in need.

FYI

For more information on Grandparents As Parents please visit: <http://sites.google.com/site/gapcss>

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Medicare 101 For Mature Audiences Only

By Stephanie Levijoki

If you hear the word “Medicare” and you feel as if your brain just short-circuited for an instant, you are not alone. Nearly everyone cringes just to hear the word, anticipating reams of paperwork and complexity. In fact, the word Medicare does introduce a complex set of decisions that every American, age 65 and older, must make. But for most of us, we have had some type of health insurance coverage most of our lives and so the leap into Medicare is not such a big one to make.

Part A Medicare includes payment of 80% of a core of hospitalization benefits. Part B covers payment of 80% of a range of outpatient services including doctor visits, physical therapy, and outpatient tests. Beginning in 2011 Part B Medicare now covers a newly expanding range of preventive medicine including a once-a-year physical called a “Wellness Exam”, diagnostic tests and vaccinations that were previously not covered. Part D, as in “drugs” refers to the Medicare drug prescription plans intended to cover your medications. Part C provides a wide variety of choices that enable you to individualize your Medicare health insurance and choose different levels of payments and coverage. There are many choices for part C coverage so this one is worth exploring and studying before making decisions.

There is help. Once a year the Centers for Medicare Services publishes a book called “Medicare and You”. This is a concise guide to how, when, and what you need to know in terms of your Medicare decisions. The government continues to improve on making its website “user friendly”; www.medicare.gov can be used by any American in any of the 50 States for assistance in learning more about Medicare and making choices.



Stephanie Levijoki is the Program Coordinator for MMAP, the Medicare Medicaid Assistance Program, with two and a half years experience training and supervising skilled volunteer MMAP Counselors. With ten plus years experience as a volunteer manager, Stephanie is also a consultant for Gold Cross Services. Stephanie can be contacted at stephanie@gold-cross-services.org or by calling 734-712-3625.

When Does Medicaid Help Pay for Medicare Services?

By Stephanie Levijoki

Three months before you turn 65, your “Medicare and You” booklet arrives in the mail along with a red, white and blue Medicare Card. It has your name, social security number and it reads either Medicare Part A and B or Medicare Part A only. The government automatically signed you up for this, unless of course, you chose to “opt out” of this coverage.

You will be charged approximately \$115 for your monthly Part B premium. There is no premium for Part A unless you did not work for 40 quarters (in any number of years) before reaching age 65. If you were a stay-at-home mom and never worked outside the home, but you were married for a minimum of

ten years to someone who worked for 40 quarters, then you are covered under his Part A Medicare and you will not have to pay a Part A premium.

You look at your situation and decide you cannot afford to purchase a separate Medicare Part C plan. But then there is Part D. You may need prescriptions and some of them are very expensive. Then you discover that you must voluntarily sign up for a Part D drug plan or you will have to pay a penalty for not enrolling. Some people cannot afford these costs. The government realizes this fact and so they have provided a way to offer some assistance in paying for Medicare costs. Each year the eligibility criteria for receiving special help for your Medicare costs changes. In essence, the lower your monthly income, the more help you receive.

Here, hot off the 2011 presses, is the eligibility chart for 2011.

2011 MEDICAID IN THE COMMUNITY - Updated 01/20/2011		
PROGRAM	MONTHLY INCOME	ASSETS
AD Care (Aged and Disabled Medicaid in the Community) Full Medicaid Coverage – Medicaid only persons (non-duals) will have prescription coverage with very low co-pays. People without Medicare must join a managed care plan.	Single = \$908* or less Married = \$1,226* or less	= or < \$2,000 = or < \$3,000
QMB (Qualified Medicare Beneficiary) Payment of Medicare Part B premium Part A and B deductibles Medicare co-payments	Single = \$908* or less Married = \$1,226* or less	= or < \$6,680 = or < \$10,020
SLMB (Specified Limited Medicare Beneficiary) Payment of Medicare Part B premium (Will not receive Medicaid card)	Single = \$909 – \$1,089* Married = \$1,227 – \$1,471*	= or < \$6,680 = or < \$10,020 With AD Care assets, will have a Deductible (Spend-Down)
QI - Qualified Individual ALMB – (Additional Low-income Medicare Beneficiary) Payment of Medicare Part B premium (will not receive a Medicaid card, funds are limited and benefits will be given on the basis of who applied first). Not an entitlement as are other Medicare Savings Programs (MSP)	Single = \$1,090 – \$1,226* Married = \$1,472 – \$1,655*	= or < \$6,680 = or < \$10,020 With AD Care assets, will have a Deductible (Spend-Down)

* indicates that these programs have a \$20.00 disregard. Disregard is an amount not counted when determining a person's total net income. This means you can add \$20.00 to the monthly income. (DO NOT double the disregard for couples.)



Serving Others With Dignity Lee Davis

By Lee Thorsen

Serving Others With Dignity is a column that puts a needed spotlight on the efforts of so many people who volunteer their time to help others. We hope that this column serves as an inspiration and motivation to help others to experience the joy of volunteering. If you know of a person that deserves to be recognized for their contributions, please let us know.

What does belly dancing, celebrating your 85th birthday in county jail, the Ronald McDonald House, and teaching English as a Second Language have in common? The only answer to that question would have to be: Lee Davis.

Q Let's put the jail controversy to rest. Why were you in jail at the age of 85?

A Up until about 4 years ago, I lived in Indiana and for seven years I volunteered at the Hamilton County Jail to help women by visiting them and helping them with their spiritual needs through bible study and motivational talks. On my 85th birthday, they helped me celebrate my birthday right there in the jail. I also volunteered at the women's state prison. I was even asked to speak on behalf of many inmates at their court trial and onetime a judge asked me, "Why do you volunteer your time there?" and I said, "To know them is to love them."

Q I'm almost afraid to ask about the belly dancing. Did you do this in jail?

A No, not in the jail. I was a member of the OASIS club. This is a national organization that has local chapters throughout the country where you can volunteer and take lifelong learning classes. I learned how to belly dance as well as hula dance and all sorts of activities.

Q How do you stay so active and mobile?

A I do something every single day. I go to the senior citizen center where I help with knitting projects where we knitted scarves for the men and women in serving in the armed forces in Afghanistan. We also helped decorate dolls for the Children's Hospital and knitted toy balls and animals for the Ronald McDonald House.

Q Tell me more about your experience teaching English as a Second Language (ESL). What did you have to do to qualify?

A I've been doing this for many years. Currently, I volunteer at the Pittsfield Branch of the Ann Arbor District Library once a week to teach ESL. You really don't need any prior training to get started. They provide all of the training and materials to get you started. It's a great way to get into volunteering because the people are all so helpful. You meet all sorts of different people and cultures from around the world. I would definitely recommend this for anyone wanting to get out there and keep busy.

Q Why do you volunteer and what do you get out of it?

A I thank God every day for all that I have. I grew up during the Great Depression and it was rough. It wasn't as easy as it is now. No one had money and there was no unemployment insurance. If you lost your job, that was it. I volunteer because I've got more than I need and I'm ready to help anyone that I can.



A judge asked me, "Why do you volunteer your time there?" and I said, "To know them is to love them."



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