

# The Golden Years

SUMMER 2018

PUBLICATION OF EAST CENTRAL KANSAS AREA AGENCY ON AGING

SERVING ANDERSON, COFFEY, FRANKLIN, LINN, MIAMI, & OSAGE COUNTIES

## Hobbies That Live Forever

By Stephanie Skedel with help from Richard Prather.

Richard Prather is an 82-year-old man living in the Garnett, KS area. Richard is an individual who I have had the pleasure working with this past year. He has the personality of letting nothing stand in his way. Richard likes to complete wood working projects and has done this since he was in High School.

Over the years Richard has created multiple different projects for family and friends as gifts. One of his very first items he created was a lamp he made in high school, which he still has to this day. Richard has over two dozen of items within his home that he has created over the years, ranging from coffee tables, jigsaw puzzles, bookshelves, benches, end tables, tic tac toe games and a cedar chest as a gift to his wife, Dolores, and this is just to name a few!



Standing alone, his talent is something to be admired especially since he has over 60 years of experience. However, Richard has had to overcome some pretty big obstacles to continue to be able to enjoy woodworking. Back in 2008 Richard was diagnosed with Inclusion Body Myositis, which is considered a first cousin of the condition called ALS. Inclusion Body Myositis is very slow progressing and effects the strength of the muscles. Due to this diagnosis he is now wheelchair bound, so there has been a lot of adapting as the condition progressed over the years. Richard stated that he really started to notice something was wrong when he attempted to step up onto a ladder and his leg did not move. At first he thought that he had injured himself, but when his Garnett doctor told him to go to Kansas City to see a specialist, it was apparent that it was not as simple as an injury.

Once the condition started to progress his muscles got weaker and his projects got smaller. He went from making homemade lamps, tables, doors, and more to items that were much easier to handle when he lost ability in his legs. Even though his projects have gotten smaller over time, he still manages to find a way make his hobby work. The diagnosis did not stop him from doing things that made him happy, instead he adapted to his situation. Richard started creating different assistive devices throughout his home to help him remain as independent as possible. He has created rails on his bed, and bars throughout the home to him get around without completely relying on another person. As his symptoms got worse he developed his shop to fit his needs also! He has lowered or raised work stations to help him create items on his own. His workshop is also accessible for his Jazzy (powered wheelchair) to maneuver through.



Pictured is Richard in his workshop

Richard works with a group of four or five men in Garnett that meet once a week to make projects for other organizations. On Monday mornings these men create an assembly line out of their small group having one person stenciling the wood with the design, another using the scroll saw to cut out the design, and someone to sand and finish the project off. Over the course of the last several years the men have created thousands of items to donate to other organizations. They have donated an estimate of 3,000 picture frames to Children's Mercy Hospital for children going through treatments to decorate and design. Richard and the group have made different little wooden figurines such as; trains, cars, cats, hearts, racoons, etc. for the children to paint and decorate on as well. Richard stated that one of the biggest delivery trips to Children's Mercy Hospital contained about 1,100 wooden projects, ready for kids to decorate. Aside from woodworking he also knits hats for cancer victims going through treatment. Currently, Richard has a full box of different items ready to be delivered to Children's Mercy Hospital!

As a result of his hobby and talent, Richard is known around town for making crosses in different sizes. He assembles crosses the size of the palm of a hand to donate to Nursing Homes and the chaplain at Children's Mercy Hospital. The Chaplain at Children's Mercy gives a cross to parents to hold on to for comfort and support when their child is dealing with treatment or in surgery. Local pastors in the area call Richard to see when he has a box of crosses to go to nursing homes that they can deliver for him. He also donates crosses to local churches to pass out in their Christmas baskets throughout town each year. Richard now creates hearts and



doves the size of the palm of the hand because he realizes that some faiths do not want crosses, which has shaped his hobby to become very diverse.

His friend Darwin helps Richard when he has designed something that is too big for him to complete by himself. Within his home, Richard designed a sliding barn door with three different types of wood to enclose his roll-in shower. He designed the bottom to be made of Cherry wood, and the rest of the door is made up of Walnut and Cedar.

When asked how he gets the wood to create all these projects, Richard says he has received wood planks from many different resources. He has bartered or taken payment in wood for provided services; he once completed an appraisal for a friend and instead of accepting money he was given a log of wood as payment. He also



Pictured is Richard and the completed door that he designed.

receives donations consisting of wood planks from people in and around the community from those who know about his hobby. Richard stated, "I have so much wood in the shop, I do not know when I am going to run out." Since one plank of wood creates between 10 and 12 different figurines, Richard has a lot of projects ahead of him!

It is truly amazing and inspiring to see Richard give back to others even though he was thrown a life altering curve ball. Showing that no matter what the situation is, if you set your mind to it, there are always ways to make it work. Richard will always be someone to admire for persistence and overcoming obstacles.

### New Faces at the ECKAAA

My name is Danielle Fulmer, I am the proud mother to my amazing 11-year-old daughter, Sophia Feliz. I am the new Quality Assurance Liaison for ECKAAA in the CDDO and excited to start my new career. I grew up in Lee's Summit, MO where I graduated from LSHS and have been in Ottawa for 9 years. I came to Ottawa after receiving a scholarship for Debate and Forensic where I competed and received Top Debater and Top in Forensics in 2009, Pi Kappa Delta. I graduated from Ottawa University in 2014, fell in love and never moved away. I have a passion for people's rights and a passion to protect those rights. I look forward to serving our community, those in it, and working with those whom share my passion. My hobbies include starting my own small pet business where I use local wholesome ingredients and refurbish antique furniture into pet beds.



Danielle Fulmer  
Quality Assurance Liaison

### Inside This Issue . . .

From the Director: Tips for Good Eye Health	Page 2
Kansas & Federal Legislators for East Central Kansas	Page 3
Caregiver's Corner - Managing Caregiver Guilt	Page 4
In the Community: Farmer's Market Vouchers	Page 6
Mid-America Nutrition: Forward Food Program	Page 7
County Extension: Opioid Epidemic	Page 8
Medicare: Medicare Scams	Page 9
CDDO Corner: Long Term Services & Supports	Page 10
Kansas Legal Services: Elder Abuse Statute	Page 11
Technology: Low Vision Technology	Page 14
From the Editor: Normal Aging Vs. Dementia	Page 16



## From The Director

By Elizabeth Maxwell  
Executive Director

As we age, so do our eyes. I read an interesting article in the National Institutes of Health (NIH) Newsletter and I would like to share a summary of that information.

Advances in technology can give a unique look into your health by looking into your eyes. Doctors can get a clear view of your blood vessels, nerves, and connecting tissue without surgery. Regular eye exams are important, even if you think your vision is fine. It's a way for doctors to monitor your eyes for common vision problems and signs of disease. First your doctor will check for vision sharpness. The eyes will then be dilated, allowing the doctor to examine the inside of the eye and the tissues at the back of the eye. Damage may be a sign of eye disease or other health problems like diabetes, high blood pressure, autoimmune disorders, sexually transmitted diseases, and cancers.

Much research is being done to study the diagnosis and treatment of glaucoma. Glaucoma causes blindness by damaging nerve cells at the back of the eye. With current technology thousands of cells must die before it's detected. Dr. Miller at Indiana University is working on eye imaging technology. With earlier detection of glaucoma, the eye may be protected against serious vision loss.

Other eye imaging technologies are being developed to better detect age-related macular degeneration (AMD). AMD is the leading cause of vision loss and blindness nationwide among people age 50 and older.

Another imaging technology allows scientists to track a specific protein in the eye. The approach may help doctors catch cataracts (a clouding of the eye's natural lens) and presbyopia (the inability to focus up close) earlier. Other researchers have identified a chemical that could potentially be used in eye drops to reverse cataracts. Cataracts are the number one cause of blindness worldwide. If you live long enough there is a fair chance you will get them.

There are new technologies being developed to help people with low vision and blindness get around more easily in their day-to-day lives. Biotopic telescopes can help people see better while driving. A partially robotic cane with a camera can detect a person's surroundings. A new smartphone app gives sound prompts to help visually impaired people identify the safest crossing location and stay within a crosswalk.

Technology is great, but there are simple things we can do ourselves to help keep our eyes healthy.

- Not smoking
- Eating a healthy diet (especially dark leafy greens like spinach or kale)

- Maintaining a healthy weight
- Knowing your family's eye health problems
- Wearing sunglasses to block harmful sun rays
- Wearing protective eyewear for sports and home improvement projects

QUESTIONS TO ASK YOUR DOCTOR at your regular eye exam.

- Am I at risk for an eye disease?
- What tests do I need?
- How often should I get eye exams?
- What are the benefits and risks of any medications or treatments?
- Are there new technologies that can help correct or manage my eye disease?
- Am I at risk for diabetes?
- How can you help me quit smoking?
- Would a clinical trial be right for me?

An ounce of prevention is worth a pound of cure. If your eye care professional finds a problem early, often there are things you can do to keep your good vision. Working together we can have the best vision possible.

May 2018 Issues of National Health Institutes Newsletter: [www.newshealth.nih.gov](http://www.newshealth.nih.gov)

## YOU CARE SO BE PREPARED

PREPARE NOW FOR SENIOR TRANSITIONS

### A COMMUNITY CLASSROOM 4-PART SERIES

7-8:30pm Tuesdays



Learn How To  
Talk About  
Aging  
Assistance

July 24



Learn About  
Legal &  
Financial  
Planning

Aug 28



Learn About  
Senior Living  
Opportunities

Sept 25



Learn About  
In-Home  
Options

Oct 30

Held at

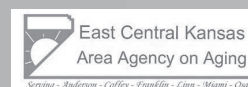
Vintage Park at Ottawa 2250 S Elm Ottawa, Ks 66067

RSVP or for more information

[shirt@vintageparkassistedliving.com](mailto:shirt@vintageparkassistedliving.com)

Series Sponsored by:

785-242-3715



7-8:30pm Tuesdays

## ECKAAA 2018 POLICY BOARD

### ANDERSON COUNTY

Les McGhee  
29049 SE 1000 Rd.  
Kincaid, KS 66039  
785-448-4695

### COFFEY COUNTY

Robert Saueressig  
Chairperson  
1440 Highway #75  
Burlington, KS 66839  
620-364-2236  
[rljks@embarqmail.com](mailto:rljks@embarqmail.com)

Tim Sipes

Vice Chairperson  
201 E. First St.  
Waverly, KS 66871  
785-733-2541  
[Tsipe98@yahoo.com](mailto:Tsipe98@yahoo.com)

### FRANKLIN COUNTY

Lenora Brecheisen  
Treasurer  
910 E. Fairway Dr.  
Ottawa, KS 66067  
785-242-3015  
785-893-0558  
[lkbrech@aol.com](mailto:lkbrech@aol.com)

Roy Dunn

2961 Reno Road  
Ottawa, KS 66067  
785-229-3485  
[rdunn@franklincoks.org](mailto:rdunn@franklincoks.org)

### LINN COUNTY

Tristian Wurtz Smith  
P.O. Box 306  
Pleasanton, KS 66075  
913-636-0439  
[tristianwurtz@yahoo.com](mailto:tristianwurtz@yahoo.com)

### MIAMI COUNTY

Charles Brand – (SHL)  
Secretary  
38768 Crescent Hill Road  
Osawatomie, KS 66064  
913-256-2741  
[C\\_r\\_brand@yahoo.com](mailto:C_r_brand@yahoo.com)

Bill Butler

P.O. Box 127  
Osawatomie, KS 66064  
913-755-2411  
[pbbutler@embarqmail.com](mailto:pbbutler@embarqmail.com)

### OSAGE COUNTY

Joe Gardner  
1319 Brant St.  
Osage City, KS 66523  
785-528-4292  
[Jgdogtown56@yahoo.com](mailto:Jgdogtown56@yahoo.com)

Bruce Oelke

717 Jefferson St.  
Lyndon, KS 66451  
785-213-8219  
[bpaelke@yahoo.com](mailto:bpaelke@yahoo.com)

## ECKAAA 2018 ADVISORY COUNCIL

### ANDERSON COUNTY

Clarence Hermann – (SHL)  
Vice-Chairperson  
424 W. 10th St.  
Garnett, KS 66032  
785-448-1670  
[Wilmamc31@embarqmail.com](mailto:Wilmamc31@embarqmail.com)

Kitty Mace, Secretary  
742 S. Pine St.  
Garnett, KS 66032  
785-304-2774  
[yttikk@yahoo.com](mailto:yttikk@yahoo.com)

### COFFEY COUNTY

Dona Jackson, Chairperson  
127 Algonquin Drive  
New Strawn, KS 66839  
620-203-1540 shared cell phone  
[Djack1935@yahoo.com](mailto:Djack1935@yahoo.com)

Bill Otto – (SHL)

102 9th St.  
LeRoy, KS 66837  
620-964-2355  
[billcotto@yahoo.com](mailto:billcotto@yahoo.com)

### FRANKLIN COUNTY

David Hood – (SHL)  
119 N. Hickory St.  
Ottawa, KS 66067  
785-242-5889  
[Flames302@att.net](mailto:Flames302@att.net)

Joyce Wasmund  
2250 S. Elm #7  
Ottawa, KS 66067  
785-242-2815  
[wadafarm@yahoo.com](mailto:wadafarm@yahoo.com)

### LINN COUNTY

Jane Wade – (SHL)  
23497 Maddox Rd.  
Fontana, KS 60626  
913-757-2275  
[jwade@peoplestelecom.net](mailto:jwade@peoplestelecom.net)

### MIAMI COUNTY

Perry Underwood  
P.O. Box 304  
Osawatomie, KS 66064  
913-755-3019

### OSAGE COUNTY

Earl Detwiler - Silver Haired Legislator  
1005 Elm St.  
Lyndon, KS 66451  
785-213-1886  
[broffermoon@gmail.com](mailto:broffermoon@gmail.com)

Gaylord Anderson  
P.O. Box 325  
Carbondale, KS 66414  
[Gaylorda325@gmail.com](mailto:Gaylorda325@gmail.com)

Elected Official  
Randall Renoud - Franklin County  
4030 Stoneview Terr.  
Ottawa, KS 66067

# Kansas Legislators for East Central Kansas Service Area

## SENATE:

### Caryn Tyson, District 12

Kansas State Capitol, Room 123-E  
300 SW 10th St. ▪ Topeka, Ks 66612  
Office – (785) 296-6838 Home – (913) 898-2366  
[Caryn.Tyson@senate.ks.gov](mailto:Caryn.Tyson@senate.ks.gov)  
Home Address: P.O. Box 191, Parker, KS 66072

### Bruce Givens, District 14

Kansas State Capitol, Room 225-E  
300 SW 10th St. ▪ Topeka, Ks 66612  
Office – (785) 296-7678 Home – (316) 452-5191  
[Bruce.Givens@senate.ks.gov](mailto:Bruce.Givens@senate.ks.gov)  
Home Address: 1525 Country Club Rd., El Dorado, KS 67042

### Anthony Hensley, District 19

Kansas State Capitol, Room 318-E  
300 SW 10th St. ▪ Topeka, Ks 66612  
Office – (785) 296-3245 Home – (785) 232-1944  
[Anthony.Hensley@senate.ks.gov](mailto:Anthony.Hensley@senate.ks.gov)  
Home: 2226 Southeast Virginia Ave, Topeka, KS 66605

### Molly Baumgardner, District 37

Kansas State Capitol, Room 224-E  
300 SW 10th St. ▪ Topeka, Ks 66612  
Office – (785) 296-7368  
[Molly.Baumgardner@senate.ks.gov](mailto:Molly.Baumgardner@senate.ks.gov)  
Home Address: 29467 Masters Court, Louisburg, KS 66053

## HOUSE:

### Trevor Jacobs, District 4

Kansas State Capitol, Room 167-W  
300 SW 10th St. ▪ Topeka, Ks 66612  
Office – (785) 296-7616 Home – (620) 224-6928  
[Trevor.Jacobs@house.ks.gov](mailto:Trevor.Jacobs@house.ks.gov)  
Home Address: 1927 Locust Rd., Fort Scott, KS 66701

### Kevin Jones, District 5

Kansas State Capitol, Room 151-S  
300 SW 10th St. ▪ Topeka, Ks 66612  
Office – (785) 296-6287 Home – (316) 259-9505  
[kevin.jones@house.ks.gov](mailto:kevin.jones@house.ks.gov)  
Home Address: 416 E. 7th St., Wellsville, KS 66092

### Jene Vickrey, District 6

Kansas State Capitol, Room 276-W  
300 SW 10th St. ▪ Topeka, Ks 66612  
Office – (785) 296-7748 Home – (913) 837-2585  
[jene.vickrey@house.ks.gov](mailto:jene.vickrey@house.ks.gov)  
Home Address: 502 South Countryside Drive, Louisburg, KS 66053

### Ken Corbet, District 54

Kansas State Capitol, Room 179-N  
300 SW 10th St. ▪ Topeka, Ks 66612  
Office – (785) 296-7679 Home – (785) 256-6400  
[ken.corbet@house.ks.gov](mailto:ken.corbet@house.ks.gov)  
Home Address: 10351 SW 61st, Topeka, KS 66601

### Blaine Finch, District 59

Kansas State Capitol, Room 519-N  
300 SW 10th St. ▪ Topeka, Ks 66612  
Office – (785) 296-7655 Home – (785) 242-6400  
[blaine.finch@house.ks.gov](mailto:blaine.finch@house.ks.gov)  
Home Address: 5 SW Fairview Dr., Ottawa, KS 66067

### Eric L. Smith, District 76

Kansas State Capitol, Room 167-W  
300 SW 10th St. ▪ Topeka, Ks 66612  
Office – (785) 296-7557 Home - (620) 490-1458  
[eric.smith@house.ks.gov](mailto:eric.smith@house.ks.gov)  
Home Address: 627 Kennebec St., Burlington, KS 66839

## GOVERNOR'S OFFICE

### Governor Sam Brownback

Kansas State Capitol, Room 241S  
300 SW 10th St. ▪ Topeka, Ks 66612-1590  
785-296-3232 • 877-579-6757  
[governor@ks.gov](mailto:governor@ks.gov)

## SECRETARY OF THE KANSAS

## DEPARTMENT FOR AGING AND DISABILITY SERVICES

### Tim Keck

Kansas Department for Aging and Disability Services  
New England Building • 503 S. Kansas Ave. • Topeka, KS 66603-3404  
785-296-4986 • 800-432-3535  
[tim.keck@kdads.ks.gov](mailto:tim.keck@kdads.ks.gov)

# Federal Legislators for East Central Kansas Service Area

## US SENATE

### Senator Jerry Moran

[Moran.senate.gov/public](http://Moran.senate.gov/public)  
Dirksen Senate Office Building  
Rom 521  
Washington, D.C. 20510  
Phone: (202) 224-6521  
Fax: (202) 228-6966

### Senator Pat Roberts

[Roberts.senate.gov/public](http://Roberts.senate.gov/public)  
109 Hart Senate Office Building  
Washington, DC 20510-1605  
Phone: (202) 224-4774  
Fax: (202) 224-3514

## US CONGRESS

### House of Representatives

### Representative Lynn Jenkins

[Lynnjenkins.house.gov](http://Lynnjenkins.house.gov)  
3550 SW 5th Street  
Topeka, KS 66606  
Phone: (785) 234-LYNN (5966)  
Fax: (785) 234-5967

### Representative Kevin Yoder

[Kevinyoder.house.gov](http://Kevinyoder.house.gov)  
7325 W. 79th St.  
Overland Park, KS 66204  
Phone: (913) 621-0832  
Fax: (913) 621-1533

## Silver Haired Legislators 2017-19

### East Central Kansas Area Agency on Aging

#### Anderson

Clarence Hermann  
424 W. 10th Street  
Garnett, KS 66032  
785-448-1670  
[wilmamc31@embarqmail.com](mailto:wilmamc31@embarqmail.com)

#### Coffey

Bill Otto  
102 9th  
LeRoy, KS 66857  
620-964-2355  
[billotto@yahoo.com](mailto:billotto@yahoo.com)

#### Franklin

David J. Hood  
1119 N. Hickory  
Ottawa, KS 66067  
785-242-5889  
[flames302@att.net](mailto:flames302@att.net)

#### Linn

Jane Wade  
23497 Maddox Rd.  
Fontana, KS 66026  
913-757-2275  
[jwade@peopletelecom.net](mailto:jwade@peopletelecom.net)

#### Miami

Charles Brand  
38768 Crescent Hill Road  
Osawatomie, KS 66064  
913-256-2741  
[c\\_r\\_brand@yahoo.com](mailto:c_r_brand@yahoo.com)

#### Osage

Earl Detwiler  
1005 Elm Street  
Lyndon, KS 66451  
785-213-1886  
[Broffermoon@gmail.com](mailto:Broffermoon@gmail.com)



**\$995<sup>00</sup>**  
Simple Cremation

Family Owned and Operated Since 1946

4926 Johnson Drive  
Shawnee Mission, Kansas 66205  
913.384.5566

92923

[www.CremationCenterKC.com](http://www.CremationCenterKC.com)

## Garnett Housing Authority



### Parkside Place I & II

Roomy one-bedroom apartments furnished with a stove, refrigerator, carpeting, drapes and UTILITIES INCLUDED. Locked outside doors for added security. Subsidized rent for qualified seniors 62 and older.

### Park Plaza North

Independent Senior Living for ages 55 and older. Worry-free, maintenance free. Utilities, lawn care and snow removal are included in rent. No income qualifications.



Call TODAY for your complimentary consultation and tour! (785) 448-6990



### ◆ Garnett Housing Authority ◆

◆ 116 Park Plaza North ◆ Garnett, Kansas 66032 ◆  
785.448.6990 ◆ Email: [garnetthousing@embarqmail.com](mailto:garnetthousing@embarqmail.com)

Owned and operated by the City of Garnett

# Caregiver's Corner



## Eight Tips to Managing Caregiver Guilt

by Dr. Vicki Rackner, MD

[https://caregiver.com/articles/managing\\_caregiver\\_guilt/](https://caregiver.com/articles/managing_caregiver_guilt/)

Guilt is a common feeling in the landscape of caregiving. Guilt can propel you to be the best you can be...or it can immobilize you.

For caregivers, painful feelings — such as guilt, sadness and anger — are like any other pain. It's your body's way of saying, "Pay attention." Just as the pain of a burned finger pulls your hand from the stove, so, too, guilt guides your actions and optimizes your health.

You have a picture of the "Ideal You" with values you hold and how you relate to yourself and others. Guilt often arises when there's a mismatch between your day-to-day choices and the choices the "Ideal You" would have made. The "Ideal You" may be a parent who attends all of the kids' soccer games. Miss a game to take your dad to the doctor, and you think you're falling short.

You may have needs out of line with this "Ideal You." You may believe that your own needs are insignificant, compared to the needs of your sick loved one. You then feel guilty when you even recognize your needs, much less act upon them. A mother may ask herself, "How can I go out for a walk with my kids when my mother is at home in pain?" (A hint for this mother: she can give more to her mother with an open heart when she takes good care of herself.)

You may have feelings misaligned with the "Ideal You." Feeling angry about the injustice of your loved one's illness? You might even feel angry at your loved one for getting sick! Recognizing those feelings can produce a healthy dose of guilt. Yes, you may even feel guilty about feeling guilty.

"Why did my loved one get sick?" you may ask. Perhaps, if the "Ideal You" acted more often, your loved one would be healthy. What if you served more healthful meals? What if you called 911, instead of believing your husband when he said his chest pain was just "a little heartburn"?

If you're the kind of person prone to guilt, learn to manage guilt so that guilt serves you rather than imprisons you. Here are eight tips for managing your caregiver guilt:

Recognize the feeling of guilt: Unrecognized guilt eats at your soul. Name it; look at the monster under the bed.

Identify other feelings: Often, there are feelings under the feeling of guilt. Name those, too. For example, say to yourself: "I hate to admit this to myself, but I'm resentful that Dad's illness changed all of our lives." Once you put it into words, you will have a new perspective. You will also be reminding yourself of how fortunate you are to have what it takes to take care of loved one."

Be compassionate with yourself: Cloudy moods, like cloudy days, come and go. There's no one way a caregiver should feel. When you give yourself permission to have any feeling, and recognize that your feelings don't control your actions, your guilt will subside.

Look for the cause of the guilt: What is the mismatch between this "Ideal You" and the real you? Do you have an unmet need? Do you need to change your actions so that they align with your values?

Take action: Meet your needs. Needs are not bad or good; they just are. If you need some time alone, find someone to be with your loved one.

Change your behavior to fit your values: For example, Clara felt guilty because her friend was in the hospital and she didn't send a card. Her guilt propelled her to buy some beautiful blank cards to make it easier for her to drop a note the next time.

Ask for help: Call a friend and say, "I'm going through a hard time. Do you have a few minutes just to listen?" Have a family meeting and say, "Our lives have been a lot different since grandma got sick. I'm spending more time with her. Let's figure out together how we'll get everything done."

Revisit and reinvent the "Ideal You": You made the best choices based on your resources and knowledge at the time. As you look to the future, you can create a refined vision of the "Ideal You." What legacy do you want to leave? What values do you hold dear? Then, when you wake up in the morning and put on your clothes, imagine dressing the "Ideal You." Let this reinvented "Ideal You" make those moment-to-moment choices that create your legacy.

Understand that you will be a more effective caregiver when you care for the caregiver first. Loved ones neither want nor expect selfless servants. As a caregiver, when you care for yourself, you increase and improve your own caring. Yes, guilt is part of caregiving, but this guilt can help you become the caregiver you and your loved one want you to be.

## Protect Yourself and Your Loved Ones

Needing information on how to protect yourself or your loved one from financial abuse, identity theft, or physical abuse and neglect?

The East Central Kansas Area Agency on Aging has brochures, bookmarks, and tip sheets to help promote prevention strategies and to provide information on reporting measures.

We would be happy to present to your group or to provide you with some literature to use.

Call Leslea at 785-242-7200 or 1-800-633-5621.

*Caring about others,  
running the risk of feeling,  
and leaving an impact on people,  
brings happiness.*

—Harold Kushner, Rabbi



## Caregiver Support Group Opportunities

If you are 60 and over, and a caregiver; or if you are caring for someone 60 and over—join others who are caregivers at one of these locations!

### Anderson County Support Group

4th Monday of each month, 1-2PM

Park Plaza North Club House - 105 Park Place North, Garnett, KS

Facilitators: SEKMH & ECKAAA

### Franklin County Support Group

2nd Tuesday of each month, 2-3PM

East Central Kansas Agency on Aging - 117 South Main, Ottawa, KS

Facilitators: Diane Sadowski & ECKAAA

### Miami County Support Group

3rd Tuesday of each month, 6-7PM

Elizabeth Layton Center - 2595 SW 327th St, Paola, KS

Facilitators: Barbara Cordts & ECKAAA

### Osage County Support Group

4th Thursday of each month, 1-2PM

Osage City Library - 515 Main, Osage, KS

Facilitators: Crosswinds & ECKAAA

### Linn County Cup of Necessity with Shannon Ocsody

3rd Monday of Each Month, 11am-Noon

Mound City Library - 630 W. Main Street, Mound City, KS

### Coffey County Cup of Necessity with Shannon Ocsody

2nd Thursday of each month. 12:30-1:30pm

Burlington Public Library - 410 Juniatta Street, Burlington, KS

If you have questions about any of our caregiver activities - please call **Shannon** at 1-800-633-5621 OR 1-785-242-7200

## Transportation Services by County

### Anderson County

Anderson County Public Transportation

785-448-6480

Contact: Patty Ramsey

### Osage County

Osage County Public Transportation

785-528-4906

Contact: Stephanie or Nancy

### Franklin County

Franklin County Public Transportation

785-242-7440

Contact: RaJeanna Barnhart

### Coffey County

Coffey County Public Transportation

620-364-1935

Contact: Kara Reynolds

### Miami County

Louisburg Senior Center

913-837-5113

Paola Senior Center

913-294-4630

Osawatomie Senior Center

913-755-4786

The JO Bus

(913) 715-8267 OR (816) 221-0660

### Linn County

Linn County Public Transportation

913-795-2279

Contact: Mell Bowling or Jess

Mercy Hospital Transportation

800-642-0073

Locations: Mound City, Prescott, Pleasanton

\*For medical procedures at Ft. Scott

SEK-CAP Transportation

620-724-3294 - Frank

620-223-9391 - Maryann Post



ANGELS CARE HOME HEALTH PROVIDES

## Tips *on* How to Protect Seniors Against Dehydration



### Am I dehydrated?

This is a common question we hear from many people around the community. The best defense against dehydration is prevention, but understanding the symptoms is the key factor in protecting you against dehydration. Angels Care Home Health in Ottawa is committed to keeping our patients and the communities we serve healthy. Summer is here, so to help you be prepared to “Beat the Heat” and know what actions to take, Angels Care Home Health provides the following helpful information and prevention tips:

### What Does Hydration Mean?

The hydration status of a person refers to their body water balance. Dehydration occurs when people don't have enough fluid in their bodies. Many older people have problems with dehydration. Dehydration is a serious problem and can result in death if it is not taken care of, but dehydration is very easy to prevent.

### Physical Changes that Affect Hydration

The ability to feel thirst lessens with age so seniors may not realize when they need to drink more. Seniors may find they have to use the bathroom more often so they are losing more fluid. In the aging process, people's bodies start losing muscle and gaining fat. Muscle holds water but fat does not, so as a person ages their body water decreases. Medications that increase urination or help constipation can also cause dehydration.

### Tips for Staying Hydrated

- Don't wait until you are thirsty to drink; by this time you are already dehydrated.
- Carry a water bottle with you and drink from it regularly.
- Drink at least eight cups of water every day.
- Keep a full water bottle in the refrigerator door and take a drink every time you open the refrigerator.
- Drink extra in extreme heat to replace the water lost from sweating.

- Start and end the day with a cup of water.
- Do not replace water with alcohol or caffeinated drinks.
- Know the symptoms of dehydration

### Symptoms of Dehydration

#### First Symptoms:

- Thirst
- Dry mouth
- Dark yellow urine
- Fatigue
- Irritability

**Action:** Drink water



#### Life Threatening Symptoms:

- Dizziness
- Feeling of blacking out when sitting up or standing
- Confusion
- Muscle weakness or cramps
- Sunken eyes
- Low blood pressure
- Increased heart rate

**Action:** Go to the ER or contact your physician right away. Most seniors are unprepared for the health implications of Summer, specifically the changes that can occur from dehydration. Contact Angels Care Home Health in Ottawa about how we can help you stay healthy this Summer, or the benefits of home health care service at 785-242-3100 or visit us at [angelscarehealth.com](http://angelscarehealth.com).

## TRANSITION TO NEW MEDICARE NUMBERS AND CARDS

### Why are new medicare cards with new numbers being issued?

The law has been changed and it requires the removal of all Social Security numbers from Medicare cards by April of 2019. A new unique number will be assigned to each beneficiary. The measure is being taken to help prevent identity theft and the illegal use of Medicare benefits.

### When will the new medicare cards come out?

New cards will begin to be mailed in April of 2018. Each state has a target date for the process to begin and Kansas is slated to have cards begin to be mailed after June of 2018. However, anyone new to Medicare beginning in April 2018 will have the new card only. Mailing schedules will be announced for each state and local outreach will occur before cards are due to arrive in any geographic area.

### What do i need to do to get my new card?

Nothing. Medicare has your information and you will be included in the mailing for Kansas as it occurs. There will be a transition period for providers to get billing services facilitated for the new cards and during this time you may be identified by your old Medicare card ID (social security number) and your new Medicare card ID (unique number assigned to you). This transition period will end on December 31, 2019.

Make sure your current address is on file with Medicare. If you need to update this information you will need to contact the Social Security Administration at 1-800-772-1213 or go online to [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount).

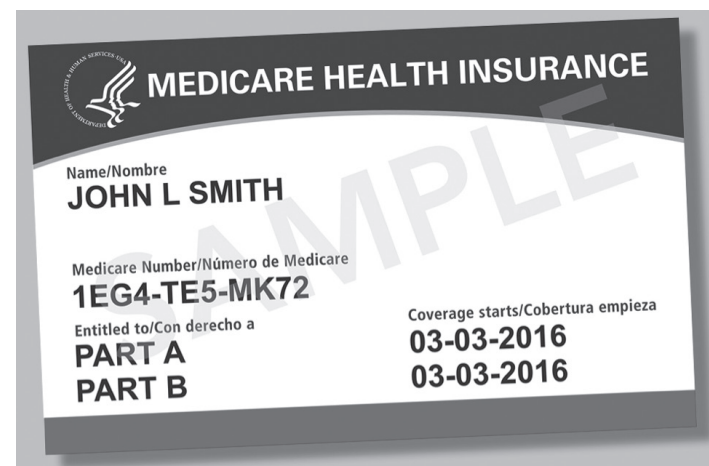
### Will there be any other changes to the card?

Your Medicare card will have a new ID number, but the other information will be the same.

### Will my medicare supplement, drug plan or advantage plan have a new number too?

No, your Medicare Advantage, Medicare drug plan or Medicare Supplement plan will continue to assign their own identifying numbers on their cards.

**Questions:** call the East Central Kansas Area Agency on Aging, 785-242-7200 or 800-633-5621



## East Central Kansas Aging and Disability Resource Center

*Serving - Anderson - Coffey - Franklin - Linn - Miami - Osage*

*...helping older Kansans and their families*

117 S. Main • Ottawa, KS 66067

800-633-5621 or 785-242-7200

[www.eckaaa.org](http://www.eckaaa.org)



**24-Hour Phone Service • (785) 242-7200**  
**Kansas Toll-Free Number • 1-800-633-5621**

Funded Under The Older Americans Act  
Through The Kansas Department On Aging.

## ADULT PROTECTIVE SERVICES ABUSE, NEGLECT, EXPLOITATION

1. In the Community - 800-922-5330
2. In Adult Care Home - 800-842-0078
3. In S.R.S. Facility - 800-221-7973



## Money Matter\$

Ryan Henningsen  
Financial Advisor  
Edward Jones  
www.edwardjones.com

### Take Steps to Control Your Investment Taxes

Tax Season is finally over. Of course, how much you pay in taxes depends on a variety of factors, many of which you can't control. But you might give some thought to how you can manage your investment-related taxes.

Here are some suggestions to consider:

- *Contribute to your employer's retirement plan.* If your employer offers a 401(k) or similar plan, such as a 403(b) or 457(b), contribute as much as you can afford. The more pre-tax dollars you put in to your retirement plan, the lower your taxable income. Your employer also may offer a Roth 401(k) option, under which you invest after-tax dollars, so your annual income won't be lowered and your withdrawals will be tax-free.
- *Contribute to an IRA.* Even if you have a 401(k) or similar plan, you may still be eligible to contribute to an IRA. With a traditional IRA, your contributions maybe fully or partially deductible, depending on your income level; with a Roth IRA, contributions are not deductible, but your earnings can grow tax-free, provided you've had your account at least five years and you don't start taking withdrawals until you're 59½.
- *Follow a "buy-and-hold" strategy.* You can't control the price movements of your investments, but if you do achieve gains, you can decide when to take them –and this timing can make a substantial difference in your tax situation. If you sell investments that you've owned for one year or less and their value has increased, you may need to pay capital gains taxes at your personal income tax rate, which, in 2018, could be as high as 37 percent. But if you hold investments for more than one year before selling them, you'd be assessed the long-term capital gains rate, which is 0, 15 or 20 percent, or a combination of those rates.
- *Consider municipal bonds.* If you're in one of the higher tax brackets, you may benefit from investing in municipal bonds. The interest on these bonds is typically free of federal taxes, and possibly even state and local taxes. Interest from some types of municipal bonds may be subject to the alternative minimum tax (AMT). However, because of the new tax laws, the AMT exemption amounts were increased significantly.

You might be wondering what these new laws mean to investors. In terms of your regular investment activities, the effect might not be that significant. The tax brackets for qualified dividends and capital gains – such as those realized when you sell stocks – will remain about the same. This means that most investors will continue to pay 15% to 20% on long-term capital gains and dividends. Consequently, the new tax laws shouldn't really affect you much in terms of your decisions on buying and selling stocks or investing in companies that may pay dividends. Of course, it's still a good idea to consult with your tax advisor on how the totality of the new laws will affect you.

Ultimately, your investment decisions shouldn't be driven only by tax implications – nonetheless, it doesn't hurt to take steps to become a tax-smart investor.

*This article was written by Edward Jones for use by your local Edward Jones Financial Advisor.*



# For Your Info

## Farmer's MARKET Voucher Program

By Elizabeth Maxwell

Ottawa, KS – Low-income Kansas seniors may be eligible for a program that provides checks to purchase fresh, unprocessed fruits and vegetables and honey at farmers markets throughout the state.

The Kansas Senior Farmer Market Nutrition Program (KSFMNP) is providing low-income seniors who meet age and income requirements with \$30 in checks to purchase fresh fruits, vegetable, herbs, and honey from authorized farmers at local participating farmers markets June 1 through Nov. 1. Checks are available in \$5 increments.

To be eligible to receive KSFMNP checks, the following criteria must be met:

1. Age: A senior must be 60 years old or older on the day the money is issued
2. Income Level: A senior's annual gross household income (before taxes are withheld) must be at or below 185% of the federal poverty level. For example, a household of one must have an annual gross income at or below \$22,459 or a monthly gross income at or below \$1,872.

Applications for the Kansas Senior Farmers Market Nutrition Program will be available starting on Wednesday, June 6th, 2018 at the East Central KS Area Agency on Aging, 117 S. Main, Ottawa, KS. Seniors may apply on-site from Monday-Friday 8:30am to 4:30pm.

Funds are limited and benefits will be provided on a first-come, first-serve basis. For more information about the Kansas Senior Farmers Market Nutrition Program, call East Central KS Area Agency on Aging, 785-242-7200.

Eligible foods to purchase with the KSFMNP checks from authorized farmers at participating farmers markets are defined as "fresh, nutritious, unprepared, locally grown fruits, vegetables, locally produced honey and herbs for human consumption that are produced in Kansas under normal growing conditions."

The Senior Farmers' Market Program is a project of the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS). The program is coordinated by the Kansas Department of Health and Environment (KDHE), which is collaborating with local partners to identify and distribute checks to eligible seniors.

#### East Central Kansas Farmers Markets:

##### ANDERSON COUNTY

###### *Garnett Farmers Market*

Thursday's 4:30-7:00pm  
(May-October)  
Main Street between 4th Avenue & 5th

##### MIAMI COUNTY

###### *Paola Farmers Market*

Saturday's 7:30am-11:00am  
Park Square Downtown Paola  
(May 19-September 1;  
No Market June 9 or August 25)

##### COFFEY COUNTY

###### *Coffey County Farmers Market*

Friday's 3:00-6:00pm (May-October)  
North of US 75 and Neosho stoplight,  
Burlington

##### *Osawatomie Farmers Market*

Saturday's 7:00am-12:00pm  
Main at 6th and Brown  
(Opens late June)

##### FRANKLIN COUNTY

###### *Ottawa Farmers Market*

Saturday's  
8:00-12:00pm &  
Wednesday's 4:00-6:00pm  
(May-October)  
Orscheln Farm and Home Parking Lot

##### *Spring Hill Farmers Market*

Saturday's 7:30am-12:00pm  
Spring Hill Elementary Parking Lot

##### *Pomona Farmers Market*

Saturday's 8:00am-12:00pm  
(May 5th-October)  
Dollar General Parking Lot

##### *Wellsville Farmers Market*

Saturday's 8:00am-12:00pm  
Saddle Club Park on 10th Street.



**Are you having difficulties resolving your  
KanCare/Medicaid issues?**

AD ASTRA PER ASPERA

# KanCare

## Ombudsman

**HERE TO ASSIST YOU**

1(855) 643-8180 [kancare.ombudsman@ks.gov](mailto:kancare.ombudsman@ks.gov)  
[www.kancare.ks.gov/kancare-ombudsman-office](http://www.kancare.ks.gov/kancare-ombudsman-office)

# Nutrition

It's been a busy summer here at MANP and we have some special visitors in town training and cooking food in our kitchen from Forward Food! Staff traveled here to Kansas from both Atlanta and Sarasota (my home town) to talk about offering plant based choices and to initiate a Meatless Mondays National Campaign with Meals on Wheels and Ottawa University international students. We are looking to partner with other organizations and have our Forward Food pilot started by the end of July 2018. We're also looking to utilize more university students at our various sites by partnering with local universities to offer service learning capstone experiences with our seniors at our congregate meal sites.



Angie Logan

<https://forwardfood.org>



## Quitting Smoking for Older Adults

If you're older, you may wonder if it's too late to quit smoking. Or you may ask yourself if it's even possible to quit at your age, especially if you've tried more than once and haven't been successful. Although it can be challenging to quit when you're older, there are proven ways to do it. **You CAN be successful.**

### Many Older Smokers Want To Quit

Most older adults who smoke know that it's not good for them. For years, they have heard that smoking can cause many serious health problems, including cancer. They know that quitting would lead to many improvements in their life. If they quit, they know they could likely have more money, less coughing, better smelling breath, fewer wrinkles, and more energy. They would also reduce their risk of heart attack, stroke, bronchitis, and cataracts, among other diseases.

### It's Never Too Late

If you are like most smokers 50 and older, you probably have tried to quit before. You might think that you will quit someday, or maybe you think that it is too late for you to quit. But it's never too late to quit. Quitting has benefits at all ages.

If you have health problems, then many of your symptoms, your quality of life, and your future health will start improving almost immediately if you quit now. For example,

- 20 minutes after quitting, your heart rate drops to more normal levels.
- 12 hours after quitting, the carbon monoxide level in your blood returns to normal.
- 2 weeks to 3 months after quitting, your heart attack risk begins to drop and your lung function begins to improve.
- 1 to 9 Months After Quitting  
Your coughing and shortness of breath decrease.
- 1 Year After Quitting  
Your added risk of coronary heart disease is half that of a smoker's.
- 5 Years After Quitting  
Your stroke risk is reduced to that of a nonsmoker's 5-15 years after quitting.
- 10 Years After Quitting  
Your lung cancer death rate is about half that of a smoker's.  
Your risk of cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases.
- 15 Years After Quitting  
Your risk of coronary heart disease is back to that of a nonsmoker's.

If you've been diagnosed with a significant health problem, quitting smoking makes it more likely the treatment will be successful and that you'll have fewer side effects.

### Challenges for Older Adults

There are a few reasons why it can be difficult for an older person to quit. You may have tried to quit more than once before, but were not successful. If you weren't able to quit before, you already know how hard it can be. You may feel too discouraged to try again.

Also, for someone who has been smoking a long time, smoking has become so much a part of everyday life that it is hard to let it go. It may feel like you're saying goodbye to a friend.

Another reason is that nicotine, the main drug in cigarettes, is very addictive, and this makes it very hard for a smoker to quit. One of the biggest challenges that most smokers face for the first couple of weeks after they quit smoking is getting through the withdrawal symptoms.

### Reasons Older Smokers Have Quit

Many former smokers who are 50 and older say that their main reason for quitting was for their health or due to their doctor's advice. Another common reason smokers quit is to be in control of their lives and to be free from cigarettes. A lot of former smokers also said that pleasing or helping a loved one was a big part of their decision to quit. These all are good reasons. The most important reasons for quitting are the ones you decide on for yourself.

### Life Experience May Help

Older adults have strengths that can help them quit. Over their lifetimes, they have had lots of experience accomplishing difficult tasks. At this point in their lives, they are likely to be better prepared to take on the challenge of quitting smoking than when they were younger. They know quitting is tough, and they know it won't be easy, so once they decide to try again, they may be more willing to work at it to make sure they succeed.

### You Can Be Successful

There are challenges in trying to quit smoking no matter what your age, but people quit smoking every day, and many of those who quit are 50+.

The tips and strategies in this health topic are designed to help older adults who have tried to quit in the past as well as those who are trying for the first time. Use them. They can help you quit for good.

You can also check out SmokeFree 60Plus, a quit-smoking website for older adults from the National Cancer Institute.

Source: <https://nhs.uk/health/quit-smoking/when-youre-older/01.html>

## PSA – Vaccine Clinics this Fall!

June 2018

### Ottawa- The East Central Kansas Aging and Disability Resource Center

The East Central Kansas Aging and Disability Resource Center will be hosting a vaccine clinic with the help of the Walgreens Pharmacy located in Ottawa, KS.

#### Two types of clinics will be held:

Tuesday, August 7th, 2018 from 9am-Noon – Shingles & Pneumonia Clinic

Wednesday, September 5th, 2018 from 9am-Noon – Flu Shot Clinic

A reservation is required to attend either of the clinics. Walgreens will contact you after a reservation has been made to obtain your insurance info and any other pertinent information. Walgreens Pharmacy will also tell you the cost of your vaccine before ever receiving it (Most people on Medicare will receive the pneumonia and flu vaccine for free; the shingles shot will be covered by most prescription drug plans). The shingles vaccine is recommended for anyone over the age of 50. Flu and Pneumonia Vaccine is recommended for all ages.

If you do not have any form of insurance, you may still participate by utilizing the Walgreens Pharmacy cash price. After reserving your spot, the pharmacy will contact you with pricing.

The clinics will be held at the East Central Kansas Aging and Disability Resource Center located at 117 S. Main Street, Ottawa, KS 66067.

To make a reservation, please call the agency at 785-242-7200.

## KS COMMISSION on VETERANS' AFFAIRS

Contact your representative by mail or phone.

**Anderson & Linn Counties - 620-331-0540**  
200 Arco Place, Rm. 421, Box 117,  
Independence, KS 67301

[VSR003.ink.org](http://VSR003.ink.org)

**Coffey & Osage Counties - 620-342-3347**  
Kress Center, Suite 1D, 702 Commercial St.,  
Emporia, KS 66801

[VSR006@cableone.net](mailto:VSR006@cableone.net)

**Franklin & Miami Counties - 785-843-5233**  
745 Vermont, Lawrence, KS 66044

[VSR012@sunflower.com](mailto:VSR012@sunflower.com)

This is a free service to assist veterans and their dependents with veteran service work.

# Knowledge for Life

By Rebecca McFarland

## The Opioid Epidemic: What You Need to Know



According to the Centers for Disease Control, the amount of prescription opioids dispensed in the United States, nearly quadrupled from 1999 to 2005. However, there has been no verifiable change in the amount of pain that Americans report. Along with the increased prescribing rates has come a dramatic increase in prescription opioid misuse, abuse, overdoses and deaths.

Opioids are a class of drugs that include powerful prescription pain relievers such as oxycodone, codeine, morphine, and fentanyl – and the illegal drug heroin. Opioids are addictive and work by binding to opioid receptors on nerve cells in your brain to relieve pain and produce a pleasurable effect. Natural pain relievers, such as endorphins are produced in the body, although the body cannot produce enough to mask severe or chronic pain or cause an overdose. Exogenous opioids (those not created in the body such as heroin and prescription opioids) mimic the endorphins that the body creates, but have many differences that increase the risk for abuse, addiction, and overdose. Legal and illegal opioids activate the brain’s reward system (a neurotransmitter called dopamine) and produce a pleasurable, euphoric feeling, or “high”. This euphoric feeling can lead individuals to repeatedly abuse and become addicted to opioids.

Besides the risk of abuse, addiction, and overdose, prescription opioids can have numerous side effects (even when taken as prescribed), such as:

- Abnormal pain sensitivity (opioid-induced hyperalgesia)
- Sleepiness and dizziness
- Nausea, vomiting, and dry mouth
- Severe constipation
- Physical dependence – experiencing withdrawal symptoms when you stop taking the medication
- Psychological dependence – the mental desire for medication or substance
- Tolerance – needing more of the medication to achieve the same pain relief
- Respiratory depression – slow or shallow breathing that can be life threatening

The side effects of opioids are similar for people of all ages, but older adults are at a greater risk for experiencing these side effects given the natural aging process and the fact that many older adults take multiple medications a day.

To avoid opioid misuse and overdose:

- Do not take more medication than what is prescribed
- Do not take other people’s prescriptions

- Do not mix opioids with alcohol, antianxiety medications, muscle relaxants, sleep aids, and other opioids.
- Be proactive in addressing pain. Experts suggest exploring various methods of alleviating pain, such as over-the-counter pain medications, exercise, or alternative therapies.

To prevent theft and accidental exposure, opioid medications should be stored securely and preferably locked up. The National Safety Council recommends treating opioids medications as you would a firearm:

- Choose a location that cannot be reached and is out of sight from children and visitors.
- It is highly recommended to store your medication in a lock box or a locked medicine cabinet.
- Do not leave medications on countertops, nightstands, or other noticeable locations that can be easily accessed by others.
- Return medications to a secure location after every use.
- Be safe at work or while traveling by using locking travel medication cases.

When you are finished with an opioid prescription, it is important to dispose of it promptly and safely. Do not keep unused medications for later use. Before you dispose of a medication, it is important to destroy the label so that you do not become a target for opioid-related break-ins. Preferred methods of medication disposal are:

1. Follow any specific disposal instructions on the prescription bottle.
2. Locate a local drop-off location. Call the local police department, health department, or K-State Research and Extension office. Watch for local take-back events that allow the public to bring unused medications to a central location for proper disposal.
3. Purchase a medication disposal bag from a local pharmacy or another retailer. Some communities give disposal bags away as a part of their local initiative. Check with the local health department, sheriff or police department.
4. Remove the medication from its original container and mix it with an undesirable substance (kitty litter or dirt). Place the mixture in a sealable bag and dispose of it in regular household trash.

The misuse of opioids is a serious national crisis that is putting millions of lives at risk. If steps are not taken to curb the crisis, more lives will be lost, life expectancy will continue to decrease, and the burden of addiction will be placed upon future generations. Take a proactive role in the fight against the opioid crisis.

### SAVE THE DATE

#### WHAT: LINN COUNTY HEALTH FAIR



WHEN: FRIDAY, OCTOBER 26TH, 2018  
 WHERE: FIRST BAPTIST CHURCH (8424 PAINE ROAD, MOUND CITY, KS)  
 TIME: 9AM-NOON  
 BINGO, GIVEAWAYS, FLU SHOTS, FREE HEALTH SCREENINGS, AND MORE!



### LOW VISION SUPPORT GROUP

AUGUST 2018 - DATE TBD  
 CALL 785-242-7200 FOR TIME AND DETAILS!



Quality. Compassion.

## Sunset Manor

Long-term Care Division of Coffey Health System



Exceptional care.

### Sunset Manor in Waverly RANKS #2 among 33 Kansas nursing homes

When choosing long-term care for your loved one, why look anywhere else?

128 S. Pearson, Waverly  
 (785) 733-2744  
 www.coffeyhealth.org

Ranking based upon 13 nationally endorsed quality measures. Kansas Foundation for Medical Care



# TURNING 65 AND MARKETPLACE INSURANCE

**What is the consequence to Medicare beneficiaries who turn 65 and enroll in Medicare A but not Medicare B because they have Marketplace insurance?**

In general, if you do not enroll in Medicare during your Initial Enrollment Period (IEP), you must wait for the General Enrollment Period (GEP) to sign up for Medicare. The GEP runs January 1 through March 31 of each year, and if you enroll during this period, your Medicare benefits will start on July 1. This means that you may experience gaps in coverage. You will also likely have a late enrollment penalty for not signing up for Medicare when you were first eligible.

You will likely have to use the GEP to enroll in Medicare if (a) you kept your Marketplace plan and did not enroll in Medicare when you were first eligible, or (b) you enrolled in premium-free Part A and kept your Marketplace plan when you became eligible for Medicare. You will likely have to use the GEP to enroll in Medicare Part B.

Currently, you may be able to request time-limited equitable relief to enroll in Part B outside of the GEP. Time-limited equitable relief is a process you can use to enroll in Part B and/or eliminate a Part B late enrollment penalty (LEP). You may be eligible to request time-limited equitable relief if you delayed Medicare Part B enrollment while you had a Marketplace plan.

For example, maybe you enrolled in Medicare Part A and declined Part B when you first became eligible for Medicare because your Marketplace plan with cost assistance was cheaper than Part B. You may not have realized that you were supposed to sign up for Medicare and that you would lose your cost assistance because of your Medicare eligibility. In some instances, you may have continued to receive cost assistance even after enrolling in Part A. In other situations, you may have faced Marketplace plan coverage problems once your plan realized that Medicare should be covering costs. For example, the Marketplace plan may have stopped paying primary for your health costs.

Time-limited equitable relief is a limited process that allows you to either (a) enroll in Medicare Part B without penalty, or (b) eliminate or reduce your Part B LEP if you are already enrolled in Part B but had delayed enrollment when you had a Marketplace plan.

In order to qualify for time-limited equitable relief, you must be enrolled in premium-free Part A and (a) have an Initial Enrollment Period (IEP) that began April 1, 2013 or later, or (b) have been notified of retroactive premium-free Part A on October 1, 2013, or later.

To request time-limited equitable relief you will need to contact the Social Security Administration or visit a local Social Security office and ask to use time-limited equitable relief to enroll in Part B and/or eliminate your Part B LEP. You should bring proof that you are enrolled in a Marketplace plan, like a recent premium bill. If you received a letter about being enrolled in Medicare and a Marketplace plan, you can also bring that letter as proof. The opportunity to request time-limited equitable relief lasts until September 30, 2018.

If you think you are eligible to use time-limited equitable relief, please contact the Medicare Rights Center’s national helpline at 800-333-4114 for further assistance.

Medicare Rights Center, 2018

Risk of Falling for a Medicare Card-Replacement Scam High

# NEW MEDICARE SCAMS

by Dena Bunis, AARP, April 10, 2018



Sixty percent of those surveyed mistakenly believe they might have to pay for the revamped Medicare ID cards, making them vulnerable to scammers.

According to a new AARP survey, more than three-quarters of Americans over age 65 know little or nothing about the federal government’s initiative to replace their Medicare cards. And that makes them susceptible to scammers intent on taking advantage of the confusion.

Individuals new to Medicare are receiving the updated card, which displays a unique combination of 11 letters and numbers rather than a beneficiary’s Social Security number (SSN). Current beneficiaries will begin receiving their replacement cards next month.

AARP found that 60 percent of those surveyed mistakenly believe they might have to pay for the revamped cards. The new cards are free. And more than half of respondents said they might not be suspicious if they received a call — supposedly from Medicare — asking them to verify their SSNs as a prerequisite to getting a new card. Medicare officials have emphasized that they will never call beneficiaries about the cards, which are being mailed out by the Social Security Administration.

“The new Medicare cards are a step forward for fraud prevention, but con artists are working overtime on new ways to scam seniors,” says Nancy LeaMond, AARP’s chief advocacy and engagement officer.

Scammers posing as Medicare representatives have already been calling beneficiaries demanding a processing fee. Other fraudsters are telling beneficiaries that they are owed a refund from transactions on their old card and then asking for bank account information to process the reimbursement. Medicare will never ask an enrollee for a bank account number, and no refunds are owed.

AARP’s telephone survey reached 800 respondents and has a margin of error of plus or minus 3.5 percent.

AARP’s Fraud Watch Network provides more prevention tips and advice on card-replacement and other types of scams. Consumers can also sign up for “Watchdog Alert” emails to get regular updates on new scams.

## Upcoming Events

**Stepping On Fall Reduction Exercise Workshop:** 1pm-3pm - June 21 - August 2, 2018 @ (ECKAAA, Ottawa, KS)

**LaCygne Health Fair:** 9am-1pm - August 4th @ (LaCygne Public Library - 209 N Broadway St.)

**Coffey County Health Fair:** 9am-1pm - October 12th @ (Burlington Recreation Center, Burlington, KS)

**Linn County Senior Resource Fair:** 9am-Noon - October 26th @ (Mound City First Baptist Church - 8424 Paine Road, Mound City, KS)

Hosted by Senior Health Insurance Counseling for Kansas (SHICK)

### New to Medicare Seminars

**SHICK** July 11, 2018  
Senior Health Insurance Counseling for Kansas

October 10, 2018

**Location:** 117 S. Main Street, Ottawa, KS 66067  
**Time:** 10AM-NOON

*\$10 Registration Donation Fee per person is requested to attend.*

**CALL LESLEA ROCKERS AT 785-242-7200 OR 1-800-633-5621**

Need help paying for prescription drugs? You may qualify for help from Medicare! Extra help is available if you meet income guidelines. Our office has trained counselors available to assist you. To apply for Extra Help or to make a Medicare appointment with a counselor, call 785-242-7200.

Funded by the Older Americans Act through the Kansas Department on Aging and Disability Services.

East Central Kansas Area Agency on Aging  
Serving - Anderson - Coffey - Ford - Geary - Lincoln - Marshall - Miami - Shawnee - Wagoner - Woodson - Wyandotte

### You're Getting a New Medicare Card!

Medicare will mail new Medicare cards between April 2018 – April 2019. Your card will have a new Medicare Number instead of a Social Security Number.

Make sure your mailing address is up to date so you get your new card. Visit [ssa.gov/myaccount](http://ssa.gov/myaccount) or call 1-800-772-1213 (TTY: 1-800-325-0778) to correct your mailing address.

Visit [Medicare.gov](http://Medicare.gov) for the latest updates.

CMS  
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Product No. 12006 August 2017

# CDDO Corner

Amber Vogeler

## Community Development Disability Organization

Serving Coffey, Osage, and Franklin Counties

117 S. Main - Ottawa, KS 66067

(785) 242-7200 - fax: (785) 242-7202

## Long Term Supports and Services

Joint Position Statement of AAIDD and The Arc

### STATEMENT

Individuals with intellectual and/or developmental disabilities\* (IDD) deserve the opportunity for a full life in their community where they can live, learn, work, and socialize. To achieve this goal, they need a comprehensive, person-centered and directed, national system of appropriate high quality long-term supports and services (LTSS), with a reliable and immediately accessible funding source, including Medicaid, and a well-trained, fairly compensated workforce of providers and direct support professionals. Waiting must be eliminated.

### ISSUE

Many barriers remain to ensuring that people with IDD receive the long term supports and services they require to live a full life in the community.

#### *National Crisis of Unmet Needs*

The lack of a comprehensive community long term supports and services system is a national crisis requiring immediate national solutions. The patchwork of limited private LTSS options and the current public program are not designed to address or capable of meeting the demand for community-based LTSS for people of all ages. Individuals and families are forced to navigate a complex, frequently uncoordinated system of care including state-specific publicly funded services, limited supports funded by private pay and charitable giving, and often no clear path to assistance. Many individuals and families experience extraordinary stress due to lack of supports and services. Family caregivers play a critical role in providing services and supports. Almost a million Americans with IDD are living at home with a caregiver of retirement age. Relying on families to provide care cannot be a substitute for creating a national solution to ensure that everyone who needs LTSS receives them.

#### *Quality Supports and Services*

Many individuals with IDD have not had the opportunity or the support to make choices and decisions about important aspects of their lives. Ensuring that our system of LTSS is based on principles of self-determination, person-centered planning, and individualized supports is critical to having a system that supports people with IDD. Too often decisions about supports and services are based on availability and cost, not on a person-centered approach made independently of the self-interests of the funder and/or the provider of services. Many people either accept services and supports that are available, but inappropriate and/or inadequate, or receive no supports at all.

#### *Medicaid*

While Medicaid is the lifeline for individuals with IDD, it falls short of meeting their needs. Medicaid has been the major funding source for all LTSS for people with IDD. Today most LTSS for people with IDD are community supports and services; however, the institutional bias remains in the Medicaid program. To become or remain eligible for vital Medicaid LTSS, most people seeking services are forced to impoverish themselves and remain poor for a lifetime. To make matters worse, both federal and state policy makers have attempted to scale down the growth of Medicaid through regulatory and eligibility changes, budget cuts, and program changes designed to reduce costs rather than improve or expand services and supports. Increasingly states are shifting the management of LTSS to managed care organizations – a process that may result in more barriers to needed services.

#### *Direct Support Professionals*

The quality and effectiveness of LTSS for persons with IDD depend upon qualified providers of supports and services with necessary skills and training. Inadequate compensation hampers both recruitment and retention. Inadequate funding for training of direct support professionals (DSPs) and their supervisors, as well as lack of sufficient supervision, threatens health and safety.

### POSITION

A comprehensive system of LTSS must include the following:

#### *National Solution*

- An LTSS system must enable anyone of any age and disability to obtain LTSS when needed;

- The system must include private and public financing mechanisms because the obligation to provide LTSS is not just a personal responsibility but a shared, societal responsibility;
- The system must be sustainable so that people can count on getting what they need when they need it; and
- Individuals or their families should not be required to impoverish themselves to receive the supports and services they need to live.

#### *Quality Supports and Services*

- It is not only a choice but also a basic civil right that individuals have adequate and appropriate supports and services needed for them to live in the community;
- Individuals must have opportunities to design and direct their own services to the extent that they wish and with the assistance they need;
- Plans must be person-centered and based on the unique needs of the individual and accompanied by measured progress toward person-centered outcomes and flexible funding to meet changing circumstances;
- Services must be delivered promptly in the most integrated setting and with sufficient quality and quantity to meet individual needs; and
- Effective quality monitoring programs to measure the individual and systems outcomes of LTSS need to be in place in every state.

#### *Medicaid*

- Medicaid must remain a viable option for individuals who need LTSS and have no access to private insurance options;
- Medicaid programs must enable people to participate fully in their communities, experience a high quality of life and, as adults, achieve economic security and personal independence;
- Medicaid programs should fund person-centered community supports and services with continuing efforts to redirect Medicaid funding from institutional care to home and community-based supports;
- Medicaid funding must be portable across states and other political jurisdictions;
- Medicaid funding must provide for living wages and decent fringe benefits to direct support workers;
- Medicaid reform must preserve the individual entitlement and not simply shift costs to individual beneficiaries or states and must preserve consumer protections such as minimal cost-sharing, appeals and grievance procedures, and independent assessments;
- Medicaid reform must address waiting lists and unmet needs and the quality of service providers and staff; and
- Medicaid service delivery system redesign must be transparent and involve meaningful input of all stakeholders.

#### *Waiting Lists and Unmet Needs*

Individuals who need LTSS should not have to wait to receive them. Because there is an absence of a national system of LTSS, where waiting exists at the state level:

- Public systems must actively reach out to individuals and to families with unmet needs to make them aware of the process for obtaining LTSS and must maintain transparency until waiting is eliminated;
- People must receive crucial supports that assist them while they wait for the availability of or enrollment in comprehensive community supports and services; and
- Until waiting is eliminated, states must develop systems to prioritize delivery of services to individuals who are waiting for services on the waiting list to ensure that those experiencing emergencies (loss of caregiver, imminent threat of institutionalization) receive supports and services immediately.

#### *Direct Support Professionals (DSPs)*

- Wages, benefits, and professional development opportunities must increase for DSPs so as to attract and retain the workforce needed to fully support people living in the community;
- Competency-based training must be available to DSPs that covers the essential knowledge, ethical principles and practices, and skills necessary to provide direct support to individuals. DSPs must receive training in the philosophy of self-determination and the value of full inclusion and community participation of individuals;
- National, state, and local private and public entities must engage in policy initiatives to recruit, train, and retain a high quality direct support workforce;
- Individuals who wish to employ DSPs must have access to high quality information, technical assistance, and training;
- Federal and state quality assurance programs must assess and monitor DSP vacancy rates, recruitment and retention, and competence as part of licensure, in order to recognize positive performance and to direct assistance to those programs with unacceptable performance;
- States must utilize a system for criminal background checks for all public and private DSPs working in the state; and
- States must also develop and make available a list of individuals for whom abuse and neglect charges have been substantiated.

\*\*Adapted from American Association on Intellectual and Developmental Disabilities, 2018. <https://aaid.org/news-policy/policy/position-statements/long-term-supports-and-services#.WyPxxKdKiUk>

## NEWS from Kansas Legal Services

### Exciting Updates to the Mistreatment of an Elder Person Statute in Kansas

By Alexandra R. English

“Exciting” is a subjective term. Not many of you reading this would probably consider statutory changes to any statute to be exciting. But as an attorney who works with the older population on a daily basis, the changes to Kansas’ elder abuse statute are exciting to me. And here is why they should be to you, too.

The statute number to which I am referring is K.S.A. 21-5417. It outlines definitions and criminal penalties of what is considered abuse toward a dependent adult (someone over the age of 18 who is unable to protect the individual’s own interest) and an elder. In 2014, we were happy to have an elder abuse statute at all, but it was not perfect. On July 1, 2018, the next version of that statute goes into effect, and it fixes the problems of the previous statute. Below is a list of those problems with the previous statute, and how our Kansas legislature unanimously voted to address those issues this time around:

- 1) The 2014 statute defined an “elder person” as someone 70 years of age or older. I recall a conversation I had, after the 2014 bill passed, with someone who had testified before congress. He/She, who shall remain nameless, indicated that he/she believed the legislators were hesitant to go any lower than the age of 70 because they, themselves, may have been approaching 60, which was the age requested by those testifying before the Kansas legislature. He/She was only half kidding. Most other states use 60 in their elder abuse statutes. My own grant from the Area Agency on Aging allows me to assist older adults, starting at age 60. So, while the 2014 was an improvement over having no elder abuse statute at all, it was missing a large percentage of the population of elder persons, ages 60 through 69. The 2018 version of the statute has fixed that, and as of July 1, 2018, the definition of an “elder person” for the purposes of this statute “means a person 60 years or older.”
- 2) The 2014 statute gave additional protections to dependent adults that it did not give to elder persons. For example, the previous statute only considered it a crime for a defendant to take the financial resources of a dependent adult for the benefit of the defendant or another person by taking control financial resources of a dependent adult through undue influence without adequate consideration to such dependent adult. I suppose the thought process there was that if an elder also fit the definition of “dependent adult” then prosecutors could protect those elders under the dependent adult portion of the statute. In real life, however, a significant portion of the elder population was excluded.

I will use my own grandfather as an example. While my grandfather was still living alone in his own home, he thought he had been scammed because a monthly charge began appearing on his credit card. After some investigation, my father called the company and complained. The company very politely allowed my father to listen to the recorded audio of my grandfather agreeing and signing up for a very legitimate program that did save him money on prescription medications. My grandfather did not have any recollection of signing up for this. While this particular company was legitimate, there are other people in our community who look for targets, like my grandpa, who was still living alone, but whose memory was clearly slipping. Had a “bad guy” preyed upon my grandfather, he would not have been protected under this statute because he did not meet the definition of a dependent adult.

The good news is the 2018 statute has recognized this shortfall and now both dependent adults and elder persons are protected from a defendant “taking the personal property or financial resources for the benefit of the defendant.

- 3) The 2014 statute made a violation of the Kansas Power of Attorney Act and a violation of the Kansas Uniform Trust Code illegal, but the 2018 statute has improved upon that by also including “a violation of the act for obtaining a guardian or conservator, or both”. It makes sense that just as the same as it is illegal for your Power of Attorney to steal from you, it is also illegal for a Guardian. Instead of just having civil remedies available, criminal prosecutions are now possible against Powers of Attorney, Trustees, Guardians and Conservators.
- 4) The 2014 statute gave different penalties for losses for a dependent adult versus an elder person. For example, the 2014 statute stated that if a loss (i.e. theft) is at least \$1,000 for a dependent adult, that was considered a felony. But for an elder person, that loss had to be at least \$5,000 to be charged as a felony. This was not fair. However, the 2018 version has made all monetary values/losses equal for both a dependent adult and an elder person. The rule now states that for either a dependent adult or an elder person, any loss of at least \$1,500, but less than \$25,000 can be charged as a severity level 7, person felony. Any losses less than \$1,500 are considered a class A person misdemeanor.
- 5) The 2014 statute only considered it a felony to omit or deprive treatment, goods or services necessary to maintain physical or mental health of a dependent adult. So, it was a felony for a caregiver to withhold food or medical treatment, from a dependent adult, but not from an elder person. The 2018 statute makes this a felony for elder persons as well. This gives prosecutors much more freedom if the victim dies due to the omission of care or treatment. Now, a felony murder charge is possible when care has been omitted to anyone over 60 years old.

I believe these are the highlights of changes that go into effect July 1, 2018, to the elder abuse statute. It is my hope that local prosecutors will take heed and begin prosecuting under this statute more regularly. It could serve as a deterrent for future abuse if word gets out that prosecutors are using this tool that the legislature has made available to them.

#### CONSUMER ASSISTANCE

To report suspected Medicare fraud: - **800-876-3160**

For info about Medicaid, call the  
Department for Children & Families - **888-369-4777**

For no-cost mediation regarding problems with Medicare Providers,  
call the Kansas Foundation for Medical Care (KFMC)  
**800-432-0407**

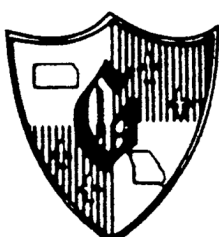
KU Med Center Pain Management Hotline:  
**913-588-3692**

Centers for Medicare/Medicaid Services (CMS) Website:  
**[www.medicare.gov/nhcompare/home.asp](http://www.medicare.gov/nhcompare/home.asp)**

**[www.mindsmatterllc.com](http://www.mindsmatterllc.com)**

Works to ensure all rehabilitation plans and decisions they  
assist with are made with the person at the center of the  
process. Serves Northeast Kansas counties.

to receive information and counseling  
on Reverse Mortgages (fees may apply for counseling)  
National Council on Aging - **855-899-3778**



**GSSB**  
GOPPERT STATE SERVICE BANK  
Serving the area since 1899

Sign up online now for internet banking!

**[www.GSSB.us.com](http://www.GSSB.us.com)**

(MAIN)  
**785-448-3111**  
PO Box 329  
Garnett, KS 66032

**620-852-3512**  
PO Box 324.  
Colony, KS 66015

**785-448-2300**  
PO BOX 145  
Garnett, KS 66032

**620-368-4311**  
PO Box 145  
Hepler, KS 66746

**785-242-6777**  
PO Box 900  
Ottawa, KS 66067

**785-566-3311**  
PO Box 70  
Pomona, KS 66076

**620-449-2800**  
PO Box 158  
St. Paul, KS 66771

**620-354-6435**  
PO Box 129  
Walnut, KS 66780

**Super Senior  
Checking Account**  
For age 60 or over  
• NO Service Charge  
• \$50 Minimum Balance  
to Open  
• Pays Interest Monthly  
• Free checks  
(limited by design)

24 Hour ATMs located at all Branch Locations  
Business Hour ATMs located at Short Stop at 1621 Main in Ottawa, Wil-Mart in Pomona, Sandra’s Quick Stop and Country Mart in Garnett

EQUAL  
HOUSING  
LENDER

# Health & Wellness

## Easier Gardening for Seniors

(Article found here: <https://www.diynetwork.com/how-to/outdoors/gardening/easier-gardening-for-seniors>)

### Raised Beds



When you're young, you can bend over and stoop for hours and not feel strained or stressed at the end of the day.

Middle-aged backs easily get stiff and sore if they're not given the proper care. Waist-high raised beds are one way to eliminate bending altogether. With tall raised beds, seeding, weeding and harvesting are a

snap. But beds that are only 1' or 2' off the ground can make gardening easier on the back too.

### Vertical Gardening

Another trick is to garden vertically.

Cucumbers, squash, melons, beans and many other vegetables grow well when trellised. Patrolling the garden for bugs, spraying and harvesting are all easier when everything is within close reach.



### Kneeler Stool



For times when you need to get close to the ground, a kneeler stool comes in handy.

A kneeler stool has a thick foam pad that's comfortable on the knee joints. And it has hand grips that make it easier to get up from a kneeling position, since you can use your arm strength to help you stand. Once you're up, flip the kneeler

over and it becomes a comfortable stool to sit on while tending your plants.

### How to Kneel

If you don't have a kneeler stool, there are other ways to work close to the ground without injuring yourself.

When you squat down in the garden to weed or do other chores, never let your heels lift up off the ground: that puts a strain on your ligaments. Instead, keep your heels on the ground. If that's not comfortable, try kneeling with just one knee down.



### Proper Pruning

Any kind of repetitive motion can cause injuries or traumas.

Prolonged pruning can be especially problematic if you hold your hand incorrectly or if you don't have a good pair of pruners. When you're pruning, always



hold your hand so your wrist is in a neutral or straight position. Grip strength is strongest in this position, and you have to use less exertion to cut or prune. Never bend your wrist down at an angle: you not only lose strength but you're also more likely to develop tendinitis.

### High-Quality Pruners

It's also a good idea to invest in a pair of high-quality pruners.



Ergonomic pruners, which are specifically designed to be easy on the hands, often have comfortable handles and gears that make cutting easier. Some handles actually rotate as you cut, which reduces the strain placed on your hand muscles.

Make sure you get pruners that are the right size for you. Test for length by holding a closed pruner in your hand. The handle should stick out about a half-inch below your little finger. Test the width by placing them in your hand with the pruners open. With one handle in the crook of your thumb and your hand comfortably extended, your little finger should extend about a 1/4" beyond the other handle. If you can't reach the handle with your fingertip, your hand won't be able to rest properly between cuts.

Even with good tools and equipment, it's important to take breaks every now and then and to rotate tasks. Alternate pruning with raking every 15 minutes or half-hour, or alternate hoeing with hand-weeding so you're working different sets of muscles.

**Call 785-242-5399 to schedule a tour or visit us at 1100 W. 15th Street Ottawa**



We accept Kancare/Medicaid HCBS, private insurances and private pay!

- Competitive Pricing
- Private Rooms/ Apartments
- Medication Management
- Meals Provided
- Wound Care
- Hospice Care
- Trilogy
- IV Therapy
- Transportation to Appointments
- Licensed Therapy Services
- Rehab-to-Home Program

**Independent Living | Assisted Livings | Skilled Nursing/Long-term Care**

"Maximizing the independence of people with disabilities through advocacy, peer support, training, transportation & community education"

2001 Haskell Ave.  
Lawrence, Ks. 66049  
785-841-0333

# Live *Your* best life

Independence, Inc.  
Center for Independent Living



**independence**<sup>INC.</sup>

ADVOCACY  
PEER SUPPORT  
TRAINING  
TRANSPORTATION  
COMMUNITY EDUCATION

Call, come by or visit our website today to see how we can help YOU live your most independent and fulfilling life with accessibility options, resources, services and advocacy.

[www.independenceinc.org](http://www.independenceinc.org)

- Loan Bank:** We have medical equipment and assistive technology to loan to you!
- Assistive Technology Grant:** Funding and assistance is available to help you with your assistive technology and home modification needs
- Accessible Housing Program:** Let us help with solutions to your independent living needs with funding and coordinating of home modifications.
- Nursing Home Transition Grant:** Funding and support to help transition individuals with paralysis or neurological conditions from nursing homes or rehab centers into community based living

# hello SUMMER

## FOR IMMEDIATE RELEASE:

### ECKAAA ASSISTS WITH HOPE HOUSE FOOD PANTRY

*In an attempt to assist the Hope House of Ottawa, KS – ECKAAA has provided a space at their office for food donations (117 S. Main Street, Ottawa, KS)*

### DROP OFF NOW OPEN

*ECKAAA has opened its doors as a drop off location for surrounding community members to donate to their local pantry. These items support families, children, and elderly within Franklin County. Any fresh items can be dropped off at the Hope House at 302 S Walnut St, Ottawa, KS 66067, Tuesdays and Thursdays 9AM-12PM.*

### NON-FOOD ITEMS

*The hope house is also in need of non-food items like toothpaste, toothbrushes, shampoo, conditioner, detergent, dish soap, hand soap etc. These are in high demand and are greatly appreciated. All items must be new and un-used.*



### OSAGE CITY LUNCH N LEARNS

## *ECKAAA Thanks You!*

During the month of April on each Wednesday of the month, caregivers were brought together to learn about different topics in the care giving community. Attendance was great each week. We couldn't have done it without the help and contributions of those mentioned below!

#### *Meal Sponsors*

Jerry's Thriftway (catered each week)  
Cremation Center of Kansas City (sponsored a meal)

#### *Businesses & Agencies Presenting*

Kansas Legal Services  
Kansas State Bank of Overbrook  
Peterson Nursing Home  
Sunset Manor  
Brookside Manor  
Cremation Center of Kansas City

Facility was provided by the Osage City Public Library!

East Central Kansas  
Area Agency on Aging  
Serving - Anderson - Coffey - Franklin - Linn - Miami - Osage

## MIAMI COUNTY COUNCIL ON AGING SUPPORTS OUR SENIORS!

**Louisburg Senior Center**  
5th & Metcalf • (913) 837-5113\*

**Osawatomie Senior Center**  
815 6th Street • (913) 755-4786\*

**Paola Senior Center**  
121 W. Wea • (913) 294-4630\*

**Beagle**  
• c/o (913) 755-4309\*\*

**Osage Township, Fontana**  
• c/o (913) 849-3115\*\*

\*For Information, Meals, Entertainment Programs and Transportation. Five Days a Week to Seniors in These Areas.

\*\*Meets once a month for Dinner and Entertainment.

Call for information.

# Low Vision Technology

## Jumbo Display Digital Alarm Clock with 3-inch LED



Telling time has never been easier! This Jumbo Display Digital Alarm Clock has extra-large 3-inch high LED digits that are great for middle of the night time checks and bleary-eyed mornings - and very helpful for those with

low vision who will love the larger, clearer red numbers.

Find here:

<https://www.maxiaids.com/jumbo-display-digital-alarm-clock-with-3-inch-led>  
Price - \$24.95

## Extra Large Display Bath Scale- 440-lb Capacity

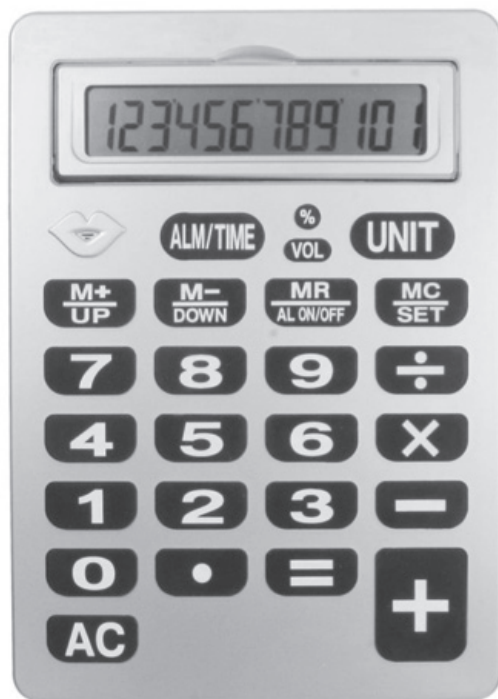
The Escali Extra Large Display Bath Scale features oversized, easy-to-read digits and the convenient tap-on platform allows the user to simply tap the top to turn the scale on. Once weight is measured, the display continues to show the weight after the user steps off the scale, allowing time to safely view the weight measured.



Find here:

<https://www.maxiaids.com/extra-large-display-bath-scale-440-lb-capacity>  
Price - \$44.95

## Reizen 12-Digit Jumbo Talking Calculator



The Reizen 12-Digit Jumbo Talking Calculator features easy to use oversized 1-1/2" wide keys and a large 1-1/8" x 5-5/8" LCD with 7/8" high numbers. To ensure accuracy, number and function keys pressed as well as calculation results are announced. Volume is adjustable (Low, High, Off) and the hinged 12-digit LCD pivots up for easier viewing. Time display (hours/minutes/seconds). Alarm with beep or 3 melodies. Uses 2 AAA batteries (not included.)

Find here:

<https://www.maxiaids.com/reizen-12-digit-jumbo-talking-calculator>  
Price - \$23.95

## 4 inch Hands Free LED Magnifier

Perfect for needlepoint, reading, jewelry making or any fine-detail activity where both hands are needed, the OttLite 4-inch Hands-Free LED Magnifier provides super bright OttLite LED illumination and powerful magnification. Simply place the cord around your neck and adjust the length to meet your viewing needs. The no-slip rubberized feet keep the magnifier perfectly in place above your work so your hands are free. And, the 1.5x optical-grade acrylic magnifier features a powerful 4.25x spot viewer and a rimless edge for uninterrupted viewing.



Find here:

<https://www.maxiaids.com/4-inch-hands-free-led-magnifier-2>  
Price - \$18.99

# Stepping On

Building Confidence, Reducing Falls

\*7-week workshop designed to teach exercises and strategies to help prevent you from falling  
 \*Led by a health professional and peer leader  
 \*Meet two hours a week for seven weeks  
 \*Local guest experts will provide information on exercise, vision, safety and medications

Upcoming Class Dates: **Thursday's from 1PM to 3PM. Pick one of the sessions below.**  
 April 19-May 31  
 June 21-August 2  
 August 30 - October 11

To register for the class, visit [www.ransom.org/education](http://www.ransom.org/education) and choose "Stepping On" from the drop down menu OR contact Stephanie Anderson (785-229-7317) or Cindy Casey (785-248-2924).

**CLASS CONTENTS INCLUDE:**

- Simple and fun balance and strength training
- The role vision plays in keeping your balance
- How medications can contribute to falls
- Ways to keep from falling when out in your community
- What to look for in safe footwear
- How to eliminate fall hazards from your home

**IS THIS WORKSHOP FOR YOU?**  
 Stepping On is a program that has been researched and is proven to reduce falls in older people, specifically anyone who:

- Is 65 or older
- Has had a fall in the past year
- Is fearful of falling
- Lives at home
- Does not have dementia

20% - 30% of people who fall suffer moderate to severe injuries. These injuries can make it difficult to move around or live an independent life.

One third of those 65 years or older fall each year.

Those who fall are two to three times more likely to fall again.

**HERE'S WHAT A WORKSHOP PARTICIPANT HAD TO SAY:**  
 "When I'm walking I still think, 'lift your feet, walk heel-to-toe.' I have stopped falling outside! It has made me more aware of the way I walk."

Ransom Memorial Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.  
 ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-785-229-8411 (TTY: 1-800-766-3777).  
 CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-785-229-8411 (TTY: 1-800-766-3777).

# RCIL Partners with Kansas DHP on Health Care Access

The Kansas Disability and Health Program (DHP) selected RCIL as one of the five Centers for Independent Living (CILs) in the state to conduct a total of 10 health care and fitness facilities assessments by using the Community Health Environment Checklist (CHEC). The CHEC is a tool for measuring how usable public spaces are for people with disabilities. The Director of Core Services, Adam Burnett, represented RCIL in this project.

Adam and other CILs representatives completed and passed the online training to conduct a CHEC assessment for mobility. Each CIL representative conducted two assessments in their areas. These included seven medical clinics, one vision clinic, one dental clinic, and one fitness center. Each site received a score for usability based on a possible 100 points. There were two common reasons for a

deduction in points and they were lack of an accessible exam table and lack of an accessible scale. When provided with their scores, several of the clinics made changes promptly. Two of the medical clinics installed a lower reception counter that is less than 26 inches high. Many other clinics are committed to make changes including widening the only accessible parking space.

The CHEC assessments resulted in increased awareness among facility staff of disability access issues and new relationships between CILs and medical providers in their communities. The DHP will partner with CILs again in the coming year to conduct more CHEC assessments and develop relationships with other health care providers in their communities.

## Easy RECIPES *for* Seniors

### *Banana Split Oatmeal*

Yield: 1 serving

**Ingredients:**

- 1/3 cup oatmeal, quick-cooking (dry)
- 1/8 teaspoon salt
- 3/4 cups water (very hot)
- 1/2 banana (sliced)
- 1/2 cup frozen yogurt, non-fat



**Preparation:**

1. In a microwave safe cereal bowl, mix together the oatmeal and salt. Stir in water.
2. Microwave on high power for 1 minute. Stir. Microwave on high power for another minute. Stir again.
3. Microwave an additional 30-60 seconds on high power until the cereal reaches the desired thickness. Stir again.
4. Top with banana slices and frozen yogurt.

### *Marinated Three-Bean Salad*

Yield: 4 servings

**Ingredients**

- 1 can lima beans (8.5 ounce)
- 1 can cut green beans (8 ounce)
- 1 can red kidney beans (8 ounce)
- 1 onion (medium, thinly sliced and separated into two rings)
- 1/2 cup bell pepper (chopped sweet green)
- 8 ounces Italian salad dressing (fat-free)



**Preparation:**

1. Drain the canned beans.
2. Peel and slice the onion and separate into rings
3. In a large bowl, combine the lima beans, green beans, kidney beans, onion rings, and green bell pepper.
4. Pour the Italian dressing over the vegetables and toss lightly.
5. Cover the bowl and marinate in the refrigerator for at least one hour. The salad can be left in the refrigerator overnight.
6. Drain before serving.

### *Stuffed Green Peppers*

Yield: 4 servings

**Ingredients**

- 4 green peppers (large, washed)
- 1 pound turkey, ground
- 1 cup rice, uncooked
- 1/2 cup onion (peeled and chopped)
- 1 1/2 cup tomato sauce, no added salt
- black pepper to taste

**Preparation:**

1. Cut around the stem of the green peppers. Remove the seeds and the pulpy part of the peppers.
2. Wash, and then cook green peppers in boiling water for five minutes. Drain well.
3. In saucepan, brown turkey. Add rice, onion, 1/2 cup tomato sauce and black pepper.
4. Stuff each pepper with the mixture and place in casserole dish.
5. Pour the remaining tomato sauce over the green peppers.
6. Cover and bake for 30 minutes at 350 degrees.



### *Greek Yogurt Parfait:* Yield: 4 servings

**Ingredients**

- 3 cups plain fat-free Greek-style yogurt (such as Fage)
- 1 teaspoon vanilla extract
- 4 teaspoons honey
- 28 clementine segments
- 1/4 cup shelled, unsalted dry-roasted chopped pistachios

**Preparation:**

1. Combine yogurt and vanilla in a bowl. Spoon 1/3 cup yogurt mixture into each of 4 small parfait glasses; top each with 1/2 teaspoon honey, 5 clementine sections, and 1/2 tablespoon nuts.
2. Top parfaits with the remaining yogurt mixture (about 1/3 cup each); top each with 1/2 teaspoon honey, 2 clementine segments, and 1/2 tablespoon nuts. Serve immediately.

The **AUBURN Advantage**  
AdvantaCARE

**EZMed**  
AuBurn

Save time • Increase safety • Peace of mind

Let Pharmacist handle refills • In store pick up, delivery or mail options

**Call today for more details!**

Garnett 785.448.6122    Carbondale 785.836.7202    Louisburg 913.837.5555    Mound City 913.795.4435    Osage City 785.883.2462    Paola 913.294.3516    Wellsville 785.883.2462

[www.auburnpharmacies.com](http://www.auburnpharmacies.com)



# Aging, Memory Loss and Dementia: What's the difference?

By Jasmine Anderson

alzheimer's association  Posted by 1.800.272.3900 | www.alz.org/mnnd

## Normal Aging

We all know that many things change as we age. In normal aging, our bodies and brains slowdown, though intelligence remains stable. We are less physically and mentally flexible, and we take more time to process information. Memory changes occur as well, and it's common to have greater difficulty remembering names of people, places and other things as we age.

## Mild Cognitive Impairment (MCI)

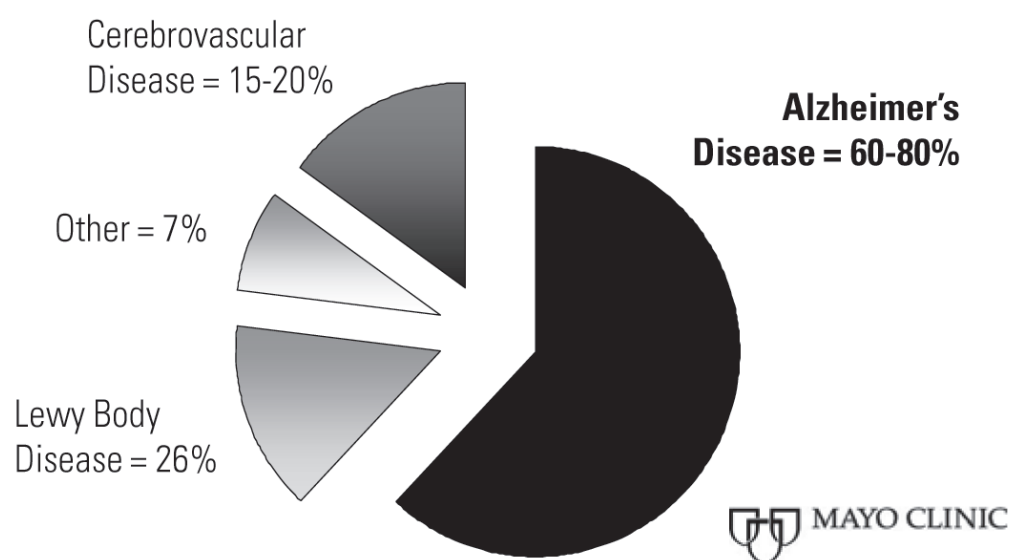
In MCI, a person has problems with memory or another core brain function. These problems are severe enough to be noticeable to other people and show up on tests of mental function, but not serious enough to interfere with daily life.

People with MCI have an increased risk of developing Alzheimer's disease in the near future, especially when their main problem involves memory. However, not everyone diagnosed with MCI progresses to Alzheimer's or another type of dementia.

## Dementia

Dementia is not a disease. It is a general term that describes a set of symptoms that may be caused by a number of different brain disorders. These symptoms involve mental decline severe enough to disrupt daily life that affects more than one of the following core brain functions:

- Recent memory (the ability to learn and recall information)
- Language (the ability to write or speak, or to understand written or spoken words)
- Visuospatial Function (the ability to understand and use symbols, maps, etc. and the ability to correctly judge where objects are)
- Executive function (the ability to plan, reason, solve problems and focus on a task)



Source: David Knopman, MD, Mayo Clinic

## Common Causes of Dementia

### Alzheimer's Disease

Alzheimer's disease is a slow, progressive illness that damages nerve cells in the brain. Symptoms gradually get worse over time as more brain cells are destroyed. Though people can have Alzheimer's in their 30s, 40s, and 50s, the disease is most prevalent in people over age 65.

The first problem many people with Alzheimer's disease notice is forgetfulness severe enough to affect their work, hobbies, or social life. Other common symptoms include mood changes, difficulty multi-tasking, misplacing things, repeating things, confusion, trouble with organizing and expressing thoughts, and becoming disoriented or lost in familiar places. Although there is currently no cure, treatments are available and are most effective when the disease is identified early.

Normal Aging	Dementia
Not being able to remember details of a conversation or event that took place a year ago	Not being able to recall details of recent events or conversations
Not being able to remember the name of an acquaintance	Not recognizing or knowing the names of family members
Forgetting things and events occasionally	Forgetting things or events more frequently
Occasionally have difficulty finding words	Frequent pauses and substitutions when finding words
You are worried about your memory but your relatives are not	Your relatives are worried about your memory, but you are not aware of any problems

### Cerebrovascular Disease / Vascular Dementia

Many experts consider cerebrovascular disease as the second most common cause of dementia. Vascular dementia occurs when clots block blood flow to parts of the brain, killing brain cells. Symptoms of vascular dementia vary widely, depending on the brain regions involved. Common symptoms include memory loss, difficulty focusing attention and confusion. Changes may occur suddenly, or in "steps," where a person has a rather sudden change, then stabilizes for a period of time. People who develop vascular dementia may have a history of high blood pressure or cholesterol, heart disease, or diabetes.

### Mixed Dementia

It is very common for people to have both Alzheimer's disease and vascular dementia at the same time. Evidence from brain autopsies indicates that brains of up to 45 percent of people with dementia have signs of both Alzheimer's and vascular disease.

### Lewy Body Disease / Dementia with Lewy Bodies (DLB)

In DLB, abnormal deposits of proteins called "Lewy bodies" form inside nerve cells in the brain. Lewy bodies have been found in several brain disorders, including DLB and Parkinson's disease.

Symptoms include:

- Memory problems, poor judgment, and confusion
- Movement changes (e.g., stiffness, shuffling walk, shakiness, lack of facial expression, problems with balance, falls)
- Excessive daytime drowsiness
- Visual hallucinations
- Changes in level of alertness throughout the day and week
- Acting out dreams

### Frontotemporal Lobar Degeneration / Frontotemporal Dementia (FTD)

FTD is a rare disorder chiefly affecting the front and sides of the brain. It progresses more quickly than Alzheimer's disease and tends to occur at a younger age. The first symptoms often involve changes in personality, judgment, planning and social skills. People with FTD may begin to make rude or off-color remarks or make unwise decisions about finances or personal matters. They may show feelings disconnected from the situation, such as indifference or excessive excitement. They may have an unusually strong urge to eat and gain weight as a result.

**Because there are many causes of dementia, it is important to find out the disease responsible for these symptoms.**

**Alzheimer's disease is the leading cause of dementia, accounting for 60-80 percent of cases.**

## The Golden Years

Published by:  
 East Central Kansas Aging  
 and Disability Resource Center  
**Elizabeth Maxwell,**  
 Executive Director  
**Jasmine Anderson, Editor**

Disclaimer: Although we strive for accuracy, we cannot accept responsibility for the correctness of information supplied herein or for any opinions expressed. ECKAAA reserves the right to edit or print all material received for *The Golden Years*. The circulation list is confidential and not available for purchase.

## THANKS FOR YOUR SUPPORT!

Your donations and subscriptions to *Golden Years* are sincerely appreciated. Your generosity helps offset the significant cost of our publication and also demonstrates that the public feels *Golden Years* is a needed and worthwhile resource. We thank everyone for their generosity.

Mail your donations or subscription information to ECKAAA, 117 S. Main, Ottawa, KS 66067.

\_\_\_\_\_ Add me as a new subscriber (4 issues annually) for \$15.00. Make check payable to *Golden Years*.

\_\_\_\_\_ Donation enclosed.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

\$15.00 Annual Subscription Fee (4 issues)