Prostate cancer is the most common non-skin cancer in American men. There are expected to be 180,890 new cases diagnosed and an estimated 26,120 deaths from prostate cancer in the U.S. this year. It affects about one in seven men during their lifetime. Since the 1990’s, the death rate from prostate cancer has been reduced by 20 percent. A significant reason behind this was the introduction of the prostate-specific-antigen (PSA) blood test. PSA is a protein only made by the prostate gland (a male reproductive organ), and very little of it is found in the blood of a man with a healthy prostate. A man with a PSA of less than 1.5 carries a low risk of having prostate cancer or enlarged prostate problems. An elevated PSA can be caused by a benign enlargement of the prostate, infection or inflammation of the prostate or prostate cancer. It is important to repeat the PSA blood test if it is elevated to confirm the result.

When caught early, prostate cancer can be curable. In its early stages, prostate cancer may have no symptoms. When symptoms do occur they can be like those of a benign enlarged prostate, so it is important to talk to your doctor if you have urinary symptoms such as urinary frequency or urgency, blood in the urine, getting up at night multiple times to urinate, a slow urinary stream, or a feeling of incomplete emptying of the bladder.

Not all untreated prostate cancers will shorten a man’s lifespan, however. In fact, a typical estimate is that 40 percent of 70-year-old men have detectable prostate cancer on autopsy, but these men died from other causes. The key question is not whether a man has prostate cancer but whether the cancer will cause symptoms or be the cause of his death.

In May of 2012, the U.S. Preventative Services Task Force (USPSTF) issued a statement recommending against prostate cancer screening because of concerns about over diagnosis and overtreatment. Interestingly, the USPSTF did not include any doctors specializing in prostate cancer, such as urologists or skilled nursing care after a 3 midnight stay.

Am I in or am I out (patient)?

Outpatient. Observation. These descriptions have long been cause for confusion and out of pocket costs for those on Medicare. Outpatient or observation stays in a hospital are covered under Medicare Part B, which after deductibles pays 80% of Medicare approved charges. Coverage under Part B also means that any self administered medicines you take may not be covered and even more importantly any subsequent skilled nursing care is not covered by Medicare.

You may not always know when you are an outpatient or under observation in a hospital. You could be in a regular room receiving the same type of services you would receive as an inpatient. Problems can arise once you leave the hospital if you then have to go to a skilled nursing facility for therapy. Medicare only pays for skilled nursing care after a 3 midnight stay as an inpatient in a hospital. So for those who are outpatients or under observation, Medicare will not pay for their skilled nursing stay and you may not find this out until the bills come.

Medicare is trying to address this issue by introducing the Medicare Outpatient Observation Notice (MOON). This notice must be given to those who are in an outpatient or observation status within 36 hours of receiving services. In plain language it should explain the reason for observation services and the implications, such as cost sharing and eligibility of Medicare coverage for any skilled nursing care after the hospital stay. Hopefully this change will eliminate the confusion of what is and is not covered and will allow those on Medicare to make better educated decisions about their care.
Prostate Cancer Update

CONTINUED FROM PAGE 1

oncologists, in their decision making process. Their recommendations were based on two large studies, but these studies had many flaws, making the results unreliable. As a result of this recommendation, many primary care providers are not checking the PSA blood test. We have unfortunately noted an increase in the number of men that are presenting to our office with advanced prostate cancer.

Mass screening for prostate cancer used to be recommended on a yearly basis for all men age 50 or older. This is no longer widely recommended as it caused problems with over diagnosis and overtreatment of prostate cancer in the past. Now we know that the men most likely to benefit from screening are between the ages of 40 and 70. If the PSA is checked early on in a man’s life, a baseline level can be established. If it is less than 1.5, it can be checked once every five years because the risk for developing significant prostate cancer is very low. Certainly, if urinary symptoms develop or the patient has a significant family history of prostate cancer, then the PSA can be checked sooner. If the PSA is 1.5 or more, it should be checked every two years. Any significant change in the PSA calls for repeat testing, and if it is still elevated, the patient should be referred to a urologist for further evaluation.

A majority of patients (70-75 percent) will have a PSA less than 1.5, so they will not need to be screened very often.

When there is concern for prostate cancer, then a biopsy is performed. If the biopsy indicates prostate cancer, it is important to realize that prostate cancer can come in several forms, and it is best classified as either low-risk, intermediate-risk, or high-risk disease. Patients with low-risk prostate cancer may not benefit from treatment so are now usually followed with active surveillance (watching with no active treatment). Specialized genetic testing can now further aid in determining which patients should be followed with active surveillance and which are more likely to progress so they can make an informed decision regarding treatment. Men that are in poor health and those with less than a 10-year life expectancy should not be offered treatment, as they are unlikely to benefit from it.

Men with intermediate-risk and high-risk prostate cancer that are healthy are most likely to benefit from treatment of their prostate cancer. Untreated intermediate and high-risk prostate cancer can certainly progress and spread to the lymph nodes and bone. It can also lead to urinary blockage and kidney failure in some cases.

In summary, an early mid-life baseline PSA at age 40-45 is important in determining the patient’s long-term risk of potentially lethal prostate cancer. Most men will only need a PSA checked every five years, if their PSA is less than 1.5, placing them in the low-risk group. Patients with a PSA of 1.5 or more should be followed more closely. Patients found to have prostate cancer must consider whether the prostate cancer is low-risk, intermediate-risk, or high-risk when looking at treatment options.

Dr. Vincenzo Galati, DO, FACS, has been with Cape Girardeau Urology Associates, Inc., for seven years and located at #3 Doctors Park, in Cape Girardeau, Missouri; (573)334-7748. Dr. Galati is the first guest writer for The Reports. More guest writes will follow in future issues.

It's That Time Again, Medicare Part D Open Enrollment

Every year I look forward to the major events of the year; Independence Day, Thanksgiving, Christmas and Medicare Part D Open Enrollment. I know that last one is not on everyone’s calendar, but it should be.

Medicare Part D Open Enrollment begins October 15 and ends on December 7 every year, with the new drug plans taking effect on January 1 of the following year. The importance of the open enrollment period is that it gives Medicare beneficiaries the opportunity to compare the coverage they have with other available plans to determine if the changes to their plan are ones they find acceptable.

Medicare drug plans change every year and sometimes the changes are shocking. The costs of the plan including the monthly premium and the deductible can go up or even down. The plans can change what medicines they cover, what tier the medicines are on and even the co-pays for each medication. It is always a good idea to at least look at what is available even if the plan you have was great this year. All beneficiaries will receive an Annual Notice of Change (ANOC) before open enrollment begins. This information will show what the plan will look like for next year. Open enrollment also gives those who opted out of drug coverage an opportunity to get into a drug plan. Open enrollment also allows beneficiaries to get in or out of Medicare Advantage plans.

The process is the same for anyone who needs help this open enrollment. Call our office to schedule an appointment or we can send out an open enrollment worksheet that can be sent back to us. We will need your zip code, list of medications and the pharmacy you prefer to use. This information will allow us to determine which plans will cover your medicine at the best cost.

We also use this time to screen for any of the extra help programs that help pay for the different parts of Medicare. A single person who makes $21,660 or less per year and a couple who make $29,140 or less per year could qualify for some extra help. Please call Aging Matters to schedule an appointment or for more information, 1-800-392-8771 or locally 335-3331.

Billie Ricketts, administrator of the Signer Senior Center in Arcadia, was named a “Hometown Hero” by the Modern Woodmen of America, Ironton Chapter. Ricketts (left) was presented with an award and a $100 donation made to the senior center in her honor. At right is Lori Lorenz, financial representative for Modern Woodmen.
Nutrition: The Myths, the Truths and the In-Betweens

As a Registered Dietitian Nutritionist (RDN) I hear things like these all the time, “But I read on the internet,” “Well a friend tried it and said it really worked,” “Everyone knows ___________ (carbs, gluten, eggs, etc.) are bad for you.” What’s true and what’s myth? Here are some common nutrition claims and the scientifically researched facts.

**CLAIM: COCONUT OIL IS A MIRACLE FOOD THAT HELPS YOU BURN FAT, BOOSTS YOUR MEMORY, CURES ALZHEIMER’S**

Alzheimer’s disease, improves brain function and improves heart health. Facts: There is no well-designed, peer-reviewed, credible scientific evidence to show that it does any of those things. Nutritionally speaking, coconut oil contains 9 calories per gram, the same as all other fats. In addition it is a saturated fat. If you like the flavor or texture that coconut oil provides in cooking, go ahead and use it – but only in moderation. Think of coconut oil as a condiment, rather than your everyday oil. Like most things in nutrition, moderation is key. Even if coconut oil were as healthy as many people claim it to be, you can have too much of a good thing. This is the case for fats, protein, fiber, water – pretty much anything you eat or drink. It’s all about balance.

**CLAIM: GLUTEN IS UNHEALTHY FOR EVERYONE AND CAUSES WEIGHT GAIN.**

Facts: Gluten is a mixture of proteins found in grains such as wheat, barley and rye. It is what helps to give bread dough its elastic texture. There is no evidence that gluten itself causes weight gain. On the other hand, a diet that includes whole grains, fruits and vegetables and lean meats, and is low in refined flour products (cookies, cakes, white bread, sugary cereals, etc.) may help you lose weight since you will be fuller longer. The only people who need to avoid gluten are those who have a diagnosed condition such as celiac disease or some other form of gluten-sensitivity.

**CLAIM: CARBOHYDRATES ARE BAD, CAUSE WEIGHT GRAIN, AND YOU SHOULD EAT AS FEW AS POSSIBLE.**

Facts: Carbohydrates are the body’s main source of fuel and are necessary to maintain proper cellular function. The type of carbohydrate and the portion size are important considerations. Carbs from nutrient-rich whole foods such as fruits and vegetables, beans, whole grains and dairy products are the best choices. Carbohydrates are an important part of a healthful diet.

**CLAIM: EGGS RAISE YOUR CHOLESTEROL AND HAVE TOO MUCH FAT TO BE HEALTHY.**

Facts: One large egg has 13 essential vitamins and minerals, 6 grams of protein and only 70 calories. Research has repeatedly shown that consumption of dietary cholesterol has little impact on your blood cholesterol levels. A large egg has about 6 grams of fat; enough to help you feel satisfied & full after your meal. One to two eggs per day can be part of a healthy diet.

**CLAIM: NATURAL SUGAR IS HEALTHIER THAN ADDED SUGAR**

Facts: Sugar is sugar is sugar. On a molecular level, the sugar in an apple is the same as the sugar you spoon into your coffee cup. There can be a difference in how our bodies break down the sugar when it’s combined with other nutrients like fiber and protein, but simply being natural doesn’t cut it. Sugar in a whole fruit comes with fiber and helps slow digestion and prevents blood sugar spikes. That’s better than sugar that comes void of other nutrients. But when you squeeze out the juice and drink it, or eat maple syrup, agave syrup, or honey, your body reacts the same way it would to table sugar or the sugar in a Coke.

**THE BOTTOM LINE IS THIS:** Eat a balanced diet including a variety of vegetables, fruits, whole grain, lean proteins and low-fat dairy. Watch your portion sizes and add fat, salt and sugar sparingly. Sweets treats should be just that, a treat, not an everyday part of your eating plan. And if you have nutrition questions, consult a Registered Dietitian or other nutrition professional.

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**Herbed Veggie Mix-up**

**Ingredients:**
- 1/2 lb. fresh green beans, cut into 1" pieces
- 2 med. carrots, julienened
- 1/4 c. butter, cubed
- 1/2 lb. sliced fresh mushrooms
- 1 med. onion, sliced
- 2 T. minced fresh parsley
- 1/2 t. salt
- 1/2 t. oregano
- 1/2 t. basil
- pepper to taste

**Directions:**
Place beans and carrots in a steamer basket; place in a large saucepan over 1" of water. Bring to a boil; cover and steam for 7-10 min or until crisp-tender. Meanwhile, in a large skillet, melt butter. Add mushrooms and onion; sauté until tender. Stir in the parsley, salt, oregano, basil, pepper, green beans and carrots; heat through. (6 servings from Taste of Home)

**Marsala Pork Chops**

**Ingredients:**
- 1/2 c. seasoned bread crumbs
- 4 bone-in center cut pork loin chops
- 3 T. olive oil, divided
- 3 med. onions, thinly sliced
- 6 garlic cloves, minced
- 1/2 c. white wine or chicken broth
- 1/4 t. pepper
- 1/8 t. salt
- 1/4 c. cold butter, cubed
- Hot, cooked noodles

**Directions:**
Place bread crumbs in large resealable plastic bag. Add pork chops, one at a time, shake to coat. In a large skillet, cook chops in 2 Tbsp oil over medium heat for 4-6 minutes on each side or until a meat thermometer reads 160°. Remove and keep warm. In the same skillet, sauté onions in remaining oil until tender. Add garlic; cook 2 minutes longer. Add the white wine, Marsala, pepper and salt, stirring to loosen browned bits from pan. Cook, stirring occasionally, until liquid is nearly evaporated. Stir in butter melted. Serve with pork chops and noodles.

**Apple Pumpkin Muffins**

**Ingredients:**
- 1 ½ cups all-purpose flour
- ¼ tsp each – ginger & salt
- ½ cup canola oil
- 1 cup whole wheat flour
- 1 tsp each – baking soda & cinnamon
- ¼ tsp nutmeg
- 1 cup canned pumpkin

**Directions:**
In a large bowl, combine the first 8 ingredients. In a smaller bowl, combine eggs, pumpkin and oil; stir into dry ingredients just until moistened. Fold in apples. Fill greased or paper-lined muffin cups 2/3 full. Bake at 350° for 30-35 minutes or until muffins test done. Cool for 10 minutes before removing from pan.
Get ready for **Family Caregiver Conferences and Amazing Resources!**

Education and information is a high priority for family caregivers. Rarely are they given warning before needing to know how to help an aging loved one get business affairs in order or dispense medications. When the need arises, where can you find that information? Aging Matters Family Caregiver Support Program is a great place to start! A number of community supported educational programs for caregivers are provided throughout the year across our 18 county service area. Many of them are scheduled during the late summer and fall. These programs are offered at no cost to attendees, and offer many other amenities and benefits as well as great information and fellowship with other caregivers. The upcoming classes are as follows:

**STE. GENEVIEVE CAREGIVERS CONFERENCE**
Saturday, September 10th, 2016
First Baptist Church, 101 Basler Dr., Ste. Genevieve MO.
8:30am – 1:00pm

**HAYTI CAREGIVERS CONFERENCE**
Thursday, October 20th, 2016 at St. James Outreach Fellowship Hall, 418 E. Broadway, Hayti MO.
8:30am – 2:00pm

**POPLAR BLUFF CAREGIVERS CONFERENCE**
Tuesday November 1st, 2016 at First United Methodist Church, 500 N. Main St.
Poplar Bluff MO.
8:30am – 1:00pm

**GRANDFAMILY CONFERENCE – for Grandparents and Other Caregivers Raising Children**
Tuesday, October 4th, 2016 at St. Andrew Lutheran Church, 804 N. Cape Rock Dr.
Cape Girardeau, MO.
8:30am – 1:00pm

**Speakers and topics**
- Keynote, Who Cares!?? : The Evolution of Caregiving – Diane Hall, AARP Associate State Director
- Panel Discussion
- Home Care Options, Mary Jo Ramer, Ste. Genevieve Public Administrator
- Continuum of Care, Diane Weber, Serenity Hospice
- Plan Ahead and Leave Well, Eric Basler, Basler Funeral Home
- How Can I Pay for Assisted Living, Jennifer Berck, Parkwood Meadows Assisted Living and Parkwood Meadows Memory Care Assisted Living
- Legal Issues for the Caregiver, Frank Elpers, Elpers & Nguyen, P.C.

**FREE ADMISSION**
Adult Day Care * Lunch * Door Prizes * Resource Tables

**THE NATURE OF CAREGIVING CONFERENCE**
Saturday, November 5th, 2016
Cape Girardeau Conservation Nature Center, 2289 County Park Dr., Cape Girardeau MO.
9:30am – Noon

**Speakers and topics**
- It takes a Village: Joys and Concerns, Patsy Carter, Ph.D
- Play Therapy, Elizabeth Statler, MSW, LCSW, RPT
- Stages of Child Development and How Trauma Affects Them, Patsy Carter, Ph.D
- Impact of Kinship Care on Grandparents and Other Relatives, Jacquelyn Benson, Ph.D
- Legal Issues, Mercedes Fort, Attorney at Law
- My Village, Zoa Martin, MA

**FREE ADMISSION**
Adult Day Care * Lunch * Door Prizes * Resource Tables

**Best Wishes**

The summer of 2016 brought on the retirement of several administrators at a few of the area senior centers. On June 29th Peggy Richards was honored on her last day as the administrator of the Ellington Senior Center. Peggy was the administrator for 35 years. Paula Dement has been hired to serve as the new administrator at Ellington.

Debbie Stockton retired on June 14th as the administrator of the Jackson Senior Center. Debbie was the administrator for 23 years. Janet Hitt, former administrator of the Scott City Senior Center for the past 6 years, is now the administrator at the Jackson Senior Center. Barbara Leming is the new administrator at the Scott City Senior Center.

Dena Rawson’s last day as the administrator of the Dexter Senior Center was July 15. Dena and her husband moved due to his work transfer. We wish Dena and her husband well in their new location. Dena served as administrator for over 11 years. Waynetta Rodgers now serves as the Dexter Senior Center administrator.

Betty Oliver assumed the role of the administrator of the Charleston Senior Center in June.

Best wishes to all the new administrators in their new rolls.
Older Drivers - Does that Mean Me??

At age 78, Sheila thinks she’s a good driver and likes the independence of getting around town on her own. But, in the past year, she was in a minor accident and had several near misses. She’s noticed a few new dents on her car and doesn’t know how they got there. Sheila wonders how she can stay safe behind the wheel.

Have you been worried about your driving? Has your family or friends expressed concern? Changes in your health may affect your driving skills over time. Don’t risk hurting yourself or others. Talk to your doctor about any concerns you have about your health and driving.

As you age, your joints may get stiff, and your muscles may weaken. Arthritis, which is common among older adults, might impact your ability to drive. These changes can make it harder to turn your head to look back, turn the steering wheel quickly, or brake safely. See your doctor if pain, stiffness, or arthritis seem to get in the way of your driving. Be physically active or exercise to keep and even improve your strength and flexibility.

Your eyesight can change as you get older. It might be harder to see people, things, and movement outside your direct line of sight. It may take you longer to read street or traffic signs or even recognize familiar places. At night you may have trouble seeing things clearly. Glare from oncoming headlights or street lights can be a problem. Depending on the time of the day, the sun might be blinding.

Eye diseases, such as glaucoma, cataracts, and macular degeneration, as well as some medicines, can also cause vision problems. If you are 65 or older, see your eye doctor at least every 1 to 2 years. Ask if there are any ways to improve your eyesight. Many vision problems can be treated. For instance, cataracts might be removed with surgery. If you need glasses or contact lenses to see far away while driving, make sure your prescription is up-to-date and correct. And always wear them when you are driving. Cut back on night driving or stop driving at night if you have trouble seeing in the dark. Try to avoid driving during sunrise and sunset when the sun can be directly in your line of vision.

Your hearing can also change as you get older, making it harder to notice horns, sirens, or even noises coming from your own car. That can be a problem because these sounds warn you when you may need to pull over or get out of the way. It is important that you hear them.

Follow these guidelines regarding your hearing and driving: Have your hearing checked at least every 3 years after age 50; discuss concerns you have about hearing with your doctor. There may be things that can help. For example, a hearing aid might make a big difference. Just remember to use it when you drive; try to keep the inside of the car as quiet as possible while driving; and pay attention to the warning lights on the dashboard. They tell you when something is wrong with your car.

People with Alzheimer’s disease or other types of dementia may not be able to drive safely. They also may forget how to find familiar places like the grocery store or even their home. In early stages of Alzheimer’s, some people are able to keep driving. But, as memory and decision-making skills get worse, they need to stop.

People who have dementia often do not know they are having driving problems. Family and friends need to monitor the person’s driving ability and take action as soon as they observe a potential problem. Do not ignore a problem—it’s a danger for the driver and others on the road. Work with the doctor to let the person know it’s no longer safe to keep driving. Be prepared—the person may not respond well to the news.

Slower reaction time and reflexes develop as you age. To drive safely and avoid accidents, you should be able to:

**REACT QUICKLY TO OTHER CARS/PEOPLE ON THE ROAD**

- Make fast decisions while driving, following the proper rules of the road
- As you get older, your reflexes might get slower, and you might not react as quickly as you could in the past. You might find that you have a shorter attention span, making it harder to do two things at once.
- Stiff joints from arthritis or weak muscles also can make it harder to move quickly. You may lose some feeling or have tingling in your fingers and feet, which can make it difficult to steer or use the foot pedals. Parkinson’s disease or limitations following a stroke can make it no longer safe to drive.

Safe driving tips for slower reaction time and reflexes include: Leave more space between you and the car in front of you; start braking early when you need to stop; avoid high traffic areas when you can or adjust your travel time to avoid high traffic areas, if possible; if you must drive on a fast-moving highway, drive in the right-hand lane; take a defensive driving course (organizations like AAAR, AAA, or your insurance company can help you find a class near you); and be aware of how your body and mind might be changing, and talk to your doctor about any concerns.

Medications can affect your driving. Do you take any medicines that make you feel drowsy, lightheaded, or less alert than usual? Do medicines you take have a warning about driving? Many medications have side effects that can make driving unsafe. Pay attention to how these drugs may affect your driving by reading the medicine labels carefully. Maybe you already know that driving at night, on the highway, or in bad weather is a problem for you. Some older drivers also have problems when yielding the right of way, turning (especially to make left turns), changing lanes, passing, and using expressway ramps.

**BE A SAFE DRIVER:**

- Have your driving skills checked by a driving rehabilitation specialist,
Older Drivers

occupational therapist, or other trained professional. Driving programs and clinics can test your driving and suggest ways to improve your skills.

• Update your driving skills by taking a driving refresher course. Some car insurance companies may lower your bill when you pass this type of class.

• When in doubt, don’t go out. Bad weather like rain, ice, or snow can make it hard for anyone to drive. Try to wait until the weather is better, or use buses, taxis, or other transportation services.

• Look for routes that help you avoid areas where driving can be a problem. For example, choose a route that avoids highways or other high-speed roadways. Or, find a way to go that requires few or no left turns. Left turns can be especially dangerous because you have to cross oncoming traffic and be aware of all the cars around you.

• Ask your doctor if any of your health problems might make it unsafe for you to drive. Together, you can make a plan to help you keep driving and decide when it is no longer safe to drive.

• You may ask yourself, “is it time to give up driving?” We all age differently. For this reason, there is no way to set one age when everyone should stop driving. So, how do you know if you should stop? To help decide, ask yourself:

  • Do other drivers often honk at me?
  • Have I had some accidents, even if they were only “fender benders”?
  • Do I get lost, even on roads I know?
  • Do cars or people walking seem to appear out of nowhere?
  • Do I get distracted while driving?
  • Have family, friends, or my doctor said they’re worried about my driving?

• Am I driving less these days because I’m not as sure about my driving as I used to be?
• Do I have trouble staying in my lane?
• Do I have trouble moving my foot between the gas and the brake pedals, or do I sometimes confuse the two?
• Have I been pulled over by a police officer about my driving?

If you answered “YES” to any of these questions, it may be time to talk with your doctor about driving or have a driving assessment.

Next comes the question, “How will I get around?” Are you worried you won’t be able to do the things you want and need to do if you stop driving? If so, you’re not alone. Many people have this concern, but there may be more ways to get around than you think. For example, some areas provide free or low-cost bus or taxi services for older people. Some communities offer a carpool service or scheduled trips to the grocery store, mall, or other places of interest. Religious and civic groups sometimes have volunteers who will drive you where you want to go.

Your local Area Agency on Aging can help you find services in your area. Call 1-800-677-1116, or go to www.eldercare.gov. In Southeast Missouri call Aging Matters at 1-800-392-8771 or visit the website at www.agingmatters2u.com to find transportation services in your area.

You can also think about using a car service. Sound pricey? Don’t forget—it costs a lot to own a car. If you don’t have to make car payments or pay for insurance, maintenance, gas, oil, or other car expenses, then you may be able to afford to take taxis or other public transportation. You can also buy gas for friends or family members who give you rides.

Safe driving…wear your seat belt and avoid using your cell phone while you’re driving.

Source: National Institute on Aging/Health and Aging

Having “The Talk” About Driving

Talking with an older person about his or her driving is often difficult. Here are some things that might help when having the talk.

BE PREPARED. Observe the older driver for potential problems. Learn about local services to help someone who can no longer drive. Identify the person’s transportation needs.

AVOID CONFRONTATION. Try having a one-on-one conversation. Use “I” messages rather than “You” messages. For example, say, “I am concerned about your safety when you are driving,” rather than, “You’re no longer a safe driver.”

STICK TO THE ISSUE. Discuss the driver’s skills, not his or her age.

FOCUS ON SAFETY AND MAINTAINING INDEPENDENCE.

BE CLEAR. Be clear that the goal is for the older driver to continue the activities he or she currently enjoys while staying safe. Offer to help the person stay independent. For example, you might say, “I’ll help you figure out how to get where you want to go if driving isn’t possible.”

BE POSITIVE AND SUPPORTIVE. Recognize the importance of a driver’s license to the older person. Understand that he or she may become defensive, angry, hurt, or withdrawn. You might say: “I understand that this may be upsetting,” or “We’ll work together to find a solution.”
THE INTERNET; WHAT’S THAT?
“C’mon Ma you have got to try it” I pleaded to my elderly Mother. I don’t know how my Mother lasted this long without ever using the internet, but enough was enough! I thought.

“Ok” she said reluctantly settling down by the computer and slowly putting on her reading glasses

“What do I do now?”

“Now I’m going to open the home page of google”, I explained. “OK here it is! Now type in ANY question you want into the bar over here and you will find an answer to your question.” I confidently assured her.

My Mother looked at me warily, thought for a second, and slowly began to type, “How is Gertrude doing this morning?”

LATE NIGHT LECTURE
An elderly man driving erratically was stopped by the police around 2 a.m. and was asked where he was going at that time of night.

The man replied, "I’m on my way to a lecture about alcohol abuse and the effects it has on the human body, as well as smoking and staying out late."

The officer then asked, "Really? Who’s giving that lecture at this time of night?" The man replied, "That would be my wife."
Here at Aging Matters, it takes the whole team to achieve our goals and provide the services needed by our clients. Each employee plays an important role and for this we want to acknowledge each employee on their work anniversary month. For the months of September and October, the following people are recognized for their hard work and dedication. September employee anniversaries were recognized in the previous newsletter that came out in July.

**OCTOBER**

Shirley Bentley, 36 years, Central Office  
Amanda Crafton, 5 years, Kennett Senior Center  
Barbara Hahs, 7 years, Central Office  
Elizabeth Hann, 8 years, Central Office  
Geneva Orr, 7 years, Sikeston Senior Center  
Cassandra Smith, 7 years, Central Office

The Aging Matters Long Term Care Ombudsman Program held their Annual Ombudsman Volunteer Appreciation Banquet on Tuesday, June 28th at the Elks Lodge in Cape Girardeau. The Ombudsman Volunteers were welcomed to the banquet by Ombudsman Director Jan McFerron and Aging Matters Executive Director, Lana Johnson. The Volunteers then enjoyed the presentation, “By Golly, I Have the Best Volunteer Position in Town”, given by Carol Scott, former Missouri State Ombudsman Director of Jefferson City, Missouri.

Carol Scott is a healthcare leader with more than 31 years of advocacy experience at both the national and state levels. Carol is now on staff with the National Long Term Care Ombudsman Resource Center. She previously was Fields Operations Manager for the Advancing Excellence in America’s Nursing Homes Campaign. Prior to her work at the Advancing Excellence Campaign, Carol was the Missouri State Ombudsman for 23 years. As the State Ombudsman, she was responsible for protecting vulnerable elders in nursing homes and assisted living facilities.

After enjoying a wonderful meal prepared by the Elks Lodge Chef, the Ombudsman Volunteers were each recognized for their years of volunteer service to the Ombudsman Program and presented a certificate and a gift of appreciation. The volunteers provide many hours of service each year advocating for residents that reside in the Nursing Homes and Assisted Living Facilities that they are assigned to and visit on a regular basis.

We would also like to thank Susan Tonarely, Assistant State Ombudsman, for attending the banquet. A special thank-you goes to Emily Smith, Assistant Ombudsman Director and Mary Ann Burgess, Executive Secretary at Aging Matters, for helping decorate and plan the banquet.