Making a Difference by Jackie Dover

Missouri has the distinction of being the very first state in the union to have a Silver Haired Legislature (SHL) which was started in 1973. This is a formally elected group of Missouri Senior Citizens 60 years and older who are interested in promoting legislative advocacy for Missouri’s older adults. It is patterned after the Missouri General Assembly, comprised of two legislative bodies, the Senate and the House of Representatives. All members are volunteers, serving without pay. However travel and meal expenses are reimbursed.

Here’s how it works: There are 10 Area Agency on Aging (AAA) regions in the State of Missouri and each one is represented by three SHL senators and 12 representatives. In May of each year elections are held in the 10 regions of Missouri for the purpose of choosing the SHL legislators to represent their area.

The elected SHL members will meet and discuss proposals that will be written as SHL bills and submitted to the statewide SHL bills committee. This committee will go over all the submissions and choose about 20 for the fall SHL session to consider. In October of each year the SHL legislators meet in Jefferson City at the Missouri state capitol to hold a mock legislative session. This session is held in the Senate and House of Representative chambers of the Missouri state capitol, generally lasting 2 – 2 1/2 days.

Committee hearings are conducted the first day of the session where the SHL senators and representatives debate and vote for proposals that will be brought to the floor in the house and senate chambers the next day. The following day begins early with transportation to the capitol building and the day’s agenda begins. The senators meet in the senate chamber and the representatives meet in the house chamber. Each proposal that was passed out of committee the day before will be debated and a vote will be taken whether to “do pass” or “do not pass”. After each proposal has been decided upon by each chamber the SHL legislators will be transported back to their hotel where they will attend a banquet and have a private meeting with their group of delegates.

The next morning it’s back to the capitol where a joint session is held and all the proposals that have been marked “do pass” will be presented to the SHL legislators who will vote on the top five as their priorities for which to advocate with their General Assembly legislators. The state legislators are interested in hearing from the SHL and many of the laws in Missouri have started out as SHL proposals. For example, a bill to prevent tax charged on pharmaceuticals, a law that strengthens pre-need funeral regulations, and another law that increases Personal Needs Allowance for Medicaid residents in Long-Term Care Facilities. These are just a few of the SHL proposals that became law.

The requirements are that one should be able to travel to Jefferson City and/or Cape Girardeau for meetings. It is beneficial for the elected person to be able to send and receive emails, because when the state legislators are in session things happen quickly and many times you will be contacted on the day of a hearing asking you to contact your state legislator the same day. The other obvious requirement is that one should be interested in the betterment of the lives of Missouri senior citizens. Elections will be held Tuesday, May 8 at the Senior Nutrition Centers during regular business hours. If you are interested in becoming a SHL delegate you should file a Declaration of Candidacy with Aging Matters, the Southeast Missouri Area Agency on Aging office. This statement must arrive in the office by close of business on April 24. You may obtain an application by contacting our office at 1-800-392-8771 or locally at 335-3331 or pick one up at your local senior center. There are eight seats up for election this year, two Senate seats and six Representative seats. Please consider making a difference in your community by joining the SHL. I would like to thank one of my Silver Haired Legislator members, Ruth Dockins, for her contributions on this article.
One Incident Away

Help Across the Miles

Carl was a thriving poet, photographer, and talented artist. His love for nature inspired his published book, Aux Ares, which beautifully displays photographs he has captured across the Ozarks while on hiking and backpacking trips. A diagnosis of Parkinson’s disease halted Carl’s adventures, and sadly his artistic capabilities. His hands tremble uncontrollably and he struggles to maintain balance, causing him to fall.

Carl’s son lives miles away, in another state and time zone. He worries daily of his father’s declining health and wellbeing which led him to contact the local Area Agency on Aging for help. Care Coordinator Jennifer came to his rescue.

Through home visits and an extensive home assessment, Jennifer was able to enlist Carl for in-home services and meals. Transportation options now afford him the opportunity to attend physical therapy sessions, which have greatly improved his strength and balance. He also received home safety equipment and will be receiving an emergency response device as soon as one becomes available.

Carl’s passion for creating and sharing art still exists. He hopes that through continued therapy and treatment he will once again be able to steady his camera and pen well enough to capture and share nature’s greatest adventures, and sadly his artistic capabilities. His hands tremble uncontrollably and he struggles to maintain balance, causing him to fall.

Older Missourians are just ONE INCIDENT AWAY from hospitalization, nursing home placement, and the loss of lifetime resources. The ONE INCIDENT AWAY articles are true events about Missouri residents. The names have been changed to protect the client’s confidentiality.

Keeping Our Seniors Independent and at Home

Grandma Gaga was a dedicated family woman. She cared for her son, a Vietnam Veteran, who was exposed to Agent Orange and developed a brain tumor which left him disabled. This was also during a time when

her husband, a World War II Veteran, developed dementia. Unfortunately time took its toll and both son and husband had to be placed in a nursing facility.

Gaga is now 94 and lives independently on her own. But independence didn’t come easily. One day she suffered a fainting spell, broke her wrist, and was admitted to the hospital. This led to two episodes of pneumonia, two stays in rehab, and two additional hospital stays. That’s when her friend Mary contacted the local Area Agency on Aging for assistance and Care Coordinator Liz sprang into action.

Liz arranged for in-home care and meals to be delivered to Grandma Gaga. Despite a few setbacks, Liz never gave up. Thanks to the efforts of others, Gaga is now recovering comfortably in her own home again. Extended family and friends prepare extra meals, help with home chores, and do what they can to help make life easier for her.

The Area Agency continues to fill in the gaps where extra help is needed. Without the assistance of the Area Agency on Aging, Gaga would have been just another statistic of a senior on Medicaid being forced to spend her final years in a nursing facility. Fortunately, she is thriving at home with her beloved dog companion and is grateful for the help she receives from others.

The Missouri Association of Area Agencies on Aging wants Missouri residents to know that their local Area Agency on Aging has expert help only a phone call away.

What's That You Say?

Common English phrases may make sense to a native speaker since most have grown up hearing them used. But to someone learning the language, they might be really confusing. “Take a shot” and see how many you know.

1. Like shooting fish in a_____.
2. A penny for your_____.
3. Spill the_____.
4. Ace in the_____.
5. The ball’s in your_____.
6. Take it with a grain of_____.
7. It costs an arm and a_____.
8. At the drop of_____.
9. Don’t bite off more than you can_____.
10. Escape by the skin of your_____.
11. It’s like riding a_____.
12. Crying over spilled_____.
13. Raining cats and_____.
14. Preaching to the_____.
15. Dodged a_____.
16. I’ve got bigger fish to_____.
17. Chewing the_____.
18. Giving someone the cold_____.
19. Dressed to the_____.
20. Couch_____.
21. Don’t judge a book by its_____.
22. Back to the drawing_____.
23. The elephant in the_____.
24. Letting someone off the_____.
25. Fit as a_____.
26. Pennies from_____.

ANSWERS ON PAGE 7
Honoring the Tie That Binds - Spousal Caregivers by Kathy Bullis

Spousal Caregivers are the husbands and wives caring for their spouses who suffer from chronic disease and frailty. 56% of the 50 million family caregivers are spousal caregivers.

According to findings published in AARP’s Public Policy Institute, spousal caregivers are particularly vulnerable because they are older, have lower educational levels and less income, and are less likely to be employed than non-spousal caregivers. Spousal caregivers are more likely than non-spousal caregivers to provide assistance with medical/nursing tasks such as medication management and wound care. Yet they are less likely to receive support from family and friends and are far less likely to have home visits from health care professionals and aides. Efforts to reduce isolation and stress, as well as targeted training and support, are needed to protect the health and well-being of both partners. According to the study, statistically, the most common spousal caregiver scenario would be...You’re in your 60’s, retired, working part-time, or unemployed, and you care for your spouse or partner of about the same age at home around the clock. As his/her long-time companion, you feel as if you should be able to provide nearly all of the care he/she needs; in fact, on most days you don’t even think of yourself as a “caregiver.” Honoring your vow of “in sickness and in health,” you would rather care for your partner yourself than hire help.

You receive no assistance from home health aides and your care recipient is rarely visited at home by health care professionals. Lacking adequate training, you find yourself responsible for medical tasks such as cleaning wounds, monitoring medication, and administering injections; tasks that in the past would have been handled by nurses. You serve not only as your partner’s primary nurse, but as his/her care coordinator, dietician, cook, housecleaner, launderer, chauffeur, and activities coordinator. You are also your loved one’s main source of social interaction. Your adult children don’t come around very often, maybe because you assure them that you’re doing fine. And your friends don’t offer to give you a break from caregiving, maybe for the same reason, or because they have no idea how exhausted you feel. You do what you do out of love (or obligation), and usually you feel as if you have no choice.

The following are some of the statistics on which this example is based.

- Eighty-four percent of spousal care recipients receive no visits from home care aides or health care professionals, compared to 65 percent of non-spousal care recipients.
- Sixty-five percent perform medical/nursing tasks compared to forty-two percent of non-spousal caregivers, and
- Only two percent of spousal caregivers live separately from the person they care for (suggesting that very few rely on institutional care).

There may be financial reasons. They may have some fear of losing independence if they enlist the help of others. Long term couples can cover each other’s deficits quite well, and it may take a concerted effort to convince them to accept help.

On top of all of this, some spouses find the shift in their relationship difficult and may be uncertain in how to deal with the roll changes that occur. Loneliness and resentment can grow out of these changes and that can affect the ability to provide care.

How can we support and assist vulnerable spousal caregivers?

- Agencies and service providers need to gain a better understanding of spousal caregiver needs so that targeted services can be provided.
- Spousal caregivers need to be offered more training for the sometimes complicated medical care they are required to provide.
- Campaigns need to be produced that would encourage them to see themselves as caregivers and not only husbands and wives, so that they might be more willing to accept that they need help.

Some "boots on the ground" solutions or ways to provide support now might be:

- Encourage spousal caregivers to take care of themselves. Make that possible by helping to provide respite care for them. Families and friends could help by staying with the care recipient, helping to find someone who can stay, or by paying for in home or adult day care.
- If you can’t help with respite, help with other chores, lawn care, grocery shopping, etc. Don’t easily accept "I’m fine, I don’t need any help."

In our family, we instituted a Sunday evening family dinner at my parents’ house several years ago. My sister-in-law and I take care of the meal and we use paper ware to keep clean up and preparation to a minimum. It allows us to maintain a strong family connection, and also permits time for me to set up and order my father’s medication, check on things like upcoming doctors’ appointments and the general condition of my parents. It allows my brother to take care of house hold jobs changing light bulbs and bringing in fire wood, etc. I would be dishonest if I said it never is a struggle to get it all done, but I have found it to be the best part of my week.

It’s important to remember what a large group this is, 56% of 50 million! And what a huge benefit they provide not only to their loved ones, but also to the payment systems which would undoubtedly be much more heavily burdened by the cost of care for these frail elderly seniors if it were not for spousal caregivers.

If you are a spousal caregiver, or know someone who is, and would like more information, or looking for assistance, please contact me at 573-335-3331 or 1-800-392-8771, extension 121, Kathy Bullis, Family Caregiver Support Program Director.
Osteoporosis: the Q and A’S

Osteoporosis is a disease that weakens bones to the point where they break easily—most often, bones in the hip, backbone (spine), and wrist. Osteoporosis is called a “silent disease” because you may not notice any changes until a bone breaks. All the while, though, your bones had been losing strength for many years.

Bone is living tissue. To keep bones strong, your body breaks down old bone and replaces it with new bone tissue. Sometime around age 30, bone mass stops increasing, and the goal for bone health is to keep as much bone as possible for as long as you can. As people enter their 40s and 50s, more bone may be broken down than is replaced.

A close look at the inside of bone shows something like a honeycomb. When you have osteoporosis, the spaces in this honeycomb grow larger, and the bone that forms the honeycomb gets smaller. The outer shell of your bones also gets thinner. All of this makes your bones weaker.

Who Has Osteoporosis? Risk Factors and Causes

Although osteoporosis can strike at any age, it is most common among older people, especially older women. Men also have this disease. White and Asian women are most likely to have osteoporosis. Other women at great risk include those who:
- Have a family history of broken bones or osteoporosis
- Have broken a bone after age 50
- Had surgery to remove their ovaries before their periods stopped
- Had early menopause
- Have not gotten enough calcium and/or vitamin D throughout their lives
- Had extended bed rest or were physically inactive
- Smoke (smokers may absorb less calcium from their diets)
- Take certain medications, including medicines for arthritis and asthma and some cancer drugs
- Used certain medicines for a long time
- Have a small body frame

The risk of osteoporosis grows as you get older. At the time of menopause, women may lose bone quickly for several years. After that, the loss slows down but continues. In men, the loss of bone mass is slower. But, by age 65 to 70, men and women are losing bone at the same rate.

What Is Osteopenia?

Whether your doctor calls it osteopenia or low bone mass, consider it a warning. Bone loss has started, but you can still take action to keep your bones strong and maybe prevent osteoporosis later in life. That way you will be less likely to break a wrist, hip, or vertebrae (bone in your spine) when you are older.

Can My Bones Be Tested?

For some people, the first sign of osteoporosis is to realize they are getting shorter or to break a bone easily. Don’t wait until that happens to see if you have osteoporosis. You can have a bone density test to find out how strong your bones are.

The U.S. Preventive Service Task Force recommends that women aged 65 and older be screened (tested) for osteoporosis, as well as women under age 65 who are at increased risk for an osteoporosis-related fracture.

A bone mineral density test compares your bone density to the bones of an average healthy young adult. The test result, known as a T-score, tells you how strong your bones are, whether you have osteoporosis or osteopenia, and your risk for having a fracture.

How Can I Keep My Bones Strong? Preventing Osteoporosis

There are things you should do at any age to prevent weakened bones. Eating foods that are rich in calcium and vitamin D is important. So is regular weight-bearing exercise, such as weight training, walking, hiking, jogging, climbing stairs, tennis, and dancing.

If you have osteoporosis, avoid activities that involve twisting your spine or bending forward from the waist, such as conventional sit-ups, toe touches, or swinging a golf club. Learn how to exercise safely with Go4Life, the exercise and physical activity campaign from the National Institute on Aging.

Those are the best ways to keep your bones strong and healthy. Learn more about keeping your bones strong to prevent falls.

What Can I Do for My Osteoporosis?

Treating osteoporosis means stopping the bone loss and rebuilding bone to prevent breaks. Healthy lifestyle choices such as proper diet, exercise, and medications can help prevent further bone loss and reduce the risk of fractures.

But, lifestyle changes may not be enough if you have lost a lot of bone density. There are also several medicines to think about. Some will slow your bone loss, and others can help rebuild bone. Talk with your doctor to see if medicines might work to treat your osteoporosis.

In addition, you’ll want to learn how to fall-proof your home and change your lifestyle to avoid fracturing fragile bones.

Can I Avoid Falling?

When your bones are weak, a simple fall can cause a broken bone. This can mean a trip to the hospital and maybe surgery. It might also mean being laid up for a long time, especially in the case of a hip fracture. So, it is important to prevent falls. Learn how to prevent falls.

Do Men Have Osteoporosis?

Osteoporosis is not just a woman’s disease. Not as many men have it as women do, maybe because most men start with more bone density. As they age, men lose bone density more slowly than women. But, men need to be aware of osteoporosis.

Experts don’t know as much about this disease in men as they do in women. However, many of the things that put men at risk are the same as those for women, including family history, not enough calcium or vitamin D, and too little exercise. Low levels of testosterone, too much alcohol, taking certain drugs, and smoking are other risk factors.

Older men who break a bone easily or are at risk for osteoporosis should talk with their doctors about testing and treatment.

For More Information on Osteoporosis:

National Institutes of Health Osteoporosis and Related Bone Diseases National Resource Center 1-800-624-2663 www.bones.nih.gov


National Osteoporosis Foundation 1-800-231-4222 www.nof.org

Source: National Institute on Aging
Most people tend to focus on one activity or type of exercise and think they’re doing enough. The goal, however, is to be creative and chose all four types of exercise — ENDURANCE, STRENGTH, BALANCE, and FLEXIBILITY.

Improve Your Endurance
Endurance, or aerobic, activities increase your breathing and heart rate. These activities help keep you healthy, improve your fitness, and help you do the tasks you need to do every day. Endurance exercises improve the health of your heart, lungs, and circulatory system. They also delay or prevent many diseases that are common in older adults such as diabetes, heart disease, and osteoporosis.

Improve Your Strength
To strengthen your muscles, you need to lift or push weight. Stronger muscles can make it easier to do everyday things like get up from a chair, climb stairs, and carry groceries, open jars, and even play with your grandchildren. Lower-body strength exercises also will improve your balance.

Improve Your Balance
Each year, more than 2 million older Americans go to the emergency room because of fall-related injuries. Balance exercises can help prevent falls and avoid the disability that may result from falling.

Improve Your Flexibility
Flexibility or stretching exercises give you more freedom of movement for your physical activities and for everyday activities such as getting dressed and reaching objects on a shelf. Stretching exercises can improve your flexibility, but they will not improve your strength or endurance.

A few examples of Flexibility or stretching exercises are provided to the right. Additional exercises and information can be found at www.go4life.nia.nih.gov/exercises.

**Overhead Arm Raise – Strength**
TARGETED MUSCLES: Shoulders and arms
WHAT YOU NEED: Weighted objects or hand-held weights

This exercise will strengthen your shoulders and arms. It should make swimming and other activities such as lifting and carrying grandchildren easier.
1. You can do this exercise while standing or sitting in a sturdy, armless chair.
2. Keep your feet flat on the floor, shoulder-width apart.
3. Hold weights at your sides at shoulder height with palms facing forward. Breathe in slowly.
4. Slowly breathe out as you raise both arms up over your head keeping your elbows slightly bent.
5. Hold the position for 1 second.
6. Breathe in as you slowly lower your arms.
7. Repeat 10-15 times.
8. Rest; then repeat 10-15 more times.

**Hand Grip – for Strength**
WHAT YOU NEED: Tennis ball or other small rubber or foam ball.

This simple exercise should help if you have trouble picking things up or holding on to them. It also will help you open things like that pickle jar more easily. You can even do this exercise while reading or watching TV.
1. Hold a tennis ball or other small rubber or foam ball in one hand.
2. Slowly squeeze the ball as hard as you can and hold it for 3-5 seconds.
3. Relax the squeeze slowly.
4. Repeat 10-15 times.
5. Repeat 10-15 times with other hand.
6. Repeat 10-15 times more with each hand.

**Front Arm Raise – Strength**
TARGETED MUSCLES: Shoulders
WHAT YOU NEED: Hand-held weights

This exercise for your shoulders can help you put things up on a shelf or take them down more easily.
1. Stand with your feet shoulder-width apart.
2. Hold weights straight down at your sides, with palms facing backward.
3. Keeping them straight, breathe out as you raise both arms in front of you to shoulder height.
4. Hold the position for 1 second.
5. Breathe in as you slowly lower arms.
6. Repeat 10-15 times.
7. Rest; then repeat 10-15 more times.

**TIP:** As you progress, use a heavier weight and alternate arms until you can lift the weight comfortably with both arms.

**Wrist Curl – for Strength**
WHAT YOU NEED: Hand-held weight

This exercise will strengthen your wrists. It also will help ensure good form and prevent injury when you do upper body strength exercises.
1. Rest your forearm on the arm of a sturdy chair with your hand over the edge.
2. Hold weight with palm facing upward.
3. Slowly bend your wrist up and down.
4. Repeat 10-15 times.
5. Repeat with other hand 10-15 times.

**Stand on One Foot – For Balance**
WHAT YOU NEED: Sturdy chair

You can do this exercise while waiting for the bus or standing in line at the grocery. For an added challenge, you can modify the exercise to improve your balance.
1. Stand on one foot behind a sturdy chair, holding on for balance.
2. Hold position for up to 10 seconds.
3. Repeat 10-15 times.
4. Repeat 10-15 times with other leg.
5. Repeat 10-15 more times with each leg.

**Hip – For Flexibility**
TARGETED MUSCLES: Hip and inner thigh

TALK TO YOUR DOCTOR: If you’ve had hip or back surgery, talk with your doctor before trying this stretch.

This exercise will stretch your hip and inner thigh muscles.

Lie on your back with your legs together, knees bent, and feet flat on the floor. Try to keep both shoulders on the floor throughout the stretch.
1. Slowly lower one knee as far as you comfortably can. Keep your feet close together and try not to move the other leg.
2. Hold position for 10-30 seconds.
3. Bring knee back up slowly.
4. Repeat at least 3-5 times.
5. Repeat at least 3-5 times with your other leg.

**TIP:** As you progress, use a heavier weight and alternate legs until you can lift the weight comfortably with both legs.

**5Aging Matters • MARCH - APRIL 2018**
Let’s Talk Eggs by Tracey Tripp

When the grass begins to turn green, buds & new leaves appear on the trees, flowers begin to bloom, the days become longer and the breeze is softer and warmer, we know that spring is finally here. After a long, cold winter these signs of renewal and new life are most welcome. Another symbol of new beginnings, resurrection and life is the egg. Eggs are also in the spotlight as Easter approaches, so let’s talk eggs.

There are few foods more versatile, affordable, nutritious, and delicious than the humble egg. Yet there are many outdated misconceptions about the wisdom of including eggs in a healthy diet. For years we were told to limit our egg intake, mainly because of their cholesterol and fat content. But as the science of nutrition continues to evolve we have a better understanding of these nutritional powerhouses. The 2015 Dietary Guidelines for Americans include new recommendations, saying that dietary cholesterol is not considered a nutrient of concern. We know now that saturated fat, not dietary cholesterol, has the greatest impact on the cholesterol in our blood.

A large egg provides about 6 grams of high-quality protein, a variety of B vitamins, healthy unsaturated fats, choline, antioxidants and some iron and zinc – for only 70 calories! Also worth noting is that the majority of the nutrition is found in the yolk. In addition, there are almost unlimited ways to prepare and serve eggs, from the super-simple scrambled egg to the elegant crème brulée. Did you know the hundred folds in a chef’s toque (that tall, pleated hat) represent the hundred ways to cook an egg? As the saying goes “If there is an egg in the house, there is a meal in the house.”

It’s important to remember some egg essentials, as well as keeping our eggs safe every step of the way. According to the U.S. Food and Drug Administration, each year about 142,000 illnesses are caused by consuming eggs contaminated with Salmonella. The best way to avoid this is knowing how to safely buy, store, cook and eat eggs. Here are some tips from the Academy of Nutrition and Dietetics.

- Only buy eggs if sold from a refrigerator or refrigerated case.
- Open the carton to check that eggs are clean and the shells are not cracked.
- Store eggs in their original carton, in the coldest part of the refrigerator at 40°F or below.
- Avoid washing eggs after purchase because it can remove the coating, applied during processing, that protects eggs from bacteria.
- Hard boiled eggs will spoil faster than fresh eggs for the same reason – the protective coating is washed away during the cooking process. Refrigerate hard-boiled eggs within 2 hours of cooking and use within 1 week.
- Cook eggs until both the yolk and white are firm. Scrambled eggs should not be runny.
- Avoid foods made with raw eggs. Pasteurized egg products are widely available and are good choices for things such as Caesar salad dressing, eggnog, Hollandaise sauce or homemade ice cream.
- If you want to eat your decorated Easter eggs, keep in mind that they should be stored in the refrigerator, hidden in places above the ground and away from bacterial sources such as pets and dirt, and they should be tossed if they are cracked, dirty or have been out of the fridge for more than 2 hours.
- If taking cooked eggs for a picnic or to work or school, be sure to pack with ice or other frozen packs to ensure they stay at 40°F or below.

So go ahead, explore some new egg dishes in honor of this new spring season.

Recipes

Quiche Lorraine

Ingredients
- 1 Basic Piecrust (9-inch), baked
- 1 cup shredded Swiss Gruyere cheese (4 oz.)
- 8 slices bacon, cooked crisp, crumbled
- 6 EGGS
- 1-1/4 cups half-and-half
- 1/2 tsp. salt
- 1/4 tsp. white pepper
- 1/8 tsp. ground nutmeg

Instructions:
1. HEAT oven to 375°F. SPRINKLE cheese and bacon evenly in bottom of piecrust.
2. BEAT eggs, half-and-half, salt, pepper and nutmeg in medium bowl until blended. Carefully POUR over filling in piecrust.
3. BAKE in center of 375°F oven until center is almost set but jiggles slightly when dish is gently shaken and knife inserted near center comes out clean, 35 to 40 minutes. LET STAND 5 minutes. CUT into wedges.

How to Hard Boil an Egg

Place your eggs in a pot and cover with cold water by 1 inch. Bring to a boil over medium-high heat, then cover, remove from the heat and set aside 8 to 10 minutes. Drain, cool in ice water, and peel. The fresher the egg, the more difficult it is to peel after hard boiling. That’s because the air cell, found at the large end of the shell between the shell membranes, increases in size the longer the raw egg is stored. As the egg’s contents contract and the air cell enlarges, the shell becomes easier to peel. For this reason, older eggs are better candidates for hard boiling. While it’s still safe to eat, a green ring on a hard-boiled yolk is usually the result of overcooking.

Toad in the Hole

Ingredients
- 1 slice of bread
- 1 teaspoon butter or margarine
- 1 egg
- Salt and pepper to taste
- 1 cup sliced fresh mushrooms
- 2 cups shredded Colby/Jack cheese

Instructions:
1. Cut a 3-in. hole in the middle of the bread and discard. In a small skillet, melt the butter; place the bread in the skillet. Place egg in the hole. Cook for about 2 minutes over medium heat until the bread is lightly browned. Turn and cook the other side until egg reaches desired doneness. Season with salt and pepper. Yield: 1 serving.
Word Search

X S P D O B T R U M P E T F G
Y E M N R N C O N M A Y I B N
L P A U H A U O D A X D A V R
O I F Z R S I R U I D R U O
P P Y D K D A T O L I E K E H
H G X L R O O X E T H T U M H
O A U O B H W G O X J U L I C
N B C Y A P Q N N P H L E C N
E C E R F A E Q R O H F L L E
A K P X U V O J N A B O E U R
E R A T I U G S S A B Q N D F
Q Z S O H A R M O N I C A E A
A Q L E N O B M O R T R S H U
L I Z Z T E N I R A L C U O O
N P U B R M A N D O L I N W P

Theme: MAKING MUSIC

ACCORDION
BANJO
BONGO DRUMS
FIDDLE
HARMONICA
PIANO
TRUMPET

AUTOHARP
BARITONE VIOLIN
CLARINET
KEYBOARD
SAXOPHONE
UKULELE

BAGPIPE
BASS GUITAR
DULCIMER
FRENCH HORN
MANDOLIN
TROMBONE
XYLOPHONE

The Funny Side

GET OUT OF THE CAR!!!

An elderly Florida lady did her shopping and, upon returning to her car, found four males in the act of leaving with her vehicle.

She dropped her shopping bags and drew her handgun, proceeding to scream at the top of her lungs, “I have a gun and I know how to use it! Get out of the car!” The four men didn’t wait for a second threat. They got out and ran like mad.

The lady, somewhat shaken, then proceeded to load her shopping bags into the back of the car and got into the driver’s seat. She was so shaken that she could not get her key into the ignition. She tried and tried and then realized why. It was for the same reason she had wondered why there was a football, a Frisbee, and two packs of beer in the front seat. A few minutes later she found her own car parked four or five spaces farther down.

She loaded her bags into the car and drove to the police station to report her mistake. The sergeant to whom she told the story couldn’t stop laughing. He pointed to the other end of the counter, where four pale men were reporting a carjacking by a mad, elderly woman described as white, less than five feet tall, glasses, curly white hair, and carrying a large handgun. No charges were filed.

Moral of the story:
If you are going to have a senior moment…make it memorable.

NEW RESOLUTION!
I’ve read so many horrible things about drinking and smoking recently that I made a new, firm New Year’s resolution: NO MORE READING!

Clip and Mail

Please consider a tax-deductible contribution today to help with the cost of printing and postage for our newsletter.

Name ____________________________  $15 ___ $25 ___
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The 2018 AARP Tax Assistance sites:

Advance General Baptist Church | on Mondays, 1:30 pm - 4 pm | February 5 - March 19
Benton Riverside Library | on Mondays, 12:30 pm - 3:30 pm | February 5 - March 19
Cape Public Library | on Wednesdays, 9:30 am - 3:30 pm | January 31 - April 11
Cape Public Library | on Thursdays, 9:30 am - 3:30 pm | February 1 - April 12
Cape Senior Center | on Tuesdays, 6 pm - 8:30 pm | February 6 - April 10
Chaffee Senior Center | on Tuesdays, 9 am - 12 pm | February 6 - April 10
Jackson Riverside Library | on Wednesdays, 9 am - 11:45 am | January 31 - April 11
Jackson Senior Center | on Thursday, 12:30 pm - 3:30 pm | February 1 - April 12
Marble Hill Senior Center | on Mondays, 9 am - 11:30 am | February 5 - April 9
Sikeston Public Library | on Thursdays, 12:30 pm - 3:30 pm | February 1 - April 12

*Please DO NOT call any site to make an appointment or request tax information. All sites are walk-in sites. All workers are volunteers and will assist you with the preparation of your federal and state income taxes, provided your taxes are within the scope of their training.

Missouri Return Inquiry System

As a public service, the Missouri Department of Revenue has a system where Missourians can now sign up to receive automatic text and email alerts each time the status of their state tax return is updated. To access the Missouri Return Inquiry System and sign up for automatic text and email alerts, please visit www.dor.mo.gov/returnstatus/.

Customers need three pieces of information: their Social Security number, filing status and anticipated refund or balance due.

Return information will be available 48 hours after filing electronically or four weeks after mailing a paper return. Customers will receive easy-to-read graphics that indicate the current status of their return, the return processing steps that have already been completed, the next steps that the Department will take and the refund issue date, if applicable.

thank you

Be it one year or 21 years working for Aging Matters, your hard work and dedication deserves recognition for a job well done. For the ladies at the senior centers, Carolyn Farrenburg, Laura Ford, Lisa Hicks, Heather Sifford, and Joan Rawls, your contributions to the preparation of meals for hundreds of people each day are very important and the hard work and dedication put in by the senior center administrators is greatly appreciated. Doug Dickerson provides the IT support that is greatly needed and appreciated.

MARCH
Doug Dickerson, Central Office, 1 year
Carolyn Farrenburg, New Madrid Senior Center, 21 years
Laura Ford, Kennett Senior Center, 2 years
Lisa Hicks, Sikeston Senior Center, 7 years
Heather Sifford, Puxico Senior Center, 1 year

APRIL
Joan Rawls, Kennett Senior Center, 14 years

The project is in compliance with Title VI of the Civil Rights Act of 1964, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Resources issued pursuant to the Title to the end that no person shall, on the ground of race, color or national origin be excluded from participation in a program designed to promote the welfare and interest of the elderly. Anyone interested in advertising in this newsletter should contact Aging Matters.

Funds for this project were made available through the Division of Aging of the Missouri Department of Social Services under provisions of the Older Americans Act.