It’s Getting Hot In Here – and Outside! by Barbara Hahs

The dog days of summer – a phrase many have heard over the years as the hottest and muggiest part of the season. Some refer to the hot summer days as “not fit for a dog.” According to the Farmer’s Almanac, the dog days of summer are the 40 days beginning July 3 and ending August 11. The phrase is actually a reference to the fact that, during this time, the Sun occupies the same region of the sky as Sirius, the brightest star visible from any part of Earth and part of the constellation Canis Major, the Greater Dog. This is why Sirius is sometimes called the Dog Star.

In the summer, Sirius rises and sets with the Sun. On July 23rd, specifically, it is in conjunction with the Sun, and because the star is so bright, the ancient Romans believed it actually gave off heat and added to the Sun’s warmth, accounting for the long stretch of sultry weather. They referred to this time as “dog days.” Thus, the term Dog Days of Summer came to mean the 20 days before and 20 days after this alignment of Sirius with the Sun—July 3 to August 11.

While this period usually is the hottest stretch of summer, the heat is not due to any added radiation from Sirius, regardless of its brightness. The heat of summer is simply a direct result of the Earth’s tilt. During summer in the Northern Hemisphere, the tilt of the Earth causes the Sun’s rays to hit at a more direct angle, and for a longer period of time throughout the day. This means longer, hotter days.

Too much heat is not safe for anyone, not even dogs. Especially at risk are infants and young children, people 65 and older, people

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who are ill, have chronic health conditions or on certain medications, and people who are overweight. Check with your doctor to see if you are taking any prescriptions that may make it harder for your body to cool itself. The human body is normally able to regulate its temperature through sweating, until it is exposed to more heat than it can handle. When the body loses excessive water and salt, usually due to sweating, heat exhaustion and heat stroke can escalate rapidly, leading to delirium, organ damage and even death.

The signs and symptoms of heat exhaustion include: sweating; pale, ashy or clammy skin; muscle cramps in your stomach, arms or legs, also known as heat cramps; fatigue, weakness or exhaustion; headache, dizziness or fainting; nausea or vomiting; and rapid heart rate. A quick response to any of these symptoms includes: moving the victim to a shaded or air-conditioned area; give water or other cool beverages (nonalcoholic only); and apply wet towels, or have the victim take a cool shower. Heat exhaustion can evolve into a heat stroke if left untreated.

If someone is suffering from heat stroke (also known as sun stroke), seek help immediately. Heat stroke is less common than heat exhaustion, but much more serious. Signs include: body temperature above 103 degrees; skin that is flushed, dry and hot to the touch (sweating has usually stopped); rapid breathing; headache, dizziness, confusion or other signs of altered mental status; irrational or belligerent behavior; and convulsions or unresponsiveness. Take immediate action: call 911; move the victim to a cool place; remove unnecessary clothing, including shoes and socks; immediately cool the victim with a cool compress to the face to help prevent fainting and cool the body.

Now, how do we survive and find comfort during these ‘dog days of summer?’ It is important to get relief from the heat quickly to avoid several illnesses, all grouped under hyperthermia. First and foremost, drink plenty of liquids, such as water, and fruit or vegetable juices. If you sweat a lot, try a sports drink to replace lost electrolytes. Adding a few mint leaves to your water will also provide a cooling benefit. Stay away from any drinks containing alcohol or caffeine.

Stay indoors in air-conditioning or with a fan. Since heat rises, you'll find it more comfortable in the lower levels of your home, such as a basement if you have one. Keeping your shades, blinds, or curtains closed, especially those windows facing the sun, help keep the house cooler. Limit your oven use by grilling outside, using a slow cooker or using a microwave. Try to remain inactive during the hottest part of the day (11 a.m. to 3 p.m.) and run your errands, do housework or outdoor activities in early morning or late afternoon/evening when it starts to cool down. If you find it difficult to get relief from the heat at home, seek other locations that have air-conditioning, such as senior centers, shopping malls, libraries, or a friend’s house. If you need help getting to a cool place, ask a friend or relative if they can take you. If necessary and available, call for senior transportation.

Dress for the weather. Wear light-weight, loose-fitting, clothing in light-colored, natural fabrics. Choose fabrics that breathe and allow your body to shed heat (moisture-wicking fabrics). With your body’s main temperature sensor located on the back of your neck, a cool compress in this area provides much needed, cooling relief.

By all means, swimming is a great way to cool off on hot days. It works because when we get wet, the water evaporates from our skin, taking heat with it. If going swimming is not an option, you can achieve the same result with a cool shower or bath, or just wetting your hair. Soaking your feet or just running cold water over your wrists for 10 seconds can also help. And don’t forget the sunscreen! Sunburned skin will only make you feel hotter.

There are a few things you should not do if someone is experiencing a heat stroke: DO NOT force the victim to drink liquids, do not apply rubbing alcohol to the skin or allow the victim to take pain relievers or salt tablets.

If you know a senior or disabled adult who is in need of assistance due to hot weather, you should call the state’s toll-free abuse and neglect hotline at 1-800-392-0210. The hotline operates 7 a.m. to 12 a.m. seven days a week. Also, on the Missouri Department of Health & Senior Services website (www.health.mo.gov/living/wellnes/lifedepend) there’s a bullet point you can click on to view an interactive map of all the cooling centers, state-wide. The facility, address, phone number, days and hours are listed.

Play it safe this summer by keeping check on the weather before spending extended amounts of time outside. And by all means, enjoy your summer!
Fraud Prevention Fact

The Missouri SMP (Senior Medicare Patrol) is still focused on warning you about the so-called DNA cancer screening scam. The scam, which we first talked about in last month’s Fraud Fact, seems to be catching on like wildfire in Missouri and many other states.

Someone phones you, questions you about the history of cancer in your family, and offers you a free DNA swab testing kit to evaluate your risk. All you have to do is give the caller your Medicare number. They may ask for your doctor’s name, implying that they will send your results to your doctor. You go along with it, and a few weeks later, the nicely packaged kit arrives. You give your swab and send it back. What’s wrong with that? Unfortunately, now they have your Medicare number. They even photograph the Medicare cards. In a word, DON’T! Genetic tests must be ordered by your doctor to be covered by Medicare. Before you agree to genetic testing, be sure to check with your own doctor.

Your primary care physician and any specialists you are seeing are in the best position to know what testing you need, why you need it, and who should perform it. As always, report suspected Medicare fraud to the Missouri SMP at 1-888-515-6565.

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Tough Love-Family Caregiving

by Jackie Dover

Rosalyn Carter once said, “There are only four kinds of people in the world; those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need a caregiver.” Caregiving is often referred to as the toughest job in the world. Many times, you are on duty 24 hours a day, 7 days a week with no time off, no breaks and usually no pay.

Caregivers sometimes have a very difficult time caring for themselves; there just are not enough hours in the day. Since 2001, Aging Matters has had a Family Caregiver Program that focuses on empowering and supporting unpaid caregivers providing care for someone over the age of 60. You do not have to be related to be a Family Caregiver and you do not have to provide round the clock care for this program to help.

The Aging Matters Family Caregiver Program assists caregivers by providing educational programs and information and assistance. Family Caregiver sponsors Caregiver Conferences throughout our 18 county service area. There are conferences scheduled including Grandparents raising Grandchildren conferences that will be in the fall after school starts. These will be held in Cape Girardeau, Poplar Bluff, and Hayti. Please call Aging Matters for more information about the conferences at 800-392-8771.

Sixty-seven million people in the United States provide some care for a senior in their family or community; this number is growing every year. Respite Care is a service that is provided by the Family Caregiver Program. Respite care is needs based and allows a caregiver to take a break for a while and still have the loved one taken care of.

Family Caregiver program also helps with Supplemental Services, which may provide supplies and goods necessary for keeping an elder at home. The supplies need to be things the caregiver cannot provide and are not covered by Medicare or Medicaid. These supplies are items such as nutritional supplements and incontinent supplies. A “face to face” assessment is completed with the caregiver. Assessments are evaluated and assigned a score value and supplies grants are awarded based on that score. There is a limit on supplies of up to $250. Families may re-apply 12 months after they have used up their allotment.

We know caregiving can be an overwhelming task and no one should have to struggle through the process alone; it sometimes takes a team to provide care for an elderly loved one. The Family Caregiver Support Program helps caregivers find the keys to successful caregiving. Please call Aging Matters 800-392-8771 for more information or visit the Family Caregiver Facebook page https://www.facebook.com/CaregiversBalance/.
At a recent staff meeting, we had a presentation "Opiates in the Aging Population." This was very eye opening for many of us and we learned quite a bit. It is hard for many people to think of a senior having addiction issues, but the truth is addiction can happen at any age.

Many times when we talk about prescription medication abuse and seniors we are warning seniors to safely get rid of old medication and to keep their medicine locked up and away from those who would take their medication. Now an emerging or really an ongoing problem is the abuse of prescription medication by seniors.

According to the Center for Disease Control and Prevention (CDC) in 2015, 2.7 million Americans over age 50 abused painkillers. This means they took the medicine for reasons not prescribed or more than the prescribed amount. In the past two decades, the hospitalization rate due to opioid abuse has quintupled for those 65 and older. These numbers are growing.

Medicare has put some measures in place to help reduce opioid abuse. Some of those measures include safety checks at the pharmacy before the prescription is filled; these protections are especially important if you see multiple doctors. Medicare and prescription drug plans can review prescriptions to make sure the medications are safe and the amount prescribed meets prescribing guidelines; new opioid prescriptions can be limited to a 7 day supply and they can review if you have other medicines, such as benzodiazepines, that could interact negatively with your pain medicine. These checks alone will not end the opioid crisis but hopefully they can help prevent new addictions to these medicines.

Medicare can also help with treatment for addiction. Medicare Part A can cover inpatient care for a substance abuse issue if the care is at a Medicare approved facility and has been determined to be reasonable and necessary. Medicare Part A can cover medication needed for inpatient treatment also. Outpatient treatment can be covered under Medicare Part B depending on who is providing the services, not all facilities or providers are covered by Medicare. Medicare Prescription plans may cover some of the medicines used for treatment but it does not cover all of them for treatment purposes. The Center for Medicare and Medicaid Services (CMS) is working on changes to address the opioid issue, but they are playing catch up to an ever-widening problem.

**Signs that someone may be abusing an opiate include:**
- Noticeable elation/euphoria
- Marked sedation/drowsiness
- Confusion
- Constricted pupils
- Slowed breathing
- Intermittent nodding off or loss of consciousness
- Constipation
- Slurred speech
- Lowered motivation
- Extra medication bottles
- Mood changes
- Sudden financial problems

We have to remember that opioid and drug addiction is not a “them” problem, it is an “us” problem. It can affect someone at any economic level, any race or religious background, any education level and any age. If you believe you have a problem or someone you love has a problem with addiction, please do not hesitate to ask questions or seek help. The Substance Abuse and Mental Health Services Administration (SAMHSA) hotline is 1-800-662-4357, help is available 24 hours a day, 7 days a week.
Jan McFerron retires after 20 years with Aging Matters

All good things must come to an end, sadly. As many of you know Jan McFerron retired in May 2019 after spending 12 of her 20 years with Aging Matters as the Regional Ombudsman Director. Jan was admired by coworkers, volunteers and many others who worked closely with the Ombudsman program. Emily Smith has spent the last 6 years working with Jan as the Assistant Ombudsman Director and has recently accepted the positon of Ombudsman Director.

Emily is a graduate of Southeast Missouri State University with a degree in Social Work. Prior to taking a positon with our agency she was employed by the Missouri Department of Health and Senior Services. Emily has 10 years of experience working with the elderly and disabled population and is very excited to be given the opportunity to work with such a selfless group of volunteers.

Aging Matters would like to welcome Erin Mason to our staff as the new Assistant Ombudsman Director. Erin is originally from Cape Girardeau and is a graduate of Southeast Missouri State University with a degree in Social Work. Erin has worked with various populations in our region and we are very excited for her to join our important advocacy work on behalf of the residents in long term care facilities. Erin is pictured in the above photo, standing on the far right side.

National Parks & More

For the frequent traveler interested in seeing our country’s most treasured landscapes, historical sites, monuments, national parks, and recreation areas, purchasing a pass is a clever idea. Seniors, age 62 and older can purchase an annual pass for $20 or a lifetime pass for $80. The same prices also apply to veterans, age 62 or older. Active military can receive a free annual pass by presenting their US military ID. For more information on the National Park Service and passes visit: https://www.nps.gov/planyourvisit/passes.htm.

Ombudsman volunteer banquet held on May 21, 2019 at the Cape Elks.
Super Summer Salads

by Tracey Tripp

Salad is one of those things that you might not be able to define, but you know it when you see it— or eat it. So what, exactly, is the definition of a salad? That seems to depend who you ask as everyone’s definition seems to be slightly different. Salads can be served as an entrée or a side dish, and while most are intended to be eaten cold, there is the occasional exception. The ingredients in salads might include vegetables, pasta, beans, seafood, tuna, eggs, chicken or other meats, fruit, rice, even Jello or bread.

Salads seem to have originated in ancient Greek and Roman times and were usually dishes of raw vegetables dressed with oil, vinegar and salt. Over time, salads evolved and got more complicated. Mixed greens were tossed in, meats, cheeses and different vegetables were added, and regions of the world developed specialty salads. James Beard Award winning cookbook author Diane Morgan defines a salad as “A collection of ingredients with a dressing when either composed or tossed together forms a filling side dish. And if there was protein with it that could be a main course.” The only common element in our salad discussion seems to be the dressing. The dressing ties everything together. Without a dressing, your salad is just a sad bowl of vegetables. It has been said that salads are dishes where the whole is more important than the individual parts.

Here are some tips for making delicious salads at home.

1. Try making your own salad dressing. You’ll be surprised how quick and easy it is to make the dressing and how much flavor you get from using fresh ingredients. The classic ratio for basic homemade vinaigrette is three parts oil to one part vinegar. You can mix and match with lots of ingredients— try whisking in mustard or honey to keep emulsified; add flavor with chili flakes, shallots, herbs, garlic, etc.
2. Use a mix of greens for varied texture and flavor and season them with a touch of salt and pepper. Romaine and iceberg have more of a crunch than spinach or arugula. Bibb lettuce and simple green leaf lettuce are more tender for delicate salads. Arugula, watercress, dandelion greens and chicory add a spicy or peppery element. You can also toss in some fresh herbs for an extra punch of flavor.
3. Vegetables can be added raw, grilled, roasted or pickled. Try using a vegetable peeler for fibrous vegetables like asparagus. Chop raw vegetables into bite-size pieces. Grilling vegetables like squash, eggplant, and carrots adds smokeiness and you might even choose to lightly char them. Pickled vegetables bump up the flavor in a big way.
4. Fruit can add a complimentary note of flavor and sweetness. Avocado, strawberries, blueberries, grape halves, raisins, dried cranberries or dehydrated fruits like apples are all good choices.
5. Adding some crunch makes any salad more satisfying. Some tasty options include pumpkin seeds, flax seeds and sunflower seeds. Toasting nuts brings out their flavor. Croutons, especially homemade, are a treat. Savory granola will also supply that something extra. You can also use a fun topping like Fritos or tortilla chips.
6. Protein can make a salad into a meal and the options are almost endless. Ground beef or ground turkey cooked and seasoned with spices; pulled pork;...
Strawberry Spinach Salad

Ingredients
- 2 tablespoons sesame seeds
- 1 tablespoon poppy seeds
- 1/2 cup white sugar or 1/2 cup Splenda
- 1/2 cup olive oil
- 1/4 cup distilled white vinegar
- 1/4 teaspoon paprika
- 1/4 teaspoon Worcestershire sauce
- 1 tablespoon minced red onion
- 10 ounces fresh spinach - rinsed, dried and torn into bite-size pieces
- 1 quart strawberries - cleaned, hulled and sliced  optional: 1 c sliced green grapes
- 1/4 cup almonds, blanched and slivered  optional: 1 c sliced fresh mushrooms

Directions
1. In a medium bowl, whisk together the sesame seeds, poppy seeds, sugar, olive oil, vinegar, paprika, Worcestershire sauce and onion. Cover, and chill for one hour.
2. In a large bowl, combine the spinach, strawberries, grapes, mushrooms and almonds. Pour dressing over salad, and toss. Refrigerate 10 to 15 minutes before serving.

The need for family caregivers is growing!

by Kathy Bullis

Recently I had lunch with a fair size group of people who work in health and social service fields. Our conversation quickly moved to our families and it wasn't long before it was apparent that every single one of us was providing some level of care for our aging parents. It seemed unusual to me that it should be such a prevalent trend. While I know there is a caregiver crisis looming on the horizon, I don't think it had been real to me until that unintended group of caregivers met.

According to AARP, currently the ratio of caregivers to those who need care is about 7 family caregivers to 1 elder. By the year 2030, the ratio will be 4 family caregivers to 1 care receiver by and by 2050 it will be 3 caregivers to 1. And the numbers do not get better after that, a downward spiral is predicted. This trend is being called a caregiver cliff, and we are beginning to go over it.

There are several factors that contribute to the trend. Divorce can make it more difficult for children to care for aging parents who are in different locations, maintaining separate homes. Divorce also creates more solo seniors which rules out any chance of spousal caregivers. It is easy to imagine that a divorced couple who both remarried could have one child to care for potentially 4 adults. Also distances that family members live from each other can increase the caregiver burden. In the family caregiver program here at Aging Matters, I have met children who were driving from Colorado, Idaho and Chicago on a monthly basis to help out and coordinate services. I am sure that adds to the financial burden for these caregivers as well as making their own family life and health care more challenging. I remember one of the long distance family caregivers telling me about pushing snow with the front bumper of her car as she drove from Idaho to rural Wayne County. While that might be something she could do in her late 40's, it might not be manageable in her late 50's. It is easy to see how distance could limit the ability of a caregiver to continue to provide care. More people choosing to remain childless, or having fewer children is a factor as well, causing those frail elders to rely on nieces, nephews, friends, neighbors and siblings for assistance.

There is a double-edged financial component to the crisis. On one side there is the fact that the boomer generation tend not to be savers, and so will often not have adequate funds saved to pay for necessary services and to meet their needs. Children often supplement their parent's income, and at the same time may be losing their own income because of their caregiving duties. According to a MetLife study, caregivers who leave the work force at age 50 or older, will lose an estimated $303,880 in income and benefits. Three quarters of caregivers are in the role for 5 years or less, but they tend to be in their late 40s or 50 and this is an important time to amass savings and income. Most are at their peak earning potential at this time.

I have to wonder what solutions will be created in the wake of the quickly advancing crisis. There has been some progress made in some areas. In New York, a bill to provide a Social Security earnings credit to people who leave the workforce or reduce work hours to provide unpaid care to a family member has been introduced. Medicare coverage for telemedicine and chronic care coordination has been expanded and some states have adopted “CARE” laws requiring hospitals to better coordinate with caregivers. I am sure that as the need becomes more apparent, we will see more legislative attempts at solutions, but I would encourage all of you to look at the systems we can effect locally, maybe your church, maybe your local hospital, and begin to talk about ways to help caregivers and the seniors they care for as this is something that will touch EVERYONE.
The Funny Side

How to…
How to stop time: KISS
How to travel in time: READ
How to escape time: MUSIC
How to feel time: WRITE
How to waste time: SOCIAL MEDIA

How to make women truly happy.
A man walking along a California beach was deep in prayer. All of a sudden, he said out loud, “Lord, grant me one wish.”

The sunny California sky clouded above his head and in a booming voice, the Lord said, “Because you have tried to be faithful to me in all ways, I will grant you one wish.”

The man said, “Build a bridge to Hawaii so I can drive over anytime I want.”

The Lord said, “Your request is very materialistic. Think of the enormous challenges for that kind of undertaking. The supports required to reach the bottom of the Pacific! The concrete and steel it would take over thousands of miles! I can do it, but it is hard for me to justify your desire for worldly things. Take a little more time and think of another wish, a wish you think would honor and glorify me.”

The man thought about it for a long time. Finally he said, “Lord, I wish I could understand women. I want to know how they feel inside, what they are thinking when they give the silent treatment, why they cry, what they mean when they say ‘nothing,’ and how I can make a women happy.”

The Lord replied, “You want two lanes or four lanes on that bridge?”

Did you have an accident?
My three year old son had a lot of problems with potty training, and I was constantly on him. One day we stopped at McDonalds for a quick lunch in between errands. It was very busy, with a full dining room.

While enjoying my lunch, I smelled something funny, so course, I checked my seven month old daughter, and she was clean. Then I realized my son had not asked to go potty in a while, so I asked him and he said “no”.

I kept thinking, “oh lord, that child has had an accident and I don’t have any clothes with me.” Then I said, “Matt, are you sure you did not have an accident?”

“No,” he replied.

I just knew that he must have, because the smell was getting worse. Sooooo…I asked one more time, “Matt, did you have an accident?”

Matt jumped up, yanked down his pants, bent over and spread his cheeks and yelled…”SEE, MOM, IT’S JUST FARTS!!!” While nearly 50 people nearly choked to death eating their fries, he calmly pulled up his pants and sat down to eat his food as if nothing happened. I was mortified!

Some kind elderly people made me feel a lot better, when they came over and thanked me for the best laugh they had ever had!!! Another old gentleman stopped us in the parking lot as we were leaving, bent over to my son and said, “Don’t worry son, my wife accuses me of the same thing all the time…I just never had the nerve to make the point like you did.”