Aging and Your Home

The aging process is blamed for many problems seniors may encounter with daily activities. However, quite often it is the home that creates the difficulties. Most residential housing is geared to young healthy adults. Builders do not take into account age-related conditions such as reduced mobility or limited range of reach. Hence, dwellings do not support the physical and sensory changes that older adults encounter as they age. What appear to be insignificant home features can have significant effect for a person with even minor aging issues.

Many seniors avoid home modifications and helpful technology items designed for people with disabilities, because these products have an industrial appearance. No one wants to have their home look like a hospital. Consumer demand and computer technology have pushed institutional products to be redesigned to be more acceptable in the home. Some of these include:

- Chairs designed for easier in and out
- Enhanced high and low frequency tones for doorbells and telephones
- Grab bars and hand rails with decorator colors
- Hospital type beds with wooden headboards and footboards
- Items that are easier for arthritic hands to handle
- Larger print for declining eyesight
- On/off buttons with color contrasts
- Walkers in bright hues

The National Center for Injury Prevention and Control (NCIPC) states that falls are the number one cause of home injury. Studies suggest that a significant proportion of all falls are due to environmental factors.

The three leading causes of home injuries, according to the NCIPC, are: falls, burns and poisoning. Seniors are especially susceptible to these types of injuries. Most falls are caused by environmental factors such as a home not truly suited for a person with elderly issues. Burns are caused primarily from fires. Older adults are killed in home fires at twice the rate of society as a whole (National Association of Home Builders [NAHB], 1990). Poisoning is mostly caused by medicine non-compliance: older adults are six times more likely than other age groups to suffer adverse medical reactions (Alliance for Aging Research, 1998).

One of the bigger challenges is to identify safety issues that may be unique to an individual based on their particular aging status and conditions. While research via books and the internet can help focus on such issues, the use of a good checklist in assessing the home environment is helpful.

CONTINUED ON PAGE 7
Thinking About Your Thyroid

Get to Know This Small but Mighty Gland

You’ve probably heard of the thyroid gland, but do you know what it does? You might not give it a second thought unless something goes wrong. Thyroid trouble can cause a range of seemingly unrelated problems, including drastic changes to your weight, energy, digestion, or mood. Learn to recognize signs of thyroid disorder, so you can get treatment if needed.

The thyroid is a small but powerful butterfly-shaped gland located at the front of your neck. It controls many of your body’s most important functions. The thyroid gland makes hormones that affect your breathing, heart rate, digestion, and body temperature. These systems speed up as thyroid hormone levels rise. But problems occur if the thyroid makes too much hormone or not enough.

Nearly 1 in 20 Americans ages 12 and older has an under-active thyroid, or hypothyroidism. When thyroid glands do not produce enough hormones, many body functions slow down. A smaller number of people—about 1 in 100—have an over-active thyroid, called hyperthyroidism. Their thyroids release too much hormone.

Thyroid problems are most likely to occur in women or in people over age 60. Having a family history of thyroid disorders also increases the risk.

Thyroid problems are often caused by autoimmune disorders, in which the immune system mistakenly attacks and destroys the body’s own cells. For example, an autoimmune disorder called Graves’ disease can cause the thyroid to be over-active, while one called Hashimoto’s disease can make the thyroid under-active.

Thyroid disorders can be hard to diagnose, because the symptoms are similar to other conditions. “Hypothyroidism can be very subtle,” says NIH’s Dr. Monica Skarulis, an expert on the thyroid. Patients with under-active thyroids can be treated with artificial thyroid hormones. Over-active thyroids are often treated with medications that reduce hormone levels.

During pregnancy, thyroid hormones can affect the health of both the mother and the developing baby. Thyroid hormone levels sometimes need to be carefully monitored and adjusted, even if the expectant mother never had thyroid problems before. After pregnancy, some women have abnormal levels of thyroid hormone for a year or more.

The thyroid gland also can be affected by cancer. Thyroid cancer usually has no symptoms. It’s sometimes first noticed as a lump in the neck—although such bumps are more likely to be harmless nodules. “Thyroid nodules are extremely common, whereas thyroid cancer is pretty rare,” Skarulis says. A doctor can determine if a nodule is cancerous by removing and examining a tiny piece of it. If it shows signs of cancer, the nodule or even the entire thyroid will be removed.

If you notice signs of thyroid disease, talk with a health professional. Based on your family history, symptoms, and medical exam, your provider can help you decide if further testing or treatment is needed.

Symptoms of Thyroid Disorder

Hypothyroidism:
- Fatigue
- Depression
- Joint and muscle pain
- Cold intolerance
- Slowed heart rate
- Constipation
- Weight gain

Hyperthyroidism:
- Fatigue
- Nervousness or irritability
- Trouble sleeping
- Muscle weakness
- Heat intolerance or increased sweating
- Rapid and irregular heartbeat
- Frequent bowel movements or diarrhea
- Weight loss

NIH News in Health, September 2015

Care Matters

Across the country, residents of nursing homes and other long-term care facilities along with family members, ombudsmen, citizen advocates, facility staff and others will honor the individual rights of long-term care residents by celebrating Residents’ Rights Month in October. Designated by the National Consumer Voice for Quality Long-Term Care, this month highlights the importance of listening to residents who live in nursing homes, assisted living, and residential care facilities.

This year’s theme for Residents’ Rights Month is “Care Matters”. The theme was selected to call attention to the fact that residents living in long-term care facilities deserve quality care. By listening to residents’ voices, we honor their lives and experiences as well as treat them with dignity and respect. Staff and residents can enjoy relationships that enhance their day to day lives and the facility can operate more effectively in its daily activities when the residents have the ability to make choices involving their care and have their preferences known. Family members, long-term care ombudsmen, and facility staff care about the residents.

We encourage you to celebrate and acknowledge Residents’ Rights Month by visiting with residents that live in facilities within your communities. If you are interested in knowing more about the Long-Term Care Ombudsman program, residents’ rights, or becoming an Ombudsman Volunteer, please contact Jan McFerron, LTC Ombudsman Director or Emily Sparzynski, Assistant Director at Aging Matters. The phone numbers are 573-335-3331 or 1-800-392-8771.
Alphabet Soup for Caregivers

Have you ever talked to a medical professional, case worker, or social worker and walked away wondering what on earth they just said to you? The hard facts are we all get in the habit of talking in acronyms or words made up of initials and abbreviations such as MODOT (Missouri Department of Transportation) or DHSS (Division of Health and Senior Services). Every profession seems to have its own set, and they are nearly impossible to decipher without experience or an interpreter. The use of acronyms can compound the confusion and frustration experienced by many seniors and their caregivers.

Here is a bit of information to keep you from drowning in the alphabet soup!

- Don’t hesitate to stop anyone using a word or acronym you don’t recognize. Make sure you understand exactly what they mean before the conversation continues.
- Either take notes or use a tape recorder during meetings. This will allow you to go back later and check your information.
- Make a list of acronyms and their definitions to keep handy.
- Many of these can be found online, but should be clarified with your service provider.

Here is a list of social service and common health care acronyms to get you started. Remember some acronyms have more than one definition; i.e. AAA also stands for American Automobile Association.

### Social Services Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA</td>
<td>Area Agency on Aging (In our region, known as Aging Matters)</td>
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<tr>
<td>AARP</td>
<td>American Association of Retired People</td>
</tr>
<tr>
<td>BAILS</td>
<td>Bootheel Area Independent Living Services</td>
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<tr>
<td>DAEOC</td>
<td>Delta Area Economic Opportunity Corporation</td>
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<tr>
<td>DCAI</td>
<td>Disabled Citizens Alliance for Independence</td>
</tr>
<tr>
<td>DHSS</td>
<td>Division of Health and Senior Services</td>
</tr>
<tr>
<td>DPOA</td>
<td>Durable Power of Attorney</td>
</tr>
<tr>
<td>EMMA</td>
<td>East Missouri Action Agency</td>
</tr>
<tr>
<td>FSD</td>
<td>Family Support Division</td>
</tr>
<tr>
<td>ILCSM</td>
<td>Independent Living Center of Southeast Missouri</td>
</tr>
<tr>
<td>LIFE</td>
<td>Living Independently for Everyone</td>
</tr>
<tr>
<td>Med D</td>
<td>Medicare Part D drug coverage</td>
</tr>
<tr>
<td>MORx</td>
<td>Missouri Prescription Program</td>
</tr>
<tr>
<td>POA</td>
<td>Power of Attorney</td>
</tr>
<tr>
<td>RSVP</td>
<td>Retired Senior Volunteer Program</td>
</tr>
<tr>
<td>SADI</td>
<td>SEMO Alliance for Disability Independence</td>
</tr>
<tr>
<td>SEMA</td>
<td>State Emergency Management Agency</td>
</tr>
<tr>
<td>SMCT</td>
<td>Southeast Missouri Transportation Services</td>
</tr>
<tr>
<td>VNA</td>
<td>Visiting Nurses Association</td>
</tr>
</tbody>
</table>

### Health Care Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA</td>
<td>Abdominal Aortic Aneurysm</td>
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<tr>
<td>CABG</td>
<td>Coronary Artery Bypass Graft</td>
</tr>
<tr>
<td>CAD</td>
<td>Coronary Artery Disease</td>
</tr>
<tr>
<td>CHF</td>
<td>Congestive Heart Failure</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>CVA</td>
<td>Cardio Vascular Accident, or stroke</td>
</tr>
<tr>
<td>DM</td>
<td>Diabetes Mellitus</td>
</tr>
<tr>
<td>DNR</td>
<td>Do Not Resuscitate</td>
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<tr>
<td>EMT</td>
<td>Emergency Medical Technician</td>
</tr>
<tr>
<td>G Tube</td>
<td>Gastric Feeding Tube</td>
</tr>
<tr>
<td>PE</td>
<td>Pulmonary Embolism</td>
</tr>
<tr>
<td>POS</td>
<td>Point of Service</td>
</tr>
<tr>
<td>QD</td>
<td>Take once a day</td>
</tr>
<tr>
<td>QBID</td>
<td>Take two times a day</td>
</tr>
<tr>
<td>QID</td>
<td>Take four times a day</td>
</tr>
<tr>
<td>SNF</td>
<td>Skilled Nursing Facility</td>
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<tr>
<td>SNP</td>
<td>Special Needs Plan</td>
</tr>
<tr>
<td>SSI</td>
<td>Surgical Site Infection</td>
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<tr>
<td>TPN</td>
<td>Total Parenteral Nutrition</td>
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</tbody>
</table>

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### Prepare to Care
FREE – Caregivers Conference

Fellowship General Baptist Church
3581 N. Westwood Blvd, Poplar Bluff
Friday, November 6, 2015 | 8:30 – 1:00

Topics include: A caregiver’s story, Identity theft, legal issues for caregivers, selecting nursing care, and resource booths

Free lunch provided by Southeast Health Center of Ripley County
To register call Aging Matters at 573.335.3331 or 800.392.8771

### Join the fun!
RSVP/VIC is having their 2nd Annual
“Horseshoes for Everyday Heroes” Tournament
on Saturday, October 10, 2015

Beginning at 10:00 am, this humorous twist on the average game of horseshoes will be held at the Al Friga Farm (same location as last year) between Chaffee and Oran. Join in on the fun at this 18 pit obstacle course for $25 per person (includes 4 tickets to use for food, beer and other beverages). All proceeds will benefit the Retired Senior Volunteer Program / Volunteer Intergenerational Center and their volunteers. RSVP/VIC are services of Aging Matters. For more information about the event call 573-887-3664 or 573-471-8584.
Soup is a wonderful food. It is comforting, easy to prepare, and filling. It can warm the chill of a cool fall or winter day and fill your kitchen with an inviting aroma. Food historians tell us the history of soup is probably as old as the history of cooking. Soup is considered to be one of the first fast foods. The word “restaurant” comes to us through a bowl of broth. The French used to sell a “concentrated, inexpensive soup” called a restaurant (i.e., restorative) in the 1500s, which was billed as a cure for exhaustion. In 1765, a Parisian entrepreneur opened a shop that specialized in these hearty bowls, and the word restaurant became permanently attached to a place where you buy prepared food and sit down and eat it.

Nearly every culture has soup that has evolved according to local ingredients and tastes: New England chowder, Spanish gazpacho, Russian borscht, Italian minestrone, French onion, Japanese miso and Chinese won ton are just a few examples.

Soups are often full of nutrient-dense vegetables, dried peas and/or beans and other healthy ingredients that taste good and give soup an appealing texture. Soups are a delicious and simple way to help us reach our goal of 4-5 servings of vegetables each day. The healthiest, nutrient packed soups are those that use a basic broth or stock, a lean protein source (lean meat, chicken, fish, or beans/legumes), and a variety of vegetables and seasonings. While adding things like cream or cheese to soup is common, these items greatly increase the calories and fat content so use them sparingly or not at all.

Soup has been the food of choice for sick people for hundreds of years. Chicken soup will not cure your cold, but researchers say that chicken soup acts as an anti-inflammatory and temporarily speeds up the movement of mucus through the nose. This relieves congestion and limits the amount of time viruses are in contact with the lining of your nose. Plus, soup and other liquids help loosen congestion and prevent dehydration. Some spices help us feel better; ginger reduces nausea and a bit of cayenne will help to clear sinuses.

What is the difference between soup and stew? Basically there is no absolute difference.

Both soup and stew descent from economical, easy, healthy, forgiving, and locally sourced family meals. Throughout time, these two interrelated menu items converge and diverge. Modern American dining rules do, however separate soup from stew quite simply. The test is not in the ingredients or the method, but which in course it is served. Soup is a starter or accompaniment to a meal; stew is the main course. Stew is generally made with larger chunks of meat and vegetables, has a thicker, more gravy-like liquid, and is always served warm. “Stew” was a verb before it was a noun, and “stewing” or slow cooking with very little liquid, renders tough cuts of meat tender and delicious.

Consider making plenty of soup as most freezes very well for later use. If you’re cooking for one or two, freeze it in individual portions for a quick meal on days you don’t feel like cooking.

Good manners: The noise you don’t make when you’re eating soup. - Bennett Cerf
What is D.E.E.P.?

Diabetes Empowerment Education Program (DEEP) is part of the Health for Life, Everyone with Diabetes Counts initiative. This project is part of a national health disparities program, funded by the Centers for Medicare & Medicaid Services, to address the higher numbers of hospitalizations, complications, and death related to diabetes found in certain communities.

Diabetes is the most common cause of blindness, kidney failure and amputations in adults, as well as a leading cause of heart disease and stroke. People with diabetes spend 2.3 times more on health care costs than others without the disease. In the United States nearly 13% of adults age 20 and older have diabetes, according to the National Institutes of Health and the Centers for Disease Control and Prevention. Nearly one-third of persons 65 years and older have diabetes.

Diabetes self-management education (DSME) is a proven intervention for empowering persons with diabetes to take an active role in managing their disease. It has been shown that DSME classes significantly reduce serious complications such as those mentioned earlier.

DSME classes will be offered at the following locations and times.

Sikeston OAKS Nutrition Center
305 Cresap, Sikeston, MO | (573) 471-6047
Each Wednesday, 1-3 p.m., beginning Oct. 21, and concluding on Nov. 25, 2015

Ste. Genevieve County Health Dept.
115 Basler Drive, Ste. Genevieve, MO | (573) 883-7411
Each Tuesday, 1-3 p.m., beginning Nov. 3 and concluding Dec. 8, 2015

To register for a class, call the numbers above or call Aging Matters, (573) 335-3331 and ask for Tracey. If you are interested in a class in your area, call Tracey to discuss possible future classes and locations.

The Funny Side

25 Pearls of Wisdom
1. If you’re too open-minded, your brains will fall out.
2. Age is a high price for maturity.
3. Going to church doesn’t make you a Christian any more than going to a garage makes you a mechanic.
4. Artificial intelligence is no match for natural stupidity.
5. If you must choose between two evils, pick the one you have never tried before.
6. My idea of housework is to sweep the room with a glance.
7. Not one shred of evidence supports the notion that life is serious.
8. It is easier to get forgiveness than permission.
9. For every action, there is an equal and opposite government program.
10. If you look like your passport picture, you probably need the trip.
11. Bills travel through the postal service at twice the speed of checks.
12. A conscience is what hurts when all your other parts feel so good.
13. Eat well, stay fit, die anyway.
14. Men are from Earth. Women are from Earth. Deal with it.
15. No husband has ever been shot while doing the dishes.
16. A balanced diet is a biscuit in each hand.
17. Opportunities always look bigger going than coming.
18. Middle age is when broadness of mind and narrowness of the waist change places.
19. Junk is something you’ve kept for years and throw away three weeks before you need it.
20. There is always one more imbecile than you counted on.
21. Experience is a wonderful thing. It enables you to recognize a mistake when you make it again.
22. By the time you can make ends meet, they move the ends.
23. Thou shalt not weigh more than thy refrigerator.
24. Someone who thinks logically provides a nice contrast to the real world.
25. Blessed are they who can laugh at themselves for they shall never cease to be amused.

• I tried to get a life once, but they told me they were out of stock.
• It is easier to get older than it is to get wiser.
• I finally got my head together, now my body is falling apart.
• Lead me not into temptation (I can find the way myself).
• I can please only one person per day. Today is not your day.
• Tomorrow isn’t looking good either.
• Why do people clink their glasses before drinking a toast? It used to be common for someone to try to kill an enemy by offering him a poisoned drink. To prove to a guest that a drink was safe, it became customary for a guest to pour a small amount of his drink into the glass of the host. Both men would drink from their glasses simultaneously. When a guest trusted his host, he would then touch - or clink - the host’s glass with his own.

Delivery time!
Brian’s stress level was at unsurpassed levels. His wife Maggie was in labor and Brian was sure it was time to head to the hospital. Breathing heavily, Brian grabbed the phone and called the doctor. “MY WIFE, SHE’S READY, SHOULD WE COME?” The doctor tried to relax the poor fellow, “just try to relax, now tell me how much time elapses between the contractions?” “SHIRLEY!” Brian screamed on the top of his lungs, “HOW MUCH TIME IN BETWEEN THE CONTRACTIONS? TEN MINUTES? OK, TEN MINUTES IN BETWEEN!” “And is this her first child?” questioned the doctor. “NO YOU STUPID NITWIT, THIS IS HER HUSBAND!”

Getting in to heaven
The Sunday school lesson for the first graders was on the plan of salvation. The teacher asked, “If I sold my house and my car, had a big garage sale, and gave all my money to the church, would I get into heaven?” “No!” all the children answered.”If I cleaned the church every day, mowed the yard, and kept everything neat and tidy, would I get into heaven?” Again, the answer was, ”No!” “Well,” she continued, “then how can I get to heaven?” One boy confidently answered, “You’ve gotta be dead!”
Age Spots  By Ruth Dockins

Medicare Prescription Drug Sign-up Begins October 15

Finally, the crisp, cool weather of fall is here (or nearly here)! We can start looking at football games, bon-fires and new Medicare D choices.

As most of you know, the Medicare D (prescription drug) sign-up for 2016 starts October 15 and runs through December 7. You have received, or will soon receive (depending on when this article is printed) a letter from your Medicare Prescription Drug plan the “Plan Annual Notice of Change (ANOC) and Evidence of Coverage.” This letter will be a notice from your current plan outlining their 2016 formulary, benefit design and/or premium changes. They must send this to you by September 30.

Be sure to read this information carefully because many times there are significant changes in the premium, formulary and/or tier levels of the medication. If you are not satisfied with the new plan information please make a list of your medications, the size and how often you take them, and what pharmacy you use. Then contact Jackie, Liz, Meagan or me at 573-335-3331 or 1-800-392-8771, between October 15 and Dec. 7 so that we can assist you in finding the best plan for you for 2016. We will also need your Medicare number; effective dates for part A & B and your address. (By the way, never give this information to someone who calls you.)

We will have a form on our website that you can complete if you choose. It will be under Information and Assistance, Medicare D enrollment. You can print it and complete it and send it to us at the address on the bottom of the form. Our website is www.agingmatters2u.com. We can then enter the information and will contact you with the best plans for you so that you can make an informed decision.

If you want to do this yourself you can go to www.medicare.gov, click on “find health and drug plans” and follow the prompts.

Late in the month of September you will receive your new Medicare & You handbook. This is a very handy book to have; it answers many questions and has lots of good information in it. You can also download a copy online at www.Medicare.gov.

By October 16 employer/union and other group health plans must tell all Medicare eligible enrollees whether or not their drug coverage is creditable. Hang on to this notice! If you ever enroll in Medicare Part D you will need the letter to prove that you did have creditable coverage before you enrolled.

We will have enrollment events at the following locations:

Oct. 15 – Aging Matters office (call for location 335-3331) 9 a.m. – 4 p.m.
Nov. 4 – Twin Towers, 302 N. E St., Poplar Bluff, 10 a.m. – 2 p.m.
Nov. 4 – Altenburg Library, 66 Poplar St., Altenburg, noon – 6 p.m.
Nov. 5 – Perryville Library, 800 City Park Dr., 9 a.m. – 2 p.m.
Nov. 5 – Caruthersville RSVP office, 1105 Carlton, 10 a.m. – 2 p.m.
Nov. 10 – OAKS Senior Center, 305 Cresap, Sikeston, 10 a.m. – 2 p.m.
Nov. 18 – OAKS Senior Center, 900 Kennett, Kennett, 10 a.m. – 2 p.m.

If you have questions please call 573-335-3331 or 1-800-392-8771.

Upcoming special events at area Senior Centers

Cape Girardeau Senior Center:
Oct. 30 | Annual Costume Parade - dress up for a parade around the dining room and a chance to win some fun prizes | 11:00 am
Nov. 10 | Annual Veteran’s Day celebration | patriotic sing-a-long, followed by the Veteran’s Day ceremony at 10:50 am. Each branch of the service will be recognized, ending with TAPS | 10:15 am
Nov. 19 | Thanksgiving Feast starting at 11:00. | Annual Fall Bake Sale beginning at 9:00 am.
Dec. 1 | Christmas tree trimming gathering and decorating the dining room | Christmas music; hot cider and cookies
Dec. 17 | Christmas party beginning at 10:15 | Christmas Carol sing-a-long and Jolly Ole Elf may swing by for pictures and lunch. The Christmas Feast begins at 11:00. Everyone is encouraged to wear their Christmas sweaters and festive clothes for the celebration!

Chaflfee Senior Center:
Nov. 11 | Veterans’ Lunch | Sponsored by United Steel Workers-Noranda
Nov. 24 | Thanks for Giving Dinner | Sponsored by the Isle of Capri

Jackson Senior Center:
Oct. 30 | Halloween Party | Nov. 25 | Thanksgiving Dinner

Park Hills Senior Center:
Sun., Oct. 25 | Halloween Scavenger Hunt (Fundraiser) | Starts at 2:00pm
Fri., Oct. 30 | Halloween Luncheon & party at the center | 10:30 am
Tues., Nov. 10 | Veteran’s Day meal | Free to veterans
Fri., Nov. 20 | Thanksgiving Luncheon & party | 10:30 am
Wed., Nov. 25 | Come As You Are Breakfast | Start serving 8:30am
Fri., Nov. 27 | Black Friday Bingo (Fundraiser) | Doors open at 1:00 pm & play at 2:00pm
Dec. 8 – 23 | The 12 Days of Christmas (Treats)
Christmas Paddle Auction | TBA
Christmas Caroling | TBA
Christmas Exchange & Pot Luck evening dinner | TBA
Fri., Dec. 18 | Christmas Luncheon & Party | 10:30 am
Wed., Dec. 23 | It's Beginning to Look A Lot Like Christmas Special Bingo & Lunch | 11:00am

Perryville Senior Center:
Oct. 30 | Halloween Party | Nov. 25 | Thanksgiving Dinner
Dec. 6 | Christmas Bazaar, Bake Sale, and Chili Dinner | 11 am – 3 pm

Ste. Genevieve Senior Center:
Nov. 25 | Thanksgiving Dinner
Dec. 3 | Christmas Party

Van Buren Senior Center:
Oct. 17 | Car Show at the Court House Square | 9 am – 2 pm | BBQ for sale | NLT band performing, 11:30 am to 1:30 pm | Entry fee: $20 1st car / $15 each addl car (inc. t-shirt)
Nov. 7 | 4th Annual Craft Show | 9 am - 2pm | serving breakfast at 7 am / lunch at 11 am | more details
Dec. 11 | Volunteer Dinner at 5:30 pm

Williamsville Senior Center:
Oct. 24 | Annual fish fry and pie/cake auction | Music starting at 4 pm | Meal served beginning at 5 pm | Auction at 7 pm
Dec. 5 | Christmas display and tree lighting at the 4A Bldg. beginning at dark | Santa will arrive with gifts for the kids at 5 pm
## Aging and Your Home

**CONTINUED FROM PAGE 1**

<table>
<thead>
<tr>
<th>Senior Difficulty</th>
<th>Possible Remedy</th>
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<tbody>
<tr>
<td><strong>Balance and Coordination Problems</strong></td>
<td>Bath seat in the tub or shower. Bath tub with transfer bench. Counters edges are rounded. Grab bars near the bath and toilet. Handrails extend beyond the top and bottom of the stairs. No stairs to bedroom or bathroom. Phone in the bathroom. Stairway handrails on both sides. Walk-in shower with pull-down seat.</td>
</tr>
<tr>
<td><strong>Hearing Impairment</strong></td>
<td>Dishwasher is ultra-quiet to reduce background noise. Increased volume on phones. Smoke detectors have strobe lights.</td>
</tr>
<tr>
<td><strong>Limited Reach</strong></td>
<td>Cabinet shelves are no more than 10 inches deep. Closet organizer to reach belongings. Closet rods pull down to a comfortable level. Clothes washer and dryer are front-loading. Cooktop has easy-to-reach controls at the front. Electrical outlets are 27 inches above the floor. Hand-held shower in bathroom. Kitchen and closets have pull-down shelving. Lazy Susan to reach things stored on deep shelves. Microwave oven is no higher than 48 inches above the floor. Oven doors swing to the side. Pull-out shelves in the kitchen. Side-by-side refrigerator. Sink controls are on the side. Upper kitchen cabinets are 48 inches from the floor.</td>
</tr>
<tr>
<td><strong>Limited Vision</strong></td>
<td>Edge of counters a different color than the top. Edge of each step is a color that stands out. Increased wattage of light bulbs. Lights are in all closets. Outside walkways, and entrances are all well-lit. Stairs are well lit. Steps are a different color than the surrounding area. Stove controls are clearly marked and easy to see. Stove has big numbers that can seen from across the room. Stove uses different colors to tell which parts are hot. Under-the-cabinet lights are over the kitchen counter.</td>
</tr>
<tr>
<td><strong>Poor Hand and Arm Strength</strong></td>
<td>Automatic garage door opener. Cabinets and drawers have D-shape handles. Countertops smooth so heavy pans can slide across them. Doors have lever handles. Garbage disposal to reduce trash. Heat-resistant counter near microwave oven. Push-button controls are on appliances. Rocker light switches. Sinks with lever faucet handles. Special hardware to make drawers slide easily. Spray hose to fill pots on the stove. Trash compactor to minimize trash bags. Dishwasher is eight inches from the floor.</td>
</tr>
<tr>
<td><strong>Trouble Bending</strong></td>
<td>Elevated toilet or toilet seat. Lower kitchen cabinets six inches above the floor. Sink no more than 6 inches deep. Carpet is low pile and a firm pad. Clutter and electric cords are out of pathways. Countertop that can be used while sitting. Doors are wide enough for a walker to get through.</td>
</tr>
<tr>
<td><strong>Trouble Walking and Climbing Stairs</strong></td>
<td>Driveway is smooth, but not slippery. Floors are smooth and slip-resistant. Knee space under sinks, can sit while washing. Knee space under the stove, can sit while cooking. No area rugs. Ramp to front door with handrails on both sides. Stairs have slip-resistant surface. The threshold on door is no higher than ¼ inch.</td>
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<tr>
<td><strong>Uses a Wheelchair</strong></td>
<td>“Walk-in” closet wide enough for wheelchair. Appliances have controls at the front. Cabinet shelves no more than 10 inches deep. Can use my counter while sitting in a wheelchair. Can wheel from car to the front door and then inside. Can wheel to bedroom, bathroom, and kitchen. Closet organizer to help reach all belongings. Closet rods pull down to a comfortable level. Clutter and electric cords are out of pathways. Doors and hallways are wide enough for a wheelchair. Electrical outlets are 27 inches above the floor. Enough floor space near doors to move wheelchair. Floors are smooth; carpet has a low pile and a firm pad. Handheld shower. Heat-resistant counter near my microwave oven. Kitchen ad closets have pull-down shelving. Knee space under all sinks. Knee space under the stove. Lazy Susan to reach things stored on deep shelves. Microwave oven is no higher than 48 inches above the floor. Oven doors swing to the side. Pullout shelves in the kitchen. Ramp has an edging. Ramp to my front door with landings at bottom and top. Roll-in shower. Side-by-side refrigerator. Space to transfer from wheelchair to toilet. Threshold on door is ¼ inch or less. Walkway and driveway are smooth but not slippery. Way to transfer into the tub.</td>
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### Word Search

**Hint: Fall to Winter**

<table>
<thead>
<tr>
<th>Word Search</th>
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</thead>
<tbody>
<tr>
<td><strong>Blizzard</strong></td>
<td>Falling Leaves</td>
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<tr>
<td>Christmas</td>
<td>Firewood</td>
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<td>Coats</td>
<td>Football</td>
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<td>Columbus Day</td>
<td>Halloween</td>
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<td>December</td>
<td>Holiday Parties</td>
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<td>Decorations</td>
<td>November</td>
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<tr>
<td><strong>October</strong></td>
<td>Veterans Day</td>
</tr>
</tbody>
</table>

### Home Assessment

It is important to do a thorough assessment of the home to assure that it can properly handle an elderly or infirm individual. The following list provides a summary of items to review and or consider.

**Article source:** www.seniorresource.com

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**S C S R E B M E C E D V B Z S**

**E O L L A B T O O F E J I E E**

**I L O C T O B E R T W W V D I**

**T U E E R W N U E S T A O C P**

**R M D O O W E R I F E C T E N**

**A B O Q Z G A W O L W V C U I**

**P U T H A N K S G I V I N G K**

**Y S C O S C T N G B D A F U P**

**A D J D P U I F T N M G F X M**

**D A A T R L D R A Z Z I L B U**

**I Y K K L E E W B Q I N W X P**

**L U E A S N O I T A R O C E D**

**O Y F L H N S A M T S I R H C**

**H A J J S H A L O W E E N V**

**B R I N O V E R R O I E**
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Three Big Lies
About Medicaid Eligibility?

Lie #1: The new law has made it impossible to protect your assets from nursing home costs.

Truth: While it may be more complicated, many asset protection strategies are still available. The sooner you plan, the more you can protect.

Lie #2: Medicaid can take your house.

Truth: They don’t want to, and they can’t, unless your house has equity of more than $500,000.

Lie #3: You have to give your assets away to protect them.

Truth: You don’t have to give away all of your assets to protect

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Survey

1. Overall, how satisfied are you with the information and news articles in our newsletter?
   - Extremely satisfied
   - Somewhat satisfied
   - Neither satisfied or dissatisfied
   - Somewhat dissatisfied
   - Extremely dissatisfied

2. What do you like most about our newsletter, The Reports?

3. What do you like the least about our newsletter, The Reports?

4. Our newsletter includes articles from the Information and Assistance Program, Family Caregiver Program, the Nutrition Program, the Ombudsman Program, the Funny Side, and other items of interest to seniors. Is there anything of interest or information you would like to see included in future issues of the newsletter?

   
5. Currently our newsletter is printed quarterly. Would you like to receive The Reports more often, maybe bi-monthly? (Circle one) Yes No

6. How familiar are you with the services provided by Aging Matters?
   - Very familiar
   - Somewhat familiar
   - Not familiar

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