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A. INFORMED AND ARMED FOR DECISION MAKING

Brent C. Aleshire, MSW

I was standing outside the office of Rose, a nurse who schedules surgery for the hospital. She was speaking to a patient, and her voice was clear and firm. "If it were me, I would not have the surgery. have considered all the options?"

When Rose saw I was within earshot of her conversation, she smiled and shook her head at the telephone.

Moments later Rose ended the conversation with the following statement: "Very well, your surgery is tomorrow morning at 8 o'clock. Be here at 5:45 a.m. for pre-admission."

The next day, I saw Rose in the corridor of the hospital's Intensive Care Unit, embracing the patient's wife. Both women had tears in their eyes. Later that day, Rose told me that something had gone wrong during the surgery and the outcome looked bleak.

Patient advocates, and Rose was one of the best, had clinical experience, compassion and years of listening to patients enabling her to identify situations where people did not have sufficient information to make an educated decision on their course of care. Rose felt that the proposed surgery was not in this patient's best interest. She could tell that the patient had accepted the doctor's recommendation for surgery without a full evaluation of all possible treatment options.

The patient/doctor relationship should be built on trust and mutual respect. However, an informed and empowered health care consumer must always ask questions about tests, medications, diagnoses and especially surgery. Being empowered means taking control of your health care and being able to obtain the information necessary to make informed decisions. Patients who do not have enough information about all available treatment options cannot do that. When fully informed many tend to opt against surgery and for a more conservative yet effective alternative if available.

Getting the information necessary to make an educated decision depends upon asking the right questions. Often, we don't even know where to begin. The passive patient who remains uninformed and takes little part in medical care may be less prepared to manage their own medical condition. Questions provide an opportunity to increase understanding, including plans for treatment and follow up care. Before any surgery is scheduled be sure you know the answers to the following:

- What operation are you recommending?

- Why do I need this operation?
- Are there alternatives?
- Have they been considered?
- What are the benefits of having the operation?
- What are the risks?
- What happens (or could happen) if I don't have this operation?
- Where can I get a second opinion?
- What has been your experience in performing this operation?
- Where will the operation be performed? This does make a difference! (Hospitals and surgery centers are safer than having surgery in the doctor's office! Hospitals within your provider system will cost less out-of-pocket.)
- How much will the operation cost me?
- What kind of anesthesia (general, local) will I need?
- How long will it take to recover?

Brent C. Aleshire (<http://www.seminarsforhealth.com>) a Masters in Social Work from the University of Wisconsin-Milwaukee is a leader in educating seniors about the health care process. His audio tape, *Hospitals: Understanding The Maze*, is a Mature Media award winner.

B. AM I TOO YOUNG TO BELONG TO A SENIOR CENTER?

By Barbara Krueger

The needs of those over the age of 55 are as diverse as the years there are between 55 and 100. What senior centers offer and therefore what needs they fulfill is equally varied.

Centers are most often community based and supported with combinations of city, county, federal funds and/or private or commercial donors/grants. They may be under the auspices of a non-profit, a government entity or a public/private partnership. The personality of centers varies from a fancy country club-atmosphere to just a meeting room within a local Community Center offering only programs that lend themselves to the space. Some centers allow outside clubs or third-party providers to use or rent rooms for senior functions. Bridge clubs and bingo games often fall into this category. They tend to be good resources for learning about senior services and providers in the greater community.

Multipurpose medium to large centers can be expected to offer programs, events, classes and activities to encourage involvement with, and awareness of, other members and with the greater community.

Programs that reach beyond the social needs of seniors include information resources for aging and diseases of age and aging, support for family caregivers and family resources.

There are an estimated 11,000 senior centers in the US serving about 10 million of the over-60-population. With an estimated 80 million grandparents in the U.S. it's evident that lots of retirees and seniors are not meeting their social needs at senior centers.

Sometimes Senior Day Care may be offered in a separated section of a center's building and serve a totally different segment of the aging population. Senior Day Care is for those who are not able to function all day on their own without third-party assistance, care or monitoring. ([Find more about Senior Day Care](#)) Active, vital members are not interested in mingling with seniors less able than themselves. Perhaps they don't wish to be reminded of the unknown future in their lives.

Centers that have existed for many years tend to have "older" members (70+) and meet the demands and needs of those members. To a young retiree walking in the door the center may seem like a place for "really old people" and they do not relate. Center administrators across the country express grave concerns about their inability to attract those 55-65. Younger seniors are the centers' future viability. If the average age of members and participants is 75 and programs are geared to serve them they can expect to lose their membership in the next 7-10 years due to death and/or infirmity. If they can revise their offerings and lure a younger population they can perpetuate a younger following and ensure the center's survival. Attracting new younger seniors, in swelling their member-numbers also establishes justification for attracting more funds to keep their doors opened.

Senior centers tend to meet the needs of the lower end of the economic scale. The more money, mobility and friends one has the less need there is for the center. With age comes depletion of a nest egg. Less money means less options of how to enrich ones days. With age comes limits to driving by distance and daylight. Day trips with a group or van service to the center become increasingly attractive. With age comes the need to exert greater effort to keep from allowing oneself to be isolated. A center, even if one only shows up for the \$2-3 lunch a few times a week, helps to satisfy the need we all have for socialization. If we don't show up at a center as a young senior and encourage it to offer what interests us, when we are older and more in need of its services we will be less likely to make it part of our older life.

Women, who tend to be better socializers, out-number men in increasing numbers over the age of 65, so it is no surprise to learn that the majority of participants in senior centers are female.

The only way to know if a senior center is right for you or a family member is to visit, study the list of offerings over the period of a month or two and take part in some activities that "seem" interesting. You cannot do this for a loved one. They have to be on their own in this - although you can offer to be a driver. If the chemistry of age (chronological or otherwise), interest and personality is right the center could be source of socialization and revitalization.

Senior centers can be found:

- Through city hall or county offices', community services department
 - [Eldercare Locator](#) through the US Administration on Aging at 800.677.1116
-

C. MORE MONEY THAN TIME (or is this a message for our children)

by Barbara Bensoussan

I had a blast of nostalgia recently when I read an article by commentator Peggy Noonan about the imminent attempt to reinstate S&H Green Stamps, those sheets of stamps we used to receive at the grocery store and redeem for toasters and coffee machines. Ms. Noonan wistfully remembers pasting stamps in the S&H books with her mother, and the way slowly filling up the books made for an exercise in patience and discipline. But she is Not very optimistic that Green Stamps will go over in the 21st century. "Once we had more time than money in America," she writes. "Now we have more money than time. That is the difference between your child's America and yours."

"More money than time"... The phrase caught in my mind and reverberated for days. It rang so true. Not that I am rolling in money, mind you. It's rather that today's economic pressures and general mindset so often lead us to evaluate all our pursuits in terms of their dollar value. Using time in ways that don't bring in money, or taking time away from bringing in money, gets looked at as a waste or an indulgence, rather than something that may have essential (albeit intangible) value for one's quality of life or spiritual growth.

It's an issue of particular relevance to women, because as more and more work outside the home, those unpaid, time-consuming activities we did in previous generations suddenly seem to diminish in value when compared to activities that bring home a paycheck.

Take the example of baking challa, the Jewish sabbath bread loaves. It's more expensive to buy challa than to make it; for the price of one bakery challa, one can buy a bag of flour and that will yield six challas. But if a woman works and makes \$30 or \$40 an hour, then she can more than afford to absorb the extra costs of store-bought bread. She can sit at her desk and never have to sweat from a hot oven, wash out a mixer, or aggravate her varicose veins. It makes an ordinary homemaker feel downright foolish for knocking herself out when it's so much easier to run to the corner and buy the stuff. Her only consolation is the thought that at least if she bakes challa herself, she can be sure there are no suspicious chemicals in it to give it a longer shelf life.

And yet there are considerations other than saving time or money, or even avoiding nasty food additives. What price the taste of freshly baked, homemade challa, or the smell that fills the house as it is baking? What price the knowledge that our valiant homemaker fulfilled the blessing of separating the dough herself (see Numbers 15:17), rather than counting on the bakery to do it for her? What price the appreciation of her family, not to mention the example to the children, that the sabbath is worth a mother's best efforts?

By the same logic, one can ask why anyone would bother to stay home changing dirty diapers, when she could hire a babysitter to do the job for a grand total of perhaps \$15 an hour. From the point of view of pure economics, parenting one's own child makes less sense than working at a job that pays substantially more than the babysitter makes. For many women, the margin of profit that remains after paying the babysitter is enough to make working outside the home an uncontested necessity.

But each family has to evaluate its priorities. Some "needs" -- rent, food, etc. -- are clearly not negotiable; others are more debatable and children have needs as well, which can only be "paid" for by a mother's investment of time with them. The early years of a child's life never come back, and I can tell you from experience, they go by very fast. Who is going to leave those indelible first impressions, that first orientation to our way in life, in the child's mind? How does one weigh the trade-offs between creating solid bank accounts and creating solid kids? And since we've all gotten so used to considering things in terms of their dollar value, consider this: skimping on being there for our children, in the short term, can turn out to be very expensive in the long term, if we end up having to call in therapists and tutors to repair the damages later down the road.

When we -- especially women -- exchange our time at home for time outside to make money, we run the risk that the home will become reduced to a place where everybody comes only at night to wolf down a take-out meal and roll into bed. I know people who work hard to afford their gorgeous homes, but they're never home to enjoy them (ditto the women with beautiful custom kitchens who never cook).

A vicious cycle gets created when the more a woman works, the more she needs to run out and buy the things she otherwise would have made at home. Then she needs to make yet more money to support her expensive habits of buying meals, repairs and services from other people. When she's not at work, she's out shopping; then she wonders why so many of our youth are spending all their time running around on the streets. Why should they stay home if nobody's there, physically or emotionally?

Both our quality of life and our spirituality suffer when we seek to buy on the outside rather than personally invest ourselves in the areas that are so fundamental to our lives: food, an orderly house, clothing...and holidays.

Similarly, these days a mother has a choice between buying a ...costume for her child or making one herself. But a child's eyes will not shine in the same way over a chintzy store-bought costume as they will over an original "creation" that Mommy stayed up half the night sewing, nor will he or she get to bask in the exclamations of the neighbors: "Your mommy made that! Wow!" The message registers: "Look how important Mommy thinks I am!"

I don't think I'd collect Green Stamps if they came back, for the same reason I rarely use coupons; neither is worth the time. But some things are worth the investment of my time.... Money can be earned and lost and earned again; it is replaceable. Time is not. If we devote enough time to improving the quality of family life, we will end up with bonuses much longer lasting than all the Green Stamps can procure: the continuation of the tradition entrusted to us, and true joy from our children.

From Jewish Observer magazine (February 2003), published by the Agudath Israel of America.

D. SENIOR DAY CARE FOR THE INDIGENT

The inclusion of "health" in the type of day care a center provides should indicate that they provide elements of health care, and are not just a model for socialization and baby-sitting of seniors. The designation of Adult Day Health Care (ADHC) in many states is reserved for those centers that have been licensed by the state to provide health and medical-related care, similar to what might be provided by a state-licensed assisted living community or perhaps by a state-licensed nursing home. A senior or adult day care center that is not an ADHC, in most states will not be licensed to offer or have available on-site psychological evaluations, licensed social workers, administration of medications, assistance with bathing and hair washing, dressing of wounds and assistance with feeding. Their costs will also not be reimbursed by Medicaid (Medical in California).

Separate from the licensing process for ADHC designation is the licensing process to be approved for Medicare reimbursement and/or Medicaid reimbursement. Some have recognized the cost savings between supporting an indigent person in assisted living at \$2,500 - \$5,000 per month or in a nursing home at \$3,500 - \$6,000 per month versus supporting them in an ADHC where they return home each night to live with family. ADHC's help prevent premature institutionalization and save the state's and family's money.

Other services that can be expected to be provided in a ADHC as part of the daily fee are round-trip transportation between the center and home physical, occupational and speech therapy, chair massage, recreational programs and educational classes, music and dance activities, exercises and games. There may be help with bathing and personal care assistance.

Medicare does not cover basic daycare costs, but in a licensed medical or Alzheimer's environment Medicaid may pay all of the costs if the senior qualifies financially. Some daycare centers offer need-based scholarships. Private medical insurance policies sometimes cover a portion of daycare costs when registered, licensed medical people are involved with the care. Long Term Care Insurance policies can also be used to cover day care.

There are limited spaces in Medicaid-provided ADHC, as there are limited spaces for adult daycare as a social model, so waiting lists may prevail in both urban and suburban settings.

Information for this article was provided by [AmeriCare ADHC, San Marcos, CA](#) or at [760.682.2424](tel:760.682.2424).

E. DID YOU KNOW...

Acetaminophen, often bought under the name of Tylenol is not always a safe painkiller. The Food and Drug Administration estimates there are 56,000 emergency room visits a year due to Acetaminophen overdose. Some result in death. Over the counter medications and prescription meds sold under other names (i.e. Vicodin) contain Acetaminophen, which when taken with Tylenol may result in an overdose.

Nonsteroidal anti-inflammatory drugs such as aspirin, ibuprofen, naproxen and ketoprofen also present harmful side effects in some people. While the FDA is making some effort to inform the public to think before popping over-the-counter medications, seniors should take responsibility to ask their pharmacist for interactions and side effects from combinations of drugs and herbs they take.

In an attempt to treat problems before they become bigger medical concerns and require greater expense, starting January 1, 2005 Medicare will cover the cost of a "Welcome to Medicare Physical" for those newly turned 65 who enter the medicare system. Turn (or turned) 65 before than? Then your check-up falls into the category of a normal doctor's visit which Medicare Part B covers after you meet a \$100 annual deductible, IF you opted to pay the \$66.60 per month for Part B coverage. (Part B is paid by most Medicare recipients as an automatic deduction from their monthly Social Security check).

Medicare is also going to cover cardiovascular screening blood tests and diabetes screening tests in 2005 without deductibles or co-pays. This is another attempt to lower costs by preempting problems common among the elderly that worsen through neglect.

On the newly available Medicare drug card, it has been suggested that if you are not eligible for the \$600 credit on the card there are other non-Medicare related cards that may offer

bigger discounts on your prescriptions. If you presently don't have a discount card for Rx's, check out our listings for drug savings in your state at <http://www.seniorresource.com/states.htm>

Resident safety should be one of the family's consideration when shopping for housing- with-care for a loved one. Brian Dawson, president of the Emergency Call System Association (President and CEO of Tel-Tron Technologies Corporation, Daytona Beach, FL) recommends asking the following:

- Is the residence's emergency call system up-t-date and does it meet Emergency Call Systems Association (ECSA) specifications.
- Does the community schedule resident-check-in daily? Is there an alert if they miss their check-in?
- Are residents permitted to wear wireless communicators like a pendant, wristband or even a key chain which allow them to summon help.
- Can administrators document all emergency system alarms and provide prospective residents with response time and call volume statistics? Older emergency call systems do not provide a written account of system activity or staff performance.

More than 9 million long term care insurance policies have been sold and some three- quarters are still in force.

Pfizer Pharmaceuticals is the first American drug manufacturer to enforce a boycott against Canadian pharmacies for reselling their prescription medications to Americans.

F. THOUGHT FOR THE DAY

Everyone experiences fear! It's what you do despite that fear that defines you! and a bonus thought...

From a geology test for volunteer docents at Torrey Pines State Beach, San Diego, CA:

Why does the earth have so many faults?

Because it's not a perfect world.

G. FREE

Get your FREE first issue of ["Where to Retire" Magazine. Information in the magazine includes](#)

[things to consider in relocation even if you don't decide to move to the places they rate and talk about in each issues.](#)

H. SPECIAL SURFING SITES

[There is a non-profit site that links to more than 100 other sites where consumers share prices from their local gas stations.](#) Find ones listed in your ZIP code with the lowest prices, or in areas where you are planning to visit. If enough people choose to frequent lower priced stations, supply and demand might cause stations we avoid to become competitive - i.e. lower prices.

[Fibromyalgia Support Center](#) offers everything you need to know to live the life you want to live even if you suffer from fibromyalgia or chronic fatigue syndrome. Over eighty articles address learning how to live with and fight the disorder.

Good mental health is essential to everyone's personal well-being. It enhances our ability to lead healthy, balanced, and productive lives. The U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Mental Health Services (CMHS) is diligent in its efforts to address mental health issues in children, adolescents, adults, and the elderly. Through its [National Mental Health Information Center Web site](#)

I. Oh My Aging Funny Bone

Two guys were discussing their aging wives. One was quite sure his wife was going deaf. The other guy gave him a suggestion to test her hearing.

"Start about 40 feet away from her, and speak in a normal conversational tone and see i

f she hears you. If not, go to 30 feet, then 20 feet, and so on until you get a response".

So, that evening, she's in the kitchen cooking dinner and he's in the living room about 40 feet away."Honey, what's for supper?"

No response. So, he moves to 30 feet away. "Honey, what's for supper?" No response. He moves into the dining room, 20 feet away. "Honey, what's for supper?" No response. On to the kitchen door, only 10 feet away. "Honey, what's for supper?" No response. So, he walks right up behind her.

"Honey, what's for supper?"

"FOR THE FIFTH TIME, CHICKEN!!"

from Larry Hansen

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