World Alzheimer's Day

Charles T. Corley, Secretary
Florida Department of Elder Affairs

Each year on September 21, Alzheimer’s organizations around the world concentrate their efforts on raising awareness about Alzheimer’s disease and related disorders (ADRD). In Florida, it is estimated that more than 480,000 individuals are living with ADRD. The Department of Elder Affairs (DOEA) has an active role in providing services to families dealing with Alzheimer’s disease, training for professional caregivers, and supporting research efforts.

The Department of Elder Affairs’ Alzheimer’s Disease Initiative (ADI) provides services to meet the changing needs of individuals and families affected by ADRD. The initiative provides respite services and support for caregivers who serve patients with memory disorders. Respite includes in-home, facility-based, emergency, and extended care for caregivers who serve patients with memory disorders. Additionally, the ADI includes services provided by Memory Disorder Clinics (MDCs), which provide comprehensive diagnostic and referral services for persons with ADRD.

To assess the needs of persons with Alzheimer’s and their caregivers, the Department recently released a statewide survey to collect information on caregiving conditions in Florida. We consider this survey a priority to evaluate the services currently available to those affected. The survey was developed in response to a recommendation of the Purple Ribbon Task Force, which was created by the Florida Legislature and chaired by Representative Matt Hudson.

We are currently partnering with public, non-profit, and private community groups, as well as associations and organizations involved with individuals dealing with ADRD, to identify, motivate, and assist caregivers to complete the survey. The survey is currently available online in both English and Spanish. Please visit http://elderaffairs.state.fl.us/doea/purple_ribbon.php to participate or for more information about the project.

In his Fiscal Year 2014-2015 “It’s Your Money Tax Cut Budget,” Governor Rick Scott increased the funding for the Alzheimer’s Disease Initiative by $4 million for respite care services. In June, Governor Scott also signed House Bill 709 and House Bill 711, which create a new Alzheimer’s disease research program to further address the needs of people with ADRD and their families who care for them. I am grateful for the Governor’s continued support in addressing the needs of Floridians affected by Alzheimer’s Disease and Related Disorders.

In recognition of World Alzheimer’s Day, I encourage you to find a way to get involved in raising awareness of ADRD. Across the country this fall, the Alzheimer’s Association will be hosting the “Walk to End Alzheimer’s.” Please visit their website at www.alz.org to obtain more information, get involved, or find a walk in your area.
We Are Here to Serve You

Rick Burnham  
Editor in Chief, Elder Update

I can think of no more important job than serving our seniors, and to be able to do it in the state I grew up in makes my selection as your new editor in chief all the more special.

I was raised in a small panhandle town where the value of our elders was never in doubt. They were iconic figures back then – men and women who made sacrifices large and small for our town, our state, and for our country. Some fought difficult wars in faraway places before returning home to family and friends. Others stayed home and built strong communities in which to live, work, and play.

They were men and women of courage and compassion, individuals who worked hard to make our lives better. As such, they deserved all the respect and admiration we could bestow.

The elders of today are no different.

If you are reading this, odds are you count yourself among the millions of seniors living in Florida. If so, you can rest assured we will continue to keep you abreast of all the key issues and policy guidance that affect you the most.

We also plan to give you more stories about your fellow seniors. We want to celebrate your achievements and honor your sacrifices. We want to tell stories of men and women doing remarkable things, living their lives in a manner the Sunshine State can be proud of.

You have chosen Florida as a place to spend the most important years of your life. Keeping you informed through Elder Update is just one of the many ways we're returning the favor. We're glad you are here, and I am honored to be your editor in chief.

HAPPY BIRTHDAY SILVER ALERT!

Florida’s Silver Alert plan is six years old! The Silver Alert program sends out statewide alerts shortly after a senior with Alzheimer’s Disease or a Related Disorder (ADRD) goes missing in a vehicle. Since Silver Alerts began, nearly 900 alerts have been issued. While some alerts are canceled when a senior is located, several of the seniors have been found only after an individual saw a Silver Alert, recognized the missing senior, and called law enforcement. The Silver Alert Program is a partnership between the Florida Department of Elder Affairs and the Florida Department of Law Enforcement. It was first created by Executive Order in 2008 and was signed into law by Governor Rick Scott in 2011.

In June, the Silver Alert Program was expanded to include the Department of Lottery. Images of missing seniors are now displayed on lottery ticket terminals at convenience stores – and it has already proven to be a success.

“Seniors make up almost a quarter of Florida’s population, and the number of older Floridians is expected to double by 2030,” said Department of Elder Affairs Secretary Charles T. Corley. “The success of the Silver Alert program demonstrates the commitment by all of Florida’s citizens to protect vulnerable members of our families and our communities.”
SUN CITY CENTER SQUAD CELEBRATES 50 YEARS

Robin Watt
Sun City Center Emergency Squad

The “Squad,” as we are called locally, is celebrating its 50th anniversary this year thanks to a community that has long provided support. In its 50-year history, no one has ever received compensation for his or her work … not the chief, the captains, nor any of the volunteers. Our service has always been, and will always be, free to the citizens of Sun City Center. This is particularly important to so many of our seniors who are either low-income, medically needy, or both. Many of those individuals would not go to the hospital if they knew a big transportation bill would be waiting when they were discharged.

Our volunteers come from all walks of life. Other than going to their doctor, most never had any health care experience, training, or education before arriving at the Squad. Currently, our youngest volunteer is 19, and our oldest active volunteer is 89. The average age of our volunteers is 72, and they volunteer with us an average of slightly more than five years.

We also have an amazing community that has supported and volunteered with the Squad these 50 years. The vast majority of our volunteers are retirees who live in Sun City Center. During the winter, we have close to 400 volunteers, but our snowbirds flee in the spring, leaving about 260 volunteers to work through the summer.

The Squad operates 24 hours a day, every day of the year, including holidays. We offer Basic Life Support (BLS) Emergency services and support the County’s Advanced Life Support (ALS) crews whenever they request us. We have four fully-equipped ambulances. We also have two wheelchair vans that serve our residents by taking them to their doctors’ appointments when they are no longer able to drive themselves. Last year we made more than 5,623 ambulance runs in the community. We also provided 1,823 wheelchair runs.

Our Fall Prevention Program provides injury prevention education to our residents through our fall prevention presentations. Last year our team made over 30 presentations to more than 500 residents about how to reduce their risks of injury through some simple habit changes. Since it began, our team has educated more than 2,000 Sun City Center residents, all free of charge.

In addition to these efforts, the Squad provides, free loaner wheelchairs, walkers, and canes to anyone in the community who needs them. At the station, we do more than 3,000 blood pressure checks per year to our residents. We provide CPR classes to the community at the cost of class materials only.

Last year, the Squad was recognized by the Florida Council on Aging with the Senior Quality of Living Award. This is because of our phenomenal community support and our dedicated volunteers who each year contribute more than 100,000 volunteer hours to the community.

As the front line of community caregiving, the Emergency Squad provides more than basic life support emergency care; we provide a hand to hold when the patient is scared and a shoulder to lean on when the spouse is worried. Our volunteers are not just extremely well-trained — they are compassionate and caring individuals who love what they do.

A Call to Florida’s World War II Veterans

In July, we asked Florida’s World War II veterans for their memories of that tumultuous time, and they responded with some of the most riveting — and colorful — accounts one could imagine. Having read their stories, we are overwhelmed by their passion for our great country and thankful for their service. And now we want more! If you are a veteran and fought for the freedom of millions around the globe during World War II, we’d like to hear about it. In the November edition of the Elder Update, we’ll publish excerpts from the letters we receive as a salute to our veterans. Send your comments via email to eueditor@elderaffairs.org or mail them to Department of Elder Affairs, Attn: Elder Update, 4040 Esplanade Way, Suite 315, Tallahassee, FL, 32399. Please make sure to include a telephone number so that we may contact you if necessary. Space is limited, so please submit by September 25 for consideration. Thank you for your service.

Osceola County Boasts Florence Goldmann Award Winner

Pat O’Connell, President
Florida Association of Senior Centers

As a new generation of older adults looks to redefine retirement, there is a growing focus on wellness, work, and volunteerism. When it comes to finding tools for staying healthy and involved or information about benefits, senior centers are the place to start. This September, the Florida Association of Senior Centers (FASC) invites every Florida community to learn more about the programs and services offered at their local senior center during National Senior Center Month.

The Osceola County community has an additional reason to celebrate its senior center this year. During the Florida Conference on Aging in Weston in early August, FASC announced that the Osceola Council on Aging was named the 2014 Florence R. Goldmann Distinguished Senior Center of the Year. The award was established in 1993 and named after Florence Goldmann, a passionate champion for seniors and Florida’s senior centers. Osceola Council on Aging’s Barney E. Veal Center provides outstanding service in the development and promotion of senior center programs and services.

“Today’s senior centers are evolving to reflect a new view of aging that empowers the people they serve,” said James Firman, President and CEO of the National Council on Aging. “They’re connecting older adults with meaningful career and volunteer opportunities and increasing their access to valuable benefits and resources to stay healthy and independent.”

Osceola Council on Aging was established in 1986 and provides 30 comprehensive health and human services programs including a health clinic and an adult day health center. In 2013, the council was successful in its efforts to support diabetes prevention and improvement in diabetes management among participating seniors. “The people coming into our center have deep ties to the community and are excited about sharing their diverse skills and talents,” said Beverly Hougland, CEO of Osceola Council on Aging. “Our goal is to provide the tools, resources, and opportunities to help them manage their health and finances and find new ways to contribute to the community and stay independent.”

Visit the senior center in your community and celebrate this year’s National Senior Center Month’s theme: Senior Centers: Experts at Living Well. You’ll find a host of activities planned that will help you discover, play, challenge, and create. Health fairs, dances, music events, wellness workshops, and life-long learning classes will be offered at centers throughout the state.
Make Sure You Are Ready for Flu Season

Papatya Tankut
CVS Caremark

When flu season hits, it can affect anyone. But people who are 65 and older are faced with an increased risk of flu-related problems, including complications from pneumonia. With more than half of flu-related hospitalizations linked to this demographic, it is more critical than ever to recognize the importance of flu prevention.

Make Sure to Get the Flu Shot Every Year
It’s important to get the flu shot every year because your immunity declines over the course of the year, and the vaccine is updated annually to protect against the latest flu strains. The CDC recommends getting a flu shot as soon as vaccine is available, as it is the most effective way to protect yourself and your family from catching the flu. It takes up to two weeks for your immunity to build up after getting a flu shot, so it is best to get vaccinated as soon as you can.

Consider a High-Dose Vaccination
For people over the age of 65, a high-dose vaccination is recommended in order to provide better protection, as there is greater risk of developing severe illness from the flu. This vaccine contains three flu strains, four times the amount of antigen – the part of the vaccine that causes the body to produce antibodies – and is intended to create a stronger immune response.

Frequently Wash Hands Throughout the Day
Touching everyday items like door handles and other surfaces can be difficult to avoid. To help combat germs, wash hands frequently – especially after coughing or sneezing – with soap and warm water for at least 20 seconds and avoid touching your mouth, eyes, and nose areas. Alcohol-based soaps and hand cleansers are especially effective when you are on the go.

Practice Good Health Habits
Getting plenty of sleep, being physically active, managing stress, drinking adequate fluids, and eating nutritious food are all healthy habits that can help to keep your immune system in top condition during flu season.

Evade the Virus and Avoid Spreading It
Washing your hands regularly; sneezing into a tissue or the crook of your elbow; avoiding crowds; and keeping up a plan of healthy eating, exercise, and medication are all great precautions to take to help avoid getting yourself or others sick.

To help prevent the flu, many pharmacies offer flu shots every day, including evening and weekends. Appointments may be necessary, so it is best to call ahead.

If you experience flu-like symptoms, contact your health care provider immediately. If you have the flu, your doctor can prescribe antiviral medications that can make your symptoms less severe and make you feel better faster. Make your health a priority and get your flu shot today!
KidCare Makes Health Care a Family Affair

Fred Knapp  
Interim Director, Florida Healthy Kids

There’s no love quite like the love for a grandchild. Grandchildren make it easy to spoil them with gifts and affection – so easy, in fact, that often we overlook one of the most valuable things we can give both them and ourselves. It is not a tangible gift, but it certainly is a priceless one.

It’s health care.

As grandparents, you may play a small or large role in your grandchildren’s upbringing. However, with more than 60,000 Florida grandparents responsible for the care of their grandchildren and another 169,000 living in the same household as their grandchildren, it’s no secret that grandparents can have an impact on a child’s life in our great state.

Are your grandchildren currently in need of quality, affordable health insurance? You can help make a difference, and so can Florida KidCare – the State of Florida’s health insurance program that covers children from birth through age 18.

Many families pay as little as $20 a month for Florida KidCare coverage and most pay nothing at all. And this isn’t just bare-bones, scratch-the-surface coverage, either – it is comprehensive health care coverage that includes the following:

- Doctor visits,
- Check-ups and shots,
- Hospitalizations and surgeries,
- Prescriptions,
- Emergencies,
- Vision and hearing services,
- Dental care,
- Mental health care, and
- More!

Applying for Florida KidCare is easy, especially since the program has year-round open enrollment. With the next school year coming up sooner than most kids would like, now is the perfect time to enroll your grandchildren in Florida KidCare. Remember that good health is tied to education. The coverage and improved well-being made possible by health insurance can boost social and emotional development, as well as attendance. More days in the classroom means more time contributed toward their productivity and success.

You can apply online for KidCare at www.FloridaKidCare.org, or call 1-888-540-KIDS (5437) to have an application mailed. Florida KidCare cover-

With more than 60,000 Florida grandparents responsible for the care of their grandchildren and another 169,000 living in the same household as their grandchildren, it’s no secret that grandparents can have an impact on a child’s life in our great state.

age begins on the first of the month after a child’s eligibility has been determined and the first month’s premium is paid (if one is required).

Current Florida KidCare families are certainly sharing their satisfaction with their decision to get their kids covered. An amazing 97 percent of families with KidCare coverage agree that paying the premium is worth the peace of mind of knowing their children are covered, and 95 percent said they felt good about paying for part of their children’s health care coverage.

It’s when the unexpected happens that health insurance proves its worth, so make sure your cherished ones are covered. They’ll appreciate the gift for years to come – and you’ll get the added bonus of peace of mind!
Spanish Speakers Dealing With Memory Disorders May Present Special Challenges

Dr. Leilani Doty
University of Florida Cognitive & Memory Disorder Clinics

Studies suggest that a number of cultural issues may block Spanish-speaking individuals pursuing medical evaluations and treatments of Alzheimer’s Disease and Related Disorders (ADRD). This issue may be critical to health care, considering that current estimates suggest 200,000 older Spanish-speaking people in the United States have such disorders and that the numbers may grow to 1.3 million by 2050.

To further highlight the issue, some studies report that Spanish-speaking people show signs of Alzheimer’s up to seven years earlier than non-Hispanic Caucasians. Risk factors for Spanish-speaking people include struggles with high blood pressure, diabetes, heart disease, and other cardiovascular problems. These conditions increase risks for strokes and related progressive memory disorders such as cardiovascular dementias. Though cures for Alzheimer’s disease and cardiovascular dementias are still several years away, some treatments exist now.

Cultural differences of Spanish-speaking individuals may reflect their country of origin, customs, beliefs, racial/ethnic background, socioeconomic status, language, length of time in the United States, and distrust based on discrimination experiences, in addition to the following:

- Variations in understanding and speaking languages (English as well as Spanish);
- The strong role of the Spanish family in the care of relatives. Family members, especially daughters and other female relatives, may experience stress from caregiving due to the Spanish tradition of women serving as caregivers and the lack of available bilingual services;
- Personal and spiritual beliefs;
- A strong sense of family pride among many Spanish-speaking families - many have a hard time admitting the need for “outside help,” and
- A higher value on alternative, culturally traditional healing methods.

Cultural differences impact beliefs about health, illness, treatments, and asking for help. These beliefs, in turn, affect how people approach their decisions and actions. Believing that decline in memory, speech, thinking, and walking are a natural part of aging may lead to avoiding medical help. Believing that the family must provide total care at home and not acting to use agency or volunteer services, paid help, or a community support group can build overwhelming stress in family members.

Cultural competence in the health team of doctors, nurses, social workers, health aides, psychologists, therapists, and others who provide services should include the following:

- The U.S. primary caregiver may not “fit” Spanish-speakers because typically the entire family participates in caregiving. The priority is on family rather than the individual self.
- The Spanish-speaking person with Alzheimer’s disease may be embarrassed during a clinical evaluation. Assuming that memory, language, and thinking problems are signs of a shameful mental illness, the person may prefer to hide from others.
- The patient may believe that large clinic settings or academic health centers may not offer the personal touch so important to Spanish culture. In addition, the very intimate health and other personal questions from doctors and staff, who are strangers, may increase discomfort and anxiety.
- The older Spanish-speaking person with a memory disorder may also feel more secure enduring decline and managing with whatever the extensive family support system provides. In other words, the choice is to stay with the known setting and people and to avoid the unknown and unfamiliar.

The health team should have at least one culturally competent person who is fluent in the Spanish language and customs. That staff person should understand the steps involved in the full medical evaluation in order to educate the involved family and to set up the clinical appointment with directions to the medical office and parking.

Medical practices in the United States have unique guidelines based on the Health Insurance Portability and Accountability Act of 1996 regarding who may learn about the health condition of a person. For the Spanish-speaking person, informed consent should include all the involved family members. Thus, before the medical evaluation begins, a bilingual clinical staff member should meet with the person who has the memory disorder and various family members in order to develop a list of contact people for the signed informed consent.

Health providers should be culturally sensitive when questioning the person with the symptoms, the spouse or significant other who provides the most care, and anyone else at the appointment. Questions should go first to the person with the symptoms and then to the primary caregiver, and finally to other family members.

It is important to note that Spanish-speaking people are comfortable being physically closer to each other when talking or standing together. Often they use appropriate physical touch to each other’s arms or shoulders when they interact and talk. It usually is acceptable for health team members to be just as close when requesting or providing information.

During interactions, Spanish-speaking people tend to be more alert to emotion in others and more expressive of their own emotions, such as warm, direct eye contact, facial expressions, and gesturing while talking.

The health team should act friendly and warm when interacting. An objective, emotionally distant, typically “professional” style of communicating that is low-key, neutral, and with little expression of feelings may make Spanish-speaking persons with Alzheimer’s disease and their families feel uncomfortable.

Religion often plays a central role in the Spanish culture and contributes to the patient’s and family’s internal strength and coping. The clergy may connect as a close “member” of the family and accompany the patient to the clinical evaluation.

Spanish-speaking families tend to be protective and may prefer that the patient is not present at the time of diagnosis nor given a full explanation of the disease and treatments. The more preserved the Spanish traditions, the less information given to the patient.

Understanding these and other guidelines for assisting Spanish-speaking people with Alzheimer’s dis-
New Caregiver Survey: Some Early Findings

Office of Strategic Initiatives
Florida Department of Elder Affairs

Are you the caregiver of someone with Alzheimer’s Disease or a Related Disorder (ADRD)? If so, the Department of Elder Affairs wants to hear from you. To better understand the needs of persons with ADRD and their caregivers, the Department is conducting a statewide survey of caregiving conditions in Florida. The survey is collecting information on the need for services or support for persons with ADRD and their caregivers, their knowledge about the availability of services, the impact of caregiving on caregivers and others, and the continued need for services across the state.

According to the Alzheimer’s Association, an estimated 480,000 individuals in Florida are living with Alzheimer’s disease. With the rate of Alzheimer’s disease increasing by approximately 50 percent every 10 years, it is anticipated that 720,000 Floridians will be living with ADRD by 2025.

The survey results are coming in, and we’re beginning to get a better picture of what’s happening in Florida. Here are some of the preliminary findings that were presented at the annual Florida Conference on Aging.

- Many caregivers are caring for either a parent (46 percent) or a spouse (38 percent).
- Caregivers spend an average of 68 hours per week providing care. Some (18 percent) are providing 24-hour care.
- Some caregivers (18 percent) are also caring for younger loved ones.
- Almost half of the care recipients were diagnosed with Alzheimer’s disease (49 percent).
- Many care recipients (44 percent) had shown symptoms of a cognitive disorder for one to two years before diagnosis. Over 21 percent had shown symptoms for three or four years.
- Most people (54 percent) delayed diagnosis because they thought the symptoms were a part of normal aging.

Caregivers expressed a need for early diagnosis and increased education about ADRD. Most caregivers received information from their medical professionals (74 percent), the Internet (69 percent), family members or friends (58 percent), and from the Alzheimer’s Association (50 percent). They also commented that support groups and adult day care centers were very helpful to them.

You Can Still Participate!
The survey is still open. The Department would like to know about your caregiving situation. The results of the survey will assist the Department in advocating for more programs to meet the needs of persons with ADRD and their caregivers.

The survey can be answered online, or a printed version can be completed and mailed or faxed to the Department. The survey is available in English and Spanish at the links below. For more information, please contact staff of the Department’s Planning and Evaluation Bureau at 850-414-2000.

**ENGLISH SURVEY:**
https://www.surveymonkey.com/s/2014_ADRD_Caregiver_Survey

**SPANISH SURVEY:**
https://www.surveymonkey.com/s/2014ADRDSpanish

To print a hard copy of the survey and return it to the Department, or for more information on this survey, please visit http://elderaffairs.state.fl.us/doea/purple_ribbon.php.

The caregiver survey is still open. The Department would like to know about your caregiving situation. The results of the survey will assist the Department in advocating for more programs to meet the needs of persons with ADRD and their caregivers.

SUDOKU

There is only one valid solution to each Sudoku puzzle. When you start a game of Sudoku, some blocks will be pre-filled for you. You cannot change these numbers in the course of the game. Each column must contain all of the numbers 1 through 9, and no two numbers in the same column of a Sudoku puzzle can be the same. Each row must contain all of the numbers 1 through 9, and no two numbers in the same row of a Sudoku puzzle can be the same. Each block must contain all of the numbers 1 through 9, and no two numbers in the same block of a Sudoku puzzle can be the same. Good luck!

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Solution found on page 15.

Sudoku © Kevin Stone
Printed from BrainBashers www.brainbashers.com
HELP AVAILABLE FOR THOSE PAYING UTILITY BILLS

Bev DeMello
Florida Public Service Commision

With escalating costs, from food to transportation, many consumers are struggling to stay current on their monthly bills, particularly their utility bills. Hardships are felt by many, so don’t feel embarrassed or hesitate to seek help. Consumers who are in a crisis situation and unable to pay their electric bills often call the Florida Public Service Commission for assistance. The PSC regulates utilities under its jurisdiction and serves consumers in all utility regulatory matters. Fortunately, customers can get help with their utility bills through many programs offered by Florida’s utility companies and other social service organizations.

Here is some general information to help guide consumers:

Utility Financial Programs
Many Florida utilities have funds to help low-income customers or families in crisis cover home energy needs. These funds – from corporate contributions, company employee donations, and customer contributions – are administered by local nonprofit and/or government agencies. For a list of Florida’s electric companies with their contact information, please review the PSC’s publication “A Guide to Utility Assistance in Florida.” Consumers should contact their electric utility directly to find out whether it offers bill assistance services and to discuss payment plan options.

Medical Essential Service Program
A utility’s Medically Essential Service Program can help you or a loved one who is dependent on electric-powered medical equipment. If you have special medical equipment at home, you can apply for the MESP with your utility. Participation in the program does not guarantee uninterrupted electric service, but it offers advanced notification of service interruptions and advanced warning of hurricanes/major storms with emphasis on making proper arrangements.

2-1-1 Help Line
Anyone, anywhere in Florida can dial 2-1-1 to seek assistance. 2-1-1 is a telephone based service offered by nonprofit and public agencies throughout Florida and the United States. It connects you with trained and supportive professionals who can provide assistance and more information about public and private health and human services programs that can meet a variety of needs including food, housing, employment, health care, crisis counseling, and more. To access information about free, confidential hotline programs, call 2-1-1. Visit the website at http://211.org.

Federal Energy Assistance Programs
The Low Income Home Energy Assistance Program (LIHEAP) assists low income households in meeting immediate home energy needs. The program provides grants directly to local county governments and non-profit agencies that then determine who will receive assistance. Applicants apply within the county where they reside. For more information, call toll-free 1-877-352-3222. Visit the LIHEAP website at http://florida211.org.

Lifeline Assistance Program
The Lifeline Assistance Program helps eligible consumers save at least $111 annually on their local phone bills. Some Lifeline telephone carriers also offer a cell phone with allotted monthly minutes. Eligible consumers can only receive one Lifeline discount per household and must recertify their eligibility each year. Consumers qualify if they are enrolled in certain federal assistance programs or if their household income is at least 135 percent of the federal poverty guidelines. This year, National Lifeline Awareness Week starts on Sept. 8, and the PSC will visit several communities to help consumers apply for the program. Visit the PSC’s website, www.floridapsc.com, for a Lifeline brochure and application.

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The Emergency Food and Shelter Program was created by Congress to help meet the needs of hungry and homeless individuals throughout the United States and its territories by allocating federal funds for the provision of food and shelter. Contact the Emergency Food and Shelter National Board Program at (703) 706-9660, or fax to (703) 706-9677. Visit its website at www.fema.gov.

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The PSC publication “Where to Find Help in Florida” provides an overview and an explanation of assistance available to consumers for utility-related issues and includes general information about the state’s electric and gas utilities, helpful conservation tips, and information on Lifeline. To request PSC publications or to ask questions on other utility matters, call 1-800-342-3552 or visit the PSC’s website at www.floridapsc.com.
In early 2010, the federal government allocated more than $1 billion in Hardest-Hit Funding to the state of Florida to assist homeowners experiencing challenges with their mortgages. Florida Housing Finance Corporation (Florida Housing) administers these funds through the Florida Hardest-Hit Fund (HHF). Florida Housing created and has implemented five HHF programs, four of which are currently accepting applications: Unemployment Mortgage Assistance Program (UMAP), Mortgage Loan Reinstatement Payment (MLRP) Program, Principal Reduction Program (HHF-PR), and Elderly Mortgage Assistance (ELMORE) Program.

As of July, nearly $479 million had been allocated throughout all Florida HHF programs to assist approved homeowners.

The ELMORE program alone had dispersed more than $2 million in Florida HHF assistance.

ELMORE is designed to assist seniors who are in arrears with their property charges on their reverse mortgage. The program provides up to $25,000 to pay past due and future property charges (property taxes, homeowners, and/or flood insurance, association fees, etc.) for those who qualify.

Assistance is on a first-come, first-served basis. ELMORE program funds are in the form of a zero-percent-interest, forgivable loan that will be subordinate to current mortgages on the home. The loan is forgiven at a rate of 50 percent per year, during a two-year period.

For a complete description, terms of assistance, and eligibility criteria for the ELMORE program, and for other foreclosure prevention assistance that may be available, visit Florida Housing’s website at www.FloridaHousing.org, and then click the “Florida Hardest-Hit Fund Programs” logo located on the homepage. You may also call 850-488-4197.

First announced on Feb. 19, 2010, by the U.S. Department of the Treasury, the Housing Finance Agency (HFA) Innovation Fund for the Hardest-Hit Housing Markets (HFA Hardest-Hit Fund) provides federal funding to states hardest hit by the aftermath of the burst of the housing bubble. A total of $7.6 billion has been infused into the HFA Hardest-Hit Fund for 18 states and the District of Columbia. The goal is to help create sustainable homeownership.

Florida housing had the opportunity to speak with Sumter County homeowner Donna Manuel, who qualified for ELMORE program assistance to help with her reverse mortgage after suffering financial and medical hardships.

**ASHLEY E. SMITH:** Thank you, Ms. Manuel, for allowing me to speak with you. What was your situation before the ELMORE program?

**DM:** A couple of years ago I received a divorce settlement and my finances were steady. But, I lost a lot of money through bad investments. Then, I decided to take out a reverse mortgage. After I took out the reverse mortgage, it was a snowball effect; I could not keep up with the taxes on my home, and I broke my hip and was unemployed for six months. I desperately needed assistance in order to keep my home.

**AS:** How was the application process?

**DM:** Initially, through the counseling session for my reverse mortgage. Unfortunately, I did not pay attention to it; I thought I would not need it, so I put it in the back of my mind. I was receiving financial advice from my brother-in-law, an attorney, and he re-introduced the program to me. After we researched the program to make sure it was suitable for my situation, I applied. I was nervous about the program because of numerous scams. I received emails and mail from banks or people trying to buy my home or threats about foreclosing on my home. Once I was advised by my assigned advisor, I was at ease.

**DM:** At first, it was overwhelming, with all the documents that I needed, but my advisor, Amy Bolt with National Foundation for Debt Management, was nothing short of amazing. She took me through the application in increments to make it easy to get through the entire process.

**AS:** How was the relationship with your advisor?

**DM:** Amy was Godsend I had nowhere else to go. I have been trying different programs and constantly getting doors slammed in my face. Finally, I received someone who was sincere and who genuinely wanted to help me. I didn't feel ashamed; she was my advocate, and I really appreciate her kindness.

**AS:** Now that you are funded, what do you look forward to doing the most?

**DM:** Sleeping at night. I had many sleepless nights. I constantly worried about how I was going to pay my bills. I dreaded coming home because I thought there would be a notice on my door. I can’t thank Amy and the ELMORE assistance enough. I’m at peace and hopeful again.
SAFE HOMES PROGRAM CELEBRATES TWO YEARS

Buddy Cloud
Communities for a Lifetime
Florida Department of Elder Affairs

September marks the two-year anniversary of one of the Department of Elder Affairs’ newest endeavors: the Safe Homes Program, which was created and developed by the Elder Housing Unit of the Communities for a Lifetime (CFAL) Initiative within the Department of Elder Affairs.

An integral element of the program, the Safe Homes Workshop presents a collection of home-related safety tips to help seniors in Florida keep their homes secure and mobile-accessible as they actively age in place. The program provides ideas on innovative and creative design features and products that help create an environment that is barrier-free and comfortable and will allow elders to remain safely in their homes longer.

Since its roll-out in September 2012, the Department has conducted 34 workshops and provided SAFE Homes information to 742 attendees. We have several workshops scheduled for September and October as the interest in this program continues to increase and the discussions of aging in place continue to gain momentum.

Information gathered from evaluations indicates the workshops were very informative and pertinent to the goal of aging in place with an enhanced quality of life. These evaluations serve as a testament to the quality of direct service the Department provides to Florida’s senior population. The questions on the evaluation about the anticipated changes that individuals would consider making to their homes are valuable as the Department plans future outreach and implements other programs.

The true impact of the SAFE Homes Program may not be measurable in finite numbers, but as the Department continues to provide informational and educational workshops, there will be an economic impact. This will be reflected in communities as products and supplies are purchased and builders, contractors, and remodelers are hired to make changes to existing homes.

The Department will continue to offer these free and informative workshops. The SAFE Homes program is one tool that individuals can use to plan for needed changes that will assist with actively aging in place in a safe, accessible, and functional environment.

The Elder Housing Unit is also planning to expand the SAFE Homes Program with other SAFE Homes modules, which will include such topics as The Disaster-Prepared Home, Elder Abuse Prevention, The Dementia-Friendly Home, and the new Falls Prevention module, which has just been completed and will be rolled out as part of the SAFE Homes Program.

The Department plans to continue holding these workshop events statewide as requests for them come to us. These workshops are a key component of the CFAL Unit’s direct service to Florida’s senior population. Please contact Buddy Cloud at cloudw@elderaffairs.org with any questions.

**Knowing the Psychology of Scam Artists Is First Step in Identifying Them**

*Drew J. Breakspear, Commissioner*

*Florida Office of Financial Regulation*

Good scammers are also remarkable manipulators. They understand enough about how the human mind works to exploit its weaknesses. Con artists will often use psychological triggers to get an instinctive response from targeted victims. Avoiding a scam can be quite difficult when faced with highly influential tactics — especially when you don’t see it coming.

Even informed, savvy consumers can be victims of a scam. There are numerous distraction techniques that scammers use to trick their victims, including “charm.” Many perpetrators will exploit similar interests, background, humor, and other appealing characteristics. When making an important financial decision, separate the person from the action, and never agree to anything simply because you enjoy the individual who is offering you the financial product.

When scammers use high-pressure tactics, people often respond quickly and emotionally. They already know how their victims will react – it is all a part of the plan. This is commonly done by telling a potential victim that there is a scarce amount of a product left or a limited amount of time to act on a financial decision. Never agree to anything hastily because you’re afraid of missing out. If it is a legitimate deal, it will be there tomorrow.

When dealing with authority figures, it is more natural for most consumers to be socially compliant. Often, scammers will make an offer look legitimate by using a name that is similar to an established company or pretend to be someone or something they’re not. A common example of this type of tactic is a “phishing scam” where unknowing consumers give out personal information to scammers impersonating a bank or other reputable institution.

Your needs and desires can make you more vulnerable. Once a scammer knows what you want, even if it doesn’t exist, they are in a position to manipulate you. Con artists take advantage of visceral triggers, such as fear and greed, to reduce a potential victim’s motivation to fully assess the scam. In many cases, perpetrators will offer “guaranteed loans” with “no credit check” to consumers who cannot receive a loan elsewhere due to bad credit. They then ask the consumer to pay an advance fee for the promise of the loan.

Professional scammers are good at what they do – manipulating and deceiving us. Don’t be clouded by psychological triggers. Keep your head clear when making important financial decisions, and you’ll have the best chance at recognizing these techniques for what they are – scams.

**Beware of Unclaimed Property Scams**

*Chris Cate*

*Florida Department of Financial Services*

Florida’s Chief Financial Officer Jeff Atwater warned consumers in early March about an emerging scam related to the retrieval of unclaimed property. A company calling themselves The Florida Department of Financial Restitution has been contacting consumers claiming to be on contract with CFO Atwater’s Department of Financial Services and offering to reunite them with unclaimed property for an upfront fee of $600.

There is no legal entity named The Florida Department of Financial Restitution. Citizens who were contacted by the scam and asked to pay $600 to recover unclaimed property actually had no unclaimed property being held by the department.

“These scam artists are trying to defraud consumers out of their hard-earned dollars by using deceitful practices and peddling a service that my department offers free of charge,” CFO Jeff Atwater said. “Last year, the Bureau of Unclaimed Property returned a record amount—$209,936,000—to Floridians, and I urge consumers to check FLTreasureHunt.org to see if they have unclaimed property waiting for them.”

Consumers who are contacted by this company are encouraged to contact the department’s Division of Consumer Services by calling 1-877-MY-FL-CFO (1-877-693-5236) to report the scam. Consumers should not agree to this offer, sign a contract, or send any money to the Florida Department of Financial Restitution.

Currently, the Chief Financial Officer holds unclaimed property accounts valued at more than $1 billion, mostly from dormant accounts in financial institutions, insurance and utility companies, securities, and trust holdings. In addition to money and securities, unclaimed property includes tangible items such as watches, jewelry, coins, currency, stamps, historical objects, and other miscellaneous articles from abandoned safe deposit boxes. Unclaimed money is deposited into the state school fund, where it is used for public education. There is, however, no statute of limitations, and citizens have the right to claim their property any time at no cost.

Consumers can search for unclaimed property by accessing the department’s website at www.FLTreasureHunt.org or by calling (888) 258-2253 or (850) 413-5555.

Chief Financial Officer Jeff Atwater, a statewide elected official and officer of the Florida Cabinet, oversees the Department of Financial Services, including the Division of Insurance Fraud.
When Francis and Doris Vanderslice wed in 1942, tying cans to the back of their car seemed a logical thing to do. After all, that’s what you do when people get married. And, after all, Francis had worked as an inspector with Campbell Soup.

But, by the time they made it to their honeymoon destination – more than 80 miles away – only one can remained behind the car.

Today, more than seven decades later, Francis, now 98, still has that one can. And, he still has the woman of his dreams – 97-year-old Doris.

The two celebrated their 72nd wedding anniversary June 26 at Oak View Assisted Living at John Knox Village, about 30 miles north of Orlando. They toasted their relationship with apple cider and spoke of their secrets for longevity, of the first time they met, and an unusual wedding memento.

Folks around Oak View call the couple “very loving” and “charming.”

“When you find one of them, you will find the other,” said Lisa Chilson, who serves as administrator for Oak View, home to more than 650 people. “He will always wait for her. He won’t eat without her.”

Recently, Chilson said, Doris had managed to get lost on her way to a function at the village. In stepped Francis with simple instructions for his long-time partner.

“Follow me.”

And Doris’s response?

“I have been following him for all these years. I might as well keep on doing it.”

Both Francis and Doris retired in 1975, he from Campbell Soup, she from a job as a kindergarten teacher – a job which gave her the opportunity to be around children.

“We never had any children of our own, but I taught 60 of them every day,” she said. “I knew what they could do. I knew what they would do.”

The Vanderslices initially settled in Delray Beach, which had been the plan all along, Francis said. He had a brother in Florida, and visits to the Sunshine State told the couple all they needed to know.

“We always intended to come to Florida.”

And there was never any doubt that they would settle in the Sunshine State together, Doris said. Besides “just getting along well together,” the Vanderslices have always lived by a simple rule, one that has held them together for decades. When asked the secret of their long marriage, she replies without hesitation.

“Don’t go to bed mad,” she said. “I guess that’s it.”

The staff at the Department of Elder Affairs wishes Doris and Francis a belated Happy 72nd Anniversary and continued happiness together at Oak View.

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Florida Couple Celebrates Longevity and Togetherness

Rick Burnham Editor in Chief, Elder Update

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WHAT'S WORKING

Gov. Scott Honors Veterans With Governor’s Veterans Service Award
Governor Scott traveled the state in July and August to award more than 3,800 Florida veterans with the Governor’s Veterans Service Award for their service to Florida and the nation.

Governor Scott said, “The Governor’s Veterans Service Award is just one way that Floridians across the state express our deepest gratitude to the brave veterans who have sacrificed for our freedoms. We will keep working to recognize and support the veterans in the Sunshine State.” The “Governor’s Veterans Service Medal” honors Floridians who have served in the U.S. Military. The front of the medal depicts the Great Seal of the State of Florida. The back of the medal displays the five seals representing the five branches of U.S. Military with an inscription that reads “Honoring Those Who Served.” Please visit http://floridavets.org/gvsa/ for more information.

Private Sector Job Trends Have Been on the Rise for Over Three Years
Florida was among the hardest hit of the states during the recession but is now a leader among the states in job gains, unemployment rate decline, and growth in job demand. The long-term positive trends in the unemployment rate and job counts are among the most important economic indicators to consider when analyzing the health of Florida’s economic recovery. Governor Scott said, “Long-term trends demonstrate that Florida’s poised for success. Private sector job trends have been on the rise for over three years, our unemployment rate has declined or remained steady for 43 of the last 45 months, and for the fifth month in a row our labor force has grown. Florida’s had an amazing turnaround, and we have to continue working every day to create jobs for families.”

Floridians and visitors are advised to develop a plan centered on self-sustainability for the first 72 hours following a disaster. The website FloridaDisaster.org includes valuable information on building a plan for individuals, families, and businesses, taking into account those with special needs, persons with pets, and the elderly.

In a recent article published by the Tampa Bay Times, Florida’s continued economic growth was emphasized. Here are some of the highlights. “For the first time since the Great Recession, Florida’s economy grew faster than the national average. Florida’s economic output grew by 2.2 percent ($800 billion). Florida hasn’t outperformed the United States as a whole since 2006, when its construction boom fueled a 3.6 percent economic surge, topping the national growth rate of 2.7 percent. Industries that contributed the most to Florida’s economic growth included professional and business services (which include temporary staffing agencies); education and health care; arts/entertainment/recreation; finance/insurance/real estate; wholesale and retail trade; and construction.” View the full article at http://www.tampabay.com/news/business/floridas-economic-growth-in-2013-better-than-most-of-the-country/2183852.

FLORIDA’S ECONOMIC GROWTH
Bests the Nation

Celebrating Grandparents Day
On September 7, 2014, families across Florida will celebrate National Grandparents Day. Ann and I are so thankful for our grandsons Auguste, Quinton, and Sebastian. It has been a blessing to watch our family grow, and see our daughters Allison and Jordan become parents. This has reinforced my goals to create an opportunity economy and keep the American Dream alive for my children, grandchildren, and all Floridians. Everything we do must be focused on helping families pursue their dreams of getting a great job and a quality education for all. As you know, being a grandparent is a blessing and we all wish the very best for our loved ones. I extend warm wishes to all of you celebrating Grandparents Day this year!
SHINE (Serving Health Insurance Needs of Elders) is an award-winning volunteer-based program at the Department of Elder Affairs that provides information and free, unbiased counseling for people on Medicare, their families, and their caregivers. Trained counselors provide personal and confidential assistance over the phone or at local counseling sites. To speak with a SHINE counselor, call our Elder Helpline toll-free at 1-800-96-ELDER (1-800-963-5337).

What Do Prostate Cancer, Breast Cancer, and Bones and Joint Health Have in Common?

Patty Shaffer
SHINE Program
Florida Department of Elder Affairs

Efforts to raise awareness and educate the public about prostate cancer, breast cancer, and bones and joint health occur during September and October through National Health Awareness Days. The Centers for Medicare & Medicaid Services (CMS) joins with national groups such as the American Cancer Society each year to help get the word out about the prevention and early detection of these and other health conditions covered by Medicare.

An easy and important way to stay healthy is to get disease prevention and early detection services. Disease prevention and early detection services can keep you from getting certain diseases or illnesses, or can find health problems early when treatment works best. Talk with your doctor or health care provider to find out what tests or other services you need and how often you need them to stay healthy. Prostate cancer, breast cancer, and bone and joint problems can be prevented or treated more effectively when found earlier.

Did you know that Medicare covers the following preventive procedures and services?

- Bone mass measurements
- Screenings
  - Abdominal aortic aneurysm
  - Alcohol misuse screening and counseling
  - Cardiovascular abnormalities
  - Colorectal cancer
  - Depression
  - Diabetes
  - HIV
  - Prostate cancer
  - Mammogram
- Obesity screening and counseling
- Sexually transmitted infections screening and counseling
- Cardiovascular disease (behavioral therapy)
- Diabetes self-management training
- Glaucoma tests
- Medical nutrition therapy services (for diabetes, kidney disease, or kidney transplant)
- Pap test and pelvic exam (includes breast exam)
- Shots (Hepatitis B, pneumococcal, flu)

The coverage of each of these preventative services varies, including how often or when Medicare will pay for the service. Although most preventive services have no charge, some may include a deductible, coinsurance, and/or copayment.

For a free copy of the following publications regarding Medicare’s coverage of preventive services, call Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048):

- Staying Healthy – Medicare’s Preventive Services
- Your Guide to Medicare’s Preventive Services

For direct access to your preventive health information 24 hours a day, go to MyMedicare.gov and register. You will be able to track your preventive services, get a two-year calendar of the Medicare covered tests and screenings you are eligible for, and print out a personalized “on-the-go” report to take to your next doctor’s appointment.

For personal assistance with any Medicare issue or concern, call a SHINE counselor by dialing the Elder Helpline at 1-800-96-ELDER (1-800-963-5337). SHINE counselors provide free and unbiased assistance to Medicare beneficiaries, their caregivers, and family members.

Preventive procedures and health screenings are an important part of disease prevention and early detection. These services can find health problems early when treatment works best.
Critical Medicare Enrollment Period Is Fast Approaching

Mica Bell
SHINE Program
Florida Department of Elder Affairs

Each year, Medicare beneficiaries have an opportunity to evaluate their Medicare coverage during the Annual Election Period. From Oct. 15 through Dec. 7, also known as “Fall Open Enrollment,” beneficiaries may change their Medicare coverage entirely or make minor adjustments to better meet their needs.

Those enrolled in original Medicare have nationwide coverage for inpatient (Part A) and outpatient (Part B) services. They may have also elected to enroll in an optional stand-alone plan for prescription drug coverage offered through private insurers. Many beneficiaries also choose to add a Medicare Supplement Plan – Medigap – which provides wrap-around coverage for the costs associated with original Medicare, like copays, coinsurance, deductibles, and other costs.

Medicare also provides an alternative path to receiving your coverage through Medicare health plans (Part C), also known as Medicare Advantage. Advantage plans are offered by private insurers as well and must cover everything Part A and B covers. Most also include Part D coverage. However, where original Medicare offers nationwide coverage, a Part C plan is more restricted by region and networks of providers. In spite of the network restrictions, Medicare Advantage is very attractive to many beneficiaries because many plans have relatively low annual premiums. Many are offered premium-free. Although anyone enrolled in an Advantage plan still pays the Part B premium ($104.90 in 2014), some plans reimburse all or part of this expense.

If you are currently enrolled in a Medicare Advantage or drug plan, you will receive an “Annual Notice of Change” letter from your insurance company around the end of September describing any changes to the plan benefits, premiums, or service areas. These changes may greatly affect your health or drug expenses for the coming year.

During AEP, beneficiaries may keep their current coverage or switch between original Medicare and Medicare Advantage. They may also add, drop, or switch Medicare prescription drug plans.

Any changes made during AEP will be effective Jan. 1.

If you are confused, there is no need to worry. The Florida Department of Elder Affairs’ SHINE (Serving Health Insurance Needs of Elders) Program is available to provide free, unbiased, and confidential counseling for Florida Medicare beneficiaries, their families, and caregivers as they carefully evaluate their health care options during AEP. SHINE can help! Appointments may be made by contacting the SHINE program at 1-800-96-ELDER (1-800-963-5337). For more information, you may also visit online at www.floridashine.org.

IMPORTANT DATES TO REMEMBER

October 15 -December 7, 2014
Medicare Annual Election Period, also known as Fall Open Enrollment

January 1, 2015
Changes made to Medicare coverage during the Annual Election Period come into effect

Medicare and Healthy Aging Month

Local Medicare service can assist in healthy living for older adults

Do you want to live a healthier life? Be inspired to change it the way you see fit by taking advantage of a local Medicare service during Healthy Aging Month in September.

This is a celebration of appreciation for the positive aspects of aging – growing older is the beginning of new adventures. Let Healthy Aging Month encourage you to become a better person – physically, mentally, financially, and socially.

Find out whether you qualify to receive screenings at little to no cost under Medicare, which will lead to better physical health. Learn about the free resources available to help with Medicare concerns, which will enhance your mental capability. Improve your financial circumstances by finding out whether you qualify for cost-savings programs, and learn of potential opportunities to volunteer to help others with Medicare, expanding your social awareness in the process.

SUDOKU SOLUTION

Sudoku © Kevin Stone [Protected Puzzle]
Approaching 'Medicare-eligible' Status Raises Questions

Dear Lance:
I am still working and plan to work for a few more years. When I turn 65 in February, I plan to enroll in Medicare, and I have a few questions.

Do I enroll in Medicare during the Annual Enrollment Period, Oct. 15 – Dec. 7? I have read that if I enroll in Medicare during the Annual Enrollment period, it will become effective on Jan. 1. However, I will not be 65 until February. How does that work? Would you advise me to take Medicare Part A and Part B at the time that I turn 65?

Soon to Be Medicare-Eligible

Dear Soon to Be Medicare-Eligible:
The Annual Enrollment Period occurs each year from Oct. 15 – Dec. 7. It is for individuals already enrolled in Medicare who want to change their Medicare health plan and prescription drug coverage for the following year. Plan changes made during this time become effective on Jan. 1 of the following year. Since you will be enrolling in Medicare in February, the Annual Enrollment Period for this year does not apply to you.

Your initial enrollment period for Medicare is seven months long. It begins three months before your birthday month, includes the month you turn 65, and ends three months after your birthday month. You are eligible to sign up for Medicare Part A and/or Medicare Part B during this time.

According to Medicare, if you sign up for Part A and/or Part B during the first three months of your initial enrollment period, in most cases your coverage will start on the first day of your birthday month. If you sign up for Part A and/or Part B after your birthday month, the start date for your Medicare coverage will be delayed.

In your specific situation, for Medicare to start on Feb. 1, your initial enrollment period is between Nov. 1 and May 31. Enrolling earlier during this period -- November, December, or January -- is recommended to ensure that you have your Medicare coverage begin by Feb. 1.

Concerning your third question, you are not required to enroll in both parts of Medicare at the same time. Part A (hospital insurance) covers inpatient hospital care, skilled nursing facility care, and hospice care. You pay no premium for this coverage if you have worked 40 quarters. Because you will still be employed, Medicare Part A would be secondary coverage to your existing plan. It is recommended that you sign up for Medicare Part A coverage.

Part B (medical insurance) covers medical services of physicians and other health care providers in an outpatient setting, durable medical equipment, and some preventive services. Depending on the circumstances, either Part A or Part B covers home health care.

In 2014, there is a monthly premium of $104.90 for Medicare Part B for the vast majority of enrollees. Part B would be the secondary payer to your present insurance, and it would substantially duplicate the coverage you have presently.

Some people who are working when they turn 65 and have strong group health insurance coverage initially decline to take Medicare Part B. Instead, they enroll upon their retirement or the discontinuation of their group health insurance coverage. As each situation is different, I recommend that you discuss your own circumstances with a SHINE counselor.

Dear Lance:
I am 69 years old and signed up for Medicare Parts A and B when I turned 65. I did not sign up for a Part D prescription drug plan because I was only on several inexpensive generic medications. It didn’t seem worthwhile to pay a monthly premium for a drug plan when my medications were so inexpensive.

Recently, my doctor prescribed a brand name medication that is quite costly. I am wondering whether I can still sign up for a Medicare Part D prescription drug plan.

Penny Pincher

Dear Penny Pincher:
Yes, you can enroll in a Part D prescription drug plan, but you must wait for the next Medicare Annual Enrollment Period, which is Oct. 15 through Dec. 7. The plan you select will be effective on Jan. 1 of the next year.

However, you may be paying a penalty for your delayed enrollment in Part D. The late enrollment penalty is an amount that is added to the Medicare Part D premium of the plan that you choose. A “late enrollment” is considered a period of 63 or more consecutive days without Medicare Part D or other creditable prescription drug coverage.

The amount of the late enrollment penalty depends on the length of time without creditable prescription drug coverage. The late enrollment penalty is calculated by multiplying one percent of the “national base beneficiary premium” ($32.42 in 2014) times the number of full, uncovered months you were eligible for a Medicare Prescription Drug plan but didn’t join or went without other creditable prescription drug coverage. The final amount is rounded to the nearest $.10 and added to your monthly premium.

The prescription drug plan company you select will notify you if a late enrollment penalty is owed. The calculated penalty will be added to your premium.

SHINE volunteer counselors are very experienced in helping Medicare beneficiaries choose one of the 30 Part D plans that are available to residents. SHINE counselors can also provide information to help a beneficiary with prescription drug assistance programs and other means to lower prescription drug costs and premiums.
FAQ: Hospital Observation Care Can Be Costly for Medicare Patients

Susan Jaffee
Kaiser Health News

Some seniors think Medicare made a mistake. Others are stunned when they find out that being in a hospital for days doesn't always mean they were actually admitted.

Instead, they received observation care, considered by Medicare to be an outpatient service. The observation designation means they can have higher out-of-pocket expenses and fewer Medicare benefits. Yet, a government investigation found that observation patients often have the same health problems as those who are admitted.

More Medicare beneficiaries are entering hospitals as observation patients every year. The number rose 88 percent over the past six years, to 1.8 million nationally in 2012, according to the Medicare Payment Advisory Commission, which helps guide Congress on Medicare issues. At the same time, Medicare hospital admissions stayed about the same.

Here are some common questions and answers about observation care and the coverage gap that can result. (Seniors enrolled in Medicare Advantage should ask their plans about their observation care rules since they can vary.)

Q. What is observation care?
A. Hospitals provide observation care for patients who are not well enough to go home but not sick enough to be admitted. This care requires a doctor's order and is considered an outpatient service, even though patients may stay as long as several days. The hospitalization can include short-term treatment and tests to help doctors decide whether the patient should be admitted. Medicare guidance recommends that this decision should be made within 24 to 48 hours, but observation visits extending beyond 24 hours are reimbursable. Federal records show a five-fold increase in stays lasting more than 48 hours.

Q. What effect does observation status have on patients' care and expenses?
A. Because observation care is provided on an outpatient basis, patients usually also have co-payments for doctors' fees and each hospital service, and they have to pay whatever the hospital charges for any routine drugs the hospital provides that they take at home for chronic conditions such as diabetes or high cholesterol.

Observation patients cannot receive Medicare coverage for follow-up care in a nursing home, even though their doctors recommend it. To be eligible for nursing home coverage, seniors must have first spent at least three consecutive days (or through three midnights) as an admitted patient, not counting the day of discharge.

Q: Why are more Medicare patients receiving observation care instead of being admitted?
A. Medicare has strict criteria for hospital admissions and usually won't pay anything for admitted patients who should have been observation patients. In response to these rules, hospitals in recent years have increased their share of observation patients.

But under Medicare rules revised last year, hospitals that were denied reimbursement because a patient should not have been admitted can now can resubmit a bill within one year to Medicare for a payment based on observation status. The American Hospital Association has said that is not enough time and is suing Medicare.

Medicare officials last year also announced another rule aimed at reducing the number of observation patients. It requires patients whose doctors expect them to stay in the hospital through two midnights or longer be admitted, while those expected to stay for less time should be kept for observation. But after criticism from hospital groups, officials postponed enforcement of the rule and Congress extended the delay through March 2015.

Q. Will the cost of my maintenance drugs be covered when I am in the hospital?
A. No, Medicare does not pay for these routine drugs for patients in the hospital in observation care. Some hospitals allow patients to bring these drugs from home. Others do not, citing safety concerns.

If you have a separate Medicare drug plan, the coverage decision will be up to the insurer. If the plan covers your maintenance drugs at home and agrees to cover them in the hospital, it will only pay prices negotiated by the plan with drug companies and in-network pharmacies. Most hospital pharmacies are out-of-network. So even if your drug plan covers these drugs, you may be left paying most of the bill.

Q: How do I know if I’m an observation patient and can I change my status?
A. The only way to know for sure is to ask. Medicare does not require hospitals to tell patients that they are in observation status and that they will be responsible for paying any non-covered Medicare services. “Unless people are in an observation unit, the difference between observation and inpatient care is basically indistinguishable,” said Toby Edelman, a senior attorney at the Center for Medicare Advocacy.

Medicare does require hospitals to tell patients they have been downgraded from inpatient to observation.

At least two states – New York and Maryland – require hospitals to notify all patients when they are on observation status.

If you believe you should be admitted, ask your doctor to change your status to inpatient. However, even if the doctor agrees, the hospital may be able to overrule that decision or Medicare can change it later when reviewing the claim.

Q. What can I do if I’m about to be discharged or am already in a nursing home and I find out Medicare won’t cover my nursing home care?
A. If you can't persuade the hospital to change your status, Edelman advises patients to file two kinds of appeals. When you receive your Medicare Summary Notice, follow the instructions to challenge the charges from the hospital listed under Part B of the notice, if you believe those services should have been billed as inpatient services. Also challenge any charges from the nursing home for outpatient services such as physical therapy.

If you do enter the nursing home, you may be billed for the care. Ask the nursing home to submit a “demand bill” to Medicare. When it is rejected, you can appeal. The Center for Medicare Advocacy's online "self-help packet" offers more details about how to challenge observation status.

Q. What is being done to fix the problem?
A. Medicare's two-midnight rule and its revision in payment policies are intended to ease the financial pressure on hospitals to put patients in observation care.

So far, Medicare has not made changes that would directly affect patients, for example, dropping the three inpatient day criteria for nursing home coverage, forcing hospitals to tell patients when they getting observation care or requiring hospitals to allow patients to bring drugs from home.

A group of 14 seniors sued the government to eliminate observation status. A federal judge ruled in favor of the government, which argued in court filings that the case should be dismissed. The decision is being appealed.

Legislation has been introduced in Congress that would count an observation visit as part of the three hospital days required for nursing home coverage. But it has not received any action.

Source: Kaiser Health News. This is an updated version of a article first published Sept. 4, 2013.
A Summary of the Research Study "Being Alone Without Being Lonely"

Mindy Sollisch  
Manager of Strategic Initiatives  
Florida Department of Elder Affairs

Losing a spouse can be one of the most distressing events in one’s life. After decades of being part of a couple, the surviving spouse may find him or herself dealing with being alone for the first time. Some people have a small network of family and friends supporting them during this difficult period, while others have the help of a large support group. What researchers at the University of Washington wanted to better understand was whether or not the size of the surviving spouse’s support network changed after they became widowed. And did the changes in his or her support network affect his or her feelings of loneliness? That is, is being alone related to feeling lonely?

Researchers conducted a study of adults age 50 and older who had recently lost a spouse. These individuals were then followed for 18 months. Researchers measured the surviving spouse’s support network during this period to see how it changed over time. This included both the quantity and perceived quality of his or her social network. Friends and family were both included, but looked at separately. Quantity was measured by the number of people one was in contact with and how often. Quality was measured by the ease of contact the surviving spouse had with friends and family and how satisfied he or she was with those contacts. The concept of “being alone” was objectively measured by the quantity of people in one’s support network. Conversely, “feeling lonely,” a subjective state of mind, was determined by the surviving spouse.

The study also measured feelings of loneliness over time and looked to see whether they were related to the quantity and quality of their social supports. That is, did people with more social supports feel less lonely? The study also tried to explain how loneliness was affected by having adequate opportunities to express one’s self, having a confidant to share thoughts with, and forming a new friendship with another individual who had also lost a spouse.

Findings

Researchers found that social support from friends and family was important in determining how lonely a person recently widowed felt. People with the most social support from friends or family had the lowest levels of loneliness. Both friends and family were showed to be meaningful, though friends had a bigger effect on reducing loneliness than family members. Loneliness was also reduced for people who had adequate opportunities to express themselves, people who had a confidant with whom they could share their thoughts, and people who had developed a new friendship with another widowed individual.

Another finding was that feelings of loneliness decreased over the first year and a half of widowhood. Importantly, this decrease in loneliness was not related to the level of loneliness that was initially reported. That is, most people experiencing any amount of loneliness initially experienced a decrease in their level of loneliness over the 18-month period. Interestingly, the number of friends and family also decreased over the same time period. Therefore, possibly contrary to expectations, feelings of loneliness decreased as the quantity of social supports declined. The decline in the number of friends and family was not related to the amount of support a person had initially. That is, regardless of the size of the surviving spouse’s support network at the beginning of the study, most experienced a reduction in the number of people in their network during the succeeding 18 months. The frequency of visits from family declined over the 18 months while the frequency of visits from friends remained the same. Regardless of these changes, no changes were found in the surviving spouses’ ease of contact or satisfaction with friends or family.

Another important finding from this study is that the loneliest people in the study said they had someone with whom they could share their thoughts, but these individuals were not readily available to them.

Note: the results of this one study might not apply to all widowed individuals.

Important Findings

- “Feeling lonely” is distinct from “being alone.”
- Feelings of loneliness following the loss of a spouse decline over time.
- People should support widowed friends and family members.
- Bereavement support groups and widow-to-widow peer programs may provide assistance to newly widowed individuals by offering an opportunity to express oneself and discuss one’s experience with others who have experienced the same loss.

APA Reference

Statewide Public Guardianship Office Recognizes Excellence In Public Guardianship Services

Valerie Franklin
Statewide Public Guardianship Office
Florida Department of Elder Affairs

The Statewide Public Guardianship Office (SPGO) recently held its annual awards reception at the Florida State Guardianship Association’s Conference in St. Petersburg. Sponsored by the Foundation for Indigent Guardianship (FIG), the event is held annually to recognize excellence in public guardianship.

Charles T. Corley, Secretary of the Department of Elder Affairs, spoke at the reception about the Department’s commitment to serving the needs of the elderly in Florida and the increasing need for public guardianship services. In 2013, SPGO expanded its public guardian programs, making history in Florida by accomplishing statewide public guardianship coverage for the first time.

Secretary Corley also commended Teresa Goodson, Executive Director of SPGO, for her leadership and dedication in achieving statewide public guardianship coverage and securing the necessary funding to support those programs in the long term. Melinda Coulter, President of the FIG Board, spoke on behalf of the entire board and also praised Goodson for her commitment to public guardianship in the state. She remarked on all the positive changes Goodson facilitated with the board and SPGO during her first year as executive director.

Teresa Goodson said that credit should also be given to Karen Campbell, executive director of the Office of the Public Guardian, Inc., in Tallahassee. The program served as the public guardian for the second and fourteenth judicial circuits. Campbell was recognized by SPGO for her commitment to public guardianship and for helping to ensure that every Floridian who requires the services of a guardian has access to a qualified guardian.

“His commitment to serving the needs of the most vulnerable Floridians is truly commendable,” Goodson said.

Organizers also recognized Heidi Guc, of the Guardianship Program of Dade County, as case manager of the year. Guc was said to have provided outstanding service to Florida’s most vulnerable citizens through her compassion, hard work, and dedication.

David Mangiero, of the law firm Palmer, Palmer & Mangiero, received the award for pro bono attorney of the year. Mangiero provides free legal services to Guardianship Program of Dade County, Goodson said.

“His willingness to provide the necessary legal services pro bono enables the public guardianship program to utilize the limited resources it has to serve more individuals in need of guardianship,” she said.

The Foundation also honored outgoing board members Charlie Robinson and Debra Boje for their service to the FIG Board and public guardianship programs of Florida. Both are attorneys, and Robinson is currently serving on the DOEA Advisory Council.

Public guardians provide guardianship services to persons who do not have adequate income or assets to afford a private guardian and who do not have a family member or friend willing and able to serve. For more information on the Statewide Public Guardianship Office, please visit http://elderaffairs.state.fl.us/doea/spgo.php or call 850-414-2381

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Celebrate, Exercise Your Rights During Residents’ Rights Month

Shannon Knowles
Long-Term Care Ombudsman Program
Florida Department of Elder Affairs

When individuals move into long-term care facilities, their rights don’t stop at the front door. Rather, those basic rights follow them into their new homes. Residents’ Rights Month, held annually in October, provides an opportunity to remind and assist residents, their families, and facility staff to celebrate and exercise these rights, and to promote the dignity, respect, and the value of each individual resident.

The Long-Term Care Ombudsman Program, through assistance from over 300 dedicated volunteers, serves as an advocate for individuals living in long-term care facilities. Our program empowers residents to know their rights and often provides a voice for those who may not be able to speak up for themselves. In sections 400.022, 429.28, and 429.85 of the Florida Statutes, individuals’ rights are specifically outlined as they relate to nursing homes, assisted living facilities, and adult family care homes. A listing of these rights may be accessed through our website at the following link: http://ombudsman.myflorida.com/ResidentsRights.php.

Those living in long-term care facilities maintain rights that include, but are not limited to the following:

- Right to participate in one’s own care;
- Right to privacy and confidentiality;
- Right to dignity, respect, and freedom;
- Right to visitors;
- Right to make choices and to be involved in the community; and
- Right to be free from abuse, neglect, and exploitation.

Volunteer ombudsmen are trained in resident’s rights, problem solving, communication, intervention, negotiation skills, and working with long-term care staff. They advocate for improving the quality of life for residents by listening to the concerns of residents and their loved ones and working with them and the long-term care staff to assist in resolving their unmet needs and concerns.

Ombudsmen also receive and investigate complaints on behalf of nursing home residents and their families and serve as a voice for residents in ensuring that the facility meets mandated legal standards for every person receiving long-term care services. They work to resolve residents’ concerns, to the best of their abilities and within the greatest extent of the law. All services are provided at no charge, and all complaints are confidential.

It is important that long-term care facility residents, and their caregivers or family members, know and understand the rights afforded to them under state and federal law. Having a better understanding of the law by both residents and long-term care facilities helps to avoid unnecessary miscommunication and provides a better living environment for the resident.

In Florida, a long-term care ombudsman is a trained volunteer who helps to improve the quality of care and quality of life for residents in long-term care settings. Ombudsmen are community members from all walks of life who are passionate about improving the lives of residents living in long-term care facilities. They are trained to work with residents and their family members to communicate concerns and resolve problems by providing advocacy, support, education, and empowerment. These volunteers simply want their time and talents to make a difference in improving the lives of people who may be elderly and/or disabled.

Volunteers are also trained in residents’ rights, problem solving, communication, intervention, negotiation skills, and working with long-term care staff. They advocate for improving the quality of life for residents by listening to the concerns of residents and their loved ones and working with them and the long-term care staff to assist in resolving their unmet needs and concerns. These services are provided at no charge, and all complaints are confidential.

We are proud to be a unique program whose success depends on the commitment, courage, and compassion of volunteers. Ombudsmen are the heart of our program. These special individuals dedicate thousands of unpaid hours each year to ensuring that the voices of Florida’s long-term care facility residents are heard and problems resolved. If you are interested in becoming a volunteer and would like additional information, please visit our website at http://ombudsman.myflorida.com/Volunteer.php or call toll free 1-888-831-0404.
Access to information regarding elder services and activities is available through the Elder Helpline Information and Referral service within each Florida county. For the hearing or speech impaired, all Elder Helplines can be accessed through the Florida Relay by simply dialing 711 from anywhere in the state.

**Florida Area Agencies on Aging (Counties Served)**

**Northwest Florida**

Area Agency on Aging, Inc.
5090 Commerce Park Circle
Pensacola, FL 32505
850-494-7101 • 1-866-531-8011
( Escambia, Okaloosa, Santa Rosa and Walton Counties)

Area Agency on Aging for North Florida, Inc.
2414 Mahan Drive
Tallahassee, FL 32308
850-488-0055 • 1-866-467-4624
(Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla and Washington Counties)

**Mid-Florida Area Agency on Aging, Inc., dba Elder Options**
100 SW 75th Street, #301
Gainesville, FL 32607
352-378-6649 • 1-800-262-2243
(Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee and Union Counties)

**Northeast Florida Area Agency on Aging, Inc., dba Elder Options**
10688 Old St. Augustine Road
Jacksonville, FL 32257
904-391-6600 • 1-888-242-4464
(Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia Counties)

Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
4400 North Congress Avenue
West Palm Beach, FL 33407
561-684-5880 • 1-866-684-5880
(Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties)

Aging and Disability Resource Center of Broward County, Inc.
5300 Hiatus Road
Sunrise, FL 33351
954-745-9567
(Broward County)

Alliance for Aging, Inc.
760 NW 107th Avenue, Suite 214
Miami, FL 33172
305-670-6500
(Miami-Dade and Monroe Counties)

**Area Agency on Aging of Central Florida, Inc., dba Senior Resource Alliance**
988 Woodcock Road, Suite 200
Orlando, FL 32803
407-514-1800
(Brevard, Orange, Osceola and Seminole Counties)

Area Agency on Aging for Southwest Florida
15201 N. Cleveland Avenue,
Suite 1100
North Fort Myers, FL 33903
239-652-6900 • 1-866-413-5337
(Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota Counties)

Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
4400 North Congress Avenue
West Palm Beach, FL 33407
561-684-5880 • 1-866-684-5880
(Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties)

Elder Helpline Can Assist Non-English Speakers

By calling the Elder Helpline, Florida’s elders can access information and referral services through a translation service. Telephone interpreters provide live, on-the-line assistance by translating from English into as many as 148 different languages.

If you need information about, or referral to, a service provider outside Florida, call the national Eldercare Locator Service at 1-800-677-1116. An information specialist will assist you Monday through Friday from 9 a.m. – 11 p.m. Eastern time. For people with Telecommunication Devices for the Deaf (TDDs), all Elder Helplines, as well as the Eldercare Locator Service, can be accessed through Florida Relay Service at 1-800-955-8771.

Elder Helpline Information and Referral
1-800-96-ELDER
(1-800-963-5337)

**FLORIDA ELDER HELPLINE DIRECTORY**
Please call the telephone number below in your area for information and referrals.

- **Alachua**: 800-262-2243
- **Baker**: 888-242-4464
- **Bay**: 866-467-4624
- **Bradford**: 800-262-2243
- **Brevard**: 407-514-0019
- **Broward**: 954-745-9779
- **Calhoun**: 866-467-4624
- **Charlotte**: 866-413-5337
- **Citungos**: 800-262-2243
- **Clay**: 888-242-4464
- **Collier**: 866-413-5337
- **Columbia**: 800-262-2243
- **DeSoto**: 866-413-5337
- **Dixie**: 800-262-2243
- **Duval**: 888-242-4464
- **Escambia**: 866-531-8011
- **Flagler**: 888-242-4464
- **Franklin**: 866-467-4624
- **Gadsden**: 866-467-4624
- **Gilchrist**: 800-262-2243
- **Glades**: 866-413-5337
- **Gulf**: 866-467-4624
- **Hamilton**: 800-262-2243
- **Hardee**: 800-336-2226
- **Hendry**: 866-413-5337
- **Hernando**: 800-262-2243
- **Highlands**: 800-336-2226
- **Hillsborough**: 800-336-2226
- **Holmes**: 866-467-4624
- **Indian River**: 866-684-5880
- **Jackson**: 866-467-4624
- **Jefferson**: 866-467-4624
- **Lafayette**: 800-262-2243
- **Lake**: 800-262-2243
- **Levy**: 800-262-2243
- **Liberty**: 866-467-4624
- **Manatee**: 800-336-2226
- **Marion**: 800-262-2243
- **Martin**: 866-684-5885
- **Miami-Dade**: 305-670-4357
- **Monroe**: 305-670-4357
- **Nassau**: 888-242-4464
- **Okaloosa**: 866-531-8011
- **Okeechobee**: 866-684-5885
- **Orange**: 407-514-0019
- **Osceola**: 407-514-0019
- **Palm Beach**: 866-684-5885
- **Pasco**: 727-217-8111
- **Pinellas**: 727-217-8111
- **Polk**: 800-336-2226
- **Putnam**: 800-262-2243
- **Santa Rosa**: 866-531-8011
- **Sarasota**: 866-413-5337
- **Seminole**: 407-514-0019
- **St. Johns**: 888-242-4464
- **St. Lucie**: 866-684-5885
- **Sumter**: 800-262-2243
- **Suwannee**: 800-262-2243
- **Taylor**: 866-467-4624
- **Union**: 800-262-2243
- **Volusia**: 888-242-4464
- **Wakulla**: 866-467-4624
- **Walton**: 866-531-8011
- **Washington**: 866-467-4624

Are you worried that an elder relative or friend may be the victim of abuse? You can report known or suspected cases of abuse by calling Florida’s Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873).
"Rightsizing": A Key to Aging in Place

Cory Livingston
Certified Aging in Place Specialist
Florida Department of Elder Affairs

My daughter moved from Florida to Massachusetts several years ago. The Florida heat got to her, and she missed the winter sports of her youth. As she packed for her move, she called to ask if she could — temporarily — store some items at her home. That was five years ago, and her life-size plastic Halloween skeleton still sits in the sparer bedroom, along with boxes of linens, stuffed animals, and “stuff.”

Can you relate?

The preparation for aging in place may involve many actions (including installing grab bars in the shower, taking up rugs that are tripping hazards, and training the dog not to jump on visitors), but perhaps the hardest action item in this preparation is getting rid of “stuff.” Rightsizing, also known as “downsizing,” is often fraught with angst as one decides whether to keep Aunt Bess’s hand-knit afghan or give it to the thrift store.

Here are some practical tips to help you rightsize in order to age in place free of “stuff.”

Accepting that you don’t want, need, or use all of the knick-knacks, kitchen utensils, and junk in the attic or spare bedroom is a vital, but difficult, step in the process. Most of us have become wedded to our belongings and place value on all that we own.

Approaching rightsizing in increments may help overcome the fear that if you get rid of the clay statue your child made in first grade, your child will become angry and never visit. We like to say that in rightsizing, you can’t eat a whale all in one bite. Take your time. Tackle rightsizing in small bites.

Rightsizing involves the “Rs” — Reevaluate, Repurpose, Reduce/Recycle, Restore, Reuse, and Reframe.

RE_EVALUATE: Are you really going to wear those six blouses that still had tags on them. She hadn’t been able to see the blouses because they were wedged between several others. She wore the blouse to bridge club, and her friends were impressed with her efforts to rightsize as well as with her lovely new find.

REPURPOSE: Are you still having large dinner parties? Does your family eat meals in the dining room? Or, have you and your significant other begun eating in front of the television? Why not repurpose your dining room into a computer room or a craft room? Dining room tables make a fantastic workspace for cutting out patterns or setting up a computer and printer. Fred set up his miniature train set on his table and says that the train set gives him more pleasure than a sit-down dinner. He renamed the dining room “Express Central.” (Renaming is another component of rightsizing.)

REDUCE/RECYCLE: Admit it. You are only using the good china for Thanksgiving. Jane and her husband have begun eating off paper plates. They don’t even use the everyday china, but she keeps that just in case. She gave her good china to a granddaughter. Jane rinses the paper plates and puts them in her compost pile. She crows about how much money they are saving by not running the dishwasher.

RESTORE: Do you love your bedroom furniture, including the bedside table and chest of drawers, but have a problem grabbing and pulling the small knobs to open the drawers? With the recent emphasis in “do it yourself,” why not remove the small knobs and replace them with D-shaped drawer pulls. These are available at hardware stores, and you can find a size and style that will fit your existing furniture.

RE-USE: Wally and Nora divided up their collection of expensive figurines among their grandchildren. They now use the curio cabinet in which the collection was stored to hold their computer and home office supplies: bright paper, ink cartridges, pens and pencils, stamps and envelopes, and Wally’s favorite board games.

REFRAME: Change the way you think about your stuff. Ask yourself, “What is really important and what is in the way?” Leslie constantly bumped her shin on the coffee table. Of course, every living room had one, and it was such an integral part of the living room set that her husband, Archie, had given her years before! The coffee table had always just sat there, in the middle of the room. With reframing, Leslie realized that the coffee table was always gathering dust, had sharp edges that were dangerous to her legs and her toddler granddaughter’s head, and got in the way of the vacuum cleaner. That coffee table was not a necessity. It was a nuisance. Leslie called the thrift store to schedule a pick up.

Look around your home. What could you do without? What changes could you make? Rightsizing could be just the ticket for making your home more comfortable, efficient, and safe.
FALLS PREVENTION: Only Leaves Should Fall

Korinna MacNeill
Communities for a Lifetime
Florida Department of Elder Affairs

The first day of autumn can symbolize many things: the beginning of a new school year, crisp golden leaves falling from the trees, fresh apple pie baking in the oven, and a very welcomed temperature decline, among others.

This year the first day of fall will be observed on Sept. 23, and while I am excited to embrace my favorite season, I am even more enthused this year because Sept. 23 is also Falls Prevention Awareness Day. This year’s theme for Falls Prevention Awareness Day is “Strong Today, Falls Free Tomorrow.” This theme turns our attention to how being strong and active in our daily lives can have the long term effect of living without falls.

On Sept. 10, the Department of Health and the Department of Elder Affairs will hold their Sixth Annual Older Adult Falls Prevention Webcast from 10 a.m. to 11:30 a.m. This webcast is a wonderful resource, which will provide health care professionals, coalitions, organizations, caregivers, and other individuals with quality information on strategies for falls-related injury prevention. You can register online via the following link: http://survey.doh.state.fl.us/survey/entry.jsp?id=1397742126643.

While September is the observance month for falls prevention programs, it is important to keep this issue on the forefront year-round. Each year across the country, one out of every three adults age 65 and older falls. Though falling is a frightening subject to think about, it is important to acknowledge that most falls can be prevented.

As a way to provide information to the senior population as well as younger generations, the Communities for a Lifetime Unit has developed a falls prevention workshop presentation. Workshop participants will learn safety precautions, indoor and outdoor safety modifications, evidence-based exercise programs, community organizations for resources, and exercises proven to help prevent falls and conquer the fear of falling. Through this workshop, the Department of Elder Affairs wants to provide you with the tools to help you live safely and comfortably while you actively age in place. There is no place like home, especially when it is a safe home.

The Falls Prevention workshop is free to the public and will provide informative and interactive discussions about ways to avoid falls and how to become more active within the community. The workshop will also encourage communication with local consultants and contractors in your neighborhood who can assist you with creating a falls-free home to enhance your quality of life.

Information will be provided on how to overcome obstacles to remain independent, fearless, and strong.

To schedule a Falls Prevention workshop in your community, please contact Ms. Korinna MacNeill at (850) 414-2341 or by email at macneillk@elderaffairs.org.

Learn to Make Your Home a Safe, Accessible and Functional Environment

Buddy Cloud
Communities for a Lifetime
Florida Department of Elder Affairs

Aging is a normal and natural progression of life. Though growing older may change one’s abilities, aging is certainly not a disability. By admitting and embracing the changes that come with age, and by doing a thorough assessment of your living space, you will be able to develop a long-range plan that will allow you to age in place. Surveys show that most people want to grow older in their own homes and in the neighborhoods in which they have lived and raised their families.

Don’t misunderstand or dread the phrase “aging in place.” By changing the physical structures inside and outside of your home, you can make it more accessible and remove barriers. The result is increased safety, better areas for mobility in the home and outside of the home, and increased functionality. Using creative and innovative design changes may be exactly what you need to teach your “old” home new tricks.

Because our home figures predominately into our quality of life and can influence our ability to participate and stay connected to our friends, family, and community, the Department of Elder Affairs’ Communities for a Lifetime (CFAL) Unit created and developed the SAFE Homes Program. The SAFE Homes Program provides information and education that can help you to actively age in place with integrity, purpose, and independence.

In September 2014, the SAFE Homes Program will celebrate its second birthday. Since its rollout in September 2012, staff members of the CFAL Unit have provided the SAFE Homes workshop 34 times to nearly 750 participants across the State of Florida. Workshops have been held in libraries, senior centers, churches, government offices, and anywhere that an audience could gather.

The program has been successful in providing information to the senior population, caregivers, family members, and others throughout Florida. The momentum is gaining. Why not join those who have held or attended a SAFE Homes workshop?

The workshops are free and open to the public. They provide an array of informative and interactive discussions about universal design, enhancements for safety, and ways to increase accessibility and visibility. You will also be provided with information on how to evaluate the livability of your home and how to overcome obstacles in order to remain in your home safely as you actively age in place.

To conduct this free workshop in your community, please contact Buddy Cloud at 850-414-2123 or cloudw@elderaffairs.org. The Department welcomes this opportunity to provide this service to your community and you.
Senior Games Provide a Local Chance to Compete

Nick Gandy
Florida Sports Foundation

With the passing of Florida’s summer heat, the fall brings eight Local Senior Games events for athletes age 50 and older. The local games are the place to start if athletes wish to move on to the 2014 Florida International Senior Games & State Championships and the 2015 National Senior Games.

Local Senior Games events are also a perfect starting point for the senior athlete who has just made the decision to become more active and physically fit.

Certain sports of the Florida International Senior Games State Championships require a qualifying performance at a local senior games qualifier. Athletes with a desire to advance to statewide competition in three-on-three basketball, basketball shooting, bowling, cycling, golf, horseshoes, pickleball, shuffleboard, swimming, table tennis, tennis, and track and field must finish in the top five of their age group to advance to the State Championships, set for Dec. 6-14 in Lee County.

The 2014 State Championships serve as a qualifier for the 2015 National Senior Games, to be held in Bloomington/Minneapolis/St. Paul, Minnesota, July 3-16, 2015.

The Pensacola Senior Games, offering 20 sports, begin the 2014 Local Senior Games fall qualifying events with bowling and table tennis on Sept. 8. The cycling qualifier will be held in conjunction with the Pensacola Cycling Classic, Sept. 13-14, with the 5K Time Trials course to be contested on Via De Luna Drive with scenic views of Pensacola Beach. Call (850) 380-9583, or visit www.pensacolaseniorgames.com for more information.

The Tampa Bay Senior Games, now in its 34th year, will be held Sept. 29-Oct. 17. The games include a 5k run, a bean bag toss, basketball, billiards, bowling and more. Call (813) 635-3519, or log on to www.hillsboroughcounty.org/seniorgames for more information.

The Jacksonville Senior Games, Oct. 6-11, offers senior athletes virtual bowling and bowling on the lanes. Wii Bowling via video screen will be held Oct. 6 at the Jim Fortuna Senior Center, and the more traditional singles and doubles bowling will be held Oct. 8 at the Batt Bowl Lanes. Call (904) 630-2681, or log on to www.coj.net/seniors for more information.

The serious senior games swimmers might want to check out the Gainesville Senior Games, Oct. 3-12. The swimming competition will be held Oct. 12 at the Stephen C. O’Connell Center, where former University of Florida swimmers Nicole Haslett and Ryan Lochte perfected their strokes on the way to Olympic gold medals. Call (352) 338-9300, or visit www.gainesvillesportscommission.com for more information.

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Sanford’s Golden Age Games stakes the claim of “The Nation’s Oldest Senior Games,” and will be celebrating its 40th anniversary this year.

“It started with a group of Sanford civic leaders,” said City of Sanford Senior Center Supervisor Kim Eltonhead. “A change of lifestyle toward a healthier body and mind emerged in the 1970s, and someone had seen something where a community did something on a small scale and Sanford grew it larger.”

Registration is currently open for the Pensacola Senior Games, Palm Coast & Flagler Beaches Senior Games, Tampa Bay Senior Games, Gainesville Senior Games, and Jacksonville Senior Games. Visit www.flasports.com, or call toll free 1-866-FL-GAMES (354-2637) for a complete listing of Florida’s 21 Local Senior Games qualifiers or registration and competition information about the 2014 Florida International Senior Games & State Championships.