Riding the Wave

by Gema Hernandez, D.P.A.

Aging is an inevitable process of life. There is only one alternative to growing older, and that is not a good option. It is in our best interests, therefore, to make the most out of our aging process. We need to take responsibility for identifying ways to cope with the changes and to enjoy life.

As the Secretary of the Department of Elder Affairs, my responsibility is to help older Floridians ride the wave that is approaching our shores. To accomplish this task, I intend to develop, enhance, pilot, and promote new programs, activities, training and services. I want to begin with a series of articles that identify ways we can cope with aging and enjoy life along the way. Our Golden Surfer on her surfboard illustrates how we are to cope with the coming changes.

We have heard about the Age Wave, but the closer we get to the year 2010, the more we will hear. The Age Wave represents the aging of the Baby Boomers, the largest generation in our society. It will be a time in our history when mass longevity will be experienced beyond our imagination. The four-generation household will be common, and the birthday announcements on the Today show will be of centenarians rather than octogenarians. Some believe the Age Wave will destroy our economy and collapse our Social Security and Medicare systems. Others believe, as I do, that the aging of the baby boomers represents a challenge with tremendous opportunity for growth. Growth can be exciting if we learn to ride the wave. But as with all new skills, riding the wave requires practice.

The Golden Surfer riding the wave is full of symbolism. The surfer embodies each one of us as we attempt to cope with new physical challenges. Because women live longer, it is appropriate that our Golden Surfer be a woman. She can represent a friend, a geriatrician, or a service program — anything or anyone that helps us to maintain our balance and our independence. The surfboard also represents the mechanism we need to put in place in order for older Floridians to age in place, with dignity, and with security. It is also fitting that the surfboard be labeled “Department of Elder Affairs” because that is the role we were given by the Florida Legislature.

The Golden Surfer wears a hearing aid, which is nearly invisible to us. The hearing aid acknowledges our anticipation that with the help of assistive devices, we will be able to ride into the next millennium. Technology will facilitate the creation of an elder-friendly environment. Technology’s role is critical especially when we consider that there will be a shortage of manpower or womanpower to provide assistance with our daily life activities. Most of us have already been using assistive devices — such as glasses or contact lenses — for a long time. In the future, we may be using more of them.

Our Golden Surfer is brave, yet her attitude is playful. She is exploring uncharted waters with a smile, and in doing so, she is showing courage in the face of difficulties. She is setting an example for the Baby Boom generation and telling them: “Don’t fear aging. Embrace it one day at a time.”

The meaning behind the symbolism of the Golden Surfer is the spirit of overcoming obstacles and disabilities. Help us help others by telling us how you maintain your vitality, your sense of joy of living; tell us what keeps you balanced and ready for a new day. Share with us the stories of your own surfing board.


Older Floridians Handbook

Dear Elder Update,

I recently received my copy of Older Floridians Handbook, which I had requested from the Mid Florida Area Agency on Aging, Inc. I had seen it advertised in an issue of Elder Update. Thank you so much for your time and efforts to be of help and support of legal and other rights of older Floridians. I find the booklet very helpful and feel sure I will refer to it often to keep me knowledgeable about these rights and possible abuses.

Beatrice E. Stewart
Titusville

Universal Health Care

Dear Elder Update,

Bobbe Taffel’s article in your June issue was one of the best I have read on the crucial issue of health care, and have made copies for family and friends. I congratulate and commend her for endorsing universal health care, which is an equitable, democratic and humane system, as well as economically feasible and sound.

When we achieve universal health care in this country, we will be joining all the other industrialized nations of the world in guaranteeing health care for all its citizens. Let’s place universal health care on top of the agenda for the upcoming presidential election. The time is ripe! Let’s seize the moment!

Gilda Klausner
Merritt Island

Prostate Cancer

Dear Elder Update,

Regarding the four-page insert on prostate cancer in your May issue, in my opinion a recent article by James Balch, MD that appeared in the 1999 Vol. 5/No. 2 issue of the Journal of Longevity, “All-Natural Solution to Prostate Problems Found,” makes sense. Nobody likes surgery, and if we could avoid it, why not?

Dr. James Balch has written many books on medical problems, which can be obtained from your public library.

Jerome Hodes
West Palm Beach

Hearing Aids

Editor’s Note: We thank the many readers who have responded to a recent article on the high cost of Hearing Aids. While we do not have room to print each letter, we do hope to have future articles on the subject.

Give a lasting tribute

A memorial gift to the Department of Elder Affairs, Elder Update is a loving and lasting tribute. Remembering a deceased relative or friend helps to serve the living through the publication of Elder Update.

Acknowledgements of memorials and other remembrances are always mailed to the family and no reference is made to the amount of the gift. The name of the individual being honored is published in Elder Update.

To acknowledge your gift to a family, please send the appropriate name and address. Memorial gifts may be made by sending your check to:

Department of Elder Affairs / Elder Update
C/O Lasting Tribute
P.O. Box 6750
Tallahassee FL 32314-6750.
**SEPTEMBER**

**Lake Mary, Seminole County**

The schedule of classes for the "AARP 55+ Alive" Driving Course is September 20-21st, 9am-1pm, at the Florida Hospital Senior Health and Resource Center, 1097 Sand Pond Road. Materials charge of $8.00 for 2-day class. For reservations, phone Wilbur Simms at (407) 323-7513.

**Pinellas County**

The Hospice of the Florida Suncoast will begin several new bereavement support groups to help people who have recently lost a loved one. Participants must pre-register. To register or for additional information, call The Hospice's Bridges Program at (727) 586-4432, ext 2775.

Thursdays, Sept.16 - Oct. 21, 10:00 am - 12:00 Noon, Faith Presbyterian Church, 11501 Walker Avenue, N., Seminole, FL

Tuesdays, Sept. 21 - Oct. 26th, 1:00 pm - 3:00 pm, The Hospice of the Florida Suncoast, 300 East Bay Drive, Largo, FL

**OCTOBER**

**Bradenton, Manatee County**

The National Association of Retired Federal Employees, Chapter #230, meets the second Wednesday of the months October through May at noon at the Days Inn (First Street Café), 3506 - 1st Street (US Hwy 41), Bradenton. Call (941) 798-2056.

**Davie, Broward County**

On Saturday, October 30th, the Area Agency on Aging will coordinate the 11th Annual Swing for Seniors Golf Tournament. All proceeds benefit senior programs. The event, sponsored through the generosity of the North Broward Hospital District, will be held at Arrowhead Golf & Sports Club. Registration is $90 per person or $360 per foursome. Includes fees, lunch, and other items. Tournament limited to first 144 golfers who register. Contact Community Relations Manager Scott Colton at (954) 714-3456.

**Ft Lauderdale, Broward County**

The Broward Center for the Performing Arts begins its new season with "Late Nite Catechism," a funny piece of theater that takes audiences back to their childhoods. A "Sister" teaches an adult catechism class to a roomful of "students" (the audience). Performances are October 4, 6-10, 12, 14, 16, 17 at 7:30 pm and October 15 at 7 and 10 pm. Matinees are October 9, 10 and 16 at 3 pm. Theater located at 201 SW Fifth Avenue. Box Office: (954) 462-0222

**New Port Richey, Pasco County**

The Alzheimer's Family Organization 1999 West Pasco County "Rally to Remember" will be held in conjunction with New Port Richey's 75th birthday and Founder's Day on October 9th, in downtown. Sponsors, additional committee members, and volunteers for the day of the event and raffle donations are needed. Call (727) 845-6262.

The National Association of Retired & Veteran Railway Employees, Inc./REA Unit 170 will meet at 11:00 am on Tuesday, October 12th at the American Legion Post 79, Davis Center, 6650 US 19 North, New Port Richey (behind Thomasville Furniture). Call (727) 376-7876.

**Reunions**

Who: World War II Vets, US 3rd Army, 94th Medical Gas Treatment Battalion

When: Sept. 15 – 19, 1999
Where: Irving, Texas
Contact: James Anderson, Indianapolis, IN, (317) 842-4882, John Stahley, St Petersburg, FL, (727) 381-5014

Who: USS Vesuvius (AE-15) World War II and other shipmates
When: Sept. 28 – Oct. 1, 1999
Where: St. Louis, Missouri, (In 2000, reunion will be in Asheville, NC)
Contact: Cmdr. Alan C. Moore Village Cottage Place #16, 2807 NW 83rd St., Gainesville, FL 32606-8622, (828) 733-8863 (until Nov 1999), (352) 372-2037 (after Nov 1999)

---

**Your Comments Are Important to Us!**

We welcome your comments and suggestions. Please let us know how we are doing.

Please address correspondence to:
Elder Update Editor
Florida Department of Elder Affairs
P.O. Box 6750
Tallahassee, Florida 32314-6750
E-mail address: eueditor@elderaffairs.org

Please address subscription inquiries and changes of address to:
Subscriber Relations
Elder Update
P.O. Box 6750
Tallahassee, Florida 32314-6750
E-mail address: eusubscription@elderaffairs.org

Periodicals postage paid at Tallahassee, FL.
Recognizing stroke warning signs key to receiving emergency treatment

by Fran Hathaway

Every minute of every day, someone in the United States will suffer a stroke, also known as a “brain attack.” This year, stroke will claim 500,000 victims, and of those, 150,000 will die. In addition, more than half will be severely disabled, making stroke the leading cause of adult disability and third leading cause of death in the United States.

A recent survey conducted by the National Stroke Association (NSA) showed that many Americans are not aware of the causes of stroke, how it may be prevented, or even treated. In fact, 17 percent of the 750 adults surveyed could not name any of the symptoms of stroke. Six in 10 adults were not aware that a stroke occurs in the brain, not in the heart. Another concern was that 81 percent of the respondents knew there were ways to prevent stroke, but only one in five of their physicians had suggested methods of stroke prevention. These results underscore the need for increased awareness and understanding of stroke among Americans.

What is a stroke?

Stroke is a “brain attack.” It occurs when a blood vessel leading to or in the brain becomes blocked or ruptures. When this happens, vital blood and oxygen do not reach an area of the brain, causing brain tissue to die. A brain attack can strike suddenly, but many attacks are preceded by a warning episode referred to as a TIA (transient ischemic attack). These TIAs can last anywhere from a few seconds to several hours. More important, TIAs can serve as warning that you may be at greater risk for a full-fledged stroke.

Emergency Stroke Treatment

Until recently, there was no emergency therapy available to treat acute ischemic stroke. Hospitals can now treat stroke with a clot-busting agent. The agent works by dissolving the blood clot that forms in an artery in the brain. But it must be given within three hours of the onset of stroke symptoms and only to those who have had a brain CT scan to rule out intracranial hemorrhage, or bleeding. Not all patients will meet eligibility criteria for this agent. Check with your doctor. This first emergency treatment for acute ischemic stroke has given the medical community and patients new hope in reducing the devastating disability caused by stroke.

Stroke Warning Signs

Sadly, most people suffering a stroke wait to seek emergency medical attention, hoping that the symptoms will go away. It is critical that people learn to recognize the warning signs of stroke and seek immediate medical help at the first sign of any of the following symptoms:

• Weakness/numbness in the face, arm or leg, especially on one side of the body
• Sudden dimness, blurred or decreased vision, particularly in one eye
• Difficulty speaking or understanding speech
• Unexplained dizziness, loss of coordination, or sudden falls
• Sudden or severe headaches with no known cause

Helping to Prevent Stroke

There are many things you can do to reduce your chances of having a stroke — scheduling regular check-ups, controlling your blood pressure, drinking less alcohol, not smoking, maintaining a low-fat, low-cholesterol diet, cutting down on salt, and staying active.

Information supplied by the American Heart Association.

NEW SUBSCRIPTIONS ONLY!!

If you are not currently receiving Elder Update, you may do so by completing the form below and sending it to Elder Update, 4040 Esplanade Way, Tallahassee, FL 32399-7000

Please allow 6-8 weeks to receive first issue.

Elder Update is distributed at no cost to elder Floridians.

Title (Mr./Mrs./Dr., etc.) ___________________________ M. Initial ______
First Name ___________________________ Last Name ___________________________
Business/Organization ___________________________
Street Address or P.O. Box No. ___________________________
City/State/Zip Code ___________________________
County ___________________________
Date ___________ Signature ___________________________

Postal regulations require that the person requesting the subscription be the one filling out the subscription form.
If you get to be over 65, get online
by Fran Hathaway

Retirees are far less likely to own a computer than are other Americans, but there are plenty of reasons for them to get one.

At a Thanksgiving gathering last year in Cleveland, a friend with a digital camera photographed my mother and offered to send the image to me in Florida electronically.

“Oh, no thanks,” my mother replied affably. “I’ll just mail it to her. Fran’s not home today.”

Hearing the story, we chuckled at her lack of computer knowledge. But she has plenty of company, especially in her “mature” age group. People who have never used a computer may view the technology as esoteric they’ll never understand and don’t plan to bother with.

Yet that’s changing as more older Americans see the benefits. Mega-companies such as Microsoft, eyeing large new markets, are prodding the change. In March at the American Society of Aging, Microsoft reported on a study showing that the “digital divide” - the gap between computer users and non-users - affects older people most. About 50 percent of Americans own and use computers, the study found. Among people over 65, it’s just 24 percent.

But older Americans also are among the fastest-growing groups using the Internet as they realize how easy it is to get information they need there. Microsoft has a Web site (www.microsoft.com/seniors) that’s a conduit for information older people need. An “on-line community for grown-ups” is available at www.seniors.org. Social Security has a Web site (www.ssa.gov). So does Medicare (www.medicare.gov).

The National Council on Aging also recently started one (www.ncoa.org). The NCOA operates an Aging Network, a system of thousands of community-based organizations that provide nonmedical assistance to older people. Each day, thousands use it to arrange for services such as home-delivered meals, adult day-care services and transportation.

Sen. Charles Grassley, R-Iowa, who turned 65 himself last year, is chairman of the Senate Special Committee on Aging. He is enthusiastic about on-line information. “If you’re eligible for Medicare,” Sen. Grassley says, “how do you research your health-care choices? Do you call an 800 number that fields calls from across the nation? Or do you log on to the Internet and visit Medicare’s Web site?”

There, visitors can click on Medicare Compare, type in their ZIP code and review the managed-care choices in their area. After comparison shopping, they could choose one or decide to remain in traditional Medicare. The website Nursing Home Compare (www.medicare.gov/nursing/home.asp) lists inspection records for every nursing home that receives Medicaid and Medicare money.

Computers offer new freedom for the homebound, such as disabled people and caregivers, and for people who can’t drive. But there are plenty of fun reasons for older folks to venture into cyberspace.

After becoming comfortable with their computer skills, they can use them for part-time work or tracking their checking account and investments. They can e-mail friends and relatives nationwide and share common interests, or learn new ones, in chat rooms. They can research subjects such as health, finance and travel, and bombard public officials with their views on issues. They can play games. Increasingly, they can shop.

My mother has been visiting us in West Palm Beach, and when my brother in Cleveland e-mailed me recently, he added, “Show this to Mom so she can see how we communicate much of the time now.”

I showed her. She read it. She shook her head.

“Amazing,” she murmured. “But I still don’t think I’ll ever get one.”

Maybe not. But with each day, there are more reasons to do so.

Fran Hathaway is an editorial writer for The Palm Beach Post. Her e-mail address is fran_hathaway@pbpost.com. This article was reprinted by permission.
Certified Officer Training Program now available
by Ann Getman / Self Care Initiatives

The Department of Elder Affairs announces the availability of an Elder Abuse, Neglect and Exploitation Certified Officer Training Program. As the population of this state ages, officers need to be aware of the needs of that population. The curriculum is designed to help certified officers prepare for changes in the service needs of citizens in their communities. The information has been presented broadly so that it will apply to both the probation and parole officers, as well as to line officers from police and sheriff departments. The information will be aimed at enhancing the certified officers’ knowledge about older people and their ability to respond to encounters with older citizens or prisoners. Such knowledge will give them the ability to help seniors who are at risk or victims of abuse, neglect or exploitation. While this training curriculum has been developed with the certified officer in mind, the information it contains is equally useful for other professionals within the justice system who may encounter victims of elder abuse.

The curriculum resulted from a collaboration between the Department of Elder Affairs and the University of Miami School of Medicine, with assistance from the Metro-Dade and Ft. Lauderdale police departments, the Florida Department of Law Enforcement, the Department of Corrections and the American Association of Retired Persons (AARP). A grant from the Byrne Memorial Fund through the Florida Department of Community Affairs made the project possible.

The six major sections to the curriculum are:
- Florida Laws and Definitions Dealing with Elder Abuse
- Elder Abuse in the Community
- Elder Abuse in Facilities
- Exploitation of Elders
- The Impact Culture has on Elders at Risk for Abuse, Neglect or Exploitation
- Community Resources of Assisting Elders.

Widows not merry but more socially liberated than in the past
by Cathy Keen

The death of a spouse hurts deeply, but few taboos about dating and remarrying makes widowhood less of an ordeal than in the past, says a University of Florida researcher. “When John Kennedy died, many people got mad as if Jacqueline Kennedy started dating because they thought she should be a widow for a lot longer time,” said Felix Berardo, a UF sociologist and expert on widowhood. “Today we’re much more receptive to the notion that you have only one life to live, and if you marry someone else, it’s great.”

Despite the great numbers of widows and widowers, Berardo said, researchers do not know exactly how many people have lost a spouse. Even the U.S. Census fails to account for the large hidden group of people who remarry after losing their mate. Furthermore, little is known about men who lose their wives compared with women who lose their husbands, perhaps because widows outnumber widowers by more than 5-to-1.

Understanding the life changes that are part of widowhood is more important than ever as increasing numbers of people experience the phenomenon. The average life expectancy has grown from about 47 years at the turn of the century to just over 73 for males and just over 79 for females born today, increasing the odds that people will experience the loss of a spouse. What sociologists do understand about widowhood is that men are more likely to be socially isolated, less frequently in touch with children or church activities. “Women, we know, are much better at making friends and keeping friends,” said Berardo.

When Berardo began his pioneering study of widowed people who lived in a rural area of Washington state in 1967, widowhood was a neglected field of research. In his study, the women often moved to the city, while farmers would rough it out alone in the country, struggling to learn how to cook, wash and keep house.

Finances are the problem for females, particularly those who grew up with cultural expectations to be homemakers rather than have careers. “We’ve all heard the silly notion of the merry widow who inherits a large sum of money,” Berardo said. “It isn’t true.” In the past, widows often were reluctant to remarry because they would lose their Social Security benefits. “My mother’s case was different,” said Berardo. “When my father died, she had 12 grown children. That was her social security. It didn’t matter what the government was going to do. She knew she could count on us for everything she wanted. I’d get a call from my sister saying, ‘Mom needs a new refrigerator. Your share is 40 bucks.’”

Regardless of finances, Berardo recommends that widows not move for at least one year after their husbands die. Losing a spouse is stressful enough without the added strain of selling one’s house and uprooting to another city. How the survivor mentally adjusts depends on many factors, including the length of time the couple was married and the circumstances surrounding the death. “It makes a great deal of difference whether you had a happy marriage or whether you fought for the last 20 years,” Berardo said. “In the first instance, you feel great grief and sadness, and all the emotions of bereavement. In the second instance, you may stand up, click your heels and say ‘free at last.’”

Cathy Keen is the senior writer at the University of Florida News and Public Affairs office. This article was reprinted by permission.
A driver with Dementia in the family: what to do?

by Fran Carlin-Rogers / Orlando Regional Health System

Driving an automobile is considered by most Americans to be a fundamental freedom, akin to the Bill of Rights guarantee to life, liberty and the pursuit of happiness. Driving is a symbol of independence, a privilege we rely upon. According to the American Automobile Association, people aged 65 and above take more than 80% of trips in private cars.

From our first day in the driver’s seat to our last, safety must remain our most important concern. The task of driving requires a wide range of physical skills including vision, hearing and mobility of head/neck/arm and hand. It also depends on cognitive skills (thinking/judgment/thought processing) to decipher road conditions, to anticipate situations and react to immediate problems, to recognize road signs and to act on that information. We rely upon these abilities to drive in the proper direction to reach our final destination safely.

While the normal aging process increases the challenges of driving for everyone, the addition of dementia adds a unique set of problems. There are over 100 types of dementia, with Alzheimer’s disease being the most common. Because of this, having a careful diagnostic assessment is very important. Since the course of dementia can last 2-20 years, changes are gradual and vary greatly from individual to individual and even day to day. These gradual changes make it very difficult to know when someone is driving without incident or when concern about safety of the driver or individuals around them (riders, pedestrians and other drivers) begin to emerge.

Restriction of driving should not be age-related or even triggered because of a diagnosis of early-stage dementia. An individual’s ability to perform driving tasks safely and consistently should always be the primary concern of families. With earlier diagnosis and intervention available to slow the course of the disease, automatic loss of license privileges is not appropriate or necessary, for example, for someone in the early stages of a dementia of an Alzheimer’s type.

Today, almost 400,000 Floridians have been diagnosed with probable Alzheimer’s Disease. This number is projected to increase as our society ages. As a result, many families and friends need to pay close attention to safety issues and to be vigilant in watching for signs of danger. Risks to the driver include lack of recognition of the meaning of traffic signs, environmental confusion, lack of appropriate reaction to traffic situations, getting lost, accidents, fender-benders or “near misses.” Individuals riding with an at-risk driver or people in the vicinity may be in danger as well.

If you or someone you know is faced with these concerns, there are several actions that you can take to be sure that you and your loved one know when driving is no longer a safe practice.

- Talk about driving among family members/friends. Feedback on driving ability is very important, as a person with dementia may not have the insight himself or herself to understand when problems are developing. Begin planning for realistic transportation options.
- Ask a family member or friend to ride along to observe driving ability. Candid and constructive feedback is important. Is the passenger comfortable riding along? Would they do it again?
- Consider taking a refresher course such as the AARP 55+ Alive. This is an excellent way to refocus skill sets and can be effective for people in the earliest stages of dementia.
- Pay attention if there are fender-benders, accidents or near misses. This may be a sign of changes in skill, ability or perception.
- If your family member or friend is clearly not fit to drive any longer, try to get their agreement not to drive.
- Talk about driving concerns with your physician or the Memory Disorder Clinic in your area. Your doctor may be able to provide you with important insight into an individual’s ability to perform the tasks of driving. Interaction of various medications is a critical consideration, even for drivers without dementia.
- Formal driving evaluations by a state certified Occupational Therapist specializing in driving skills assessment can be very helpful. A prescription is required by all of the certified programs in Florida.
- If you are concerned about an unsafe driver, a confidential report can be made to the Florida Department of Highway Safety and Motor Vehicles. Florida law provides that “any physician, person or agency having knowledge of any licensed driver’s or applicants mental or physical disability to drive ... is authorized to report such knowledge to the Department ... The reports authorized by this section shall be confidential ... No civil or criminal action may be brought against any physician, person or agency who provides the information ....” Section 322.126(2),(3), Florida Statutes. If the concern relates to a medical condition, medical information is requested and a factual review is conducted.

State and Federal policymakers are focusing on keeping all drivers on the road — safely — for as long as possible. This goal is dependent upon methods to assess a person’s ability to remain safely mobile. Feedback on driving skills is critical. As family and friends of drivers with early stage dementia, we can and must contribute to the solution today and in the future.

Useful References
- AARP Program “55+ Alive”
- Memory Disorder Clinics
- Certified Driving Evaluation Programs in Florida (Dept of Highway Safety & Motor Vehicles can provide)
- Tampa “Getting in Gear” program
Dealing with people
who have a handicap

by William J. Diehm

In 1924, when I was five years old, I contracted a disease known as poliomyelitis or infantile paralysis. The hospitals in that day would not accept a contagious disease while the fever raged. The only place where I could be kept was in some rabbit hutches that my father had rebuilt. There we fought for my life.

When the fever abated, I was sent to Children's Orthopedic Hospital in Spokane, Washington. For seven years, off and on, I received treatment there. The hospital was a dumping ground for all types of ailing children: the mentally retarded, including those with Down's syndrome; the mentally ill, including those with childhood schizophrenia and autism; the emotionally disturbed, including those who were hyperactive and suffering from psychological trauma; the brain damaged; and every type of physical deformity.

At 13, I got out of the hospital and attended high school as a freshman. I wore braces on both legs and was moderately impaired in both arms. I have lived my life in a paraplegic condition, and now have additional limitations due to a post-polio condition.

I earned my Ph.D. from UCLA, specializing in Special Education and Psychology. I could be considered an expert in the field of people with a handicap. My suggestions have grown out of my own involvement, my education, my religion, and my knowledge of life.

Don't use demeaning terminology in dealing with those who have a handicap.

The word "handicapped" is today's buzz word to label those who have a physical disability. The word came from the Old English "cap in hand," referring to beggars with disabilities who sat in the city streets and begged with their cap in their hand. Some people think that calling a person "handicapped" is softer and more acceptable than calling a person "crippled." I fail to see the difference.

I object to defining a person by his or her ability. Words like "cripple" will perpetuate false ideas. The same is true of "invalid," which means not valid, or ugly words like "abnormal" or "deformed." Words like disabled, lame, limping, gimpy, disabled, or even the word "special" bring to mind stereotyped images and often make people who have a disability seem less than human. Such words play upon pity and stimulate illusions of inadequacy.

I have heard people say: he is schizophrenic, he is mentally ill, he is sociopathic, or he is a cripple. Would we say, he is measles, he is mumps, or he is chicken pox? We don't define people by their diseases; neither is it right to define people by their handicaps. A person may "have" a handicap but that doesn't make him a handicap. Saying "he has a handicap" allows the person to be more than crippled.

Most people with a handicap have some level of sensitivity about it, particularly when the handicap becomes the center of attention and other obvious virtues are ignored. Calling people demeaning names is a matter of the heart, rather than of verbiage. One can say "crippled" with a sincere attitude that would not bring offense, and yet another can correctly address "that person with a handicap" and make you feel like a worm.

Do not help people with a handicap in a deferential manner.

When you look down on a person that you choose to help, it doesn't set well, whether that person has a disability or not. Most of the time when people help me on account of my handicap, they are gracious and friendly. Sometimes I get that "you poor thing" attitude, and I don't find it uplifting.

An example of the difference between being deferential and being helpful can be found in war when soldiers give special care as they bandage their own wounded — care that the enemy doesn't receive. That difference is "empathy." Don't treat a person with a handicap as any less valuable than a person without one. The "I'm glad to do it" attitude will set well, but the "why are you in my way" posture can cause offense.

Treat people with a handicap in a normal way.

People with a disability like to be treated normally — like anyone else. One time I was horrified by a man who had no legs, no arms, and was blind. Then I heard him read by passing his lips over raised Braille words. That man did more to change my attitude than any well person. When you meet a person with a handicap, you can be grateful that you don't have to bear that burden — not a gratitude that makes you condescending or aloof, but one that brings you to a realization that some people are called upon to bear burdens that we wouldn't want.

Let people with a handicap do things for themselves.

People with a disability usually like to do things for themselves, if they can. If I need help, I ask for it, and then I thank the person for helping me. Sometimes, a person rushes over and offers to help me. I usually say, "Thank you very much, but I can do it." I let people help me occasionally just to make them feel better. The quickest way to make a handicap worse is to be pushed around in a wheelchair and be waited on. Usually a person needs the exercise of pushing himself and the stretch of reaching for things. Do not take away the independence of people with a handicap. If at all possible, let them do it themselves.

Don't lecture people with a handicap on how they ought to be unless you really know how they are.

People with a disability sometimes experience quite a bit of pain. Pain makes you cross, creating a frown on your face. I don't like it when people say to me, "Smile, it can't be all that bad." What do they know? On occasions, it is all that
The Americans with Disabilities Act and Older Americans

by John Staunton

The Americans with Disabilities Act (ADA) protects people with disabilities from discrimination in public accommodations, transportation, and employment. Its purpose is to bring individuals with disabilities into the American mainstream socially and economically. Not only does the ADA require commercial enterprises to comply with antidiscriminatory practices, but it also extends this requirement to state and local governments.

In addition to prohibiting discrimination based on disability, the ADA requires all new commercial facilities and places of public accommodation to be designed and constructed so that people with disabilities can easily access them. It also requires that major alterations be made to existing facilities and accommodations to make them accessible to people with disabilities.

To be protected by the ADA, a person must meet one of three definitions of disability as defined by the ADA statute. The statute defines disability as: 1) “a physical or mental impairment that substantially limits one or more of the person’s major life activities;” or, 2) “a record of such impairment;” or, 3) “being regarded as having such an impairment. If someone meets any one of these three definitions, they potentially qualify for protection under the ADA.

Within the ADA's definitions above, the term ‘major life activities’ becomes a key factor in determining whether or not someone has a disability. The statute is fairly detailed, but some ‘major life activities’ include walking, seeing, breathing, hearing and speaking, working, lifting, reaching, and caring for oneself. While advanced age is not automatically considered an impairment under the statute, many conditions that are associated with advanced age do fall within the ADA's definition of disability. Examples include hearing loss, arthritis, functional loss, osteoporosis, and other age-related physical conditions.

Despite the fact that the ADA does not automatically consider age a disability, there are some limited circumstances where ADA protection may be potentially available to older Americans. For example, the ADA has been held to extend coverage to nursing home residents when services provided by the nursing home could have been provided through a home health program. Providing such services to the plaintiff would not have caused an undue burden on the public agency responsible for oversight, and so the agency was found to have violated the ADA. The ADA also prohibits nursing homes from segregating residents based on their residents' disabilities.

Another interesting application of the ADA involves Health Maintenance Organizations (HMOs). A court in Texas found that the ADA and section 504 of the Rehabilitation Act apply to HMOs and other plans. The court found that HMO plans fall within the category of “insurance offices,” and are therefore included in the definition of public accommodations.

If you suspect that your rights have been violated under the ADA, there are several potential remedies for the violation. One such remedy is to seek administrative intervention. For instance, there are various Federal agencies that make rules affecting the ADA. The Department of Justice is concerned with public accommodations, the Department of Transportation concerns itself with transportation carriers, and the Equal Employment Opportunity Commission makes rules pertaining to employment. Each agency has administrative procedures to insure that its rules and regulations are enforced. Besides these administrative remedies, other remedies involve instituting a lawsuit. The Attorney General of the United States can institute a lawsuit for civil penalties, money damages, and injunctive relief. Injunctive relief simply means that a court makes someone do something or refrain from doing something. Last, private individuals who think that their rights have been violated can institute a private lawsuit for money damages or injunctive relief.

John Staunton is an elder law attorney at LaBelle & Staunton, PA, 3446 Lake Drive, Palm Harbor, FL 34683.
Q: Is it true that people with osteoporosis should avoid spinach?
A: Not true at all. That idea probably started with someone who heard that spinach contains oxalate, which binds up the calcium in spinach making only about a quarter of it actually available to the body. Getting enough calcium in a form that can be well-absorbed is an important part of preventing or slowing progression of osteoporosis. Spinach does not contain enough oxalate to bind up all the calcium you get from other foods, however, so there’s no reason to avoid it. Dark green leafy vegetables like spinach and kale are excellent sources of beta-carotene and other carotenoids, folate which may help prevent cancer and other health problems, as well as minerals such as magnesium and potassium.

Q: Why is it so important to avoid eating fruit with meals?
A: It’s not! The idea that certain foods should not be eaten at the same time because of interfering with each other’s digestion was popular around the turn of the century before we knew much about how digestive enzymes work. Such recommendations have now appeared in some diet books, even though these theories were completely disproved many years ago. Fruit contains dietary fiber and a variety of vitamins, minerals, and natural phytochemicals that offer health-promoting benefits. It is an important part of a mostly plant-based diet. Whether you prefer to eat your fruit with meals or as snacks is purely a matter of personal taste.

Q: I only recently realized how high in fat recipes for quick breads and muffins really are. Can I adjust my traditional recipes to make them healthier?
A: Certainly! A standard recipe for a dozen muffins or one loaf of banana or other quickbread uses about 2 cups of flour. Such a recipe will come out very well using only one-fourth cup of oil, even if it may have originally called for one-half or even a whole cup of oil. You can substitute applesauce for the rest of the fat if you want, but it’s not necessary. Fat content can go even lower if applesauce, fruit puree or some other fat substitute is used, but complete omission of all fat is not necessary to make a food healthy. You might also experiment with cutting back on the sugar (most recipes call for more than is needed), switching all or most of the flour to whole wheat flour, and perhaps adding or increasing fruit or shredded vegetables to the batter.

Q: Are you worried that an elder relative or friend may be the victim of abuse?
A: You can report known or suspected cases of abuse by calling the State of Florida’s hotline at 1-800/96-ABUSE (962-2873). Current recommendations call for 200 IU of vitamin D each day through age 50. Then they increase to 400 IU for those 51 to 70 years and increase to 600 IU for those over 70. Each eight-ounce cup of milk supplies 100 IU, but other food sources are scanty. Check to see if any other supplements you take contain vitamin D before you add any more. Sunlight exposure causes our bodies to produce the vitamin, but is an unreliable source due to weather, indoor lifestyles, pollution, and changes in our bodies’ production of the vitamin as we age.

Q: How much difference in fat and calories is there between regular and light olive oils?
A: None. In fact, all oils are equally concentrated in fat and calories. Light olive oil is processed to have a light color and a subtle flavor, more like other vegetable oils than the distinctive taste of regular olive oil. Olive oil is an excellent choice of oils; it is considered a heart-healthy selection, and it does not appear to promote cancer development in the way that some fats seem to do. Just use moderate amounts to avoid excess fat and calories.

Q: Do fat-free and reduced-fat cheeses have all the nutrients that are in regular cheese?
A: Yes. Fat-free and reduced-fat cheeses contain about the same amount of protein and calcium as does standard cheese. Sodium content varies with whether the cheese is labeled “natural” or “processed.” Processed cheese contains substantially more sodium because of sodium-based additives that create smoother melting.
Debate Continues Over Effects of Balanced Budget Act

The Medicare Interim Payment Systems (IPS) set by the Balanced Budget Act of 1977 (BBA) for skilled nursing facilities and home health providers have resulted in larger spending reductions than Congress intended. They have also led to sizeable discrepancies between Medicare reimbursement rates and the actual cost of providing care, provider organizations testified June 10 before the Senate Finance Committee. In its June 1999 report to Congress, the Medicare Payment Advisory Commission found that fewer Medicare beneficiaries are receiving home health than in the recent past, the number of visits per user had decreased, and the number of agencies has declined. Not all of these changes are the result of BBA. Efforts by the Health Care Financing Administration to reduce fraud and abuse by stepping up oversight of home health care providers, imposing a four-month moratorium on the certification of new agencies in early 1998, and adopting a new bill-processing policy have all contributed to the changes in home health care usage.

(Source: Older Americans Report, June 18, 1999)

More Prescription Drug Plans Discussed

In late June, as the U.S. Senate Finance Committee began hearings on adding a prescription drug benefit to Medicare, there remain many questions about who would be eligible and how to fund this newest benefit.

Sen. John Breaux (D-La.) and Rep. Bill Thomas (R-Calif.) have recommended a Medicare reform plan, which targets prescription drug benefits to the near poor, and imposes a co-payment system on beneficiaries as their income rises. Sens. Olympia Snowe (R-Maine) and Ron Wyden (D-Ore.) have introduced legislation that would provide prescription drug coverage for all Medicare beneficiaries regardless of income. Under the Senior Prescription Insurance Coverage Equity (SPICE) Act, Medicare beneficiaries would be eligible for coverage of prescription drugs, with the federal government covering all or part of premiums on a sliding scale. Seniors earning below 150 percent of the poverty level ($12,075 for a single person and $16,275 for a couple) would pay no premiums for prescription drug insurance. Those earning between 150-175 percent of the poverty level ($14,088 for a single person and $18,988 for a couple) would have between 25-100 percent of premiums paid by the federal government. Others would receive a 25 percent subsidy.

The SPICE proposal would replace existing Medigap plans, allowing beneficiaries to choose from a menu of competing health plans, with prescription drug costs being paid with varying deductibles, co-payments and other options. The Breaux-Thomas plan would only provide comprehensive prescription drug coverage for Medicare beneficiaries earning up to 135 percent of the poverty level, but would require all Medigap insurance plans to cover prescription drugs. The Snowe-Wyden plan would be funded through an increase in tobacco taxes proposed in President Clinton’s budget.

(Source: Older Americans Report, June 18 and 25, 1999)

Long-Term Care Insurance

Healthy lifestyles can help lower long-term care insurance costs for seniors according to one insurance company. Under the Travelers Long Term Care Preferred Rate Classification, current and prospective clients can receive a discount in their premiums if they maintain a healthy lifestyle. The criteria for receiving a discount are no tobacco use for the past year; blood pressure below 165/95; regular exercise; social activity two to three times a week; full- or part-time work, and a height-weight requirement must be met. Individuals can receive a 10 percent discount on the premium rate; married individuals (one person of a married couple), 15 percent; and spouses (both husband and wife), 25 percent.

(Source: Older Americans Report, June 25, 1999)
To make a donation to the Department of Elder Affairs Grants and Donations Trust Fund

for the purpose of:

(State here the intended purpose for the donation)

please make check payable to The Department of Elder Affairs. To mail your donation please include this form along with your Elder Update “bar code” label to:

The Department of Elder Affairs
c/o Elder Update, Grants and Donations Trust Fund
P.O. Box 6750
Tallahassee, FL 32314-6750

This donation is irrevocable providing the purpose for which the donation was made occurs within a one year period from the date of the donation. This donation may be tax deductible if made in accordance with all applicable regulations and rules of the Internal Revenue Service, the Department of State, the Office of the Comptroller, or other regulatory body. However, the aforementioned donor accepts the burden of reporting the donation to the appropriate regulatory agency and the burden of any tax consequences or obligations. The aforementioned donor has voluntarily made this donation for the legitimate purpose listed above and has not been solicited by any individual for the gain or profit of that individual. Nor has the aforementioned donor made this donation in exchange for any promise, action, or inaction, by the Department regarding an issue regulated or overseen by the Department.

Signature and Date

Dealing with people who have a handicap

Continued from page 8

bad, and I wonder, would you be smiling if you were in my condition?

Softly and gently I need to warn zealous, dedicated people that not everyone who has a crippling condition can be healed by prayer. Heed these words: “Don’t throw someone else into the deep water, unless you are walking on it.”

Put your evaluation priorities on something higher than a physical disability.

• A person’s personality, character, spiritual acumen, and mental ability are all more important than physical prowess.

• A person with a handicap is a “person” first and needs to be defined that way rather than by a deficiency. It seems to me, however, that people have overemphasized physical handicaps and under-emphasized mental, emotional, and personality-type handicaps. I would much rather worry with a physical handicap than be all fouled up with a bad mental attitude, constant emotional distress, or scrambled brain circuitry.

During his life, William Diehm worked as a licensed clinical psychologist, marriage counselor and minister. He taught psychology at the college level. Due to contacting polio and a post-polio condition, his legs atrophied and eventually he lost all use of them. This article has been reprinted by permission of Walt Chaney. His website, dedicated to helping senior citizens and their caregivers, is: http://seniorsite.com.
[Volunteer Opportunities]

**Dade County**

The District 11 Long-Term Care Ombudsman Councils are looking for volunteers to advocate for elderly residents of long-term care facilities. Contact Cristy at (305) 623-3601 or Debbi (305) 663-2085.

**Hillsborough County**

If you are 60 years or older you may qualify for a senior volunteer program that pays for your life experience and time. Volunteers are needed at the Seniors in Service of Tampa Bay, Inc. to visit with seniors, to help them with grocery or pharmacy shopping, or to share a meal with them. Earn money tax free, plus other benefits such as travel, paid holidays, and paid training where available. Contact Charmaine Andrews, Director, Senior Companion Program at (813) 932-5228.

The District Council for the Long-Term Care Ombudsman Program is continually recruiting for volunteers who would like to be advocates for residents in long-term care facilities. The council would like to recruit a retired physician. Contact the District Office at (813) 871-7185.

**Leon County**

The District 2 Long-Term Care Ombudsman Council is seeking volunteers to investigate and help resolve complaints about treatment of residents in nursing homes, assisted living facilities, and adult family care homes. Orientation and training provided. Requires an interest in the elderly and 15-20 hours per month. Volunteers are paid for their travel expenses to facilities and meetings. Note: There is a special need for volunteers in Taylor, Madison, Jefferson, Calhoun, Franklin, Gulf, Holmes and Bay counties. If you would like to volunteer or need further information, call the office of the District 2 Long-Term Care Ombudsman at (850) 413-9000.

**Orange County**

The Retired and Senior Volunteer Program (RSVP) provides opportunities for adults 55 and older to engage in community-based volunteering that addresses local needs, especially education, public safety, and the environment. RSVP volunteers contribute over 225,000 hours of community services annually. Agencies that benefit are: Orange County Public School ADDitions, Give Kids the World, Arnold Palmer Hospital for Women and Children, Coalition for the Homeless, Orlando Science Center, Seniors First, Spouse Abuse, Adult Literacy League, Harry P. Leu Gardens, Orange County Dept of Environmental Protection, Orange County Sheriff and the Second Harvest Food Bank. An orientation is scheduled for Friday, October 15th at 10:00 am in the Palm Room of the Orange County Public Library, located on Central Blvd, Downtown. Call (407) 422-1535 for details.

**Palm Beach County**

Volunteers are needed to deliver meals (morning, afternoon and evening schedules are available) for the Lola & Saul Kramer Senior Services Agency’s Homebound Mitzvah Program. Contact Jenni Bedard, Morse Geriatric Center at (561) 687-5749.

Volunteer opportunities are available through the Alzheimer’s Community Care Association to assist with mailing, working in a thrift store, or answering telephones. Contact Cheryl Jarrell, Volunteer Coordinator, at (561) 683-2700.

The push is on by the American Heart Association to rally support for the October 23rd Heart Walk at Quantum Park in Boynton Beach. Teams and individual walkers are needed to raise money. You may be interested in getting involved to help make this event a big success — by recruiting a team, volunteering your time and skills, or walking in the event. Contact Barbara Max, Corporate Marketing Director of the American Heart Association in Boca Raton at (561) 394-0170.

**Pasco County**

The North Bay Hospital and the Harbor Behavioral Health Care are seeking volunteers for a variety of opportunities, including the information desk, patient representatives, patient transport, gift shop, senior day care, day treatment, vocational services, and office/clerical support. Flexible schedules are available. Call Lauren Lakritz at (727) 842-8468 ext. 460.

**Sarasota County**

The Senior Friendship Centers have a wide variety of volunteer opportunities, including licensed dentists, dental hygienists, dental aides, grandparents to interact with preschoolers, host/hostess at lunches, craft assistant, home-delivered-meal drivers, tutors for literacy, SHINE volunteers, friendly visitors to the homebound, drivers and bus buddies, office helpers, an exercise teacher, instructors in bridge, calligraphy, dance and computers, various entertainers, and kitchen aides. Call Lori Hoffert, Volunteer Services Manager, at (941) 955-2122.

The Sarasota Memorial Hospital has a variety of volunteer opportunities, including patient transport, childcare, community medical clinic assistants, early morning patient assistants, information desk receptionist, gift shop cashier, cardiology receptionist’s desk clerk, test callers, open heart intensive care receptionist’s desk clerk, patient/employee library cart deliverer, volunteers for varied tasks, and wheelers & dealers. Contact Karen Sharp, Coordinator of Placements, at (941) 917-6277.

SHINE (Serving Health Insurance Needs of Elders) needs counselors to assist in preparing Medicare and health insurance forms, compare policies, interpret health insurance coverage and provide educational presentations on Medicare-related topics. Training is provided. Call 1-800-963-5337 or Alfred Chamberland, Local Coordinator, at (941) 924-4636.
Listening to Children
by Joe Wlody

Four years ago, I had been a permanent resident of Florida and was enjoying my retirement — up to a point. My wife and I were both making good use of the tennis courts, pools, and other social activities of condo living. My mother, who is in her nineties, lives independently nearby, as she desired. She has a caregiver but she still needs our attention — we are the linchpins to easing her way. My wife and I were busy. Life was not boring, but for me something was missing.

Then a cousin asked me to join him in attending a two-day orientation for a program — Listen to Children — sponsored by the Palm Beach Mental Health Association and conducted in elementary and middle schools. I had read that many children were not being promoted to the next grade. They were saddled with the baggage of emotional and reading problems. Volunteer tutors were needed. My cousin’s urging was the catalyst that got me going. I was interested.

Listen to Children asks volunteers to take on a supportive, non-judgmental, friendly role, with the goal of helping children acquire problem-solving skills they need to make decisions. I would work a few hours per week in one-on-one sessions of a half-hour each. I signed an affidavit of Good Moral Character and began my assignment with four children in the fourth grade at Calusa Elementary School in Delray Beach. With parental approval, the Guidance Counselor recommended these particular children for many reasons: attention deficit disorders, low self-esteem, poor social skills, depression, changes brought on by divorce or death in their families.

In our first meeting, I asked “getting to know you” questions and received answers in short, clipped sentences. They looked away. I became apprehensive. I resorted to game playing, and their interest rose. I praised them when they did well. About the third session, they became more outgoing and would often initiate conversations. They spoke animatedly about events in their lives. Conversation flowed. I had gained their trust.

Since those first sessions, I have listened to many children with different temperaments and personalities, but they all have one thing in common. They want to be heard in an empathetic way. At times, these kids are distracted or agitated, but patience is the key. They always come around if I am linked to them through trust.

Improving Reading Skills
I have no special teaching credentials, but I felt I could help children improve their reading skills. When I began tutoring, I knew that the children who are the most likely to succeed in their grade-level reading are the ones who receive parental tutoring before kindergarten. The kids I was assigned had not had this advantage. They needed individual attention, which most teachers do not have the time to give.

To determine their individual reading problems, I had them read a book at the fourth-grade level. They ignored periods, commas, but I taught them to think of these punctuation marks as red lights. Short and every-day-language words were read correctly, but I didn’t see their lips move when they came to an unfamiliar word. We broke them into syllables. I explained the meanings of words. When finished, I asked them to describe what they read. To add fun to our task, we would play word games — making short ones out of long ones. We pretended to be the characters in the stories. I encouraged them to use the dictionary, and to borrow books from the library. They looked forward to our sessions, and their teacher agreed that their reading skills had improved.

Giving is receiving
I’ve learned that volunteers are sorely needed in public schools. If you could donate a few hours each week, you could inspire a child. I still have plenty of time for my other obligations and desires. If you help only one kid, you have made a significant contribution. I look forward to the sessions. It is illuminating to tune into a child’s world, and I’m privileged that they allow me in. Most school volunteers are women, which is commendable, but men are urgently needed. Men provide role models for boys, who have none at home. Special teaching credentials are not required. There are many retirees who are committed to giving their talents and life experiences to help vulnerable and needy children who are in crucial stages of development. A phone call to your local school’s guidance counselor or county health association is the first step.

Each year before summer recess, Calusa Elementary hosts a breakfast to honor the volunteers. I was presented with a portfolio of letters from my 14 students, who thanked me for helping them read better. They did not attend the breakfast so later I went to their classroom to thank their teacher and the children for their wonderful letters. How the children responded was entirely unexpected but deeply moving. They stood and applauded me. It made my day. I had hit a home run with the bases loaded.
SHINE Hero

Jeri Ater

Felling chest pains, 92-year-old Floretta Washington was taken by ambulance to Florida Hospital in July 1997. She suffers from congestive heart failure and has a pacemaker. Since Medicare denied her claim for ambulance service, she was left to pay the $362.30 charge on her own. She began making payments at the level she could afford — $20 per month — but with the interest continually accruing, Ms. Washington realized she was getting nowhere fast. So in March 1998, she contacted SHINE for help. Her case was assigned to volunteer counselor Jeri Ater.

Jeri realized Ms. Washington was well beyond the appeal period, but decided to investigate further. She contacted José Colón, SHINE Area Volunteer Coordinator, for advice. José advised, “nothing ventured — nothing gained,” so, with hope in her heart, Jeri filed the appeal.

Good news came in March. A good friend of Ms. Washington’s, Mary Stallworth, the Food Manager at the congregate meal site, called Jeri to tell her that Ms. Washington had gotten all her money back, around $125, and the bill was paid in full. Everyone was jubilant. Mary expressed her gratitude for her friend, “I just want to thank you for all you did.”

Jeri Ater has been in the SHINE program for two years, and there have been times when she felt that she wasn’t accomplishing much. This isn’t one of those times. She feels that with the outcome of this case alone her time has been well spent.

Her message to all volunteers — keep up the good work. “There are many times you will not know that you have done anything for the people you are working with. Medicare does not notify you, only the Medicare patient. It pays to stay in touch with your clients in cases like this. Many of the calls we receive are sometimes just giving information and listening to clients. That is worthwhile, too!”

If you would like to talk to someone about becoming a SHINE volunteer, or if you would like to meet with a SHINE counselor about a health insurance matter, it’s as easy as a phone call to 1-800-963-5337.
Job seeker, get to know thyself!

by Chris Pool

Before you begin your job search, it is pretty important to get to know yourself and your natural preferences. By getting to know yourself and identifying what you like doing or don't like to do can even become a predictor of your success in a new job.

For example, if you are an extrovert, you are energized by being with other people. You like to be the center of attention and may have a tendency to think out loud. You may be the type of person who talks more than you listen and you enjoy a fast pace. On the other hand, if you are an introvert, you are energized by spending time alone. You have a tendency to think things through before acting. You are typically a good listener and don't always display a great deal of enthusiasm. Can you tell by this brief description whether you are an extrovert or an introvert? If you are an extrovert, you are in good company because 75 percent of the American population is extroverted.

Each job requires different “soft” skills relating to these personality traits. A job will be easier for you if you are naturally well-suited for it. A natural fit for an extrovert would be a sales representative; an introvert, you are well-suited for it. If you are naturally well-suited for a job, you can also become very successful at it. You may find books in your local library on personalities and career development to aid you in getting to know yourself better.

Resumé scanning can be revealing

by Chris Pool

I frequently scan resumes at employment workshops or even in the course of hiring for my agency. Perhaps you can improve your resume from some of my recent observations. Go ahead, pull out your resume and see if you have any of the following resume errors, which may be keeping you from getting the right job.

1. An up-to-date version of a resume is impressive. For example, several months ago certain areas in Florida underwent area code changes. If you still have an old area code on your resume, you may be viewed by an employer as stodgy, unwilling to change, or to have been job searching for a long time.

2. Too often I see resumes that have names emboldened at the top of the page but no address or telephone number is listed, which indicates a lack of detail. If there is no address or phone, how would an employer be able to contact you?

3. You appear to have no roots in the community when you list a post office box. Employers like to know where you live in relation to the job site. Use your home address; it makes you look less transient.

4. Listing a former job that is irrelevant to the employment you are currently seeking can make you seem confused. Only show those jobs that relate to your current job objectives. This may require you to restructure your resume so that all dates are omitted. You would not want to reflect any time gaps on your resume.

5. Never submit a resume with handwritten changes. It comes across as sloppy. All resumes need to be typed, organized, and neat.

6. Typos are rampant on resumes; small transpositions and misspellings speak loudly. Use the “spell check” on your computer or have an objective observer scan your resume for errors before submitting it.

Check your resume for lack of information and inconsistencies. In fact, if you have been job searching for a good while, completely rewrite or revise your resume, giving it a whole new look. After all, if you have not achieved your desired results up to now, the question will arise as to why you haven’t.

Ms. Pool is Program Director for Mid Florida Community Services, Inc., Senior Ambassador Program. This Workforce Investment Act (WIA) program is funded through the Citrus Levy Marion Workforce Development Board and works specifically with individuals 55 and older, who are seeking training and employment in Marion, Citrus and Levy counties. For information about employment and training programs in other areas of the state, contact your regional workforce development board, or call 1-800-96-ELDER.
Since one in every five Americans over the age of 65 lives at or near the poverty level, a leisurely retirement is only a distant dream for these older Americans who must work to survive. Senior Community Service Employment Program (SCSEP) helps those in need to re-train for a changing workforce, to find self-confidence, and most importantly, to find a job. In the process, this program helps to redefine the value of older workers.

SCSEP is a work training program for persons age 55 and older who meet residency and income requirements. It is administered through the AARP Foundation. The program provides subsidized, part-time employment to low-income persons. SCSEP enrollees provide millions of hours of community service work at their on-the-job sites. Training sites are community agencies such as day care centers, hospitals, senior centers, libraries, social service agencies and public works agencies.

For the 1998 grant year, the SCSEP was funded at $440 million to support 60,965 job slots. The Department of Labor had a goal of placing 20% of the enrollees in unsubsidized employment, however, the program succeeded in placing 30.2%, thus surpassing the Department of Labor's goal. The program served 99,494 enrollees, owing to enrollees transitioning out of the program into full- or part-time employment, in addition to other program attrition. If you are a low-income senior interested in this work training program, please call 1-800-963-5337 for more information.

New Online Career Development Site

Job searches have changed markedly. To address this changing job search environment, AARP has inaugurated a new career development site. Located at www.aarp.org/working_options, "Working Options" addresses topics that include age discrimination in employment, overcoming employment barriers, and putting life back into work life. Also included is a self-assessment quiz.

Working Options also offers a variety of job search techniques, career management information, and resources on topics including identifying and transferring job skills, effective resume writing, handling difficult interview questions, keeping skills up-to-date, and self-employment. The information is aimed especially at those who are in a career transition.

For mature adults, the job search is a different game than it was when they were younger. Some are looking for new challenges; some have been downsized out of a job; and others are homemakers who, after divorce or the death of their spouse, need to find a paying job — perhaps for the first time in their lives. AARP hopes that Working Options will help make a job search easier and work life more fulfilling.

AARP is the nation's leading organization for people 50 and older. It serves their needs and interests through information and education, advocacy, and community services which are provided by a network of local chapters and experienced volunteers throughout the country. The organization also offers members a wide range of special benefits and services, including Modern Maturity magazine and the monthly Bulletin.
The Long Term Care Ombudsman Program establishes a statewide toll-free service to assist long-term care facility residents. According to State Ombudsman Steve Rachin, "Toll-free service allows residents and their loved ones to have the access they need to reach an ombudsman. We found that many were having a difficult time paying for the high cost of long distance service and this was a serious hardship for them." Rachin explained, "Those who were not able to afford such a call were forced to mail in their requests, resulting in a lapse of time receiving the help they needed. This became a recurring problem that needed a solution."

The new number has been in place since July 1, 1999. All calls originating in Florida will directly reach the appropriate district office where the resident is located. The new number is 1-888-831-0404 and is available nationwide. Out-of-State calls will route directly to the State Ombudsman’s Office, who will in turn assist the caller by forwarding the call to the appropriate office. Those involved in the program have been working on obtaining funding since 1994. Representative Nancy Argenciano, Chair for the House Elder Affairs Committee, provided the leadership needed to obtain the legislative funding for a toll-free service. After many years, this toll-free service is now a reality and will greatly enhance our mission to serve the needs of our residents.

If you would like more information, please call the Ombudsman Office at 1-888-831-0404 or 850-488-6190 or SC 278-6190.

Ms. Radulovich is an administrative assistant for the State Ombudsman Program.
# FLORIDA ELDER HELPLINE DIRECTORY

<table>
<thead>
<tr>
<th>County</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alachua</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Baker</td>
<td>904-259-1388</td>
</tr>
<tr>
<td>Bradford</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Bradford</td>
<td>904-798-9503</td>
</tr>
<tr>
<td>Calhoun</td>
<td>850-674-4163</td>
</tr>
<tr>
<td>Charlotte</td>
<td>941-637-8019</td>
</tr>
<tr>
<td>Citrus</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-332-4233</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Columbia</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Clay</td>
<td>904-284-5977</td>
</tr>
<tr>
<td>Collier</td>
<td>941-774-8443</td>
</tr>
<tr>
<td>Florida</td>
<td>850-676-1533</td>
</tr>
<tr>
<td>Flagler</td>
<td>904-332-4233</td>
</tr>
<tr>
<td>Franklin</td>
<td>850-679-3760</td>
</tr>
<tr>
<td>Gadsden</td>
<td>850-627-2223</td>
</tr>
<tr>
<td>Gilchrist</td>
<td>850-262-2243</td>
</tr>
<tr>
<td>Glades</td>
<td>941-946-1821</td>
</tr>
<tr>
<td>Gulf</td>
<td>850-262-2243</td>
</tr>
<tr>
<td>Hamilton</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Hardee</td>
<td>941-773-6880</td>
</tr>
<tr>
<td>Hendry</td>
<td>941-983-7088</td>
</tr>
<tr>
<td>Hernando</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Highlands</td>
<td>941-452-1288</td>
</tr>
<tr>
<td>Jacksonville</td>
<td>941-465-1199</td>
</tr>
<tr>
<td>Jefferson</td>
<td>850-342-0271</td>
</tr>
<tr>
<td>Josephine</td>
<td>904-253-4700</td>
</tr>
<tr>
<td>Lake</td>
<td>850-940-2223</td>
</tr>
<tr>
<td>Lee</td>
<td>941-433-3900</td>
</tr>
<tr>
<td>Leon</td>
<td>850-921-5554</td>
</tr>
<tr>
<td>Levy</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Liberty</td>
<td>850-643-5613</td>
</tr>
<tr>
<td>Madison</td>
<td>850-973-2006</td>
</tr>
<tr>
<td>Manatee</td>
<td>941-742-5818</td>
</tr>
<tr>
<td>Marion</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Martin</td>
<td>561-283-2242</td>
</tr>
<tr>
<td>Monroe</td>
<td>305-292-4520</td>
</tr>
<tr>
<td>So. Florida</td>
<td>800-273-2044</td>
</tr>
<tr>
<td>Nassau - Fernandina</td>
<td>904-261-0701</td>
</tr>
<tr>
<td>North</td>
<td>941-955-2122</td>
</tr>
<tr>
<td>Okeechobee</td>
<td>941-462-5180</td>
</tr>
<tr>
<td>Orange</td>
<td>407-897-6464</td>
</tr>
<tr>
<td>Osceola</td>
<td>407-846-7685</td>
</tr>
<tr>
<td>Palm Beach - in-county</td>
<td>930-5040</td>
</tr>
<tr>
<td>in-out-of-county</td>
<td>561-547-8677</td>
</tr>
<tr>
<td>Pinellas</td>
<td>800-861-8111</td>
</tr>
<tr>
<td>in-county</td>
<td>800-861-8111</td>
</tr>
<tr>
<td>Polk</td>
<td>941-534-5320</td>
</tr>
<tr>
<td>Putnam</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Santa Rosa</td>
<td>850-983-4595</td>
</tr>
<tr>
<td>Sarasota</td>
<td>941-955-5212</td>
</tr>
<tr>
<td>Washington</td>
<td>850-638-6216</td>
</tr>
<tr>
<td>Taylor</td>
<td>850-584-4924</td>
</tr>
<tr>
<td>Union</td>
<td>800-262-2243</td>
</tr>
<tr>
<td>Volusia</td>
<td>904-253-4700</td>
</tr>
<tr>
<td>Wakulla</td>
<td>850-926-7145</td>
</tr>
<tr>
<td>Walton</td>
<td>850-892-8168</td>
</tr>
<tr>
<td>Washington</td>
<td>850-638-6216</td>
</tr>
</tbody>
</table>

If you need information about, or referral to, a service provider outside the state of Florida, call the national Eldercare Locator Service at (800) 677-1116. An information specialist will assist you Monday through Friday from 9 a.m.-11 p.m. EST. 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 (800) 955-8771.
Did you know that as a veteran you can receive long-term and domiciliary-care services provided through the State of Florida? All honorably discharged veterans who have been a resident of Florida for a minimum of one year may be eligible for extended-care services, domiciliary-care services, or skilled nursing care services through one of Florida’s state veterans’ homes.

The Robert H. Jenkins Domiciliary Home of Florida, in Lake City (Columbia County), opened in 1990 and offers residential services to those veterans who require more supervision and assistance with their daily needs than they could receive if they remained on their own or at home. This facility can accommodate up to 150 residents and provides services such as meals and snacks (planned around a veteran’s special dietary needs); housekeeping services for those who require it; an excellent, full-time recreational program; social services support; monitoring and care of the resident’s medical condition by our nursing staff; as well as transportation to area healthcare providers.

The Emory L. Bennett State Veterans’ Nursing Home, in Daytona Beach (Volusia County), opened in 1992 and provides care and treatment to 120 veterans who require a higher level of skilled care than can be provided at the Domiciliary. The Home provides 24-hour daily skilled nursing care, meals planned with the special dietary needs of each resident, a full-time and very extensive recreational program, housekeeping support services, social work services, and the support of many wonderful community volunteers. Veterans who desire admission to this Home must require the higher level of care provided in a skilled nursing home, with documentation supporting this need provided by his or her attending physician.

The Baldomero Lopez State Veterans’ Nursing Home, in Land O’ Lakes (Pasco County) is our newest Nursing Home. It opened its doors to great fanfare in April 1999, and is equipped to provide all the same quality of care and treatment available at the Emory L. Bennett Nursing Home. In addition, it can accommodate up to 60 veterans requiring special assistance for Alzheimer’s or other forms of dementia in our “Special Care Unit.” The services available in the secured unit provide a homelike setting for residents with increased cognitive loss. The expansion of care and services for Florida’s veterans continues with the planning of the third State Veterans’ Nursing Home, to be built in Pembroke Pines, Broward County. Named in honor of Medal of Honor recipient Sandy Nininger, Jr., this 120-bed Home will also provide a secured setting for 60 residents with Alzheimer’s or other cognitive loss. The groundbreaking ceremony for the Sandy Nininger, Jr. Nursing Home was held on August 19, 1999, with a completion date estimated for the fall of 2000.

Do you remember the recent article in this newspaper about the Florida Salutes Veterans license plate? Well, these are the Homes I was talking about! The sale of those tags is very important to continuing the drive to build more Homes like these for the many veterans in Florida who now, or may in the future, need the services provided by these Veterans’ Homes. Remember, you don’t have to be a veteran to purchase one of these tags. For more information, please call the Florida Department of Veterans’ Affairs, toll-free at 1-800-827-1000 extension 7400 or 7440, or 727-319-7400. To reach the Robert H. Jenkins Domiciliary Home in Lake City, call 904-758-0600. To reach the Emory L. Bennett Nursing Home in Daytona Beach, call 904-274-3460. To reach the Baldomero Lopez Nursing Home in Land O’ Lakes, call 813-558-5000. You may also obtain information about the Homes and application procedures by contacting your County Veteran Service Officer.

Lt. Col. Higgins is the executive director of the Florida Department of Veterans’ Affairs (FDVA). For more information call the department’s toll-free number from a touch-tone telephone at (800) 827-1000 extension 7400, or (727) 319-7400, or write to the Florida Department of Veterans’ affairs, P.O. Box 31003, St. Petersburg, FL 33731.
Extra property tax exemption for lower income elder homeowners not yet enacted

In a statewide referendum during November 1998 elections, voters passed an amendment authorizing cities and counties to offer an extra property tax exemption for lower income elder homeowners. It seems to be a well-kept secret. Of the 67 counties in this state, there isn’t one that has implemented this benefit, although the move could save hundreds of dollars for those who are eligible. Recently, Broward County raised the question in a public meeting. Hopefully, many others will follow. Mary Kay Cariseo, Executive Director of the Florida Association of Counties, believes this is an issue everyone should take an interest in as there is a large voting bloc that will support it.

Most elders, whether they are struggling or not, probably don’t even know about the potential for property tax relief. Senior groups have not publicized the issue and commissioners throughout Florida say they have heard little from their constituents about the exemption. It certainly is a well-kept secret. One of the reasons may stem from the fact that the exemption was created by a crowded November ballot that also included a high-powered governor’s race. But even though the voters approved the measure, it doesn’t become reality until counties pass laws enacting it.

Under the State Guidelines, seniors must be 65 or over, own their home or condo and have household incomes of $20,000 per year or less to receive the benefit. The maximum amount allowed by law is double the present homestead exemption of $25,000 but each city or county may lower the income level or the amount of the benefit. Also, school and hospital districts’ assessments would not be included.

If cities and counties approve the ordinance by the December 1, 1999 deadline, seniors could see the savings on their 2000 tax year.

Faces of the Silver-Haired Legislature

Who is the Silver-Haired Legislator? FSHL Senator Chris Franklin, who died June 22, 1999, was a Silver-Haired Legislator for 14 years. She was a leader, an innovator, the steady hand that kept FSHL running smoothly. She was always there when needed, with a word of encouragement, to help solve a problem. Undaunted by adversity, she faced physical obstacles with courage and tenacity.

Chris was proud of being the daughter of a Methodist minister. When her family moved from the rough neighborhood of the East Bronx, where her father had been assigned during her formative years, to Westchester (the bedroom of wealthy New Yorkers), she survived the cultural shock. She managed to graduate from State Teachers College in Plattsburgh, New York to become the highest paid of her fellow graduates by earning $1,400 a year teaching Home Economics. She obtained her Master’s degree from Hofstra College, and in 1960 moved to Florida with her husband and two children, to reside in Pompano Beach in Broward County. After a short stint as a public school teacher, she, and her husband of 54 years, operated a reading clinic followed by a successful audio-visual business, which they turned over to their daughter several years ago.

Chris was Reading and Curriculum Consultant for American Schools Overseas, which took her to Haiti, Brazil and Saudi Arabia; Reading Consultant for the Archdiocese in the Bahamas; and officer and chairman of various women’s clubs. She was on the advisory boards of the Downtown Council, the Florida Lifecare Resident’s Association, and the ADA. She was Ambassador of the Dade, Broward and Palm Beach counties Tri-Rail system, and she was a macadamia nut farmer.

Senator Chris Franklin was a member of the Hollywood Hills United Methodist Church, where she served on the Administrative Board, the Finance Committee, and as Sunday School Teacher and Children’s Choir Director. She was Lay Delegate to the annual conference of United Methodist Women.

Chris was inducted into the Broward Senior Hall of Fame and received the Humanitarian Award from the National Silver-Haired Congress. But Chris was proudest of having served as CEO of the Florida Silver-Haired Legislature and as first Senate president of the National Silver-Haired Congress. She will be missed.
**Plumbing Safety Tips**

Oftentimes, major accidents in the home could have been prevented through simple precautions. “Most seniors want to continue living at home, but to do so safely may require some changes,” says John Winther, director of plumbing for Roto-Rooter. “Certain rooms in the house, such as bathrooms, simply are not equipped to handle the special needs of older persons.”

Weakened strength, brittle bones and impaired sight can hinder a safe home life for the elderly. Fortunately, implementing a few low-cost adaptations and additions can make the home a safer place to reside.

Following these safety tips and tailoring the home environment for seniors’ specific needs can help prevent unnecessary accidents in the home.

- Set the water thermostat at a maximum of 120 degrees Fahrenheit to reduce the risk of scalding.
- Substitute the tub and shower valves with pressure balanced valves and high limit stops, which prevent a surge of hot water, thus preventing scalding.
- Place a non-corrosive seat in the bathtub or shower for worry-free showering.
- Install a hand-held shower head with an on/off button which is convenient for those people who sit in the shower.
- Make sure the bottom of the bathtub, shower and bathroom floor are equipped with non-skid mats or some other abrasive surface.
- Install grab bars surrounding the toilet, bathtub and towel rack.
- Replace faucet handles with controls that are easy for arthritic hands to use.
- Install special lifted toilet seats to prevent back injuries and offer convenience.
- Make sure the pathway from the bedroom to the bathroom is lit properly and place double-sided tape on the underside of rugs and runners to avoid slips.
- Adjust bathroom counter heights from 30” to 36” so a seat can easily fit underneath.

(Information supplied by Roto-Rooter Plumbers)

**Mailbox Theft**

In Polk County, mailbox theft is currently one of the biggest problems law enforcement faces. The crime involves both incoming and outgoing mail. Sheriff Lawrence Crow and the Polk County Sheriff’s Office offer the following information, which may save you from becoming a victim.

**The Mailbox**

- Never send cash through the mail; send a check or money order.
- Make sure your mailbox is in good condition to prevent the mail from being exposed to theft as well as bad weather.
- Collect your incoming mail from your box promptly. If you cannot be there soon after the mail is delivered, ask a neighbor to pick it up. Ask the post office to hold your mail if you will be absent from home for a few days.
- If you do not receive an expected check, food stamps, or other valuable mail, contact the issuing agency immediately.
- Purchase a mailbox with a lock. They are available at most local hardware stores and home improvement centers.
- Consider collective or “cluster” mailboxes in your community; the security will be well worth the initial cost, and can be divided between the residents in your neighborhood.
- Do not put mail in the outgoing slot, even in your locked mailbox. The raised flag is an invitation to theft. Rather, take your mail to the post office or hand the mail to the letter carrier.
- Obtain Label 33 from the Postal Inspection Service. This sticker, which warns that willful damage to mailboxes and theft of mail is yet another deterrent to a possible theft.
- When you change residences, notify the post office immediately.

**From the Secretary**

Continued from page 1

If there are additional spaces, fill them up with dark, squiggly lines.
- Start a Neighborhood Watch Program. You can then exchange work and vacation schedules and everyone can be involved in watching out for one another.

**The Check**

- Do not use ballpoint ink pens when writing your checks because thieves can alter that ink. Use rollerball, fountain or felt pens, or use a typewriter which has an impact or dot matrix printing system.
- Fill up all space in the amount and payee portions of the checks.

Because the majority of the challenges facing elders cannot necessarily be cured, we need health care providers in general, and medical doctors and osteopaths (O.D.) in particular, to treat the older person beyond the symptoms of a disease. The health needs of elders are unique and significant, and at present, we are lacking the perspective to evaluate and treat the older person within the context of his or her total situation.

While many patients may not require an environmental analysis of their home, it is critical for an older person. It is also essential to evaluate the transportation needs, nutritional needs and the ability of the elder to manage his or her own medications. We do this for the young; can’t we recognize the same needs for elders? We have no difficulty accepting that children need special care, with pediatricians being appropriately trained to treat them. The same is true of the elderly — a specialist, a geriatrician, is needed to treat their needs.

The need for geriatric education is so evident that even I, a true Gator in my heart, support the efforts to add a second year to Florida State University’s Program in Medical Sciences (PIMS). The enhanced program would fill two important gaps. First, it would help meet the sore need for more medical doctors who have been appropriately trained to treat elders. And secondly, this program would attract more students who could provide medical services to Florida’s rural areas.

Part of my responsibility as Secretary of Elder Affairs is to rethink our effectiveness in delivering services to older Floridians and to address the needs of older Floridians where they live. The longer I live in the Florida Panhandle, the stronger is my belief that there are unmet medical and social needs here. A medical school at Florida State would alleviate them.

From a world view, America’s health care is well regarded. Our medical technology is unsurpassed and is directly responsible for our mass longevity. But to offer the best care, health care professionals must include all of our people, particularly elders. Most of the cultures of the world respect elders for the wisdom of their years, for what they add to the totality of their society. To maintain the vibrancy of this important segment of our communities, it is important to take care of their health in an appropriate fashion. From my point of view, Florida’s elders deserve no less.
The power of face powder

As I turned the pages of a recent issue of Vanity Fair, my eyes came upon little boxes with yellow and tan decorations – face powder with puffs. I did not have to look at the name of the product. The memory has stayed with me for 65 years. At one time, Coty face powder was very important to me.

On July 28, 1924, I was 13 and had graduated from Doyle Avenue Grammar School in Providence, Rhode Island. I was helping my Mama take down a vat of clothes from the coal stove and place it on two facing kitchen chairs. She scrubbed the clothes on a wash board and handed them to me to rinse in another vat. I would then hang them on the line that went from our window to the pole behind the house.

Suddenly, I heard Mama gasp as she held her stomach. I knew her labor pains had begun. I had heard the neighbors talk about the danger she was in, having a child at the late age of 47. I was afraid she might die. I offered to run to Barney Goldberg's drug store to call for a taxi, or to see if our neighbor, a peddler, would drive her to the Women's Hospital. Mama refused, saying she would prefer to walk the five miles to the hospital – it would ease the delivery. I was to stay home and watch my younger sister, Marian.

When Papa returned from his visit with Mama the following day, he announced that she had given birth to a girl. My sister Alice and I were to go to the hospital and help choose a name for our new sister. We decided on Winifred Laura, a combination of the names of my Papa's father, William, and Mama's Uncle Louis. A pretty baby with pink cheeks, she had blue eyes and a downy covering of blond hair.

Mama was in a ward of six beds. The fee for a 10-day stay was $25, which included the doctor's charge. She told us that Mrs. Green in the next bed had bragged that her husband let her buy anything she wanted. She even had a fox cape, with tails hanging from the fur. Her husband owned a plumbing business, and the only reason she was in a ward was because the last time she had given birth she was lonesome.

I was to stay home and watch my younger sister, Marian.

Over the years, changes have been made in the cosmetic industry. New products have replaced the old. But, after seeing the recent ad in the magazine, I visited our local drugstore here in Florida, and found Coty was still being sold. I felt as if I had met an old friend and eagerly bought a box.

Mrs. Krantz is enjoying her retirement in Tamarac, Florida and spends her time writing for various publications.

How could we forget those ancient myths that stand at the beginning of all races, the myths about dragons that at the last moment are transformed into princesses? Perhaps all the dragons in our lives are princesses who are only waiting to see us act, just once, with beauty and courage. Perhaps everything that frightens us is, in its deepest sense, something helpless that wants our love.

Rainer Maria Rilke
Austrian Poet, 1875-1926

By Florence Z. Krantz
Self neglect is a growing concern among providers of services to elders, as it is potentially deadly. It is estimated that at least a quarter of a million Floridians are affected by self neglect. Elders that exhibit this problem usually withdraw from the outside world and live in a very limited world of their own. In their world, taking needed medication, eating, bathing, and other self-care activities become unimportant. In many cases, self neglect occurs behind closed doors. The sad truth is that some elders die from self neglect.

The Open Your Eyes: Open Your Heart campaign is one way the Department of Elder Affairs is addressing the issue. The cornerstone of the program is that self neglect can be averted through contact with, and concern from, neighbors and community groups. Open Your Eyes: Open Your Heart focuses on the simple but important value of “helping your neighbor.” We have found that there are neighborhood heroes in every community.

As Terry White, Executive Director of Senior Solutions, says of neighborhood heroes, “These special individuals truly make a difference in the lives of older persons.” Open Your Eyes: Open Your Heart is different from other volunteer programs in that it fosters independent volunteering, usually with no connection to a formal agency. Neighbors are simply helping neighbors. Elders have the right to live as they want, but in some cases a neighbor’s awareness can be a life-saving intrusion. It must be remembered that maintaining confidentiality and respecting the rights of the elder are extremely important. Forcing assistance on an elder is not the goal of Open Your Eyes: Open Your Heart. The elder person does deserve to be informed of choices and options that will preserve their independence and allow them to age with dignity.

Open Your Eyes: Open Your Heart in Southwest Florida was undertaken to raise awareness of self neglect and to bring assistance to the elder who may go unnoticed and therefore unassisted. To inform the community at large of the problem, the campaign began this past April with press releases, billboard ads, and radio announcements on ten stations. Additionally, the Lee County Animal Services helped spread the word through the volunteer efforts of all fifteen of its officers. The program has become a mainstay of speaking engagements by the agency. Without fail, audience members report that they had never thought about offering help or just checking when things don’t seem right.

Signs of Trouble
An elder person’s appearance or behavior, and changes in routine patterns, may mean they are in trouble or at-risk. There are a number of situations and symptoms that can indicate a need for assistance.

- Personal appearance — Neglect in self care is often a sign that an elder is experiencing difficulty. Be alert for:
  - Unkempt personal appearance
  - Dirty or uncombed hair
  - Inappropriate clothing for current weather
  - Body odors.

- Condition of the home — The appearance of the residence may reflect an inability to care for self, or a loss of interest in doing so. You may notice:
  - The home is in poor repair
  - Old newspapers lying around
  - Little or no food
  - Strong odors
  - Numerous pets
  - Pets appear to be neglected
  - Garbage or litter inside or out of the home.

- Mental/Emotional health — Problems in these areas can seriously undermine an older person’s ability to cope and function. We should be aware of:
  - Confusion
  - Disorientation
  - Inappropriate responses
  - Forgetfulness
  - Repetitiveness while talking
  - Seeing, hearing, smelling, tasting, feeling things that are not there

- Suspiciousness, lack of trust
- Substance abuse
- Complaints of not eating
- Complaints of not sleeping
- Exhibits of anger, irritability, hostility
- Appearance of nervousness
- Recently suffered a loss, through separation or death
- Appearance of sadness or the blues — “I don’t care anymore.”

The most important thing is to be aware of any change in appearance, behavior or routine patterns. You could be a neighborhood hero to one of your elder neighbors. Introduce yourself to your neighbor and, if you identify self neglect, offer your assistance. If the need is greater than you can handle, contact the Elder Helpline at 1-800-96-ELDER (1-800-963-5337). If the case is severe, or you suspect abuse or neglect, contact the Abuse Hotline at 1-800-962-2873.