



Care Notes

January 2009 * February 2009 * March 2009

This copy of Care Notes is our gift of information, both valuable and funny, to help encourage and support you and your caregivers.

Remember, we would like to include your recipes, jokes and poems in Care Notes. Just send them along with your Care Managers the next time they visit you. And, if you would like to see something discussed here, call us with your suggestions at **1-800-442-1713**.

The publication of Care Notes is funded in part through support from the Michigan Office of Services to the Aging and the Michigan Department of Community Health.

The Area Agency on Aging of Northwest Michigan (AAANM) is a private, non-profit corporation. It was designated as an Area Agency on Aging in 1974 by Michigan Office of Services to the Aging and is responsible for developing, managing and funding a comprehensive system of services for older adults in the ten counties located in Northwest Lower Michigan.

AAANM welcomes your contributions in support of the Care Management Program. All financial contributions to the Area Agency on Aging of Northwest Michigan are used to purchase services or equipment for clients served by the agency. Please contact us with any questions about making contributions at **1-800-442-1713**.

Attention Caregivers! Coming Soon...

- ♥ Have you assumed the role of caregiver for a family member with Alzheimer's or another dementing disease?
- ♥ Do you feel overwhelmed with the stress associated with caregiving: emotional loss, day-to-day caring, new responsibilities, family issues, fatigue, worry, financial pressures, or decision-making?
- ♥ Would you like to develop strategies (knowledge, skills and attitude) to help you manage day-to-day life with your family member in a way that is rewarding to you and gives them a feeling of contentment and involvement in everyday tasks and activities?
- ♥ Then...Why not become a "Savvy Caregiver"? The Savvy Caregiver program(*) is a training program for caregivers. It entails six two-hour meetings held weekly.
- ♥ What did you say? *"I'd love to attend, but I have no one to take care of _____."* Got it covered! Provision of respite for your family member, whether through Adult Day Care or in-home care, is available to program participants.
- ♥ Please contact the Northern Michigan Alzheimer's Association at **(800) 272-3900** if you are interested in participating! As programs are scheduled, they will notify you of dates, times & locations.

* This project is supported, in part, by the U. S. Administration on Aging through its Alzheimer's Disease Demonstration Grants to States (#90AE0322).

Cold-Weather Belly Warmers

Produced by American Dietetic Association's Public Relations Team

Few things are better than a warm drink on a frosty day. Beat the winter chill with one of these toasty treats:

#1 - Simmer cranberry-apple juice with cinnamon, cloves, allspice and an orange peel for about 20 minutes. Strain, then stir in fat-free milk powder and vanilla extract. Heat all the way through.

For more, see pages 4 & 5

MEDICARE NEWS

Medigap (or Medicare Supplemental) Policies

Medigap policies are health insurance policies that are sold by private insurance companies that fill the “gaps” in Original Medicare coverage. Medigap policies help pay your share (coinsurance, co-payments or deductibles) of the cost of Medicare-covered services. Some policies also cover certain costs not covered by the Original Medicare plan. **Medigap plans only work with Original Medicare** and must be clearly identified as “Medicare Supplemental Insurance.” It is important to note that Medicare Advantage Plans ARE NOT Medigap policies.

There are 12 standardized types of Medigap policies, called “Plans A through L.” Each plan has a different set of basic and extra benefits. When purchasing a Medigap policy, a premium is paid to the insurance company. As long as the Medigap premium is paid, any policy bought after 1990 is automatically renewed each year. The Medicare Part B premium (\$96.40 for 2009) is still deducted from one’s Social Security check when a beneficiary has a Medigap policy.

Numerous insurance companies sell Medigap policies. Each company decides which of the standardized policies it will sell and the price for each plan. It is important to understand that, when purchasing a Medigap “Plan C” policy for example, it will provide exactly the same benefits no matter which insurance company it is purchased from. The only difference between plans purchased from different companies is the monthly premium charged for it.

Tax Season is upon us! If you need assistance with tax preparation, please contact your local Commission or Council on Aging for more information.

MMAP is the state-wide program which provides free health benefits counseling to Medicare and Medicaid beneficiaries, their families, and caregivers.

Individuals with questions may contact Social Security, your local Commission on Aging office, or regional office of the Medicare Medicaid Assistance Program (MMAP) at the Area Agency on Aging at 1-800-803-7174.

“Extra Help” in Paying for Medicare Prescription Drug Plans

People with Medicare who have a limited income and limited resources may qualify for “Extra Help” paying for Medicare prescription drug coverage. If they qualify, they will get help paying for their drug’s monthly premium, yearly deductible and prescription co-payments.

The amount of “Extra Help” people qualify for is based on their income and resources. An individual with an annual income of \$15,600 or lower and other resources under \$11,990, and couples with an annual income of \$21,000 and other resources under \$23,970 may qualify for varying amounts of “Extra Help”. In some cases, individuals or couples with very low incomes may also qualify for help in paying their Medicare Part B premium, which is \$96.40 for 2009.

Individuals approved for “Extra Help” may change their Medicare Prescription Drug Plan at any time, if they find their current plan is not working well for them.

People who qualified for “Extra Help” in 2008 but have been notified that they will NOT qualify in 2009 will have a special enrollment period from January 1 – March 31, 2009 to review their prescription drug plan and change to another plan, if they so choose.

Diagnosis: Health Illiteracy

Prognosis: Hazardous to Your Health!

How many times have you visited your doctor and left wishing you had had an interpreter for the medical jargon that was spewed at you?

Do you avoid the doctor altogether because you're intimidated by the paperwork and forms?

Have you ever made mistakes with your medications because you could not understand the instructions your doctor gave (or could not read or understand the prescription label)?

Nearly half of all American adults—90 million people—have difficulty understanding and acting upon health information. There are many pieces of complex consumer health information used in America.

Forty million Americans cannot read complex texts like those on informed consent forms or consumer privacy notices and 90 million have difficulty understanding complex texts. Yet complex text is very common in health information, from insurance forms to advertising. Even people with strong literacy skills may have trouble obtaining, understanding, and using complex health information. For instance, a surgeon may have trouble helping a family member with Medicare forms; a science teacher may not understand information sent by a doctor about a brain function test; and an accountant may not know when to get a mammogram. Health literacy could help end this confusion.

Health service providers and others in the community are increasing public awareness about health literacy to improve quality of care and patient safety. Physicians are changing their approaches when communicating important health information

to patients and consumers, to improve understanding. Steps to improve communication include slowing down and spending additional time when speaking with patients, explaining medical information using the same terms you would use when speaking to your grandmother, showing or drawing pictures, limiting information and repeating it, asking patients to repeat instructions back to confirm understanding, and encouraging patients to ask questions.

Health literacy is the ability “to obtain, process, and understand basic information and services needed to make appropriate decisions regarding health.”

“Individuals with limited health literacy have less health knowledge, worse self-management skills, lower use of preventative services, and higher hospitalization rates.”

“Inadequate health literacy was independently associated with poorer physical and mental health.”

Arch Intern Med. 2005; 165:1946-1952



Test your health literacy by reviewing the list of medical terms and their translation into plain language on the next page.

For more consumer translation of medical terms and for guidelines on finding the highest quality health information on the Web, visit the Medical Library Association website:

http://www.mlanet.org/resources/consumr_index.html

TRANSLATION OF COMMON MEDICAL TERMS

Medical term	Plain term
Analgesic	Pain killer
Anti-inflammatory	Lessens swelling & irritation
Benign	Not cancer
Carcinoma	Cancer
Cardiac problem	Heart problem
Cellulitis	Skin infection
Enlarge	Get bigger
Hypertension	High blood pressure
Lateral	Outside
Lipids	Fats in the blood
Oral	By mouth
Referral	Send you to another doctor
Terminal	Going to die
Toxic	Poisonous

TRANSLATION OF COMMON PRESCRIPTION ABBREVIATIONS

Abbreviation	Meaning
AP	before childbirth
ap	before dinner
bid	twice each day
qh	every hour
qid	four times each day
qd	daily
tid	three times each day
dbl	double
h.s.	at bedtime
npo	nothing by mouth
per os	by mouth
prn	as needed

You Might be Health Illiterate...

If you define the following medical terms like this!

- Artery: The study of fine paintings.
- Barium: What to do when C.P.R. fails.
- Benign: What you be after you be eight.
- Dilate: Live long.
- Fester: Quicker.
- GI series: Baseball games between teams of soldiers.
- Hangnail: A coat hook.
- Medical staff: A doctor's cane.
- Minor operation: Coal digging.
- Morbid: A higher offer.
- Nitrate: Lower than the day rate.
- Node: Was aware of.
- Outpatient: A person who has fainted.
- Protein: In favor of young people.
- Secretion: Hiding anything.
- Tumor: An extra pair.
- Urine: Opposite of "you're out."
- Varicose veins: Veins that are close together.



More Belly Warmers

#2 - Scoop praline or chocolate-swirl low-fat frozen yogurt into a mug. Pour hot cocoa or coffee over the top. Stir with a cinnamon stick.

You can mix up frothy winter treats of your own; just remember to use low-calorie ingredients that pack a flavorful punch.

Transition to Digital TV

If you have an analog TV and rely on a rooftop antenna or “rabbit ears,” a TV converter box is one option to transition to digital TV on or before February 17, 2009.

A TV connected to cable, satellite or other pay TV service does not require a TV converter box.

Congress created the TV Converter Box Coupon Program for households wishing to keep using their analog TV sets after February 17, 2009. The Program allows U.S. households to obtain up to two coupons, each worth \$40, that can be applied toward the cost of eligible converter boxes.

The TV Converter Box Coupon Program has reached its funding ceiling. However, coupon requests from eligible households will be filled as funds from expiring coupons become available. If you would like to apply for a coupon and are eligible, you will be placed on a waiting list and will receive coupons on a first-come-first-served basis as funds from expiring coupons become available. Coupon requests can be made until March 31, 2009.

Residents of licensed nursing homes, intermediate care facilities and assisted living facilities are eligible to request one coupon from the TV Converter Box Coupon Program. Residents must use a special Nursing Home application form.

Your neighbors may need assistance in learning about or obtaining coupons from the federal government’s converter box coupon program, or in selecting and installing a converter box. The government’s coupon program will accept any coupon that is valid and has not expired — regardless of who ordered it. Under program rules, a neighbor (or a friend, relative and so on) may use a \$40 coupon that you ordered and received from the government. So, if your household is eligible for coupons but won’t need them, you can give your unused coupons to a neighbor, or order coupons now and give one or both to a neighbor to use or buy a converter box and then donate it to a relative, friend or local

senior center, church group or community organization that serves our needy neighbors. (Please note that it is illegal to sell or exchange coupons for an item of value other than a converter box.)

People with disabilities may be disproportionately affected by the transition. Selecting a converter box with the necessary features, such as closed captioning and video description, is especially important for these viewers.

Every converter box manufacturer certified to participate in the government’s coupon program is required to provide closed captioning for display on your television set, but the features vary by box.

With analog television, some broadcasters provided video descriptions for vision-impaired consumers, with voice-overs describing movements on the screen, using the secondary audio program channel, or SAP.

Make sure the converter box you purchase has the features that you need!

Other topics to consider: Will your old antenna work with your new converter box? (Visit www.antennaweb.org) or What does it mean to “re-scan” for new channels once the converter box is installed? (Visit www.dtvtransition.org)

There are multiple online resources available explaining the switch to digital TV and how to connect a converter box to an existing TV set. Visit the sites above or contact your local COA or AAANM for assistance.

And More Belly Warmers

#3 - Add anise seeds, ground cinnamon and ground cloves to ground coffee. Prepare hot coffee using the spiced ground coffee. Lighten with low-fat milk.

ASSOCIATED WORDS: In each of these puzzles, a list of words is given. To solve the puzzle, think of a single word that goes with each to form a compound word (or word pair that functions as a compound word). For example, if the given words are volley, field, and bearing, then the answer would be ball, because the word ball can be added to each of the other words to form volleyball, ball field, and ball bearing. *(Answers will appear in the next Care Notes issue.)*

#1
read
child
water



#2
butter
maid
run

#3
hay
smoke
up

#4
weight
fly
sand



#5
hard
under
up

#6
blue
lands
roots

#7
hook
jelly
bowl

#8
dog
frog
fighter



#9
watch
house
gone

#10
drop
off
stand

WORD ENDS: In each of these puzzles, a word starts and ends with the same letter. Can you figure out what the word is? *(Answers will appear in the next Care Notes issue.)*

#1
athtu

#2
arge

#3
oca

#4
abe

#5
illo

#6
oya

#7
lini

#8
rai

#9
rus

#10
aya

Puzzles on this page were found at <http://www.rinkworks.com/>

A O F R N I E R E F T E V L R R E V R E
R Y P I E R A R O T I K T E I V C I O S
R A I B O H P H O B I A V V E A D H T S
E T S E S K I N N I K I N N I K G E A H
D R A T A F E N K E T N C F V E R N T D
R E V M M F N R T A E E T A C R A K O E
F W R A M M A V T A I S S R E D D E R I
I K R H A M G I C G A T O T E R N A O F
V T S E R R V R A O Y A A L S S C T T I
E C P T V E E E R H H T E I O E O R O E
T T A I M I T P A E C S K T C S T M R D
O M A M F I V N A I D N E A Y A D A E E
M R P I M E N E V P I N R X Y G D D F W
E V E E R A S I R L E V E L E A I A E E
E R S P H P C N M T A R R E R S K M R D

WORD SEARCH: PALINDROMES

AIBOHPHOBIA REDDER
CAMMAC REFER
CIVIC REIFIER
DEIFIED REPAPER
DEWED REVIVER
EVITATIVE ROTATOR
HANNAH ROTOR
KAYAK SAGAS
KINNIKINNIK SEXES
LEVEL SOLOS
MADAM STATS
MINIM TENET
RACECAR TERRET
RADAR TESTSET



AAANM Fiscal Years 2010-2012
Multi-Year Plan *Public Input:*

Challenges Facing Older Adults in Northwest Michigan

In an effort to respond to the current and growing needs of older adults and their caregivers, the Area Agency on Aging of Northwest Michigan (AAANM) is conducting a survey to identify issues affecting older adults in Northwest Michigan (Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee and Wexford counties).

As a designated area agency on aging, AAANM is responsible for preparing and developing an area plan every three years, with updates annually. A key component in this process is public input. Please review and complete the survey on the reverse and return it to AAANM no later than ***Friday, March 13, 2009***, so that your views can be considered for the draft Multi-Year Plan.

Return surveys via mail to: Area Agency on Aging of Northwest Michigan (AAANM)
Attention: Multi-Year Plan
1609 Park Dr, PO Box 5946, Traverse City, MI 49696-5946

Or give it to your Care Manager or fax it to AAANM at ***(231) 947-7218***.

In addition, views may be voiced at either of the two Multi-Year Plan public input sessions:

Input Session #1.....***Thurs, February 19, 2009, 10:30 a.m.*** at the AAANM Conference room, 1609 Park Dr, Traverse City, MI 49686

Input Session #2.....***Thurs, March 5, 2009, 10:30 a.m.*** at the Bellaire Senior Center, 308 E. Cayuga, Bellaire, MI 49615

Thank you in advance for sharing valuable input!

Survey on Reverse →

Use space below for additional comments:

Public Input: Challenges Facing Older Adults in Northwest Michigan

Please tell us about yourself...

Gender: Male Female

Age: Under 55 55-60 61-70 71-80 81 and older

Are you a: Caregiver Care Recipient Professional Other (identify):

County of Residence: Antrim Benzie Charlevoix Grand Traverse Emmet
 Kalkaska Leelanau Manistee Missaukee Wexford

Think about the community in which you live and your awareness of services for older adults...

1. Place a check in the box beside each issue below that is a concern to you or your family:

Health and Health Care:

- Prescription coverage
- Medical care coverage
- Dental care coverage
- Hearing services
- Vision services
- Disease prevention
- Smoking cessation
- Communicating with physicians
- End-of-life care

Mental Health:

- Depression
- Suicide
- Counseling
- Mental Illness

Transportation for:

- Medical appointments
- Personal errands
- Social activities
- Travel between counties

Housing:

- Rent/mortgage
- Maintenance/repairs
- Accessibility modifications
- Nursing care options
- Property taxes
- Paying for utilities
- Low-income housing

Caregiver Support:

- Respite
- Training
- Counseling
- Managing
- Support groups
- Paying for basic needs
- Finding help

Opportunities for:

- Socializing
- Volunteering
- Working
- Education/learning

Miscellaneous:

- Getting help when no longer able to live at home
- Getting help to continue living at home
- Getting around safely at home
- Getting around safely in the community
- Legal assistance
- Financial assistance/managing finances
- Getting needed services
- Finding helpful resources
- Planning for Long-Term Care

Protection from:

- Physical Abuse
- Scams
- Emotional Abuse
- Financial Abuse

Other (identify):

-
-
-

2. Of the issues you've identified above, please tell us more about your top three concerns (For example, Are services available and adequate? What are your ideas for responding to these issues?)

For more space, please use reverse →