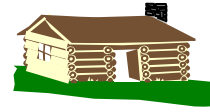


Chester County Department of Aging Services



No place like home?



Volume 2, Issue 1

January 2010

Director's Corner

Wanda Stonebraker

Director, Chester County Department of Aging Services

It's been a year since our first newsletter. It sometimes seems that the older I get the faster time goes. Of course we all know the rate at which time goes by never changes.

In looking back over 2009 I am remembering the things we have accomplished and those projects at which we were not successful.

We partnered with the District Attorney's office, the County Detectives and the Center for Domestic Violence and applied for a grant from the Department of Justice which focused on stopping domestic violence against older women. I'm guessing that right about now some of you are wondering who would abuse older women, especially those who are old enough to come to the attention of the Aging Department. You would be surprised. At any rate, we were unsuccessful in our application but fully intend to apply again in 2010.

Our Mental Health/Drug and Alcohol/Aging Advisory Committee continues to meet monthly to discuss cases which cross our systems, do some problem solving and identify barriers to serving those consumers. We have recently added the Office of Mental Retardation to the committee.

This committee is a good example of the System of Care philosophy which all County Human Service

(See Directors Corner, page 2)

INSIDE THIS ISSUE

- 1 Director's Corner
- 1 Program Spotlight – Protective Services
- 2 Checklist for Taking Medication Safely
- 3 What is Peripheral Neuropathy
- 3 Loans to Obtain Assistive Devices
- 4 Meet the Staff!
- 4 New FDA Website Provides Facts on Hearing Aids
- 5 Seven Things to Know About Alzheimer's
- 5 Ask Medicare!
- 6 The Model Volunteer

The Department of Aging Services is funded by the Chester County Board of Commissioners, Pennsylvania Department of Aging, and private contributions.

Chester County Commissioners

**Terence Farrell
Carol Aichele
Kathi Cozzone**



Program Spotlight!



Protective Services

Cynthia Willison

Supervisor, Protective Services

The Chester County Department of Aging is required to investigate allegations of abuse, neglect or exploitation of adults 60 years and older. These allegations may be reported by the individual, family members, members of the community, or service providers. After the information is received, the protective services worker becomes a fact finder, required to obtain explanations for the events and actions that have been reported. If necessary, the worker has the ability to seek court assistance if unable to obtain information necessary to complete the investigation. Throughout the investigation, there is ongoing documentation of contacts, all of which is kept confidential.

The worker then analyzes the results of the investigation to determine whether the allegation of abuse is substantiated. Only the consumer is provided the results of the investigation.

Chester County Dept of Aging has investigated 151 reports in 2009. There were 43 reports of self neglect, 3 reports of sexual abuse, 65 reports of caregiver neglect, 41 reports of financial exploitation, 25 reports of physical abuse and 17 reports of emotional abuse. About 23% of the reports were substantiated.

If a report is substantiated, the goal of Protective Services is to remove risk to the consumer. The staff looks at how to keep that consumer safe in the least restrictive manner possible. If possible, the consumer will be referred one of the care managed programs provided by the department. However, there are times when it is necessary for a consumer to be removed from the home and placed in a facility. It is not the goal of Protective Services to place older adults in a nursing home.

If you have concerns regarding someone over the age of 60 who is cognitively or physically incapacitated, is currently in Chester County, is dependent on others to provide care, and is at risk of harm, please contact the Department of Aging Services. There is a trained staff person able to take the call 24 hours a day and 7 days a week. 610-344-6350 or 1-800-564-7000. All calls are confidential. ■



Checklist for Taking Medication Safely!

To help prevent medication errors and help keep people healthy, the Agency for Healthcare Research and Quality (AHRQ), has developed a checklist for taking medication safely.

This list includes:

- Bring a list or a bag with all your medicines when you go to the doctor's office, pharmacy, or hospital. Make sure you include all prescription and over-the-counter medicines as well as vitamins and supplements. If your doctor prescribes a new medicine, ask if it is safe to take it with your other medicines.
- Ask questions about your medicines. Choose a pharmacist and doctor you feel comfortable with. Ask them to use plain language when they answer your questions. If you think you'll need help, have a friend or relative come with you to ask questions and remind you of the answers.
- Make sure your medicine is what your doctor ordered. Because many drugs have names that sound or look alike, your doctor and pharmacist should take steps to prevent mix-ups. But it's always wise to double-check. Ask your pharmacist if you think the medicine you received is different than what your doctor told you or wrote on the order. If you are getting a refill, make sure the medicine looks the same as the kind you got before.
- Ask how to use the medicine correctly. Read the directions on the label, and ask your pharmacist or doctor to explain anything you don't understand. Find out if there are medicines, foods, or activities (like driving or using alcohol or tobacco) you should avoid when taking the medicine. Ask if you need to have a test to check if the medicine is working or is causing a side effect.
- Ask your doctor or pharmacist if your medicine can cause side effects, what types of side effects you should watch for, and whether they are likely to be serious. Some side effects, like dizziness, may go away after you have been taking a medicine for a while. Call your doctor if you have a side effect that is serious or does not get better. Your doctor may need to change your medicine or adjust the dose.

To access the checklist and other helpful information, please go to <http://www.ahrq.gov> and look under the Consumers and Patients Heading. ■

(Director's Corner continued from page 1)

Departments are adopting. We are learning to look beyond the services each of our departments can provide alone to how we can best serve each consumer by working together. The System of Care philosophy assesses the consumer, the family needs and the environment and, with the permission of the consumer and/or the family, works with other systems to meet those needs.

The Aging Department and the County's six senior centers are working to develop a "Neighbors in Action" volunteer program in each of their communities. Kennett Area Senior Center piloted the program. There are currently ten active volunteers with several more 'in the pipeline'. Seniors with unmet needs can be referred by the Aging department, the Senior Center, family, friends or neighbors. A senior may also refer themselves. At this writing I am unsure which Senior Center will be implementing this initiative next, however you can drop me an email if you would like additional information. Just think of the difference you could make in the life of a senior!

The Older Adult Protective Services Task Force is comprised of representatives from the Aging Department, Temple University Protective Services Institute, the District Attorney's office, the County Detectives, the Center for Domestic Violence, the Courts, the Attorney General's office and the legal community. The Task Force developed and offered our first training for law enforcement agencies in the County. The focus of the training was financial exploitation of older adults. The training was well attended and well received. It is the plan to offer at least one training in 2010.

The Department's Advisory Council has begun assisting staff with expos, reviewing both state and federal legislation to develop advocacy efforts and continues to recruit new members for the Council to recommend to the Commissioners for appointment.

We will continue to work on developing ways to effectively clear the waiting list for Options services during 2010. The needs continue to out pace our ability to meet them.

So far there is no waiting list for Waiver services and the number of consumers in that program is higher than it has been in the last four years. The demand for level of care assessments for the under 60 programs is growing as are our Protective Service referrals.

There is much to do to keep up with all of our program requirements and expand our services to meet the needs of older adults beyond what is available in state funded programs. Fortunately for the older adults in Chester County, this department is staffed with dedicated, talented and compassionate people. Their efforts and continued willingness to work together enables us to provide outstanding service. My hat is off to them each and every day.

Wishing you all of the best that 2010 has to offer.

As always, I welcome any comments or suggestions you may have about our newsletter. You can email me at wstonebraker@chesco.org ■

What is Peripheral Neuropathy?



Eileen McKie
Registered Nurse

According to the National Institute of Neurological Disorders and Stroke (NINDS), peripheral neuropathy is the term used to describe damage to the peripheral nervous system – the network that sends information from the brain and spinal cord, the central nervous system, to every other part of the body. Peripheral nerves also send sensory information back to the brain and spinal cord, such as a message that the feet are cold or a finger is burned. Like static on a telephone line, peripheral neuropathy distorts and sometimes interrupts messages between the brain and the rest of the body. It can cause pain or numbness in your hands or feet and is often described as a tingling or burning sensation. The loss of sensation is sometimes compared to the feeling of wearing a thin stocking or glove. Muscle weakness and damage to motor nerves as well as internal organ dysfunction can also occur with peripheral neuropathy.

One of the most common causes of peripheral neuropathy is diabetes. It can also be caused by physical injury to a nerve, infections, tumors, toxins, vitamin deficiencies, alcoholism, or metabolic problems. Talk to your doctor if you notice any unusual tingling, weakness, or pain in your hands or feet. Early diagnosis and treatment offer the best chance for controlling your symptoms and preventing further damage to your peripheral nerves. Treatment may include medications, physical therapy, or orthopedic interventions. Diabetics will need to maintain strict control of their blood glucose levels. Exercises and retraining may be used to increase muscle strength. Sometimes braces or splints are used to improve mobility and function of an affected arm or leg.

Safety is an important consideration for people with peripheral neuropathy. Due to loss of sensation and muscle control, they are at increased risk for falls and other injuries. Visual examination of extremities should be conducted often to look for signs of injury, bruises, or open skin areas that may go unnoticed and become infected. Shoes should be checked often to avoid pressure ulcers or areas of injury to the feet. Meticulous foot care and careful wound treatment are key in preventing further complications and improving quality of life for those affected by peripheral neuropathy. ■

Loans to Obtain Assistive Devices

The **Pennsylvania Assistive Technology Foundation (PATF)** is a non-profit organization that provides low-interest loans to people with disabilities and older adults so that they can buy the assistive technology devices and services they need. Assistive technology, or "AT", is any device that helps a person with a disability achieve a more independent and productive life.

PATF was founded as an option for individuals who wanted to pay for the needed assistive technology devices themselves. There is no requirement that a loan applicant must have been turned down by other funding resources before s/he can apply for a loan.

AT devices may include such items as:

- adapted vehicles
- home modifications (including ramps, roll-in showers, lowered counter tops)
- computers with special software and/or hardware
- hearing aids
- flashing doorbells
- scooters and wheelchairs
- seat lift chairs
- closed circuit televisions (CCTVs)

Since PATF began, over 2000 Pennsylvanians have been helped and more than \$19 million in loans have been extended for the purchase of assistive technology equipment.

For more information contact:

Pennsylvania Assistive Technology Foundation

1004 West 9th Avenue
1st Floor
King of Prussia, PA 19406

484-674-0506 (voice)
888-744-1938 (voice/toll-free/TTY)
484-674-0510 (fax)
Email: patf@patf.us

Got Questions?? Contact us!!!

Information and Assistance services are always free of charge and available to all interested persons.

Call: 610-344-6350

Toll-free: 1-800-692-1100 extension 6350

TTY #: 610-344-5233 (Text Telephone for the Hearing Impaired)

601 Westtown Road, Suite 130
P.O. Box 2747
West Chester, PA 19380-0990

Send us an e-mail inquiry:

ccaging@chesco.org

Meet the Staff!!

Andrea Walker

Supervisor, Care Management

The Department of Aging, in the hopes of better serving the seniors of Chester County, organizes the staff into teams.

Dowel Lomax, who has been with the Department of Aging for approximately 2 years, is the supervisor for this team. His responsibilities include supervising the Nursing Home Transition Program and the Domiciliary Care program. Dowel also supervises care managers who carry PDA Waiver, Options and Family Caregiver caseloads. Before coming to the department, Dowel worked at Elwyn in Delaware County. When asked about his favorite part of this job, Dowel stated that he enjoys interacting with consumers as everyone has a unique story. In his spare time, Dowel likes sports, and trying new food and beverages.

Aging Care Manager, Johanna Horst, has also been with the Department for almost two years. Before coming to Aging, Johanna worked at a day program for adults with mental retardation and mental illness. Johanna reports that the best part of her job is seeing consumers and their families truly benefit from the work that is done at the Office of Aging. Johanna, who has spent time building homes in Alaska with Habitat for Humanity, enjoys hiking, biking, camping and spending time with her family.

Al Pierce, an Aging Care Manager, has been with the Department of Aging for just over a year. He previously worked in public child welfare for 35 years, first at Chester County Children & Youth (as it was called way back then), then at Montgomery County, which he retired from last year. Al's favorite part of his job is visiting with consumers in their homes, hearing about their life experiences and knowing that he is helping them in some way. When not at work, Al enjoys his tropical fish aquarium, listening to and collecting



From left, Al Pierce, Johanna Horst, Dowel Lomax and Stephen Olmstead

music, practicing yoga and spending time with his grandsons and granddaughter.

Assessor and Long Term Living Counselor, Stephen Olmstead, has been with the county for nine and a half years. Stephen's prior experiences include attending Bible College and Seminary and being a minister as well as working with Children and Youth in Delaware County. When asked about his favorite part of the job, Stephen stated that he enjoys learning about each consumer's history and life experiences. When not at work, Stephen enjoys playing and recording music with his friends and spending time with his wife and keeping in touch with his 4 children and grandson. ■

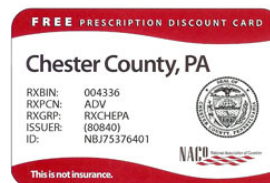


New FDA Website Provides the Facts on Hearing Aids!

The Food and Drug Administration (FDA) recently launched a new website which provides basic information about hearing aids. The website is a resource for information on hearing loss, the different types and styles of hearing aids, benefits and safety issues, hearing aids and cell phones, how to obtain hearing aids, other products and devices to improve hearing, a checklist of steps to remember and consider before purchasing a hearing aid, and other resources.

The site also addresses the importance of knowing the difference between an actual hearing aid, which is regulated by FDA to ensure safety and effectiveness for use in hearing impaired individuals, and a personal sound amplification device which is not a medical device.

To learn more, please go <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/HearingAids/default.htm> OR <http://www.fda.gov/> and use the A-Z Subject Index to find this and other topics on the website ■



Chester County Discount Prescription Drug Card

This program, sponsored by the National Association of Counties, offers average savings of 22% on the

retail price of commonly prescribed drugs. **There is no cost to Chester County taxpayers for this program.** For more information email the Chester County Health Department at chcd@chesco.org or call 610-344-6225.

Seven Things to Know About Alzheimer's

Alzheimer's currently affects more than 5 million Americans and that number is likely to triple by 2050. It is the sixth leading cause of death in the USA and is climbing steadily in the rankings. Also, Alzheimer's is the leading cause of dementia and accounts for about 65% of all dementia worldwide.

These seven facts may not be news to you, but they are still quite sobering.

1) We generally detect Alzheimer's at the end stage of the disease.

On average, Alzheimer's follows a 14-year course from the onset of the first symptoms until death. On average, Alzheimer's is diagnosed in years 8-10 of that disease course. This means most patients' symptoms go undiagnosed and untreated for at least seven years. In many cases this is far too late to optimize the effects of currently available treatments.

2) Memory loss is not a part of normal aging.

Many believe that memory loss is a normal part of aging. Therefore, improving the timeliness of diagnoses and medical intervention is best.

3) Current Alzheimer's drugs are probably more effective than you think.

With earlier intervention, treatment can be administered to patients with healthier brains, many of whom will respond more vigorously to the recommended therapy.

4) Alzheimer's disease can be treated.

Preventing or slowing further brain damage is preferable to letting the damage spread without constraint. While today it is true that there is no cure for Alzheimer's, that does not mean there is no treatment. With a good diet, physical exercise, social engagement, and certain drugs, many patients (especially those detected at an early stage) can meaningfully alter the course of Alzheimer's and preserve their quality of life.

5) The Alzheimer's drug pipeline is full.

Through an intense research effort over the past twenty years, scientists have gained a lot of insight about Alzheimer's disease mechanisms and about other factors that increase the risk for the disease. Much has been learned and some very promising drugs, based on sound theoretical approaches, are in FDA clinical trials right now.

6) Taking good care of your heart will help your brain stay healthy.

The health of your brain is very closely tied to the health of your body, particularly your heart. Researchers have shown conclusively that high



'Ask Medicare' is the Centers for Medicare and Medicaid Services (CMS) website for caregivers. Click here (<http://www.medicare.gov/caregivers/index.asp>) to find information to help a friend or family member choose a drug plan, compare nursing homes, get help with billing, find local resources, and more!

The resources are grouped by topics: Help With Billing, Navigating Medicine, Care Options and Overwhelmed? Get Help.

About two thirds of the way down the page, there is a list of guides about benefits and coverage under the heading of Medicare Basics. These guides can be downloaded in a pdf format. Subjects include Learning the Basics, Paying for Prescription Drugs, Securing Home Health Care, and Choosing a Nursing Home.

There is also a new resource guide and video featured on Ask Medicare. The video tells one family's story, and highlights programs and resources that benefit and enhance a caregiver's well-being. In addition, the video and resource guide provide links to services available for caregivers and care recipients through the Health and Human Services (HHS) Administration on Aging, HHS Centers for Medicare & Medicaid Services and other state and local programs. To view the video and download the resource guide, go to the Ask Medicare site and scroll to the bottom of the page where it says Caregiver Videos.

To download the Resource Guide click on: http://www.medicare.gov/caregivers/pdfs/Resource_and_Benefits_for_Caregivers.pdf ■

cholesterol, high blood pressure, and obesity all confer greater risk for cognitive decline. The mechanisms that keep oxygen-rich blood flowing through your body play a key role in maintaining a healthy brain. Everyone should be aware about the close association between vascular health and cognitive health.

7) Managing risk factors may delay or prevent cognitive problems later in life.

Many risk factors for Alzheimer's can be actively managed to reduce the likelihood of cognitive decline. These risk factors include diabetes, head injuries, smoking, poor diet, lethargy, and isolation. ■

Source: gilbertguide.com Author: Dennis Fortier, MA in Sociology from the University of California, Irvine and an MBA from Cornell University.

THE MODEL VOLUNTEER

Sally Hock

APPRISE Volunteer

The Chester County APPRISE Program, the Chester County Department of Aging Services' Medicare counseling effort, is saying farewell to long-time volunteer, 81-year old Tom Richey. For almost two decades, first as a Paoli Hospital volunteer and later as a Chester County APPRISE volunteer, Tom has been assisting seniors and persons with disabilities with their health insurance questions and concerns. From his retirement in 1991 until the end of 2009 he has been faithfully volunteering his time and talent to help others understand the complexities of Medicare.

Tom graduated from the University of Pennsylvania in economics and went on to work in both the publishing and banking industries. When he retired as Vice President for Human Resources at Main Line Federal Savings Bank, he knew he would devote much of his time to two volunteer activities, the University of Pennsylvania's Museum of Archaeology and Anthropology and the Paoli Hospital. Even today, Tom travels to Philadelphia every week to volunteer in the physical anthropology section of the University Museum.

As a Paoli Hospital volunteer, Tom quickly joined the Hospital's Medicare Health Insurance Information Program as a health insurance counselor. Tom and other volunteers assisted Medicare beneficiaries five days a week at Paoli. At that time individuals often had to prepare and submit their own claims to Medicare and the supplemental insurance companies. The counselors at Paoli assisted beneficiaries to complete these claim forms. The program also held group information sessions to explain Medicare to the public.

Paoli's volunteer program was folded into the Chester County APPRISE Program within the Chester County Department of Aging Services when Medicare mandated that states had to provide counseling for all beneficiaries. APPRISE is the name of Pennsylvania's State Health Insurance Counseling Program. Now seniors and the disabled throughout the State have access to volunteers trained to offer unbiased assistance regarding Medicare coverage options and appeals. The Chester County APPRISE Program assists hundreds of people each month through telephone and face to face counseling at senior centers, hospitals, and other locations as needed.

As APPRISE expanded into the County's senior centers, Tom Richey agreed to counsel at the Downingtown Area Senior Center in addition to his weekly efforts at Paoli Hospital. Every Tuesday morning for the last four years he could be found at the Senior Center helping Medicare beneficiaries and

those new to Medicare. When asked why he continued to counsel all of these years, he said that he enjoys people and he pointed to the sense of satisfaction he got from helping others, from being able to simplify such a large body of knowledge for those having to make health insurance decisions.

Although Tom has now left the APPRISE Program, he will stay busy. Seven years ago he and Pat, his wife of 51 years, moved to Tel Hai Retirement Community where Tom now serves on the Residential Finance Committee and the Trip Committee. Ever since Tom rowed for the University of Pennsylvania crew team, he has made it a point to stay physically fit. He still walks at least twenty miles a week. Tom is frequently seen with a newspaper under his arm, demonstrating a continued interest in politics and current affairs stemming from his previous work for the Chester County Republican Party as a precinct committeeman and Voter Registration Chairman. Tom and Pat also have a great love of travel and of learning. They participate in two or three Elderhostels each year. They are already planning a week at Baltimore's Peabody Institute in the spring.



Tom Richey is knowledgeable and personable. He is committed and dependable. He is the very model of what a volunteer should be. The Chester County Department of Aging Services, the APPRISE Program, and the Downingtown Area Senior Center have been fortunate to enjoy his services these many years, and we thank him for his years of dedication to the citizens of Chester County. ■

Are you interested in helping others?
Go to our webpage at www.chesco.org/aging and click on the 'You Can Help' link at the bottom of the left navigation window for more information on how you can get involved!