

Amazing Aging!

For Seniors and Those Who Love Them

A free publication of the Jayhawk Area Agency on Aging, Inc.
Advocacy, Action and Answers on Aging for Shawnee, Jefferson and Douglas Counties

SUMMER 2022



Our Mission

Jayhawk Area Agency on Aging, Inc. advocates on aging issues, builds community partnerships and implements programs within Shawnee, Jefferson, and Douglas counties to help seniors live independent and dignified lives.

- Is a 501(c)3 non-profit organization
- Is funded by tax-deductible contributions, federal funds, under state general funds and funds through local governments
- Does not discriminate on the basis of race, color, sex, national origin, age, religion, or disability



**Bob Lockwood, rural McLouth poses with his fully-restored 1955 Studebaker President Speedster, the car that represents a 64-year love affair.
Story begins on page 3.**

A Message from Susan Harris, JAAA Executive Director

The Older Americans Act (OAA), the first program to focus on community-based services for older persons, was passed in 1965. Each AAA, which receives Older Americans Act funds, is required to prepare an Area Plan for its specific planning and service area (PSA). The Area Plan is a document that is prepared every four years and updated annually. It specifies the service objectives and activities that the AAA intends to achieve within a specific time period with the use of Older Americans Act funds. The fiscal year used for the Area Plan purposes is the Federal Fiscal year, which begins October 1st and ends the following September



Susan Harris

30th. Incorporated within the Area Plan are the various budgets needed to implement the planned services.

The Area Plan serves three main purposes:

- 1) Establishes service objectives based on identified need and resources Available;
- 2) Provides fiscal budgets necessary for service provision;
- 3) Provides an evaluation/monitoring tool, which measures the Agency's performance.

Every spring Jayhawk Area Agency on Aging goes through a process known as allocations where a team of individuals determine what services and provider agencies will receive funding through the Older

Americans Act to provide services to those age 60 and older. This year as with many years it is a difficult process determining what services will be funded with the limited funds received each year. With the increase in the number of people age 60 and older residing in our service area and the growth of funding not following suite the Allocations Committee members have a tough job of making sure that services and funding are targeted to specific needs that will benefit the communities we serve.

Older Americans Act services are not means tested in any way and they are provided on a donation basis, with that being said, donations are vital to the programs funded by the

OAA. The donations received are returned back to the specific service as program income allowing for more services to be provided, the more donations received, the more services that can be provided. The allocation dollar and service amounts determined by the Allocations Committee are submitted to Jayhawk Advisory Committee for review and recommendation to approve and then presented to the JAAA Board of Directors for approval and incorporation into the annual area plan. The following table shows the services that are funded by JAAA through the Older Americans Act, as one can see this is a wide range of services targeted to those age 60 and older.

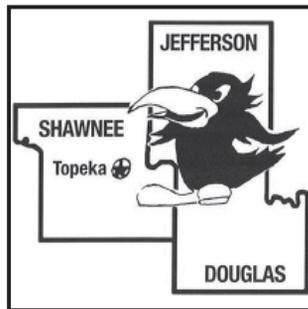
Older Americans Act Title	Services Provided/Funded by JAAA
OAA IIIB	<input type="checkbox"/> Information and Assistance (IIIB) <input type="checkbox"/> Outreach (IIIB) <input type="checkbox"/> Case Management (IIIB) <input type="checkbox"/> Coordination and Program Development (IIIB) <input type="checkbox"/> Assessment (IIIB) <input type="checkbox"/> Transportation <input type="checkbox"/> Legal Services <input type="checkbox"/> In-Home Attendant Care and Homemaker Services
OAA IIIC	<input type="checkbox"/> Home Delivered Meals <input type="checkbox"/> Congregate Meals <input type="checkbox"/> CHAMPSS
OAA IIID	<input type="checkbox"/> Physical Fitness and Exercise Programs—Tai Chi <input type="checkbox"/> Medication Management--Home Meds
OAA IIIE	<input type="checkbox"/> Assistance <input type="checkbox"/> Case Management <input type="checkbox"/> Bath items <input type="checkbox"/> Flex-Caregivers <input type="checkbox"/> Information <input type="checkbox"/> Support Groups <input type="checkbox"/> Respite <input type="checkbox"/> In-Home Attendant Care and Homemaker Services <input type="checkbox"/> Transportation

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Marsha Henry Goff, editor



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Dream Car for a Lifetime

Bob Lockwood's 1955 Studebaker President Speedster

By Marsha Henry Goff

Do you remember your first car? Of course you do! Do you wish you still had it?

Bob Lockwood, of rural McLouth, doesn't have to wish. He never parted with the rare 1955 Studebaker President Speedster in the striking Hialeah green and Sun Valley yellow paint that he purchased used for \$1,500 in 1958 when he was a KU sophomore. Studebaker designed the flashy Speedster to compete with the Ford Thunderbird and Chevrolet Corvette. Only 22,150 were manufactured and just for that one year. One estimate says there are only 18 of these 67-year-old Speedsters remaining.

An initial run produced 20 Speedsters for display at car shows and the reaction was so overwhelmingly positive that Studebaker put the car into production mid-year and offered it for the rest of the model year. Standard equipment included a choice of Studebaker automatic drive or overdrive transmissions, power steering, power brakes, four-barrel carburetor, dual exhaust, diamond-quilted genuine top-grain leather (yellow in Lockwood's car) seating, front and rear carpeting, a machine turned instrument panel with a 160 mph speedometer and an 8,000 rpm tachometer, turn signals, electric clock, tinted glass, fog-lights and so much more.

He says there was no top speed limit in Kansas at that time, so he tested the car to see how fast it would go. "I didn't peg my speedometer — it says 160 — but I drove over 150 miles per hour on a straightaway to Fort Scott down a hill where I could see the whole horizon and just ease up and let it coast. It went 150 just as smooth as could be. I think for a production model car, the Speedster was the fastest one made in 1955 and I think it tested at 152 miles an hour."

Lockwood's intention from the beginning was to keep the Speedster all of his life. Shortly after buying the car, he remembers telling Danny Grover, his best buddy from childhood, "I'm keeping this car the rest of my life and when I die, I want them to just put me in that car and that's where I'm going to rest." Later when he built a pond on his farm, he amended that statement, "Just put me in the car and roll me off into the water and let me be."

Although his father owned two Studebakers — 1948 and 1950 models — that is not the reason he wanted a 1955 Speedster. In the summer of that year, just before his senior year in high school, Lockwood was sitting on the porch when Blackie Sanders, a car dealer who lived in the neighborhood, drove by his house in a green and yellow Speedster and waved at him and honked its horn — not just a run-of-the-mill horn, but a



The Speedster is pictured in the process of being torn down for restoration.

triple horn! "It sounded like a big diesel 18-wheeler. I walked up to his house and looked at the car. It was a lot of money, comparable to the price of a Cadillac at that time. And I thought, 'Boy, that's the car I'd like to have.'"

The summer after he graduated from high school, he was running a tree-trimming crew in Oklahoma when he went into a dealership and found a maroon 1954 Studebaker two-door hardtop for \$450, a price he could afford. He called his mother in Lawrence because she could withdraw money from his bank account and wire it to him so he could purchase the car and drive it home. But he told her he wanted to think about it. Finally he decided against buying the car. "It was cool looking and a clean car but I knew it wasn't my

dream car."

In 1958, Blackie Sanders contacted him and said, "I know what car you want and I found one for you." He said the owner who had purchased the Speedster new was retiring from the military in Fort Leavenworth and was selling everything to purchase an RV and travel the country with his wife. "I know you wanted one," Sanders said, "so what do you think?"

The car was clean and had low mileage so Lockwood jumped at the opportunity to buy his dream car for \$1,500. "It took almost all the money I had," he admits, "leaving me just enough for gas. Boy, I got that car and it was just like, you can't imagine a kid — I was in college at that time — but I had that car and I remember Curtis McClinton,

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Studebaker

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a close friend of mine I played volleyball with and of course he was an All-American fullback at KU and later played with the Kansas City Chiefs, said, 'Man, Lockwood, how many colors has that car got on it?'"

Lockwood drove the Speedster all the way through college and through the early years of his marriage. When his oldest son was born in 1967, he bought a station wagon and in 1968 purchased a farm in rural McLouth. He was teaching physical education and coaching gymnastics and volleyball at KU so he used the Speedster to commute to work and as transportation to athletic events and judging high school gymnastic meets throughout Northeastern Kansas.

He notes that each meet required four judges and he uti-

lized his gymnasts as judges. "I would take a crew of judges with me and my gymnasts could not make money judging because that would be considered professional and they would be unable to compete on a college team." He received the going mileage rate per mile for using his car to transport the gymnasts so he took that money and used it to buy fast food at McDonald's for the gymnast/judges "and that," he says with satisfaction, "is the pay that everyone got."

During summers from 1969 to 2000, Lockwood managed Lawrence's municipal pool and occasionally drove his Speedster to work. When the Speedster began to show its age — the upholstery began to crack and there was some rust on the door panels — Lockwood took it to a body man in Lawrence who worked on it in his shop. He was colorblind so the yellow and green paint did not match the original colors. "It still looked



Lockwood's Speedster is stunning from any angle.



The Speedster demonstrates the popularity of chrome and wide white sidewall tires during the 1950s and 1960s.

nice and he got the rust out of it," Lockwood says.

He remarried in 1988 and permanently stored his Speedster in the barn in 1990 with about 83,000 miles on its odometer. It remained there for 17 years when, no longer running, he towed it to David Tenpenny's auto mechanics class at Oskaloosa High School. The car was considered a special project by the class and at the end of the school year, after thoroughly cleaning out the car and working on the carburetor, gas line and gas tank, they had it running. Curiously, when they first started it, acorns and walnuts blew out of the exhaust pipes.

Because the auto mechanics class had been discontinued at the high school, Lockwood drove his Speedster home in the summer of 2008 and parked it in his climate-controlled garage where it stayed until 2012.

The year before, after a decade apart, he regained contact with his friend Danny Sosebee, an exceptional mechanic who had previously worked on his cars in Lawrence, and learned he was owner of Lindan Auto & Mechanical in Merriam, Kansas. When Lockwood brought up the subject of doing a full restoration of his Speedster, Sosebee said he had 27 employees and could handle the restoration for him.

A complete restoration is an expensive, time-consuming and tedious process as each part must be removed and stripped down to the metal. Those working on the car must have skill and patience. Lockwood, too, had patience because he was in no hurry to have the restoration completed; he just wanted it done correctly. The bills for original parts ordered came

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The Importance of Functional Balance: In-home Exercises

By Park Lockwood, Ph.D.

Balance is an important component of fitness, especially in older adults. Functional balance is used to perform daily tasks such as dressing yourself, picking up something off the floor, turning and looking behind you, walking up and down stairs, or just changing your center of gravity in order to manage your daily movement. Improvements in functional balance help prevent falls, provide protection when you fall, improve performance on daily tasks, and maintain functional independence. Falling is the leading cause of injury for older individuals in the United States. As we age, our ability to maintain balance changes! In order to improve and maintain balance and agility, we need to exercise in ways that enhance this ability. Therefore, balance training should be an important part of all daily exercise routines as we age.

Before discussing specific balance-training activities, it is important to realize that other components of fitness are also associated with balance. For example, strength is an important component. You can train your balance all you want, but without lower-body strength, it is difficult to improve and maintain balance. Also, balance cannot be improved or maintained without a strong core. If your core (abdominal and lower-back area) is not strong enough, it becomes difficult to maintain a stable body position especially when you are in an "out-of-balance" state (for example when you bend at the

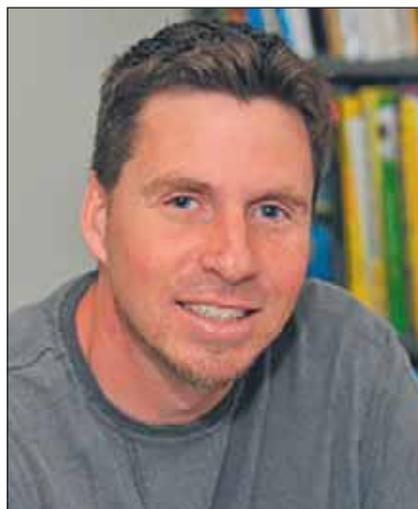
waist, take a step, walk up/down an incline, pick up and carry an object, etc.). In sum, a good balance program should always include exercises that also strengthen the legs and core.

Most would think you need to have an exercise facility, physical therapy equipment, or a personal trainer to really make a difference. Not true! Although these are resources you can use to improve fitness and balance, there are simple things you can do in your home that work very well. Also, age doesn't matter! That is, you can improve your balance at any age. And, doing just a few exercises regularly can generate noticeable improvements within 1-2 weeks.

In general, you should do balance activities 3-4 days per week giving yourself 24-48 hours rest between exercise days. You can complete the exercises within a session or disperse them throughout the day. You should do 1-2 sets of each exercise at about 8-12 repetitions each set. For example, if you are seated in a chair and lift your legs up, you would lift them 12 times then take a short break. If you were doing 2 sets, you would repeat these 12 repetitions one more time after your short break. Finally, be sure you have an exercise partner, sturdy structure, or piece of equipment to

support you (ex. wall, doorway, couch, chair, cane, walker, etc.) should you need it.

Now that we have discussed the general information about balance, here are some exercises you can do at home. The exercises will progress from simple to more complex, and the final exercises will use combinations of movements to improve both strength and balance. Begin by doing exercises you are capable of doing, then slowly progress. If you are using a cane or walker, you can still do most of these exercises with slight modifications. Here we go...



Park Lockwood, Ph.D.

Chair leg lift (straight leg or bent knee): Sit in a stable, comfortable chair. With your back straight, tighten your stomach muscles and lift your legs (keeping them straight) then lower them back down. To add a dynamic activity to this, do 4-5 leg flutters (as if you were kicking your feet when swimming) before lowering your legs. Attempt to do this 8-12 times. If the straight-legged version is difficult, you can bend your knees and simply pull your knees toward your chest. To add a dynamic activity, bicycle your legs several times before putting them back down.

Chair crunch: Sit in a comfortable chair that has a slight incline so that you are slightly leaning backwards. Put your

arms across your chest and tighten your stomach muscles, then slightly lean forward so that your shoulder blades do not touch the chair anymore. Be sure your lower back maintains contact with the chair, this protects your lower back from injury.

Chair crunch with cross-body reach: Do the same chair crunch described above. As you "crunch" forward, take your right arm and reach upward and across your body as if you were reaching for something on a shelf. Do the same movement with your left arm the next time you "crunch" forward. This works the side of your abdominals (obliques) and adds a functional reaching activity to your exercises.

Chair crunch with stand-up/sit down: In your "crunch" chair, crunch forward. Continue moving forward until you are ready to stand up. Center your weight over your feet and stand up. While doing this, always keep your back straight and feet at shoulder width. Sit back down in your chair in a smooth controlled motion and repeat.

For the following exercises, be sure you have something or someone to assist you (a couch, chair, wall, doorway, walker, partner to help you, etc.).

Modified lunge: From a standing position, take a big (but comfortable) step forward with your right foot. Bend your knee to a joint angle that is comfortable for you which does not cause you knee pain or agitate your knee. If you have knee problems, be sure to only bend your knee slightly and activate

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Balance

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your leg muscles as you do when you are walking. Return to your standing position with feet approximately shoulder width apart and repeat with your left foot.

Bipedal stance (2 feet): Stand with your feet side-by-side approximately 4-6 inches from each other. Stay in this position for 1 minute. If this is easy, put your feet together and stand for 1 minute.

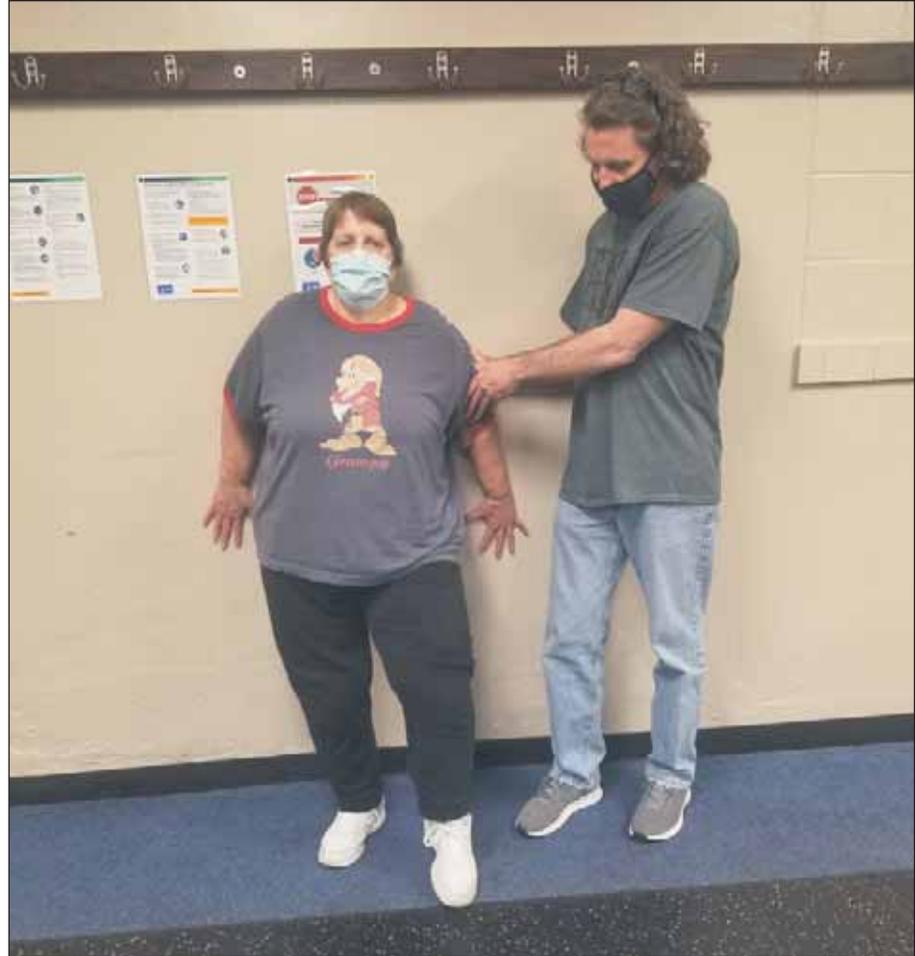
Unipedal stance (1 foot): Start in a bipedal (2-foot) stance. Once you get your balance, raise your right leg so your foot is slightly off the floor. Hold this for 10 seconds. Do the same thing with your left leg. Slowly progress over time and try to balance on each leg for 1 minute. Remember to use a wall or something similar for support when needed.

Step up: Go to a space in your house with a step that has a rail to help you balance. If you don't have a step, you can purchase a small foam balance pad (height approximately 1-2 inches) or an aerobic exercise step (usually 2-6 inches) and place in a safe place for balance support (ex. doorway, next to a wall, near a couch). By the way, these items are both under \$20 at Walmart. Keep your back and neck straight and tighten your core. With good posture, step with your right foot using the muscles in your right leg. Bring your left foot up so you are now standing on the step. Step back down in a controlled motion in the same way. Repeat but this time lead with your left foot.

Heel-to-toe balance: In a standing position, place your right foot in front to your left foot where your right heel is less than 1 inch away from your toes on your left foot. Hold this position and balance for 10 seconds. Do the same thing with your left foot in front. Continue progressing over time with this until you are able to maintain each of these stances for 1 minute. As always, be sure you have someone or something next to you for safety purposes.

Heel-to-toe straight line walk: For those at a lower fall risk who have mastered the heel-to-toe balance, you can try this one. Start in the heel-to-toe balanced position and begin walking. Walk for approximately 8 feet placing each heel in front of the toes on the other foot. After you have walked 8 feet, take a 30 second break and repeat. It is best to have a partner with this exercise to assist you if needed.

Heel-to-toe suitcase carry: This final exercise utilizes all the important balance components (leg and core strength, balance, coordination, and functional movement). If you have mastered all the previous exercise and have good balance with low fall risk, you can try this one. Use your "crunch" chair from previous exercises and put a carryable object (light suitcase, handbag, purse, etc.) next to it. From a seated position in your chair, "crunch" with good posture and balance and reach down to pick up your object. Stand up and start walking, using your heel-to-toe walk, for 5-8 feet. Then, turn around, walk back to your chair, place the object on the other side of the chair and return to your original seated



Park Lockwood assists a WU Moves client in a balance exercise.

position using controlled movements. Repeat this and notice you are now carrying with the opposite arm and your balance is a little bit different. Be sure to keep your back straight, use your legs, and maintain good posture throughout this exercise.

Note: On all heel-to-toe exercises, be sure you have someone or something there to aid your balance for safety reasons. If the straight-line heel-to-toe is too difficult or you simply want to be more cautious, you can walk using a larger step space between your heel and toe as well as widen your foot position so your feet are not in a perfectly straight line (as you do when you walk normally).

Again, try and do these exer-

cises 3-4 days per week and make them a part of your routine. You don't need to do all of them. Choose the exercises that you can do and build on your progress. Observe your improvements in the functional exercises you are doing as well as your daily living activities. In a short period of time, you will notice a difference and will have created a daily routine that improves the quality of your life and reduces your injury risk associated with falling.

- Park Lockwood, Ph.D. is a Professor in the Kinesiology Department at Washburn University, specializing in Health, Wellness, and Exercise Science. He is also the Director of the WU Moves Community Wellness Program.

Medical Insurance – Navigating a confusing system

*Editor's Note: The following article is from the book titled **Everything I know about medicine, I learned on the Wrong Side of the Stethoscope** by Marsha Henry Goff.*

Affordable Care Act or not, medical insurance has always been confusing to consumers, thanks in part to the codes used when billing insurance claims. Coding Systems are confusing.

One reason is because there have been three different coding systems used in the past by health plans, healthcare providers and medical billing companies: the American Medical Association's Current Procedural Terminology (CPT), Medicare's Healthcare Common Procedure Coding System (HCPCS) and The World Health Organization's International Classification of Diseases (ICD). Codes were originally developed to ensure a dependable and consistent way for insurance companies to process claims and pay for health services delivered by healthcare providers. The problem was that, while not impossible, it was difficult for patients to look up the codes to determine for what service the provider was billing the insurance company.

However, as of October 1, 2015, all health care providers, health plans, and health care clearinghouses are required to use ICD-10 codes which will simplify billing. Best of all, patients will be able to look up the codes free of charge online at www.icd10data.com, a free

reference website that contains all of the official American ICD-10-CM (diagnosis) and ICD-10-PCS (procedure) medical billing codes. You may use this site to search for any code, and to learn how the structure of the new coding set works. Correctly entered by the provider, the diagnosis and procedure codes ensure that your health condition and the services you receive match.

Why is this important? For your medical provider to be paid or for you to be reimbursed by insurance, the treatment you receive must match the condition for which you are being treated. If you are being treated for pneumonia and your doctor orders an x-ray of your elbow, the x-ray charge likely will not be paid because it is unrelated to the pneumonia.

The codes are a combination of letters and numbers (e.g., the code S93.4 indicates a sprained ankle). Mistakes happen. A simple typo by the person entering the code could cause your insurance company to deny the claim, might cause an overpayment to the doctor, thus increasing your out-of-pocket expense, or label you with a health condition you do not have.

Do not hesitate to call your doctor or health plan if your claim is denied or if you are billed for something you do not understand. A friend was recently billed \$5 for a visit to a hospital emergency room. The amount he was responsible for was small, but he has Medicare and a top-of-the-line supplemental insurance policy and



did not understand why any payment should be due from him. When he called the hospital, the explanation was simple. Medicare does not pay for medicine one can take oneself. The \$5 was for a single blood pressure pill that was administered by the nurse in the emergency room.

When checking your statements, be on the lookout for fraud. While your healthcare provider likely is not one of them, the world contains many crooks who fill their pockets with unearned dollars. Medicare health care expenditures in 2021 were \$689 billion. It is estimated that 3 to 10 percent of health care expenditures each year are lost to fraud so an estimated \$60 billion is lost each year due to Medicare fraud.

But Medicare is fighting back and, in an effort to control fraud, has initiated an incentive reward program where you can report suspected Medicare fraud. You may get a reward of up to \$1,000 if the Inspector General's Office reviews your suspicion, the suspected fraud isn't already being investigated

and your report leads directly to the recovery of at least \$100 of Medicare money. You may call 1-800-MEDICARE for more information. Fraud hurts everyone (except, of course, those perpetrating the fraud . . . at least until they are caught).

Insurance companies sometimes delay paying bills to providers or reimbursing policy holders for procedures that are covered. My mother's private insurance clearly stated that it covered a procedure her physician had performed. Yet for months the insurance company refused to pay for it. After a flurry of written correspondence and numerous phone conversations between Mom and her insurance company, I wrote to the company and noted I was copying our then state insurance commissioner. When Mom next heard from her insurance company, it was in the form of a check. "It's frustrating," admitted a current state insurance commissioner, "when an insurance company finally does what it should have done in the first place only

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Jean is thrilled with this surprise that she pulled out of her gift bag. It is not a mini-roll of toilet tissue as one guest suggested, but a nearly-extinct adding machine paper roll, "I'm old-school," says Jean, "so I like to check my figures on tape."

Jean Stueve's Retirement Party

By Marsha Henry Goff

What better way is there to celebrate retirement than to do so in the presence of family, friends, present and former co-workers, present and past members of boards of directors and advisory councils? JAAA excels at such celebrations and pulls out all the stops to give the retiree a memorable sendoff complete with video greetings and memories and both meaningful and gag gifts.

Jean has been with JAAA for 24 years and has served as the agency's Finance Manager for the last 16 years. But JAAA's loss is her grandchildren's gain. There are ten of them and retirement will give her time to spend quality time with each to be "significant in their lives so they will remember me."

She also plans to travel both at home and abroad. Watch out world! She has time to see you now!

**Please visit us online
at www.jhawkaaa.org.**

The Lasting Legacy of Beverly J. Thompson



1936-2022

Beverly Thompson left her mark on Jayhawk Area Agency on Aging as she did on many of the causes she championed. She was a JAAA Board member as well as a member of several committees including Finance and the Guardian Angel Fundraising Dance.

What you may not know is that Beverly was a member of the Founding Board of the Kansas Children's Discovery Center. Her background in elementary education and commitment to improving the future for all children caused her to realize that education is the key to a better future so it is not surprising that she worked to help establish a place of play, joy and discovery for children.

Her family wishes to honor Beverly's legacy by encouraging donations in her memory to the Kansas Children's Discovery Center. If you would like to remember Beverly with a gift of any amount you may easily do so by donating securely online at www.kansasdiscovery.org/give or by mailing a check to Discovery Center, 4400 SW 10th Avenue, Topeka, KS 66604.

The decision belongs to the patient

By Marsha Henry Goff

There is a train moving down the track, rapidly picking up speed as more and more groups crowd aboard. The train is the “Right to Die” movement and the groups attracted to its whistle run the gamut from the Hemlock Society to the legal establishment. Perhaps no group is as fervent in proclaiming a patient’s “Right to Die” as some in the medical profession — doctors, nurses, nursing home workers, therapists — who are involved in the care of elderly and disabled patients

Physicians who once resorted to heroic measures to save the lives of such patients, often *against* the patients’ wishes, are now content to “let them go” because of their perceived or actual suffering. “If she were my mother, I’d let her go,” said a nurse in ICU speaking about my mother one long ago Sep-

tember, “because she is suffering.”

Never mind that, although critically ill, Mother was conscious and told her nurses and doctors the same thing she often had said to my sisters and me. “Yes, use heroic measures to save my life. I’ll take a ventilator, if necessary.”

At 87, Mother still believed her life was worth living. Although confined to a wheelchair for over a decade, she was anxious to get back to her computer and email correspondents. Once a superb athlete, she looked forward to KU basketball games, expecting that year’s Jayhawk team to take the national championship. As the widow of a state legislator, she had strong opinions about the upcoming presidential election and was eager to vote for her candidate.

However, the three doctors who treated her saw things dif-

ferently. Two expressed in medical records that she was “a poor candidate” for heroic measures. Ten years previously, another doctor also thought she was a poor candidate for heroic measures. Nonetheless, he followed her wishes as relayed by her family and she came roaring back from a crisis doctors thought she could not survive.

Six years later, Mother was sent home under hospice care with the expectation she would not last the day. Wrong again! Within a few weeks, she emailed family and friends to say she was dismissed from hospice care.

But this time was different. I held Mother’s durable power of attorney to make health decisions for her if she was unable to do so. One doctor, in particular, leaned hard on me after I said I respected Mother’s wishes and would do exactly what she instructed me to do. The doctor replied, “Yes, but if she becomes

unconscious ...”

After Mother’s death, I wrote that doctor and told her how difficult her attitude made the situation. She replied sympathetically, but wrote that she was trained as a critical care physician to ask herself and the patient’s family if using heroic measures was “a favor” to the patient. The wishes of the patient, who expressed her feelings unequivocally, apparently were not worthy of consideration and, because Mother’s wishes were not honored, we will never know if she once again might have beaten the odds.

I personally favor the “Right to Die” movement as long as it applies *only* to those patients who express the wish to allow nature to take its course. **No doctor or family member has the right to play God and go against a patient’s wishes ... whatever those wishes may be.**

Would you like to be a SHICK Volunteer?

These are some of the volunteer opportunities at JAAA
Medicare Part C/D Counselor
Comprehensive Medicare Counselor
Call Center Operator
Education and Outreach Volunteer
Office Assistant

We provide you with training, support and satisfaction!

If you have the time and the desire to help others with their insurance needs and questions, please contact Susan Harris, JAAA Executive Director, at 785-235-1367 or sharris@jhawkaaa.org

Call Kevin at
(785) 841-9417 to place
your display ad in the
FALL 2022 issue of
Amazing Aging!
Deadline is October 15.

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because we're involved." Mom persevered, but many would simply give up and pay the bill themselves. Do not ever do that. And do contact your state insurance commissioner if you are having an insurance problem. They can help.

Research insurance companies before you select a plan. Make sure you are comparing apples to apples on various policies and ask friends for recommendations. Be as selective as you would be if you were buying a new car. Each year evaluate your policy to ensure you are in the best plan for your needs. This is especially true in choosing a Medicare Part D (prescription drug) plan. Costs for those plans vary wildly and can change from year to year.

In 1992, the federal government implemented SHIP (Senior Health Insurance Program), an independent program funded by federal agencies and not affiliated with the insurance industry, to help people make informed healthcare benefit decisions about their Medicare, Medicaid, supplemental, long-term care and Part D policies. Each state's Area Agencies on Aging operate their own federally-funded SHIP program. My state of Kansas dubs their program SHICK (Senior Health Insurance Counseling for Kansas) while Ohio calls their program OSHIP (Ohio Senior Health Insurance Program). You may find your state's program by visiting <http://www.seniorsresourceguide.com/directories/National/SHIP/>.

Area Agencies on Aging serve

every part of the country and are an excellent resource when you need help finding the right policy. Best of all, their service is free of charge. Jayhawk Area Agency on Aging, which serves three Kansas counties, uses trained volunteers to assist seniors in selecting the best and most cost-effective choices for their Part D drug insurance policies. During the fall open enrollment period in 2021,

SHICK volunteers saved the 684 clients for whom they had trackable data (i.e., those who had a Part D plan in 2020), a total of \$751,126.00 which was an average annual saving of \$1,098 per person. The total number of people helped during the open enrollment time frame was 1,630.

One client in 2014 was in a plan that, with premiums and co-pay, cost \$15,657 a year. A

volunteer found a plan with a \$1,071 annual cost, resulting in an astounding savings of \$14,586. While a savings of that amount is an extremely rare occurrence and the reason I used 2014 data, saving just \$20 a month can be a real blessing to many people.

Stay on top of your policies and check every year to be sure you are in the best and most cost-efficient plan for you.

Fiscal Year 2023 Older Americans Act Allocations

<u>Provider</u>	<u>Service</u>	<u>OAA/State Award</u>	
East Topeka Senior Center	Transportation	56,000	
Jefferson Co. Service Organization	Information & Assistance	10,421	
Jefferson Co. Service Organization	Transportation	35,000	
Kansas Legal Services	Legal Assistance	16,000	
Lawrence Meals on Wheels	Home Delivered meals	83,771	
Meals on Wheels of Eastern KS	Congregate Meals	208,602	
Meals on Wheels of Eastern KS	Home Delivered meals	399,071	
Mom's Meals	Home Delivered meals	75,000	
Papan's Landing Senior Center	Transportation	16,500	
Topeka LULAC Senior Center	Transportation	16,000	
Jayhawk Area Agency on Aging	Assessment	11,768	
	Case Management	13,000	
	Coordination	24,000	
	Program Development	10,233	
	Information & Assistance	71,161	
	Congregate Meals	150,000	
	Physical Fitness & Exercise	25,000	
	Medication Management	5,090	
	Caregiver Public Information Services	68,930	
	Caregiver Assistance/Information	25,456	
	Caregiver Support Groups	7,000	
	Flex & Bath Assistance	5,300	
Customer Choice - In Home Services	Attendant Care	ATCR	70,803
Customer Choice - In Home Services	Homemaker	HMKR	18,936
Customer Choice - In Home Services	Respite	RRRR	28,600
Customer Choice Providers			
<i>A Helping Hand Home Care</i>		<i>ATCR, HMKR, RRRR</i>	
<i>Jefferson County Health Dept</i>		<i>ATCR, HMKR</i>	
<i>Prestige Home Care</i>		<i>ATCR, HMKR, RRRR</i>	
<i>Trinity In-Home Care</i>		<i>ATCR, HMKR, RRRR</i>	



CONNECT OUR NEIGHBORS

2022 BEGINNING COMPUTER NAVIGATION CLASSES



Training offered by
Topeka & Shawnee County Public Library

Beginners Computer Navigation	Internet Introduction	Email for Beginners
<p>Mondays 9:30am-10:30am</p> <p>July 11, 18, 25 August 1, 8, 22, 29</p> <p>Learn how to use a mouse, navigate a Windows 10 desktop, find and open apps and files.</p> <ul style="list-style-type: none"> • Computer overview • How to use a mouse • Operating system overview • Parts of a desktop (what you see on the screen) • Trash bin • Find, open, close an app • Find, open, close a file • Resize, save 	<p>Thursdays 9:30am-10:30am</p> <p>July 14, 21, 28 August 4, 11, 18, 25</p> <p>Learn about browsers, search engines and how to navigate websites to find information online.</p> <ul style="list-style-type: none"> • How to find and open different browsers • How to find and open different search engines • Parts of a website • Useful websites 	<p>Mondays 2:00pm-3:00pm</p> <p>July 11, 25 August 8, 22, 29</p> <p>Using Google's free email, Gmail, learn how to log into an email account, open, delete, reply to, compose new and forward messages.</p> <ul style="list-style-type: none"> • Email overview • Creating an account • Account overview • Opening and replying • Delete and delete without opening • Compose new • Attachments • Basic safety • Logout

Class registration: 785-368-3098
 For more information pertaining to the class: 785-580-4607