

# 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 2020



## *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



**Coping with COVID: Straight talk (Story on page 3).**

# A Message from Susan Harris, JAAA Executive Director

This year has been a very interesting year to say the least. We at Jayhawk Area Agency on Aging started the year planning for services for older adults just like every other year, then COVID-19 became a global pandemic and we had to re-work how we do our work here at Jayhawk. We closed our offices to the public in Mid-March and shifted all of our services that we offer directly to phone or video conferencing technology, cancelled all in-person presentations and classes including our Tai Chi classes.

All of the assessments that we complete were able to be transitioned to the phone or video conferencing technology

and that transition, although not seamless, has gone rather well. All of the assessments we complete including those for nursing facility, Older Americans Act and Senior Care Act in-home services, and those completed by the Aging and Disability Resource Center (ADRC) for Home and Community Based Services under KanCare for Frail Elderly, Physical Disability, and Brain Injury waivers are being completed via technology. This allowance to complete assessments utilizing technology that was granted by Kansas Department of Aging and Disability Services (KDADS) has allowed Jayhawk to continue to



Susan Harris

provide vital services and supports to those who need it.

Jayhawk received emergency disaster funding via the Families First Coronavirus Response Act (FFCRA) and The Coronavirus Aid, Relief, and Economic Security Act (CARES) act passed by federal legislation to provide services and supports during the COVID-19 pandemic. The FFCRA dollars were specific to nutrition and with COVID-19, we saw an increase in need for home delivered meals as older adults took heed of the warnings and followed the necessary precautions to help maintain their health and safety. The home-delivered nutrition providers Jayhawk Area Agency on Aging works with have been extremely accommodating during this time and went the extra mile to make sure that any older adult out there who needed a home delivered meal got one. The CARES Act funding allowed for additional nutrition dollars as well as dollars to enhance ser-

vices and care for older adults in need. These additional dollars through both of these acts have helped to make sure the older adults in our communities have the supports that they need to maintain their health and safety.

As we look into the future with regard to COVID-19 Jayhawk Area Agency on Aging will continue to monitor needs of older adults in the community and make adjustments to service offerings as the pandemic continues and needs changes and evolve through the pandemic.

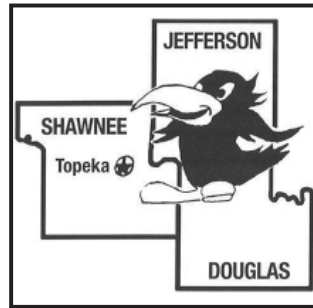
Jayhawk Area Agency on Aging offices will remain closed to the public except by appointment only until it is determined that it is in the best interest of the staff at JAAA as well as the older adults and individuals with disabilities that we serve to be open to the public. We are available via phone at 785-235-1367 to help with any issues, concerns, or needs that someone may have.

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You are encouraged to write us at:

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Marsha Henry Goff, editor



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*Amazing Aging* strives to provide readers with the information they need to live independent and productive lives. We also seek to feature stories of seniors who are active as workers, volunteers or engaged in hobbies. If you know a senior you would like to see featured in a future issue, please contact editor Marsha Henry Goff at [mhgink@netscape.net](mailto:mhgink@netscape.net) or write to her in care of JAAA, 2910 SW Topeka Boulevard, Topeka, KS 66611.

# Coping with COVID: Straight talk

By Marsha Henry Goff

Allene, the beloved mama of my friend Brenda, was a healthy and active 92-year-old living independently in her home until she broke her hip. She recovered well and was in a nursing home finishing up rehabilitation when the pandemic hit her state of Georgia. She had the option of returning home but decided it was safer to stay in the nursing home even though it meant her seven children could not visit. But they kept in constant touch with phone calls and occasionally a kind nurse would allow her personal phone to be used so the family could Facetime with Allene. They also sometimes stood outside her window and talked with her over cell phones.

It was not until President Trump required on April 19, 2020, that nursing homes inform patients and their families if COVID-19 was present in their respective nursing homes that the family learned there were five cases of the virus in their mother's nursing home and one was directly across the hall from her room. One of Allene's daughters picked her up the next day and took her home, saying she would self-quarantine with her for 14 days. Allene was given a COVID test which turned out to be positive.

When she was taken to the hospital, the doctor informed the family that at 92 and positive for COVID, her mortality rate was 100 percent. That was not the case and after eight weeks of hospitalization, she

had twice tested negative for COVID. However, in busy hospitals with often overworked personnel, patients sorely need advocates and with visitors to the hospital cut off, Allene had no advocate or "squeaky wheel" to champion her care. She developed a urinary tract infection and became bedridden.

The family again brought her home, this time under hospice care. Sadly, she died a week later. Allene's story is just one of tens of thousands of similar stories and each of those deceased individuals was dearly loved by someone who believed their death could have been prevented.

It has been estimated that 50 percent (69,000) of COVID deaths in the US are nursing home patients; the percentage may ultimately turn out to be higher than that. At one point in Wyandotte County, Kansas, 70 percent of the COVID deaths were from a single nursing home where an employee with a fever and cough was allowed to work with patients without wearing mask or gloves. When after three days the employee went to the ER and was eventually diagnosed with the virus, it was too late for the nursing home patients who were unnecessarily exposed.

Although New York claims to have a lower percentage of nursing home deaths, Governor Cuomo's order that nursing homes admit patients with COVID was disastrous. New York nursing homes unsuccessfully fought the idea saying they could not protect the other patients from catching the virus.

Hospitals have negative pressure rooms to quarantine COVID patients, nursing homes do not.

Kansas has done a reasonably good job in treating COVID patients. As of the middle of July when this is written, Kansas has had 20,265 cases and 309 deaths for a relatively low death rate of 1.5 percent. Compare that to New York's 400,962 cases and 32,075 deaths for a death rate of 7.9 percent. Florida, with an even larger population, including a larger elderly population, than New York has a death rate like Kansas: 1.5 percent. The difference? Florida moved quickly to protect patients in nursing homes.

Those seniors (actually this is about 95 percent of seniors) who are not in nursing homes need to take sensible precautions by limiting their trips, wearing masks or face coverings when they must buy groceries and other essentials, washing their hands frequently, wearing gloves and using hand sanitizer. But do not be fearful of going outside to garden, exercise or just enjoy the fresh air. Those activities are good for you and it is extremely unlikely that you will catch the virus engaging in those activities outdoors.

One retired professor of our acquaintance is afraid to stick his nose outside his door and he is not alone. An area hospital is advertising that people who need essential tests can come in for them in complete safety. A nurse told me that some patients who need chemo have not come in for treatment because they are afraid of catching the virus

or their children are afraid for them.

During the 1918 Spanish flu pandemic, 675,000 Americans died when our population was much smaller. In mid-March of this year, the CDC estimates that between 29,000 and 59,000 have died of the seasonal flu. As of mid-July, 138,000 have reportedly died of COVID. Brenda is waiting to see how doctors have categorized her mother's death on her death certificate. She warns, "It better not say Covid!" Allene's grandson agrees, "I like saying she beat that, makes me feel good for some reason. I know the reality of it is that was the cause of her decline, and if she had not gotten it things may have been different."

"This, too, shall pass" is a Persian adage translated into many languages because of its truth. It seems like this pandemic has been going on forever, but this abbreviated timeline of pertinent dates (source *NY Times*) may surprise you:

**12/31:** China announced treatment of dozens of cases of pneumonia of unknown cause.

**01/11:** China announces its first death "from an illness caused by a virus."

**01/21:** The first confirmed case in the United States came in Washington State, where a 30-year-old man developed symptoms after returning from a trip to Wuhan.

**01/23:** China cuts off Wuhan, a city of more than 11 million where 17 people had died and 570 were infected.

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# The Caregiver

By Lee Gerhard and  
Margaret Officer

*Editor's note: This concludes the article by Lee Gerhard and Margaret Officer. The first part appeared in the Spring issue of Amazing Aging. We are saddened that Darcy Gerhard recently passed away. Please read the adjacent obituary for this amazing woman and the productive life she lived before Alzheimer's disease took its toll.*

*Writers' note: Our purpose in writing this is to speak to those who will become caregivers in the future. Caregiver duties extend over years while knowing the inevitability of the outcome. During these years we will experience many joys when we gain a smile or a laugh from our spouses and depression and fear when we see a step downward.*

What about the caregiver? New caregivers are hammered with unanticipated stresses beyond the basic care of a spouse. Most important, with a dependent spouse, the caregiver feels unrelenting pressure to remain healthy, alive, no matter what. The emotional stress of being a caregiver almost always results in sadness or depression. Social isolation of caregivers is a serious issue. If the partners have to geographically move or downsize, there is a loss of social contact in addition to the reduced ability of the impaired to interact with others. It is difficult for older people to integrate into a new community,

compounded by having to join in community activities as a single person. How many times have we plaintively cried, "I just need some adult conversation?" As the impaired decline, it becomes difficult for them to read a menu, to decide on food to eat, or to eat whatever is ordered. Gradually it becomes easier to just stay home.

*My husband would often refuse for hours to get back in the car after dining out.*

Fighting off depression under these circumstances is not easy. Caregivers sometimes lose their fear of death simply because if they die, "they don't have to do this anymore." Caregiving for a spouse is also a financial stress. Hiring help is almost always necessary, the extent of which increases with time and decline. Housekeeping help, handyman help, and trained temporary caregivers can lift some of the burden, but are not inexpensive. Finding the right person compatible with the impaired spouse may be difficult. *"I tried three companies and 16 caregivers before I found 'the one.'"* Before the need for caregiving, the trade-off was time vs. money, now it becomes stress vs. money.

The interests and hobbies of caregivers do not fade away just because of new responsibilities. Finding outlets for interests is crucial, as is the use of paid caregivers or family to provide "time off" in order to maintain optimism and avoid slipping into depression. It is up to the caregiver to seek out groups and opportunities to further their

social base. Help from others is always appreciated.

Most examples of cognitive impairment occur in older people, implying that the care-

givers are also older. Physical demands of caregivers increase with time while the caregivers' physical abilities are declining.

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*Darcy Lafollette Gerhard*  
*1941-2020*

Darcy Lafollette Gerhard passed away on May 14, 2020, after a long illness. She was born in Missouri on November 11, 1941 and lived in the Kansas City area until attending the University of Kansas where she earned a B. A. in geology. After marriage she and her husband lived and worked in several western states and the Virgin Islands, settling in Lawrence, Kansas where they first met. Raised a city girl, she adapted to western outdoor life and quickly acquired hunting and fishing skills. She was always ready for a new adventure, a voyage to Antarctica, a hot air balloon ride or seeing the curve of the earth and the black of space from the Concorde. She felt the waters of three oceans and traipsed over five continents. She equally fit in with ranch friends, an old mountain man, famous scientists and millionaires. She was at home serving forty guests dinner in her home or cooking over a campfire. When difficult times occurred, she was the Rock of Gibraltar. She laughed a lot, finding humor everywhere. She was kind, cherishing her pets and her family. To the outside world, she was always "fine as frog hair."

Darcy is survived by her husband, Lee, daughter Tracy Abrams, son-in-law Matthew, two grandchildren, Meghan and Patrick, all of Franklin, Tennessee, and two sisters, Amy Nicely of Sun City, Arizona and Betsy Snyder of Lenexa, Kansas. We will all miss her infectious smile.

A celebration of life will be announced at a later date. Please send any memorials to your local animal shelter. She loved all animals.

There is no cure for this.

The greatest stress for the caregiver is emotional. The spouse struck by cognitive decline is not the same person we married. The progressive loss of companionship, intimacy, communication, and shared life is traumatic for all. Although memory disappears, the personality may be left intact. The stricken spouse may develop inconsistencies.

*“So many of the things I admire about my husband are still there.... His sense of humor his jokes, his positive attitude.....”*

*But he sometimes would ask me to leave for various reasons, frustration, anger, or fear that the neighbors would think he was having an affair. He once said, ‘I like you. I like you a lot but my wife will be home soon. You’ve got to go.’”*

How can a caregiver cope with such change? There are holes in our lives that must be filled by new relationships that do not imply any lessening of ties to our failing spouses. We need a shoulder to lean on, to cry on, to tell us we’re still good people, someone to give us a hug, some expression of affection, some adult conversation. We need someone to go to dinner with or attend a social event. Someone who understands. Someone to strengthen our faith. Someone who will help us answer the question “Is this all there is to the rest of our life?” How do we find that person?

## Resolution

The caregiver’s primary

responsibility is the health and safety of the cognitively impaired person entrusted to our care. As mental decline progresses, there will most likely come a time when the caregiver can no longer provide adequate health and safety.

We sometimes sit with our head in our hands, saying to ourselves or to the wind, “I just can’t do this anymore!” Usually we soldier ahead, hoping a bit of sleep, a glass of wine, a hug, might make things better. There will come a time when we truly can’t continue, when our care becomes insufficient. What then?

Our worst nightmare.

We know our spouses will not want to leave their home or our personal care. Even though we desire to keep them at home, our physical ability to meet their needs is compromised and we are unable to meet our standards of safety and health. They no doubt will believe we have abandoned them, failed them, discarded them. When it is necessary to move our spouses to a memory care facility, it will be the most wrenching day of our lives.

The move is not liberating. We are not free of caregiving because we must continue to supervise and ensure the safety and health of our spouses even though we are absolved of 24-hour care. We are freer to maintain our own schedules and to enjoy activities that were not previously practical for us, but we are still responsible. When this happens, we will face another question: How do we live alone the rest of our lives? We have to learn to fill the lonely hours. Is it worthwhile to cook for one?



Margaret Officer and Lee Gerhard

There are many choices for us to make. None of which we planned.

## Solace

The journey of a spousal caregiver is hard, but there are moments of joy, solace and satisfaction along the road. Although increasingly hidden, the impaired personality persists and shines when the caregiver engages in previously enjoyed banter, love or shared moments.

Much depends on the caregiver’s own attitude. Expressions of support, encouragement and understanding the frustrations of the cognitively impaired are particularly important, as is accepting that the spouse may also suffer physical decline.

Love and affection may last for some, for others, quiet or silent communication suffices, sharing whatever stimuli both can enjoy. To see one’s spouse tapping feet and singing to live music is a joy in itself. Caregivers can appreciate whatever small affections and intimacy

that may spontaneously occur in our lives, reminders that the spouse is still there.

For the caregiver, the new reality means learning new skills, perhaps cooking or financial management, skills that empower us, help us grow and help us enjoy our new roles. We find new friends through outreach to others in similar settings and find that our best friends are sympathetic, considerate and supportive.

Family ties often strengthen because of shared concerns, children and grandchildren assist and support we caregivers, caring not only for the stricken spouse, but for us as well.

Perhaps most important, caregivers find satisfaction in that we are meeting our promises and standards. We are doing the very best we can. We are meeting unforeseen challenges, for better or worse, in sickness and health.

**Above all, we need to understand our role: We are caring for a child-like adult who gets younger every day.**

# Your rights as a nursing home patient

By Marsha Henry Goff

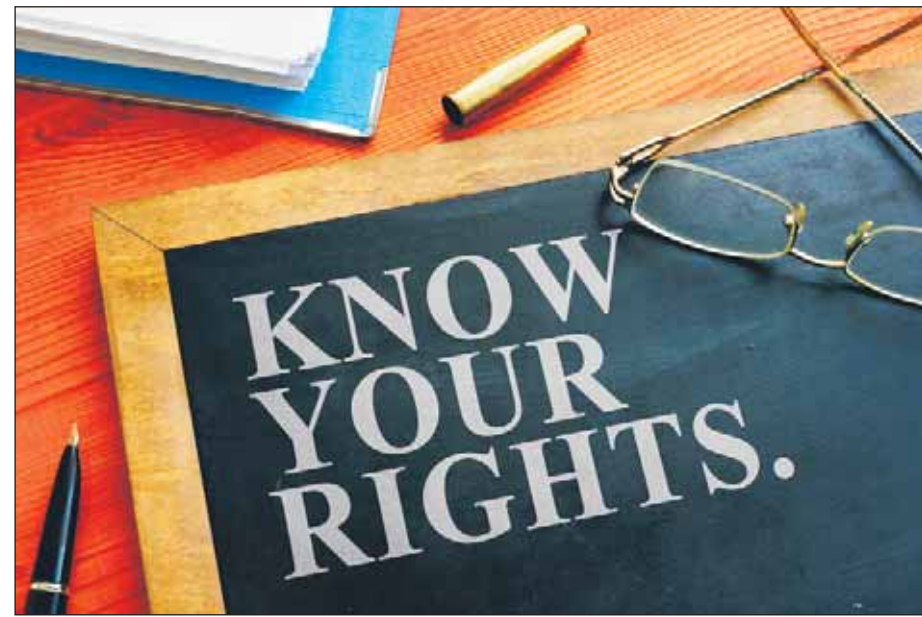
*Editor's note: The story below is true although I have changed my friends' names to preserve their privacy. Their experience, while not common, is sufficiently disturbing to make me consider that others may need to know their rights as nursing home patients or as family members advocating for patients. Odds are good that you or a loved one may never be a patient in a nursing home. Slightly over 5% of people 65 and over occupy nursing homes, assisted living, board-and-care homes and congregate care facilities. Half of those are 85 or older. Only about 4.2% of seniors are in nursing homes at any given time.*

When my friend Mary had complicated foot surgery, she was hospitalized for a few weeks during the early part of the pandemic, then transferred to a nursing home for rehabilitation. Because of the pandemic, her husband John and their adult children were not allowed to visit her in either facility and communicated multiple times daily via phone. John became concerned about her care the first week she was at the nursing home when he learned she was not helped to the commode, but was expected to relieve herself on a "chuck" in her bed. He also learned that Mary did not care for the food offered and he was worried that she was not eating enough because she was reported to be losing weight. His concern rose more when he learned she had become dehydrated.

His interaction with the nursing home staff was by conference call where five staff members whom he had never met talked with him about Mary's care. When he expressed his concerns, he says he was told he was "too negative." John asked that Mary's primary physician be able to visit her and assess her condition. He was told that the physician in question did not visit the nursing home. Later, he learned that her doctor did indeed visit that nursing home because he had other patients there. The doctor was surprised that someone at the nursing home had not informed him he had yet another patient in residence.

Mary was expected to receive rehabilitation there but John said he was told they could not start that until she was able to put weight on her injured foot. John asked during one of the conference calls if she could return home and be cared for by nurses and therapists from Visiting Nurses. He says a staff member told him if he took Mary out of the nursing home against medical advice (he presumed they meant against the advice of the nursing home's doctor) that they would inform Medicare, that Medicare would not pay for the home treatment and it was doubtful Visiting Nurses would take her as a patient even if he paid for their services out-of-pocket.

He was also told that Adult Protective Services would be notified if he took her home against medical advice. Ostensibly, their reason for calling APS



was so the nursing home would not be liable if Mary fell and injured herself at home. John perceived the comments about Medicare and APS to be threats and he did not press the issue of Mary returning home.

About eight weeks into her nursing home stay, Mary was taken by two staff members to see the surgeon who had oper-

ated on her foot. When the surgeon said her foot was healing nicely and she could begin to put weight on it, Mary asked, "Does that mean I can go home?"

"Home?" asked the surgeon, "Where have you been?" Mary came home shortly after that visit to the doctor. On a

CONTINUED ON PAGE EIGHT

### CHAMPSS Orientation Sessions

**Lawrence:** Lawrence Public Library, first Monday of each month at 2 p.m.  
August 3 September 7 October 5

**Shawnee County:** JAAA, first Wednesday of each month at 1:30 p.m. Shawnee residents must call JAAA receptionist to register for an orientation.  
August 5 September 2 October 7

**Jefferson County:** residents may enroll at Topeka or Lawrence orientation sessions.

# Your rights

CONTINUED FROM PAGE SIX

Monday, two staff members brought Mary to her home to ensure she could safely move around there. Indeed, since John had provided a new lower box spring which made it easier for Mary to get in and out of bed as well as a walk-in tub, her home exceeded what the nursing home offered in comfort and safety. Mary asked the staff members if she could just stay home, but the staff members said she had to return to the nursing home for "paper work" and that John could pick her up on Wednesday morning.

Though chagrined to learn that Mary might have been at home during some of that time instead of in the nursing home, John was as happy to have her home and she was to be there. She has improved a great deal since returning home and walks around inside unassisted although she still uses a walker when she goes outside. And she loves her new walk-in tub!

John and Mary have permitted me to tell their story as they told it to me in the hope that

it will help someone else avoid the problems they had. Certainly the COVID-caused edict prohibiting John and their children from visiting Mary in the nursing home caused additional stress and anxiety for both Mary and her family. It is also possible that if the nursing home staff had better communicated Mary's condition and care plan to John, it might have alleviated some of his concerns. There are lessons that need to be learned from John and Mary's experience by patients, their families and by nursing home administrators and their staffs.

1. In the event you or your loved ones are ever confined in a nursing home, remember this: Though often used, the word confined is inappropriate. **A nursing home is not a prison and, as long as you are of sound mind, they cannot keep**

**you there against your will.**

2. Upon entering a nursing home, a patient undergoes a health assessment which should be continued daily as long as he or she is there. The patient's doctor and the nursing home staff will evaluate both physical and mental health, medications, managing of daily tasks and ability to make decisions. **You and/or your family have the right to participate in your care plan. You may also refuse the services of the nursing home's doctor in favor of your personal physician.**

3. **You do not have to allow a nursing home to manage your money.**

4. Federal law decrees that you have the "right to be treated with dignity and respect" which includes deciding when to go to bed and wake up and when to eat meals. You may also choose

which activities you engage in during the day as long as it doesn't conflict with your care plan. **You may not be physically or verbally abused by nursing home staff or other patients.**

You have other rights as a patient, but, should you have problems like Mary and John experienced, you should immediately contact Kansas Advocates for Better Care, an organization that has been working to better nursing home experiences for 45 years, at 785-842-3088 or toll-free at 800-525-1782. Headquartered in Lawrence, KABC receives thousands of calls each year from Kansas and other states. KABC can explain what your options are and will refer you to agencies that can help, including, in rare situations, the Attorney General's office..

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If you would like to place your display ad in the FALL 2020 issue of Amazing Aging, please call Kevin at (785) 841-9417. The deadline is October 15.

# Our mission is to help you stay in your home where you are comfortable and content

By *Marsha Henry Goff*

For over 43 years, Jayhawk Area Agency on Aging has worked to fulfill its mission of empowering seniors to “age in place.” Sometimes, staying at home is as simple as having meals delivered or a little help with housekeeping or bathing. Two actions by Congress — Older Americans Act and Senior Care Act — allow JAAA to perform or fund needed services for seniors.

The Older Americans Act establishing the Administration on Aging within the Department of Health, Education and Welfare was signed into law on July 14, 1965. OAA provided for the creation of State Units on Aging and Jayhawk Area Agency on Aging, serving Douglas, Jefferson and Shawnee Counties, opened in January, 1977, after the Capitol City Unit on Aging was defunded. The Older Americans Act requires a 25% local financial match for the administrative allocation and an 11% local match for the service allocation. Administrative match is provided by the three counties. Service match is required of the service providers.

In 1993 JAAA received state monies under the Senior Care Act. Unlike the OAA which provides free services for seniors who meet low income requirements, the SCA program provides in-home services on a sliding fee scale based on income and assets to individuals age 60 and older. SCA requires a 33% match. Currently both the administrative and the service allocations match are charged

to the service provider agencies.

There were very few services when JAAA began and those were subcontracted to congregate meal sites, Lulac Senior Center in Topeka, Jefferson County Services and Bus 62 in Lawrence. Over the decades, the services JAAA offers to seniors have increased dramatically. The services JAAA directly provides are:

**Information and outreach services** (some of this is contracted out to Jefferson County Service Organization in Jefferson County);

**CHAMPSS** meals program utilizing grocery stores and other restaurants to provide the meals;

**Assessment and case management;**

**Coordination and program development** are utilized for purposes of staying connected to the older adult population in the communities served and development of programs;

**Fitness program of tai chi** (there is a wait list for this service);

**Medication management of home meds** is a service allowing for a comprehensive medication inventory and assessment to look for potential contra-indications and unnecessary therapeutic duplication. This provides a comprehensive assessment and review of medications by a pharmacist;

**Caregiver support services** of information and assistance, as well as purchase of equipment, and caregiver support groups;

**SHICK** (Senior Health Insurance Counseling for Kansas) provides assistance with Medicare for all Medicare beneficiaries (the busiest time of year for this program is during the annual open enrollment Oct. 15 through Dec. 7 annually);

**Assistance with Health Insurance Marketplace** for those not on Medicare;

**ADRC** (Aging and Disability Resource Center) provides information, options counseling, and assessments for the HCBS KanCare waivers of Frail Elderly, Brain Injury, and Physical Disability (ADRC services are open to any age individual with any income/asset amounts);

**CARE** (Client Assessment Referral Evaluation) is an assessment that must be done with anyone entering a nursing facility;

**Administrative case management** is a service to help individuals qualifying functionally for HCBS KanCare waivers on FE, BI, and PD to complete Medicaid applications and redeterminations.

The services JAAA contracts to providers include:

**Attendant care and homemaker services** are contracted with various home health agencies under OAA and Senior Care Act (SCA services are services based on sliding fee scale dependent upon income and assets while OAA services are donation based services);

**Personal emergency response monitoring** is contracted out to different com-

munity service providers under Senior Care Act on a sliding fee scale;

**Information and outreach services** as mentioned above are primarily provided by JAAA with the exception of those services contracted out to Jefferson County Service Organization in Jefferson County;

**Transportation services** are contracted with the three senior centers in Topeka and Jefferson County Service Organization in Jefferson County;

**Legal services** are contracted with Kansas Legal Services and available to anyone age 60 or older;

**Nutrition services** (home-delivered and traditional congregate meals) are contracted out to MOW of Eastern Kansas and MOW of Lawrence, as well as some provided through Mom’s Meals;

**Caregiver support services** of attendant care, homemaker and respite services are contracted out to different home health agencies.

We help seniors fill out SNAP (Supplemental Nutrition Assistance Program) applications and host AARP income tax preparers each year. If you are a senior — regardless of income — who has a problem, start with JAAA first. If we cannot actively help, we will refer you to an agency that can. For over 43 years, we have worked hard to fulfill our mission of enabling seniors to stay in their homes. We have had a lot of practice and we like to think we are good at it!



# Project Lifesaver lives up to its name

By Marsha Henry Goff

When a Silver Alert is broadcast it is often because a senior with a cognitive condition — Alzheimer's, autism, Down syndrome or another cognitive impairment — is missing. Project Lifesaver, a partnership between the Douglas County Sheriff's Office and the Lawrence Pilot Club, can help bring that missing person home quickly and safely. Of the three counties JAAA serves, only Douglas County has this potentially life-saving program thanks to the Lawrence Pilot Club which secured a grant from Pilot International in 2011 to equip the Sheriff's Office with technology to assist in the search for individuals with cognitive conditions that cause them to wander.

That individual is provided with a wristwatch-sized radio transmitter, worn either on the wrist or ankle, which constantly emits a radio frequency signal that can be tracked for miles regardless of where the person may have wandered. According to Deputy Charlie Cooper, Douglas County Sheriff's public information officer, a 911 call from the caregiver immediately dispatches deputies who are trained Search Specialists equipped with electronic radio

tracking equipment to the wanderer's area. Such a speedy response increases the likelihood that the wanderer will be found quickly and ensure a positive outcome. "But even if the transmitter is never used," Cooper says, "it helps the caregiver."

Project Lifesaver has been entirely funded by the financial support of the Lawrence Pilot Club with money they raise from their annual antique shows. The cost of a transmitter and a year's worth of wristbands and batteries is \$300. After the first year the cost of replacing the batteries and wristbands is \$10 per month. While clients enrolled in the program are encouraged to cover whatever costs they can comfortably afford, the service is provided to anyone who needs it regardless of their ability to pay. A Pilot Club volunteer visits the client once a month to check the device and replace batteries.

If you live in Douglas County and wish to enroll a friend or loved one in the program, contact the Sheriff's Office by calling 785-841-0007. You may pick up a client profile application at the Sheriff's Office or download the application from Project Lifesaver in the dropdown menu under Resources at [www.DGSO.org](http://www.DGSO.org). Submit your application



**Beth Kinnan retired from JAAA in June after 20 years** with the agency. She was hired in March 2000 as Case Manager, transferred to Quality Assurance position in 2008 and became Nutrition Coordinator in 2014. Her smiling face in this photo taken at her retirement party will be familiar to CHAMPSS cardholders.

to the Douglas County Sheriff's Office, 111 E. 11th Street, Lawrence, KS 66044. After your application is reviewed, you will be contacted and a visit will be scheduled with the caregiver

and the person to be enrolled. For the caregiver, Project Lifesaver will relieve a great deal of stress. For the individual who actually wears the device, it may very well live up to its name.

**Please visit us online at  
[www.jhawkaaa.org](http://www.jhawkaaa.org).**

## Isolation: The other pandemic

By Michele Dillon

JAAA ADRC Supervisor

The coronavirus has turned the world on its head. It has affected our caregivers and vulnerable seniors especially hard. The CDC recommended long term care facilities to lock down but at what price. In January of last year the Health Resources and Services Administration did a study on loneliness. Loneliness and social isolation can be as damaging to health as smoking 15 cigarettes a day, researchers warned in a webcast, and the problem is particularly acute among seniors.

Among key findings: An estimated \$6.7 billion in annual federal spending is attributable to social isolation among older adults. Poor social relationships were associated with a 29 percent increase in risk of coronary heart disease and a 32 percent rise in the risk of stroke, studies have shown. Authorities expect the financial and public health impact of loneliness to increase as the nation's population ages. *Source: CareMore Health*

What the science says:

• As a force in shaping our health, medical care pales in comparison with the circumstances of

the communities in which we live. Few aspects of community are more powerful than is the degree of connectedness and social support for individuals.

• Living alone, being unmarried (single, divorced, widowed), no participation in social groups, fewer friends, and strained relationships are not only all risk factors for premature mortality but also increase risk for loneliness. Retirement and physical impairments may also increase the risk of social isolation.



Michele Dillon

This research was done before the pandemic and social isolation has things so much worse. So what is a caregiver to do? Our senior populations' mental health is being sacrificed for their physical health.

Jitterbug offers senior friendly tablets and smartphones that are easy to use. Your loved one can keep connection with family

Ask the facility what they are doing to keep the senior engaged. They are big enough that they can do socially distant activities or allow senior to socialize over coffee or maybe bingo in the rooms with announcements over the intercom. Are they given supplies for individual activities, books, writing paper, art supplies, etc.?

Are hospice residents allowed to see visitors? Maybe they can move them to a far end of the facility and have family come in through a back door.

How do caregivers who are caring for someone at home cope with the reduction in assistance? Please take advantage of online caregiver support group. The Alzheimer's Association has lots of resources for support group options. Keep yourself well, order groceries online, have a group movie night through Google party rooms or other platform. Encourage

family members to call or they can socially distant visit. Maybe have a parade for the family member. Have your loved one help you sort through old photos or dust all those Knick knacks. Let them know they are still needed and useful. Just being needed is a huge pick-me-up in mental health. If able, get a pet; they can be great for physical touch needs. Hopefully we all stay safe physically but let's not forget to take care of our mental and emotional health. Stay safe everyone and wash your hands.

## COVID

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**01/24:** The Trump administration restricts travel from China.

**02/29:** Over a month after the highly-criticized China travel ban went into effect, the US records its first coronavirus death, a patient at a nursing home near Seattle, and the Trump administration issued do not travel warnings for areas in Italy and South Korea and banned all travel to Iran as well as entry into the US by any foreign national who had visited Iran in the last two weeks.

**03/11:** After the virus had spread to multiple countries, WHO (World Health Organization) finally declares a Global Pandemic. That same day, President Trump bans most travel from Continental Europe, a move that was also criticized.

In the months since then, we have seen the numbers of cases climb and wane, then climb

again. We have received stimulus checks, endured shortages of toilet paper and hand sanitizer and become accustomed to wearing masks. US automakers retooled to make ventilators. Distilleries producing scotch and bourbon began making hand sanitizer. At the end of March, data compiled by Johns Hopkins University showed that 1,297 counties had no confirmed cases of COVID-19 out of 3,142 counties nationwide (about 41 percent). Many of those counties, usually rural and often poor, are still free of the virus. Americans for the most part have done everything they can to slow spread of the virus by wearing masks, washing their hands and physically distancing from others. More effective treatments are now available for COVID patients and several promising vaccines are currently being tested.

We will beat this virus and hopefully it will be another 100 years before our descendants see another pandemic. Once a century is quite enough!



## ***JAAA opens two new CHAMPSS sites in Jefferson County***

JAAA is pleased to announce the opening of two new CHAMPSS (Choosing Healthy Appetizing Meal Plan Solutions for Seniors) sites. Both are Country Harvest Apple Markets, one in Meridan and the other in Valley Falls. Each day, CHAMPSS cardholders will have the choice of two healthy and delicious meal choices at these two markets. Entrees for lunch and dinner include a variety of delicious options, among them baked chicken, fish, roast beef, chicken or beef soft taco, pulled pork, meatloaf, chicken patty sandwich or hot beef sandwich. The entrée is accompanied by a roll or bread, milk or other dairy product such as yogurt or cottage cheese, as well as choices of vegetables and fruits. Most CHAMPSS sites offer breakfast, lunch and dinner although you are limited to one meal per day on your CHAMPSS card.

CHAMPSS cardholders may use their cards at any CHAMPSS meal site in the three county area — Douglas, Jefferson and Shawnee — that JAAA serves. Cards are acquired by attending an orientation in Lawrence on the first Monday of the month or in Topeka on the first Wednesday

of each month. A maximum of 12 meals at a suggested donation of \$3.50 per meal are loaded onto a plastic card and the card is swiped at a meal site removing one meal. The card may be reloaded online via credit card or by calling JAAA (785-235-1367 in Topeka or 800-798-1366 outside the Topeka area). Cardholders may also pay by check mailed to or dropped by the JAAA office at 2910 SW Topeka Blvd, Topeka, KS 66611. If you wish to pay by Vision card, you must appear in person at the JAAA office. Meals loaded onto the card expire one year after purchase.

JAAA has 16 CHAMPSS sites in cities located in the three counties it serves: Lawrence has a Hy-Vee store and three Dillon's stores; Jefferson has the two Apple Markets and F.W. Huston Medical Center in Winchester; and Topeka has nine CHAMPSS sites which include Hy-Vee, five Dillon's, Engroff Catering plus its Food Truck which regularly changes locations and the Millennium Café in the Topeka/Shawnee County Library. We are pleased that all sites have remained open during the pandemic and meals may be picked up or you may dine on site.

## **JAAA gets around! Look for us!**

When Amazing Aging went to press, none of these groups were meeting due to the Covid-19 pandemic. It is likely they may be meeting sometime during this quarter, but please call to be sure the presentation or group you want to attend is meeting.

### **Caregivers' Support Groups**

**Baldwin Methodist Church**, first Wednesday of each month, 1 p.m. - 2 p.m.

**August 5 September 2 October 7**

**Topeka/Shawnee Library**, second Monday of each month, 3:30 p.m. - 4:30 p.m.

**August 10 September 14 October 12**

**JAAA**, third Friday of each month, 12:00 noon - 1:00 p.m.

**August 21 September 18 October 16**

### **Events and Presentations**

**Medicare Monday**, we'll answer your Medicare questions, Topeka Public Library, 1 p.m. - 3 p.m.

**August 3 September 7 October 5**

**Do It Yourself Medicare Part D**, Topeka Public Library, third Monday of each month 1:00 p.m.

**August 17 September 21 October 19**

**Grey Wolves in Meriden**, Meriden United Methodist Church, third Tuesday of each month, 11 a.m.

**August 18 September 15 October 20**

**Medicare Quarterly Evening**, Topeka Public Library, 6:00 p.m. on **October 12**

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