



Crawford County
Council on Aging, Inc.
200 S. Spring St.
Bucyrus, Ohio 44820

419-562-3050 or
1-800-589-7853

Hours:
8:30 a.m.-5:00 p.m.
Monday-Friday

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crawfordcountyyaging.com

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Senior Tidings



June 2017

Council on Aging Information

Spotlight on our Volunteers !

Tom Kinn has been volunteering three days a week for the past year and a half delivering meals on two different meal routes. Tom lives in Bucyrus with his wife and daughter. In his spare time he enjoys watching sporting events and putting together puzzles. "The people I deliver meals to are so nice and appreciative" says Tom. Tom got involved volunteering when his neighbor signed up as a volunteer with Council on Aging and "it got my interest."

Tom is retired from Swan Hose, where he started in the mail room and retired as Senior accountant in the accounting department. Tom worked at Swan Rubber for 40 years.



Volunteers Needed to Deliver Meals

Contact Brittany Locker, Nutrition Director, if you or someone you know might be interested in delivering meals to homebound individuals for the Crawford County Council on Aging at 419-562-3050.

Senior Extravaganza a Big Success !

Thank you to all that participated in celebrating Older Americans Month, at the Trillium Event Center, on May 18. Special thanks to Bucyrus Public Library, United Bank, Crawford 20/20 Vision, Area Agency on Aging, and Avita Health Systems for sponsoring the event. Music was provided by DJ Lenny (Area Agency of Aging employee), and ice cream was available from Marks Homemade Ice Cream. The staff from the Council on Aging prepared and served hot dogs, baked beans, chips, and potato salad.

Vendors that participated were Avita Health Systems, Parr Insurance, Crawford County Veterans Office, United Bank, Orchard Park, Home Care Matters, Area Agency on Aging, Tani Eyer (Attorney), Crawford Park District, Crawford County Humane Society, YMCA, Carlisle Place, DeWolfe House, Mid Ohio Chiropractic, Bucyrus Public Library, Kindred at Home and Crawford County Council on Aging.

SAVE THE DATE for our Annual Senior Day at the Crawford County Fair, July 20th at 10:00 am located in the Youth Building.

Cough Culprits: What's the difference between Bronchitis and Pneumonia ?

Coughs help your body clear your airways of irritants and prevent infection. But a deep cough from your chest may signal bronchitis or pneumonia. Although they may have different underlying causes, their symptoms can be similar, and both can be serious enough to send you to the doctor.

Bronchitis and pneumonia both involve inflammation in the chest. Both can cause coughs that bring up a slimy substance called phlegm to help clear out germs and pus. And both can cause shortness of breath and wheezing.

Bronchitis is a condition in which the bronchial tubes that lead to the lungs become inflamed. Viruses, bacteria, and even toxins like tobacco smoke can inflame the bronchial tubes. Most of the time, though, bronchitis is caused by an infection with one of several types of viruses. If you develop bronchitis during flu season, a likely culprit may be the flu virus. Cold viruses are also common causes at this end and other times of the year.

Pneumonia is caused by an infection of the lungs. "About 1/3 of cases are caused by viruses, but most of them are bacterial related," says Dr. Kenneth Olivier, a lung infection expert at NIH. "They're from bacteria that are quite common, like *Streptococcus pneumoniae*, which is the leading cause of bacterial pneumonias in all ages in the U.S."

If you get a fever with bronchitis, it is usually mild (below 101 degrees Fahrenheit). In more serious cases, you may have chest pain, feel short of breath, or wheeze when you breathe in.

"Pneumonia, on the other hand, typically is associated with fever, sometimes very high, spiking fever," Olivier says. Breathing problems, chest pain, and other symptoms also tend to be more severe with pneumonia.

If you have fever and chills, trouble breathing, or a cough that is bringing up thick phlegm, especially if it's yellow or green, go see your doctor.

Your doctor can listen to your lungs by placing a stethoscope on your chest. "Frequently, the physician can hear areas where the breath sounds are altered," Olivier says. If you have pneumonia, your doctor may hear bubbling, crackling, or rumbling sounds from the lungs.

You may be sent for a chest X-ray, which can show whether the lungs contain fluid or pus from an infection. An X-ray is the best way to diagnose pneumonia and rule out bronchitis.

Whichever illness you have, resting and drinking plenty of fluids are important ways to care for yourself.

If you're diagnosed with bronchitis, your doctor probably won't give you antibiotics. Because viruses are the usual cause of bronchitis, antibiotics are seldom helpful. If you're wheezing, however, you may be given medicine to open your airways. Your cough may last 10-20 days.

Because bacteria are often the cause of pneumonia, your doctor may prescribe antibiotics. It can take 1 to 4 weeks to recover from pneumonia. Some people require treatment in the hospital.

Germs that cause colds, the flu, and lower airway infections are contagious.

Keeping Your Gut in Check: Healthy Options to Stay on Tract

Your digestive system is busy. When you eat something, your food takes a twisty trip that starts with being chewed up and ends with you going to the bathroom. A lot happens in between. The health of your gut plays a key role in your overall health and well being. You can make choices to help your body stay on tract.

Your digestive, or gastrointestinal (GI), tract is a long, muscular tube that runs from your mouth to

your anus. It's about 30 feet long and works with other parts of your digestive system to break food and drink down into smaller molecules of nutrients. The blood absorbs these and carries them throughout the body for cells to use for energy, growth, and repair.

With such a long GI highway, it's common to run into bumps in the road. About 60-70 million Americans are affected by digestive diseases, like gastroesophageal reflux disease (GERD) or irritable bowel syndrome (IBS). GERD happens when your stomach acid and/or contents come back up into your esophagus (swallowing tube) or throat. This causes uncomfortable symptoms like heartburn and indigestion. IBS is a group of symptoms that includes pain in the abdomen and changes in bowel habits. People with IBS may have constipation, diarrhea, or both. Many more people have other digestive problems, like bloating and stomach pain.

"There are many factors that can impact gut health," says Dr. Lin Chang, a GI expert at the University of California, Los Angeles. How your body's built, your family and genetic history, how you manage stress, and what you eat can all affect your gut.

"I see a lot of lifestyle related GI issues, and there are often no quick fixes for that," she says. "In general, people do well when they create a more routine schedule, eat a healthy diet and smaller more frequent meals, add in some exercises, and get a good amount of sleep."

Chang studies the connection between stress and IBS. Her research group has found that people who have early life stress are more likely to develop IBS, "However, this increased risk for IBS went down when people confided in someone they trust about the stress they experienced," she explains. "Finding healthy ways to manage stress is important for GI health, and your health overall."

What you eat can help or hurt your digestive system, and influence how you feel. "Increasing fiber is really important for constipation," says Chang. "Most Americans do not eat a lot of fiber so you

have to gradually increase the fiber in your diet. Otherwise you might get gas and more bloating, and won't stick with the changes."

Chang says you should eat at least 20-30 grams of fiber a day for constipation. You can spread out your fiber in small amounts throughout the day. Start with small servings and gradually increase them to avoid gas, bloating and discomfort.

Try to eat fruits and vegetables at every meal. A variety of fruits, vegetables, whole grains, and nuts can provide a healthy mix of different fibers and nutrients to your diet. An added benefit is that the more fiber and whole foods you eat, the less room you'll have for less healthy options.

But some fiber-rich foods, called high FODMAP foods, can be hard to digest. Examples include certain fruits and vegetables, dairy products, and wheat and rye products. If you have IBS, your doctor may recommend a diet low in FODMAPS.

Researchers are coming to understand the complex community of bacteria and other microbes that live in the human GI tract. Called gut flora or microbiota, these microbes help with our digestion. But evidence has been growing that gut microbes may influence our health in other ways too. Studies suggest that they may play roles in obesity, type 2 diabetes, IBS, and colon cancer. They might also affect how the immune system functions. This can affect how your body fights illness and disease. Recent studies have found that microbes' effects on the immune system may impact the development of conditions such as allergy, asthma, and rheumatoid arthritis.

You might have heard that probiotics, live microbes that are similar to those found in the human gut, can improve your gut health. These are also called "friendly bacteria" or "good bacteria." Probiotics are available in dietary supplements and in certain foods, such as yogurt.

There is some evidence that probiotics may be helpful in preventing diarrhea associated with antibiotics and improving symptoms of IBS, but

more needs to be learned. Researchers still don't know which probiotics are helpful and which aren't. They also don't know how much of the probiotics people would have to take or who would most likely benefit from them.

Certain food additives called emulsifiers are something else that may affect your gut health. Emulsifiers are added to many processed foods to improve texture and extended shelf life. But studies show they can affect our gut flora.

“Our work and other research indicate that emulsifiers and other food additives can negatively impact the microbiota and promote inflammatory diseases,” says Georgia State University’s Dr. Andrew Gewirtz. His group has been studying the relationships between food additives, gut bacteria, and disease in mice. The team also plans to examine how different food additives may affect people. Based on what his team and others have found, Gerwitz advises, “The take home message: Eat a balanced diet and less processed foods.”

“The GI system is complicated and such an important part of our health,” Chang says. “It takes a real partnership between patient and doctor to get to the root of the issues. Everyone has to find a healthy routine that works for them.”

She encourages you to take an active role in finding a doctor who makes you feel comfortable. The right doctor will listen carefully to your health history and symptoms. You can help keep your gut in check by talking with your doctor and together making the right choices for you.

Marci's Medicare

Answers

Dear Marci,



I recently enrolled in premium-free Part A, but learned that I will have to pay a premium for Part B. Could I get some information on Medicare Savings Programs, which I'm told would cover my Part B premium?

-Toshio (Philadelphia, PA)



Dear Toshio,

The Medicare Savings Programs (MSPs) also known as Medicare Buy-In programs, are state programs that assist you with paying your Medicare costs. The names of these programs may vary by state. MSPs are not available in Puerto Rico and the U.S. Virgin Islands. The programs include premiums, deductibles, coinsurance charges, and copayments. There are three MSPs, each with different federal income and asset eligibility limits. States can raise these limits to be more generous, which allows more people to qualify for the benefits. All three MSPs cover your Part B premium, which means your monthly Social Security check will increase by the amount you currently pay for your Part B premium if you qualify for and enroll in one of these programs.

1. Qualifying Individual (QI): QI pays for your Part B premium and provides three months retroactive Part B premium reimbursement from the month of application. Note: You cannot have Medicaid and QI.
2. Specified Low-Income Medicare Beneficiary (SLMB): SLMB pays for your Part B premium and provides three month retroactive Part B premium reimbursement from the month of application. Note: You can have Medicaid and SLMB.
3. Qualified Medicare Beneficiary (QMB): QMB pays for your Part B premium and Medicare deductibles, coinsurance charges, and copayments. If you have a Medicare Advantage Plan, QMB pays for your plan's cost sharing. The program also pays for your Part A premium if you do not qualify for premium-free Part A. It does not provide three months retroactive Part B Premium reimbursements; benefits start the first of the month after the month you are approved for the program. Note: You can have Medicaid and QMB, but you cannot buy a Medigap once you are enrolled in QMB.

To verify your eligibility, a State Health In-

insurance Assistance Program (SHIP) counselor can work with you to see if you meet the income and asset limits in your state. To apply for MSP, you will need to apply to your local Medicaid office or other state agency that receives MSP applications. You or a SHIP counselor can contact the local Medicaid office to learn how to apply. Many states allow you to submit your application online, through the mail, and/or through community based organizations. Some states may require that you schedule an appointment and go in person to the Medicaid office to apply.

You will need to gather documentation for the application. The list of needed documents varies by state. Some examples of required documentation are:

- Social Security Card
- Medicare Card
- Birth certificate, passport, or green card
- Proof of address, such as a utility bill
- Proof of income, such as a Social Security Administration award letter, pay stub, or income tax return.
- Information about assets, such as bank statements or life insurance policies

You should make a copy of the application before submitting it. Once you have applied, your state Medicaid program should send you notice within about 45 days to let you know if your application was approved or denied. If you are approved for the MSP, you should begin to receive benefits on the date listed on the notice you receive. If there are any issues with your benefit, or if you have not received any decision from your state within 45 days, you should contact the Medicaid office where you applied. Contact your SHIP with any questions about applying. Good luck, Toshio.

-Marci

Dear Marci,



I just looked at my mother's latest Explanation of Benefits, and her equipment supplier is continuing to bill Medicare for a knee CPM machine that my mother rented after a fall, but has since returned. Should I look into this further, both to protect my mother and to avoid scamming Medicare ?

-Karen (Rock Springs, WV)

Dear Karen,

You are right to be concerned about this apparent unnecessary billing. Almost \$6 billion in health care fraud cases turn up each year, with abuses that take advantage of patients and federal and state payers. Medicare Fraud is when doctors or other providers deceive Medicare into paying when it should not or paying more than it should. This is against the law and should be reported.

Everyone should be aware of how to recognize fraud. When you receive your Medicare Summary Notice (MSN), or your Explanation of Benefits (EOB) if you are in a Medicare Advantage Plan, look at it carefully to make sure that you actually receive all the services listed. Sometimes this can be hard to do if you received services from several providers at the same time.

In the case of durable medical equipment (DME), if you have returned your equipment, your supplier should not continue to charge Medicare for rental fees or maintenance. In your mother's case, Karen, her EOB seems to indicate that the supplier is still charging Medicare for the rental amount on a continuous passive motion (CPM) machine after its return.

You should also be aware of how to report fraud.

1. If you think a mistake has been made in a bill, call your doctor, hospital, DME supplier, or other provider first. It may have been a simple, honest error.
2. If the answer you receive does not satisfy

you, and you are in Original Medicare, you can call the company that paid the Medicare bill. You can find the number for the company on your Medicare Summary Notice (MSN) or by calling Medicare at 1-800-MEDICARE (800-633-4227) and asking for the number. Note that an MSN is a summary of claims that Medicare processed for you within the last three months. It is not a bill.

3. If the answer you receive does not satisfy you, and you are in a Medicare Advantage Plan, you can also call the Inspector General's fraud hotline at 800-HHS-TIPS (800-447-8477) to report fraud. Before calling the hotline, write down as many details as possible including names, dates, locations, and the care or services you want to report. When investigating potential fraud, Medicare will not use your name if you do not want it to. You can also contact your local senior Medicare Patrol (SMP) program. To locate your SMP, call 877-808-2468 or visit www.smpresource.org.

-Marci

Great Depression Story Project

Food, Cooking and Eating During the Depression

"I never tasted ice cream until I was eight years old; it was in a soda and I didn't like it (imagine that). We never took second helpings at dinner time to make sure the hardest workers had their fill. In fact, the younger kids ate last."

-Marge Bacon, age 86, Montpelier

"We had very little to eat with no variety. My mother worked very hard trying to come up with healthy meals. In the summer, Dad grew things in our garden, which helped. I never tasted steak until I went into the Air Force in 1943, at age 18. One thing that sticks in my mind is eating at the "soup kitchen" every Wednesday at noon. It was on South Main St. and run by the Salvation Army.

Before we ate, everyone sang "Oh Beulah Land."
"I still sing this song."

-Robert Bohyer, age 84, Lima

"My mom could go to a "bare" cupboard and make a meal. It may not have been much, but it held body and soul together. We had milk from the cows, eggs from the chickens and fruits and vegetables from the garden and orchards. We would let the milk get sour, Mom would skim the cream and we would churn great tasting butter. Then, we would have the best buttermilk. She would strain the rest of the milk curds and cream them for delicious cottage cheese, and we would feed the whey to the pigs, which they loved. When we needed meat, my dad butchered a cow or a pig. We ate chicken quite often....My mom had us pick apples and she would peel them and make apple butter or spiced apples, then she would cook the peelings and cores, strain it and make apple jelly. To this day, I DO NOT like apple jelly."

-Bonnie Brunner, age 75, Lorain

"I remember so well in the summertime my mother would send me or my sister to Behrendt's grocery store down at the corner of our block to purchase 10 cents worth of bologna to give us a delicious sandwich with a slice of fresh tomato and mayonnaise. Still today, it is among my favorite sandwiches."

-William Cox, age 85, Sylvania

"For food, we lived off the land: large garden, fruit trees, strawberries and grape vines, also wild berries for eating and jelly. We had chickens, ducks and goats for meat and milk and hogs we butchered. We cut hay with a scythe for livestock food. Our food was a large pot filled with home cooked meals. Bread was made from flour received from a relief program. Water was from a well with a hand pump. Food was cooked on a wood burning stove. Heat was from a wood and

coal furnace. Coal was gathered from a 3-mile hike along a railroad track. “

-Helen De Gifis, age 83 Warren

“There was no store nearby, so biscuits were baked in the morning, cornbread for dinner and all leftovers were used at suppertime. Everything left after that was mixed with the dishwasher and fed to the hogs. Grandmother made all her own buttermilk, skim milk (we called it clabber) and butter. “

-Bernice Dixon, age 80, Galloway

“My dad worked on the railroad. We had pigs, chickens and a cow. We had our own butter, milk, eggs and, about once a year, my dad and friends butchered a hog to keep us in meat. We also had a very large garden, which supplied us with a lot of food. Then, my mother canned everything she could. During this time, we supplied some of our relatives with food from the garden. I can remember how people stood in lines downtown to get the rations they were handing out. I remember them getting prunes, bread and other edibles.”

-Evelyn Eckert, age 90, Crestline

Jobs, Schemes & Other Ways to Make Money

“Daddy made \$10 a week on W.P.A and I made \$4 at the laundry. I also helped several ladies within walking distance of our home. I watched an English bulldog on Saturdays so the Winslows could go shopping. I helped make supper when they came home and had supper with them. They would give me the leftover gravy to take home for our family.”

-Bernice Dixon, age 80, Walbridge

“My brother, John, and I were slim and lean, hustling cardboard and rags to Berkman’s junkyard. We sold newspapers on the streets, in the Moose, Eagle Club, and BPoE.”

-Frank Chihocky, age 77, Amsterdam

“When my dad lost his N.Y. Central Railroad job in March, 1931, my parents bought a small, neighborhood grocery and meat market store in Cleveland, Ohio. We lived with my grandparents behind the store in a two-bedroom apartment. The store got us through the Depression. However, it dictated our lives. For example, if chicken didn’t sell, we cooked it for supper. If pork didn’t sell, we cooked it for supper, sometimes, eating it for 14 nights in a row.... and, we never complained, as we had food while most people were struggling for the basics. To help our struggling, unemployed neighbors, grandma made a big pot of soup and coffee to have on hand for the neighbors who came to the door politely asking for a little food, daily.”

-Audry Dvorak, age 75, Gates Mills

“On the morning that I was born, May 15, 1931, my father left the hospital after my birth and went to his job as a salesman for household and commercial refrigeration that was part of a large hardware store in downtown Hamilton, Ohio. When he arrived at work, he learned that half of the other employees had just been laid-off due to the Depression, but he was a survivor. He and the remaining employees had “survivor’s guilt” and, after realizing how much they would miss the laid off employees, went to the owner and offered to take a 50 percent wage cut so all the employees could stay on. This was on the day that I was born, with all the hopes and dreams my parents had for me as their first born. The owner said “yes” and all the employees were able to continue to work.”

-Richard Haid, age 78, Hamilton

“The agent at the B&O Depot would blow a whistle outside when he received a telegram to be delivered in Utica. The neighborhood child who got there first could deliver it for

five cents.”

-Jeannette Mellot, age 78, Plymouth

“My father was a tinsmith by trade and this involved sheet metal roofing jobs for farmers or the installation of coal furnaces for both farmers and townspeople. Very often, he would come home after completing a job with several bushels of potatoes or apples as part of the pay. We were never hungry, but we knew we should not ask our parents for anything special; we did not want to embarrass them by their having to say they could not afford it.”

-Bob Reichard, age 86, Willoughby

“I had to quit high school in my junior year, as my step-dad lost his job on a farm working from 4:30 a.m. to 8 p.m. for 50 cents per day plus food and a bed to sleep in. When I was 18 years old, I got a job at the Superior Sheet Steel plant, and when I was 20 I got very ill. The doctor said I was going to die and funeral arrangements should be made. My girlfriend (future wife) asked her Pastor to come and pray for me and he did. A couple weeks later, I could get out of bed a little at a time, and several months later was able to return to work.”

-Melvin Stermer, age 93, Hartville

“In March, 1928, my mother took me, age four, and my brother, 15 months to visit her mother in Tennessee, where there was no electricity or running water. She didn’t intend to stay long. While she was gone, my father lost his job, the house and the furniture, which he had put in storage. My mother had no home to come back to. We were at my grandmother’s three and a half years. “

-Betty Curtice Taylor, age 85, Akron

“I remember men occasionally coming to our home about meal time and begging for food. If we were fortunate enough to have meat for dinner, my mother cut the meat in half and gave half to the needy person.”

-Richard Haid, age 78, Hamilton

“Often, men out of work, whom we called hobos (although usually they were just desperate men trying to survive), would come down the road, and if any came by early enough, Dad might hire one for a day’s work. His pay was a delicious dinner at noon. Dad worked hard, planting and harvesting the crops using our two workhorses to pull the equipment. Sometimes, because of bad weather, Dad would still be picking corn in December snow.”

-Carol Vincent, age 86, Centerville

“The most vivid memory of that time was of the ‘tramps’. They came begging at our doors; they were hungry. They would work for a meal or anything to eat. Most rode the freight trains into town. They camped in groups or singles under or near the railroad culvert at the local tile factory. It was a mystery to me how the men would pick a house, passing many on the block before stopping at another. They were always different men, but they chose the houses as those before had. One day, finding the culvert empty, I ventured to explore where the men stayed. On the culvert walls were secret markings. These marks were for the arriving men. It gave directions to homes that were likely to feed them. We were not afraid of the men. They were a common sight in town, on the road and in the rail cars. Some were educated, teachers, business men, others were uneducated. They were fathers, grandfathers, husbands, sons, young men or boys. They were clothed in wrinkled suits to tattered outfits. They didn’t want to live like this. The Depression had chosen this for them.”

-June A. Young, age 84, Worthington

Your Medicare Coverage

Mental Health Care

How often is it covered ?

Medicare Part B (Medical Insurance) covers mental health services and visits with these types of health professionals:

- Psychiatrist or other doctor
- Clinical psychologist
- Clinical social worker
- Clinical nurse specialist
- Nurse practitioner
- Physician assistant

Medicare only covers these visits, often called counseling or therapy, when they're provided by a health care provider who accepts assignment.

Part B covers outpatient mental health services, including services that are usually provided outside a hospital, like in these settings:

- A doctor's or other health care provider's office
- A hospital outpatient department
- A community mental health center

Part B also covers outpatient mental health services for treatment of inappropriate alcohol and drug use.

Part B helps pay for these covered outpatient services:

- One depression screening per year. The screening must be done in a primary care doctor's office or primary care clinic that can provide follow up treatment and referrals.
- Individual and group psychotherapy with doctors or certain other licensed professionals allowed by the state where you get the services.
- Family counseling, if the main purpose is to help with your treatment.
- Testing to find out if you're getting the ser-

vices you need and if your current treatment is helping you.

- Psychiatric evaluation.
- Medication management. Certain prescription drugs that aren't usually "self administered" (drugs you would normally take on your own), like some injections.
- Diagnostic tests
- Partial Hospitalization
- A one-time "Welcome to Medicare" preventative visit. This visit includes a review of your potential risk factors for depression.
- A yearly "Wellness" visit. This is a good time to talk to your doctor or other health care provider about changes in your mental health so they can evaluate changes year to year.

Who's eligible ?

All people with Part B are covered 20% of the Medicare approved amount for visits to a doctor or other health care provider to diagnose and treat your condition. The Part B deductible applies.

If you get your services in a hospital or outpatient department, you may have to pay an additional copayment or coinsurance amount to the hospital.

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