

Info, Insight, & Inspiration for Metro Detroit's Maturing Adults

## One-Stop Health Shops for Seniors on Medicare

Primary care clinics focused on seniors with Medicare are a health care model that is growing across the country. Many are housed in renovated former drug stores.



### -INSIDE-

Be sure you're getting a fair home appraisal. See page 6

The Michigan Donated Dental Services program can be a real life-saver. See page 7

Journalists seek advice from caregivers at free expo. See page 13





## Property tax payment plans are available now!

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# ON MY MIND

By Patrica Ann Rencher

I adored her. And I wanted to be just like her. She was cool and funny and looked fabulous wearing the latest fashions. Most of all she was pretty and quick-witted. I didn't know at the time that we were the same age. She seemed so mature and hip. I'm talking about BernNadette Stanis, also known as Thelma from Good Times - television's first African American two-parent family sitcom. Even though BernNadette's acting career took her to Hollywood - from that 70s sitcom and on to other acting gigs, as well as into book publishing and book tours - we still

wound up at the same place. We are both daughters who lovingly cared for our mothers as they physically and cognitively declined.

Stanis' book, *The Last Night: A Caregiver's Journey Through Transition and Beyond*, is a moving story of denial and acceptance, frustration and depression, and love and loss, as she ushered her mom through the disheartening maze of Alzheimer's disease.

Having survived the experience with clarity and a commitment to inspire

others, she will share her story with metro Detroiters on August 11 at the free Aging Matters Education & Expo Conversations for Caregivers event, hosted by the Detroit Caregivers Support Collaborative. The event also includes caregiver self-care and elder law workshops, as well as a town hall meeting with area journalists. The journalists want to hear first-hand from caregivers - past and present - about what they should be covering in the media on this vitally important subject. See page 13 for RSVP details.

Our cover story takes a close look at two "high-touch" Medicare clinics, Dedicated Senior Medical Centers and Oak Street. We thought we should take a deep dive, looking at these new models for serving older adults, which compete for our highly coveted Medicare dollars. See page 10. As usual we're continuing to educate readers on relevant legal topics: Avoiding Probate Court (page 17) and making you aware of how a transaction may be deemed to be a gift to a family member, jeopardizing your qualification for Medicaid's long term care benefit should you need it (page 14). And for homeowners, the Fair Housing Center of Metropolitan Detroit provides insight and strategies to



combat discriminatory appraisal practices that threaten the value of what we were raised to believe was our biggest asset - our home. See page 6.

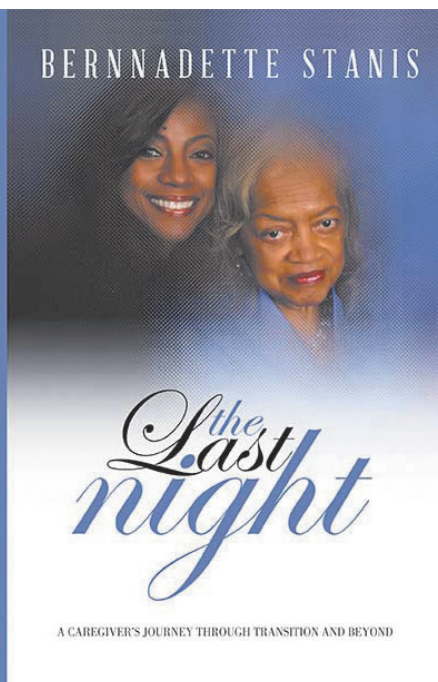
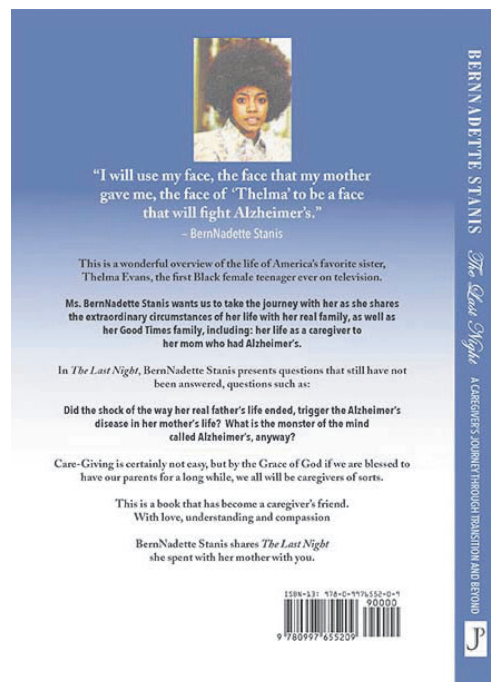
We hope you're enlightened and educated.

Age well,

Pat

*Patricia Ann Rencher*

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# Sankofa: Learn From the Past to Nurture the Future

By Lenzi Abma



John Knowles is an active member of Northwest Detroit's Princeton Street Block Club. At 71 years of age, he volunteers for their activities, including a recent COVID 19 vaccine drive. He spent his childhood on this block, being molded by a community of creatives and professionals who encouraged the neighborhood youth to pursue education and explore new opportunities.

The neighborhood was home to musicians, lawyers, engineers, medical professionals and entrepreneurs. Several of the fathers started a Boy Scout troop that was so successful it produced nine

Eagle Scouts, a rare feat. Knowles says he can remember seeing Marvin Gaye jog through the neighborhood and that Gladys Knight's former home was just a few streets away.

After graduating from the neighborhood school, Mumford High School, and soon after earning his bachelor's degree from the University of Detroit, Knowles and his father invested in their neighborhood. They purchased an apartment building and rental homes in the area. They also ran a barber shop and a convenience store, called Brother John's Community Store.

While the neighborhood looks different than it did when he was growing up, the active senior continues to invest in and honor the impact of the Princeton Street community. He says that in doing so, he is living out the West African concept of Sankofa, which means "to go back and get it."

During his lifetime, Knowles has traveled the world while still remaining connected to his Princeton Street block. He moved from his childhood neighborhood when he started his own family. His travels included trips to Africa, Europe and Caribbean islands. He partied in Kenya and one night in that country, he says, he had to stare down an elephant on the road before the animal finally let him pass. He visited Mt. Kilimanjaro and stood in awe on the shore of the Indian Ocean.

He recently moved back to his childhood block, into the first-level of a two-story flat his family owns, after renovating the space to support him as he aged. So, after all of his travels and experiences, Knowles has found himself once again living on and contributing to the life of Princeton Street, a place that holds so much historic and personal significance for him.

*Lenzi Abma is the founder of CHNO Publishing, a publishing service company seeking to elevate the many forms of Black stories. Through Project Sankofa, Abma writes about families and their treasures, weaving in the accompanying tales. Contact her at 313.241.6162 or lenzi@chnopublishing.com with the subject line "Project Sankofa" and a short description of what you have to share.*

# Vision: Coping & Thriving in a Life Beyond Sight

By Miriam Bingham



Stefanie Worth, Executive Director  
Greater Detroit Agency  
for the Blind & Visually Impaired

The Greater Detroit Agency for the Blind & Visually Impaired, which has been serving metro Detroiters for more than 60 years, is now augmenting its services to meet even more of the needs of those they serve. Being more proactive, the agency will now place more emphasis on the socio-emotional needs of those experiencing the transitional period of losing vision, because they recognize the process can be mentally challenging.

"It really is a grief process, very often," said Executive Director Stefanie Worth. "People think of grieving as when someone dies, but grief is really about loss, and so

if you've been a sighted person and suddenly you face a deterioration in your vision, that can be slowly progressive or progress rapidly, there's a grief process. You've lost something that you relied on."


No matter where individuals are on their journey, the agency is committed to helping those who are visually impaired or blind.

"We want to be able to help people and meet them wherever they are," she says of those who will need to identify mechanisms to cope and thrive in a life beyond sight.

Worth advises people to be proactive about possible vision problems, whether there are symptoms of troubles or an underlying health condition, such as diabetes. She says it is important to get an annual eye exam and that caregivers and allies of older adults should listen to what the senior is and is not verbalizing, and bring all concerns to the doctor's attention.

For more information on GDABVI, or on seeking treatment, visit [www.lifebeyondsight.org](http://www.lifebeyondsight.org), or call 313.272.3900 for help navigating the required medical insurance or Medicaid.





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# Combatting Discriminatory Appraisal Practices Which Cost Homeowners Their Equity

By Steve Tomkowiak

Executive Director, Fair Housing Center of Metropolitan Detroit

Many adults consider homeownership to be the realization of the “American Dream.” Homeownership can enhance self-worth, improve educational outcomes, increase civic involvement, and improve health. Homeownership is also critically important to the accumulation of family wealth. As of 2019, a typical homeowner’s net worth was \$393,230, while that of a renter was just \$15,750.

Unfortunately, racial disparities persist in homeownership rates. In 2020, the average ownership rate was 72.1% for non-Hispanic white people, in comparison to 51.1% for Hispanic people and 43.4% for Black people. These disparities impact generational family wealth. The average net worth in 2019 for white people was \$306,360, compared to \$71,800 for Hispanic people and \$53,000 for Black people.

## Devaluation of Homes in Communities of Color

The Detroit-Warren-Dearborn Michigan Metropolitan Statistical

Area ranks 7th nationwide in the devaluation of homes in Black neighborhoods - 36.9%, even after controlling for factors such as home quality, education, and crime.

The undervaluation of homes limits opportunities to finance home improvements, the opportunity to sell homes at higher values and access to education. This primarily affects seniors, many of whom have worked hard for many years to pay off mortgages and, in their later years, should benefit from the increased equity in their homes.

## Racial Bias Driving the Devaluation of Homes

Recent news reports and fair housing complaints have highlighted numerous instances where Black and interracial homeowners received very low initial home valuations. These homeowners then removed pictures, books, and other items that would reveal their race. Subsequent appraisals – performed by appraisers

who did not know their race – resulted in appraised values at more than twice the initial valuations.

Sadly, such discriminatory appraisal practices are widespread. In 2021 Freddie Mac analyzed nearly 2 million appraisals, examining instances in which homes received an appraised value below the agreed upon contract selling price. Freddie Mac found that 31% of the appraisers were more likely to provide valuations below the contract price in Black neighborhoods.

## Fair Lending Claims

Discrimination in appraisal practices violates both the federal Fair Housing Act and the Equal Credit Opportunity Act.

## To identify appraisal discrimination, homeowners should:

- Compare the appraised value of their homes with the valuation estimates provided by real estate agents and online home valuation sites;
- Examine whether the appraisal identifies appropriate comparable properties nearest to the subject property and within the most recent time period;
- Assess whether excessive adjustments were made based on square footage, number of bedrooms, etc.;
- Look for comments or conclusions based on subjective observations. Examples include statements



such as “pride of ownership” or “no pride of ownership” as well as “desirable neighborhood or location” or “undesirable neighborhood or location”;

- Consider purchasing your own independent appraisal.

Appraisal discrimination claims have been brought against lenders so homeowners should determine whether the lender, not just the appraiser, may also be responsible for a low appraisal. Lenders have a duty to examine appraisal reports for evidence of discrimination and not to make decisions based on biased appraisals.

*The Fair Housing Center of Metropolitan Detroit receives discrimination complaints involving appraisal practices and can answer questions about appraisal practices and other housing-related matters, free of charge, for Wayne, Oakland, and Macomb County residents. For more information, visit [www.fairhousingdetroit.org](http://www.fairhousingdetroit.org) or call 313.579.FAIR(3247).*

Uniform Residential Appraisal Report				File #
The purpose of this summary appraisal report is to provide the lender/client with an accurate, and adequately supported, opinion of the market value of the subject property.				
Property Address		City	State	Zip Code
Borrower		Owner of Public Record		County
Legal Description				
Assessor's Parcel #		Tax Year	R.E. Taxes \$	
Neighborhood Name		Map Reference	Census Tract	
Occupant <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant		Special Assessments \$	<input type="checkbox"/> PUD	HOA \$ <input type="checkbox"/> per year <input type="checkbox"/> per month
Property Rights Appraised <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold <input type="checkbox"/> Other (describe)				
Assignment Type <input type="checkbox"/> Purchase Transaction <input type="checkbox"/> Refinance Transaction <input type="checkbox"/> Other (describe)				
Lender/Client		Address		
Is the subject property currently offered for sale or has it been offered for sale in the twelve months prior to the effective date of this appraisal? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Report data source(s) used, offering price(s), and date(s).				
I <input type="checkbox"/> did <input type="checkbox"/> did not analyze the contract for sale for the subject purchase transaction. Explain the results of the analysis of the contract for sale or why the analysis was not performed.				
Contract Price \$		Date of Contract	Is the property seller the owner of public record? <input type="checkbox"/> Yes <input type="checkbox"/> No Data Source(s)	
Is there any financial assistance (loan charges, sale concessions, gift or downpayment assistance, etc.) to be paid by any party on behalf of the borrower? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, report the total dollar amount and describe the items to be paid.				
Note: Race and the racial composition of the neighborhood are not appraisal factors.				
Neighborhood Characteristics		One-Unit Housing Trends		One-Unit Housing
Location <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural		Property Values <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Declining		PRICE AGE One-Unit %



## State Program Offers Free Dental Care to Patients with Chronic Health Conditions



Patient Marsha Moseley and her Michigan Donated Dental Services program dentist, Dr. Robert Hoffman.

"I feel and look 10 years younger," says a smiling Marsha Moseley. The 66-year-old received dental treatment through the Michigan Donated Dental Services program. Moseley, who has kidney disease and receives dialysis three times weekly, only had one tooth when she sought help from the program. She explored the possibility of getting dentures, but was unable to afford them. Dr. Robert Hoffman and Olde West End Dental Lab donated treatment to Moseley through the DDS program.

Eligible patients are connected with a volunteer dentist through a state grant that is approved by the legislature annually. Currently there are nearly 800 volunteer dentists across the

state, and approximately 200 Michigan dental laboratories that donate dentures, partials, and other treatments that a patient may need.

The program serves older adults who are low income and uninsured, or who have a disability or chronic illness, as well as extensive dental needs. Many patients suffer a chronic health condition such as diabetes, heart disease, or cancer. DDS has provided \$25.6 million in donated treatment to more than 6,950 Michigan patients since 1995.

Cosmetic care is not provided, only comprehensive care to ensure that the patient's dental health is restored. The average value of dental treatment donated to each patient is \$3,600. The program does not treat patients who are eligible for services through other programs, however, DDS will connect applicants with programs they are eligible for but may not be aware of.

Patients who may be eligible can learn more and print an application at [www.smilemichigan.com/dds](http://www.smilemichigan.com/dds) or call the Southeast Michigan Coordinator Karn Cornell at 517.346.9455.

## Don't Let the Bed Bugs . . . Well, You Know

By Marvin Pride

For the last decade bed bugs have been a growing problem in urban areas across the country, and Detroit is no exception. The City of Detroit has provided a resource for residents to help them determine whether they have bed bugs, what to do about them and how to eliminate them. The city's health department website includes resources for landlords and tenants who are fighting bed bugs. <https://bit.ly/3nhIOY3>

Pest management professionals are also allies in fighting bed bug infestations. They are able to eradicate bed bugs entirely using techniques that are safe for people and their pets. However, attempting to get rid of the bugs yourself is more complicated and involves chemicals that may pose a risk to people and other species.

Historically, having bed bugs has carried a stigma about hygiene and living conditions that are just not true, says Lisa Knott, a social worker with Bridging Communities Inc., a grassroots organization founded in Southwest Detroit more than 40 years ago to help seniors. Knott says bed bugs are nobody's fault and that any home or apartment can get bed bugs. The critters are not a sign that someone is unsanitary because they can latch onto anything, come home with you from vacation or just from a visit to another home.

She says it's better to talk about bed bugs because that can be the first step toward getting rid of them.

"Bed Bugs do not discriminate," Knott says. A person can purchase new furniture

or a mattress and they can be delivered with bed bugs. The earlier you inform your landlord or you detect them in your home, [you can] start the treatment ASAP."

Professional services like Rose Pest Solutions, have technologies for spotting bed bugs - including dogs that sniff them out. The dogs are trained to smell bed bugs and their eggs, just as other dogs are trained for search and rescue, or to find contraband.



"Dogs that are trained to locate bed bugs can be expensive but if someone wants peace of mind it might be worth it," says Knott, adding that the real cost is in the treatment, not the inspection. If an inspection shows that the bed bugs you thought you had are not really the issue, you could save money by avoiding unnecessary treatment, she advises, also recommending having a trained dog inspect your house after it's treated to make sure the problem is solved.

Rose Pest Solutions details the canine option on its website at bed bug detecting dogs, [www.rosepestsolution.com](http://www.rosepestsolution.com).

Knott can be reached at Bridging Communities Inc., 313.361.6377 or through [l.knott@bridgingcommunities.org](mailto:l.knott@bridgingcommunities.org) for questions about bed bugs and other issues affecting seniors.



# Super Agers

By Jada Vasser



Super agers are defined as people who defy aging stereotypes by engaging in energetic activities as they get older. Whether it's exercising daily, adding on new hobbies, or participating in work that requires heavy lifting, super agers live outside of the constraints of what is typically thought people their age can do.

Take Douglass Talbot for example. Now in his 80s, he is living outside the box by engaging in a variety of activities with his wife, Linda, 72, as they continue to maintain an active lifestyle. So active in fact that not that many years ago they ran a bustling gift shop in downtown Detroit called "Little Things."

The couple enjoys visiting art exhibits and arts events together. "Linda is a fiber artist," Douglass said. "So, we enjoy visiting art galleries, attending

concerts, plays and just being home enjoying each other's company as best friends."

The artistic couple takes pride in bringing their eye for design and gracious living to their various homes - spaces they've improved in Rosedale Park, on the riverfront, and now, while beautifying a home in Grosse Pointe.



The home's decor includes displays of art and photos, some original works. "Photography has always been a passion of mine. I focus most on landscapes, flowers, birds and winter themes. Getting a great shot is so satisfying," he said. "In the summer I enjoy working in my flower beds."

After retiring, both Douglass and Linda joined The Helm, a place for seniors to participate in a range

of activities, from exercise rooms to balancing and mobility classes. They still participate in exercise and balance classes twice a week.

"Throughout my life I've tried to remain physically fit and in my later years I was encouraged by my wife, Linda, and my children, Leslie and Kim, who were always fitness nuts, to take care of myself," Douglass said. "During my early years I was always physically active, playing basketball and in high school I ran track, the half mile and the two mile. At the age of 23 I was drafted into the Army which kept me in good physical condition."

With the help of family, friends, and doctors at the Detroit Medical

Center, Douglass says he has a stable routine that supports a stable weight.

"I consider myself very lucky to have received so much love over my entire life," Douglass said. "All in all, life has been very good!"



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# Primary Care Clinics on a Block Near You: High-Touch Health Centers

By Patricia Anstett



*Primary care clinics that serve seniors on Medicare offer free shuttle transportation to appointments, have their own pharmacies, and have pharmacy kiosks like the Spot RX vending machine at Oak Street Health.*

Maureen McDonald says she “feels like I’ve won the lottery.” The Hazel Park primary care clinic she uses, Oak Street Health, is part of a national for-profit chain of community-based health centers that offers free transportation to appointments and thorough visits with a nurse practitioner or doctor.

“I highly recommend them,” said McDonald, 72, of Southfield. “In these days, where everything in health care is rush-rush, this is low tech and personal.”

Oak Street Health, with 140 centers in 20 states, was an early developer of a new approach by national companies - offering primary care clinics focused on senior citizens with Medicare health insurance.

Some such clinics, including Dedicated Senior Medical Centers, a division of ChenMed with 100 centers in 12 states, only accept seniors with Medicare Advantage plans. Oak Street, however, accepts all types of Medicare coverage, as well as so-called dual eligible patients with both Medicaid and Medicare coverage. Both companies have won the support of large insurance plans, such as Blue Cross Blue Shield of Michigan, Humana and Priority Health.

They call their appeal high-touch. “Switch to a doctor who listens to you,” is the pitch for one Oak Street ad on Meta Platform Facebook. These centers are projecting growth as they continue recruitment appeals, and as Medicare and other health insurance plans financially reward centers that keep seniors out of the hospital and prevent

them from falling below their desired health goals. The approach is called value-based health care. Up until now, most such healthcare was “fee-for-service,” meaning the more patients seen, the more money a doctor or facility received.

“The emphasis in value-based care is to keep patients as healthy as possible for as long as possible,” said Dr. Maria Wilson, executive medical director overseeing Oak Street clinics in Michigan and four other states. The company says it has reduced hospital admissions by 51 percent.

A big concern, expressed in interviews and social media comments by former patients and employees, is that these centers will focus only on the healthiest seniors, and so it will take time to see if the concept actually saves money and improves health for a large percentage of seniors.



“We don’t cherry pick,” countered Dr. Traci Trice, a family medicine physician at the Dedicated Senior Medical Center on W. Seven Mile in Northwest Detroit. “That’s the antithesis to our model. Our model is everyone deserves VIP service. We preach that all day, every day. We see all comers.”

Others worry that seniors might face obstacles if they need prescriptions or a referral to another type of care, such as physical therapy or a specialist. “STAY AWAY IF YOU WANT TO STAY ALIVE,” warned Priscilla A. in all caps on the BirdEye.com website. Her post said she waited two weeks for a refill of her blood pressure medicine.

Wilson added that most social media posts tend to be more negative than positive and that her company’s surveys show a high satisfaction rate, far exceeding other industries.

Urban Aging News visited two Detroit clinics and evaluated the concept of value-based care through social media posts, health care journal articles, interviews and other resources. Here are some observations:

**FACILITIES:** Housed in remodeled former drug stores and other commercial urban properties, the health centers look new and clean. Clinics will arrange for a shuttle bus or car to pick up patients and return them home if needed. Many stock pantries with free water and snacks, and offer community classes, such as cooking, chair yoga, cards, hustle dancing and drama clubs.

**CARE COORDINATION:** Clinics can offer same-day or next-day appointments with a primary care doctor or nurse practitioner, often 40-45 minutes each. Many have a pharmacy or pharmacy arrangements, x-ray, lab and other standard testing services on the premises. Care teams, including doctors, nurse practitioners, behavioral health and social workers, as well as Medicare experts, oversee your health and other verification needs.

**REFERRALS:** Centers say they refer patients for conditions they can’t treat. But referrals must be within your insurance plan’s physician network and coverage, and they can take months to arrange.

**FOLLOW UP:** Patients say they may not see the same doctor or nurse practitioner, although their care is managed by a team. Complaints and questions may be funneled to a national call center that arranges for the local center to follow up.

**DISENROLLMENT:** Neither the Oak Street or Dedicated clinics require a contract to be signed. Patients are free to disenroll from either whenever they choose.





# Making Living Space Safe for Independent Seniors Who Live Alone

By Joel P. Ambrose, president of HandyPro International, LLC, Farmington, Michigan



The number of seniors living longer, and the fact that so many want to remain in their homes, causes a whole new set of concerns for those who love and care for them. How can you be certain your loved one is safe when they are home alone? My 94-year-old aunt is adamant about her independence. Her memory is still sharp, and her humor is equally intact, however her children are constantly concerned about her living alone. This scenario is true of so many seniors today.

Technological advances along with simple home modifications are helping to ease these concerns, addressing independence issues with solid results. Here are some simple and practical solutions to living independently, comfortably and safely at home, alone.

**Remote Care Monitoring** is a way that loved ones are staying connected, especially since COVID-19. It uses in-home wireless sensors with built-in artificial intelligence that monitors motion, temperature, moisture, sudden sounds, falls, unopened doors, stoves left on, and unusual activity. The system learns a person's

behavior and reports inconsistencies with the behavior to a family member or escalates it to medical or emergency personnel if needed.

**Phone Connections.** One provider, Senior Home Services, addresses social isolation with an option to have personal calls placed to loved ones by a remote monitoring coordinator. This level of service is not to be confused with **Remote Patient Monitoring**, where clinicians observe patients. This is simply for families desiring an additional layer of protection to keep their loved ones safe.

The **Ring Doorbell and Alarm** is an outdoor camera system that adds a layer of security. Camera audio and video can be monitored from any location and from multiple devices, including a cell phone. Cameras pick up activity at or near the home. Ring has also added door locks and outdoor lighting to its product offering, increasing functionality and capability for monitoring the entire home on one device. I have installed this product for many clients, and they enjoy knowing that they can monitor their homes from anywhere via the Ring app.

**A First Floor Laundry Room** - If the laundry room is in the basement, upgrading by moving it upstairs is a solid choice for seniors looking to remain independent. Clients are surprised by how little space a stackable washer/dryer takes up, while making this chore safer. According to the National Library of Medicine, "Falls in older people are not random, chance events or 'accidents' but, rather, are typically multifactorial events with risk factors

that include increasing age.... The greater the number of risk factors, the more likely it is that a fall will occur." Moving the laundry room can reduce the risk of a fall on the stairs by making it much safer to navigate the loads of laundry.

Joel P. Ambrose, president of HandyPro International, LLC, Farmington, Michigan, is a licensed

contractor specializing in home modifications and professional handyman services. The founder, Keith Paul, is a licensed Aging in Place specialist and has more than 25 years of experience. They can be reached at 734.254.9160, or [jambrose@handypro.com](mailto:jambrose@handypro.com). For more information, go to [www.handypro.com](http://www.handypro.com).



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# Life After

By Najla Hollins

**Life After highlights Motor City-area seniors who are aging into their greatness. They are doing so by thriving, leading and continuing to serve the community that fuels their drive.**



*Children's book author Patrice A. Lee is teaching lessons one book at a time.*

**An activist senior, Patrice A. Lee** says she endured workplace bullying and harassment for more than 27 years before retiring.

"I am a survivor of workplace bullying. I not only survived but overcame - and overcome yet. You might even ask, 'Why did you stay?'" She answers that it was because she simply couldn't get out.

Lee says, in hindsight, she believes God allowed her to go through that trying experience so that she could do the work that she was meant to do - the work she's doing today.

She says her calling came on October 6, 2006, when she picked up her pen and began to write nonstop for 30 days and 30 nights. Lee is now a children's book author. Her books cover topics such as bullying, overcoming obstacles, and

more empowering life lessons - and she says her goal is to change the lives of children and teenagers one book at a time.

Lee says she has received numerous testimonies from families about the positive impact her books have on young readers. "It really lets me know that what I'm doing is what I'm called to do. It really does bless me to know that lives have been changed and lives have been saved."

Visit her website at [www.leep4joy.com](http://www.leep4joy.com) to discover more of Lee's work, or call 248.613.5628 for more information.

**An activist for seniors, Tene-Sandra Ramsey** began working with seniors in 1973, while volunteering on the mayoral campaign of Coleman A. Young and for other

Black Slate candidates. She later worked on former Mayor Kwame Kilpatrick's campaign, coordinating senior outreach.

From 2002 to 2009, as the City of Detroit Senior Citizens' director, Ramsey developed programs to aid seniors. After retiring from the city, Wayne County Executive Warren C. Evans appointed Ramsey as community liaison in the Inter-Governmental & External Affairs Department, with a focus on community relations and senior citizens. She helps coordinate housing, food distribution, health care, social security, transportation and a wide range of other services.

"I never thought my retirement life would slow me down, nor did I think it would be relaxing and I would just do nothing. I have never been a stay put type of person, I've been active my entire life and enjoy doing and helping others when and where I can," Ramsey says.

She says she does not see herself retiring again anytime soon. "Life after is no life after. I'm going to keep right on going."

Today, Ramsey is the Detroit representative for the Michigan State Commission on Services for the Aging, a 15-member bipartisan body appointed by the governor. The CSA advises the governor, the Michigan legislature, the Michigan Department of Health and Human Services, as well as the Bureau of Aging, Community Living, and Supports, on matters relating to policies and programs for older Michiganiens.

Working in close collaboration with the Bureau, the CSA approves funds for services statewide, including the Area Agencies on Aging; participates in preparation of the multi-year state plan for older adults required as a condition of federal funding; determines public policy around aging issues; serves as an advocate for older adults in government decisions; holds public hearings across the state; and appoints a 40-member State Advisory Council on Aging to advise state-level decision making.

The Commission's next meeting in southeast Michigan is July 15 at the Older Person's Commission, 650 Letica Drive, Rochester, Mich. 48307. The meeting begins at 9 a.m. followed by a 1 p.m. public hearing. The public is encouraged to attend and address the Commission.

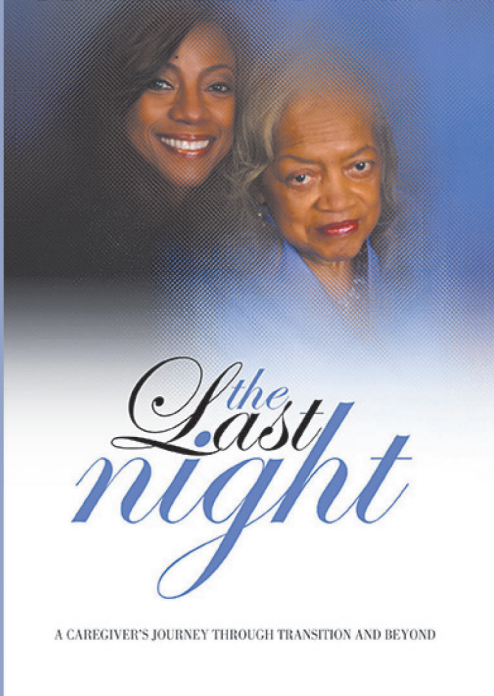
**If you have a candidate for Life After, please share it with us at:** [urbanagingnews@yahoo.com](mailto:urbanagingnews@yahoo.com), or 313.204.5140



*Tene-Sandra Ramsey is an active senior activist.*



BERNNADETTE STANIS



AGING MATTERS EDUCATION & EXPO

# Conversations for Caregivers

**Conversations for Caregivers** is a FREE day-of-learning event connecting seniors and those that love and care for them to resources, services, programs, and products to meet the joys & challenges of aging. Free breakfast snacks and lunch served. Elder law and caregiver self-care workshops presented. The event is hosted by the Detroit Caregivers Support Collaborative: Neighborhood Legal Services-Elder Law & Advocacy Center, Southeast Michigan Senior Regional Collaborative, Urban Aging News & Bridging Communities, Inc.

For the day's agenda and vendor table registration, see [agingmattersexpo.com](http://agingmattersexpo.com)

## Guest Speaker



### BernNadette Stanis

Thelma from Good Times  
Author of *The Last Night: A Caregiver's Journey through Transition and Beyond The Last Night*  
[thelmaofgoodtimes.com](http://thelmaofgoodtimes.com)

**FREE**

**Thursday, August 11, 2022**

**8 am – 3 pm**

**Wayne County Community College-Northwest Campus**

*Denise Wellons Glover Welcome Center*

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*Free breakfast snacks & lunch.*

*Elder Law and caregiver self-care workshops offered.*

**Attendee  
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July 11 - July 29 ONLY**

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**Online RSVP:  
July 1 - July 31**

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## Giving Money to Family Can be Deemed a Gift, Complicating Medicaid Eligibility

By Attorney Bob Mannor, CELA



Many people are aware of the five year “look back” period for long term care Medicaid eligibility which takes financial transactions during that time frame into account. An elderly applicant in need of long-term care could be penalized for having given away money or assets during the previous five years. What many may not be as familiar with is the fact that Medicaid has their own lengthy list of what they consider to be gifting. It could be something as simple as adding an adult child’s name to an account to help manage finances. A Medicaid penalty for having given a gift within the previous five years means that the applicant could be denied long term care Medicaid for some period of time.

The department is likely to look suspiciously at any payment made to a child or relative and at cash transactions. If you apply for Medicaid, the department will ask for documentation of what was done with cash. If you don’t have receipts or cannot otherwise prove that the money was spent in accordance with the rules, the department may presume it was a gift and issue a penalty.

The most egregious example of this problem is from the 2015 Michigan

Court of Appeals case, *Jensen v. Department of Human Services*. In that case, Betty Jensen really wanted to stay in her home and avoid going to a nursing home on Medicaid. She relied on her grandson, Jason, to run errands for her and reimbursed him for his costs in the amount of \$1,400. Betty’s family also found a neighbor, Theresa, who they paid hourly to care for Betty. Over a period of ten months, they paid Theresa a total of \$18,000. The Michigan Court of Appeals treated the payments to Jason and Theresa as if they were gifts and allowed the department to issue a penalty. The Court determined that the only evidence that would prove the payments were not gifts included a notarized contract that was also signed by Betty’s doctor to prove that the care and services were needed.

This is an incredibly high standard of documentation that very few Medicaid applicants would know they would need. Betty’s case is a cautionary tale of bureaucratic overreach and of the importance of getting good legal advice when preparing to file for Medicaid. There are professional associations that can help identify a lawyer who fits the bill. Find a lawyer near you via the National Academy of Elder Law Attorneys at Find a Lawyer - Distance at [www.naela.org](http://www.naela.org).

*Bob Mannor, a Certified Dementia Practitioner, is past president of the National Academy of Elder Law Attorneys-Michigan Chapter; chair of the State Bar of Michigan Elder and Disability Rights section; and one of 19 nationally Certified Elder Law Attorneys in the state of Michigan. For more information, visit [mannorlawgroup.com](http://mannorlawgroup.com), or call 810.645.8426.*

## Basketball, Anyone?



Pictured here are, (L-R) Front row: Mary Lawrence, 84; Patricia Ferguson, 82; Carol Duncan, 86; Back row: Coach Edna Allen, 80; Palma Reed, 86; Mary “Silver Fox” Gibbs, 83; Marilyn “Mama” Day, 81; and the late Coach Cal Dilworth.

Despite the passing of their beloved coach, Cal Dilworth, the injury of two vital players, and no sponsorships, the Michigan Spirits Senior 80 plus women’s basketball team perseveres and has fun doing so. This year alone the team has competed and won national gold medals in Slippery Rock, Pennsylvania, and Santa Fe, New Mexico. Because only three team members were able to compete in Ft. Lauderdale, Florida recently, they had to play with the age 65 and up team, also winning a gold medal.

The 80+ year-olds vow to continue playing but they now need new players. If you or someone you know loves the game of basketball and wants to play, please contact Mary Gibbs at 313. 864.4142, or Coach Edna Allen at 313.702. 2174.

### The New 60





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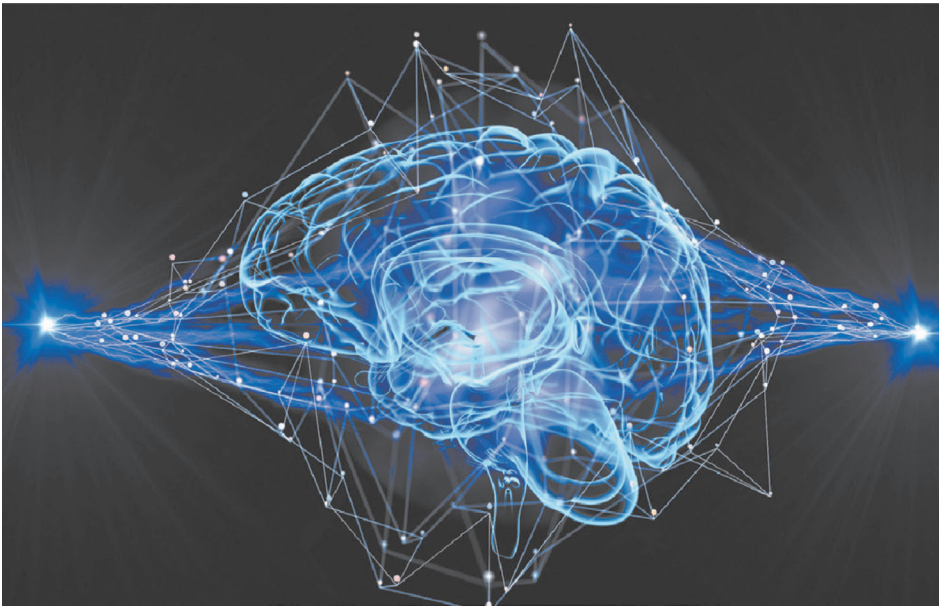
ELAC is funded by the Michigan Aging & Adult Services Agency, Detroit Area Agency on Aging 1-A, Area Agency on Aging 1-B, The Senior Alliance-Area Agency on Aging 1-C, and with support from the Older American's Act, the Older Michiganians' Act, and in compliance with Title VI of the Civil Rights Act of 1964 and EEOC Social Rehabilitation Act, Section 504.

*Elder Law & Advocacy Center*  
*12121 Hemingway*  
*Redford, Michigan 48239*  
*(313) 937-8291*



# The Aging Brain

**By Lynn Breuer, LMSW, Certified Dementia Practitioner  
Senior Director, Community Outreach & Wellness  
Jewish Family Service of Metropolitan Detroit**



I once had a client who was known for saying, “Aging isn’t for sissies.” Boy, was he right! If we are lucky enough to live a long, healthy life, chances are we’ll face some sort of age-related difficulties. Will it be hearing, vision, or mobility that changes first?

But just as we accept the fact that normal aging brings expected changes in these areas, it is also likely to impact our cognition to some degree. Normal changes to cognition that are to be expected include word-finding difficulties, decreased focus and attention, slower processing speeds like that “right on the tip of the tongue” feeling, and slight memory difficulties.

Why does this happen? Believe it or not, our cognitive abilities peak at around age 25. From birth to age 25

our brains process information faster and faster each year. At age 25 we reach the top of the bell-shaped curve and begin a very slow decline. Most of us do not notice any changes until closer to age 50, where the cumulative changes start to be felt when we can’t remember exactly where we parked the car at the mall. Or when a word is on the tip of our tongue, and instead of spitting it out within seconds as we did in our 20s, it takes a few minutes (or hours) to get it out.

We have so many neural connections in our brains that the analogy has been made likening the connections to a complex road map with well-worn pathways. Signals are sent to and from our brains at lightning speed, one nerve at a time. Each nerve passes the information on to the next one. As we age, some of these neural

connections no longer work and the signal is lost, not unlike when a road is closed for construction and traffic is not able to pass through. This is the culprit behind the cognitive changes we notice.

So, what can we do about this? The best way to fight back is through building brain resiliency. This is possible due to our brain’s built-in capacity to learn, adapt and change throughout our lives, often referred to as neuroplasticity. While this won’t open the closed freeway-like pathways in our brains, it can help us increase our network of smaller neural connections, the side streets that allow traffic to continue in an unobstructed flow.

How do we build brain resiliency? While there are several lifestyle factors linked to brain health, including good nutrition, regular exercise, engaging in social activities, spiritual engagement, sleep hygiene, stress management and medication management, current research favors mental stimulation, specifically cognitive training, for playing a critical role in building brain resiliency.

For cognitive training to be as effective as possible, it needs to strategically target specific cognitive tasks, in a predetermined order, with increasing levels of difficulty over time. These improvements should then translate into real world skills improvement, beyond the training session exercises.

One of the few research-based programs on the market addressing these issues is Mind Aerobics, developed by the New England Cognitive Center. The specific skills challenged in each class session include:

- Reaction time - How quickly we react to unexpected changes in the world around us
- Visual/spatial skills - Critical to minimizing the risk of falls, as well as helping with parking skills
- Attention and concentration
- Memory - Short and long-term, as well as visual memory, auditory memory and kinesthetic memory
- Language
- Problem-solving skills

The classes have ramped up the cognitive improvements by being held in a group setting, so socialization is included in the package, giving your brain quite a workout...with no workout clothes required!

*Mind Aerobics classes are forming for summer and fall. For more information on Mind Aerobics classes, contact Jewish Family Services, Mind University at 248.788.MIND or MINDU@jfsdetroit.org.*



# Guardianships - Another Take on the Pros and Cons of Probate Court

By Norman E. "Gene" Richards

If you have heard the word "guardianship" recently, it was probably in the context of a scathing news article about complications and/or corruption in the system, or during a conversation with someone complaining about the difficulties of dealing with a family member's guardianship. Unfortunately, the media and the public are inclined to highlight the sensational, tragic stories and bad experiences. As with most complaints, there are two sides to the story.

Having worked with guardianships for more than 25 years, this author believes that guardianships serve a good purpose. A guardianship is a type of court case (or proceeding) designed to oversee the care, custody, and wellbeing of someone who is incapacitated. This is someone impaired by conditions including reduced cognitive ability, mental or physical illness, or chronic drug and/or alcohol abuse, to the point that the individual cannot make or communicate informed decisions.

A guardianship may only be established by the probate court of the county where the incapacitated individual is located. The case begins with someone, usually a relative, filing a Petition for Appointment of Guardian with the probate court. The Petition must provide sufficient reasons by stating facts to demonstrate why a guardianship is needed and it will usually nominate a suitable person to act as the guardian. The court will set a date for a hearing on the Petition and all interested persons - and this is a specifically defined group - must be properly served with a copy of the Petition and notice of the hearing at least two weeks before it is held. Before appointing a guardian, the probate judge must determine two things: 1) That the individual is incapacitated, using the legal definition of the term; and 2) that a guardian is needed to provide continuing care to and supervision of the individual.

An incapacitated individual should be safer and healthier with a guardian because the benefits of a guardianships include:

- A guardian is responsible for the incapacitated individual's quality of life and personal care

- A guardian has the power to override bad decisions by the incapacitated individual
- A guardian has more legal authority than an agent under power of attorney
- A guardian is under court oversight and must report to the court and other interested parties once a year

There are also disadvantages of guardianships, which include these considerations:

## Problems with the court

- The court process to install a guardian is often confusing, time consuming and expensive
- Probate courts do not have the resources to properly oversee guardians

## Problems with the guardian discharging their duties

- Family members may be powerless if the court appoints professional guardians
- There are news reports of guardians abusing their power and neglecting the incapacitated person

## Problems within the family

- Families frequently feud over who should be guardian
- Families frequently object to decisions made by the guardian

## Problems with the scope of guardian's authority

- A separate conservatorship will be needed for bank accounts, real estate and other property

**Alternatives to guardianships:** While a guardianship serves a good purpose – protecting a vulnerable, incapacitated individual – it may not be the best solution. An overburdened legal

system and the unpredictable, expensive legal process to set and oversee a guardian often make guardianships undesirable. There are alternatives to consider before going to court to ask for appointment of a guardian. These alternatives are usually less expensive than going to court and allow trusted persons to act quickly:

- Powers of attorney (medical and financial) to give the necessary authority to manage care and financial assets
- Advance directives and authorizations on file with physicians and medical care providers so that the individual's choices are documented and can be executed
- Trusts to hold assets that can pay for care
- Agreement and cooperation among family members about the care and custody of an incapacitated loved one

*Norman E. "Gene" Richards is a partner at the law firm of Cummings, McClorey, Davis & Acho, P.L.C. where he focuses his practice on estate planning and elder law. He provides practical, legal solutions for life's distressing twists and turns. He may be reached at 734.261.2400 or [nrichards@cmta-law.com](mailto:nrichards@cmta-law.com).*



# New Tool Helps Predict Which Older Drivers May be on Track for an Accident

By Jing Feng and Matt Shipman

A new assessment tool is being tested to see if it can indeed predict which older drivers are at increased risk of having accidents. A questionnaire developed by researchers at North Carolina State University and Texas Tech University gauges these adults' "attentional performance" during driving.

"We developed the tool, called the Attentional Failure During Driving Questionnaire, so that older drivers can recognize and monitor their ability to drive safely," says Jing Feng, co-author of the study and an associate professor of psychology at NC State. "This study was focused on determining how effective the technique is at assessing attentional performance, and what it can tell us about actual driving performance."

As a group, adults over 70 are more likely to get into fatal crashes, due to a decline in attentional capabilities. For example, it becomes more difficult to monitor peripheral activities, such as what is happening to either side of the vehicle.

"In addition, many older adults have limited access to professional assessments of their attentional performance, making a freely available self-monitoring technique particularly valuable," Feng says.

To test the AFDQ, the researchers recruited 411 drivers between the

ages of 25 and 64; and 248 drivers age 65 or older. All of the study participants took the AFDQ, which consists of 19 questions, asking users to rate how frequently they are experiencing a range of attentional problems while driving. Participants also completed a survey that included questions related to their driving

had been involved in crashes. However, older study participants who reported having the same attentional challenges repeatedly were significantly more likely to have been in crashes in recent years.

"It didn't matter if older drivers had occasional challenges," says

same attentional failures repeatedly had more accidents.

"Among older adults, chronological age was not predictive of driving safety," says Daniel Grünh, co-author of the study and an associate professor of psychology at NC State. "What mattered most was each driver's attentional capability. In other words, an 80-year-old driver could be a safer driver than someone who is 65, if the 80-year-old had better attentional capabilities."

"Overall, this study tells us that the AFDQ can be a valuable tool for helping older drivers monitor their attentional capabilities when driving," says Feng. "Specifically, older drivers who are experiencing repeated challenges with any of the attentional measures may want to seek out professional assessment or help to ensure that they can drive safely. "The AFDQ is available on my website, for anyone who wants to use it. And we're interested in working with organizations that serve drivers or older adults to help people access the AFDQ and make use of it."

To access the questionnaire, visit the AFDQ website at [jfenglabs.com](http://jfenglabs.com), call 919.515.3411, or email Feng at [jing\\_feng@ncsu.edu](mailto:jing_feng@ncsu.edu).



Photo Credit: Dan Gold

history over the previous five years. This let the researchers determine how predictive the AFDQ scores were in forecasting each participant's actual driving record.

In addition, 54 of the older study participants also came into the lab to navigate a series of urban and rural neighborhoods in a driving simulator. The first major finding was that having a wide range of attentional challenges was not always a good predictor of whether older drivers

HeeSun Choi, corresponding author of the study. "The key predictor was whether someone reported having the same challenge frequently," Choi started work on the study while a Ph.D. student at NC State; she is now an assistant professor of psychological sciences at Texas Tech.

This finding was reinforced by what the researchers observed in the driving simulator experiments: study participants who encountered the



# Intervening When Dialysis Patients Consider Suicide: Training to ‘Question, Persuade and Refer’

By Pat Anstett



Jean Wright PhD

President, Virtual Dialysis Support Center

A unique Detroit program is making progress combatting a widely unaddressed problem - suicide among kidney dialysis patients.

Jean Wright, PhD, president of the Virtual Dialysis Support Center, implemented a suicide intervention support program for the most vulnerable patients, those who endure dialysis three to four days a week for up to four hours at a time. “We all knew who was at risk but we didn’t talk about it.”

Wright’s solution was to become licensed to train and certify others in suicide prevention. Known as Community Suicide Prevention Gatekeepers, they are trained to recognize the risk factors and warning signs of suicide and to take

simple steps to help intervene. She utilizes a nationally recognized, evidence-based program called Question, Persuade and Refer, offered by the QPR Institute in Spokane, Washington. “People need to know it doesn’t have to be that bad,” she said. “It’s just that some protective factors are not there for them,” she added, citing friendships with others who understand the frustrations and needs as an example.

To date, nearly 150 dialysis staffers in metro Detroit have been certified through the QPR program, one of the few of its kind for working with dialysis patients.

Data from the National Council on Aging show that adults 65 and older comprise 18 percent of suicides, though they are just 12 percent of the population. Wright says, contrary to common myth, seniors 65 or older, particularly white men, are at high risk of completing suicide. They succeed in their attempt one in four times, as compared to one in 25 times for younger adults, she said.

“They stop coming to dialysis, which is really a death sentence, or they stockpile their meds.” Wright says one woman loaded up on unhealthy junk foods and brought them to dialysis, and rather than completing her recommended four-hour treatment, she would end her sessions after 15 minutes.

“Once we can identify someone is at risk, we can mitigate it and we can give hope.”

Wright says those contemplating suicide often say or do things that indicate their plan to take their lives, but the problem is that most people can’t recognize the verbal and behavioral clues.

Wright’s organization receives referrals from clinic social workers and other certified staff. Sometimes other dialysis patients team up with social workers to help make connections. Certified peer mentors then connect with patients deemed to be at risk for suicide.

The Virtual Dialysis Support Center serves more than 600 patients who receive dialysis at its 10 locations. The organization offers a range of programs, including learning sessions

for caregivers, as well as outings. A monthly Zoom support group for dialysis patients is held on the fourth Thursday of each month at 7 p.m. To participate, call 929.436.2866 and enter meeting ID code 909 626 3591. For suicide prevention trainings or more information: 800.273.8255 or [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).

For more information about the Virtual Dialysis Support Center, call 313-312-0224, or go to [www.VDSCARES.com](http://www.VDSCARES.com).

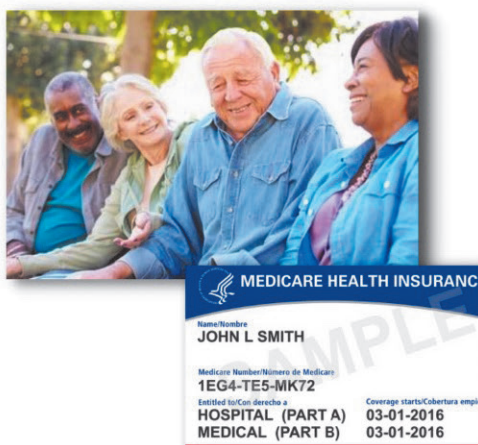






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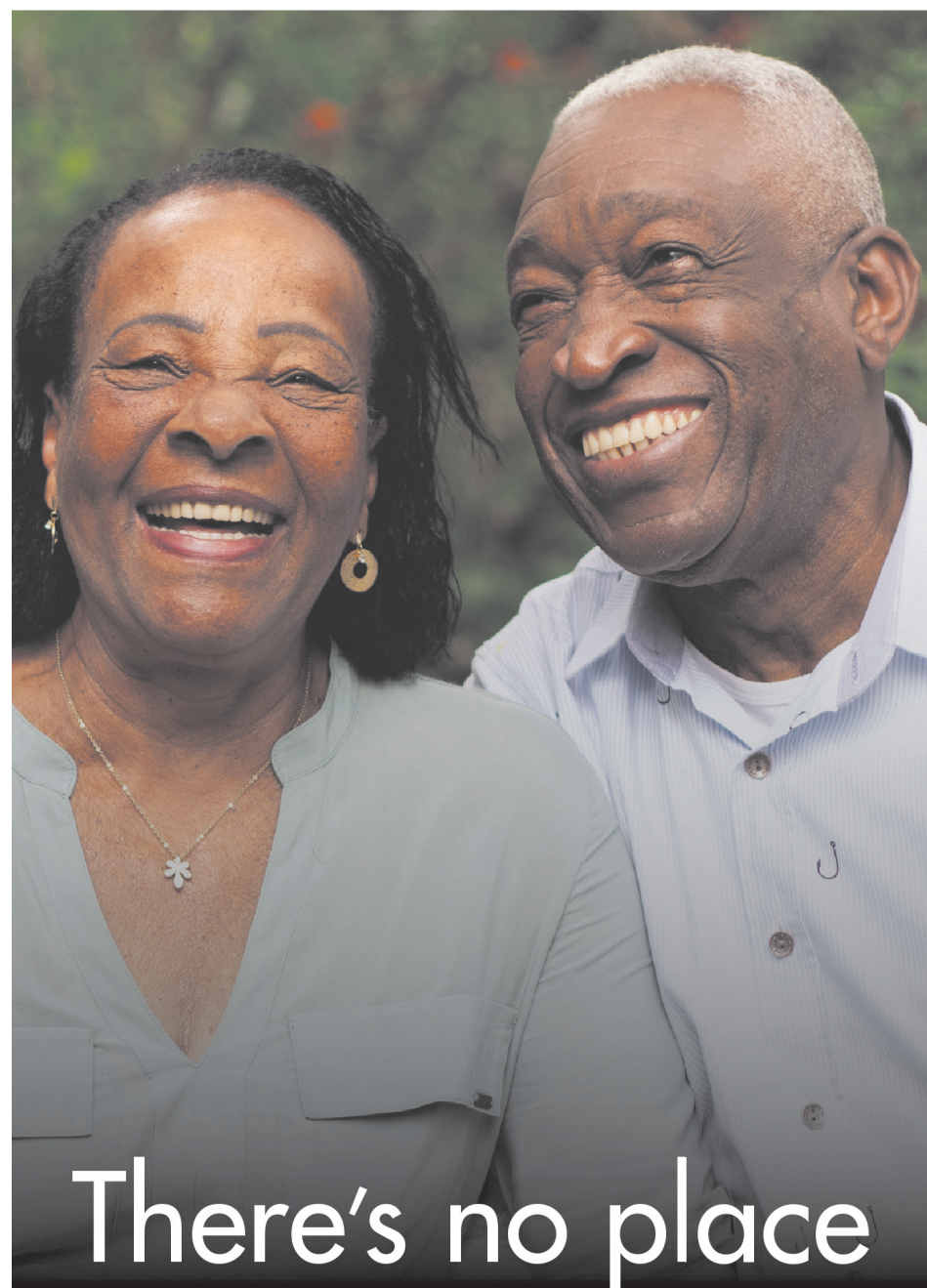


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## Community

Block clubs, churches and community groups, register for the 16th annual **ARISE Detroit! Neighborhoods Day** being held on **Saturday, August 6**. It is a day filled with volunteers working citywide performing community improvement projects. There are also more than 100 events around the city, including volunteer projects, art and music festivals, resource fairs, school supply giveaways, and much more.

Registered groups will receive custom made banners with the name of their organizations, **Neighborhoods Day** t-shirts, and cleanup bags for beautification and blight removal projects. Before the day there is volunteer recruitment assistance, marketing support, and other incentives to register as a participating group. Groups also can register to host events throughout the month of August and still receive Neighborhoods Day incentives. Groups can register for Neighborhoods Day by July 15 for \$50 at [www.arisedetroit.org](http://www.arisedetroit.org), or by calling 313.921.1955.



## Lifelong Learning

**GetSetUp, an interactive learning community** where older adults better their lives through the pursuit of learning has renewed its partnership with the Michigan Department of Health and Human Services and is expanding free access to the program through 2023. GetSetUp offers real-time, engaging learning experiences 24 hours per day that range from technical skills to enrichment-focused courses taught by expert, older adult instructors. Library patrons can now access GetSetUp from public access computers, or they can log on through their library's website and direct questions to library staff.

GetSetUp's initial partnership with MDHHS reduced isolation and loneliness by making its services available to the 2.4 million older adults in Michigan. That included reaching 108,000 older adult learners in the first year who enjoyed classes and discussions on a variety of topics such as healthy aging, fitness, photography, technology and mental well-being. To access or to learn more, visit: [www.getsetup.io/michigan](http://www.getsetup.io/michigan), or call 1.888.559.1614. The Michigan resident coupon code is: MICHIGANHEALTH

**Aging with Attitude...and Tech** through Senior Planet from **AARP** harnesses technology to enhance the way we age. Courses, programs, and activities help seniors learn new skills, save money, exercise to get in shape, and make new friends. Senior Planet touts being more than just the latest gadgets, apps and websites. Courses and events are designed by those who are experts in the needs of seniors to help seniors thrive in today's digital age. To participate online and to subscribe to their newsletter, visit [seniorplanet.org/](http://seniorplanet.org/), or call the hotline at: 888.713.3495

The Wayne County Community College District recently launched its **Rocket2Work initiative**, which will provide tuition-free training for skilled trades programs. The program helps connect students with jobs with a minimum starting wage of \$15 an hour. Rocket2Work careers include: CDL licensed professional truck driving, skilled construction, advanced manufacturing and mechatronics, technology and technical, and more. All training programs are in high demand with thousands of open positions across the region. Inquire at WCCCD campuses for more information.

## Socialization

Most **Fridays** during the summer, weather permitting, **Jazz Porch Concerts** can be enjoyed on Bagley Street in **Corktown**, between 6th and Brooklyn. Bring your chair for music that starts at 5 pm. For a sample, visit: [rawwwmusic.com](http://rawwwmusic.com)

**Senior Friendship Day** returns on Tuesday, July 19, from 10 a.m. - 2 p.m., for music, raffles, fitness education, food vendors, and health screenings - all at the Aretha Franklin Amphitheatre, 2600 Atwater. Gates open at 9 a.m. Transportation provided from the following Detroit Recreation Centers: Adams Butzel, Butzel, Farwell, Kemeny and Patton. Register by July 12 at [Defoet@Detroitmi.gov](mailto:Defoet@Detroitmi.gov) or 313.224.1371.

Every September, Detroit Area Agency on Aging, Detroit Parks & Recreation and St. Patrick Senior Center present the **30-day Strides for Seniors** campaign to promote the city's neighborhood senior centers. The services, activities, wellness programs, fun and friendship centers provided are essential to the lives of aging Detroiters. Plans are currently underway for the 2022 celebration. For event details, visit [stridesforseniors.org/](http://stridesforseniors.org/) or call 313.833.0082.

# NEWS BRIEFS

## Civic Engagement

**Election deadlines:** Registered voters in Michigan do not need to provide a reason to vote absentee. To vote absentee in the Aug. 2 primary and/or the Nov. 8 general election, go to Michigan Online Absent Voter Ballot Application at [www.state.mi.us](http://www.state.mi.us) to request an absentee ballot.

You can also click Absent Voter Ballot Application - Aug/Nov 2022 at [www.michigan.gov](http://www.michigan.gov) to download and print your signed request, which you will need to get to your clerk's office via mail, email or fax. Only registered voters may receive absentee ballots. Requests must be received in the clerk's office no later than 5 p.m. the Friday before the election.

There are several ways to register to vote: Online no later than 15 days before Election Day; via a mail-in application postmarked up to 15 days before Election Day; or in person at your clerk's office, as late as 8 p.m. on Election Day.

## Caregiver Support

The Alzheimer's Association Michigan Chapter offers **Respite Care Assistance Scholarships**, which provide relief to people who are caring for individuals living with Alzheimer's disease or a related dementia. The scholarships are given to help reduce stress and improve the quality of care provided by caregivers. They can be used to cover the cost of adult day services - as well as in-home or overnight care by others, including professional caregivers, family, neighbors or friends. For more information, call the 24/7 Helpline at 800.272.3900 or email [helplinegmc@alz.org](mailto:helplinegmc@alz.org).

The Team Suzy Foundation provides **grants to support caregivers and families caring for loved ones affected with Alzheimer's and other dementias**. Grants provide a wide variety of services to make caregiving easier, ranging from respite care and day care, tracking watches, in-home security cameras and alarms, to name a few. Support also includes mobility and/or safety improvements, however, this does not include remodeling projects. For more information or applications to mail or email, visit [teamsuzy.org](http://teamsuzy.org), email [hello@teamsuzy.org](mailto:hello@teamsuzy.org), or call 701.509.4773.



The **Veteran Administration's Caregiver Support Monthly Orientation** is for veterans and caregivers of veterans needing support to learn more about benefits and eligibility. This includes who is eligible, how to apply, what the benefits are, and eligibility for financial compensation for the care provided to veterans.

### Every Second Monday of the Month

10 - 10:30 a.m.

Dial 1.404.397.1596 toll free

Meeting number (access code): 2761 381 1834

### Every Fourth Monday of the Month

1 - 1:30 p.m.

Dial 1.404.397.1596 toll free

Meeting number (access code): 2761 980 2301

## Fitness & Nutrition

**Free Produce Through Project Fresh** - Low-income seniors who are 60-plus, and a resident of Detroit, Hamtramck, Harper Woods, Highland Park, or the five Grosse Pointes, are eligible to receive a free \$25 Project Fresh coupon book to buy fresh Michigan fruits and vegetables. The coupon supply is limited and pre-registration is not required. Valid picture ID and onsite application required. For locations and dates, including the Eastern Market Tuesday dates, visit: [www.detroitseiorsolution.org/event](http://www.detroitseiorsolution.org/event) or call 313.446.4444.

**The Arthritis Foundation's Walk With Ease Program** is an exercise program that can reduce pain and improve overall health. If you can be on your feet for 10 minutes without increased pain, you can have success with Walk With Ease. Participants walk on their own schedule at their own pace with a goal of building to 30 minutes for at least three days a week by the end of the program. The program has helped participants improve balance, build confidence in their walking pace, and improve mobility. Register with Samantha Raad at 313.259.1574 ext. 3100 or [sraad@nkfm.org](mailto:sraad@nkfm.org).

## Support

The **Grief Share** program is for those mourning the loss of a loved one through death, whether the death was recent or occurred long ago. The program runs for 13 weeks, and can be repeated three times. Sessions have three elements: video seminars with experts, focused support group discussions, and personal study and reflection. Developed by the international organization Church Initiatives, it is based on biblical principles. Interested people can enter their zip code at the Grief Share website, [www.griefshare.org](http://www.griefshare.org), to find a program nearest them.



# NEWS BRIEFS

## Research Participation

**Unpaid full-time caregivers of dialysis patients** are needed to provide input on their needs. Participants will be asked to complete an initial interview, a survey, questionnaire, and to participate in a one to two-hour focus group. The total time commitment is approximately four to six hours. Participants who complete each study component will **receive a \$100 gift card**. Contact Dr. Jean Wright by phone, 313. 312.0224, or email at [VDSCCARES@GMAIL.COM](mailto:VDSCCARES@GMAIL.COM)

## Tech Assistance

**St. Pat's Members - Computer Lab for tech assistance Wednesdays and Thursdays from 10 a.m. - 1 p.m.** St. Patrick Senior Center members can use provided Chromebooks or bring their own mobile device for this by-appointments assistance.

To attend all activities, a current SPSC Member ID required. Yearly memberships cost \$10 for seniors 60+ and \$36 for Seniors 55-59. St. Pat's membership renewal is available during lunch time M-W-F. In addition, COVID-19 vaccination cards are required and a photo identification must be on file in the Activities office. Outdoor appointments are also available.

Call 313.788.7425 and leave a voice message, or send an email to [health@stpatsrctr.org](mailto:health@stpatsrctr.org), for the tech team to reserve your space.

## Visual Loss Support

If you or someone you know could use the social support of other people in varying stages of vision loss, consider joining the Helping Hands virtual support group of the Greater Detroit Agency for the Blind & Visually Impaired. The group meets monthly on the fourth Tuesday, 1 -3 p.m. The group is inclusive, addresses a variety of topics related to visual impairment, and welcomes individuals at varying stages of the vision loss process. Registration is required for all meetings. Call 313.591.3792 or the [www.lifebeyondsight.org](http://www.lifebeyondsight.org) website to register.

## Volunteer

Volunteer drivers are in great demand to deliver meals to homebound seniors who rely on help to get food to their doors. Volunteers use their own vehicles to carry food from Focus: HOPE to the homes of senior participants. You can choose the locations and the number of boxes you want to deliver. Following orientation, volunteers may come at any time during open hours - including some Saturday mornings - and deliver as much or as little food as they'd like. Delivery assistance is needed for those in individual homes and buildings with up to 100 participants. To sign up, visit [galaxydigit.com](http://galaxydigit.com), or call: 313.494.4270.

# URBAN AGING NEWS

## Get Fit So You Can Do More!



Exercise and be active every day so you can keep doing what's most important to you.

Practice all 4 types of exercise for the most benefits.

### 1 Endurance

So you can



climb steps



dance the night away



### 2 Strength

So you can



lift groceries



carry grandchildren

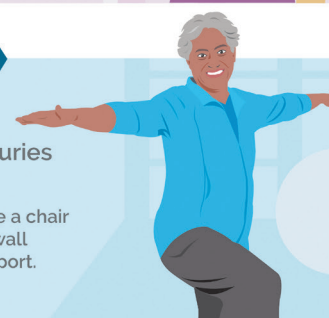


### 3 Balance

So you can prevent falls and related injuries



TIP: Use a chair or the wall for support.



### 4 Flexibility

So you can



drive



get dressed



Get exercise ideas, motivational tips, and more from the National Institute on Aging at NIH.

Visit [nia.nih.gov/health/exercise](http://nia.nih.gov/health/exercise)

# Medicare Advisor Versus an Agent - Another Take on the Differences Between the Two

By Lynette Smith, RN, BSN



The Medicare Insurance industry is a federally funded program with a \$776 billion annual budget. Because that is such a large amount of money, there is competition for that money among providers. Competition is between major healthcare organizations, companies that use insurance agents - either independent agents or captive agents who exclusively work for one insurance plan - and in some cases even the consumers are engaged in this recruiting process.

The competition among agents is also high. I have been told by captive agents about the pressure to meet quotas. I also know that these agents are interested in making sure the client's needs are met because they do not want to lose them. They won't benefit in the long run if their client goes to another agent - usually one representing another Medicare provider.

The fall 2021 issue of UAN carried an informative article on this subject, diligently detailing the distinction between a Medicare adviser and an agent, to assist seniors in finding ethical assistance as they travel on the

Medicare journey. That article, written by an insurance advisor, warned that "Agents are focused on 'making the sale' whether the client's needs and concerns are met or not."

However, as an independent agent working in the community, helping and informing seniors and others who need education, support, and guidance in making sound Medicare decisions, my contention is that we are in fact focused on the client's needs. We do so to serve the client and also to retain their business and make our commission. If an agent just enrolls someone to get their quotas filled, that client will easily leave to go to another agent or advisor who will take the necessary time and interest to meet their needs. So, it would not be in the agent's best interest to fail in doing their due diligence in meeting the consumer's needs.

As an independent Medicare agent, I begin with analyzing the client's needs first, taking the time to listen to the client, assessing their needs for preventive wellness as well as any concerns around premiums, co-pays, and coinsurances. Building a good relationship with open communication is crucial to meeting the changing needs of the Medicare client.

Make no mistake about it, those large Medicare dollars are sought out by many. As an agent I get paid when I enroll someone into a Medicare health plan and that generates a monthly payment. However, if the client does not stay with the plan I enrolled them in for a specified period, the Medicare health plan withdraws that money back from my commission in a process

called a chargeback. Therefore, it is in any agent's best interest to take the time to assess, evaluate, suggest and then follow up to make sure that the clients' changing needs are met.

Of course, there are always unethical agents and advisors, but it is not accurate or ultimately helpful to lump all agents or captive agents into that

category. All of us working with the senior community should treat those we consult with care and respect - I'm proud to say that I do!

To learn about your coverage or to contact Lynette Smith, call 313.510.8598, or email her at: jayresse1@att.net.



## Medicare

### Looking for Volunteers to Participate in the WALLET Study



If interested, contact  
**Vanessa Rorai** at  
313-664-2604 or  
vrorai@wayne.edu

Because the links between early memory loss and a decline in wealth are on the rise, the WSU Institute of Gerontology is seeking to interview older adults aged 60+. The interview will examine financial decision making, financial management, and completion of cognitive tests and other measures.

- A review of financial records from a primary checking account will be included
- Participants will receive \$100 compensation for completing the study
- All financial records are de-identified and confidential
- Interviews will take place over the telephone



Peter Lichtenberg Ph.D.,  
Principal Investigator  
Director  
Institute of Gerontology, WSU



# Have you or a loved one noticed changes in your memory and thinking?

**Diverse VCID** is a research study using advanced brain imaging and blood-based techniques to better understand how vascular changes cause brain injury and cognitive decline, especially in racially diverse communities.

## You may be able to join if:

- You or a loved one has noticed changes in your memory and thinking
- Your doctor has said there are abnormal white matter changes on your brain MRI
- Taking part in Diverse VCID is up to you. If you join, you can leave the study at any time.

## Potential benefits:

- The study will be free to you and you will be reimbursed for participating.
- Your doctor can use the results from your MRI scan and bloodwork to help diagnose and treat your medical conditions.
- Your participation could lead to better care for you. It could also help your family and those in your community with memory loss in the future.



**Join us on our journey to improve medical care for people with memory loss.**

## For more information,

please call Danielle Davis at  
**734-615-8378**

or email at  
**daviscd@med.umich.edu**

or visit us at  
**diversevcid.ucdavis.edu**







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Michigan Medicare Medicaid Assistance Program  
presents...

# Medicare 101

Join us on ZOOM to learn the basics of Medicare and  
how you can protect yourself against Medicare fraud.

**Monday: July 11, 2022**

(You may attend either session)

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Session 2: 2:00 p.m. - 4:00 p.m.

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ZOOM Teleconference Number:

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(For Both Sessions)

Register with the QR code or by calling 1-800-803-7174



ARE YOU TURNING 65 OR NEW TO MEDICARE?

# Medicare information and enrollment— I can help



## Let's discuss Medicare Advantage and how it fits into your life

If you're new to Medicare, I can help you make sense of it.

Or maybe you have Medicare now and you're looking for a new plan—or a new premium. Maybe you want to add coverage, such as a prescription drug plan or a Humana Medicare Supplement Insurance Plan. I'll listen to you and put information together.

## We'll find the right plan for you

Then we can discuss how that information may become real in a Humana Medicare Advantage plan that fits your needs. One with everything Original Medicare has—and that may have benefits you might not get with Medicare Part A and Part B.

Let's talk. Whatever you'd like to know about Medicare, whatever choices you make about it, I can help.

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**Nicole Scott**

**248-200-9417 (TTY: 711)**

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