

URBAN AGING NEWS

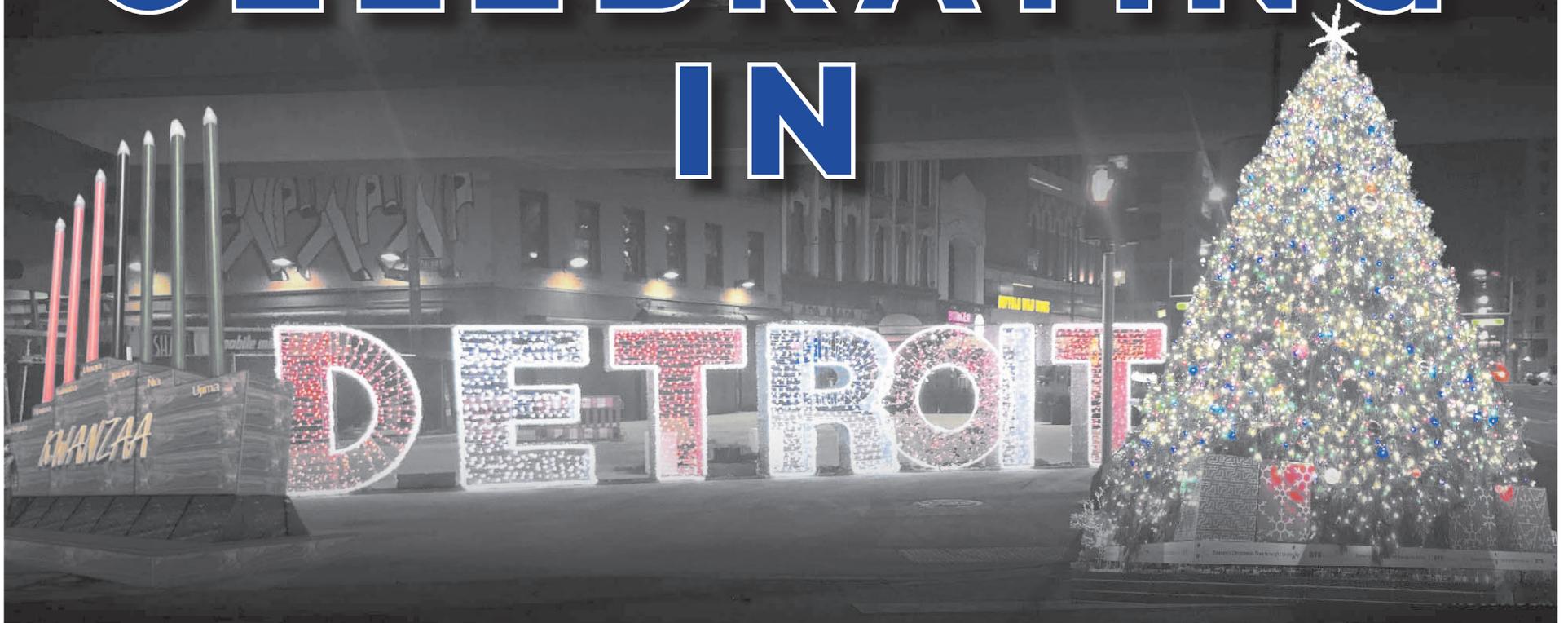
Urban Aging L3C

FREE

Issue 31 | Winter 2022

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

CELEBRATING IN



-INSIDE-

Annual Medicare Exams. See page 10

What is a Geriatrician and How Can They Help You? See page 11

Vital Advice on When To Check Your Electronic Medical Record. See page 15

MLTCOP: SECURING YOUR LONG-TERM CARE SUPPORT WITH SECURITY AND DIGNITY

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CONTACT INFORMATION:

313-396-5492

Faiza Najar
Regional Ombudsman

Don't Go It Alone

The MLTCOP is just one of many services available to you through the Detroit Area Agency on Aging. **DAAA is your gateway to information, resources and caregiver support** to maintain the independence of seniors and adults living with disabilities in our community

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I can boastfully say I completed a 2022 goal that I consistently encourage readers to accomplish: create and/or review their wills, powers of attorney, and advanced directives. As a solo ager, I've been haunted by the thought of my being incapacitated and my small family having to settle my affairs or make medical decisions that may be against my will. Now, all I have to do is to explain the documents and hand them over.

2022 goals. Didn't get to either one, so they are both slated for 2023. While I don't have a family history of dementia (and it's not known if that's the only predictor), I am concerned about the under-representation of African Americans in research study groups. After all, we have a higher risk of dementia than any other U.S. racial ethnic group. How else can treatments specifically designed for us be developed unless we're studied? See the story on page 4.

Researching and paying for my final arrangements and participating in a dementia research study were also

Many of us are obviously concerned about losing our ability to remember as evidenced by this issue's story

on Prevgagen, the pill marketed as a memory drug, on page 6. By participating with the University of Michigan Alzheimer's Disease Research Center, I'll have access to costly neurological tests and baseline data that my primary physician is unable to provide. And for most of the data gathering, I won't have to travel to Ann Arbor. To learn more about remote participation options, see the story on page 5.

And there's one more goal that I didn't get to in 2022: Reviewing my patient portal. After hearing a real-life story of someone's electronic medical records containing errors and how that impacted the services and treatment they received, I vowed to make time to access and review my patient portal. I'm halfway there, thanks to the advice in the story on page 15 written by Nancy Combs explaining the process. You may want to do so too. While you're at it, if you have any concerns about your or your loved one's healthcare team, check out the story on page 10 that recommends utilizing a geriatrician as a consultant.

Already my 2023 to-do list is full, but there're two more goals that are mandatory: Learning something new and exercising. Nearly every geriatric



professional promotes these actions to maintain brain health. My hopes and prayers are that you'll consider adopting both of these goals to ensure your 2023 aging agenda: A playful and positive attitude, a grateful heart, and a commitment to self-care.

Happy New Year,

Patricia Ann Rencher

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URBAN AGING

NEWS

A great gift for the caregiver in your life

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More Black Participation Needed in Aging Studies to Make Research Culturally Relevant



Danielle Davis,

MADRC Clinical Research Coordinator

The Michigan Alzheimer's Disease Research Center conducts memory and aging-related research studies to advance understanding about and improve the treatment of Alzheimer's disease and other related dementias. African American participation is low for many studies that support healthy aging. It is important for African Americans to participate in research so that the development of future treatments and cures is culturally responsive and supportive of all populations.

African Americans face unique risks. Having a higher rate of vascular disease, the community is at a two times higher risk of developing Alzheimer's disease than are white people. However, African American engagement in dementia research has faced numerous barriers at the systemic, community and institutional levels.

This reticence to participate in research can be traced back to previous examples of unethical research practices which created some understandable wariness about participating in studies. Also, many are not aware of the

potential community benefits that come from engaging in dementia-related studies.

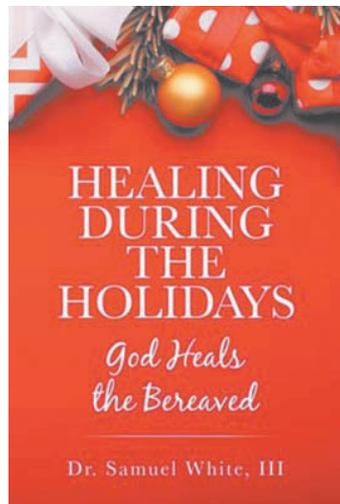
"We all know education is key, but when it comes to research, so is representation. Participation not only benefits the volunteer but it could provide key information that will be beneficial for many generations to come," said MADRC Clinical Research Coordinator Danielle Davis.

MADRC says that acknowledging and understanding the history of African American participation in research is so important to the center's work that they are inviting community groups to dialogue and hear more about the importance of African American participation in research, and about available research studies to participate in. Davis will present information to organizations in metro Detroit to provide education, information on resources, and to answer questions regarding participating in research. The goal is to address the barriers to participation in a safe and welcoming environment, to advance the science of these diseases.

Interested groups can contact Davis at daviscd@med.umich.edu, or 734.764.5137. To learn more about the Michigan Alzheimer's Disease Center, please visit www.alzheimers.med.umich.edu.



Healing During the Holidays



Many people dread the holidays, especially those who are grieving the death of a loved one. Every holiday celebration becomes an unbearable event making them feel sad, lonely, hopeless, anxious, angry, stressed, and depressed. We see the tears in their eyes and sadness on their faces. The question is, "What can we do to comfort and help them?"

One of the greatest gifts you can give to the bereaved during the holidays is yourself. The love that you have in your heart is medicine for a broken heart and wounded spirit. Your empathetic presence, acts of kindness and words of wisdom can get them through the holidays. Try these tips:

1. Encourage them to express their grief and listen non-judgmentally.
2. Do not offer your solution or answer, help them discover their own.
3. Do not compare your experiences with theirs. Everyone's loss is unique.
4. They are not obligated to fulfill old holiday traditions. They can do something new and different.
5. Pray for them and offer to pray with them.
6. Volunteer your time and service.
7. Encourage them to talk to God, a grief counselor, clergy person or

empathetic friend.

8. Encourage them to journal their thoughts or write a letter to the deceased.
9. Encourage them to talk about the deceased or visit the grave site. Tell them, "It's okay not to be okay."
10. Make periodic phone calls and check up on them.
11. Discourage them from using drugs or alcohol to anesthetize the pain.
12. Give them a card, gift, flowers, or a meal.
13. Share a comforting scripture or positive thought.
14. Remind them that "death ends a life, not a relationship."
15. Encourage them to take care of themselves physically, emotionally and spiritually.
16. Give a gift or render a service in memory of deceased loved ones.
17. Encourage them to engage in a hobby or an activity that makes them happy.
18. Tell them they must love themselves, before they can love others.
19. Encourage them to be inspired by the legacy and memory of the deceased.

From Dr. Samuel White, III's *Healing During the Holidays: God Heals the Bereaved*. He is the senior pastor of Friendship Baptist Church in Detroit, Spiritual Care Manager at PACE SEMI and founder of the Agape Theological Seminary.



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 **michigan.myhealthybrain.org**



Tips That an Elder Care Professional Learned During Her Caregiving Journey



Erin Peets, J.D.,
Elder Law & Advocacy Center

As the end of the year approaches, I find myself reflecting on my caregiver journey and how important caregiving is to so many. Being a caregiver is not an easy responsibility but it could be made easier by following some helpful tips.

Documents to prepare: As an attorney, I encourage your care recipient to draft their life planning documents. If you are an adult 18 years of age or older you can and should have the following documents drafted:

- Durable power of attorney for your finances
- Patient advocate designation, or healthcare power of attorney
- Last will and testament
- “Lady Bird” deed, if you own a home

These documents are extremely important. If I did not have a power of attorney, I would not have been able to pay my care recipient’s bills, sign a lease, or speak with representatives of utilities, insurance companies, and more.

Due Diligence - Review the books: One of the first tasks I dealt with as a caregiver was organizing and reviewing financial documents. This is hard if the person you care for does not want you to “snoop” into their finances.

However, if you have a financial power of attorney, it is an important part of your duties to know what is being paid, what is outstanding and other banking information.

Beware of financial abuse and exploitation: After organizing the finances, financial abuse can be easier to spot. Financial exploitation, the misuse of someone else’s funds, assets, or property, has been a hot topic and it should be. Financial exploitation or abuse can come in many forms and the aftereffects can be devastating financially, mentally, and physically.

Caregiver selfcare: Take care of yourself. If you are anything like me, you take care of others first. Self-care is important, it helps to prevent caregiver burnout. Schedule your doctor’s appointments and go to them. Get your teeth cleaned, have your vision checked, all of these are ways to take care of yourself.

I also advocate doing something you like. One thing I enjoy is reading a book and discussing it at my monthly book club. We don’t have to take a vacation in the tropics with all-you-can-eat buffets to prevent caregiver burnout . . . but we can still dream about those tropical trips.

Resources at the Elder Law & Advocacy Center: Service to residents of Wayne County who are 60 years of age and older. If you are interested in having your life planning documents drafted, please call our office, 313-937-8291 to register for our First Tuesday workshop, which covers all these documents in more detail.

Please contact elderlaw@wcnls.org or call if you are interested in setting up a presentation for your group.



- regularly looks out for another person’s well-being
- periodically checks on a neighbor, friend, or relative
- regularly visits their mom, dad, grandmother, or other relative in their home or at a health care/assisted living facility
- takes a family member, friend, or neighbor to their doctor appointments or grocery shopping
- shops for a parent, friend, neighbor, or other relative
- handles a family member, friend, or neighbor’s affairs and inquiries
- acts as an Agent through a Power of Attorney
- acts as a Patient Advocate
- regularly provides care to their grandchild(ren)

Elder Law & Advocacy Center provides legal aid for caregivers of older adults and/or individuals 60+ years living in Wayne County. We assist with Wills, Power of Attorneys, Medicare/Medicaid, Guardianship, Grandparents Raising Grandchildren and more.

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 Michigianians’ 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



GUEST EDITORIAL: City Council Gives Detroit Tenants “Right to Counsel” - Funds to Pay Legal Fees Not Yet Released



Guest columnist: Detroit Right to Counsel Coalition Project Leader Tonya Myers Phillips, Esq. who is also the director of Community Partnerships & Development for the Sugar Law Center for Economic & Social Justice.

The Detroit Right to Counsel Coalition is a group composed of Detroit residents, advocates, community organizations, lawyers, and faith-based organizations that work together because we believe housing is a human right. We are working to ensure that Detroiters who are facing

eviction have a right to legal counsel, especially with the knowledge that evictions disproportionately impact seniors, people with disabilities, and households headed by Black women with children.

Keeping people in their homes leads to more stabilized and healthy communities and reduces blight. Lawyers help people stay in their homes, and no one should face eviction alone, especially seniors. In Detroit, one out of every five rental households face eviction each year. A recent study made possible by the Rocket Community Fund, conducted by the Stout global investment bank and advisory firm, revealed that Detroit tenants with legal representation are 18 times more likely to stay in their homes than tenants without legal representation.

DRTC has been successful in its advocacy. Detroit residents organized, fought for, and won a Right to Counsel Ordinance that provides free legal representation for low-income Detroiters facing eviction. The Detroit

City Council passed the ordinance unanimously on May 10. In addition to free legal representation, the ordinance requires the City of Detroit to create an Office of Eviction Defense, and conduct community outreach, so residents know their rights. Detroit renters and homeowners facing eviction are covered by this new law and can also receive representation for an illegal lockout.

However, the fight is not over because now that the ordinance has passed, the work must be funded. The Detroit City Council approved three resolutions directing funding to the Right to Counsel: First, in its closing budget resolution, council called for \$6 million a year for three years, for a total of \$18 million in American Rescue Plan Act funding. Second, the council passed a resolution calling for full funding, using ARPA funds, to ensure every eligible Detroiters receives full legal representation. Third, the council passed a resolution calling for an additional \$12 million of ARPA funding.

This means that Mayor Mike Duggan must release the ARPA funds approved by Detroit City Council. The City of Detroit received nearly \$1 billion in federal funding to implement initiatives like the Right to Counsel. Still, sadly and inexplicably, Duggan has only released \$6 million over three years to fund this critical ordinance. Thousands of Detroiters who are eligible for these services will be needlessly evicted unless this ordinance is fully funded.

Winter is upon us and the temperature is dropping. The holidays are nearly here. That's why the Detroit Right to Counsel Coalition is asking Duggan to release ARPA funds and fully fund the Detroit Right to Counsel Ordinance so Detroiters won't be evicted and left out in the cold this winter.

To receive updates on this very significant issue, please email DRTC to be added to the mailing list at rtcddetroit@gmail.com, or text "DRTC" to 833-258-4698, or find DRTC on Facebook at: www.facebook.com/DRTC and click the "like" button.

The New 60



Fair and Accessible Housing: Laws that Protect the Disabled

By Steve Tomkowiak, Executive Director, Fair Housing Center of Metropolitan Detroit



There is a full range of laws to protect the disabled, providing guidelines and resources to ensure their in-home safety and access to fair housing.

What is the definition of disability under the fair housing laws?

It has been estimated that at least one out of every six persons is disabled. Whether through aging, illness, injury, or other life events, almost everyone at some point in their life will have a disability. The Fair Housing Act and Michigan Persons With Disabilities Civil Rights Act define “disability” as a physical or mental impairment that substantially limits one or more of a person’s major life activities, such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. The definition also includes persons with a record of such an impairment or who are regarded as having such an impairment when they do not.

Landlords, property owners, and condominium, cooperative and homeowners’ associations are prohibited under the FHA and PWDCRA from discriminating against persons with disabilities.

What is a reasonable accommodation?

A “reasonable accommodation” or “RA” is an exception or adjustment to a rule, policy, practice or service that may be necessary for a person with a disability to have an equal opportunity to use and

enjoy a dwelling. Examples include:

- Creating a reserved parking spot for a resident with a mobility impairment near their unit
- Granting a transfer to a first floor or a more accessible unit
- Allowing an assistance animal despite a “no pets” policy
- Not charging pet fees for an assistance animal
- Providing a lease application in large print
- Permitting a live-in aide

What is a reasonable modification?

A “reasonable modification” or “RM” is a structural change made to existing premises occupied or to be occupied by a person with a disability, so that he or she can fully use and enjoy the premises. Reasonable modifications involve structural changes to interiors and exteriors of dwellings, as well as to the common and public use areas. Examples include:

- Installing an accessible ramp at the entrance to a dwelling
- Installing visual or tactile alert devices
- Widening doorways
- Replacing door handles with levers
- Installing grab bars in a bathroom or entrance to a unit
- Removing below-counter cabinets or lowering counter spaces

Who pays for a RM?

The resident must pay for the RM. If the housing provider receives federal financial assistance, such as for subsidized housing, the housing provider may be required to pay for the RM under Section 504 of the Rehabilitation Act of 1973.

Can a housing provider deny a RA or RM request?

Yes. A RA or RM request may be denied if the request would impose an undue financial and administrative burden on the housing provider

or would fundamentally alter the nature of the provider’s operations, determined on a case-by-case basis. If a housing provider believes that the requested accommodation is not reasonable, the provider should discuss whether there is an alternative accommodation that would effectively address the requester’s disability-related needs.

May the housing provider ask for details or proof of disability?

The housing provider may ask for verification only if the disability is not obvious or otherwise known to the housing provider. The housing provider may verify that a request is related to that disability. If requested, the individual may provide a written statement from a licensed medical or social service professional or other third party stating that the applicant/resident qualifies as a person with a disability.

Can a RA or RM be refused because the provider believes the disabled person will not be safe or cannot take care of themselves?

No. The only exception, which applies to all applicants, is if an individual’s tenancy poses a direct threat to the health or safety of others or would result in physical damage to the property of others, with no available accommodation that can significantly reduce or eliminate the threat.

Where is additional information available?

The Fair Housing Center assists residents of Wayne, Oakland and Macomb Counties free of charge with RA and RM requests and other housing-related matters. For more information, visit www.fairhousingdetroit.org or call 313.579.FAIR(3247).





EVERYONE
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Insurance Options to Consider and How to Access Them

By Kim Parker



Kim Parker, owner and principal adviser of Forty7 Benefits

Now that the Medicare Annual Enrollment Period has ended, here are just a few more insurance options you may want to consider for 2023:

Taking Advantage of the 5-Star Special Enrollment Period

Plans are rated between 1 and 5 stars by Medicare each year with a 5-star rating considered excellent. These ratings help beneficiaries compare plans based on quality and performance. Medicare updates these ratings each fall for the upcoming year, and they can change each year. If a 5-star rated plan is available in your area, you can use the 5-Star Special Enrollment Plan. To switch from your current Medicare plan to a Medicare plan with a 5-star quality rating. The 5-Star SEP may be used only once between December 8 and November 30 the following year.

Invest in International Travel Insurance if You're on Medicare

Do you rely on domestic insurance when traveling internationally? Remember, Medicare usually doesn't cover health care while you're traveling outside the U.S.

Incidents and accidents could reveal gaps in your insurance coverage, including:

- Any time of day access to assistance to arrange for hospitalization or care
- COVID-19 medically necessary testing and treatment
- Access to a hand-selected contracted global provider network
- Extensive evacuation, repatriation and/or accidental death & dismemberment coverage
- Direct pay cashless experience with no costly upfront payments for care
- Valuable digital tools, including 24/7 telemedicine and security profiles

Most domestic plans do not fill these gaps and could turn your fun money into an emergency fund. Acquiring adequate international coverage is tricky. There are plans that fill these gaps while protecting you from unwanted surprises.

Know what you're due: Medicare Wellness exams versus Physical exams

Medicare Part B covers a "Welcome to Medicare" preventive visit once within the first 12 months of enrollment in

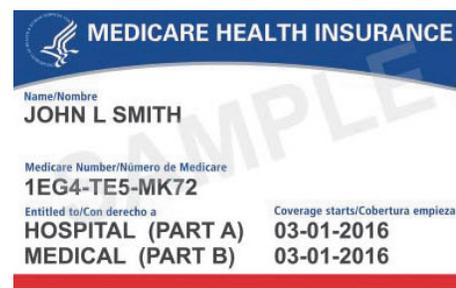
Part B. After that, yearly wellness visits are covered. This visit is not the same as a physical exam which is also performed yearly. Clear as mud, yes? Let's simplify each.

Welcome Visit: A review of your medical and social histories as they relate to your health and a written plan of any preventive services needed.

Wellness Visit: Focuses on what's right with your health. A "Health Risk Assessment" helps your physician understand what's working and how to best support your continued health and wellbeing. A personalized prevention plan is developed to help you stay healthy. Covered annually.

Physical Exam: Focuses on what's wrong with your health. Your physician uses sight, touch, and hearing to look for health problems. You may have tests done to confirm or rule out possible health issues. Generally Medicare does not cover physical exams, so check with your provider to see what's covered

Kim Parker is an independent insurance adviser focused on helping individuals, families, and employers make informed decisions on insurance coverage and benefits. Contact Kim at 810.350.4117 or kim@47benefits.com.



HAPPY HOLIDAYS! How Your Diet Should Change as You Get Older

- As you get older your body needs fewer calories but the same, or more, nutrients.
- A diet high in veggies, fruits, whole grains, low-fat dairy, and health fats is key to maintaining good nutrition.
- Eating meals with loved ones, using flavorful herbs, and focusing on nutrient-dense foods are all ways to help improve your diet.

Whether you're focused on keeping yourself healthy as you age, or caring for an older loved one, it is important to be aware of common barriers to healthy diet and other specific concerns for older adults. Being mindful about maintaining a nutrient-dense diet can help ensure the best possible health and keep you thriving in later years.



Geriatricians - The Senior Specialists

By Alan Fisk



It's no secret that older adults have lots of doctors. Medicare data shows those over age 65 see an average of five different doctors a year. But experts say many older adults might benefit from adding one more doctor, who can be a life changer: A geriatrician.

"Geriatricians are invaluable," says Peter A. Lichtenberg, PhD, director of the Institute of Gerontology at Wayne State University, which studies aging. "They focus on optimizing function in older people in a way that is rarely seen by internal-medicine practitioners."

Yet, Dr. David A. Sengstock, a geriatrician at Corewell Health William Beaumont University Hospital, formerly Beaumont Royal Oak, says there aren't enough geriatricians to deal with the special needs of older adults. Those needs can include arthritis, Alzheimer's, balance issues that can lead to falls, cancer, dementia, diabetes, depression, frailty, heart disease, incontinence, sleep problems and multiple medications.

"Absolutely there is a shortage," Sengstock says. "We have a fast-growing aging population. One in five Americans will be over 65 soon. But the number of people trained to take care of their problems is inadequate. Most seniors are well cared for by their doctors but many need additional help."

For example, Sengstock says, he sees patients who take "lots and lots of drugs" prescribed by different doctors. "I spend a lot of my time decreasing the drugs people take. Some may not be needed anymore or are not the best choice for older adults," and may make patients dizzy or ill.

Sengstock is on the front lines of the profession as director of medical education for four hospitals at Corewell Health East, and associate program director for Corewell's geriatrician training for physicians.

The American Society of Geriatrics estimates there are just over 6,900 certified geriatricians in the United States, versus more than 30,000 cardiologists, according to KPMG financial advisers.

One reason geriatricians are rare is that Medicare, the government health insurance program for people 65 and older, has low reimbursement rates for geriatricians, so they may earn less than other specialists.



Peter A. Lichtenberg, PhD, director of the Institute of Gerontology at Wayne State

Geriatricians are also primary care doctors, internists and family medicine specialists, who have an additional two years of specialized training in treating older adults. This means anybody can see a geriatrician for primary care.

Geriatricians can also be consultants to your primary care doctor, or work as part of a team of doctors and caregivers for older adults. They are trained to pay more attention to overall quality of life and life goals, collecting information on lifestyle, family and the patient's community to get a fuller picture of a patient's life. Consultations usually take longer, so they may see fewer patients.

Preferring not to use their last names, Esther A. said her ex-husband Richard T., who she serves as co-guardian, has indeed benefitted from seeing geriatrician, Dr. Amita Pai.

In September 2016, Richard, who is 75, had a seizure and was hospitalized at what was then Beaumont Royal Oak. He spent time in the Intensive Care Unit and was found to be taking food into his lungs. He has also been diagnosed with early-stage dementia.

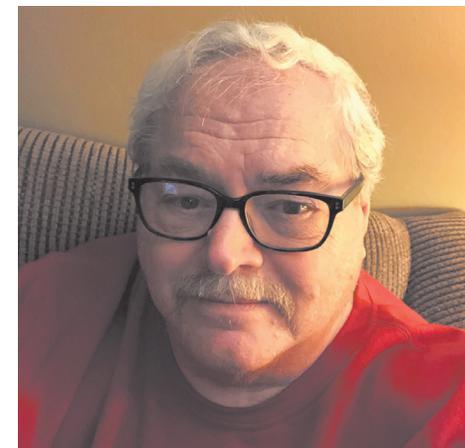
Richard lives on his own with the assistance of his co-guardians, including daughter, Julie T., and helpers they arrange. He is frail and underweight and has fallen on occasion. He has uncontrollable hand tremors.

The family decided to switch Richard from his internist to a geriatrician at the hospital's Geriatric Assessment Center. He also has a yearly neurocognitive assessment in that outpatient office.

Since then, "All in all, Richard has been doing well and seems stable," Esther says. "I give some of the credit to Dr. Pai. She diagnosed him at his last visit as having pre-dementia — no longer dementia.

She said he can continue living in his own apartment 'with guidance.' She's tried different meds and dosages to control Richard's tremor. To help him gain weight, she advised that I add ice cream to his freezer."

Esther adds, "I feel Dr. Pai has enhanced Richard's life."



Alan Fisk was an editor and reporter at numerous publications including The Detroit News and The New York Times, over 50 years. In retirement he has taught journalism at the University of Michigan and has written many freelance articles.

Where to Find Help

For information on metro Detroit geriatric centers to assist in finding a geriatrician contact:

- Rosa Parks Geriatric Center at Detroit Medical Center, 1-888-264-0102 (Detroit).
- Corewell Health Beaumont Geriatric Assessment Center, 248-551-8305 (Berkley).
- Henry Ford Health Geriatric Centers, 800-436-7936 (Detroit, Hamtramck, West Bloomfield).
- www.healthgrades.com to find a doctor, doctor reviews and to schedule on-line appointments.

Winterizing Utility Bills: Expert Advice on Little Changes that Make Big Impact

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



During this time of year when the weather is growing colder, homeowners who are aging in place may experience inconsistent utility bills, severely impacting the budget. There are methods to help reduce energy expenses and little changes can have a positive impact on the bottom line.

A longtime client experienced an increase of 34% in their utilities in one month and called me. She believed she needed new windows and possibly insulation to help cut her expenses. Though I would have been glad to sell her those things, she didn't really need them at this time. I did a simple audit and made some suggestions that could help her immediately. Her increased utility expenses could be addressed with basic home maintenance. Here are five low-cost changes that reduced her utility bill over a six-month period.

According to the US Department of Energy, one of the keys to savings is a whole-house approach – looking at your home as an energy system with parts that work separately.

1. Change the Furnace Filter

Changing the furnace filter regularly saves up to 15% on utility bills. A clogged filter causes the furnace and AC to run harder and uses more energy, also reducing the life of the unit. It is a good idea to have the furnace serviced at least once a year by a professional.

2. Install a Programmable Thermostat

A programmable thermostat allows for the control of settings when the homeowner is not at home, reducing energy consumption.

3. Check the Air Ducts for Leaks

Ducts that leak heated air into unheated spaces can add hundreds of dollars a year to heating and cooling bills. Joints come apart and have to be sealed using aluminum foil HVAC tape.

4. Check Windows and Doors

Check windows and doors for leaks, including broken caulk that can be repaired. Install weatherstrip on doors to eliminate a draft coming in, detected by feeling for air flow.

5. Check the Lighting in the Home

Light bulbs should be LED because old incandescent bulbs use a lot of energy. Check lights in closets, on ceiling fans and in other out-of-the-way places.

6. Check the Water Heater

Reducing the temperature on the hot water tank and flushing the tank to remove sediment will

greatly improve efficiency and prolong the life of the unit. The heating element is at the bottom of the tank and if it is being blocked by sediment the water heater has to work even harder to heat the water.

By making these small changes we were able to reduce my client's utility bill over a six-month period by almost 27% - making a big difference in her expenses going into 2023.

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. For more information, go to www.handypro.com.



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The Fountain of Youth: Staying Fully Engaged With Life

Having a reason to look forward to each new day, according to research, gives older adults a strong sense of purpose, makes them happier and healthier, improving their sleep and their response to stress. Studies find that being actively engaged with life, despite health challenges, preserves cognitive function, overall physical well-being, and increases independence and longevity. The feeling of being productive and having goals to achieve gives seniors a reason to try to stay healthy.

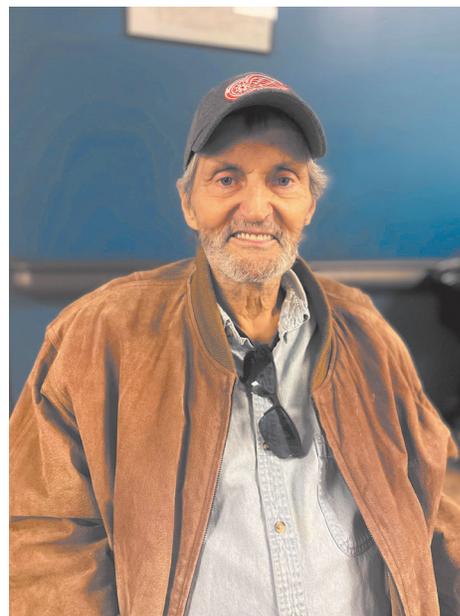
As goals are set for the coming new year, here are some real-life examples of how metro Detroit seniors are staying engaged with life in active and vibrant ways.



Alma Pena, 79, began marathon walking at 75 and has six marathons under her belt including the Coolest Race in Michigan and the Detroit

Free Press marathon, placing 4th in the 70-79 age group. "It's fun and you meet some great people." The retired public health official hits the gym to lift weights and exercise, or the YMCA's pool, every morning except Sundays at 5:30 a.m. The member of Delta Sigma Theta Sorority, Inc. spends her summer days walking the riverfront and explores downtown with her group of fellow walkers and runners in the winter.

"I'm always thinking of something to keep me focused on the present. Learning something new keeps my mind active. I'm active with my sorority and community events, I love traveling and I substitute teach middle and high school students. Between them and my grands and great-grands, I stay young at heart and current on the latest technology."



Joe Cholak, 72, has spent nearly every day of the last three years volunteering at shelters in metro

Detroit, including those for the homeless and for abused women. As he has aged, Cholak says, his life is good and he wants to make life better for others, especially seniors. "I'll do anything to help anyone just because I care." He says the most unexpected outcome of his volunteerism is how much better he feels, both physically and mentally. "I get the best of both worlds. I'm helping others and myself."



Mary Steadman, 68, is the kind of neighbor everyone should be lucky enough to have. As a resident of the Pablo Davis senior residence in southwest Detroit, she regularly takes her neighbors grocery shopping, banking and

to their doctor appointments. She even assists them in paying their bills online. In the early days of the pandemic, she utilized her Mental Health Certification to support those experiencing depression due to the social isolation of the shutdown. And when COVID vaccines and boosters became available, she made appointments and eagerly drove fellow residents to get their shots. An ardent volunteer, Steadman is the secretary of Greater Christ Baptist Church's Senior Ministry and vice-president of the Optimist International Tri-County Club. She recently became the guardian of her 5-year-old granddaughter, Angel, and so she will now have to relocate to family housing. Her Pablo Davis case manager says, "She will be sorely missed. Every senior building needs a Mary, a selfless, resourceful and patient human being."



Evelyn Sargen, 73, volunteers regularly with Gleaners Community

Continued on Page13

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Food Bank, Focus: Hope, and Forgotten Harvest. Through her work with these nonprofits, she makes sure the residents in her low-income senior building have the food they need. Over the years, Sargen says, she has realized that many of her neighbors rely on these free and accessible groceries.

For the seniors who are unable to leave their apartments, she delivers produce to their door. She says she loves helping people, seeing them smile makes her day, and this work is “the reason I get up in the morning.”



At 102 years old, **Elma Peddy** says she looks forward to each day. The retired registered nurse and screening practitioner, one of the first in her field, has been president of the Deaconess Board at her beloved Metropolitan Baptist Church in Detroit for more than 62 years. The mobile and cognitively sharp super senior uses the knowledge from her healthcare career to teach new mothers how to care for their infants. As co-founder of the Peddy Players Theatre Company, she continues to play a pivotal role in the after-school program which uses the arts to increase academic and team

building skills to 4th through 8th grade students while 9th through 12th graders receive technical theater training in the program. She is also a long-standing, involved member of the Longfellow Block Club.



Educator, administrator, civic human rights commissioner, religious leader, and author, **Dwight L. Wilson**, 74, is the recent recipient of the Southeast Michigan Senior Regional Collaborative’s “I am Senior Strong” award. He was recognized for volunteering each week for a decade at C.S. Mott Children’s Hospital, holding and comforting infants undergoing cardiac treatment and surgery. Before the pandemic, the volunteer also delivered Meals on Wheels for more than 10 years. Seniors looked forward to his delivery because he would visit and share wisdom and kindness with them.

The Quaker and former headmaster of the Friends School of Detroit has been active in the Interfaith Roundtable of Washtenaw County and authored more than nine books, including poetry, modern psalms, and historical fiction. His researched historical fiction series, “Esi Was My Mother,” follows the lives of an enslaved Black family from 18th century Africa to the American Civil War. “I strive to portray triumphant examples of Black stories that make

history come alive for readers,” says Wilson.



Former educator, school administrator and college basketball coach, **Fred Procter**, 65, now spends retirement focusing on his passion: fitness. The certified personal trainer and fitness

instructor gently encourages those he interacts with to keep moving. “I believe people can have a different outlook on their daily lives just by moving. Mobility and flexibility are vastly important as we age. People don’t realize that there are small things that we can do, including a daily walk.”

Procter has arthritis in both hips, which is sometimes painful, yet he continues to move at least 30 minutes daily so that he can fully participate in his other passions. These include professional singing as an R & B and smooth jazz artist, and work advocating for healthy aging. Recently appointed by Gov. Gretchen Whitmer to the Michigan State Advisory Council on Aging, Procter says, “I hope to impact senior Michiganders’ commitment to fitness by being more physically active and improving eating habits. These things alone would unburden our healthcare system and give us a better quality of life.”

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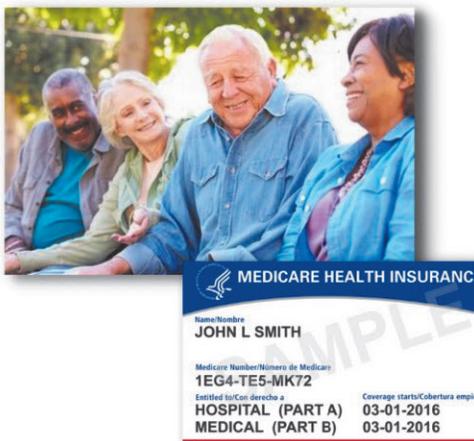
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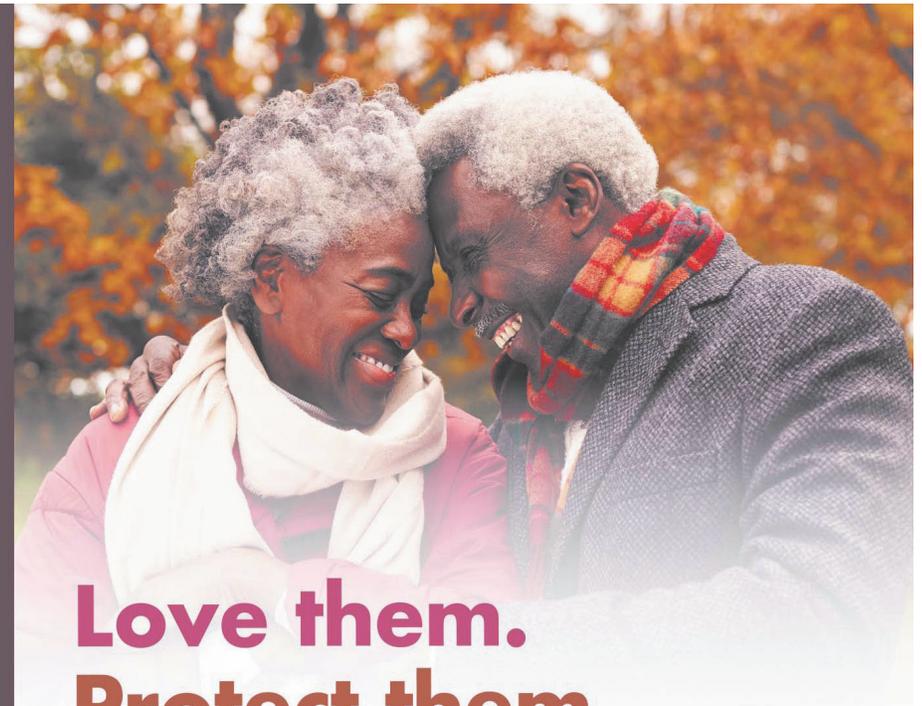


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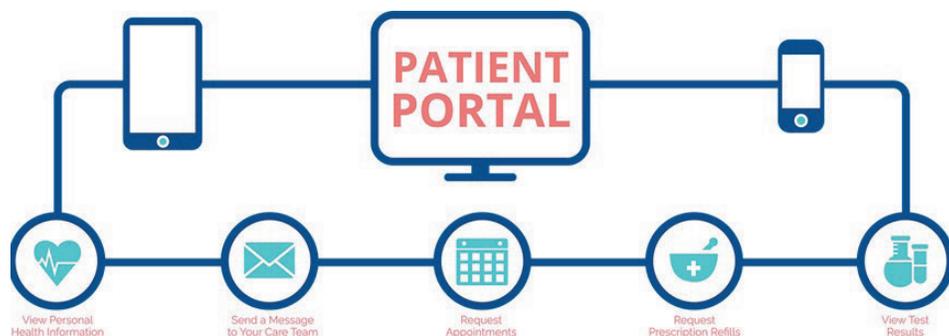
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Medical Records Held in Patient Portal Can Be Accessed and Viewed Online

By Nancy Combs



I knew something was amiss the moment I opened the invitation to a smoking cessation class. What? I'd never smoked a day in my life!

Because I am most familiar with the electronic health record at my "home" health system, I decided to go online to do a little detective work on the records kept at another facility where I'd gotten a COVID test that morning. Sure enough, that facility had pegged me as a smoker.

It was an easy mistake to make – a typo likely by a beleaguered medical assistant during those long Omicron days. She remains a healthcare hero to me but hers was a typo that took nearly two months to fix.

Amidst it all, I realized anew the importance of knowing how to access your electronic health record, or EHR, anywhere you go for health care. While firewall-protected, your personal health information is "out there." Any inaccuracies can affect your quality of care the next time you seek services at that facility.

Checking for errors isn't the only reason to access your EHR. Your online portal is a gateway to do this and more:

- Communicate with your doctor and other providers
- Make an appointment for an in-person or a video visit
- Refill prescriptions

- Review or modify your health history
- Research valuable health information

Gateway to Telehealth

I sought out experts at two major health systems for basic information about their EHR portals. Ascension Southeast Michigan uses the Cerner platform, known as Patient Portal, and Henry Ford Health uses Epic, which consumers log onto as MyChart.

"Today, getting care doesn't just mean making an appointment and driving to the doctor's office. Many health needs can be handled at home through telehealth," said Veena Panthangi, M.D., of Family Medicine and Geriatric Medicine at Ascension Southeast Michigan.

"With an online appointment, a patient can visit with their doctor personally and discretely from the comfort of their home, office or wherever they are. Patients can talk with a doctor about the same things they would discuss in person including new symptoms, questions and concerns, as well as follow up for a chronic condition such as diabetes, hypertension, high cholesterol, annual checkups, specialty care, pediatric care and more," Dr. Panthangi said.

To register for your own online portal:

- Go to the home page of your health system, where you will find a button to guide you, usually near the top right of the screen.
- If you prefer to talk with someone by phone, each health system has a dedicated number, also listed on their website.

If you are still unsure how to take the first step, here's where a family member or a friend could help, said Courtney Stevens, Henry Ford Health's director of virtual care. You can even designate a trusted person for "proxy access," communicating on your behalf via the patient portal.

"People don't need to feel alone," Stevens said. A portal could help break down traditional barriers to care, like transportation. "Video visits can be scheduled as an alternate mode of care, you can have the notes from a past appointment at your fingertips, so you no longer need to keep paper," she added. "And it's easy to ask your doctor or care team a question through the portal. MyChart puts a plethora of resources at your fingertips."

In underserved communities, navigating an online health record can be further challenged by lack of online access altogether – "the digital divide," Stevens observed. That's why health systems are starting to partner in their communities on initiatives to increase broadband availability and digital health literacy. For example, Henry Ford Health is working with the Southeast Michigan Community Collaborative for Improving Older Adult Healthcare in the Virtual Environment, she said. Further, the City of Detroit has opened an office for Digital Inclusion and Equity. In the meantime, what do you do

if, like me, you discover an error in your online health record?

Begin with the provider at the facility where the error occurred, said Ascension's Panthangi. Or, contact the EHR helpline or dedicated email listed on the health system's website.

Lastly, as the adage goes, "There's an app for that." You don't need a computer to use the many functions of your online health portal. Almost everything can be done from your smartphone, so check out the app store – or get the help of a grandchild – and start connecting!

Digital Technology in the Temple: Uplifting Knowledge, Faith and Healing



Henry Ford Health employees help churchgoers at Second Ebenezer sign up for MyChart. Photo Courtesy Henry Ford Health

Henry Ford Health has a new program to increase health knowledge and access to online services by helping faith community members sign up for MyChart. Both Second Ebenezer and Perfecting Churches in Detroit have participated in "Digital Technology in the Temple: Uplifting Knowledge, Faith and Healing."

Continued on Page16

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“Lack of MyChart usage prohibits patients from taking advantage of a full array of care coordination and services,” said Wilma Ruffin, M.Ed. of the Henry Ford Health Innovation Institute. “The faith-

based community is a strong linkage that has always nurtured and provided social support....

Many churches have already stepped up to the plate and have formed health ministries to assist and educate congregants.”

In addition to MyChart registration for Henry Ford Health patients and for non-patients, and COVID vaccines, the program also provides health screenings.

“I didn’t know I could download MyChart on my phone, so even though I don’t have a computer

I still have access,” said one participant. “I love being able to see my test results, and notice of my appointments and medications.”

For information on conducting this training at your church, email wruffin1@hfhs.org.

Tips From an Elder Care Professional: Learned During Her Caregiving Journey



The television ads show these seniors, in all of their silver-haired glory, running five miles a day, walking the beach or giving motivational speeches. These

folks brag about their strong memories and alert minds. They are leading their best lives, they say, because they are taking Prevacen.

Memory boosting over-the-counter supplements like Prevacen, and its main competitor Neueriva, are big business in the U.S. This is fueled by seniors who spend big bucks in the hopes that they can avoid forgetfulness, dementia and the other mental pitfalls that too often come with aging.

Prevagen was developed and marketed on the theory that its active ingredient, a protein from jellyfish called apoaequorin, enters the human body to supplement proteins that are lost during the natural aging process.

Terri Moncrieff, 69, of Royal Oak, began taking Prevacen a few months ago and said she is pleased with the results.

“I don’t have to struggle as much to remember a word or a name,” she said.

Karen Kelly, 74, of Northbrook, Illinois, said after watching the television ads, she began taking it and felt it improved her memory.

“I thought it helped,” she said. “Was that my imagination? I can’t say that it wasn’t.”

Kelly said she quit taking Prevacen because it was too expensive for her budget. Indeed, Prevacen, depending on the strength of the capsule, can cost from \$40 to \$90 a month.

As for the actual benefits of taking the drug, public interest groups including AARP, and the Federal Trade Commission, have each sued the maker, Quincy Bioscience, over their claims about Prevacen’s efficacy.

Dr. Dana R. Connor, a neuropsychologist at Henry Ford Health System, who sees senior patients, says she gets asked often about the effectiveness of memory supplements.

“Unfortunately, the short answer is there is really no support for Prevacen or any of the other brain health support supplements on the market,” she said. “The main protein in the Prevacen ads, the jellyfish protein, is thought to be entirely digested in the human stomach. It’s unlikely to get anywhere near the brain.”

She said she tells her patients who want to keep taking Prevacen that there are other steps that will help them more – and that the most important tools to maintaining brain health actually are:

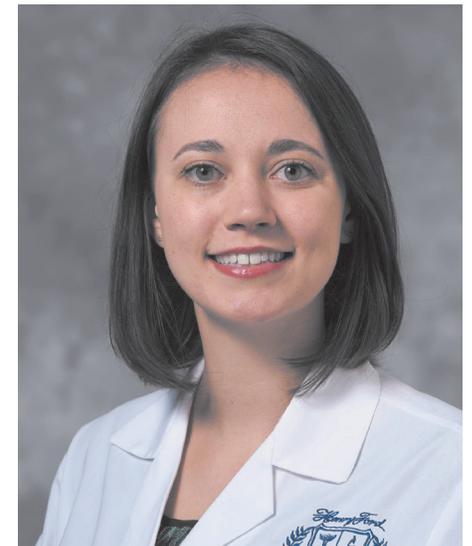
- Aerobic exercise.
- Staying mentally and socially

active because learning new skills and tasks strengthens brain health.

- Having a good diet.

Also key to good brain health are good sleep habits, limiting stress and effectively treating vascular risks such as high blood pressure, obesity and diabetes.

Judy Diebolt is a veteran Detroit journalist who was a reporter and editor for The Detroit News and Detroit Free Press.



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Exercise and Other Natural Ways to Improve and Retain Memory

By Patricia Anstett

Denise Parsons worried she might have Alzheimer's disease or dementia when she found herself searching for the right words, losing her keys and forgetting why she went downstairs.

It was time to get serious about improving her health, she thought. She switched to buying more natural foods, started seeing a functional medicine physician who specializes in non-drug options, and began taking Memory Health, a patented, non-prescription supplement to improve memory.

Parsons, 62, of Bloomfield Hills, credits the supplement for improvements she's noticed in herself. "It wasn't overnight, but my memory improved over a month or two," she said. Her husband, Benedict Ciaramitaro also now takes the pill. "We take it because we don't want to lose our memory." She considers the expense worthwhile compared to what they'd spend if one of them entered a dementia facility.



As America ages and more people live longer, millions of older adults look for ways to prevent, stave off or reduce the severity of common diseases of aging, from Alzheimer's disease and dementia, to bone and body aches. Given the side effects or ineffectiveness of some drugs marketed to treat these issues, more older adults are clamoring for effective non-pharmacological options.

Here's a summary of some of the best advice around for two of the biggest health concerns of older adults, culled from health specialists who work with seniors and research from the recent annual meeting of the Gerontological Society of America.

MANAGING CHRONIC PAIN: Far too many older adults turn to medicines to reduce pain when simple options would work without the side effects medicines may have, said Vineta Mitchell, a nurse who specializes in pain management with her Southfield-based company, TLOVE Solutions.



Vineta Mitchell, RN

"You don't want to be dependent on a pill; you want to control pain yourself." If you do use a pain medicine, "use the lowest dose possible," she said. "Be vigilant about assessing whether the medicine helps. I can't say that enough. My recommendation is to never take a pill first."

For chronic pain, she recommends using a heating pad for 20-30 minutes, repeated every two-three hours. "Moist heat works best," she said. "Get a face cloth. Wet it. Slide it into the sleeve of the heating pad, putting the moist side next to the area you are treating." Hot showers before exercise also may help, she said. "And by all means, keep moving. The body is designed to move. When you are immobile, we feel pain more."

IMPROVING MEMORY: Move. Lift. Sit less. Regular physical activity helps promote memory and a healthy brain, research suggests. "Exercise is the key, the more the better," said Joshua Gills, a postdoctoral fellow at Rutgers University's Aging & Brain Health Alliance who has studied the connection between exercise and mental awareness. He follows national guidelines which recommend that older adults get:

- At least 150 minutes of moderate-intensity aerobic activity or 75 minutes of more vigorous aerobic activity or a combination of each week.
- At least two days a week of activities to strengthen muscles, such as lifting weights, work with resistance bands or activities like digging in the garden.
- Activities to improve balance, such as standing on one foot or walking backwards.

"The real breakthrough in Alzheimer's disease...is that lifestyle can greatly reduce your risk; exercise, stress reduction and nutrition all work together," says George Perry, editor-in-chief of the Journal of Alzheimer's Disease, in a report issued this year. Still unknown is how long-lasting the benefits of a healthy lifestyle will be.

Foods and supplements with vitamin D, the Omega-3 found in cold-water fish like salmon, and the plant-based carotenoids in spinach, kale, broccoli and other foods may also help to maintain brain function, some studies show.

Detroit-area businessman Edward Shehab worked to create a natural supplement to enhance memory and mood, fueled by the moment his mother didn't recognize him one day at lunch. "It broke my heart. This is a passion project for me." He obtained two patents to sell his caffeine-free product, Memory Health.

For those with an Alzheimer's or other dementia diagnosis, non-drug options, such as music and group therapy, are particularly helpful in reducing aggression, agitation, sleep disturbances, wandering and depression, the Alzheimer's report says. Playing a person's favorite songs can elicit strong responses

from adults who may have shown no interest in communicating. The award-winning film, *Alive Inside*, demonstrates the effect music has on dementia patients. To buy the film or see a trailer, go to www.aliveinside.us.

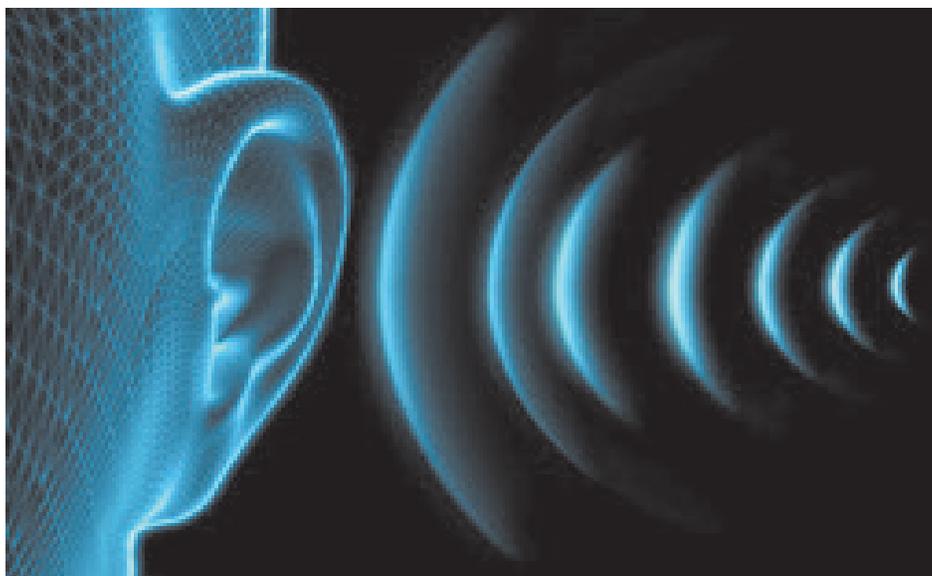
Duke University's Associate Professor Eleanor S. McConnell finds similar benefits using group therapy. Weekly group session exercises are adaptable for use by individuals at home, the nursing instructor said. Each week, the group focuses on a topic, such as sports. "It gets people talking but in a way that supports them."

People can use props like a football or other visual stimulation to promote conversation. You might have a picture of a scoreboard or a gridiron. "You might say, 'Joe, tell me about a football game you really enjoyed,'" she said. "If not responsive, you might say, 'Joe, are you a Michigan Wolverine or a Blue Devil?' Your job is to engage everybody. We know people with dementia have a hard time when people change the topic all the time. Still unresponsive? You might say, 'Joe, what are you thinking about?' The idea is there are no wrong answers. It is a place where people can be with others and say what's on their mind. When people have dementia, they don't tolerate people putting them in a pigeon hole. If they start to wander off, it may be they are bored or they don't understand."



Patricia Anstett reported for the Detroit Free Press as a medical writer for 22 years, is inducted into the Michigan Journalism Hall of Fame and named an outstanding alumna of MSU's College of Communications, Arts and Sciences. She is investigating the financial burden of breast cancer on aging patients and has written a book on breast cancer surgery options.

Innovations in Care: At-Home Hearing & Hearing Aid Sales



Do you strain to understand what people are saying or ask them to repeat themselves?

Do you have problems hearing people on the telephone or hear better in one ear than the other?

Do people complain that your TV volume is too loud?

Do you have trouble hearing in a noisy place?

Are you dizzy or is there pain or ringing in your ears?

If you answered yes to one or more of these questions, consider taking a hearing test. They can now be given in the privacy of your home. Hearing aids have traditionally been considered to be overpriced and difficult to adjust. However, recent deregulation of hearing aid sales provides more affordable access and increases the quality of life for those needing them.

The good news is that hearing aids are now affordable and technology improvements make them easier to accurately fine tune for comfort and improved hearing. Prescription grade

hearing aids come in four levels, with basic, mid-level, advanced and premium devices. Properly tuned hearing aids improve the patient's ability to understand speech.

"Many people develop hearing loss as they age, usually in their 60s and 70s. It develops gradually. Some loss is a result of work-related noise exposure, causing inner ear damage. And, sometimes, medications used to treat high blood pressure or diabetes, can contribute to hearing loss," said Ivory Fuller Sr., a licensed hearing aid dealer. He and his wife, registered nurse Debbie Lumpkins Fuller, are the owners of the Geriatric Hearing Center, an in-home testing, fitting and hearing aid delivery service.

Fuller says hearing loss treatment begins with a consultation with the primary care physician to rule out obstructions caused by a tumor or wax in the ear canal. Primary care physicians and other trained clinical staff can remove wax. In Michigan, a certified hearing aid dealer can also perform earwax removal.

Once an individual gets medical clearance verifying that the patient

will benefit from the amplification provided by a prescribed hearing aid, an evaluation is conducted and recommendations are made based on the need to amplify hard-to-hear sounds or the need to reduce background noise to improve hearing.

Paying For Exams and Devices

Medicare covers ear exams to diagnose hearing and balance problems if the primary doctor or other healthcare provider deems it necessary and writes the needed orders. Medicaid however will cover the cost of hearing aids with prior authorization from the State of Michigan.

Most Medicare Advantage Plans have hearing benefits that allow for two hearing aids annually. Some managed care advantage plans allow for a total of up to \$3,000 every year. To maximize the hearing aid benefit, call your plan's member service department to learn which hearing aid providers are in network and what is covered.

There may well be private support as well. For example, the Lions Club of Michigan provides private grants for low cost, lower-end hearing aids. The funding ranges from \$100 to \$700. Grantees must be sponsored by a member of the club.

Protecting Your Hearing Aid Device

It is important to read and understand the purchase agreement prior to signing for hearing aids, especially provisions regarding loss and damage. A two to three year warranty should be included in the purchase agreement.

Ensuring Optimum Hearing Aid Function

There should also be at least four scheduled follow up appointments each year, one every three months, for adjustments and comfort checks. To contact the Geriatric Hearing Centers, LLC, call: 313.772.0027 or 313.701.7298



NEWS BRIEFS

Stay Well Counseling Hotline: If you or someone you know is experiencing emotional distress this holiday, get free, confidential support from the Michigan Stay Well counseling line, open 24/7, at **888.535.6136** and press “8.”

Internet-based resources: Many are familiar with the United Way of Southeast Michigan’s 2-1-1 Hotline with live specialists available 24/7, 365 days a year to connect to critical resources and assistance. There are other referral sources to keep in mind as well. For instance, **www.findhelp.org** provides info on financial assistance, food pantries, medical care, and other free or reduced-cost help.

The Cost of Breast Cancer: A journalist is researching a national story on the financial burden of breast cancer, for women 65 and older, for the Gerontological Society of America and the National Institutes of Health Care Management Foundation. Seeking to interview those currently undergoing treatment, survivors, health care providers, researchers and others who work with these patients. If you or someone you know has or had problems paying for their care, please contact Urban Aging News reporter Patricia Anstett at panstett47@gmail.com.

Grants for Wishes: Hannan Center is partnering with AARP for **Wish of a Lifetime**. The program grants life-changing wishes to older adults and inspires people to redefine aging in America. Wishes can include special trips, having books published, and more! To learn more about the program and how to apply, contact Hannan Center’s marketing department at: 313.833.1300.

Support For Caregiving Children: Sympathetic Souls, a newly established Dearborn-based caregiver support organization focuses on empowering, informing and supporting those caregiving an aging parent by offering services, resources, and a support group to connect with those sharing similar experiences. To learn more, visit www.sympatheticsouls.org, email contact@sympatheticsouls.org, or call 313.757.0603.

Shots up to date? Detroit is experiencing high rates of community spread of respiratory syncytial virus. RSV is a common respiratory virus that can be particularly serious for children and older adults. Health officials encourage vaccines for the flu and COVID-19. Flu shots are available at federally qualified health centers across the city. Call 313.876.4667 for locations. COVID-19 vaccinations and booster shots can be scheduled online, at www.pegsecure.qrd.by/detroitvaccinationselfscheduling, by texting “vaccine” to 313.329.7272, or by calling 313.230.0505.

Your Right to Escrow: Detroit tenants can compel their landlord to perform necessary repairs by **putting rent payments in escrow**, where a third party holds the money. Michigan Radio has developed a guide explaining the process, available at www.michiganradio.org. Enter Detroit Renters Guide in the search bar. To also check to see if the landlord has already been cited for violations, see Outlier Media’s *How to Research A Detroit Landlord-And Spot Red Flags Before You Sign A Lease* at www.outliermedia.org.



How to Access Informative Podcasts - There is so much timely information available on podcasts, for example the ARISE Detroit! Neighborhood Transformers podcast series gives extensive information on Detroit’s people and organizations as they work together to develop neighborhood solutions to neighborhood problems. But if you haven’t already listened to a podcast, you may not know how simple they are to access on your mobile devices as you listen on the go. For iPhone users, go to the App Store and download Apple Podcasts. Android users can listen to podcasts using Google Play Music.

Nursing Home Residents Go Home for the Holidays: Michigan nursing home residents are permitted to take time away from the facility. Leaving a nursing home or skilled nursing facility for non-medical reasons is referred to as a “therapeutic leave.” Assuming the health of the resident permits and their doctor agrees, the resident can leave the facility for a few hours, or days, to visit with friends or family. Such leaves should be arranged with the nursing home staff well in advance so they have time to prepare any medications the patient will need, as well as instructions for the temporary family caregivers. Michigan permits up to 18 overnight stays for Medicaid residents to leave, within a continuous 365-day period.

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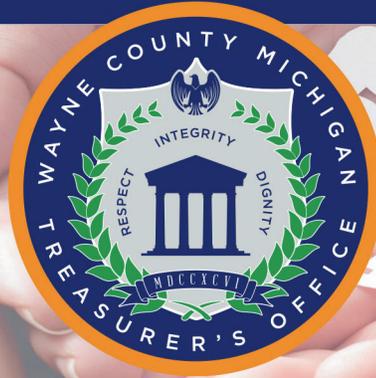
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Property tax payment plans are available now!

Interest Reduction Stipulated Payment Agreement (IRSPA)

This payment plan reduces the interest rate from 18% to 6% for eligible taxpayers. To sign up, you must own and live in your home, and have a Principal Residence Exemption (PRE) and ID that proves residency.

Distressed Owner Occupant Extension (DOOE)

This program is not available to everyone. If you own and live in the property, and are suffering financial hardship you may qualify for this program. Proof of ownership, occupancy, and hardship are required.

Stipulated Payment Agreement (SPA)

Available to everybody, this plan allows a taxpayer to pay taxes pursuant to a payment schedule. The plan will avoid foreclosure provided that payments are submitted per the agreed upon schedule.

Pay As You Stay Payment Agreement (PAYSPA)

Only for those who have first applied for their local municipality's Poverty Tax Exemption (PTE) and received an approval. Once notified by your local Assessor's office and deemed eligible, our office will mail you a notification letter with your Reduced Amount Due. You will have the option of paying a lump sum (additional 10% off) or enrolling into a PAYSPA.

**Many of these plans are
available online at
[treasurer.waynecounty.com!](http://treasurer.waynecounty.com)**

For more information email WCTOPaymentPlans@waynecounty.com or call (313) 224-5990.

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At Dedicated, we treat seniors like family.

You'll receive compassionate care from a doctor you know and trust. We provide additional services to qualified patients including transportation to and from appointments plus on-site prescription services.

OUR SERVICES INCLUDE:

- Telehealth, to see or talk to your doctor from home
- Medication services available
- On-site tests and screening
- Door-to-doctor transportation

For more information call your local center.

Some services are not covered under all plans. Check your plan documents for details and service availability at each individual center. Due to space and time limitations, some services are not available at all centers. Limitations, copayments and restrictions may apply.

6 Convenient Locations

Detroit East

13210 East Jefferson Ave. Detroit, MI 48215
(313) 335-3444

Detroit North

20001 West 7 Mile Rd. Detroit, MI 48219
(313) 794-5111

Eastpointe

21811 Kelly Rd. Eastpointe, MI 48021
(586) 649-3388

Southfield

21816 W. 11 Mile Rd. Southfield, MI 48076
(248) 375-4040

Warren

1921 East 8 Mile Rd. Warren, MI 48091
(586) 840-1333

East English Village

6150 Cadieux Rd. Detroit, MI 48224
(313) 398-2800

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