

5 Tips to Practice Good Public Hygiene

It would seem that public hygiene protocol is not something easily forgotten since it is a standard taught since kindergarten, underscored in middle school, and essential to get your college diploma. Yet there are times, more often than we'd like to admit, that we may know the "do's" and "don'ts" of social proprieties, but choose not to embrace them. Stay classy and clean with these simple tips on how to display good hygiene when out in public.

Cover your mouth-This one is a no-brainer, but deserves to be first on the list. Hearing you sneeze or cough is one thing; feeling either of these is entirely another. Cover your mouth when coughing or sneezing and keep your hands clean by using your upper arm as a shield.

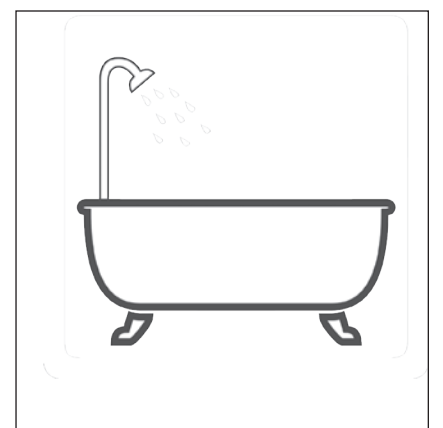
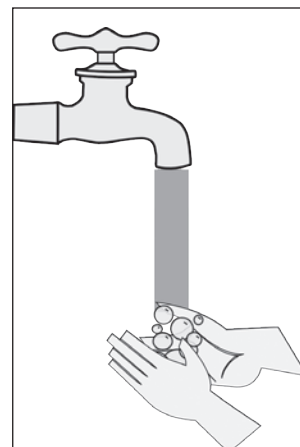
One tissue does not conquer all- Feeling under the weather? Looking and feeling your best can be difficult when your sinuses and lungs are working against you. You can do your best to show you care about public hygiene by following the rules of thumb such as washing your hands regularly, using hand sanitizer, and pulling out clean tissues every time you need to use them in public.

Watch for bad habits- Bad habits like biting your nails, playing with your hair or touching your face can work against the image you're trying to project. These habits are also a way that unwanted grime, oils, and bacteria can spread from different areas on your body and eventually onto objects you touch. Do yourself (and others) a favor by keeping your hands away from the top half of your body whenever possible.

Launder- Laundry is an arduous (and thankless)

task, but there are few public hygiene no-no's worse than wearing dirty clothing. Even if there are no apparent stains, your clothing still absorbs body oils, skin cells and odors and should be changed often.

Bathing- Regular bathing is still important as we get older. We may not do as strenuous work or sweat as much as when we were younger, but it is still important to keep a regular bathing routine. As we age, our sense of smell decreases and while we may not smell our own body odor, others can. Also, it is important to keep your skin, scalp and nails clean to stay healthy. Healthy skin is our first defense against germs and disease. If bathing is physically difficult or unsafe, there are local health care agencies that may provide helpful suggestions, medical equipment or personal assistance.



CMAAA

The Central Missouri Area Agency on Aging (CMAAA) is a private, not-for-profit Area Agency on Aging serving 19 counties in Mid-Missouri: Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski and Washington.

Our Mission

CMAAA recognizes the individual capabilities and needs of each older person. Therefore, CMAAA's mission is to assist communities in establishing a full range of services, which allow older persons to live in the most independent manner possible.

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From the CEO... By Jean Leonatti, CEO

Dear Readers,

“Doing Good is Good for You”

I have been thinking a lot lately about two words – leadership and service. Our national association released a new publication called “Doing Good is Good for You”. We often think of volunteering as being helpful to others but the latest research shows that we are also helping ourselves.

Being of service to others for as little as two hours a week can result in improved mental, emotional and physical health. Volunteering can help to reduce depression, lessen chronic pain and give your brain a boost. I have known people who, in retirement, become isolated and mainly focus on themselves. Over time they become self-centered, a little crabby (because nothing is ever exactly right), and somewhat difficult to be around. This further isolates them from others and it becomes a vicious circle.

The research is telling us that we need to reach out beyond ourselves – spend some time helping others and it will give us a real sense of purpose in our lives. And, that sense of purpose can improve our overall well-being. As my mother used to say “you don’t have to look too far to find someone who could use a little kindness”.

Recently I watched a video of one of my nephews at his high school football awards dinner. The coach talked about leadership. One thing that really struck me was when the coach said that leadership is about “.... being selfless, being in service to others ...” Isn’t that interesting? He didn’t say the leader was the biggest or the strongest or the most athletic. The leader was the one who served others, who helped everyone know how important they were to the team as a whole.



Think about the leaders in your community. Are they the ones with the biggest egos? The ones who are seeking glory for themselves? Or are they the ones who are quietly going about doing good for others?

One final thought – a verse by a poet born in 1861. It goes:

I slept and dreamt

That life was happiness

I awoke and saw

That life is service

I served and saw

That service is happiness

Want to improve your outlook on life? **We would be happy to have you as a volunteer.** We have plenty of opportunities ranging from assisting at the senior centers to being an ombudsman in long term care facilities. If not us, then look around your community for someone else who could use your assistance. Reach out, get busy because “Doing Good is Good For You” !

Jean



By Beth Busseau, County Services Director

Satisfy Your Sweet Tooth

Dear Beth: My Mom is stuck at home due to her health. She receives the Home delivered meals provided by your agency and she really needs them but unfortunately she doesn't like several of the frozen meals. What can we do about it?

Sincerely, Grateful Daughter

Dear Grateful Daughter: Our homebound meal program delivers meals to people who are no longer able to cook for themselves and unable to regularly leave their home. Although people are not required to be bedridden, it is their challenges with their Activities of Daily Living (ADLs) that determine their eligibility.

The meals come in a plastic sleeve of seven (7) frozen meals; one for each day of the week. Participants are able to select the meal they would like to have that day and can heat the meal in the microwave or oven. Directions are on the film coving the meal.

I am often asked how meals are selected for the week. There is a four week rotation of seven different meals which means participants receive weekly sets of seven meals and no meal is repeated until the following month. Quarterly the meals are reviewed and a new quarter of four week rotation is decided on.

It is important for CMAAA to receive feedback regarding what our participants enjoy most and which meals they are not fond of. This last quarter each Senior Center distributed surveys to home bound participants to rate the seven meals that they received on a one (1) to five (5) scale. **CMAAA received over one thousand (1,000) surveys returned to the office for review.**

With such a high return rate we are able to determine the most enjoyed menus and the entrees that are least desirable. We are unable to individualize the menus due to the volume of participants that we serve.

The challenge comes with the comments that people don't like fish, for example, which doesn't mean the entree was not good, but that there are participants that would never eat fish no matter how delicious it is. I hope your mother completed her survey to express her opinion.

Staff have removed three entrees from last quarter's meal pattern and replaced them with other entrees for next quarter. Graves Menu Makers are very accommodating and understand our requests to please the participants to the best of our ability.

"Breakfast-for-lunch" is the most favored meal no matter which area of our nineteen counties you live in. Why is this? Because of the higher sodium content in breakfast sausages, it is satisfying. Many people remember starting their day with a hearty breakfast of eggs and pancakes and a side of sausage.

It is our desire to appeal to the taste buds of our participants with the balance of meeting the strict dietary guidelines and portion controls along with individual tastes. Do you know which taste buds diminish as we age? All of them except the taste buds that distinguish sweets. Our "sweet tooth" is still doing its job even in our later years!



By Donna Wobbe,
Ombudsman Program Director

Choosing the Appropriate Level of Long Term Care Skilled Nursing Care (SNF)

It is with great pleasure that Linda Daugherty, Ronda Giger and I introduce everyone to the newest member of our Ombudsman Program, Christi Dykstra. Christi has been an employee with CMAAA for the past six years as a Community Care Coordinator and is very excited about her new role as Assistant Ombudsman Director for Central Missouri. We welcome Christi!

Christi
Dykstra



The Ombudsman Program visits with residents in all licensed long term care homes throughout the year to make sure residents' rights are protected in the nineteen counties we serve.

In this series on "Choosing the Appropriate Level of Long Term Care", my hope is that everyone will have a better understanding of the following multiple levels of care and will be able to make a more informed decision if needed. Last issue we covered Short Stay Rehabilitation in Skilled Care (Rehab). This issue covers **Skilled Nursing Care (SNF)**. Future issues will cover Assisted Living (ALF & ALF**), Residential Care (RCF & RCF*) and Intermediate Care Facility (ICF).

There are many things to consider when searching for a skilled level of care for a loved one including cost, inspections, safety and the quality of care they will receive. Planning can make the process easier. Visiting at least three homes for comparisons will allow you to view the care yourself. It is important to remember that homes provide different levels of care depending on a person's needs and their medical conditions. For instance, someone unable to bathe, dress or walk may need a higher level of care offered in a skilled nursing home.

Skilled Nursing Care (SNF):

Provides 24-hour accommodation, board and skilled nursing care and treatment services. Skilled nursing care and treatment services are commonly performed by or under the supervision of a registered professional nurse for individuals requiring twenty-four hour care by licensed nursing personnel. This includes acts of observation, care and counsel of the aged, ill, injured or infirm, the administration of medications and treatments as prescribed by a licensed physician or dentist and other nursing functions requiring substantial specialized judgment and skill. A licensed Nursing Home Administrator is required. (Resource: Missouri Dept. of Health & Senior Services; Level of Licensure for Long Term Care Homes.)

Reminder: The resident has the right to be fully informed and to the best of their ability, the resident has the right to participate in his or her care plan and decisions. Please call your Ombudsman with Long Term Care questions and concerns.

My next article will offer additional information and understanding about Assisted Living (ALF) & Assisted Living ** (ALF**).

If you or someone you know would be willing to gift a few hours each week to advocate for residents in Long-Term Care, we offer training and certification for Ombudsman Volunteers in all nineteen counties in which we serve!

For additional information please call Central MO Area Agency on Aging Long Term Care Ombudsman Program at 573-443-5823 or 1-800-369-5211 or email dwobbe@cmaaa.net. Online at: health.mo.gov/seniorsombudsman Email: LTCOmbudsman@healthmogov or call 1-800-309-3282.



Give Seniors a Lift With Household Chores

Many older adults want to remain in their homes as they continue to enjoy good health and independence. However, some activities of daily living, including household chores, become more challenging with age because of factors such as slower gait, impaired balance, reduced mobility, and reduced muscle strength.

Some chores that challenge seniors include:

House cleaning- Cleaning takes longer for older adults who move more slowly and it can be painful, even dangerous, for those with arthritis or other mobility problems to try to stand on ladders to reach dusty spots, or to get down on their hands or knees to reach under and around furniture. Some solutions include telescopic feather dusters that do the stretching and reaching. In addition, long-handled broom and dustpan sets make sweeping easier and long-handled grabbers help pick up fallen items.

Grocery shopping- The once-simple task of going to the grocery store and getting the groceries home becomes more complicated with age as older adults cope with reduced muscle strength, grip strength, and coordination. Some options to make this task easier include shopping backpacks designed to fit on wheelchairs or scooters, shopping bags with ergonomic handles, and shopping

bags with wheels for those who have difficulty lifting and carrying bags.

Navigating around the house- Stairs become a challenge for many older adults who want to remain in their longtime homes, but modifications, such as stairlifts, make it possible for them to remain in their longtime homes. When choosing a stairlift, seek out a reputable company.

Also, be sure to check out the many organizations and businesses in your area that may be able to provide you with in-home support, such as, home-delivered meals or groceries, help with your cleaning and home maintenance and even live-in or companionship visits. For more information, please call: Central MO Area Agency on Aging at 1-800-369-5211 or 573-443-5823.



Hey Kay... By Kay Barbee, CMAAA Medicare

I'm often asked if Medicare pays for Home Health Care. Yes, it is covered, but in limited situations.



Home health care is part-time or intermittent skilled nursing care and/or therapy provided in the home. Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) covers eligible home health services. A doctor must certify that a person needs care in the home and develop a plan of care.

Your costs in Original Medicare:

\$0 for home health care services.

20% of the Medicare-approved amount for durable medical equipment.

Medicare Home Health Care does not pay for:

- 24-hour-a-day care at home
- Prescription drugs
- Meals delivered to your home
- Homemaker services such as cleaning, washing dishes/clothes, and shopping
- Custodial care (such as bathing), unless these services are preformed along with medically necessary services

Medicare Home Health Care does pay for:

- Part-time care which is defined as less than 8 hours per day AND less than 28 hours per week
- Intermittent care which is defined as less than 7 days per week OR less than 8 hours per day over a 21-day period
- Physical and/or Speech therapy
- Occupational therapy, if initially certified due to physical or speech therapy
- Part-time services of home health aides
- Medical social services
- Medical supplies/equipment supplied by the agency
- Injectable drugs for the treatment of osteoporosis

NOTE: If you have a Medicare Advantage plan you must check with your plan how they cover Home Health Care.

You are not eligible for the home health benefit if you need more than part-time or "intermittent" skilled nursing care.

Before you start getting your home health care, the home health agency should tell you how much Medicare will pay. The agency should also tell you if any items or services they give you aren't covered by Medicare, and how much you'll have to pay for them. This should be explained by both talking with you and in writing. The home health agency should give you a notice called the Home Health Advance Beneficiary notice (HHABN) before giving you services and supplies that Medicare doesn't cover.

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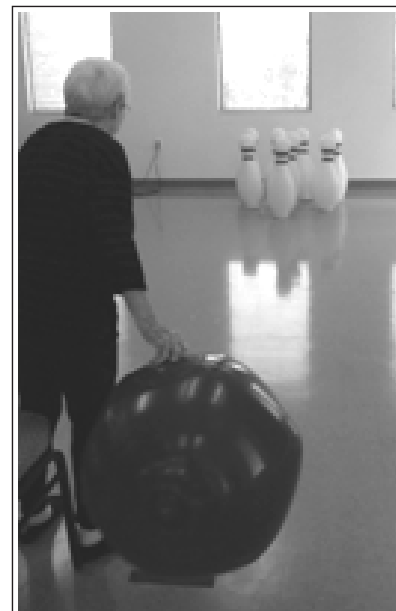
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Part A covers post-institutional home health services furnished during a home health spell of illness for up to 100 visits. After you exhaust 100 visits of Part A post-institutional home health services, Part B covers the balance of the home health spell of illness. The 100-visit limit does not apply if you are only enrolled in Part A. If you are enrolled only in Part B and qualify for the Medicare home health benefit, then all of your home health services are financed under Part B. There is no 100-visit limit under Part B.

To learn more about “Medicare and Home Health Care” you can download a PDF copy of this publication, CMS Publication No 10969, at: www.medicare.gov/Pubs/pdf/10969.pdf. This publication is not available in print at this time.

If you have questions regarding this information you can call or email Kay. Kay can be reached at 800-369-5211 or 573-424-7632 or you can email Kay at BarbeeKK@gmail.com.

Our participants enjoying senior center activities



SUBSCRIPTION FORM

Suggested contribution - \$4.00

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**SILVER
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*a monthly publication
for senior citizens
and for those who share
their concerns.*

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Need Help? Call Us.

SENIOR CENTERS

Boonslick Senior Center (Boonville) (660) 882-2344	Eldon Senior Center (573) 392-6102	Moniteau Nutrition Center (Tipton) (660) 433-2715	Versailles Senior Center (573) 378-6232
Bourbon Senior Center (573) 732-4268	Fayette Senior Citizens Center (660) 248-3733	Senior Meal Program (Columbia) (573) 449-8000	Vienna Senior Center (573) 422-3834
California Nutrition Center (573) 796-4240	Friendship Hall (Iberia) (573) 793-2747	Owensville Senior Center (573) 437-3096	Warren Senior Center (Richland) (573) 765-5414
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Rose Nelson
(800) 369-5211 or (573) 443-5823

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