NEW HORIZONS

York County Area Agency on Aging

Volume 22, NO. 3 **Fall 2015**

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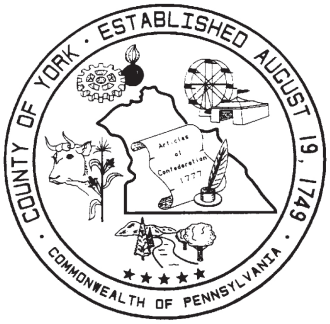

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Medicare Open Enrollment "Season" Is Soon Upon Us!

The leaves will soon be changing colors as fall approaches. Just as the seasons change, so might your health care and prescription needs. Medicare plans also change from year to year, so it is important to determine if your current prescription drug plan or health plan is still going to cover your needs. For some, it may need to be changed during the fall Medicare Open Enrollment "season".

Medicare's Open Enrollment "season" will begin October 15 and end December 7. ALL Medicare beneficiaries have a chance to change from their current plan to a different plan, which will be effective January 1, 2016.

Medicare Annual Open Enrollment Period (AOEP) impacts both Medicare Advantage Health plans and Medicare Part D prescription drug plans. If you have one of these plans and want to change to a different plan, the Medicare open enrollment period is the one time during the year when Medicare beneficiaries can do that. Remember do not miss the deadline!

If you already have a Medicare Part D Prescription Drug plan or a Medicare Advantage Health plan, this is your time to look back over the year and make a decision about your coverage for next year. Should you stay with your existing coverage or make a change? Here is your opportunity to decide. If you make no decision, you will remain in the same plan as you elected this year. If you do not enroll during this enrollment period, your next chance to change coverage is January 2017.

It's important to keep in mind that plans are annual plans only. Most often, plans change coverage and costs in the new calendar year. Insurance companies have the option of:

- Renewing a plan for the following year.
- Discontinuing a plan.
- Renewing but making changes to plan benefits.
- Renewing but making changes to the monthly premium.

This is why it's vitally important to take the time to review your plan documents and compare available 2016 plans. Carefully read the 'Annual Notice of Benefits' that your plan will send you by the end of September. **You should not assume your plan will have the same coverage and at the same cost it did last year.**

To prepare for the Medicare Annual Open Enrollment Period (AOEP), it is a good idea to review your health care needs and current coverage. Consider these questions:

- Has your health care status changed in any way that might require more or different care?
- Does your current plan cover all of the services that you use?
- Are you comfortable with the current plan premiums, deductibles, co-pays and co-insurance?
- Are you paying for services you don't need or use?
- What changes in coverage and costs has your current plan announced for 2016?

It is also important to consider the type of Medicare coverage that will best meet your needs. How do you want to receive your Medicare benefits? Prescription Drug Plan? Medicare Advantage Health Plan? Original Medicare?

Important Steps to Take:

- ✓ Make a list of the drugs you take and the pharmacy, doctors, and health-care providers you prefer to use.
- ✓ Talk to your health care providers and confirm that they will continue to participate with your plan in 2016.
- ✓ Carefully review the information your plan mails you this fall. You should get this information by September 30. Make sure you understand the costs of the plan and the coverage for the new year.
- ✓ Check out the other plans in your area. See if another plan can cover your drugs at a lower cost or with fewer restrictions, or meets your health needs if you are in or considering a Medicare Advantage plan.

There are many plans to choose from in your area. Medicare.gov has the best web-based tool, Medicare Plan Finder, to help you narrow your search. You can compare the different plans and decide which one is best for you.

Still having trouble? Get help from an APPRISE Counselor. **APPRISE can help you compare plans at one of the scheduled Enrollment Events listed on page eight.**

Source: Center for Medicare Advocacy and CMS

From The Director

Dear Reader:

I recently received a card from a young person who was involved in an intergenerational project to assist seniors. The card and the message it contained was a wonderful reminder of how important it is to have different generations come together to support each other.

The card also reminded me that the young person who penned it does not utilize the traditional "snail mail" system in the same way I do or the way my parents' generation did. This handwritten card may be one of the few communications she would need to apply postage to.

The project brought together a small group of young people in their pre-teens and teens and a large group of senior community center attendees. The goal of the project was for the young people to establish relationships and communicate with the seniors to learn what they needed to enhance their day at the senior community center.

By the end of the project, the seniors were the recipients of new equipment and supplies they would otherwise not have been able to obtain. The young people involved in the project were the recipients of certificates and badges for their community service. It was a very successful venture.

The project itself served an important purpose for both the seniors and the young people; however, the real value of the project was the relationships that developed and the insight that was shared. There was an exchange of information and knowledge that all involved enjoyed, but more importantly there was an exchange of appreciation between the two generations.

As the senior population continues to grow, it will become increasingly important to forge strong relationships with members of younger generations. The same will be true for the younger generation as they will be living in a progressively aging society. It is predicated that the first person to live to the age of 150 is alive right now. This longevity will necessitate more interaction between the generations as never before.

As a society, we will need to work to integrate our generations. This integration may take the form of college students working with seniors to teach them how to utilize new technology or seniors working with college students to teach them how to navigate within the business world. No matter what the exchange, both sides will benefit.

Many of us remember the days of the neighborhood potluck dinner or cookout. The entire neighborhood would get together to eat, talk, and build relationships. These types of gatherings broke down barriers and made people feel more comfortable with each other. More importantly, these events provided the opportunity for neighbors to learn how they could help each other, no matter what their age.

Change is never easy; however, at times it is a necessity. Sometimes a small group of people can make a huge difference in the lives of others. Mother Teresa was quoted as saying, "I alone cannot change the world, but I can cast a stone across the waters to create many ripples."

We can all make a difference in someone's life, but we need to be brave enough to cast the stone and make some ripples.

Mark W. Shea

NEW HORIZONS

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Mission Statement

The primary focus of the York County Area Agency on Aging is to provide education, advocacy, and coordination of community-based services to empower older adults to maximize their independence and quality of life.

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Fall 2015

Please notify YCAAA to discontinue your mailed issue.

YCAAA STARS
Volunteer of the Month

SEPTEMBER
Diana Arnold
A Matter of Balance Coach

OCTOBER
Don Lyons
Special Events

NOVEMBER
Susan Heinle
Advisory Council

YCAAA
Advisory Council

The next York County Area Agency on Aging Advisory Council meeting will be held at 12:30 PM on **Monday, October 19** at the York County Department of Emergency Services, 120 Davies Drive, York.

Falls Free Coalition of York County Returns to 50*plus* EXPO

Through a successful partnership with the Falls Free Coalition of York County, the 2015 York County 50*plus* EXPO on September 30 will again include a designated area entitled Falls Free York County.

This unique area will focus on fall prevention, with a range of free demonstrations, devices, screenings, and assessments available to all EXPO visitors.

According to the Centers for Disease Control, one in three Americans over 65 years falls each year.

- Every 14 seconds, an older adult is treated in the emergency room for a fall; every 29 minutes, an older adult dies following a fall
- Falls are the leading cause of fatal injury and the most common cause of nonfatal trauma-related hospital admissions among older adults
- Fall rates rise dramatically after age 54, doubling with every 10 years of age
- One in four elderly persons with a hip fracture die within the first six months; more than half of those who survive are admitted to nursing homes
- York County deaths from falls are on the rise
- In 2013, falls resulted in more than 2.5 million injuries treated in emergency departments with more than 734,000 leading to hospitalizations

Falls Free area will emphasize the importance of preventing falls in older adults. Activities include:

- Check list risk assessment
- Balance and gait testing
- Cane and walker checks
- Exercise demonstrations
- Brown bag medicine review
- Information about falls prevention classes
- Demonstration of assistive devices
- Tips for caregivers & what to do when a fall occurs
- Foot screening (9:00 – 11:00 a.m.)

Falls Free area will be thoroughly staffed to ensure safety at all times.

For more information on the EXPO or Falls Free York, call (717) 285-1350 or visit www.50plusExpoPA.com. For more information on the Falls Free York display, contact Diane Gerhart at (717) 771-9610 ext. 339.

Are you at risk?

Falls are the main reason why older people lose their independence.

Please circle "Yes" or "No" for each statement below			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your change of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
TOTAL _____		**Add up the number of points for each "yes" answer. If you score 4 points or more, you may be at risk for falling. Discuss this with your doctor.**	

(This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center (GRECC), and is a validated fall risk self-assessment tool.)

Stay Independent
Check Your Risk for Falling

Your Doctor may suggest:

- Having other medical tests
- Changing your medicines
- Consulting a specialist
- Seeing a physical therapist
- Attending a fall prevention program

Four things you can do to prevent falls:

1. Begin an exercise program to improve your leg strength and balance
2. Ask your doctor or pharmacist to review your medicines
3. Get annual eye check-ups and update your eyeglasses
4. Make your home safer by:
   - Removing clutter and tripping hazards
   - Putting railings on all stairs and adding grab bars in the bathroom
   - Having good lighting, especially on stairs.

For more information on fall prevention, please visit:
www.cdc.gov/injury or www.stopfalls.org

Source: "Stay Independent: Falls are the main reason why people lose their independence."; CDC, GRECC, VA Greater Los Angeles Healthcare System, and the Fall Prevention Center of Excellence

Preventing Falls at Home: A Home Safety Checklist

Why should you be concerned about preventing falls in your home? For many of us, the home provides the most basic need of shelter from the elements and intruders. It also provides comfort and a place for self-expression vital for our well-being. Our home can give us a feeling of independence, but it can also become a barrier if we become susceptible to falls or a fear of falling. Nearly 85% of falls occur at home with the most frequent location being stairways, bedrooms, and the living room.

Here is a room by room checklist to help you assess your home to identify potential hazards. As soon as possible, correct items to which you answered "NO."

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THROUGHOUT THE HOUSE

YES NO There should be good even lighting throughout the house. Light fixtures, lamps, and window treatments should be selected and placed to avoid glare on smooth surfaces.

YES NO Emergency numbers and your address are posted by each telephone.

YES NO Telephones are located in each room. They can be reached from the floor in case of a fall. A portable phone will do.

YES NO Flooring materials should be hard, even surfaces or tightly woven, low pile carpeting over a thin pad.

YES NO Carpeting and rugs are not worn or torn.

YES NO Small, loose rugs have non-skid backing and are not placed in traffic areas of the home.

YES NO Electrical cords are placed out of the flow of traffic and out from underneath rugs and furniture.

YES NO Things are kept in their proper place so they won't become a tripping hazard.

YES NO Pet sleeping areas are away from traffic paths.

KITCHEN

YES NO Light switches are located near the doors.

YES NO The range and sink areas have adequate light levels.

YES NO Storage in upper shelves or cabinets is used only for infrequently needed items of light weight.

YES NO A sturdy, stable stepladder or step stool is used rather than a chair to reach objects in overhead cabinets.

YES NO Countertop space lets you keep carrying and lifting to a minimum.

YES NO Flooring is not slippery and has a non-glare surface.

YES NO A non-skid rubber mat is placed on the floor in front of the sink.

BATHROOM

YES NO Bedroom floor is located on the first floor of the home, if possible. A lamp or flashlight is kept within reach of your bed. Check batteries periodically to make sure they are working and keep a spare package of batteries nearby.

YES NO A night light is used to brighten the way to the bathroom at night.

YES NO You have an adequate-sized night stand or small table for the telephone, glasses, or other important items.

YES NO There is a sturdy chair with arms where you can sit to dress.

YES NO Shoes are kept in special racks or tucked well under the bed.

YES NO Clothing and other items are not left on the floor.

LIVING ROOM

YES NO The light switch is located near the entrance.

YES NO Furniture, which might be used for support when walking or rising, is steady and does not tilt.

YES NO Chairs and sofas are sturdy and secure.

YES NO Chairs and sofas have full arms to aid in sitting or rising.

OUTDOOR AREA

YES NO Doorways, steps, porches and walkways have good lighting.

YES NO Handrails are sturdy and securely fastened.

YES NO Steps and walkways are in good condition and are kept free of wet leaves and ice.

YES NO Porches, balconies, terraces, window wells, and other heights or depressions are protected by railings closed with bannisters, or are otherwise protected.

YES NO You have adequate light in your garage so you don't need to grope your way in the dark.

YES NO Garden tools are returned to their proper place after use.

AN AWARD WINNING PROGRAM!

A MATTER OF BALANCE

MANAGING CONCERNS ABOUT FALLS

A Matter of Balance is an award- winning program designed to reduce the fear of falling and increase the activity levels of older adults who have concerns about falls. This program utilizes volunteer coaches to teach eight, two-hour classes where participants learn to:

- View falls and fear of falling as controllable
- Set realistic goals for increasing activity
- Change their environment to reduce fall risk factors
- Promote exercise to increase strength and balance

Who Should Attend?

- Anyone concerned about falls
- Anyone interested in improving balance, flexibility and strength
- Anyone who has fallen in the past
- Anyone who has restricted activities because of falling concerns
- Anyone age 60 or older, ambulatory and able to problem-solve.

Why Attend?

Previous participants report:

- 97% are more comfortable talking about their fear of falling
- 97% feel comfortable increasing activity
- 99% plan to continue exercising
- 98% would recommend A Matter of Balance to others.

A MATTER OF BALANCE classes are free and held twice a week for 4 weeks for 2 hours each. Classes will be offered at:

York Township Park Building
25 Oak Street, York
on
Mondays and Wednesdays
10:30 AM – 12:30 PM

September 21 -October 19, 2015
OR
October 26-November 23, 2015

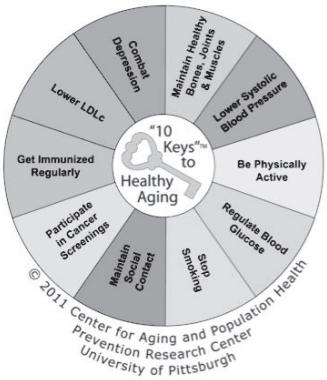
For more information and pre-registration please call the York County Area Agency on Aging at (717) 852-4902 Ext. 248 or 1-800-632-9073, or by email aging@yorkcountypa.gov.

The program is FREE!

Spin the Wheel of Fortune and be Wealthy by Being Healthy!

Take ownership of your health…

Attend educational workshops to learn about the "10 Keys" ™ to Healthy Aging and the many NO COST and low cost preventative services to help keep you healthy. This health promotion program was developed by the Center of Aging and Population Health at the University of Pittsburgh. Their research team, along with the CDC Prevention Research Center, learned a great deal about how to keep adults healthy as they age. They have translated what has been learned into the "10 Keys™ to Healthy Aging." Each key is an important step in preventing disease and improving the quality of our lives.



This educational workshop will be held once a week for five weeks. A certified Health Ambassador through the York County Area Agency on Aging conducts the program. Participants receive a Resource Manual which provides a wealth of information on preventative, proven strategies that work!

Location: Penn State Extension Offices in the York County Annex Meeting Room #1 112 Pleasant Acres Road, York

Date: Course includes 5 sessions: October 23 and 30 November 6, 13 and 20

Time: 9:00 AM – 11:30 AM

Cost: FREE!

Registration: Call (717) 852-4902 Ext. 339 By October 14, 2015

Daylight saving time ends on Sunday, November 1, 2015 at 2:00 AM. Don't forget to turn your clock back 1 hour!

Know Anyone In Need of Home Repairs?

York County's Home Improvement Program (HIP), administered by the Housing Division of the York County Planning Commission, is looking for qualified applicants. The program is designed to help income eligible resident homeowners in York County by providing financial and technical assistance for home repairs including, but not limited to, roofing, windows, plumbing, heating, electrical, sidewalks, septic and water/sewer hookups.

The funds in the Home Improvement Program are provided in the form of a zero interest loan with a deferred payment. This means that a mortgage in the amount of the loan is filed against your property for security. As long as you, the program participant, remain the occupant and owner of the property, no repayment is required and no interest is charged. When the property is sold or transferred in any way or it ceases to be your residence, the full balance on the loan becomes due and payable to the County of York. The deed to your property remains in your name and is not transferred to the County.

To qualify, your property must have conditions defined as substandard by the local housing code or by the program's rehabilitation standards, and you must meet the income eligibility. The goal of the Home Improvement Program is to help you bring your home into standard condition.

Who Is Eligible for the Home Improvement Program?

To qualify for the program, the property must be located within York County, outside of the City of York, and the applicant must reside in and own, or be purchasing the property. All sales agreements must be recorded.

You may qualify if your total household gross income meets the following income guidelines:

# of people in Household/Gross Annual Income

1	$39,400	5	$60,750
2	$45,000	6	$65,250
3	$50,650	7	$69,750
4	$56,250	8	$74,250

For questions or more information please contact Kim Walston at (717) 771-9870, or by email at kwalston@ycpc.org.

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LONG TERM CARE INSURANCE

By: ROBERT CLOFINE
Certified Elder Law Attorney in York

In a recent article, I reviewed the government's Medicaid program that pays for care in a nursing home. Over the years, the rules have changed to make it more difficult to engage in "Medicaid Planning," which is the structuring of your affairs to meet Medicaid's financial eligibility requirements. With the tightening of the Medicaid program and with the cost of nursing home care in the York area approaching $11,000 per month, many will be forced to take another look at private long-term care insurance as a way of paying for nursing home care.

There are two publications available to help you decide what kind of long-term care insurance is best for you and to help you shop for a policy that meets your needs. The first is a national publication called "A Shopper's Guide to Long-Term Care Insurance". The other is "Long-Term Care Insurance Guide" which was developed by the Pennsylvania Insurance Department.

Both can be ordered by calling 1-877-881-6388 (toll-free), or go to http://www.pahealthoptions.com and https://www.ltcfeds.com for more information. Those publications provide you with plenty of information to evaluate as you contemplate the purchase of a policy. My goal with this article is to highlight a few key issues that you should consider.

For starters, you need to understand that Medicaid is still available to pay nursing home bills, and almost all nursing homes in York County accept Medicaid. This means that once you qualify for Medicaid you are not forced to go to an "inferior" nursing home. As important, while those selling long-term care insurance (LTCI) will often disparage Medicaid, the type of care one receives in a nursing home has little to do with who is paying the bill. Therefore, you are wise to consider how the Medicaid system affects you before opting to purchase LTCI. It does not make sense to purchase LTCI if you or your spouse will qualify for Medicaid soon after entering a nursing home.

Once you decide that LTCI makes sense for you, it's often the cost of the policy that becomes the largest hurdle. There are a number of ways to keep the premiums lower. First, buy only the benefits you need. For example, the salesman will be quick to tell you that the cost of a nursing home is currently about $330 per day. However, that doesn't mean you need a policy that pays the full amount. That is, if you have a pension and Social Security income, then you can afford to pay part of the nursing home bill yourself. Instead of buying a policy that pays $330 per day, you may be able to get by with a lower daily benefit.

Reducing the benefit period is perhaps the biggest way to cut the premium cost. That is, a policy that pays benefits for a period of 3 years will cost less than a policy that promises to pay benefits for 5 years, and a 5-year policy is less expensive than a lifetime policy. You can also keep the premium lower by choosing a longer "elimination" period.

The "elimination" or "waiting" period is the time you pay for care before the insurance kicks in. Finally, the premium will be lower if you remove the inflation protection or choose inflation protection based on "simple" interest rather than "compound" interest. Eliminating inflation protection can be risky as the cost of care will surely continue to increase.

Married couples can reduce the cost by opting to purchase coverage for only one of the spouses, or by reducing the coverage on one person. This may be appropriate given the "spousal protections" available under the Medicaid laws. Also, many companies offer significant discounts when both spouses buy coverage.

Deciding when to make the purchase is a key as well. For starters, you must be "healthy" to qualify for such policies. That is, the insurance companies will not issue policies to those with health histories that make the need for care likely and the cost of coverage increase with the age of the applicant. This means that the policies cost more for those who apply for coverage at age 75 than for those who get the policy at age 65.

You may also want to consider a so-called "Partnership Policy." While most who buy LTCI want to avoid having to rely upon Medicaid, the Partnership Policy is a way of hedging your bet. If you have a Partnership Policy, you can keep assets that normally would have to be spent down to qualify for Medicaid. For example, if you're single, you might normally be allowed only $8,000 in assets in order to qualify for Medicaid coverage for nursing home care. But if you buy a long-term care insurance policy that has paid out $150,000 in benefits, you would be allowed to retain $158,000 in assets and still qualify for Medicaid.

My final tip deals with the differences between companies. Over the years, many insurers have had to raise premiums on existing policy holders. As such, when you shop for LTCI, you'll want the details on the company's pricing history.

Tired of waiting? Call Senior LIFE York today at **(717) 757-5433**

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What to do about the Flu

It has been recognized for many years that people 65 years and older are at greater risk of serious complications from the flu compared with young, healthy adults. During most seasons, it's estimated that 90 percent of seasonal flu-related deaths and between 50 and 60 percent of seasonal flu-related hospitalizations in the United States occur in people 65 years and older. This is because human immune defenses become weaker with age. So influenza can be a very serious disease for people 65 and older.

Actions to Take This Flu Season:

► **Get Your Flu Shot**

The best way to prevent the flu is with a flu vaccine. CDC recommends that everyone 6 months of age and older get a seasonal flu vaccine soon after it becomes available in your community, ideally by October. Vaccination is especially important for people 65 years and older because they are at high risk for complications from flu.

Continued on page 7

Medicare and Medicaid: Keeping Us Healthy for 50 Years

It's easy to forget that before 1966, roughly half of all seniors were uninsured, living in fear that the high cost of health care could propel not only them, but their families, into poverty. Few of us remember that not that long ago, far too many disabled people, families with children, pregnant women and low-income working Americans were unable to afford the medical care they needed to stay healthy and productive.

50 years ago, on July 30, 1965, the landscape of health care in America changed forever when President Lyndon B. Johnson signed the landmark amendment to the Social Security Act, giving life to the Medicare and Medicaid programs.

Medicare and Medicaid save lives, help people live longer, and provide the peace of mind that comes with affordable health care that's there when you need it. Chances are, you or someone in your family either has Medicare or Medicaid or you know someone who does. In fact, Medicare and Medicaid cover nearly 1 out of every 3 Americans—that's well over 100 million people.

Marking the 50th anniversary of these lifesaving programs this summer gives us an important opportunity to recognize and remember the ways these programs transformed the delivery of health care in the United States. Medicare and Medicaid have greatly reduced the number of uninsured Americans and have become the standard bearers for quality and innovation in American health care.

Fifty years later, no other program has changed the lives of Americans more than Medicare and Medicaid.

CHANGING LIVES: Medicare and Medicaid provide Americans with access to the quality and affordable health care they need to live happy, healthy and productive lives. Today, about 55 million Americans depend on Medicare to cover 23 types of preventive services, including flu shots and diabetes screenings (some of these services are free, and for others you have a small copayment or pay the deductible). Medicare also covers hospital stays, lab tests and critical supplies like wheelchairs, as well as prescription drugs. Medicaid provides comprehensive coverage to more than 70 million eligible children, pregnant women, low-income adults and people living with disabilities. It covers essential services like annual checkups, care for new and expecting mothers, and dental care for kids from low-income families.

INCREASING ACCESS: Medicare and Medicaid provide more and more Americans with access to the quality and affordable health care they need and deserve. Though they started as basic health programs for people who had no other access to health coverage, Medicare and Medicaid have helped millions get access to care they wouldn't get otherwise.

DRIVING INNOVATION TO SHAPE THE NEXT 50 YEARS: Over the course of 5 decades, Medicare and Medicaid have become the standard bearers for coverage, quality and innovation in American health care. Innovative and dedicated teams are combatting fraud and working to continually improve the quality of life and care delivered under these programs. Medicare and Medicaid are among the most efficient and well-managed health insurance programs in the world. They will continue to transform to create a health care system that delivers better care, spends health care dollars more wisely and results in healthier people.

President Johnson would be heartened to know that the hard-fought efforts to improve our health care system have not only succeeded, but that America is on track to give even better access, higher quality care and improved health for the next 50 years and beyond.

Source: CMS; www.cms.gov

What to do about the Flu

Continued from page 6

A flu vaccine protects against the flu viruses that research indicates will be most common during the upcoming season. The vaccine has been updated for this season and immunity wanes over a year, so you should get vaccinated this year even if you were vaccinated last season. Immunity sets in about two weeks after vaccination.

People 65 years and older have two flu shots available to choose from - a regular dose flu vaccine and a newer flu vaccine designed by people 65 and older with a higher dose called Fluzone High-Dose. The high dose vaccine is associated with a stronger immune response to vaccination (higher antibody production).

► **Practice good health habits** including covering coughs, washing hands often, and avoiding people who are sick.

► **Seek medical advice quickly if you develop flu symptoms** to see whether you might need medical evaluation or treatment with antiviral drugs. It's very important that antiviral drugs be used early to treat flu in people who are very sick with flu (for example, people who are in the hospital), and people who are sick with flu and have a greater chance of getting serious flu complications, like people 65 and older.

Flu symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea. People may be infected with the flu and have respiratory symptoms without a fever.

Source: CDC

Flu Shots Available at Senior Centers

Yearly flu vaccination has already begun in some locations in York County and will continue throughout the flu season, into December, January, and beyond.

The best place to start is to consult your physician to see if you can get a flu shot at the doctor's office. This is especially important if you are covered by a Medicare Advantage Health Plan. Some Advantage Plans require that you get the shot from your primary care physician. Call your plan to confirm.

Today, there are many options for getting your flu shot besides the doctor's office. Shots are available at many grocery stores, pharmacies, and other retail outlets. Flu Shot Clinics will be offered at some York County Senior Centers.

Clinic dates are shown along with specific details.

Be sure to bring your Medicare card and any other insurance cards to the clinic of your choice.

Delta Area Senior Center
5 Pendyrus Street,
Suite 1, Delta
Tuesday, September 22, 9:00 AM – 11:00 AM
Pre-registration is NOT required.

South Central York County Senior Center, Inc
150 East Main Street,
New Freedom
Tuesday, October 13, 9:30 AM – 11:30 AM

Stewartstown Senior Center
26 South Main Street,
Stewartstown
Thursday, September 24, 9:00 AM -11:00 AM
Medicare Part B will be accepted to cover costs of Flu and Pneumonia shots. Medicare Advantage plans will NOT be accepted: fee for Flu shot is $25 and Pneumonia shot is $95.
Pre-registration IS required by calling (717) 993-3488 by September 17.

White Rose Senior Center
27 South Broad Street, York
Thursday, September 17, 10:00 AM – 12:00 PM
Pneumonia shots will also be available.
Pre-registration IS required by calling (717) 843-9704 with specific vaccine request.

Windy Hill on the Campus
1472 Roth's Church Rd,
Spring Grove
Thursday, September 17, 8:30 AM-11:00 AM
Pre-register by calling (717) 225-0733 or by visiting the Center prior to the clinic date.

MEDICARE ANNUAL OPEN ENROLLMENT PERIOD OCTOBER 15 THROUGH DECEMBER 7

Help Will Be Available in Your Community During Annual Open Enrollment

- *Do you need help comparing the available plans or enrolling in a different plan?*
- *Would you like someone to review your situation and help you understand and determine if you are enrolled in the best plan for you?*
- *Do you want to see if there may be a better plan available for you?*
- *Are you continuing to have problems with your current plan?*
- *Would you like assistance from a trained counselor who does not represent a specific plan or receive income from your enrollment in a specific plan?*

The APPRISE Program at the Area Agency on Aging will be offering one-to-one assistance by pre-scheduled appointments only during the upcoming Annual Enrollment at the following locations. To schedule an appointment, call the APPRISE Scheduling Line at (717) 771-9042

Dallastown Area High School
700 New School Lane, Dallastown
October 26, 3:30 PM to 6:00 PM

Kennard-Dale High School
393 Main Street, Fawn Grove
November 9, 9:30 AM to 12:00 PM

Northeastern High School
300 High Street, Manchester
November 18, 1:00 PM to 4:00 PM

Red Land High School
560 Fishing Creek Road, Lewisberry
November 4, 1:00 PM to 2:30 PM

Red Lion Area High School
200 Horace Mann Avenue, Red Lion
November 23, 9:30 AM to 2:30 PM

South Western High School
200 Bowman Road, Hanover
October 22 & November 16
4:00 PM to 6:15 PM

Spring Grove High School
1490 Roth's Church Road, Spring Grove
October 27 & November 10
10:00 AM to 12:00 PM

Susquehannock High School
3280 Fissels Church Rd, Glen Rock
Friday, October 30
12 PM to 3:00 PM

West York High School
1800 Bannister Street, York
October 19 & November 19
4:00 PM to 6:00 PM

York Suburban High School
1800 Hollywood Drive, York
October 21 & November 24
4:00 PM to 6:00 PM

York County Area Agency on Aging
100 West Market Street, York
December 1, December 2 & December 3
9:00 AM to 12:00 PM

Please note: The events listed above are only for current Medicare beneficiaries who would like to compare 2016 plans. If you are new to Medicare or have other questions regarding Medicare, please call our APPRISE Help Desk at (717) 771-9008.

IMPORTANT DATES

By September 30: 2016 Medicare & You handbook will be mailed to Medicare beneficiaries. You can request an e-version of the handbook through your MyMedicare.gov account or by contacting Medicare at 1-800-MEDICARE.

By September 30: All insurance carriers are required to mail their current members the Annual Notice of Change (ANOC) and Evidence of Coverage (EOC). These notices tell members about any changes for the 2016 plan year. As always, you should carefully review these notices and make sure your current plan continues to best meet your needs.

October 1: Organizations are allowed to begin marketing their 2016 plans.

By October 1: Tentative date for 2016 plan data to be displayed on the Medicare Plan Finder.

By October 2: Plans that are leaving the Medicare program in 2016 are required to send their current members a letter notifying them that their current coverage will end on December 31, 2015.

By October 15: Notice of Creditable Coverage Received. Employer/Union and other general health plans must provide all Medicare-eligible enrollees information on whether or not their drug coverage is creditable.

October 15: Annual Open Enrollment Period (AOEP) begins. People with Medicare can make changes in their Medicare coverage by enrolling in a different Part D plan, changing from Medicare Advantage to Original Medicare, or vice versa.

December 7: Annual Open Enrollment Period (AOEP) ends.

January 1, 2016: 2016 plan benefit period begins.

January 1 to February 14, 2016: Medicare Advantage Annual Disenrollment Period (MA ADP). During this time Medicare beneficiaries can only disenroll from a Medicare Advantage plan and go to Original Medicare. They cannot use the MA ADP to switch Medicare Advantage plans. They also will get a Part D Special Enrollment Period associated with the MA ADP to enroll in a Prescription Drug Plan (PDP), if they're interested.

ANNUAL NOTICE OF CHANGE

All Medicare Part D Prescription Drug plans and Medicare Advantage plans are required to send their enrollees an Annual Notice of Change (ANOC), that describes plan changes for the coming year, and the Evidence of Coverage (EOC), which includes comprehensive information about coverage and plan policies by September 30, 2015.

Watch for this information in the mail and take time to carefully review the details. Historically, almost every plan has modified its benefits package and/or cost structure each year. Do not assume the 2015 plan would remain unchanged in 2016.

These documents will describe any changes in your current health and drug coverage and costs for 2016, including new formulary (the list of drugs that the plan will cover for 2016), pharmacy network changes, cost changes, and a summary of benefits.

Some people will learn that the Medicare Advantage plan or Part D plan they have in 2015 will no longer cover one or more of their prescriptions, or the amount they pay for premiums or co-pays will change in 2016.

Reading and understanding this information now will help avoid costly surprises later. People with Medicare may change plans during Medicare's Open Enrollment period that begins October 15 and goes through December 7, with coverage effective January 1, 2016.

Eight Things to Consider When Choosing or Changing Your Coverage

Medicare coverage can be very confusing. It is important that you review your coverage each year and determine what is best for your needs. Review the questions in the following eight areas to help you make a good decision for you.

Source: CMS; Senior HealthCare

COVERAGE

Are the services you need covered?
Does your plan cover all of the drugs you need?
Will it continue to do so in 2016?
Does your plan limit how you can get your drugs, such as through prior authorizations or step therapy?

YOUR OTHER COVERAGE

If you have other types of health or prescription drug coverage, make sure you understand how that coverage works with Medicare.
If you have employment-related coverage, talk to your benefits administrator, insurer, or plan before making any changes.

COSTS

How much are your premiums, deductibles, and other costs?
How much do you pay for services like hospital stays or doctor visits?
Is there a yearly limit on what you could pay out of pocket for medical services?
Make sure you understand any coverage rules that may affect your costs.
Does your plan cover all of your drugs at an affordable price?
Will it continue to do so in 2016?
Will your premiums and other costs change in 2016?
Did you enter the coverage gap, also called the "donut hole", for your drugs during the year?
Do you need more coverage?

DOCTOR AND HOSPITAL CHOICE

Do your doctors accept the coverage?
Are the doctors you want to see accepting new patients?
Do you have to choose your hospital and health care providers from a network?
Do you need to get referrals?

PRESCRIPTION DRUGS

What are your drug needs?
Do you need to join a Medicare drug plan?
Do you already have creditable prescription drug coverage?
Will you pay a penalty if you join a drug plan later?
What will your prescription drugs cost under each plan?
Are your drugs covered under the plan's formulary (drug list)?

QUALITY OF CARE

The quality of care and services given by plans and other health care providers can vary.
Did your plan do a good job of helping you manage your medication needs? For example, did they send you refill reminders or help you switch to a more affordable medicine if appropriate?
Were you unhappy with the way your plan handled any problems or questions you had during the year?
Visit the Medicare Web site to review the online ratings of the plans.

CONVENIENCE

Does the plan include the doctors you see and the pharmacies you use?
Can you get your prescriptions by mail?
Do the doctors use electronic health records or E-prescribe?
Are you able to get your drugs at the pharmacy of your choice?
Does your plan offer mail order delivery if you want it?

TRAVEL

If you traveled during the year, were you able to get your prescriptions filled easily while you were away from home?
If you need medical care when you travel out of the area, will your plan cover you?

Prevent These 10 Costly Mistakes

The plan that may have seemed perfect when you enrolled in it last year may not cover your needs in 2016. Medicare today offers many choices that require you to do your homework to make sure you select the best health and drug coverage for you.

1. **Not paying attention to enrollment period deadlines:** Don't miss the Annual Open Enrollment Period (AOEP) to review and select health or drug plan; or you may find yourself without the correct coverage for another full year.
2. **Missing the fine print:** Not reading the fine print in your annual plans Notice of Change about which benefits have changed and which have remained for your plan can be costly.
3. **Going on autopilot:** Not doing anything and simply auto-enrolling in the same plan is a potential mistake. Many plans change cost and drug and health coverage annually. If you are currently enrolled in a plan and make no changes during AOEP, you will remain enrolled in the same plan for another year.
4. **Stable premiums = Stable coverage:** Just because your monthly premium hasn't gone up doesn't mean that you are getting the same plan for the same price next year. Co-pays, deductibles, and drug coverage are just a few of the benefits that may have changed.
5. **Not asking for help:** There are many Medicare choices today. Not asking for help from qualified professionals in understanding and selecting a plan or using tools developed by Medicare to evaluate prescriptions, means you might not be getting the best plan.
6. **Enroll in the same plan as my husband, sister, or friend:** Each plan has varying coverage and drug formularies, so you will want to select your coverage based on the medications that you take and your individual health care needs.
7. **Not getting a second opinion:** By not shopping around, you may be costing yourself more money in 2016. Take the time to understand all of the options available for you. Don't feel pressured into making an immediate decision. It is a good idea to ask a loved one or an APPRISE counselor to review the information with you before making a decision.
8. **Long-term care is covered:** Don't assume nursing home care is a covered benefit – it is **not**. Medicare does not provide custodial care, personal care home, assisted living or long term care coverage. It may cover skilled care on a limited basis following a hospitalization.
9. **My drugs are covered:** Don't assume your doctor knows what prescriptions are in your plan formulary. You need to take charge and share you plan formulary with your health care providers.
10. **Medigap has me covered:** Don't assume Medigap plans will pay claims that Medicare won't. Medicare only pays for medically necessary claims. If Medicare doesn't pay neither will the Medigap plan.

Important

Do Not Confuse the Marketplace Open Enrollment with the Medicare Annual Open Enrollment

Open enrollment for the Health Insurance Marketplace through the Affordable Care Act (ACA) will occur from November 1, 2015 to January 31, 2016. Be careful that you do not confuse this open enrollment with the Medicare Annual Enrollment. The Marketplace coverage is designed to help people who do not have any health coverage.

Medicare is not part of the Health Insurance Marketplace. The Marketplace doesn't change your Medicare plan choices or your benefits. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage plan you will not make changes via the Marketplace. The Marketplace also doesn't offer Medicare Supplement Insurance (Medigap) policies or Medicare Part D plans.

If you have health coverage through Medicare, the Marketplace won't have any effect on your Medicare coverage. It is against the law for someone who knows that you have Medicare to sell you a Marketplace plan.

Don't Play with Fire!

The Fire Problem and Older Adults

Being aware and prepared can save your life and reduce property damage during a fire. Education is the best way to prevent fires.

Did you know?

- People over the age of 65 are the fastest growing segment of the American population.
- Over 1,200 Americans over the age of 65 die as a result of a fire each year. Older adults comprise over 25 percent of fire deaths of all ages, and 30 percent of fire deaths that occur in the home.
- In 2014, older adults accounted for 42% of all civilian fire deaths within the Commonwealth of Pennsylvania.
- Residential fires injure an average of 3,000 older adults each year.
- Fires caused by smoking are the leading cause of fire deaths in the elderly.
- Fires caused by cooking are the leading cause of fire-related injuries in the elderly.

The State Fire Commissioners Office offers the following fire safety tips. While these tips represent many fire safety approaches, the use of smoke alarms and exit planning should be considered the most crucial. The U.S. Fire Administration considers smoke alarms to be the single most important piece of fire safety equipment available today. Exit planning is also extremely important, especially for individuals who may have difficulty exiting a burning building.

BEFORE THE FIRE

Identify the Nearest Emergency Exit. Whether you are at home or elsewhere, you should always know the location of the nearest exit. This could save your life in an emergency.

Heed Fire Safety and Design Guidelines. Walkways and doorways should accommodate any mobility impairment the individual may have. For example, doorways should accommodate a wheelchair's width, and flooring material should accommodate artificial limbs, walkers, or canes.

Install Smoke Alarms. The single most important step you can take to save your life during a fire is to install a smoke alarm that suits your needs. A working smoke alarm can make a vital difference in the event of a fire and may reduce the risk of dying in a fire by as much as 60 percent. A properly functioning alarm can alert you to the presence of deadly smoke while there is still time to escape. Place alarms next to each sleeping area and on every floor of your home. Keep smoke alarms clean by vacuuming or having them vacuumed regularly. Test batteries monthly, and replace them annually. Ask friends, family members, building managers, or someone from the fire department to install and test the batteries of a smoke alarm if it is hard to reach. If your smoke alarms are hardwired (connected to the electric circuitry of your residence), make sure they are also equipped with battery back-ups.

Have a Fire Extinguisher—and Learn How To Use It. If you are confined to a wheelchair, consider mounting (or having someone mount) a small "personal use" fire extinguisher in an accessible place on your wheelchair and become familiar with its use. Then, if you cannot "stop, drop, and roll" during a fire, you should "pull, aim, squeeze, and sweep."

Live Near an Exit. If you live in an apartment building, try to get an apartment on the ground floor. If this is not possible, know where the exit stairwell is and plan to wait there for help if you cannot take the stairs in the event of a fire.

If you live in a multistory house, try to sleep on the ground floor. Make sure a phone (or TTY/TDD if you use one) is next to your bed, within arm's reach. Keep emergency telephone numbers and hearing aids (if necessary) handy as well. It is recommended that ramps be at least 36 inches wide. Guardrails and handrails should be 44 to 48 inches high and 34 to 38 inches apart.

Plan and Practice Escape Plans. Having and knowing your escape plan is one of the most important steps you can take to save your life in a fire. Plan your escape around your capabilities. Know at least two exits from every room. Make sure you can unlock all doors and windows. Be sure you know how to open your windows. If security devices, such as bars, are installed across the windows, ensure that they release from the inside. Make any necessary accommodations (such as installation of exit ramps) to facilitate escape.

Involve the Fire Department. Ask the fire department to help you plan an escape route, and inform them of your special needs. Ask the fire department to help identify any fire hazards in your home and explain how to correct them. Any areas you plan to use as a rescue area must be identified and agreed upon by you and officials from the fire department. Learn the fire department's limitations, and make fire officials aware of yours.

DURING THE FIRE

Get Out and Stay Out. Leave your home as soon as possible. Do not try to gather personal possessions or attempt to extinguish a fire. Do not use the elevator. Once out, do not go back inside.

Test the Doors Before Opening Them. Using the back of your hand, reach up high and touch the door, the doorknob, and the space between the door and the frame. If anything feels hot, keep the door shut and use your second exit. If everything feels cool, open the door slowly and exit as low to the ground as possible if smoke is present.

Stay Low and Go. Crawl low and keep under the smoke, if you are physically able. If not, try to cover your mouth and nose to avoid breathing toxic fumes, and make your way to safety as quickly as possible.

What To Do If You Are Trapped. Close all the doors between you and the fire. Fill cracks in doors and cover all vents with a damp cloth to keep smoke out. If possible, call the fire department and tell them where you are located. Turn on lights and signal rescuers from a window with a light-colored cloth.

Stop, Drop, and Roll. If any part of you catches fire, do not run and do not try to extinguish the flames with your hands. Cover your face with your hands. Drop to the ground, rolling over and over. If you have a disability that prevents your taking these actions, try to keep a flame-resistant blanket or rug nearby to smother any flames.

FIRE PREVENTION

Cooking. Never leave the stove unattended while cooking. If you need to step away from the stove, turn it off. Wear tight-fitting clothing when cooking over an open flame, and keep towels and potholders away from the flame. If food or grease catches fire, smother the flames by sliding a lid over the pan and turning off the heat. Do not try to use water to extinguish a grease fire. When deep-frying, never fill the pan more than one-third full of oil or fat. Never put foil or other metals in the microwave. Make sure the stove is kept clean and free of grease buildup. Turn pot handles away from the front of the stove so they cannot be knocked off or pulled down.

Electrical Safety. Electric blankets should conform to the appropriate standards and have overheating protection. Do not wash blankets repeatedly as this can damage their electrical circuitry. If an appliance begins to smell suspicious or emit smoke, unplug it immediately. Replace all frayed or broken electrical cords. Never use an appliance with exposed wires. Limit the use of extension cords, never overload them, and keep them out of traffic areas. Use only tested and UL-approved electrical appliances.

Smoking. Never smoke in bed.

- Make sure that you are alert when you smoke.
- If a gas stove or oxygen source is nearby, do not smoke. Place signs stating that oxygen is in use and warning visitors to refrain from smoking.
- Do not smoke while under the influence of alcohol or if you are taking prescription drugs that can cause drowsiness or confusion.
- Never leave smoking materials unattended, and collect them in large, deep ashtrays.

Continued on page 11

Understanding LDL Cholesterol

By: Ryan C. Wennell, DO
Thomas Hart Family Practice
York Hospital

It is said around all dinner tables alike, "my doctor told me to stay away from cholesterol". What is cholesterol and is it all bad? When your doctor orders a cholesterol panel it shows you four values: high density lipoproteins (HDL), low density lipoproteins (LDL), triglycerides and total cholesterol. Triglycerides are a type of fat found in our bloodstream. Triglycerides are the form in which fat is stored. All calories can be converted to triglycerides. Total cholesterol, on the other hand, accounts for the level of triglycerides, HDL, and LDL, as a group, that are present in your blood. HDL cholesterol is the "good" cholesterol that helps to transport different types of cholesterol AWAY from our cells, artery walls, and tissues in effect "protecting" our arteries from cholesterol deposits that may lead to the formation of cholesterol plaques. LDL has often been labeled the "bad" cholesterol because of its potential to transport fat TO our cells, artery walls, and tissues which may lead to cholesterol plaques that build up along the artery walls and block blood flow similar to a drain being clogged. This is usually the cholesterol that doctors tell their patients to stay away from and thus will be the focus of this article.

What increases LDL cholesterol and why is it bad? LDL can be found mostly in animal products that are such a large portion of our diets. Foods that have labels with high saturated fat or trans-fat raise LDL cholesterol. Examples of high saturated trans-fat foods are fried chicken, jelly doughnut, or red meat. Not only does our diet increase our LDL but also inactivity, family history and being over 20 years of age raise our risk of increased cholesterol. When high levels of LDL accumulate in our blood, plaques in our arteries (called atherosclerotic plaques) can rupture leading to heart attacks and strokes. A heart attack or a stroke is essentially like clogging the drain in your sink. When one of these atherosclerotic plaques ruptures it can clot/clog off part of the heart or blood vessel and prevent blood supply similar to when the drain is clogged in your sink and water cannot pass through to drain. When a part of the heart muscle or brain tissue cannot get blood supply it dies, often leaving permanent inability to move an arm or leg or pump blood effectively throughout the body.

Ideally, to prevent these events from occurring LDL levels would be less than 100 for most people. Depending on the person's cardiac risk factors, some may be counseled on goals less than 190. There are both medicines and lifestyle changes to lower LDL cholesterol. The most effective lifestyle approach to lower LDL cholesterol is to eat foods with poly or mono-unsaturated fat, found in certain nuts, avocados, fish, corn, canola, olive oil and safflower. Diet is just one angle to attack high LDL levels. Studies show that aerobic exercise five times a week for an average of 5-6 days can help decrease abdominal fat and indirectly lower LDL blood levels.

If these lifestyle changes fail to reduce LDL cholesterol, medications are usually prescribed. A medication class called statins is usually the most prevalent medicine used to lower LDL cholesterol. This medication works by stopping the enzymes that converts molecules in our bodies to cholesterol. This medicine should be thought of as an additional treatment to lifestyle modifications discussed above. Talk to your doctor to find out the best way to lower your LDL cholesterol today and move closer toward a heart healthy life.

Resources and references include:
The "10 Keys to Healthy Aging" Resource Guide. Lower LDL Cholesterol – 2013 Center for Aging and Population Health, University of Pittsburgh, A CDC Prevention Research Center
Using the Nutrition Facts Label: A How to Guide for Older Adults found at www.fda.gov/Food/ResourcesFor You/Consumer/Seniors
WedMD for "LDL": http://www.webmd.com/cholesterol-management/tc/high-cholesterol-overview
Wiki: LDL: http://en.wikipedia.org/wiki/LDL

Fire!

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- Check around furniture, especially upholstered furniture, for any discarded or smoldering smoking materials.
- Soak the ashes in the ashtray before discarding them.

Space Heaters. Give space heaters space. Keep heaters at least 3 feet from any combustible material, including people. Follow the manufacturer's directions regarding operation, fueling, and maintenance of your space heater. Do not use heaters or other heating devices to dry clothing.

Heating. Have your heating systems and chimneys checked and cleaned annually by a professional. Never store fuel for heating equipment in the home. Keep fuel outside or in a detached storage area or shed.

Fireplaces. Open fireplaces can be hazardous; they should be covered with tempered glass doors and guarded by a raised hearth 9 to 18 inches high.

Source: PA Office of the State Fire Commissioner, "Elderly Adult Fire and Injury Prevention"; http://www.portal.state.pa.us/portal/server.pt/community/fire_prevention_and_special_educational_programming/11356/elderly_adult_fire_and_injury_prevention/564290

York City Department oF Fire/Rescue Services Smoke Detector Program

The York City Department of Fire/Rescue Services continues to provide smoke detectors to residents of the City. Since 2007, firefighters have installed over 7,000 smoke detectors in homes throughout the City.

Smoke detectors give residents an early warning of a fire and are proven to save lives.

The department continues to take requests for smoke detectors from York City residents. Upon request, firefighters go out to the property and install the necessary amount of smoke detectors in the proper locations, at no cost to residents.

To request smoke detectors, please call **(717) 854-3921**. Residents outside of the city limits should contact their local fire departments to inquire about similar programs.

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September is National Preparedness Month

By: William James, Municipal Planner/Trainer
Office of Emergency Management,
York County Department of Emergency Services

National Preparedness Month began in 2004 and is sponsored by the Federal Emergency Management Agency (FEMA). It encourages Americans to take steps to prepare for emergencies in their homes, businesses, schools, and communities.

Fire, police and EMS may not be able to reach you quickly in an emergency or disaster. The most important thing you can do in these situations is to be able to take care of yourself and your family or community until help can arrive. There are four easy steps you can take to make sure you are prepared.

The first step is to **be informed.** Learn what protective measures to take before, during, and after an emergency. The steps you take may make all the difference when seconds count. Sometimes you may have to evacuate when a disaster strikes. Other times, it may be necessary to shelter in your home until the threat passes. The best way to know what to do is to learn what the hazards are that may affect you. The three common types of hazards include natural disasters, technological and accidental hazards, and terrorist hazards.

Here is a list of ten potential emergencies Pennsylvania residents should be informed about: floods, fires, terrorism, winter storms, dam failures, influenza pandemic, hazardous materials incidents, earthquake and landslides, nuclear facility accidents, and tropical storms, tornadoes and thunderstorms.

Technological and accidental hazards include technological hazards such as nuclear power plant failures, power outages and hazardous materials incidents.

Terrorist hazards are threats to our nation's security that cause loss of life, illness and injury, and destruction of property.

Another way to be informed is to receive lifesaving alerts. You can be alerted automatically on certain cell phones, by email **and by the Emergency Alert System.**

The next step to take to make sure you're prepared is to **make a plan**. Do you have a communications plan? How will you let your family know you're ok? Think about how you will communicate in different situations. Complete a contact card for each adult family member. Have them keep these cards handy in a wallet, purse or briefcase, etc. Pick a friend or family member who lives out of state. Use that person to notify that you are safe. Sometimes it's easier to make a long distance phone call than a local one due to the lines being congested. Text messages work better than voice messages because they use short bursts of data instead of a constant voice stream.

If you have a disability or an access and functional need, you may need to take additional steps to prepare. Make a list of the things you use every day to live independently. Keep a several day supply of these items. These items may include wheelchair batteries, oxygen, catheters, and supplies for service animals.

It's also important to create a network of friends and family that could help you in an emergency. Make sure these people know your needs.

Another important step is to **build a kit**. A disaster supply kit is nothing more than a collection of basic items you may need in an

emergency. Prepare for a minimum of 3 days. Items to include in your kit are food, water, flashlight, batteries, medicines, whistle, first aid items, personal sanitation items, manual can opener, and many more things. Rotate perishables in your kit, and keep it in a cool, dry place. Water is important. Keep a three-day supply on hand. The average person needs one gallon of water a day for drinking and sanitation.

The final step you can take to be prepared is to **get involved**. In the face of disaster, Americans come together with courage, compassion and unity and ask, "How can I help?" You can take a free Community Emergency Response Team (CERT) class offered by many communities. Many local faith-based organizations also participate in disaster response. Learn about your community emergency plans. Join or start a preparedness project. Donate cash or goods to charitable organizations.

You never know when a disaster may strike. Survivors often say, "It started like any other day." Be prepared and make sure you can survive.

Find important preparedness information at www.Ready.gov and www.readypa.org.

Application Deadline Extended to End of Year

The Property Tax/Rent Rebate program deadline for older adults and residents with disabilities to apply for rebates of rent and property taxes paid in 2014 has been extended from June 30 to Dec. 31, 2015.

"The application deadline has been extended again this year to ensure qualified applicants have additional time to take advantage of property tax and rent relief offered through this program," said Acting Revenue Secretary Eileen McNulty. "Property tax and rent rebates, combined with general property tax relief from slots gaming, provide significant support to older Pennsylvanians and residents with disabilities."

Each year the department evaluates the program as the statutory June 30 application deadline approaches to determine if funds are available to extend the deadline. To date, funding has been available to allow all who qualify to take advantage of this tax relief.

As of May 22, the Revenue Department had received 449,224 rebate applications. As specified by law, rebate distribution began on July 1. After June 30, rebates were distributed as claims were received and processed.

Applicants may obtain Property Tax/Rent Rebate claim forms (PA-1000) and related information online at www.revenue.pa.gov or by calling, toll-free, 1-888-222-9190.

It costs nothing to apply for a rebate, and the department reminds residents that free application assistance is available at hundreds of locations across the state, including Department of Revenue district offices, senior centers and state legislators' offices.

Claimants who already applied for rebates may check the status of claims online at www.revenue.pa.gov or by calling, toll-free, 1-888-PATAXES.

About the Property Tax/Rent Rebate Program:

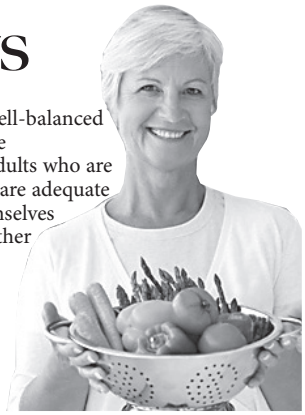
The rebate program benefits eligible Pennsylvanians age 65 and older; widows and widowers age 50 and older; and people with disabilities age 18 and older. The income limit is $35,000 a year for homeowners and $15,000 annually for renters, and half of Social Security income is excluded.

Due to program changes enacted last year to ensure claimants aren't disqualified from rebates solely because of Social Security cost-of-living-adjustments, homeowners and renters may be eligible for rebates even if their eligibility income is greater than these limits. Any homeowner who collected Social Security, received a property tax rebate in 2013 for claim year 2012 and had annual income last year – discounting half of Social Security – up to $36,129, is encouraged to apply for a rebate for claim year 2014. Any renter who collected Social Security, received a rent rebate in 2013 for claim year 2012 and had annual income last year – discounting half of Social Security – up to $15,484, is also encouraged to apply.

The maximum standard rebate is $650, but supplemental rebates for certain qualifying homeowners can boost rebates to $975. The Revenue Department automatically calculates supplemental rebates for qualifying homeowners.

Since the Property Tax/Rent Rebate Program's 1971 inception, older and disabled adults have received more than $5.9 billion in property tax and rent relief. The program is funded by the Pennsylvania Lottery and revenue from slots gaming.

Healthy Eating for Older Adults



In the summer issue we wrote about taking charge of your life and the different exercise programs available for older adults. This topic goes hand-in-hand with physical activity. *How does increasing age affect eating? What's important to know?*

Older adults often do not have healthy meals, citing reasons such as:
Food just doesn't taste the same anymore. I can't get out to go shopping. I'm just not that hungry. I can't afford to eat right.

The National Institute on Aging and the USDA Food and Nutrition Information Centers provide reputable tips for these concerns as well as helpful guidelines for making smart food choices.

Getting Started:

- Eat many different colors and types of vegetables and fruits.
- Choose labels that state "whole grains."
- Eat only small amounts of solid fats and foods with added sugars. Limit saturated fat (which is found mostly in foods that come from animals) and trans fats (found in foods such as store-bought bakery items).
- Eat seafood twice a week.

The USDA Food Patterns plan suggests that people 50 or older choose healthy foods every day from the following:

FRUITS – 1 ½ to 2 ½ cups

VEGETABLES – *2 to 3 ½ cups*

GRAINS – *5 to 10 ounces (an ounce of grain is equal to a small muffin, cereal, or ½ cup of cooked rice or pasta)*

PROTEIN FOODS – *5 to 7 ounces (an ounce of meat, fish or poultry is equal to one egg, ¼ cup of cooked beans, ½ ounce of nuts or seeds, or 1 tablespoon of peanut butter)*

DAIRY PRODUCTS – *3 cups of fat-free or low-fat milk (one cup of milk equals one cup of yogurt, or 1 ½ - 2 ounces of cheese.)*

OILS – *5-8 teaspoons – Olives, nuts and avocado are rich in oils.*

Portion Control

We live in a society where correct portion sizes are often overlooked. By comparing household items with correct serving sizes, determine how the food on your plate measures up.

- Deck of cards = 3 ounces of meat or poultry
- ½ of a Baseball = ½ cup of fruit, rice, pasta, or ice cream
- Baseball = 1 cup of salad greens
- 4 dice = 1 ½ ounces of cheese
- Tip of your first finger = 1 teaspoon of butter or margarine.05
- Ping pong ball = 2 tablespoons of peanut butter
- Fist = 1 cup of flaked cereal or a baked potato
- Compact disc or DVD = 1 pancake or tortilla

Cutting Back on Salt

Eating too much salt (sodium) causes the body to retain fluid. This extra fluid puts extra pressure on the arteries, which causes an elevation of blood pressure. Most Americans eat more than double the recommended level of sodium!

To reduce sodium in your diet, avoid the salt shaker during cooking or at the table. Foods will naturally begin to taste salty and over time you will prefer foods with no added salt. Buy fresh, frozen or canned with "no salt added" vegetables. Rinse canned foods, such as tuna and vegetables, to remove excess sodium. Remember that convenient processed foods (such as frozen dinners, pizza and canned soups) are often high in sodium. Read labels – remember that the total recommended sodium intake each day should be 1,500 mg of sodium.

Your physician may suggest a specific diet due to health problems or to avoid certain foods because of interactions with medicines. As you grow older, your sense of taste and smell may change. Perhaps your favorite casserole tastes differently or foods may seem to have lost flavor. Talk with your healthcare provider or registered dietician about alternate foods or inquire if there is a different medicine that could be substituted. Extra spices or herbs may be beneficial in adding that missing flavor.

Eating Right on a Budget

Those with limited budgets may need some extra planning to be able to cover the cost of the foods for a healthy diet. Use a shopping list and buy only the foods you need and as much as you will use. Choose store brands. Plan your meals around foods that are on sale. Divide leftovers into small servings, label and date and freeze for another meal to be used within the next few months.

Government programs are available to help those with low incomes to pay for food. **Supplemental Nutrition Assistance Program** provides benefits for those 60 or older with a household size of one who has a gross monthly income of $1,946; or for household of two, the total gross monthly income of $2,622 or less. For more information, call 1-800-692-7462.

Home Delivered Meals Program is designed to provide a well-balanced meal to eligible homebound adults who are unable to prepare adequate meals for themselves and have no other means of assuring healthful nutrition. The meals are generally delivered by volunteers from local Senior Centers. To be eligible, the individual must be a York county resident, 60 or older, who lives alone and is homebound and unable to prepare nutritious meals. For more information call the York County Area Agency on Aging at 717-771-9610 or 1-800-632-9073.

For additional information on nutrition for older adults, call the National Institute on Aging Information Center at 1-800-222-2225 or visit www.nihseniorhealth.gov and request the informative brochure entitled *"Healthy Eating After 50."*

York County Veterans Day Breakfast

The York County Department of Veterans Affairs will hold its annual Veterans Day Breakfast and Ceremony on Wednesday, November 11th at Utz Arena East at the York Fair Grounds, 334 Carlisle Avenue. The breakfast begins at 7:30 AM with the Veterans Day Ceremony following at 9:15 AM. The cost of the breakfast is $5.00 per person; there is no charge for the Ceremony. Payment for the breakfast can be sent in advance to York County Department of Veterans Affairs, 100 West Market Street, York, PA 17401. Contact the office at (717) 771-9218 for further details.

Please come and enjoy a morning of fellowship with the Veterans of York County. Family members and the public are encouraged to attend.

Helpful Tips for Family Caregivers: A Place to Start

Caregiving can require enormous physical and emotional commitment, as well as some basic skills. The following tips provide information on where to start.

Create a safe environment at home.

Conduct a home safety inspection of your loved one's home or your own if you are caring for someone there. For example, check for adequate lighting, install grab bars in the bathroom and hook up a cordless phone for emergencies.

Get caregiver training.

Seek out caregiving training. For example, learn the correct way to transfer a loved one from a bed to a wheelchair. This can help you avoid serious injury to yourself and the person for whom you are caring.

In addition, learn how to properly bathe someone with mobility problems. This can reduce the risk of hospitalization for chronic sores and infections.

Maintain medical records.

Keep a current, complete list of all medications and physicians, along with notes on medical history. Be sure to take this if you accompany your loved one to doctors' visits.

Most care recipients (93%) take at least one prescription drug. It's important to keep a list of all medications the care recipient is currently taking. Be sure to also record the dosage or strength, such as 10 mg, and how often it is taken, such as twice a day. A drug regimen may change often, so be sure to make regular updates. Pharmacists in particular are valuable resources for medication information.

If your loved one has access to a personal health record (PHR), use it to record symptoms, doctor visits, medications and other important health information.

Learn about the disease.

Find out all you can about the disease the care recipient has, its treatments and the prognosis. Armed with this information, you and your family will have a better idea what to expect in the future and how you can help. This information can help you with planning.

Learn how to communicate with healthcare professionals.

In order to be a better advocate for your loved one, understand and use the terminology that doctors, nurses, discharge planners, therapists and other healthcare professionals use in discussing the case. Be calm but firm in advocating for being a part of the health care and support service decision-making.

Minimize stress, especially during holidays.

Holidays can be especially stressful for both caregivers and care recipients. Try to reduce stress, simplify activities, relax, slow the pace and ensure that there is plenty of quiet time to reminisce.

Get the extended family involved in caregiving.

Organize and hold a family meeting involving all decision makers. Identify and discuss the issues of providing care for the family member in need.

Ask for help with household activities.

Seek help with yard work and other household tasks. Consider asking a friend or neighbor for help. Hire someone to mow the lawn. Look into delivery services for groceries or drugstore items.

Delegate to friends and family.

Remember, be specific when asking for help from family and friends: "Can Jill come for a couple of hours on Saturdays to stay with Grandma while I do the shopping?" or "Can George mow the lawn every other week now that Dad can't do it any longer?"

Manage your time.

Keep an appointment book or calendar to schedule your daily activities, including doctors' visits. Some computer programs or personal devices can help you schedule and manage your time. Consider using an online calendar you can share with other family members on the Internet, such as Google Calendar.

Seek help that meets your situation.

Each caregiving situation is unique. For example, if you care for someone who is not living with you and lives a long distance away, you may face special logistical, financial and emotional challenges. Seek out resources that meet your special long distance needs; for example, consider contacting the local Area Agency on Aging.

Source: CARE for the FAMILY CAREGIVER: A Place to Start; EmblemHealth www.emblemhealth.com and National Alliance for Caregiving; www.caregiving.org

APPRISE is Pennsylvania's State Health Insurance Assistance Program (SHIP) for Medicare beneficiaries. APPRISE has been providing services to the community since 1992.

The state Department of Aging created APPRISE to help older adults understand their health insurance options so they can make informed decisions about their health care.

APPRISE is a public service. Counselors are not affiliated with any insurance company and do not sell insurance plans or policies. They are able to assist with:

- Benefits Provided under Medicare
- Original Medicare and Medicare Advantage Plan coverage options
- Medicare prescription drug coverage and tools to navigate the "Drug Plan Finder"
- Medicare Savings Program
- Medicare Preventive Services
- Supplemental Insurance/ Medigap Plans
- MyMedicare.gov and other technological tools

How can you connect with APPRISE?

To get assistance from an APPRISE counselor in York County, call the APPRISE Help Desk at (717) 771-9008. This service is confidential and personalized at no cost. APPRISE counselors are available for one-on-one counseling sessions, both in-person or over the phone.

Counselors are specially trained to answer questions about Medicare, Medicare Advantage, Medicare prescription drug plans, Medicaid, Medigap, filing appeals, and preventive care. They explain benefits and rights under various health insurance programs and are essential in providing reliable, unbiased, and understandable information to people with Medicare. They also make presentations on Medicare to organizations.

Medicare & You

Where Can You Get Help With Medicare?

- The 2016 *Medicare & You* Handbook
- Medicare Web Site at www.medicare.gov
- Medicare Toll Free Telephone Number 1-800-633-4227
- York County Area Agency on Aging APPRISE Help Desk (717) 771-9008

YORK COUNTY SENIOR CENTERS

Senior centers are a place for socialization, health promotion, learning, and a gateway to fun, friends and fulfillment! York County residents age 60 and older are welcome to visit a center in their area and enjoy the many activities available to them. Listed below is the contact information for York County senior centers:

CRISPUS ATTUCKS ASSOCIATION
605 South Duke St., York
Director: Robin Beatty-Smith
Phone: 848-3610
Hours: Monday-Friday, 9:00 AM - 4:00 PM
Website: www.crispusattucks.org

DELTA AREA SENIOR CENTER, INC.
5 Pendyrus St., Suite 1, Delta
Director: Kim Maglaughlin
Phone: 456-5753
Hours: Monday- Friday, 7:00 AM -2:00 PM
Website: www.deltaseniorcenter.com

DILLSBURG SENIOR ACTIVITY CENTER, INC.
1 North Second St., Dillsburg
Director: Scott Shughart
Phone: 432-2216
Hours: Monday- Friday, 8:00 AM- 3:00 PM

HERITAGE SENIOR CENTER, INC.
3700-4 Davidsburg Road, Dover
Director: Emma Crossley
Phone: 292-7471
Hours: Monday- Friday, 8:00 AM- 3:00 PM
Website: www.heritagesrcenter.org

NORTHEASTERN SENIOR COMMUNITY CENTER
P.O. Box 386
131 Center St., Mount Wolf
Director: Deb Davis
Phone: 266-1400
Hours: Monday-Friday, 8:00 AM –2:00 PM
Website: http:// www.mtwolf.org/SeniorCenter/

RED LAND SENIOR CENTER, INC.
736 Wyndamere Road, Lewisberry
Director: Jen Washburn
Phone: 938-4649 or 938-4640
Hours: Monday, Tuesday, Wednesday and Friday, 8:30 AM - 3:00 PM
Thursday, 12:00 PM – 3:00 PM
Website: www.redlandseniorcenter.org

RED LION SENIOR CENTER, INC.
20-C Gotham Place, Red Lion
Director: Heather Goebeler
Phone: 244-7229
Hours: Monday-Friday, 7:30 AM-2:30 PM
Website: www.redlionseniorcenter.com

SEPTEMBER HOUSE SENIOR CENTER
1251 West King St., York
Director: Susan K. Jones
Phone: 848-4417
Hours: Monday-Friday, 8:00 AM- 4:00 PM

SOUTH CENTRAL YORK COUNTY SENIOR CENTER, INC
150 East Main St., New Freedom
Director: Sandy Wehr
Phone: 235-6060
Hours: Monday- Friday, 8:00 AM-3:00 PM
www.southcentralyorkcountysrctr.webs.com

STEWARTSTOWN SENIOR CENTER, INC.
26 South Main St., Stewartstown
Director: Rosie Horton
Phone: 993-3488
Hours: Monday-Friday, 8:30 AM-3:00 PM
Website: www.stewsenior.org

SUSQUEHANNA SENIOR CENTER
2427 Craley Road, Wrightsville
Director: Trena Howard
Phone: 244-0340
Hours: Monday-Friday, 7:30 AM – 2:30 PM
Website: www.susquehannaseniorcenter.org

WHITE ROSE SENIOR CENTER
27 South Broad St., York
Director: Lisa Krout
Phone: 843-9704
Hours: Monday-Friday, 8:00 AM- 4:00 PM
Website: www.whiteroseseniorcenter.org

WINDY HILL ON THE CAMPUS
1472 Roth's Church Road, Suite 103, Spring Grove
Director: Tammy Miller
Phone: 225-0733
Hours: Monday-Friday, 8:30 AM- 2:30 PM
Website: www.windyhillonthecampus.org

YORKTOWN SENIOR CENTER
509 Pacific Avenue, York
Phone: 854-0693
Hours: Monday- Friday, 8:00 AM- 3:00 PM
Website: www.yorktownseniorcenter.org

StAGEs!

DreamWrights, an interactive theatre for the entire family, is proud to present an exciting new pilot program designed for seniors! **StAGEs!** will encourage your active participation in the performing arts. Meet new people, 'make art,' and enjoy the benefits of "creative aging." **You are invited to play! Free yourself to live in the moment on stage. Learn and experiment with theatrical techniques to tell stories, create plot and characters, and build new (or old) friendships.**

Inspired by the National Council on Creative Aging (NCCA), StARTSomething and DreamWrights are partnering to provide this one-of-a-kind offering in York County! The six week program will be led by NCCA trained theatre artists, Myers and MacCloskey. Enrollment is limited to 16 participants and is free of charge. The $20 registration fee will be refunded at the culmination of the 12 sessions.

StAGES! will meet twice a week on Mondays and Thursdays from 1:00 pm -2:30 pm at DreamWrights, 100 Carlisle Avenue, York, PA 17401.

Week One: . . . September 21 and September 24
Week Two: . . . . . September 28 and October 1
Week Three: . . . . . October 5 and October 8
Week Four: . . . . . October 12 and October 15
Week Five: . . . . . October 19 and October 22
Week Six: . . . . . October 26 and October 29

Pennsylvania Artists-in-Residence, Christina Myers and Luke MacCloskey will guide you through this journey of play and performance. NO EXPERIENCE REQUIRED!!! Got physical limitations or just plain nervous? No problem – you'll be among patient, tolerant friends, and good company!

Christina Myers, actor, writer, and producer has appeared in various TV and film projects including "Girl, Interrupted" (as Nurse Margie opposite Oscar Award Winner Angelina Jolie). **Luke MacCloskey**, actor, writer, and producer has performed on stage and screen around the country. You might recognize him (or not!) as the interloping zombie in national TV Boss commercials.

Together they perform as Cobblestone Comedy for corporate events and private parties. They also lead professional rapport-building workshops for medical professionals.

DreamWrights is handicapped accessible; parking is free.

Call today to register: 717-848-8623.

How to Be a Better Grandparent

Tips on Building Great Relationships With Your Grandkids

As grandparents we all want to make the most of the precious family time we get to spend with our grandchildren. You can create deep, loving relationships with your grandchildren by sharing the things you love and by learning about what excites them. Whether you're a full-time grandparent, a step-grandparent, or a long distance grandparent living thousands of miles away, you can find new ways to strengthen family ties and provide your grandchildren with joyful memories and valuable life lessons.

What's so grand about being a grandparent?

In no particular order, grandparenting is an opportunity to play, to love someone new, to appreciate the magic of a developing mind, and to be needed by someone again. Grandparents can:

- Share the things they're passionate about with a new audience.
- See the world in a new way through younger eyes.
- Experience games, music, nature, reading, and other interests in conjunction with a curious young mind.
- Provide expanded support and encouragement to their grandchildren.
- Use their breadth of experience to avoid the pitfalls they may have encountered as parents the first time around.
- Watch children develop through all stages of growth.
- Learn about their grandkids' music and passions.
- Provide input that parents cannot.

Usually, grandparents have the benefit of interacting on a level that is once removed from the day-to-day responsibilities of parents. This can make it easier to develop a close bond with grandchildren. From near or far, grandparenting can provide continuity in a child's life. Grandparents are often the family historians, and can add a rich sense of family tradition to a child's life. Additionally, contact with grandparents can teach children positive attitudes towards aging and help them develop skills to enhance their own lifelong learning.

Of course, not everything about being a grandparent is great all of the time. Becoming a grandparent at a young age can make some people feel prematurely old and, just as parents do; grandparents sometimes have to deal with colicky babies and moody teenagers. For most though, the benefits of being a grandparent far outweigh the drawbacks.

The role of a grandparent in a child's life

There are as many different roles for grandparents as there are different family configurations and needs. Some grandparenting requires a full-time commitment. For others, grandparenting is a weekend together, an afternoon play date, a summer vacation, a chat on the phone, or an email exchange every now and then.

A good first step to a long and successful relationship with your grandchild is to establish some ground rules with your son or daughter:

- **Be clear about what role you want to have in your grandchild's life.** How often you want to babysit, for example, or whether you'd like to be included in events such as school functions.
- **Talk with parents about their rules.** Consistency is important for kids, so know the behavior limits your grandchild has to follow at home and maintain the rules when he or she is with you.
- **Enforce any agreed upon punishment for bad behavior,** whether it's a "time out" or loss of privileges, for example.
- **Baby proof your home,** to ensure safety for infants and toddlers. It may have been a number of years since you had young children in your home, so it's important to check with your grandchild's parents about ways to baby proof your home to ensure they're comfortable leaving the child with you.

York County Area Agency on Aging
100 W. Market Street
York, PA 17401
(717) 771-9610

Common grandparenting pitfalls to avoid

Whatever your specific circumstances, by expressing love, showing concern for your grandchild's safety and wellbeing, and being consistent in your behavior, you are already doing a good job of grandparenting.

To avoid potential conflict within your family, try to avoid these common grandparenting pitfalls:

- **Trying to be the parent.** As much as you might want to tell your children how to raise your grandkids, it's not your role. Respect the parenting decisions your children make for your grandkids.
- **Buying your grandkids' affection.** It's tempting for grandparents to shower their grandkids with gifts, but check with the child's parents before you buy more toys. Maybe substitute some of your gift giving with activities instead. Do something with your grandchild that you both love and will build memories.
- **Overindulging the first few grandchildren** and then not being able to repeat it as additional grandchildren come along. This can cause resentment from your own children who have kids later in life. Remember that whatever you do for your first grandchild (college fund, beach vacations, trips to the zoo) will set a precedent that you'll need to repeat for every other grandchild.
- **Ignoring boundaries.** A grandparent who won't enforce limits and gives in to their grandchild's every whim can infuriate parents. By allowing your grandkids to misbehave, overindulge in candy and junk food, or ignore bedtimes, for example, you're only encouraging unhealthy behavior and making their parents' job even harder.

Visit www.HelpGuide.org for more information and related articles.

Source: HelpGuide.org;
http://www.helpguide.org/mental/grandparenting.htm