



Vital!

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APRIL 2019



I love getting feedback from readers about the articles you particularly enjoyed...the jokes that made you laugh out loud and puzzles that were too hard or too easy, the article that made you think harder about an aspect of your life that needed attention or inspired you to take up a new adventure, or the stories about the lives and achievements of the people we run into every day.

Last month we introduced you to DSO athlete Jim McKay. An all-around athlete, Jim really exemplifies how an active, healthy lifestyle keeps you young (which is why staying active is one of our favorite topics each month, too). Think too much time has passed and it's too late for you to reap the benefits of getting that body moving? Think again! Check out the story on page 5—a new study's out that shows that even if you wait 'til your 50s or 60s to get active (and yes, walking and gardening DO count), you can still reduce your mortality rate. That's something we can *all* get behind!

This month we're introducing you to Saint Francis LIFE's staff and participants (page 8). They're proof that staying active doesn't mean you have to go out and run a mile; socializing, participating in clubs and outings, and incorporating some strength moves into your day can make just as much a difference in your life. It's all about doing and building upon what works for *you*.

If simplifying your life includes downsizing your living space, or selling off some property that you no longer want or need, then you'll want to read the article on page 7. It's for you if you're looking for some easy, fast cash in your pocket now.

The weather's warming up and the flowers are starting to bloom. Give us a call or send an email to let us know how you're planning on getting out to move your body and enjoy the sunshine. And if you know someone you think has a great story to share, then let us know too!

Happy April!

Karyn and Heidi

SHOWN ON COVER (FROM LEFT): GAIL BENN-COLBERT, REHAB AIDE; SHEKELIA HINES, PT; ALISON KISHTER, COTA; JANE SWANSON, OT; DONNA WOMACK, PT; MICHELE GONZALEZ, REHABILITATION SERVICES MANAGER AND OT; AND DOLORES QUINN, LIFE PARTICIPANT.



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The 2019 Dirty Dozen and Clean Fifteen Lists Are Here

Every year, the Environmental Working Group (EWG) publishes its “Dirty Dozen,” the list of the fruits and vegetables the nonprofit claims have the highest amount of pesticides when grown conventionally versus organically.

The EWG has compiled the list annually since 2004 based on internal data that’s not peer-reviewed. Using 40,900 samples for 47 different types of produce, the EWG found these twelve had the most pesticide residue:



The 2019 Dirty Dozen Foods List

1. Strawberries
2. Spinach
3. Kale
4. Nectarines
5. Apples
6. Grapes
7. Peaches
8. Cherries
9. Pears
10. Tomatoes
11. Celery
12. Potatoes

Strawberries rank number one for the fourth year in a row, and the rest of the list looks similar to years past with one exception: Kale made the top 12 for the first time in a decade.

The purpose of the list is not to say you shouldn’t be eating fruits and vegetables. In fact, quite the opposite. Countless peer-reviewed studies have linked these powerhouses with benefits for health, weight management, and long-term chronic disease risk.

And the EWG doesn’t disagree. So when you read their study, take it with a grain of salt if you’re reading it without context. There’s no validated method for determining our actual exposure to pesticides through veggies and fruit. While they’re washed and peeled before

testing, the actual intake and risk of consuming harmful residue isn’t assessed.

For example, the appearance of kale on the list is making headlines, despite the lack of data on whether or not eating high amounts of kale can actually harm you. Most research suggests the exact opposite, in fact. Kale is linked to reducing your risk of chronic disease and vision loss, lowering blood pressure, and improving bone health.

The other thing missing from the discussion surrounding the Dirty Dozen is that organic pesticides may come with similar concerns. We still can’t say with certainty that organic produce provides any greater or fewer risks than conventionally grown ones.

The biggest problem is that 50% of Americans don’t eat enough fiber, nor do we consume recommended amounts of potassium, calcium, magnesium, and minerals that are found in - you guessed it - vegetables and fruit. What’s worse? Less than 10% of us are actually meeting our needs for recommended servings of vegetables and fruit.

When we demonize a specific food (or 12) that, on the whole, is beneficial for health, we’re laying the groundwork for avoiding veggies and fruit—a trend that’s taken off with diets like keto. So regardless of whether or not you buy organic produce, here are two things we should all know about produce:

Consider eating more. Period. Simply choose more veggies and fruit at meals or snacks and you’re already on the right track to better health. They displace other, more processed food on your plate that may not be as nutritious.

Think about whole foods vs. fresh foods: Whole describes the best form in which to eat fiber-filled fruit and veggies: fruit instead of fruit juice, vegetables instead of veggie chips, baked potatoes instead of fried ones...you get the point. It’ll help you cut back on saturated fat, sodium, and added sugar. This can also include frozen and canned produce, so fresh isn’t the only way to go.



The 2019 Clean Fifteen Foods List

If you’re concerned about pesticides, the EWG also publishes a list of the “Clean 15,” a.k.a. the produce from conventional growers that generally had less residue in the group’s tests. This year they are:

1. Avocados
2. Sweet corn
3. Pineapples

4. Frozen sweet peas
5. Onions
6. Papayas
7. Eggplants
8. Asparagus
9. Kiwis
10. Cabbages
11. Cauliflower
12. Cantaloupes
13. Broccoli
14. Mushrooms
15. Honeydew melons

The Bottom Line

Ultimately, even the EWG states that we should all eat more produce and the benefits outweigh the risks when it comes to fruits and vegetables. Since this is one of the very few hard-and-fast rules in nutrition science to-date, that’s a recommendation we can all get behind!

For more information, visit www.ewg.org or goodhousekeeping.com.

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Safely Dispose of Your Old Medications

On Saturday, April 27, 2019 from 10 a.m. – 2 p.m., communities will team up with law enforcement to host the next National Prescription Drug Take-Back Day.

Dropoff locations in Delaware include the New Castle County Airport and Christina Care SurgiCenter; the Felton Police Dept. and Atlantic Apothecary in Smyrna; the Rehoboth and Ocean View Police Depts., and the Lewes Ferry Terminal. You can also call the U.S. Drug Enforcement Agency (DEA) at 202-307-1000 or check takebackday.dea.gov for more authorized collection sites in your area.

What is National Prescription Drug Take Back Day?

The DEA hosts a no-questions-asked National Prescription Drug Take-Back event each fall and spring. Temporary collection sites are set up in cities throughout the nation for safe disposal of prescription drugs, including opioids.

DEA began hosting National Prescription Drug Take-Back events in 2010. At the last Take-Back Day in October 2018 over 5,800 sites across the nation collected unwanted or expired medications totaling almost 1 million pounds.

What Items Are Not Accepted at Take Back Events?

The following items are generally **not accepted** at the drop box. Check with the collector ahead of time to determine what items are specifically not accepted.

- Needles or other sharp objects
- Asthma inhalers
- Mercury thermometers
- Iodine-containing medications
- Illicit drugs or substances (including marijuana, which is still a schedule 1 drug under federal law), and any prescription medications obtained illegally.

Can I Throw Medicine in the Trash?

With certain precautions, most, **BUT NOT ALL**, medications can be thrown in the trash. These include prescription and over-the-counter (OTC) drugs including pills, liquids, drops, patches, and creams.

If no DEA-authorized collection sites are available, and no Take Back Days are scheduled in your area, you can

follow these steps to dispose of most medicines in the household trash:

- 1 Mix medicines with an unpalatable substance such as dirt, used coffee grounds, or kitty litter. Take them out of their original container first. Do not crush tablets or capsules before mixing.
- 2 Place the mixture in a container (sealed plastic bag or empty can) to prevent the drug from leaking into the garbage.
- 3 Throw the container in the trash.
- 4 When disposing of empty prescription bottles, be sure to mark out identifying personal information to make it unreadable.

Some medications, such as fentanyl patches, should be flushed down the toilet when take-back options are not accessible because even one accidental dose could be fatal. These medications may be especially harmful—or fatal—to children and pets. You can access the entire FDA list of medications that should be flushed down the toilet when take-back options are not available at www.fda.gov.

Other options include mail-back programs and DEA-authorized permanent drop-boxes found in pharmacies, hospitals, or law enforcement facilities.

Points for Safe Drug Disposal

- **Inhalers and aerosol products** can be dangerous if punctured or thrown into a fire or incinerator. Read the handling instructions on your inhaler. Contact your local trash and recycling facility to confirm local laws about disposal of inhalers and aerosols.
- **Residents of assisted living communities and skilled nursing facilities** and their family members should check with their community health care management team to learn the best way to dispose of used or unneeded medicines.
- **Protect your identity.** Before throwing away a medication container or bottle, fully mark out any personal information such as name, address, and prescription number to protect your privacy.

Do not place prescription bottles with personal information in collection receptacles or mail-back packages.

Why Should I Be Concerned About Safe Disposal of Medicines?

Prescription medications play an important role in the health of millions. However, expired medications or unused drugs often stay in the back of cabinets for months or even years. These expired drugs can pose significant health hazards to toddlers, teens, and even pets who may inadvertently consume these medications. Some medications are so potent that even one dose could be fatal if accidentally ingested or even touched.

There are other important safety issues:

- Misuse of prescription narcotics (opioids like oxycodone, hydrocodone, and methadone) is a major public health concern. In fact, over 115 people die each day from opioid overdoses.
- A U.S. government review shows that more than half of all people who misuse prescription drugs first get them from their friends or relatives.

A 2018 report found that the number of children hospitalized for opioid poisoning increased by 3-fold between 1997 and 2012, and the largest overall increase was among toddlers and preschoolers. These statistics magnify the need for proper disposal of unused or expired prescription medications from the home to help prevent misuse—or accidental overdose—of dangerous drugs.

A poster with a blue background. At the top, there is a red bandage with a white "W" on it. Below the bandage, the text "FLU SHOTS ARE HERE" is written in large, bold, white letters with a red outline. Underneath this, in smaller white text, it says "No appointment necessary." and "Most insurance accepted." At the bottom, it says "Stop in today and get your flu shot!" in white text. A small disclaimer at the very bottom reads: "Vaccine subject to availability. State-, age- and health-related restrictions may apply."

It's Never Too Late to Get Active

By Sara Chodosh

Maintaining fitness is so much easier than gaining it, and it's painful to feel like you're the only one struggling at the gym. If you're in your 50s or 60s and looking to get fit for the first time, you might wonder if it's even worth the effort.

A new study suggests it is, and that people who start exercising later in life—yes, even after age 50—reduce their mortality risk just as much as people who've been exercising their whole lives when compared to folks who are completely sedentary. What's more, that held true regardless of how a person's BMI fluctuated throughout their lives.

The study, published in *JAMA Network Open*, shows how powerful exercise is and why it's so important to be active at every age. Researchers split 315,059 participants into three groups: those who were active throughout their lives, those who were inactive as youngsters but became active as they got older, and those who were active youths who became less active in their later years.

Unsurprisingly, those who got regular exercise throughout their lives fared pretty well. Com-

pared to a control group of people who had never been active, people who exercised 2-8 hours per week had a 29 to 36 percent reduced mortality risk (meaning they were that much less likely to die during the course of the data collection). Those who squeezed in just one hour a week reduced their risk by 16 percent.

But even the researchers were surprised by how much adults who got into the exercise game late impacted their health. Those who upped their activity once they were older had mortality rates 32 to 35 percent lower than the control group—just as much as those who exercised from adolescence straight through their 60s. That was true even after researchers factored in whether people smoked, their educational level, race, alcohol consumption, diet, and other mortality influencers. Meanwhile, people who started out quite active but slowed down as they got older lost nearly all of the benefit of that early activity, reducing risk by only about 8 to 14 percent.

It's impossible to gather a large group of people, assign them a specified amount of exercise per week for their entire lives, then study if working out *causes* a lowered mortality risk. There have been, however, a few studies that looked at late-life



exercise that had similar findings. A 2009 study in Sweden found that men who started exercising in their 50s had comparable mortality risks to those who exercised consistently. A 2017 study found that, though people who maintained high levels of activity fared the best, people who increased activity later in life still reduced their cardiovascular mortality risk by 25 percent.

It's difficult to know precisely how much you can improve your health by starting to exercise, but it's clear that no matter your age or BMI, increased activity will help you. Any amount is a good amount, and a little is always better than nothing. So get moving any way you can.



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Medicare: Rules For Those With Higher Income

By Davida Smith-Reed, Social Security District Manager in Wilmington, DE

If you have higher income, the law requires an upward adjustment to your monthly Medicare Part B (medical insurance) and Medicare prescription drug coverage premiums. But, if your income has gone down, you may use form SSA-44 to request a reduction in your Medicare income-related monthly adjustment amount.

Medicare Part B helps pay for your doctors' services and outpatient care. It also covers other medical services, such as physical and occupational therapy, and some home health care. For most beneficiaries, the government pays a substantial portion — about 75 percent — of the Part B premium, and the beneficiary pays the remaining 25 percent.

If you're a higher-income beneficiary, you'll pay a larger percentage of the total cost of Medicare Part B, based on the income you report to the Internal Revenue Service (IRS). You'll pay monthly Part B premiums equal to 35, 50, 65, 80, or 85

percent of the total cost, depending on the income you report to the IRS.

Medicare Part D prescription drug coverage helps pay for your prescription drugs. For most beneficiaries, the government pays a major portion of the total costs for this coverage, and the beneficiary pays the rest. Prescription drug plan costs vary depending on the plan, and whether you get Extra Help with your portion of the Medicare prescription drug coverage costs.

If you're a higher-income beneficiary with Medicare prescription drug coverage, you'll pay monthly premiums plus an additional amount, which is also based on the income you report to the IRS. Because individual plan premiums vary, the law specifies that the amount is determined using a base premium. Social Security ties the additional amount you pay to the base beneficiary premium, not your own premium amount. If you're a higher-income beneficiary, we deduct this amount



from your monthly Social Security payments regardless of how you usually pay your monthly prescription plan premiums. If the amount is greater than your monthly payment from Social Security, or you don't get monthly payments, you'll get a separate bill from another federal agency, such as the Centers for Medicare & Medicaid Services or the Railroad

Retirement Board.

You can find Form SSA-44 online at www.socialsecurity.gov/forms/ssa-44.pdf. You can also read more in the publication "Medicare Premiums: Rules For Higher-Income Beneficiaries" at: www.socialsecurity.gov/pubs/EN-05-10536.pdf.

How Social Security Decides If You Still Have A Qualifying Disability

By Davida Smith-Reed, Social Security District Manager in Wilmington, DE

Social Security is required by law to review, from time to time, the current medical condition of all people receiving disability benefits to make sure they continue to have a qualifying disability. Generally, if a person's health hasn't improved, or if their disability still keeps

them from working, they will continue to receive their benefits.

These continuing disability reviews help us ensure that only eligible people receive disability benefits. It supports the integrity of the Social Security system while delivering fair services to wounded warriors, chronically ill children and adults, and other people with disabilities.

To help us make our decision, Social Security first gathers new information about an individual's medical condition. We'll ask their doctors, hospitals, and other medical sources for their medical records. We'll ask them how their medical condition limits their activities, what their medical tests show, and what medical treatments they've been given. If we need more information, we'll ask them to get a special examination or test, for which we'll pay.

If we decide their disability benefits will stop, and they disagree, they can appeal our decision. That means they can ask us to look at their case again. When they get a letter telling them about our decision, the letter will tell them how to appeal the decision.

You can read more about how we decide if you still have a qualifying disability at www.socialsecurity.gov/pubs/EN-05-10053.pdf.

People can check the status of their disability application with a personal *my Social Security account* at www.socialsecurity.gov/myaccount. This secure account gives people access to many tools that can save them time.

Find out how Social Security is securing today and tomorrow at www.socialsecurity.gov.





Problem: Solved!

What do the following have in common?



- ◆ You inherited a house you don't need and/or can't afford.
- ◆ You inherited a house that needs major updates and/or repairs.
- ◆ You bought a house with winnings from a lawsuit or lottery and want cash instead.
- ◆ Your house has fire or flood damage, foundation problems, mold, lead or asbestos.
- ◆ Your house needs major repairs you can't afford.
- ◆ You're moving to assisted living.
- ◆ You have a rental and don't want to be a landlord any more.
- ◆ You have extensive medical bills.
- ◆ You owe taxes.
- ◆ You're facing foreclosure.

All of these, and many more, are reasons why you might want—or need—to sell a home quickly and painlessly. In some situations, an owner didn't "earn" the equity in a house by living there 20 years, and just wants cash. In others, a negative situation arises where the owner may need to give up some equity. Whether you find yourself in any of these situations now, or this has happened to you, or someone you know, it's actually a very common occurrence. And there's a very simple answer to the problem: offload the house to someone else, and walk away with cold hard cash.

Now of course you can always turn to a real estate agent to sell the house on the open market. But many people turn to real estate investors instead. Why? Investors will buy a house in "as is" condition because they factor the repair costs into their offer. That means you don't have to worry about repairs, updates, removing unwanted items, or even cleaning. Investors don't make offers contingent on the sale of their own home. Investors don't make you go through

an inspection, then make demands that every little item be fixed. Investors don't have their financing fall through, putting you right back at square one, or worse, because of the many months of your time they wasted.

The drawback to listing with a real estate agent is that **only investors** can really buy the property for all cash in just a couple of weeks. In today's market, an agent can't promise: "You won't have to lift a finger to get the house ready for sale," or "We'll be at the closing table in two weeks," or even "We'll have a ratified contract in two weeks." An investor can. And you don't even have to pay them a commission.

So you'd rather have the cash than the headache? You're not alone. You can try one of those "bandit signs" you see on the side of the road or plastered on telephone poles; you can answer one of those mass-mailed direct mail letters you might get; or you can call us here at Vital Capital Strategies at 302-635-0205 for more help and answers to all your questions. We'll get that cash right where you want it—in your pocket.

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LIFE is a Partnership

Saint Francis LIFE Celebrates Six Years of All-Inclusive Care Helping New Castle County Participants Live Safely at Home

LIFE is a Partnership Between Participants and Caregivers

Six years ago, Saint Francis LIFE opened its doors on the Wilmington Riverfront with the mission of helping participants to continue living safely at home in the community. Since welcoming its first participant, the LIFE program has grown to serve 261 New Castle County seniors and is still growing. The partnership between the LIFE program, LIFE participants and their caregivers is key to the success of the program.

Frank Quinn, son of LIFE participant Dolores Quinn, is a strong supporter of the LIFE program. The Quinns first became interested in LIFE when Dolores was 86 years old and in a short-term care rehabilitation facility recovering from a fall. After her stay, Dolores and her family wanted her to return to her apartment where she lived independently, but were concerned that her multiple medical conditions and mobility issues would create a challenge.

After her discharge from rehab, Frank and Dolores met with the LIFE Enrollment Specialist at Dolores' home to learn more about the program, and were intrigued by the possibilities it offered. After the introductory meeting, Dolores and her family visited the LIFE Center, and were impressed with its many features designed to serve participants:

- A multidisciplinary team of doctors, nurses, social workers, dietician and therapists,
- A Primary Care Health Center for person-centered and coordinated medical care,
- A Specialty Care Network of more than 100 specialists and providers,
- An Adult Day program for socialization and activities,
- Rehabilitative services that include physical, occupational and speech therapies,
- In-home services for assistance with activities of daily living,
- Nutritional care for a healthy diet,
- Transportation to and from the LIFE Center and medical appointments, and a
- Spiritual Care program.

And the best part was that with LIFE services and supports, Dolores could stay living safely in her home as long as medically possible.

The LIFE Enrollment team helped Dolores through the application process, and together with Dolores and her family, the LIFE interdisciplinary team created a *personalized care plan* including all the services necessary to address and meet her medical and social needs and goals. Dolores happily became a participant in LIFE in March 2017.

Frank says that after joining LIFE, Dolores' life changed for the better. Dolores sees LIFE primary care providers regularly. When she needs specialty care, LIFE schedules these appointments and provides transportation, which is a great help to Frank and his family. LIFE also provides Dolores with all prescription medications. "LIFE is a total care program. In the past, if Mom had medical problems, we might have needed to take her to five different doctors, and that could take five weeks," he says. "LIFE is a one-stop shop and we can get to the root of her problems much more quickly."

Several times a week, Dolores attends the LIFE Adult Day program where she's made new friends and enjoys many different types of activities. She has her own personalized nutrition plan, too. When Dolores is at the LIFE Center, Frank knows his mother is in good hands and medical care is on-site and easily accessible. "Support from the program makes my family feel good because they know I'm being taken care of," says Dolores with a smile. "Everybody here thinks about the participants."

When Dolores is not feeling well while at the LIFE Center, she tells any staff person and she is evaluated. When Dolores has a medical concern after-hours or on the weekends, she or her family contacts LIFE's on-call service for assistance from a nurse. Home health aides visit her at home and help her with personal care. "My aide knows everything I need," Dolores says. "She helps me get ready for the day. She makes me laugh and we have fun together."



DOLORES QUINN AND HER SON FRANK QUINN AT THE LIFE 6TH ANNIVERSARY CELEBRATION.

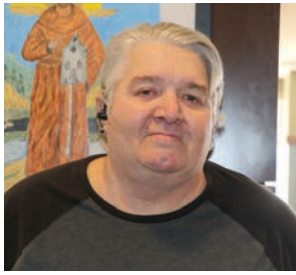
Dolores receives physical and occupational therapy to maintain strength and mobility and reduce her risk for falls. "It's given me more self-confidence," Dolores says of therapy. "I always thought I couldn't do things. I never thought I would be able to walk the parallel bars the way I do now."

The LIFE program also provides Dolores with needed medical equipment and supplies. "Miss Quinn has made significant gains in therapy," says Alison Kishter, LIFE Certified Occupational Therapy Assistant. "We have worked together to rearrange her apartment and to provide durable medical equipment to ensure safe, functional mobility in her home." When Dolores has needs in the community, her LIFE social worker helps her navigate and obtain services. Because Dolores qualifies medically and financially, she does not pay anything for LIFE.

Frank credits LIFE's all-inclusive care and collaboration with helping Dolores maintain her ability to live in her own home. "Mom really loves the social aspects of the LIFE community, and appreciates the providers, therapists and social workers. It really is a partnership" between Dolores, her family and LIFE, he says. "We have great conversations about her care."



PATRICIA BLAND



FRANCIS CARROLL



DOROTHY SEENEY



CONFESSOR TORRES



JEANETTE WEDMAN



WILLIAM WOODS

LIFE Eligibility

LIFE serves participants who:

- Are 55 and older,
- Live in New Castle County,
- Need assistance with daily activities of living, such as dressing, bathing, grooming, eating, toileting and mobility, and
- Can live safely in their home and in the community with the help of LIFE.

The LIFE Approach to Care

LIFE utilizes an interdisciplinary approach to care that includes physicians and nurses; social workers; physical, occupational, speech and recreational therapists; and dietitians. This comprehensive team assesses each participant, and develops a personalized plan of care with input from the participant and their caregivers. Every person is considered individually; every care plan is different. All LIFE team members are actively engaged in the care, well-being and progress of each and every participant, and the team adds any services and supports that may be needed as health conditions and social needs change. “I chose LIFE because everything is organized for me,” says Confessor Torres, LIFE participant since May 2015. “I love it. I get to see my friends and my doctor at the same place.”

LIFE Services

Primary Medical Care: Participants use LIFE’s geriatric-trained primary care providers and nurses, located at its on-site health center, to ensure that care is patient-centered, comprehensive and coordinated to address individual medical needs and goals. Preventive care is especially important in maintaining participants’ health. “LIFE is for me! I was not taking care of myself before,” says Mildred Hein, LIFE participant since April 2016.

“They do such a good job with my medical problems,” says George McClellan, LIFE participant since February 2015. “They are caring. They help my wife and me so much, even when we are in the hospital.” The health center also provides and helps participants with prescription medications. “I think the program is great! I don’t have to pay for my medications,” says Anna Howell, LIFE participant since September 2014.

Specialty Care: LIFE provides and coordinates all specialty care through its provider network of more than 100 specialists in the community. LIFE schedules all medical appointments and follow-up visits, and transports participants as needed.

Some specialty services are also provided in the health center.

Social Services and Spiritual Care: Each LIFE participant has a social worker who serves as a liaison between the LIFE interdisciplinary team and the participant’s caregivers, and who facilitates communication and active involvement in the planning of health and social care. “The social workers feel like family to me. I can trust them no matter what is going on,” says Dorothy Farley, LIFE participant since 2013. A robust spiritual care program is also offered. “I am blessed and fortunate to be in such a program,” says Patricia Bland, LIFE participant since March 2014.

Adult Day Program and Nutrition Services. The LIFE Adult Day program provides participants with recreational activities and social interaction. Participants can join in on a variety of activities and clubs, explore new hobbies, meet new people and engage their minds and bodies to help them stay active. All participants have their own nutrition plan and enjoy a breakfast snack and hearty lunch while at the Adult Day program. Transportation is provided as needed. “I really like the companionship I experience coming to the LIFE Center,” says Jeanette Wedman, a LIFE participant since June 2018. “I love the people and the atmosphere is pleasant and fun,” says Dorothy Seeney, a LIFE participant since October 2018. “I really like coming to the Day Center,” says Felipa Cordero, a LIFE participant since October 2018. “Having so many friends from my native country to speak with is nice.”

Rehabilitation Services. Based on individual needs, participants might receive physical, occupational and speech therapies to maintain strength and mobility. Group therapies, kitchen safety and fall prevention classes are offered, and LIFE participants receive any adaptive and medical equipment they might need. “LIFE has helped me make my home safe,” says William Woods, a LIFE participant since August 2018. “They help me with my physical disabilities,” says Frank Carroll, a LIFE participant since November 2015.

Alternative options for pain management and general health and wellness, such as chair yoga, are quite popular. “The rehab therapists are amazing,” says Anne Kennard, LIFE participant since February 2014. “They help me with leg exercises and other activities to help with my arthritis pain. They make exercise fun.”

In-home Services. Some participants need assistance with activities of daily living, such as eating, bathing, toileting, dressing, ambulation or transferring, when they are in their own home. Based on each participant’s needs and individual care plan, LIFE provides these kinds of supports in the home, which can reinforce a participant’s ability to remain safely living at home. “I love the home-care,” says Edith Stanley, a LIFE participant since May 2014. “My aide takes care of me.”

LIFE Expansion in Newark

Many more elderly in New Castle County can benefit from the services and supports of the LIFE all-inclusive care program. Trinity Health, the parent company of Saint Francis Healthcare, is one of the largest providers of Programs of All-Inclusive Care for the Elderly in the United States. With the support of Trinity Health, Saint Francis Healthcare is building a second Saint Francis LIFE Center on Route 896 in Newark. This second site will enable LIFE to expand its reach and will help 250 more New Castle County participants to remain living independently in their homes.

LIFE complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

For more information about Saint Francis LIFE or to schedule a meeting with an Enrollment Specialist, call us at 302-660-3351.



DOLORES QUINN WALKING THE PARALLEL BARS WITH THE ASSISTANCE OF LIFE COTA ALISON KISHTER.

Don't Forget: Ask for a Cognitive Assessment

Findings from the Alzheimer's Association 2019 *Alzheimer's Disease Facts and Figures* report show that, although 82% of seniors believe it is important to have their thinking and memory checked, and nearly all primary care physicians (94%) consider it important to assess all patients age 65 and older for cognitive impairment, only half of seniors are being assessed for thinking and memory issues, and much fewer receive routine assessments.

A brief cognitive assessment is a short evaluation for cognitive impairment performed by a health care provider that can take several forms, including asking a patient about cognitive concerns, directly observing a patient's interactions, seeking input from family and friends or using short verbal or written tests that can be administered easily in the clinical setting. An evaluation of cognitive function is a required component of the Medicare Annual Wellness Visit, but findings from the report show that only 1 in 3 seniors are aware these visits should include this assessment.

"While it's encouraging to see that the vast majority of seniors and physicians understand the value of brief cognitive assessments, we're still seeing a significant gap in those that actually pursue, perform or discuss these assessments during routine exams," says Joanne Pike, DrPH, chief program officer for the Alzheimer's Association. "Early detection of cognitive decline offers numerous medical, social, emotional, financial and planning benefits, but these can only be achieved by having a conversation with doctors about any thinking or memory concerns and through routine cognitive assessments."

The report found that just 1 in 7 seniors (16%) say they receive regular cognitive assessments for memory or thinking issues during routine health checkups, compared with blood pressure (91%), cholesterol (83%), vaccinations (80%), hearing or vision (73%), diabetes (66%) and cancer (61%).

The report also reveals a troubling disconnect between seniors and primary care physicians regarding who they believe is responsible for initiating these assessments and reticence from seniors in discussing their concerns. The survey found that while half of all seniors are aware of changes in their cognitive abilities — including changes in their ability to think, understand or remember — only 4 in 10 have ever discussed these concerns with a health care provider, and fewer than 1 in 7 seniors report having ever brought up cognitive concerns on their own.

Instead, most seniors (93%) say they trust their doctor to recommend testing for thinking or memory problems if needed. Yet fewer than half of primary care physicians say it is their standard

protocol to assess all patients age 65 and older for cognitive impairment. Only 1 in 4 seniors report having a physician ever ask them if they have any concerns about their cognitive function without seniors bringing it up first.

Nearly all physicians said the decision to assess patients for cognitive impairment is driven, in part, by reports of symptoms or requests

from patients, family members and caregivers. Physicians who choose not to assess cognition cite lack of symptoms or complaints from a patient (68%), lack of time during a patient visit (58%) and patient resistance (57%) as primary factors.

For more information on the study, or to have any questions answered, visit alz.org or call 800-272-3900.

2019 ALZHEIMER'S DISEASE FACTS AND FIGURES

ALZHEIMER'S
DISEASE IS THE

6TH

leading cause of death
in the United States

5.8
MILLION

Americans
are living
with
Alzheimer's

BY 2050, this
number is
projected to
rise to nearly

14
MILLION

MORE THAN
16 MILLION
AMERICANS

provide unpaid care
for people with
Alzheimer's or
other dementias

These caregivers provided an estimated
18.5 BILLION HOURS
valued at nearly
\$234 BILLION

IN 2019, Alzheimer's and other
dementias will cost the nation
\$290 BILLION

BY 2050, these costs
could rise as high as
\$1.1 TRILLION

82%

of seniors say it's important
to have their thinking or
memory checked

BUT ONLY
16%

say they receive
regular cognitive
assessments

EVERY 65
SECONDS

someone in the
United States
develops the disease

Between 2000 and
2017 deaths from heart
disease have decreased

9%

while deaths from
Alzheimer's disease
have increased

145%

1 IN 3
seniors dies with
Alzheimer's or
another dementia

It kills more than
breast cancer and
prostate cancer
COMBINED

alzheimer's association®

Reciprocity Rules When It Comes to Education

Let’s face it: Most families don’t have tens or hundreds of thousands of dollars socked away to bribe their kid’s (or their own) way in to college. Instead, their students do it the old-fashioned way...hard work, and lots of research to help find the “best fit” school—one that fits both academically and financially.

If you’ve got kids or grandkids in the family who are considering college, or you’re thinking of going back to school yourself, then you probably already know that your state’s public colleges are always attractive, simply because in-state tuition rates are so much more affordable than out-of-state rates. But did you know that your state’s schools may be part of a consortium of colleges that reciprocate with other schools, allowing residents to attend a university in another state without paying out-of-state tuition? Also good to know: Long-distance learning options are available in some instances as well.

According to the National Association of Student Financial Aid Administrators (www.nasfaa.org), following are some of the larger programs.

Southern Region

The Southern Regional Education Board (www.sreb.org) Academic Common Market is a tuition-savings program for college students in Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia (North Carolina dropped out of the Common Market in 2011) who want to pursue degrees that are not offered by their in-state institutions. Students can enroll in out-of-state institutions that offer their degree program and pay the institution’s

in-state tuition rates. More than 1,900 undergraduate and graduate programs are available.

The SREB also offers a Regional Contract Program that enables students to pursue a professional health degree at out-of-state institutions while paying in-state tuition at public institutions or reduced tuition at private institutions.

New England

The New England Board of Higher Education (NEBHE) Tuition Break—officially known as the New England Regional Student Program (RSP)—is for permanent residents of the six New England states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont. Participating institutions are New England’s 82 public colleges and universities. Students are eligible when they enroll in an approved major that is not offered by the public colleges and universities in their home state. More than 700 undergraduate and graduate degree programs are offered.

Midwestern Region

The Midwestern Higher Education Compact (MHEC) helps improve access to postsecondary education through the Midwest Student Exchange Program (MSEP), the Midwest’s largest multi-state tuition reciprocity program. Over 100 colleges and universities in Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, and Wisconsin participate.

Through the MSEP, public institutions agree to charge students no more than 150% of the in-state resident tuition rate for specific programs; private institutions offer a

10% reduction on their tuition rates. Actual savings through the program will vary from institution to institution depending upon the tuition rates, but participating students will typically realize savings between \$500 and \$5,000 annually.

Western Region

The Western Interstate Commission for Higher Education (WICHE)’s student access programs offer a broad range of options for students at the undergraduate, graduate, and professional levels. WUE (pronounced “woo-wee”) is the Western Undergraduate Exchange, a regional tuition-reciprocity agreement that enables students from Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, and the Commonwealth of the Northern Mariana Islands to enroll in some 160+ participating two- and four-year public institutions at 150 percent of the enrolling institution’s resident tuition.

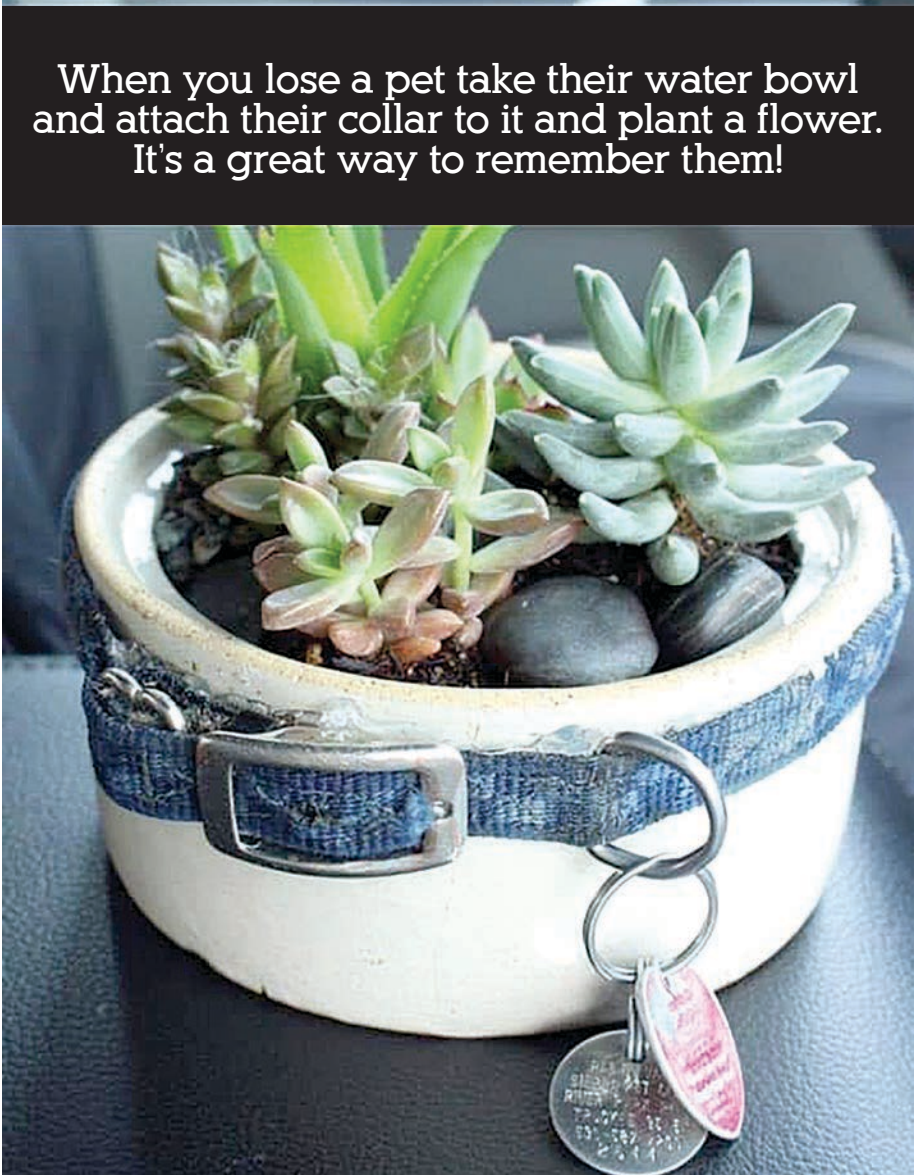
WUE is the largest program of its kind in the nation, with more than 42,500 student participants. During the 2018-19 academic year, undergraduate students alone saved \$380.5 million dollars in tuition by paying 150% of resident tuition, compared with nonresident rates that can exceed 300% of in-state rates. WUE isn’t just for undergrads, either. The Western Regional Graduate Program enables residents to enroll in available graduate programs outside of their home state at resident tuition rates, and the Professional Student Exchange Program enables students majoring in the health care professions to enroll in selected out-of-state professional programs.

The Bottom Line

Whether a first-time student or a lifelong learner, there are so many affordable ways to pursue higher education that might not immediately come to mind that it definitely pays to do your research!

A	S	S	E	T		E	D	G	E		L	O	S	E
M	A	N	T	A		N	E	O	N		I	R	E	S
E	R	U	C	T		T	R	A	M		C	A	N	S
N	I	G	H	T		S	H	A	D	E		E	L	S
			Y	A	R	N			S	E	N	S	E	S
C	H	A	R			L	A	G		H	A	T		
L	O	N	E			S	L	E	W		R	I	O	T
O	A	T	M	E	A	L		E	C	L	O	G	U	E
D	R	E	A	R		S	C	A	R		U	L	N	A
			R	N	A		S	O	R	E		S	E	E
P	I	C	K	E	T		R	I	P	S				
A	N	O	A			O	D	O	N	T	O	L	O	G
S	N	O	B			N	I	N	E		L	A	M	I
H	E	L	L			E	K	E	S		E	M	E	R
A	R	S	E			S	E	T	S		D	E	N	T

6	1	7	3	9	4	8	2	5
4	3	9	8	2	5	7	6	1
8	2	5	7	1	6	9	3	4
5	4	8	6	3	9	1	7	2
2	7	1	4	5	8	6	9	3
9	6	3	1	7	2	4	5	8
1	9	6	5	8	3	2	4	7
3	8	2	9	4	7	5	1	6
7	5	4	2	6	1	3	8	9



Ditch That Straw

Last year, plastic straws became the poster child for environmental waste and pollution. This year, bans on plastic straws have gone into effect in multiple states, with more to come. What's the uproar about? Well to begin with, plastic is a first-class litter and pollution problem. One needs only to look at the waves of plastic garbage washing up on the shores of the Dominican Republic last summer for proof.

To make things worse, plastic is essentially indestructible. It just degrades until it's microscopic. Fish swallow those microscopic (and some not so microscopic) bits and pieces of plastic that make it to the ocean, and then we eat the fish. Yum. Some studies are predicting that, by weight, there will be more plastic than fish in the ocean by 2050.

So how to address the plastic problem? Start "small." Environmentalists have focused on straws for sev-

eral reasons. First of all, straws are something most people use (some almost daily) and that, for most people, are easy to live without. Second, unlike many other single-use items, it's essentially impossible to recycle straws; what's recyclable has a lot to do with whether a market exists to resell a given material (and if you haven't heard, China doesn't want our trash any more). Third, there are a lot of them. Experts say that Americans use close to 500 million drinking straws every day. Every day. Just in the U.S.

Then think about this: it's likely that every straw you've ever used in your life still exists in the environment somewhere.

To make a change, it's as simple as asking to not get a straw with your beverage when ordering. It may not feel like you can save the planet on your own, but little habits like this help raise awareness and your influence can easily spread.



CREWS FROM THE PUBLIC WORKS AND COMMUNICATIONS MINISTRY IN THE DOMINICAN REPUBLIC WORK TO CLEAR THE SHORES AFTER A JULY 2018 STORM DRAGGED IN OVER 100 TONS OF TRASH—MOSTLY PLASTIC. ORLANDO BARRIA/EFE VIA NEWSCOM

One small gesture can have a huge impact. And for many people, ditching plastic straws will not affect their quality of life. Of course, there are exceptions, and some people need straws, but for everyone who can live without them, imagine the impact on the environment if we all stopped using them.

If you're not ready to give up on straws entirely, there is a wide array of options for reusable straws out there. Portable, reusable straws can be found made from bamboo, stainless steel, paper, silicone, treated glass, and more. Go look around on Amazon and you're sure to find something that works for you. The point is—do something.

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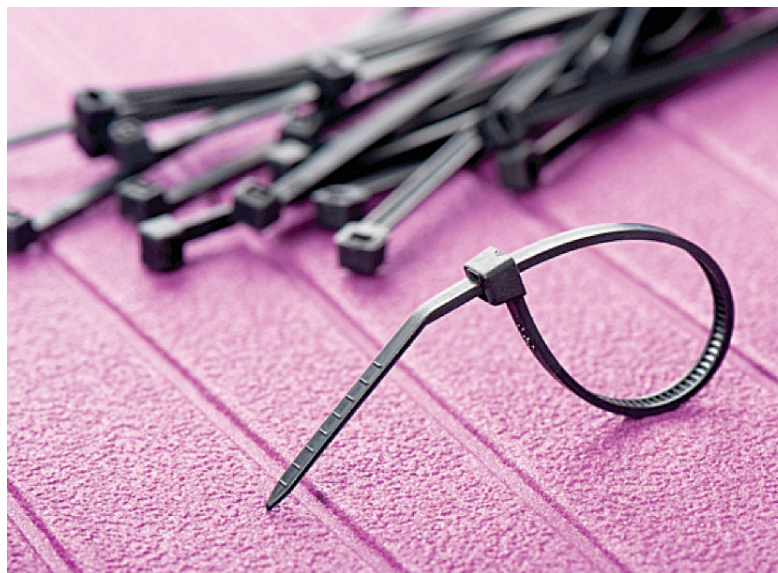
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DE Lic #2013602079



Are Zip Ties Recyclable Curbside?

No. Like straws, zip ties are too small to be recycled at most MRFs. Keep them and similar items out of the recycle, unless your hauler tells you otherwise.



Discovering the Little Things That Make Us Happy

*Rediscover the little things in life that make you happy,
add a new little thing each day, and be prepared to shine.*

By Madisyn Taylor

Life is full of little wonders that can make us happy. The sound of a baby's laughter, a good book, the comforting smell of a favorite old sweatshirt, and the warmth from a cup of hot tea are simple pleasures that can easily put smiles on our faces. These "little things" are easily accessible to us and can be sources for happiness. A key to finding them is taking the time to put those rose-colored glasses from childhood back on so you can easily access the joy in all the "little things" life has to offer.

Finding a puppy rummaging through the laundry basket, trying on that perfect shade of lipstick, or discovering the extra change you left in your back pocket can turn into moments of delight. Like kids digging in the sandbox for buried trinkets, we may even begin to experience happiness when we engage in the seemingly mundane. Figuring out a software program can feel like deciphering a treasure map, and that first sip of tea in the morning can taste like a forbidden delicacy. Swaying to music

playing on the radio can turn into an interpretive jig, riding a bike can seem like flying to the moon, and getting a phone call from that special someone can feel like winning the lottery. A pickup game of basketball becomes an exciting match among champions, and observing an elderly couple walking hand in hand can turn into a meditation on peace and contentment.

When we begin rediscovering that the little things in life can make us happy, we naturally want to share this joy with others. We may gush over a friend when we run into them unexpectedly, praise a street musician for their talents, or blow bubbles for the neighborhood kids to chase. We may even start to think of the little things we can do to make other people happy, which in turn makes us happy all over again. There is an endless supply of little things and little moments that can make us happy. All we have to do is look for them, and they'll magically start to appear.

www.dailyom.com



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Crossword

By Dave Fisher

1	2	3	4	5		6	7	8	9		10	11	12	13
14						15					16			
17						18					19			
20						21					22			
				23					24	25				
26	27	28	29		30				31					
32					33			34		35		36	37	38
39				40				41	42					
43						44	45				46			
			47		48		49				50			
51	52	53					54			55				
56					57	58					59	60	61	62
63					64					65				
66					67					68				
69					70					71				

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Answers on page 11

ACROSS

- 1. Something of value
- 6. Border
- 10. Fail to win
- 14. Devilfish
- 15. A noble gas
- 16. Angers
- 17. Spew
- 18. Streetcar
- 19. Tins
- 20. African holly
- 22. If not
- 23. Tale
- 24. Detects
- 26. Blacken
- 30. Delay
- 31. Cap
- 32. Solitary
- 33. Killed
- 35. Violent disturbances
- 39. Porridge
- 41. Pastoral poem
- 43. Gloomy, in poetry
- 44. Stigma
- 46. Forearm bone
- 47. Ribonucleic acid
- 49. Mineral rock
- 50. Appear
- 51. Type of fence
- 54. Tears
- 56. Dwarf buffalo
- 57. Dental medicine
- 63. Prig
- 64. 3 times 3
- 65. Female demon
- 66. Satan's territory
- 67. Anagram of "Seek"
- 68. Manicurist's board
- 69. Backside
- 70. Collections
- 71. Dings

DOWN

- 1. Ends a prayer
- 2. Indian dress
- 3. Cozy
- 4. Carve in stone
- 5. Shabby
- 6. Enchants
- 7. Perturb
- 8. Incite
- 9. Catch in a net
- 10. Lacking moral discipline
- 11. Not written exams
- 12. Feel
- 13. SSSS
- 21. Chip dip
- 25. Nobleman
- 26. LummoX
- 27. Rime
- 28. Pot
- 29. Noteworthy
- 34. Fatigue
- 36. Leer at
- 37. Melody
- 38. Where two pieces meet
- 40. Sea eagle
- 42. Crawled
- 45. Diadem
- 48. Makes amends
- 51. Ottoman title
- 52. Not outer
- 53. Chills
- 55. Anagram of "Doles"
- 58. Water barrier
- 59. Disabled
- 60. Portent
- 61. Encircle
- 62. Cheers

ONE-SKILLET STEAK AND SPRING VEGGIES WITH SPICY MUSTARD

This mustard sauce is meant to have some zing, but if you want less heat, swap smoked paprika for the cayenne.



4 servings

INGREDIENTS

- 1 pound boneless New York strip steak, patted dry
- Kosher salt, freshly ground pepper
- 5 garlic cloves, 1 grated, 4 thinly sliced
- 1/3 cup Dijon mustard
- 1 tablespoon sherry vinegar or red wine vinegar
- 1 teaspoon honey
- 1–2 pinches cayenne pepper
- 1/3 cup plus 3 tablespoons olive oil
- 1 bunch scallions, thinly sliced, divided
- 1 10-ounce bag frozen peas
- 1 bunch asparagus, trimmed, cut into 1-inch pieces

DIRECTIONS

- Season steak all over with salt and pepper.
- Whisk 1 grated garlic clove, 1/3 cup mustard, 1 Tbsp. vinegar, 1 tsp. honey, a couple pinches of cayenne, 1/3 cup oil, and 1 Tbsp. water in a medium bowl to combine; season spicy mustard with salt and pepper.
- Heat a dry medium skillet, preferably cast iron, over medium-high. Rub steak all over with 1 Tbsp. oil and cook, turning every 2 minutes or so and making sure to get color on the fat cap, until medium-rare (an instant-read thermometer inserted into the center will register 120°), about 10 minutes. Transfer steak to a plate to rest. Pour off oil from skillet, leaving crispy bits behind.
- Heat remaining 2 Tbsp. oil in same skillet over low. Add 4 sliced garlic cloves and all but about 2 Tbsp. scallions (save those for serving) and cook, stirring often, until translucent and softened, about 3 minutes.
- Add peas and a splash of water and cook, stirring and mashing to break up slightly, until peas are tender, about 5 minutes. Add asparagus; season with salt and pepper. Cook, stirring often, until asparagus is just tender, about 5 minutes. Remove from heat.
- Slice steak and shingle over vegetables in skillet.
- Drizzle some mustard sauce over steak and top with reserved scallions. Serve with remaining mustard sauce alongside.

www.bonappetit.com



Sudoku

Fill in the blank squares so that each row, each column and each 3-by-3 block contain all of the digits 1 thru 9.

6				9	4	8	2	
4		9	8					
8					6			
				3			7	
2		1				6		3
	6			7				
			5					7
					7	5		6
	5	4	2	6				9

Answers on page 11

(courtesy of KrazyDad.com)

The Funny Bone

The problem with math puns is that calculus jokes are derivative, trig jokes are too graphic, algebra jokes are formulaic, and arithmetic jokes are just basic.

Why should you never talk to pi?
Because he'll just go on forever.

Did you hear about the mathematician who's afraid of negative numbers?
He'll stop at nothing to avoid them.

What do you get when you take a bovine and divide its circumference by its diameter?
A cow pi.

A farmer counted 196 cows in the field.
But when he rounded them up, he had 200.

Why don't calculus majors throw house parties?
Because you should never drink and derive.

A mathematician wanders back home a 3 a.m. and proceeds to get an earful from his wife.
"You're late!" she yells. "You said you'd be home by 11:45!"
"Actually," the mathematician replies coolly, "I said I'd be home by a quarter of 12."
(Divide 12 by 4, or a quarter. Now do you get it?)

Sign at a music shop: "Gone chopin. Bach in a minuet."

The Lizst of funny music puns is not long. In fact, anyone caught telling one often ends up in Haydn.

A photon is going through airport security. The TSA agent asks if he has any luggage. The photon replies, "No, I'm traveling light."

What did one DNA say to the other DNA?
"Do these genes make me look fat?"

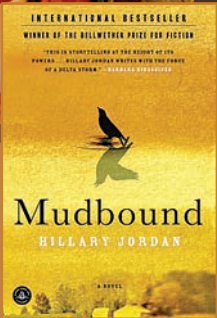
Did you hear about the weekly poker game with Vasco da Gama, Christopher Columbus, Leif Erikson, and Francisco Pizarro?
They can never seem to beat the straights of Magellan.


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