



Generations

Area 13 Agency On Aging & Disability

A member of the **IN**connect Alliance.



INSIDE THIS ISSUE

Volunteering Brings Out The Best In America

Driving Safely While Aging Gracefully

Caring for Someone Sick at Home

Could Assisted Living Be Right for You?



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Generations

Area 13 Agency On Aging & Disability

A member of the  connect Alliance.

Volume 66
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Generations, affiliated with Vincennes University, is a not-for-profit agency which serves older adults, individuals with disabilities of all ages and caregivers in the counties of Daviess, Dubois, Greene, Knox, Martin and Pike, without regard to race, national origin, sex, age, religion, disability, and/or sexual orientation by providing resources that foster personal independence while assuring individual dignity and an enhanced quality of life.

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THANK YOU

for Making Build-A-Bag a Success!

As we all know, COVID-19 struck fast and little time was available to make preparations for the lengthy stay-at-home order that followed. Because older adults seem to be more vulnerable to the effects of the virus, this meant that many did not have time to stock up on supplies that they might need to keep themselves healthy and their environment clean and germ-free. In many cases, even if these individuals were able to send someone out to pick some things up for them, many cleaning items and personal care items were nearly impossible to come by.



Generations, in partnership with Purdue Extension, Vincennes University, and the American Red Cross, began the process of collecting donations from the community of cleaning supplies, as well as personal care items to fill bags for individuals in need. With additional funding from the Greene County Community Foundation, United Way of Daviess County and the United Way of Pike County, and with an amazing outpouring of support through community donations and volunteers, 260 Build-a-Bags were filled and distributed throughout Generations' six-county service area of Daviess, Dubois, Greene, Knox, Martin and Pike counties.



United Way
of Daviess County



United Way of Pike County



Thank you to everyone who helped to make this project a success!!



Extension



VOLUNTEERING BRINGS OUT THE BEST IN AMERICA

By Barbara L. Stewart, CEO, Corporation for National and Community Service <https://www.nationalservice.gov>

The threat posed by the coronavirus pandemic presents challenges unlike anything we have seen in recent history. Those providing essential services on the frontlines of this pandemic – nurses, doctors, emergency responders have our immense respect and appreciation for the sacrifices they make to protect our communities. Eager to make a difference, Americans across the country are looking for ways they, too, can help.

At the Corporation for National and Community Service (CNCS), we are also asking the question, “What does volunteerism look like in the time of coronavirus?”

For all of us who want to help our local communities, operating during a pandemic is new territory. How can we continue to meet community needs when health and safety calls for us to be apart?

I find inspiration in stories from all across the country as individuals, nonprofits, companies, and our own AmeriCorps and Senior Corps volunteers find creative ways to meet community needs. Let me start with a few examples from our programs:

- Dedicated **Senior Corps** volunteers are performing “safe volunteering” by coordinating food delivery services for seniors, sewing masks for health care providers, and completing wellness checks with other seniors over the phone.
- **AmeriCorps** members are creating digital resources for students and parents. Schools are deploying AmeriCorps members to tutor children online and make sure they stay engaged through school closures.
- **Governors and State Service Commissions** are working together to stand up relief funds and volunteer networks, coordinate personal protective equipment drives, and provide mini-grants to organizations addressing COVID-19.

More broadly, local volunteers help lead the way to meet community needs, especially during the time of coronavirus.

They are neighbors helping neighbors by delivering meals or walking dogs for those who are at-risk or sheltered-in-place. Their small acts of kindness make a big difference and

demonstrate that no matter the adversity we face, the American people will always find solutions to meet community needs.

We see stories of people reaching out to others via social media, neighborhood listserves, group texts, or notes left taped to front doors. They are asking, “What can I do for you? Do you need something from the grocery store? Can I pick up dinner?”

My work with volunteers has taught me that people are driven by an undeniable call to help others. Faced with the hurdles of social distancing, they still find a way to safely serve. Yes, we must follow Centers for Disease Control (CDC) recommendations, but you can still follow your heart if it calls you to assist your neighbors. In fact, we created a 10-step guide to help you safely serve your community during COVID-19. <https://www.nationalservice.gov/serve>

This is not the “volunteering” we are used to, but we are evolving to meet the challenges of the day and finding new ways to serve. To reach the other side of this dangerous pandemic will require sacrifice, tenacity, and resilience from millions of Americans. It will also require strong community involvement as we ensure the safety of our friends and neighbors.

We already know that volunteerism creates a sense of unity that allows our differences to fall away as we work together to address common needs. By coming together to aid one another, we create a culture that will last long after this threat subsides.

Now is the time to ask: How can I help? What role can I play in our nation’s response to this pandemic? Lean in to meet the unmet needs of your community. Discover new ways to lend a hand and be open to accepting help if you are now the one who needs it. Stay safe and do your part to slow the spread of the coronavirus by following CDC guidelines and explore ways to safely support your community on our website.

I offer my heartfelt thanks to everyone who is answering the call to serve their neighbors during this difficult time. I look forward to continuing to serve our nation alongside you.

Barbara L. Stewart is the CEO of the Corporation for National and Community Service, the federal agency that leads AmeriCorps, Senior Corps, and the nation's volunteer efforts.

Would You Like To Volunteer? *Let Generations Help!*

We welcome individuals of all ages who want to use their life experience and skills to make a difference in our community, regardless of the amount of time that they have to give. Joining does not require a fee and there are no restrictions based on education, income, age, race, experience, citizenship, gender or disability. We have over 40 active volunteer stations (based on community need) offering a wide variety of assignments in nutrition, education, health care, history, socialization, etc. Want more information? Please contact our office at (812) 888-5880 or toll free at (800) 742-9002. You may also reach us by e-mail at generations@vinu.edu. *Come join us!*



For more information, call Generations at 1-800-742-9002

Driving Safely While Aging Gracefully

United States Department of Transportation - National Highway Traffic Safety Administration

SELF-ASSESSMENT

Driving is a key to independence from the moment we get our first license. Most of us want to hold onto that key for as long as we safely can.

HOW DO YOU ASSESS WHETHER PHYSICAL CHANGES ARE AFFECTING YOUR DRIVING SKILLS?

Most older people are capable and have a lifetime of valuable driving experience. For these reasons, decisions about a person's ability to drive should never be based on age alone. However, changes in vision, physical fitness and reflexes may cause safety concerns. People who accurately assess these changes can adjust their driving habits so that they stay safe on the road, or choose other kinds of transportation.

The following information, developed by the USAA Educational Foundation, AARP, and the National Highway Traffic Safety Administration, outlines the

physical effects of aging, as well as tips on coping with them so that you remain a safe driver as long as you can.

VISION

Good vision is essential for good driving health. But, as people age, everyone experiences declines in vision.

Do you have these symptoms of declining vision?

- You have problems reading highway or street signs or recognizing someone you know across the street.
- You have trouble seeing lane lines and other pavement markings, curbs, medians, other vehicles and pedestrians, especially at dawn, dusk and at night.
- You experience more discomfort at night from the glare of oncoming headlights.

What can you do?

- Make sure you always wear your glasses and that they are a current prescription. If you lose or break your glasses, don't rely on an old pair; replace them right away with your newest prescription. Avoid eyewear with side pieces that may block your vision.
- Do not wear sunglasses or tinted lenses at night. This reduces the amount of light that reaches your eyes and makes driving much more hazardous. Don't darken or tint your car windows. Avoid driving at dawn, dusk and night. If you are extremely light-sensitive, check with your eye doctor to see if it can be corrected.
- Keep your windshield, mirrors and headlights clean, and make sure your headlight aim is checked when your car is inspected. Choose a car with larger dials and easy-to-read symbols. Turn brightness up on the instrument panel.
- Sit high enough in your seat so that you can see the road for at least 10 feet in front of your car. This will make a big difference in reducing the amount of glare you experience from opposing headlights at night. Use a cushion if your car seats can't be raised. Also, look to the lower right side of the road when there is oncoming traffic. Some vehicles have rearview mirrors that automatically filter out glare; you might find this feature beneficial, especially for night time driving.
- If you are 60 or older, see an eye doctor every year to check for cataracts, glaucoma, macular degeneration, diabetic retinopathy and other conditions associated with aging.

A colorful graphic for Oak Village Healthcare. At the center is a white starburst containing the logo: a green leaf above the text "Oak Village HEALTHCARE". Surrounding the starburst are several colored boxes with text: "PHYSICAL THERAPY" (blue), "OCCUPATIONAL THERAPY" (purple), "24 HOUR SKILLED NURSING CARE" (orange), "IV THERAPY" (green), "LONG TERM CARE" (light green), "GREAT FOOD" (yellow-green), "ACTIVITY PROGRAMS FOR ALL LEVELS OF CARE" (pink), "SHORT TERM REHABILITATION TO HOME" (light blue), "200 West 4th Street, Oaktown, IN 47561, Ph. 812-745-2360" (purple), "FIND US ON FACEBOOK TO SEE WHAT OUR RESIDENTS AND STAFF HAVE BEEN UP TO!" (yellow), and "www.oakvillagehealthcare.com" (orange). An orange arrow points to the website address. A small "Made with PosterMyWall.com" watermark is in the bottom left corner.

PHYSICAL FITNESS

Diminished strength, coordination and flexibility can have a major impact on your ability to safely control your car.

Do you have these symptoms of decreased physical fitness?

- You have trouble looking over your shoulder to change lanes or looking left and right to check traffic at intersections.
- You have trouble moving your foot from the gas to the brake pedal or turning the steering wheel.
- You have fallen down - not counting a trip or stumble - once or more in the previous year.
- You walk less than one block per day.
- You can't raise your arms above your shoulders.
- You feel pain in your knees, legs or ankles when going up or down a flight of ten stairs.

What can you do?

- With your doctor's approval, do some stretching exercises and start a walking program. Walk around the block or in a mall. Also, check health clubs, YMCAs, senior centers, colleges and hospitals for fitness programs geared to older people.
- Get examined by a doctor if you have pain or swelling in your feet. If you have pain or stiffness in your arms, legs or neck, your doctor may prescribe medication and/or physical therapy.
- Choose a car with automatic transmission, power steering and power brakes. See an occupational therapist or a certified driving rehabilitation specialist who can prescribe special equipment to make it easier for you to steer your car and operate the foot pedals.
- Eliminate your driver's side blind spot by re-aiming your side mirror. First, lean your head against the window, then adjust your mirror outward so that when you look at the inside edge you can barely see the side of your car. If you use a wide-angle mirror, get lots of practice judging distances to other cars before using it in traffic.
- Keep alert to sounds outside your car. Limit passenger conversation and background noises from the radio and stereo. If you wear a hearing aid, be careful opening car windows, as some people find drafts can impair the aid's effectiveness.

- Watch for flashing lights of emergency vehicles. You may not be able to hear the siren at a distance.
- Sit at least ten inches from the steering wheel to reduce the chances of an injury from your air bag. Remember to always wear your seatbelt.

REACTION TIME

Driving requires dividing your attention between multiple activities and being able to react quickly to situations that often arise without warning.

Do you have these symptoms of decreased attention and reaction time?

- You feel overwhelmed by all of the signs, signals, road markings, pedestrians and vehicles that you must pay attention to at intersections.
- Gaps in traffic are harder to judge, making it more difficult to turn left at intersections or to merge with traffic when turning right.
- You take medications that make you sleepy.
- You often get lost or become confused.
- You experience dizziness, seizures or loss of consciousness.
- You aren't confident that you can handle the demands of high speeds or heavy traffic.
- You are slow to see cars coming out of driveways and side streets or to realize that another car has slowed or stopped ahead of you.

What can you do?

- Plan your route. Drive where you are familiar with the road conditions and traffic patterns.

Continued on Page 7





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- Drive during the day and avoid rush hours. Find alternative routes with less traffic.
- Keep a safe distance between you and the car ahead. Find a marker ahead of you, such as a tree, sign or lamp post. When the car ahead of you passes this marker, count, "1001, 1002, 1003, 1004." Try to leave enough space so that you reach 1004 before you get to the same point.
- When approaching intersections, remind yourself to look to the sides of the roads, as well as directly ahead.
- Try to make left turns at intersections where green arrow signals provide protected turns. Sometimes you can completely avoid left turns by making a right turn at the next intersection. Two more right turns should put you on the street you need.
- Scan far down the road continuously so that you can anticipate future problems and plan your actions. A passenger can serve as a "second pair of eyes." But don't get distracted in conversation!

WATCH FOR CHANGES

While most older people take appropriate steps when they detect a problem with their driving, it's not always obvious when a general health problem, vision problem, or a side effect of medications will lead to a driving impairment. That's when the observations of loved ones and health professionals are most vital.

Self-awareness is the key. People who can accurately assess their fitness to drive can adjust their driving habits, and stay safe on the road. With smart self-management, you can retain the personal mobility that comes with driving, while limiting the risks to yourself and others.

HAS THIS HAPPENED TO YOU?

- A friend or family member has expressed concern about your driving.
- You sometimes get lost while driving on routes that were once familiar.
- You have been pulled over by a police officer and warned about your poor driving behavior, even if you didn't get a ticket.
- You have had several moving violations, near misses or actual crashes in the last three years.
- Your doctor or other health caregiver has advised you to restrict or stop driving.

What can you do?

- Be aware of your physical limitations and how they may affect your driving.
- Listen to what people tell you who know you best and care about you most.

- Discuss driving with your doctor - he or she can evaluate the interactions and side effects of all the medications you may be taking.
- Refresh your knowledge of safe driving practices and learn about new traffic control and roadway design features through a mature driver class.
- Begin planning for alternative ways of meeting your transportation needs. Learn about transportation options in your community, then try them out to see which options work best for you.

ALTERNATIVE TRANSPORTATION

Depending on where you live, there are often many ways of getting around town without having to use your own car.

Have you considered the options?

- Even if you just want to drive less, there may be more options available to you for getting around than just your family or friends. You may be surprised to find that any one of them is easier than driving and parking your car.
- When tabulating the cost of using another kind of transportation, don't forget to factor in the money you will save in decreased or eliminated costs of owning, maintaining, insuring and parking your car. Look at the cost of the service and the level of convenience you need for each trip you take - you might end up using all of the services at different times.

WHAT YOU CAN DO

- Learn what is available in your community.
- Potential services include:
 - City buses, trams and subway systems
 - Taxi cabs and personalized driver services
 - Shuttle buses, such as those offered by churches, senior centers and retirement communities
- Your local Area Agency on Aging can lead you to transportation services and benefits you might not be aware of.
- If public transportation service is available in your area, ask a friend to help you. Going with someone who knows how to ride the bus or subway may make you feel more secure.
- Ask questions about the services and schedules of each type of transportation available to you, including whether they offer evening or weekend rides.

**Resource developed by the USAA Educational Foundation, AARP and NHTSA to help you recognize warning signs and pick up useful tips on what you can do to remain a safe driver.*

Please consider a memorial or tribute donation to Generations as a way to honor a friend or loved one.

With your support, we can continue to provide older adults in our area with the options they need to live and age successfully.

Donations may be sent to:
Generations
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Could Assisted Living Be Right for You?

Article provided courtesy of Autumn Trace Senior Communities, Linton, IN

Most older adults would prefer to remain in their own homes as they age. Fortunately, in-home services make this possible for many. However, what happens when someone needs more assistance than can be provided by in-home services, but they do not have a skilled need that would make them eligible for nursing facility placement? Assisted living may be the answer.

What is Assisted Living?

Assisted Living is housing for elderly or disabled individuals that provides nursing care, housekeeping, and prepared meals as needed. Because assisted living facilities are not nursing homes, they may not have nurses on duty 24 hours per day, however, many have a wellness nurse who is on site throughout the week and available for emergencies after hours. Most assisted living facilities provide services such as room, meals, laundry, activities, housekeeping and limited assistance with activities of daily living. The goal is to keep individuals as active and independent as possible, for as long as possible.

Here are some questions to ask yourself if you think that you might benefit from an assisted living arrangement:

- Am I having trouble maintaining my home?
- Do I need medication reminders?
- Have I been experiencing falls?
- Do I need more help with cooking and cleaning than I am able to get with available in-home services?
- Have I received a recent diagnosis that may cause me to need more care?
- Would I like to experience more activity and socialization than I am getting by living alone in my home?

If you answered yes to several of these questions and find yourself considering a move to an assisted living facility, schedule a tour at the facility of your choice, speak to staff, as well as residents and ask questions. This will be your home, so it is important that you are well informed. It is also important to note that different states have different rules and regulations when it comes to assisted living, so it is important to do your homework before deciding if assisted living is right for you.

For more information on assisted living, including locating local assisted living facilities, cost and comparison, along with other resources, visit the Indiana Assisted Living Association website at <https://inassistedliving.org>.

ENJOY PEACE OF MIND KNOWING YOUR LOVED ONE IS GETTING THE BEST CARE.

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812-699-4464

Indiana 211 now integrated with FSSA to better connect Hoosiers with services



INDIANAPOLIS – Governor Eric J. Holcomb announced Indiana’s statewide community resource referral agency, Indiana 211, is now part of the Indiana Family and Social Services Administration. The change, which was part of Gov. Holcomb’s 2020 Next Level agenda and unanimously approved by the Indiana General Assembly during its 2020 session, will make it easier for Hoosiers to navigate the significant amount of state and community services available to support their overall health and well-being.

“By connecting the resources of FSSA with the versatility of Indiana 211, we can offer Hoosiers great government service,” Gov. Holcomb said. “We will connect them with what they need, when they need it with this 24 hour a day, seven days a week hotline.”

Indiana 211 is a free service that connects Hoosiers with assistance and answers from thousands of health and human service resources – quickly, easily and confidentially.

Indiana 211 and FSSA will be able to more efficiently aid Hoosiers in need by providing a one-stop shop for community and state services. When they dial 2-1-1, Hoosiers are connected to an experienced, responsive and compassionate team of community navigators who are skilled at identifying needs and providing referrals that best meet those needs.

“Along with Governor Holcomb and the Indiana General Assembly, Indiana’s United Ways and the Indiana 211 Partnership have been great partners in making this vision become a reality,” said Jennifer Sullivan, M.D., M.P.H., FSSA secretary. “It is the ultimate goal of all involved to support Hoosiers’ overall health and well-being. They need a simple front door to walk through to receive any service or program we offer without delay – and if we don’t offer it, a way to be connected to it.”

Indiana 211 and FSSA already have a history of joint success, through programs such as the partnership with OpenBeds,

which was part of Gov. Holcomb’s 2018 Next Level agenda and has to date has connected over 1,400 Hoosiers with substance use disorder treatment and community services. The organizations have also partnered on operating suicide prevention and Adult Protective Services hotlines, and will be introducing new services related to helping Hoosiers recover from the COVID-19 pandemic in the near future.

Our Services:

- Secured Memory Care
- Short-Term Rehab
- Long Term Care
- Outpatient Therapy
- Respite Stays
- Veteran Contract

AREA LOCATIONS:

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 457 IN-145
 French Lick, IN 47432
 812.936.9991

JASPER
Timbers of Jasper
 2909 Howard Dr.
 Jasper, IN 47546
 812.482.6161

OAKLAND CITY
Good Samaritan Home & Rehabilitation Center
 231 N. Jackson St.
 Oakland City, IN 47660
 812.749.4774

WASHINGTON
Eastgate Manor Nursing & Rehabilitation
 2119 E. National Hwy.
 Washington, IN 47501
 812.254.3301

WASHINGTON
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For more information, visit our website at www.generationsnetwork.org

The Indiana Family and Social Services Administration has launched a new website, [BeWellIndiana.org](https://www.BeWellIndiana.org), that provides Hoosiers with free mental health resources. The site is designed to address the increase in anxiety, depression and other mental health issues caused by the pandemic, including both first-time issues as well as preexisting mental health concerns.

Be Well Indiana



Indiana Launches Be Well Crisis Helpline to Support Hoosiers During COVID-19 Pandemic and Recovery

Counselors and resources now available 24/7 at Indiana 211

INDIANAPOLIS - The Indiana Family and Social Services Administration has announced the launch of the Be Well Crisis Helpline, a confidential resource available through Indiana 211 that will allow Hoosiers to call and speak with a trained counselor 24/7. The free Be Well Crisis Helpline was established by FSSA's Division of Mental Health and Addiction in direct response to the elevated levels of stress and anxiety Hoosiers are experiencing due to the COVID-19 pandemic.

COVID-19 has caused a rise in mental health-related issues across Indiana and the entire country, including new stresses brought on by social isolation and the lack of traditional support systems such as family, friends, schools, religious and other community organizations. For many Hoosiers, anxiety regarding financial stress, grief and loss over bereavement and the loss of one's "normal routine," along with all of the unknowns regarding COVID-19, is overwhelming.

"With the Be Well Crisis Helpline, our intent is to provide easy and free access to counselors who can listen and help by simply calling 2-1-1," said Jennifer Sullivan, M.D., M.P.H., FSSA secretary. "As Hoosiers continue to cope with the 'new normal' of life during a pandemic, with massive disruptions in their everyday

lives, and with emotions ranging from bored to terrified, it was imperative to build a helpline that could literally be a lifeline for many."

Indiana 211 is a free service that connects Hoosiers with assistance and answers from thousands of health and human service resources across the state — quickly, easily and confidentially. Earlier this month, Indiana 211 officially became part of FSSA, helping enable specialized programs such as the Be Well Crisis Helpline as needed.

"By calling 2-1-1 (and selecting 3), callers will connect with an experienced and compassionate counselor specially trained to help with issues triggered or worsened by COVID-19," said Jay Chaudhary, J.D., DMHA director. "The trained counselors will be able to listen, provide support and promote personal resiliency."

The Be Well Crisis Helpline is funded by a Crisis Counseling Assistance and Training Program grant from the Federal Emergency Management Agency. In Indiana the program becomes part of the state's new Be Well Indiana initiative. Additional information about the mental health resources available to Hoosiers is available at [BeWellIndiana.org](https://www.BeWellIndiana.org).

GENERATIONS IS HERE FOR YOU!

In this ever changing situation, we are determined to continue to carry out our mission to offer older adults, individuals with disabilities and caregivers options for a better quality of life. We are here to take your calls, listen to your needs and to connect you to the information and resources that will help. Even though life looks very different for most of us right now, Generations will continue to be here for you.

Call us at 1-800-742-9002
or visit our website at www.generationsnetwork.org.

We WILL get through this.
We are #INthis together



When You Can Be Around Others After You Had or Likely Had COVID-19

Source: [cdc.gov](https://www.cdc.gov)

If you have or think you might have COVID-19, it is important to stay home and away from other people. Staying away from others helps stop the spread of COVID-19. If you have an emergency warning sign (including trouble breathing), get emergency medical care immediately.

When you can be around others (end home isolation) depends on different factors for different situations. Find CDC's recommendations for your situation below:

I think or know I had COVID-19, and I had symptoms...

You can be with others after

- At least 10 days since symptoms first appeared and
- At least 24 hours with no fever without fever-reducing medication and
- Symptoms have improved

Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you are tested, you can be around others when you have no fever, respiratory symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.

I tested positive for COVID-19 but had no symptoms...

If you continue to have no symptoms, you can be with others after:

- 10 days have passed since test

Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.

If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID, and I had symptoms."

I have a weakened immune system (immunocompromised) due to a health condition or medication. When can I be around others?

People with conditions that weaken their immune system might need to stay home longer than 10 days. Talk to your healthcare provider for more information. If testing is available in your community, it may be recommended by your healthcare provider. You can be with others after you receive two negative test results in a row, at least 24 hours apart.

If testing is not available in your area, your doctor should work with an infectious disease expert at your local health department to determine if you are likely to spread COVID-19 to others and need to stay home longer.

For Anyone Who Has Been Around a Person with COVID-19...

It is important to remember that anyone who has close contact with someone with COVID-19 should stay home for 14 days **after exposure** based on the time it takes to develop illness.

Caregiver Corner

Caring for Someone Sick at Home (or in other non-healthcare settings)

Courtesy of [cdc.gov](https://www.cdc.gov) – the Centers for Disease Control and Prevention

ADVICE FOR CAREGIVERS

If you are caring for someone with COVID-19 at home or in a non-healthcare setting, follow this advice to protect yourself and others. Learn what to do when someone has symptoms of COVID-19 or when someone has been diagnosed with the virus. This information also should be followed when caring for people who have tested positive but are not showing symptoms.

***Note:** Older adults and people of any age with serious underlying medical conditions are at higher risk for developing more severe illness from COVID-19. People at higher risk of severe illness should call their doctor as soon as symptoms start.

Provide support and help cover basic needs

- Help the person who is sick follow their doctor's instructions for care and medicine.
 - For most people, symptoms last a few days, and people usually feel better after a week.
- See if over-the-counter medicines for fever help the person feel better.
- Make sure the person who is sick drinks a lot of fluids and rests.
- Help them with grocery shopping, filling prescriptions, and getting other items they may need. Consider having the items delivered through a delivery service, if possible.
- Take care of their pet(s), and limit contact between the person who is sick and their pet(s) when possible.

Watch for warning signs

- Have their doctor's phone number on hand.
- Use CDC's self-checker tool (online tool) to help you make decisions about seeking appropriate medical care.
- Call their doctor if the person keeps getting sicker. For medical emergencies, call 911 and tell the dispatcher that the person has or might have COVID-19.

When to Seek Emergency Medical Attention

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

PROTECT YOURSELF WHEN YOU ARE CARING FOR SOMEONE WHO IS SICK

Limit contact

COVID-19 spreads between people who are in close contact (within about 6 feet) through respiratory droplets, created when someone talks, coughs or sneezes.

- The caregiver, when possible, should not be someone who is at higher risk for severe illness from COVID-19.

Continued on Page 14

- If possible, have the person who is sick use a separate bedroom and bathroom. If possible, have the person who is sick stay in their own “sick room” or area and away from others. Try to stay at least 6 feet away from the sick person.
- Shared space: If you have to share space, make sure the room has good air flow.
 - Open the window to increase air circulation.
 - Improving ventilation helps remove respiratory droplets from the air.
- Avoid having visitors. Avoid having any unnecessary visitors, especially visits by people who are at higher risk for severe illness.

Eat in separate rooms or areas

- Stay separated: The person who is sick should eat (or be fed) in their room, if possible.
- Wash dishes and utensils using gloves and hot water: Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves. Wash them with soap and hot water or in a dishwasher.
- Clean hands after taking off gloves or handling used items.

Avoid sharing personal items

- Do not share dishes, cups/glasses, silverware, towels, bedding, or electronics (like a cell phone) with the person who is sick.

When to wear a cloth face cover or gloves

Sick person:

- The person who is sick should wear a cloth face covering when they are around other people at home and out (including before they enter a doctor’s office).
- The cloth face covering helps prevent a person who is sick from spreading the virus to others. It keeps respiratory droplets contained and from reaching other people.
- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is not able to remove the covering without help.

Caregiver:

- Wear gloves when you touch or have contact with the sick person’s blood, stool, or body fluids, such as saliva, mucus, vomit, and urine. Throw out gloves into a lined trash can and wash hands right away.
- The caregiver should ask the sick person to put on a cloth face covering before entering the room.
- The caregiver may also wear a cloth face covering when caring for a person who is sick.
 - To prevent getting sick, make sure you practice everyday preventive actions: clean hands often; avoid touching your eyes, nose, and mouth with unwashed hands; and frequently clean and disinfect surfaces.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.

Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds. Tell everyone in the home to do the same, especially after being near the person who is sick.
- **Hand sanitizer:** If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- **Hands off:** Avoid touching your eyes, nose, and mouth with unwashed hands.

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Dolores, cared for by her daughter Juana, a Caregiver Homes family since 2011. ▶

Clean and then disinfect

Around the house:

- Clean and disinfect “high-touch” surfaces and items every day: This includes tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics.
- Clean the area or item with soap and water if it is dirty. Then, use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to kill germs. Many also recommend wearing gloves, making sure you have good air flow, and wiping or rinsing off the product after use.
 - Most household disinfectants should be effective.
 - To clean electronics, follow the manufacturer’s instructions for all cleaning and disinfection products. If those directions are not available, use alcohol-based wipes or spray containing at least 70% alcohol.

Bedroom and Bathroom:

- If you are using a separate bedroom and bathroom: Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the sick person.
 - If they feel up to it, the person who is sick can clean their own space. Give the person who is sick personal cleaning supplies such as tissues, paper towels, cleaners, and EPA-registered disinfectants.
- If sharing a bathroom: The person who is sick should clean and then disinfect after each use. If this is not possible, wear a cloth face covering and wait as long as possible after the sick person has used the bathroom before coming in to clean and use the bathroom.

Wash and dry laundry

- Do not shake dirty laundry.
- Wear disposable gloves while handling dirty laundry.
- Dirty laundry from a person who is sick can be washed with other people’s items.
- Wash items according to the label instructions. Use the warmest water setting you can.
- Remove gloves, and wash hands right away.

- Dry laundry, on hot if possible, completely.
- Wash hands after putting clothes in the dryer.
- Clean and disinfect clothes hampers. Wash hands afterwards.

Use lined trash can

- Place used disposable gloves and other contaminated items in a lined trash can.
- Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.
- Place all used disposable gloves, facemasks, and other contaminated items in a lined trash can.
- If possible, dedicate a lined trash can for the person who is sick.

Track your own health

- Caregivers should stay home and monitor their health for COVID-19 symptoms while caring for the person who is sick. They should also continue to stay home after care is complete. Caregivers can leave their home 14 days after their last close contact with the person who is sick (based on the time it takes to develop illness), or 14 days after the person who is sick meets the criteria to end home isolation.
 - Symptoms include fever, cough, and shortness of breath but other symptoms may be present as well. Trouble breathing is a more serious warning sign that you need medical attention.
- Use CDC’s self-checker tool (online tool) to help you make decisions about seeking appropriate medical care.
- If you are having trouble breathing, call 911.
 - Call your doctor or emergency room and tell them your symptoms before going in. They will tell you what to do.

For ALL people

- When leaving the home, keep a distance of 6 feet from others and wear a cloth face covering when around other people.
- *****In all cases, follow the guidance of your doctor and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Some people, for example those with conditions that weaken their immune system, might continue to shed virus even after they recover.***

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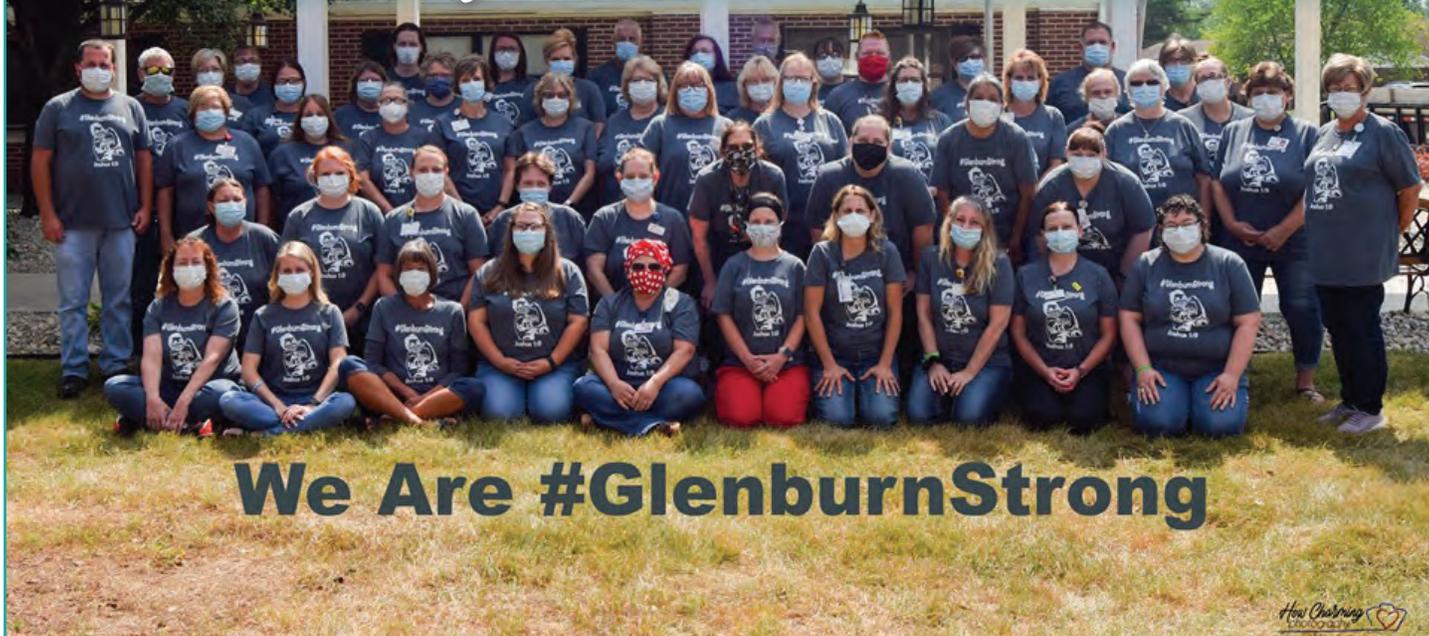
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Quitting Smoking for Older Adults

from the National Institute on Aging

It doesn't matter how old you are or how long you've been smoking, quitting smoking at any time improves your health. When you quit, you are likely to add years to your life, breathe more easily, have more energy, and save money. You will also:

- Lower your risk of cancer, heart attack, stroke, and lung disease.
- Have better blood circulation.
- Improve your sense of taste and smell.

GET THE FACTS ABOUT E-CIGARETTES

Electronic cigarettes, or e-cigarettes, deliver nicotine, flavor, and other chemicals that are inhaled by the user. They are sometimes called "e-cigs," "e-hookahs," "mods," "vape pens," "vapes," or "tank systems," and may look like regular cigarettes, pens, or even USB sticks. They may contain harmful substances like lead and cancer-causing chemicals, in addition to nicotine, which is addictive. Some flavorings in e-cigarettes have been linked to lung disease. Scientists are still studying the long-term effects e-cigarettes may have on your health.

The U.S. Food and Drug Administration (FDA) has not approved e-cigarettes as a quit-smoking aid. There is limited evidence that they help smokers quit.

- Stop smelling like smoke.
- Set a healthy example for your children and grandchildren.

Smoking shortens your life. It causes about 1 of every 5 deaths in the United States each year. Smoking makes millions of Americans sick by causing:

- Lung disease. Smoking damages your lungs and airways, sometimes causing chronic bronchitis. It can also cause emphysema, which destroys your lungs, making it very hard for you to breathe.
- Heart disease. Smoking increases your risk of heart attack and stroke.
- Cancer. Smoking can lead to cancer of the lungs, mouth, larynx (voice box), esophagus, stomach, liver, pancreas, kidneys, bladder, and cervix.
- Respiratory problems. If you smoke, you are more likely than a nonsmoker to get the flu, pneumonia, or other infections that can interfere with your breathing.
- Osteoporosis. If you smoke, your chance of developing osteoporosis (weak bones) is greater.
- Eye diseases. Smoking increases the risk of eye diseases that can lead to vision loss and blindness, including cataracts and age-related macular degeneration (AMD).
- Diabetes. Smokers are more likely to develop type 2 diabetes than nonsmokers, and smoking makes it harder to control diabetes once you have it. Diabetes is a serious disease that can lead to blindness, heart disease, nerve disease, kidney failure, and amputations.

Smoking can also make muscles tire easily, make wounds harder to heal, increase the risk of erectile dysfunction in men, and make skin become dull and wrinkled.

Nicotine Is a Drug

Nicotine is the drug in tobacco that makes cigarettes so addictive. Although some people who give up smoking have no withdrawal symptoms, many people continue to have strong cravings for cigarettes. They also may feel grumpy, hungry, or tired. Some people have headaches, feel depressed, or have problems sleeping or concentrating. These symptoms fade over time.

Many people say the first step to quitting smoking successfully is to make a firm decision to quit and pick a definite date to stop. Make a plan to deal with the situations that trigger your urge to smoke and to cope with cravings. You may need to try many approaches to find what works best for you. For example, you might:

- Talk with your doctor.
- Read self-help information.
- Go to individual or group counseling.
- Download the mobile apps or sign up for the text messaging service at SmokeFree60+.
- Ask a friend for help.
- Think of what you can do with the money you spend on cigarettes and set up a rewards system.
- Take a walk or try a new physical activity you enjoy.
- Take medicine to help with symptoms of nicotine withdrawal.

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Quitting Smoking for Older Adults

Continued from Page 17

Some people worry about gaining weight if they quit. If that concerns you, make a plan to exercise and be physically active when you quit—it may distract you from your cravings and is important for healthy aging.

Breaking the Addiction

When you quit smoking, you may need support to cope with your body's desire for nicotine. Nicotine replacement products help some smokers quit. You can buy gum, patches, or lozenges over the counter.

There are also prescription medications that may help you quit. A nicotine nasal spray or inhaler can reduce withdrawal symptoms and make it easier for you to quit smoking.

Other drugs may also help with withdrawal symptoms. Talk with your doctor about which medicines might be best for you.

Cigars, Pipes, Hookahs, Chewing Tobacco, and Snuff Are Not Safe

Some people think smokeless tobacco (chewing tobacco and snuff), pipes, and cigars are safe alternatives to cigarettes. They are not. Smokeless tobacco causes cancer of the mouth and pancreas. It also causes precancerous lesions (known as oral leukoplakia), gum problems, and nicotine addiction. Pipe and cigar smokers may develop cancer of the mouth, lip, larynx, esophagus, and bladder. Those who inhale when smoking are also at increased risk of getting lung cancer as well as heart disease, chronic bronchitis,

chronic obstructive pulmonary disease, and emphysema. Using a hookah to smoke tobacco poses many of the same health risks as cigarette smoking.

Secondhand Smoke Is Dangerous

Secondhand smoke created by cigarettes, cigars, and pipes can cause serious health problems for family, friends, and even pets of smokers. Secondhand smoke is especially dangerous for people who already have lung or heart disease. In adults, secondhand smoke can cause heart disease and lung cancer. In babies, it can increase the risk of sudden infant death syndrome (SIDS), which is the unexplained death of a baby younger than 1 year of age. Children are also more likely to have lung problems, ear infections, and severe asthma if they are around secondhand smoke.

Good News About Quitting

The good news is that after you quit smoking, even in your 60s, 70s, or beyond:

- Your heart rate and blood pressure drop to more normal levels.
- Your nerve endings begin to regenerate, so you can smell and taste better.
- Your lungs, heart, and circulatory system will begin to function better.
- You will cough and feel out of breath less often.
- Your chance of having a heart attack or stroke will drop.
- Your breathing will improve.
- Your chance of getting cancer will be lower.



CALL A SMOKING QUITLINE

A trained counselor can help you stop smoking or stay on track. You can call:

The National Cancer Institute's Smoking Quitline,
1-877-448-7848 (1-877-44U-QUIT)

Smokefree.gov

which connects you with your State's Quitline
1-800-784-8669 (1-800-QUITNOW)

Veterans Smoking Quitline

1-855-784-8838 (1-855-QUITVET)

**This content is provided by the National Institute on Aging (NIA), part of the National Institutes of Health. NIA scientists and other experts review this content to ensure that it is accurate, authoritative, and up to date.*

No matter how old you are, all these health benefits are important reasons to make a plan to stop smoking.

**You Can Quit Smoking:
Stick with It!**

Many people need a few tries before they quit smoking for good. If you slip and have a cigarette, you are not a failure. You can try again and be successful.

It's never too late to get benefits from quitting smoking. Quitting, even in later life, can significantly lower your risk of heart disease, stroke, and cancer over time and reduce your risk of death.

FOR MORE INFORMATION ABOUT QUITTING SMOKING

Smokefree60+ National Cancer Institute
1-877-448-7848
(1-877-44U-QUIT/toll-free)
cancergovstaff@mail.nih.gov
www.60plus.smokefree.gov

Centers for Disease Control and Prevention (CDC)
1-800-232-4636 (toll-free)
1-888-232-6348 (TTY/toll-free)
cdcinfo@cdc.gov
www.cdc.gov

National Cancer Institute
1-800-422-6237 (toll-free)
cancergovstaff@mail.nih.gov
www.cancer.gov

National Heart, Lung, and Blood Institute
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Free or Cheap College Courses for Older Adults in All 50 States

Pick up job skills or pursue a passion at little or no cost.

by Stacy Rapacon, AARP, February 5, 2020
www.aarp.com

There are plenty of reasons to go back to school, even if it's been years or even decades since you last set foot in a classroom. You can pick up new job skills, learn a new language or simply dive into a subject — art, music, psychology, basket weaving — that has always fascinated you. Perhaps the best reason of all? It's free (or less costly) for older residents of every state and Washington, D.C., to take college courses.

A few common caveats: Older would-be students, in some states starting as young as 50, can typically join a college class only when space permits. That means you have to wait until at least the first day to know if you secured a spot. Whether you can get credit for the course or only audit the class varies by state and school. Also, in many states just tuition is covered. So older students might still need to pony up for books and fees. But even that's a relatively small price to pay to keep your mind sharp and your skill set current.

Check out the free or low-cost opportunities for lifelong learners in Indiana and Illinois.

Indiana requires public colleges to offer retired residents 60 and up a discount of at least 50 percent off in-state tuition on a maximum nine credit hours a semester. Some schools offer an even better deal: For example, Ivy Tech Community College and Vincennes University waive 100 percent of tuition for a credit course. And at Purdue University's Fort Wayne campus, you can audit classes for free. The University of Indianapolis also allows tuition-free enrollment to retired state residents, but you have to be at least 65 years old to be eligible and pay a \$20 application fee for the Lifelong Learning College. (AARP website)

Illinois allows its low-income residents 65 and older to enroll tuition-free in any state college, including the University of Illinois, Southern Illinois University and Chicago State University.

Your annual household income must be at or below 200 percent of the federal poverty level to qualify.



To find out more about how you might be able to continue your education at a reduced cost, contact the college or university of your choosing and speak to the admissions department.

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COVID-19 HAS TAUGHT US...

COVID-19 has taught us many things about the world, our communities, and ourselves. We learned about distance as the pandemic followed the global economy's connected pathways into our state capitals and hometowns. The spreading contagion revealed our interdependence as we sheltered in place. Shortages of household goods, high-speed Internet, and access to ailing family members laid bare our vulnerability and unpreparedness. This article reflects on some of those lessons and describes changes that we can expect in the future.

COVID-19 Has Taught Us About Distance

COVID-19 has taught us about the distance between countries and each other. Wuhan seemed far away in as 2019 ended when reporters first described the city's dangerous respiratory illness (see the New York Times coronavirus-timeline article at: <https://www.nytimes.com/article/coronavirus-timeline.html>). The coronavirus shortened that distance more rapidly than most people could have imagined. It spread to other countries within one month and became an American problem in less than two months.

COVID-19 Has Taught Us About Our Vulnerabilities

We learned that we could slow the pandemic by isolating from each other. However, we also learned that isolation is costly. As the world hunkered down, supply chains broke, and the world economy ground to a halt. We were not prepared for all essential workers to maintain safe distances, so the virus spread and disrupted our food supply. Isolation also exposed Internet vulnerability as educators, and other service professionals struggled to serve communities with poor broadband connections. Although separation helped control the contagion in healthcare facilities, it exposed gaps in law and technology that impaired lawyers' ability to serve some ailing clients. COVID-19 has taught us about vulnerabilities that we must overcome to withstand the next crisis. The world we once knew has changed, and we must embrace that change to face our future.

COVID-19 Has Taught Us About Our Resilience and Resourcefulness

COVID-19 has taught us to rethink our priorities amid enormous socio-economic challenges. Business gurus say businesses must "pivot" toward more successful operations during disruption by competitive forces. Resourceful people across such diverse occupations as musicians, physicians, grocers, and distillers have demonstrated pivot responses to the pandemic. Musicians formed virtual bands and vocal groups on streaming video platforms. Some emergency room

physicians constructed face shields from hardware store materials. Grocers reconfigured in-store traffic flows and launched curbside services to protect customers and employees. When bars and restaurants stopped ordering liquor, resourceful distillers modified alcohol production to help resolve national hand sanitizer shortages. Although the pandemic has exposed our vulnerabilities, the enterprising people in these examples discovered strengths and opportunities in their weaknesses.

COVID-19 Has Taught Us To Plan Now For Later Crises

We have written several articles about the need to plan ahead for health crises. The coronavirus pandemic proved that point sharply. As we will explain in the next section of this article, health safety requirements prevented many nursing home residents from making or updating estate plans. Those residents that had not already made powers of attorney could not authorize people to help them in those restricted environments. Alternatively, well-prepared people that had engaged elder law attorneys for pre-crisis estate planning had already empowered family members to conduct important business during the pandemic.

COVID-19 Has Taught Us That Accessible Electronic Estate Plans Are Essential

Technology has both enhanced and clashed with many aspects of legal services. Perhaps no legal services aspect has resisted technological change more than the ancient anti-fraud safeguards of our estate planning laws. An example justifying those old safeguards appears in a Bible story (Genesis chapter 27) of manipulation by a son (Jacob) of his blind father (Isaac) to steal the inheritance of brother (Esau).

Many states have passed laws about digital estate plans in the past five years. Most of those laws have included updated versions of the old anti-fraud safeguards. Witnesses must still be present to watch people sign wills. Also, although a person can make a power of attorney certified over the Internet by a notary public, the notary public must use a complex system to prove the person's identity and mental capacity.

Anti-fraud protection in traditional and digital estate planning laws became estate planning barriers for people isolated in healthcare facilities during the COVID-19 health crisis. Nursing homes and other long-term care facilities restricted visitor access to prevent visitors from spreading the virus to the patients. So, witnesses and notaries could not help patients update their estate plans in person.

Continued on Page 23

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COVID-19 HAS TAUGHT US...

Continued from Page 21

State supreme courts and other government officials helped resolve the will problem by issuing emergency orders allowing witnesses to participate in signings of wills remotely over the Internet. However, Indiana and some other states maintained strict remote notarization requirements that made it almost impossible for nursing home residents to make powers of attorney. Those remote notarization barriers for powers of attorney rendered the emergency orders for remote will signing almost meaningless.

Lawyers Are Pivoting Toward Accessible Estate Planning Legislation

The COVID-19 health crisis has inspired estate planning lawyers to propose new legislation to make electronic estate plans more accessible to isolated people. Jeff Hawkins and other volunteer members of the Indiana State Bar Association's Probate, Trust & Real Property Section have devoted many hours to overhaul Indiana's electronic estate plan system. If

the Indiana General Assembly adopts the proposals, Hoosier shut-ins may be able to make complete estate plans with remote witnesses as early as spring 2021.

Jeff R. Hawkins and Jennifer J. Hawkins are admitted to practice law in Indiana. Both lawyers are Trust & Estate Specialty Board Certified Indiana Trust & Estate Lawyers. They are also active members of the Indiana State Bar Association and the Indiana Chapter of the National Academy of Elder Law Attorneys (NAELA).

Jeff Hawkins is licensed to practice law in Illinois, and he is a member of the Illinois State Bar Association and the Illinois NAELA Chapter. He served as the 2014-15 President of the Indiana State Bar Association, and he is a registered civil mediator.

MORE INFORMATION

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Generations works with community partners and contracted providers to offer services to our clients in Daviess, Dubois, Greene, Knox, Martin & Pike Counties. We offer:

- Aging and Disability Resource Center
- AngelWorx Volunteer Program
- Meals on Wheels
- Case Management
- Caregiver Services
- Care Transitions
- Generations Magazine
- Health & Wellness Programs
- Ombudsman Services
- Options Counseling
- At Home Pre-Admission Screening for nursing home placement
- Contracted providers allow us to offer transportation, adult day services and legal assistance.

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