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## June 15 is World Elder Abuse Awareness Day

Article submitted by:  
Adult Protective Services – Waupaca County  
Department of Health and Human Services



Amy Temby, Tracy Wisner & Shawna Hansen

Each year on June 15 World Elder Abuse Awareness Day (WEAAD) provides an opportunity for communities around the world to promote a better understanding of abuse and neglect of older persons by raising awareness of the cultural, social, economic and demographic processes affecting elder abuse and neglect. WEAAD was launched on June 15, 2006 by the International Network for the Prevention of Elder Abuse and the World Health Organization at the United Nations. It serves as a call-to-action for individuals, organizations, and communities to raise awareness about elder abuse, neglect, and exploitation of older people.

Each year an estimated 5 million or 1 in 10 older Americans are victims of elder abuse, neglect, or exploitation. Abuse and neglect of older adults is a complex and multifaceted problem. Often times an elder is experiencing more than one type of abuse and can occur in domestic, community, or institutional settings (nursing home or other long



term care facilities). Research suggests as few as 1 in 14 cases of elder abuse are reported.

The opportunistic strangers who prey on the vulnerable through scams are more widely published or reported in the news, but this is a very small percentage of the cases we see in Waupaca County and statewide. Perhaps what is the most surprising is that the mistreatment is most often perpetrated by the individual's own family members or someone they know and trust. Abusers may be spouses, family members, personal acquaintances, or professionals in positions of trust. While scams sometimes involve large amounts of money being exploited in a quick period of time, the majority of abuse and exploitation cases occur slowly over the course of several years.

In Wisconsin an elder is defined as a person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse (physical, emotional, sexual, treatment without consent, unreasonable confinement or restraint), neglect, self-neglect, or financial exploitation. Statewide the numbers of reported cases continues to increase. In 2017, Waupaca County Adult

Protective Services investigated 136 cases of elder abuse – and increase from 89 in 2016. Cases involving self neglect account for 38% of all case reported. Financial exploitation is the second most reported at 19%.

The older population in America is continuing to grow; the fastest growth being between 2010 and 2030 when the baby boomers reach age 65. By 2030, there will be about 72.1 million older people - 20% of the total population – nearly twice as many as in 2007. Older adults are living longer, but not necessarily better. Potential declines in cognitive and physical functions could make them more vulnerable to victimizations.

Why does Elder Abuse remain such an “invisible” problem?

Many victims are reluctant to report abuse because they may:

- feel ashamed and embarrassed, particularly if a family member is the abuser
  - be afraid that the abuser will get in trouble
  - worry that they will be forced to live in a nursing home – and this sometimes happens
  - feel guilty or somehow to blame
  - be in denial that the abuse is occurring, or unaware that what they are experiencing is abuse or neglect
  - be afraid that if they report, the abuse will get worse.
- Some victims are unable to speak

See **Elder Abuse** page 3

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**Waupaca County  
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Human Services:**  
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Current and past issues of *The ADRC Connection* are available on our website [www.co.waupaca.wi.us](http://www.co.waupaca.wi.us). Visit the regional website [www.yourADRCresource.org](http://www.yourADRCresource.org)

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Our mission is to be a resourceful place of information and respectful provider of support for the elderly and disabled residents of Waupaca County and their caregivers and to help them achieve dignity and quality of life through maximum independence and choice.

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# New Medicare Cards Present Opportunity to Scam Seniors

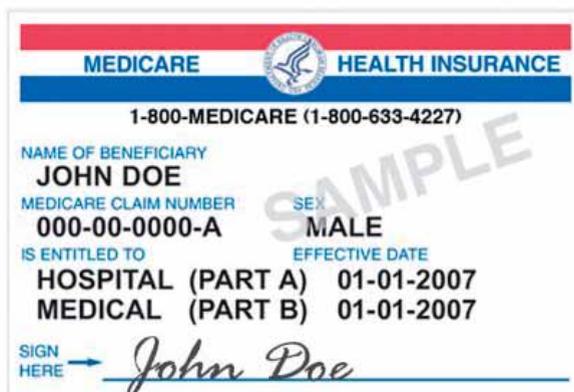


Submitted by  
Peggy Strey,  
Elder Benefit  
Specialist

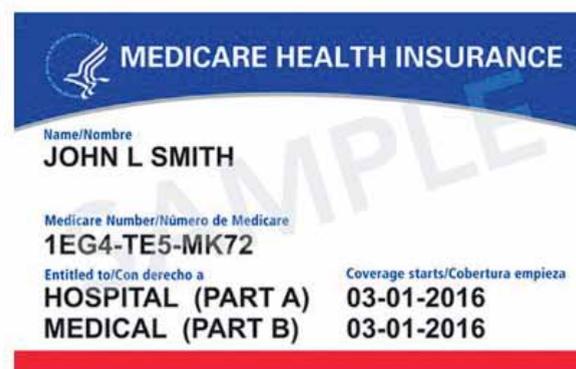
Federal law required the Center for Medicare and Medicaid Services (CMS) to create a new Medicare card design. Unlike the current Medicare cards, these new ones will not include the beneficiary's Social Security number. Social Security numbers are a vital piece of information that scammers use as part of broader identity theft operations. Removal of Social Security numbers from Medicare cards is a big step in fighting both Medicare-specific fraud and broader financial identity theft.

Instead of Social Security numbers, the new card will have a Medicare Beneficiary Identifier with 11 characters. This should limit any consequences of a senior losing her new Medicare card. Scammers may still use the Medicare Beneficiary Identifier for Medicare-specific fraud related to healthcare and benefit information, however, this is far better than when scammers could use the Medicare card for the potential theft of credit cards, banking services, and other wider-ranging

Current Medicare Card



New Medicare Card (coming in 2018)



financial identity theft.

The new cards will be sent to Medicare recipients automatically. New Medicare recipients will get the cards first, and some are already starting to receive them.

Even though the new Medicare card will prevent many future scams, scam artists have already tried the following:

- Calling a senior to ask for a credit card number to pay a \$25 processing fee for the new card, along with requesting bank information and other personal details for the payment.
- Selling a senior a "temporary" Medicare card for \$5 to \$50, in addition to requesting bank information and other personal details for the payment.

c. Urging a senior to provide bank account information so that the crook, posing as a federal employee, can "credit" the senior's account for a bogus balance on her old card.

d. Claiming that a senior must confirm her Social Security number to receive her new card.

Because Medicare never contacts anyone by phone, any phone call a senior gets claiming to be from Medicare is a scam. Don't even talk to the person; **just hang up the phone** without providing any personal or financial information.

In addition, the new Medicare card is just as important as any other primary identification, so seniors should be careful with it. If it's lost or stolen, a senior should report it immediately, just as with any other form of ID.

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CROSSROADS  
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# What a Trip to the Emergency Room Means for an Older Person



*Adapted by  
Peggy Strey,  
Elder Benefit  
Specialist*

When we are young, a trip to the emergency room is usually for an unexpected illness or injury, and most of us take getting back to normal for granted. For older individuals, however, a trip to the ER can be a much different experience.

Consider these facts:

- Two-thirds of seniors who go to the emergency room are never admitted to the hospital – they return home immediately after their visits.
- Six months after visiting the emergency room, seniors are 14 percent more likely to have acquired a disability (for example, no longer being able to bathe, dress, climb down a flight of stairs, shop, or manage finances by themselves).
- The extent to which an older per-

son gets up and about and out of the house after an emergency room visit is reduced drastically for at least a year without a full recovery.

- The leading cause of ER visits in older persons is a fall and injury. Many wonder why emergency room visits become so critical for older patients. One theory is that many older adults may have been coping adequately, but the emergency room visit acted as a tipping point and now they need more help. Another theory is that seniors who fall and injure themselves may become afraid of falling again and limit their activities, which leads to deterioration. Finally, underlying vulnerabilities (depression, dementia, or delirium) may go undetected, leaving older adults susceptible to the ongoing impact of these conditions.

Starting in February 2018, the American College of Emergency Physicians is starting a program to certify emergency rooms in geriatric competence to make sure seniors leave the ER safely. At the basic level,



medical staff will be educated in the principles and practice of geriatric care; assessing seniors to determine their degree of risk; screening older adults deemed at risk for cognitive concerns, falls and functional limitations; performing a comprehensive medication review; making referrals to community resources such as Meals on Wheels; and supplying an easily understood discharge plan.

The full article is available at Kaiser Health News: <https://khn.org/news/for-elder-health-trips-to-the-er-are-often-a-tipping-point/>.

## Elder Abuse from page 1

out due to symptoms of dementia or other impairments, or may not be believed when they do.

It is up to each and every one of us to do our part in raising awareness. Elder abuse has no limits as to who it affects. Elder abuse can happen to any older individual – your neighbor, your loved one – it can even happen to you. One person, one action, one nations united against elder abuse.

Each county in Wisconsin has an agency that is responsible to respond to concerns of elder abuse. Waupaca County Department of Health and Human Services is the lead elder abuse agency for Waupaca County. For more information please visit <http://www.dhs.wisconsin.gov/aps/>.

If you or someone you know is in a life threatening situation or immediate danger, contact 911 or the local police or sheriff's department.

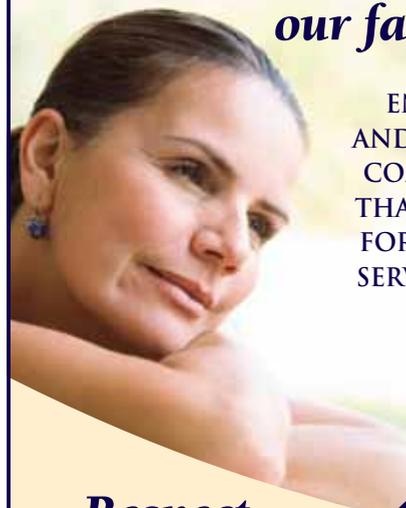
To report suspected abuse, please contact the Waupaca County Aging and Disability Resource Center (ADRC) at 715-258-6400 or 1-866-739-2372. Calls can be made anonymously and you do *not* need to prove that abuse is occurring. A social worker will investigate your suspicions and based on circumstances will offer support, assistance or connections to services.

### Warning Signs of Elder Abuse

- Sudden changes in behavior or finances**
- Physical injuries, dehydration, or malnourishment**
- Extreme withdrawal, depression, or anxiety**
- Absence of basic care or necessities**
- Kept away from others**
- Unsanitary living conditions**
- Personal items missing**
- SPEAK UP for seniors!**



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# Do Not Resuscitate: Making Sure Your Wishes are Followed

By: Megan Karth,  
Community Living Specialist

Do you know what your wishes are regarding cardiopulmonary resuscitation (CPR) if your heart stops or you go into respiratory arrest and emergency responders need to be called? After all, you will likely not be able to tell them what you want in that urgent situation, so it is important to make sure your family and doctor know what you want, AND that you have the right documentation so your wishes are followed.

Though CPR can be a lifesaving, even miraculous procedure under the right circumstances, done by a trained bystander or professional, many people decide that they do not want to undergo CPR in the case of cardiac or pulmonary arrest. Some people may look healthy, with only their family and doctor knowing they have a terminal diagnosis and would prefer to let nature take its course if their heart stops. Many older people have severe osteoporosis and risk fractures from the pres-

sure that results from even correctly performed CPR. Some have chronic health conditions that affect their quality of life so much that when their heart stops they do not want anyone attempting to revive them. CPR does not always work and sometimes a responder may get the heart restarted but the end result is not a good quality of life.

Ideally every person will have a conversation with their physician about their wishes and submit an Advanced Directive (Power of Attorney for Health Care or Living Will) for their doctor to keep on file, but many people never have that talk. And even if they do, that document alone is not valid under Wisconsin law if you collapse at home or in the grocery store and 911 is called.

When Advance Directives (Living Wills and Durable Powers of Attorney for Healthcare) were becoming



more common some emergency responders had concerns about their liability when getting conflicting information at such a critical time. How should they handle the situation of showing up a home and being told, "Oh, Fred

didn't want CPR, I have the form here some place." Even when documents were in plain sight, would the responder really have time to read through them while the patient lies pulseless on the floor? The goal is to try to resuscitate those who choose it, and respect the wishes of those who do not want resuscitation, after a conversation with their MD.

To insure that a patient's wishes are followed, and that emergency responders have clear guidance, Wisconsin statute 154.19 lays out specific requirements for a "do not resuscitate" order. The patient must be over 18 and of sound mind, need to request the order from their doctor, the MD must explain what a DNR order means and give the patient written information about DNR and how to revoke the order if the patient has a change of heart. The patient cannot be pregnant. This is all documented in the medical record. And then an order for DNR is written and signed by the MD on a narrow form that fits into a plastic sleeve (bracelet) like ones worn in a hospital. It includes the patient's name, doctor's name and signature and other information. **The law says a do not resuscitate order (no CPR) needs to be worn in a bracelet for it to be recognized by emergency responders.** If the plastic sleeve gets wet and the order gets defaced and is unreadable, or if the sleeve is cut or is otherwise tampered with, it will not be honored by responders and CPR will be performed to pulseless individuals. Metal DNR bracelets are now available and the State of Wisconsin Dept of Health Services recommends vendor StickyJ Medical ID @www.stickyj.com/category. The company needs a copy of form F44763 completed by your doctor before the bracelet can be made. The order can be placed by mail, phone or online. Most physicians have the forms and

can provide information in their offices on ordering.

Rest assured that comfort care measures are still employed by the emergency responder even if a person is wearing a DNR bracelet. These measures can include: applying oxygen, clearing the person's airway, controlling bleeding, positioning for comfort, providing emotional support, splinting and giving pain medication.

Steve Radich, Administrative Director at Gold Cross Ambulance says there is more awareness of the bracelet law these days. But for someone who does not want to be resuscitated, "If they don't have a bracelet on, we have to render care, by law."

If you are confused about making a decision for yourself about CPR or no CPR, it is time to see your doctor and have the conversation. And if you choose DNR, "do not resuscitate," and your doctor agrees, make sure you are wearing a bracelet that says that.



StickyJ Medical ID Jewelry is the State of Wisconsin's authorized vendor for a permanent-type metal DNR bracelet, available with standard lobster clasp or optional safety clasp (requires two hands to open). Our metal bracelet displays the internationally recognized Staff of Aesculapius medical symbol on the front along with the words Wisconsin Do Not Resuscitate EMS. The patient's first & last name must be engraved on the first line of the back of the bracelet, however there is room on the back to add other health concerns, if desired. A copy of your completed Wisconsin doctor's form [F44763](#) has to be mailed to StickyJ Medical ID along with your completed **BRACELET ORDER FORM** prior to releasing your order. You can either scan the document and send it to us by email (CustomerService@StickyJ.com) or mail it to: Customer Service StickyJ Medical ID - DNR, 10801 Endeavor Way Ste. B. Seminole, FL 33777. If you have any questions, please call customer service at 727-823-9500.



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# May is Hepatitis Awareness Month

In the United States, the most common types of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C. While each can produce similar symptoms, each hepatitis virus affects the liver differently, has different routes of transmission, and has different populations that are commonly affected. **May 19th** has been designated as Hepatitis Testing Day.



- In 2012, The Centers for Disease Control and Prevention (CDC) started recommending Hepatitis C testing for **everyone born from 1945 – 1965**. While anyone can get Hepatitis C, up to 75% of adults infected with Hepatitis C were born from 1945 - 1965.
- Hepatitis C is a liver disease that results from infection with the Hepatitis C virus. Hepatitis C has been called a silent epidemic because most people with Hepatitis C do not know they're infected.

## Why Do People Born Between 1945-1965 (Baby Boomers) Have Such A High Rate Of Hepatitis C?

- Most baby boomers are believed to have become infected in the 1960s, 1970s and 1980s when transmission rates of Hepatitis C were the highest.
- Of the estimated 3.2 million people chronically infected with hepatitis C in the U.S., approximately 75% were born during 1945-1965.
- The longer people live with Hepatitis C undiagnosed and untreated, the more likely they are to develop serious, life-threatening liver disease.
- Liver disease, liver cancer, and deaths from Hepatitis C are on the rise.
- Hepatitis C is a leading cause of liver cancer and the leading cause of liver transplants; people born during 1945-1965 account for 73% of all hepatitis C- associated mortality.



## How Do You Get Hepatitis C?

- Blood transfusions and organ transplants prior to 1992.
- Blood products for clotting problems prior to 1987.
- Sharing needles or other equipment to inject drugs.
- Body piercing or tattoos that were done in prisons, homes, or in other informal environments.
- In rare cases, Hepatitis C may be sexually transmitted.
- Babies born to mothers with Hepatitis C can get infected during childbirth.

Hepatitis C is **NOT** spread by casual contact, kissing, hugging, sneezing, coughing, breastfeeding or sharing food, eating utensils or glasses.

## Symptoms

- When symptoms do appear, they often are a sign of advanced liver disease. Symptoms of Hepatitis C can include: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, grey-colored stools, joint pain and/or jaundice.

**The only way to know if someone has Hepatitis C is to get tested.** Find out if you should get tested for Hepatitis C by taking CDC's quick online at Hepatitis Risk Assessment. <https://www.cdc.gov/hepatitis/riskassessment/index.htm>

## Living With Chronic Hepatitis C?

- Continue preventive services including regular medical monitoring, hepatitis A and B vaccination, and behavior changes like achieving and maintaining a healthy BMI.
- New therapies appear to be more effective and have fewer side effects than previous options. Discuss with your healthcare provider regarding your options.
- Protect your liver by checking with your provider before taking any prescription, over-the-counter medications, supplements or vitamins.
- Avoid alcohol as it can increase the speed of liver damage.

**FIND OUT IF YOU HAVE HEPATITIS C IT COULD SAVE YOUR LIFE**

**SOME PEOPLE DON'T KNOW HOW OR WHEN THEY WERE INFECTED**

**BORN FROM 1945-1965?**

People born from 1945-1965 are **5X MORE LIKELY TO BE INFECTED WITH HEPATITIS C**

**3 OUT OF EVERY 4** people with Hepatitis C were born between these years

Up to **75%** of people living with Hepatitis C **DO NOT KNOW THEY ARE INFECTED**

Many people can live with HEPATITIS C for **DECADES WITH NO SYMPTOMS**

**HEP C Blood Test** **CDC recommends anyone born from 1945-1965 GET TESTED**

TESTED	NOT TESTED
KNOWING YOU HAVE HEPATITIS C can help you make important decisions about your health	LEFT UNTREATED, HEPATITIS C can cause liver damage and <b>LIVER FAILURE</b>
Many people can get <b>LIFESAVING CARE AND TREATMENT</b>	HEPATITIS C is the <b>#1 CAUSE OF LIVER TRANSPLANTS</b>
Successful treatments can <b>ELIMINATE THE VIRUS from the body</b>	HEPATITIS C is a leading cause of <b>LIVER CANCER</b>

*Don't go down the wrong path, talk to your doctor about getting tested. It could save your life.*

CDC U.S. Department of Health and Human Services **KNOW MORE HEPATITIS**

# Organ, Tissue and Eye Donation: Wisconsin Donor Registry

Adapted from:

Wisconsin Department of Health Services &  
Donate Life Wisconsin Website

Having your name included in the Registry means that you have legally authorized the gift of your organs, tissues, and eyes upon your death. This decision can save and improve lives through transplantation, therapy, research and education.

The need for organ, tissue, and eye donors is great. More than 114,000 people are listed on the national waiting list for organ transplants, and the list grows by 100 new names each day. In Wisconsin, nearly 2,300 people are included on the organ transplant waiting list. Sadly, on average 21 people die each day in this country waiting for a transplant. There is a need for more than one million tissue transplants and 46,000 corneal transplants every year in this country to heal and improve lives.



## What organs, tissues and eyes may be donated?

There are eight organs that may be transplanted: heart, lungs, liver, kidneys, pancreas and small intestine. Donated tissue is used to treat burn patients, serious abrasions, hernia repairs and in reconstructive surgeries for patients such as breast cancer survivors. Bone is used in orthopedic surgeries to facilitate the healing of fractures or to prevent amputation. Heart valves are used to replace defective valves. Tendons are used to repair torn ligaments on knees or other joints. Veins are used in surgeries. Corneas can restore sight to the blind.

## Will the doctors do everything they can to try and save me if they know my wishes to be a donor?

Donation is only considered after all efforts to save a patient's life have been exhausted by the medical team. Organ recovery only occurs after death has been declared. The Organ Procurement Organization is a separate team of people from the medical team that is treating the patient. This ensures that there is no conflict of interest.

## What is the age limit for organ, tissue, and eye donation?

There are no set age limits for donation, meaning people of any age may become a donor. Advances in technology allow more people than ever to be donors, including older adults and those with previous medical conditions. At the time of death, medical professionals will evaluate whether an individual's organs and tissues can be transplanted. Medical

eligibility depends on many factors and must be determined after the donor's death. Every donor is thoroughly screened and tested before donation can take place. This screening includes comprehensive medical and social histories, including high-risk behaviors for transmissible diseases that automatically eliminate any possibility of donation.

Please considering joining the 3 million Wisconsinites and sign up to be an organ, tissue, and eye donor at [DonorRegistry.Wisconsin.gov](http://DonorRegistry.Wisconsin.gov)!



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# Donation and Transplant by the Numbers

## THE NEED

**114,000+**  
nationally



waiting for life-saving organ transplants

**2,000+**  
in Wisconsin



More than **1 million** people need tissue transplants every year.

**50,000** people have their vision restored through cornea transplants every year.

## HOW CAN YOU HELP

Nearly **3 million** Wisconsin residents have registered to be an organ, tissue and eye donor.

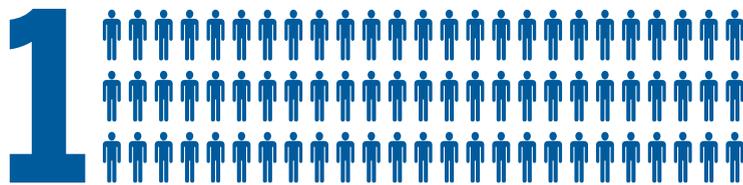
**IF YOU SUPPORT DONATION,  
DO TWO VERY IMPORTANT THINGS:**

**1. Register to be a donor** at a Wisconsin DMV service center OR at [DonateLifeWisconsin.org](http://DonateLifeWisconsin.org)



**2. Tell your family** about your decision to be a donor.

## THE IMPACT



**ONE PERSON** can save and heal up to **75 LIVES** through organ, tissue and eye donation.



**ORGANS** that can be donated include heart, lungs, liver, kidneys, pancreas and intestine.

**TISSUES** that can be donated include eyes, skin, bone, heart valves, veins and connective tissue.

**SAY YES**

to organ, tissue and eye donation!

Register to be a donor at a Wisconsin DMV service center or at [DonateLifeWisconsin.org](http://DonateLifeWisconsin.org)



*Wisconsin* DONOR

# Understanding the VA Home Loan Guaranty

## What Is A VA Guaranteed Home Loan?

The VA Home Loan Guaranty program is a benefit for eligible Veterans looking to purchase a home as a primary residence. This includes existing homes, pre-construction homes, and the refinance of an existing home loan. You will need a Certificate of Eligibility (COE) which can be obtained via eBenefits, or through your lending institution. The VA home loan is not a one-time benefit. Once a VA home loan is satisfied, you can use the benefit again.

## What Are The Advantages To A VA Guaranteed Home Loan?

- Equal opportunity for all qualified Veterans to obtain a VA loan

- Reusable
- No down payment (unless required by the lender or the purchase price is more than the reasonable value of the property)
- No mortgage insurance
- One time VA funding fee that can be included in the loan
- Veterans receiving VA disability compensation are exempt from the VA funding fee
- VA limits certain closing costs a Veteran can pay
- Can be assumed by qualified persons
- Minimum property requirements to ensure the property is safe, sanitary, and sound
- VA staff dedicated to assisting Veterans who become delinquent on their loan

## Who Is Eligible?

Generally, the following people are eligible:

- Veterans who meet length of service requirements
- Servicemembers on active duty who have served a minimum period
- Certain Reservists and National Guard members
- Certain surviving spouses of deceased Veterans

**Note:** There are other groups of individuals who may be eligible. To determine your eligibility, check eBenefits, contact VA Eligibility Center at 1-888-768-2132, or contact our office at 715-258-6475.

Understanding these and other VA Benefits can seem daunting, but the Waupaca County Veterans Ser-

vice Office can help. If you could use a little help navigating the VA Benefit system please schedule an appointment today!



Jesse P. Cuff  
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Hours: Mon.-Fri. 8a-4p

[www.facebook.com/WaupacaVeteransOffice](http://www.facebook.com/WaupacaVeteransOffice)

For more information:

<http://www.benefits.va.gov/homeloans/index.asp>

<http://benefits.va.gov/BENEFITS/factsheets/survivors/SurvivorsPension.pdf>



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Marion: 325 W. Garfield Ave | Manawa: E6325 County Road N  
Iola: 505 W. Iola Street

## Reserve your meal the day before

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Call for more information: 715-258-6400

### Eligibility

60+ years of age OR

Spouse of someone 60 +



# Senior Dining



RESERVE YOUR MEAL THE DAY BEFORE!

Waupaca County Senior Dining Sites	Contact Information
<b>Clintonville Senior Dining Site</b> Clintonville Community Center Building 30 S. Main Street – Clintonville WI, 54929 Serving Time: 11:30 am	<b>Site Manager: Patti Peters</b> <b>Phone: (715) 823-7667</b> Caterer: Main Street Café, Marion, WI
<b>Iola Senior Dining Site</b> Iola Living Oaks 505 W. Iola Street – Iola, WI 54945 Serving time: 11:00 am	<b>Site Manager: Lily Bednarski</b> <b>Phone: (715) 445-2548</b> Caterer: Iola Living Oaks, Iola, WI
<b>Manawa Senior Dining Site</b> Town of Little Wolf Town Hall E6325 County Rd N (P.O. Box 98) Manawa, WI 54949 Serving Time: 11:30 am	<b>Site Manager: Diane Basina</b> <b>Phone: (920) 596-3320</b> Caterer: Iola Living Oaks, Iola, WI
<b>Marion Senior Dining Site</b> Lions Point 325 W. Garfield Ave. (P.O. Box 253) Marion, WI 54950 Serving Time: 11:30 am	<b>Site Manager: Mary Riske</b> <b>Phone: (715) 754-2482</b> Caterer: Main Street Café, Marion, WI
<b>New London Senior Dining Site</b> Washington Center 600 W. Washington Street – New London, WI 54961 Serving Time: 11:30 am	<b>Site Manager: Kim Ebert</b> <b>Phone: (920) 982-8522</b> Caterer: Main Street Café, Marion, WI
<b>Waupaca Senior Dining Site</b> Trinity Lutheran Church 206 E. Badger Street – Waupaca, WI 54981 Serving Time: 11:30 am	<b>Site Manager: Joanne Samack</b> <b>Phone: (715) 258-9598</b> Caterer: Schueller's Great exSPECHTations
<b>Weyauwega Senior Dining Site</b> Weyauwega Community Center 109 E. Main St (P.O. Box 628) Weyauwega, WI 54983 Serving Time: 11:30 am	<b>Site Manager: Shani Appleby</b> <b>Phone: (920) 867-3213</b> Caterer: Schueller's Great exSPECHTations

**Eligibility:** Persons who are 60+ years of age, the spouse of someone 60+ years of age who is participating in the program *or* a disabled adult under age 60 who is living with a eligible older person participating in the program.

**Suggested Donation:** \$4.00 per meal \*No eligible person will be denied a meal due to inability or unwillingness to contribute toward the cost of their meal

**Volunteer Opportunity:** If you are interested in delivering Meals on Wheels or interested in volunteering at the Senior Dining Sites please call our Volunteer Coordinator: (715) 258-6277

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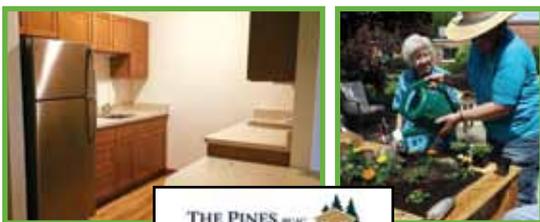


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Assisted Living at Bethany

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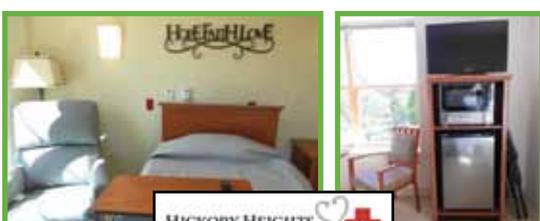
**THE SPRINGS**  
Wellness at Bethany

**The Springs** is Bethany's wellness and fitness center. As a member of the gym you have access to HUR fitness equipment and may attend a variety of classes for all aspects of health and well-being.



**SPRUCE RIDGE**  
Skilled Nursing at Bethany

**Spruce Ridge** is Bethany's Skilled Nursing option. Bethany serves residents requiring extensive assistance with daily living activities and skilled nursing care.



**HICKORY HEIGHTS**  
Rehabilitation at Bethany

**Hickory Heights** is a state of the art rehabilitation unit that Bethany offers for those needing rehab. All rooms are private suites furnished with a fridge, microwave and TV. Each room has a private restroom and shower as well.



**BLEU BARN**



**FIRESIDE GRILL**  
WOOD-FIRED SMOKEHOUSE

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Bethany Home Inc. is a non-profit leading rehabilitative and healthcare center. Our team of therapists, nursing staff and restorative staff welcome admissions seven days a week.

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# The Call is Not Coming from Inside the House



Submitted by  
Peggy Strey,  
Elder Benefit  
Specialist

Are you getting calls from your own phone number? Or, maybe from a number that looks like it could be a neighbor, a local business, or even a government agency, but when you answer it's a telemarketer or collection agency?



Scammers know that when your phone rings and it looks like a local call or a government agency, you may be more likely to answer. They can easily fake the number that shows up on your caller ID, which is called "caller ID spoofing." This also lets them get around call-blocking services and the National Do Not Call Registry.

Even government agencies' phone numbers have been spoofed. Last year, a woman in Jacksonville, Florida, received a call that looked like it was coming from the Department of Health and Human Services Office of Inspector General (OIG). The caller told her that she had won a \$9,000 grant from the federal government and all she had to do was either wire \$250 to him through Western Union or give him the confirmation code for a \$250 iTunes gift card. The man also wanted her to confirm her name, address and some other personal facts. She became suspicious and eventually ended the call.

Although the woman didn't send money, she was scammed into confirming and giving out personal

information that could be used to steal money from her bank account or for other fraudulent activity. She wasn't the only one who received a phone call like this. The OIG hotline phone number for reporting fraud —1-800-HHS-TIPS (1-800-447-8477) — had been spoofed. Thousands of calls using the spoofed number were made to people across the nation.

**Just a reminder: The federal government will not call you unless you called them first.** If the Internal Revenue Service, Social Security Administration, Centers for Medicare and Medicaid Services, or any other agency needs to reach you, they will contact you by mail.

If you see a number that you're not sure about on your caller ID, remember that it could be faked. Letting calls go to voicemail is one option. If you do pick up and don't recognize the caller — hang up. Don't be fooled by a caller's knowledge of your name or any other personal information. Never give out or confirm personal financial or other sensitive information like your bank account, credit card, or Social Security number unless you know the company or person with whom you are speaking. Scammers can use your information to commit identity theft.

You can report unwanted calls to the Federal Trade Commission at <https://complaints.donotcall.gov/complaint/complaintcheck.aspx>. Reporting these calls helps phone companies that are working on ways to block these calls. Your report will also help law enforcement identify scammers making these calls.



# Which Way to Turn? Making Decisions Later in Life.



Leah Klein,  
Aging & Disability  
Resource Unit  
Manager

At the Aging & Disability Resource Center (ADRC), we get a lot of questions from first time callers looking for advice and information on organizing their personal affairs. It can be a seemingly impossible task to collect and organize your financial information, locate and consolidate information on life insurance, properties you own, vehicles in your name and more. Regardless of your age, if you've started to think about some of these things – you're doing the right thing.

It's never too early to begin organizing your personal affairs. It isn't just individuals who are aging who should consider creating a set aside place for important documents and information. All Wisconsin adults should make a plan that suits their

life. For example, Wisconsin is not a "Next of Kin" state. This means that individuals making decisions for you in a time of need – need the legal authority to do so. Consider filling out Powers of Attorney paperwork for Healthcare and for Estate. These documents are available at your Waupaca County ADRC – stop in anytime to get copies for you and your loved ones.

We've recently received a lot of questions about a topic called Divestment. Divestment is the act of gifting monies or assets to another person within 5 years of applying for Wisconsin's publically funded Long Term Care programs. If you're considering the options you have to "leave a little something for the kids", make sure you research and know the Wisconsin Medicaid rules regarding Divestment. More information can be obtained by calling your local Economic Support Service Call Center at: 1-888-256-4563.

Although your local ADRC cannot give legal advice or help you create legal documents, we can point you in the direction of folks who

can. We're here with you and you don't have to do it alone. Start off small. The next time you're at the grocery store, buy a small folder or notebook. Collect items such as life insurance statements and contact information. If there is someone in your life that you trust, let them know where you're keeping your personal important documents. If you experience a personal emergency – you'll be glad you did.

If you have adult children living in another state, considering passing along the ADRC's contact information. Clip out the notecard below and send it to your adult children. If you experience an emergency and are relying on your adult children to coordinate your care from out of state – we want to be here to help them. Contacting us early can mean the world of difference for reducing stress and costs of potential care.




**Need help coordinating care for a loved one? Call the  
Aging & Disability Resource Center in Waupaca County!**

We'll help guide you through the confusing world of long term care services and supports. You don't have to do it alone.  
We offer FREE information and assistance; we're here to help.

**(715) 258-6400**



## Waupaca County 3-Year Aging Plan:



Leah Klein,  
Aging & Disability  
Resource Unit  
Manager

It happens every 3 years. The Waupaca County Department of Health and Human Services is responsible for publishing a plan that spans the upcoming 3 years. The process is guided by the state and requirements for what the plan will cover are the same for every Wisconsin county. At first glance, the Waupaca County 3-Year Aging Plan appears to be a simple set of goals aimed at increasing, enhancing or developing services and supports for individuals who are aging. But, the plan is much more than that. At least this time around it will be.

For the 2019-2021 Waupaca County 3-Year Aging Plan, the

overall goal is to "change the aging game." Or at least start anyway. The services and supports for individuals who are aging that are currently available for Wisconsin residents haven't been drastically changed since the 1970's. The Older American's Act, which governs the services and supports for older Americans, hasn't been thoroughly updated since its creation in 1965. A lot has changed in this world since 1965 – shouldn't the services and supports available to individuals who are aging change, too? In Waupaca County, we think they should.

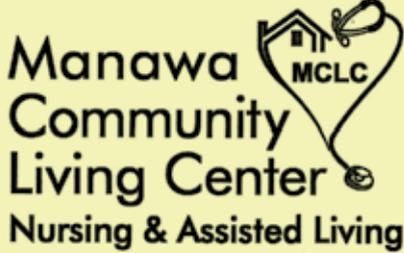
For each year of the Aging Plan, Wisconsin counties are required to develop one goal for each of the following focus areas: Nutrition, Dementia, Healthy Aging, Advocacy, Caregiver Support, and Local Priorities. A goal's purpose should be to expand/increase, enhance or develop new services and supports for individuals who are aging. Wisconsin counties are expected to do so with-

out an increase in funding from the state to support those goals.

The plan is currently in the development process with Public Meetings and opportunities for input still available! The Waupaca County Aging & Disability Resource Unit team hopes to hear from you! Take our survey at <https://www.surveymonkey.com/r/MFTB7H9>! Also, watch the Waupaca County website and

local newspapers for postings about when the next Public Meeting will occur. This is your opportunity to voice your opinions, concerns and ideas for services and supports for individuals who are aging in Waupaca County. Questions? Call Leah Klein at 715-258-6274.





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# Types of Dementia and What Exactly Happens to the Brain

Adapted from "Basics of Alzheimer's disease" by: Alzheimer's Association  
Additional Resource: [www.alzheimers.net](http://www.alzheimers.net)

There are a little over 10 types of dementia. We'll describe them in this article and explain the changes that occur in the human brain. Dementia is an umbrella term for a set of symptoms including impaired thinking and memory. Alzheimer's disease causes dementia but it's not the only disease that does. Diseases such as Huntington's disease, Parkinson's disease and Creutzfeldt-Jakob disease can also cause dementia.

Alzheimer's disease is the most common disease that causes dementia; as many as 50 – 70% of all dementia cases. Alzheimer's is an irreversible dementia. It's degenerative and incurable at this time. So what are the other types of dementia?

**Vascular Dementia** is a decline in thinking skills caused by conditions that block or reduce blood flow to the brain, depriving brain cells of vital oxygen and nutrients. It is widely considered the second most common cause of dementia after Alzheimer's disease.

**Mixed Dementia** is a condition in which abnormalities characteristic of more than one type of dementia can occur simultaneously. Symptoms may vary depending on the types of brain changes involved and the brain regions affected.

**Parkinson's disease dementia:** is an impairment in thinking and reasoning that eventually affects many people with Parkinson's disease

**Dementia with Lewy Bodies** is a type of progressive dementia that leads to a decline in thinking, reasoning and independent function due to abnormal microscopic deposits that damage brain cells.

**Huntington's disease dementia** is a progressive brain disorder caused by a defective gene. It causes changes in the central area of the brain, which affect movement, mood and thinking skills.

**Creutzfeldt-Jakob disease** is the most common human form of group of rare, fatal brain disorders known as prion diseases. Misfolded prion protein destroys brain cells, resulting in damage that leads to rapid decline in thinking and reasoning as well as involuntary muscle movements, confusion, difficulty walking and mood changes.

**Frontotemporal dementia (FTD)** is a group of disorders caused by progressive cell degeneration in the brain's frontal lobes or its temporal lobes.

**Normal pressure hydrocephalus** is a brain disorder in which excess cerebrospinal fluid accumulates in the brain's ventricles, causing thinking and reasoning problems, difficulty walking and loss of bladder control.

**Down syndrome dementia** as individuals with down syndrome age, they have a greatly increased risk of developing a type of dementia that's either the same as or very similar to Alzheimer's disease.

**Korsakoff Syndrome** is a chronic memory disorder caused by severe



deficiency of thiamine (vitamin B-1). It is most commonly caused by alcohol misuse, but certain other conditions can also cause the syndrome.

**Posterior cortical atrophy (PCA)** is the gradual and progressive degeneration of the outer layer of the brain (the cortex) located in the back of the head (posterior).

What goes wrong in the brain? The brain has 100 billion nerve cells (neurons). Each nerve cell connects to many others to form communication networks. In addition to nerve cells, the brain includes cells specialized to support and nourish other cells. Groups of nerve cells

have special jobs. Some are involved in thinking, learning and memory. Others help us see, hear, smell and tell our muscles when to move.

Brain cells operate like tiny factories. They receive supplies, generate energy, construct equipment and get rid of waste. Cells also process and store information and communicate with other cells. Keeping everything running requires coordination as well as large amounts of fuel oxygen. Scientists believe Alzheimer's disease prevents parts of a cell's factory from running well. They are not sure where the trouble starts. But just like a real factory, backups and breakdowns in one system cause problems in other areas. As damage spreads, cells lose their ability to do their jobs and, eventually die.



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E-mail: [adrc@co.waupaca.wi.us](mailto:adrc@co.waupaca.wi.us)



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WAUPACA COUNTY AGING & DISABILITY RESOURCE CENTER:  
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**Waupaca County Courthouse**

811 Harding Street, Waupaca - Second level

# Dementia Caregiving Tips For Spouses And Adult Children

By Nancy Abrahamson, Dementia Care Specialist, ADRC of St. Croix County

How come when we simply want to help we are rejected, scolded, or worse, yelled at or hit? Dementia interferes with rational and logical responses to good intentions. It creates behavior that we don't appreciate but is a way our loved one tries to tell us something. When the behaviors include those listed above it's because the brain can only react in an emotional way. That means there will not be thoughtful planning by the person with dementia—because they are no longer able to do that.

Our responses need to work as follows:

- Remind yourself, it's the disease "talking."
- Take a deep breath and think, "What could be the reason for this behavior?"
- Consider your relationship and what your loved one expects of you in terms of the roles you both once played.
- Respect. Remember to approach each response respecting the fact that they were once the decision-maker, the bread winner, the parent or the older sibling.
- If you are an adult child try not

to make your parent feel like you think you are in charge. Introduce topics in this way:

- › You taught me how to care and now I want to care with you;
- › Some time ago you mentioned (name atopic) and I'd like to discuss it with you.
- › The reason I'm doing these things for you mom/dad is because I want to make things easier.
- Go to their reality. Unless you like tension and stress you must see the world from their eyes. You will NEVER convince your loved one your reality is the true one. By listening to them you will begin to understand what era of their life their memory has brought them to. You can also learn a lot about a parent, spouse, or sibling based on the content of their conversation.
- If there is anger/agitation or aggression learn to walk away. Out of sight, out of yelling distance.
- Affirm/compliment and just let them know you value them and love them.

Unless you try to understand dementia as it impairs memory, judgment, reasoning, and completion of tasks—it will be difficult to cre-

ate and appropriate and affirming response. If you knew your mind wasn't working like it used to you may likely be frightened, anxious, angry, or withdrawn. These feelings are common for persons whose brains are becoming more impaired.

If you have questions about yourself or a loved one or have questions about caring for an individual with Dementia, call the Aging & Disability Resource Center in Waupaca County for information on services and supports. (715) 258-6400.



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# What Caregiving Looks Like

Jane Mahoney  
 Older Americans Act Consultant  
 Greater Wisconsin Agency  
 on Aging Resources

What do you think of when you hear the word Caregiver? Many think of the person who provides hands on, daily care for a frail adult; usually involving help with dressing, feeding, bathing and mobility. While this person certainly is a caregiver I'd like to challenge you to think about other possibilities of what caregiving looks like. There is the middle-aged son who stops for groceries on the way home from work for his mother, the daughter who takes her dad to his many doctor appointments, the man in charge of cooking and cleaning since his wife is no longer able, and the woman who must take her husband with her to her hair appointment for fear his confusion would endanger him if left home alone.

To sum it up, you don't have to be

providing 24/7 care to be considered a caregiver. Anyone who helps someone with something they used to do by themselves is a caregiver. Let me give you a few examples:

- If you feel it is necessary to regularly check on your elderly neighbor and help with little jobs, then you are a caregiver.
- If you find yourself spending time making appointments for you mother and stopping at the pharmacy or grocery store for her amidst running your own errands, you are a caregiver.
- If you have stopped going to your weekly card club because you don't feel you can leave your spouse at home alone, you are a caregiver.

- If you spend time making phone calls to help your sister find an assisted living facility or to set up home care services you are a caregiver.

It is important to recognize yourself as a caregiver for several reasons. First, caregiving is often a role you do not anticipate and one that brings new challenges and responsibilities. Identifying yourself as a caregiver is the first step to handling the extra stress you may be feeling. Attending a caregiver support group, reading information on caregiver health or talking to a trusted friend or professional about your situation are all good ways to gain support.

Second, identifying yourself as a caregiver can help you connect with

community resources. Getting help from a home care agency, adult day care, home delivered meals or a volunteer driver are some ways to reduce your stress as a caregiver. Information about these services is available at the Aging & Disability Resource Center (ADRC) in Waupaca County (715) 258-6400.

And finally, seeing yourself as a caregiver helps you understand the importance of the things you do and may result in involving others to help! Sharing tasks with family members, friends or neighbors will take some of the responsibility off of you and provide even more support for the person receiving help.

No matter what your caregiving looks like, the assistance you provide is vitally important to the life of the person you are helping. It is often the difference between the person living in their own home and living in a care facility. If you are a caregiver, call (715) 258-6400 and see how we can help!



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## Summer Word Search

Look at the list of the summer words at the bottom of the page and then find and circle them.

J	V	S	S	F	F	D	X	T	M	V	G	E	V	S
C	L	Y	X	H	N	I	U	S	U	A	B	Y	B	Z
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# What Exactly Is The Aging & Disability Resource Center? ...And What Can It Do For Me?



Leah Klein,  
Aging & Disability  
Resource Unit  
Manager

There are times I am surprised to hear that community members I talk to have never heard of the Aging & Disability Resource Center (ADRC). But then again, I shouldn't be surprised. My coworkers and I at the Waupaca County ADRC are immersed in ADRC programs and services all day, and we forget there are still so many people who don't know about us! Just like any good or service offered in the community, you may not know it's there until you need it and go looking for it. At the ADRC, we hope that community members "know about us before they need us"; but that's not always the case.

The go-to ADRC tagline is important to remember. "The ADRC is a no-cost, one-stop resource for information about long term care needs, public and private benefits, community resources for persons who are aging and experiencing disabilities and so much more!". Questions that are frequently asked:

- My neighbor needs more help than I can give. What can I do?
- Are there services that will help me stay in my home longer?
- What coverage for my prescription drugs is best for me?

You'll get answers to these and many other aging & disability related questions simply by giving the ADRC a call or stopping in to see our team of specialists who are waiting to help you – free of charge, regardless of your income.

Maybe you're an adult child of an aging parent. Maybe you're the parent of a disabled adult child. Maybe you're a family caregiver to an aging or disabled loved one. You're not alone and the ADRC is here to help you! The world of in-home, nursing home and assisted living care can be confusing and frustrating. The specialists at the ADRC are master navigators and will help you find your



way through an often complicated system.

Beyond personalized assistance, the staff at the ADRC can provide general education and information on many different topics including Medicare Parts A, B, C & D; long term care options; Social Security; Health Promotion and Prevention; Senior Nutrition and Transportation; and more!

Is your community group or organization looking to learn more about options and services available to you? Call the ADRC for presentation and educational opportunities! ADRC staff specialists can make an appearance at your next meeting to educate you and your friends on many different and important topics.

For more information about your local ADRC, use the contact information below to connect with us!

## Full List of ADRC Services & Supports: (All No Cost!)

- **Information & Assistance** in navigating Long Term Care services
- **Options Counseling** on what Long Term Care services are best for you or a loved one
- **Enrollment Counseling** for individuals eligible for Wisconsin Long Term Care programming
- **Elder Benefits (60+ yr old)** counseling for information on which Medicare & Medicare Supplement are best for you as well as how your retirement, social security and other benefits all work together for you as you age
- **Disability Benefits (18-59 yr old)** counseling for assistance in navigating the confusing world of Social Security & Social Security Disability benefits
- **ADRC Assistant** services to assist you with the Medicaid Applica-

tion when enrolling into Wisconsin Long Term Care Programming

- **Community Living Specialists** help guide individuals through the process of returning from a nursing home setting to community living with services

## Other Services Provided by the Aging & Disability Resource Unit Team:

- **\*Volunteer Driver Transportation Program** for seniors and individuals with disabilities to non-emergency medical transportation appointments and other transportation needs such as to the senior nutrition sites, socialization, essential shopping and more.
- **\*\*Senior Nutrition Program** individuals 60+ years of age can join us at any one of our seven (7) Senior Dining Sites in Waupaca County: Marion, Manawa, Waupaca, New London, Clintonville, Weyauwega and Iola! Call 715-258-6400 for locations and details
- **\*\*Home Delivered Meal Pro-**

**gram** individuals who are 60+ years of age and are essentially homebound may qualify for a delicious meal delivered by a background checked volunteer. This program is more than a meal when delivered by a friendly volunteer.

- **Adult Protective Services** for individuals 18+ years of age who may be at risk of abuse, neglect, self-neglect or exploitation. If you suspect a vulnerable adult may be abused, neglected or exploited – please call 715-258-6400 to report.
- **Volunteer Opportunities** for individuals who want to get involved in their community and give back – call us today to find the volunteer opportunity that's right for you! Volunteer Coordinator: 715-258-6277
- **\*\*Health Promotion and Prevention** for individuals wishing to further their education about health conditions or basic wellness – these classes are donation-based and provided in Waupaca.

\*Minimal Costs Associated

\*\*Donation-Based



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