Narrative medicine focuses on the person

By Constance Garcia-Barrio

When it comes to staying healthy, talk can be worth a mint. Narrative medicine puts a premium on the stories patients tell their doctors about why they’re seeking treatment. “The patient’s story provides a pre-diagnostic framework,” said Donna Bradley Raziano, an award-winning geriatrician and chief medical officer of Mercy LIFE, a health care organization that provides seniors with all-inclusive medical, social and community support services. “You get the patient’s wisdom about his or her situation. A patient knows her body better than anyone else.”

Begun in the 1990s, narrative medicine helps doctors fine-tune treatments and feel more connected to the wider medical community. At Temple University Hospital’s Lewis Katz School of Medicine, one of many medical schools offer-
“Everyone you meet is fighting a battle you know nothing about. Be kind. Always.”

I came across this quote on the internet a few years ago. I don’t know who said it, but the message has stuck with me.

We all struggle from time to time – no matter our age, financial status, ethnic background or religion. Some of us have physical ailments or disabilities, while others may have mental health concerns. But many people have a mix of the two. So, why isn’t our usual approach to treating mental wellness the same as it is for physical wellness? When a cough or shooting pain doesn’t go away after a couple days, it’s time to make an appointment with your doctor or go to an urgent care center to seek medical treatment.

Sadly, most people do not treat depression, anxiety and other severe mental health disorders with the same immediacy as they would the flu. I speak from experience when I say that you’re not going to get better by ignoring the problem or simply thinking positive thoughts.

With all of the mental health treatments now available – from counseling and support groups to medication and breathing exercises – there is no need to suffer in silence. I know I’ve often encouraged you to find yourself struggling to always put on a brave face and “be strong” for those around you, it might be time to seek help.

IT IS OK TO NOT BE OK. If you don’t know what to do, start by talking with a trusted friend or neighbor, your pastor, or the counselor at your senior center. Make an appointment with your doctor for a mental health screening, treatment and/or referrals. A combination of medicine, psychotherapy (a.k.a., counseling or “talk therapy”), and other approaches might be best for you.

Medicare and mental health

One depression screening each year is covered by Medicare. Medicare Part B (medical insurance) helps pay for several other mental health services, including individual and group psychotherapy, psychiatric evaluation, medication management, partial hospitalization, and treatment for alcohol and drug misuse.

Be patient and take care of yourself. Every day will not be easy or pleasant. But with the proper treatment, you can learn to accept challenges in life and face them with calm assurance. You can’t change what happens to you, but you CAN change your reaction to it. And, that makes all the difference.
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Medicare upgrades online resources

Medicare open enrollment begins Oct. 15 and ends Dec. 7. This is the time for people with Medicare to review their health coverage, as health and drug plan costs and covered benefits can change from year to year. Existing Medicare beneficiaries who do not wish to change their current coverage do not need to re-enroll in order to keep their current coverage.

Navigating the Medicare maze can be challenging with the dizzying array of options available – nearly 600 Medicare Advantage plans were added in 2019. Resources are available to help beneficiaries sort through all the choices. Among them are improved online Medicare tools to meet the needs of a growing number of tech-savvy beneficiaries.

New Plan Finder

For the first time in a decade, the Centers for Medicare & Medicaid Services (CMS) launched a modernized and redesigned Medicare Plan Finder at medicare.gov/plan-compare. The tool allows Medicare beneficiaries to compare Medicare Advantage and Part D plans online, providing a personalized experience through a mobile-friendly and easy-to-read design that helps users learn about different options and select coverage that best meets their health needs.

“The redesigned Medicare Plan Finder is another example of how CMS is empowering beneficiaries with price and quality information to take advantage of lower rates and new benefits in Medicare Advantage and Part D,” said CMS Administrator Seema Verma. “We want consumers to have the best tools possible when open enrollment begins on Oct. 15.”

The redesigned Medicare Plan Finder allows beneficiaries to:
• Compare pricing between Original Medicare, Medicare prescription drug plans, Medicare Advantage plans and Medicare supplement insurance (Medigap) policies.
• Compare coverage options on smartphones and tablets.
• Compare up to three drug plans or three Medicare Advantage plans side by side.
• Get plan costs and benefits, including which Medicare Advantage plans offer extra benefits.
• Build a personal drug list and find Medicare Part D prescription drug coverage that best meets their needs.

Other online tools

In addition to upgrading its Medicare Plan Finder, CMS has redesigned the Medicare.gov homepage and refreshed the personalized MyMedicare.gov portal to create a more seamless, easy to navigate, personalized online experience for people with Medicare. Other new tools launched under the improved eMedicare initiative include:
• The “What’s Covered” app that tells people what’s covered and what’s not in Original Medicare.
• A price transparency tool that lets consumers compare Medicare payments and copayments of certain procedures performed in both hospital outpatient departments and ambulatory surgical centers.
• Interactive online decision support to help people better understand and evaluate their Medicare coverage options and costs between Original Medicare and Medicare Advantage.
• An online service that lets people quickly see how different coverage choices will affect their estimated out-of-pocket costs.
• Webchat option in Medicare Plan Finder helps people get on-the-spot support.

How to contact Medicare

These online tools do not replace Medicare’s traditional customer service options. People with Medicare will continue to have access to paper copies of the Medicare & You handbook, phone support using 1-800-MEDICARE and free APPRISE health insurance counseling services (see story on page 1).

Source: Centers for Medicare & Medicaid Services (CMS)

New to Medicare? Here’s an introduction

Medicare is health insurance for people 65 or older, people under 65 with certain disabilities, and people of any age with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant). Original Medicare, or traditional Medicare, includes hospital and medical coverage (see Part A and Part B) and is managed by the federal government.

Medicare is comprised of four parts:
• Part A – Hospital: Inpatient hospital care, skilled nursing facility care, hospice care and home health care.
• Part B – Medical: Outpatient services; services from doctors and other health care providers; durable medical equipment; and some preventive services, such as certain vaccines and cancer treatment.
• Part C – Medicare Advantage: Optional coverage provided by Medicare-approved private insurance companies that includes all the benefits and services of Parts A and B. Medicare Advantage may include extra benefits and services for an extra cost and usually includes prescription drug coverage. If you don’t choose a Medicare Advantage Plan (such as a Medicare HMO or PPO), you will have Original Medicare.
• Part D – Prescription drugs: May help lower drug costs and help protect against higher costs in the future. Coverage is provided by Medicare-approved private insurance companies.

Medicare Supplement Insurance, known as Medigap, helps pay some of the health care costs that Original Medicare doesn’t cover, like copays, coinsurance and deductibles. Medigap policies are sold by private companies. Both Part A and Part B are needed to purchase a Medigap policy. A Medigap policy is different from a Medicare Advantage Plan and the two can’t be used together. Medicare Advantage is a way to get Medicare benefits, while a Medigap policy supplements your Original Medicare benefits.

Source: Centers for Medicare & Medicaid Services (CMS)
More than 1.5 million Pennsylvania residents currently live with diabetes and 71,000 more are diagnosed with the condition every year. There is no cure for diabetes, but it can be prevented, delayed and controlled with healthy lifestyle changes that include regular exercise, weight control and proper nutrition. Monitoring blood sugar and taking prescribed medication can also help.

“The earlier a person seeks advice and treatment, the better chance we have to manage or reverse the condition,” said Marc McKenna, M.D., family medicine, Chestnut Hill Hospital.

If you have been diagnosed with diabetes or prediabetes, you can live well with careful management of your condition. Many of Philadelphia’s hospitals and health systems offer educational classes to help diabetics manage their condition. If your preferred hospital is not listed here, call to inquire.

Chestnut Hill Hospital offers a free, four-week diabetes education program to help diabetics understand, monitor and manage their condition. The program features interactive discussions about current issues impacting people with diabetes led by a certified diabetes educator and insulin pump specialist. The next diabetes workshop series is scheduled to take place the first four Wednesdays in October (Oct. 2, 9, 16 and 23), from noon to 2 p.m., at Center on the Hill, 8855 Germantown Ave. Registration is not required, and walk-ins welcome. For more information, call 215-248-8030.

Penn Medicine offers a 10-hour diabetes self-management education course, taught by certified diabetes educators and nurse practitioners at the Rodebaugh Diabetes Center, Perelman Center for Advanced Medicine, 3400 Civic Center Blvd., and at the Diabetes Education Center at Pennsylvania Hospital, 700 Spruce St. To register for a class, or for more information about class schedules and offerings, call 800-789-7366 (PENN).

The Center for Urban Health works collaboratively with the Jefferson Diabetes Center to provide individuals living with diabetes and prediabetes education tools and resources to better self-manage, reduce complications and improve quality of life. This complete diabetes education series is offered in three weekly classes, starting Oct. 2 and Nov. 6, from 3-5 p.m., at Jefferson Methodist Hospital, 2301 S. Broad St.; and Oct. 8 and Nov. 5, from 10 a.m. to noon, at Jefferson Center for Urban Health, 211 S. 9th St. Call 1-800-JEFF-NOW (1-800-533-3669) to register.

Temple's Real World Diabetes Program provides classes to help inspire diabetics to make healthy lifestyle choices and control their condition. Day and evening classes are presented at the following locations: Temple University Hospital, 3401 N. Broad St.; Temple Physicians Diabetes Care, Temple Health Northeastern Campus, 2301 E. Allegheny Ave., Suite 140A; Temple Health – Episcopal Campus, 100 E. Lehigh Ave.; and Jeanes Hospital, 7600 Central Ave. For information, call 215-926-3780.
Survivorship care: Meeting the long-term needs of cancer survivors

By Beth Goldner

According to the National Cancer Institute, there are an estimated 15.5 million cancer survivors in the United States. This number is expected to increase to 20.3 million by 2026. Of all cancer patients and cancer survivors, 60% are 65 plus.

With an ever-increasing number of people surviving cancer, and with the majority of those survivors being older adults, survivorship care is an important topic for seniors.

A person is considered a cancer survivor from the time of diagnosis through the trajectory of their illness, or until they die. “The health care system is designed to provide acute care, but cancer survivors need long-term care,” said Susan Klein, doctor of nursing practice and an advanced oncology certified nurse practitioner at California Cancer Associates for Research and Excellence in La Jolla, California. Because of this, the needs of all survivors can be met through survivorship care.

People who survive cancer face a host of long-term physical, psychosocial and spiritual needs. Chemotherapy agents can cause heart problems; depression; anxiety; chronic pain; nervous system problems, such as numbness and weakness; and a host of other long-term health issues. Radiation therapy can cause hearing loss, memory loss and musculoskeletal issues. People may assume that the challenges faced by cancer patients end once their treatment has been completed. But once treatment ends, the focus shifts to survivorship care and to meeting the unique needs of managing health and psychosocial challenges, leading to a better quality of life.

Components of survivorship care

After completing cancer treatment, a survivorship plan is developed. This plan provides a summary of the cancer treatment received and plans for ongoing care, such as schedules for follow-up care, timing of needed testing and recommendations for ongoing care. The goal is to prevent and detect new or recurring cancers, and to address and manage the effects of the cancer and cancer treatment. Survivorship care also involves the coordination of specialists and primary care physicians for all ongoing care.

Psychosocial effects

In addition to the physical long-term effects of cancer and cancer treatment, psychosocial effects are a critical factor that survivorship care addresses.

“Nobody goes through the experience of cancer, cured or not, and comes out the same,” Klein says. Survivorship care helps patients discover their new normal and how they have been fundamentally changed. Survivorship means helping a person find meaning in their cancer experience and reflect on their life.

“Cancer can help people to ‘right’ their lives, like adopting healthy lifestyles,” Klein said.

Health education and the associated resources are part of a survivorship plan, which can include guidance on diet, smoking cessation and referrals to specialists. There are a host of interventions available, such as medications, physical therapy and mind-body wellness programs such as yoga or meditation classes.

Exercise is a key health promotion strategy of survivorship. “The only complementary therapy that confers a survival benefit of every cancer patient, at every stage, is exercise,” Klein said.

Part of survivorship is the opportunity to be aware that there are limitations in life and to use this as a springboard to make changes. “For a survivor of a life-limiting illness, there are so many opportunities to fix relationships, to change your legacy and to live with intentionality,” Klein said.

Community perspective

From a community standpoint, survivorship includes helping survivors reintegrate into their life, and simultaneously not allowing the cancer to define them. According to Klein, survivorship is targeted to demystify cancer for the community, pushing us to rethink the language around cancer. “Cancer is still such a feared word,” she said. “But the truth is, more and more people are living with cancer as a chronic illness. We should support senior citizen cancer survivors as a community. Our interactions with people who have had cancer can help us redirect our own lives, too.”

Community awareness about cancer is also important, because, as Klein stated, “people all around you are living with chronic cancer and chronic illness.”

Some patients may have a metastatic cancer, meaning it has spread to new areas of the body, which can never be cured. But, with survivorship care, they can live a very positive life. The ability to provide supportive care has improved dramatically and survivorship care is critical to the long-term health and well-being of cancer survivors.

Beth Goldner is a writer, editor and creative writing instructor.
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Reducing your risk for diabetes

By Carol Meerschaert

Type 2 diabetes, a disease in which your body doesn’t use insulin properly, is common among older adults. However, there are many things you can do to lower your risk. While some risk factors for the disease cannot be changed, such as a family history of diabetes or your age, you can do something to control the most common risk factors for diabetes, which include being overweight, having high blood pressure and being physically inactive.

Diabetes and older adults

Type 1 diabetes occurs, usually in children or young adults, when the body does not produce enough insulin, a hormone that moves blood sugar into cells so you burn it as energy. Type 2 diabetes, which is most commonly diagnosed between 45 and 64, occurs when the body produces insulin but you become resistant to it, so the insulin can’t do its job properly. Your glucose, or blood sugar, then rises and causes problems that can lead to heart disease, problems with the nerves in your feet and more.

You may have been told that you have prediabetes, meaning that your blood sugar level is higher than normal but not high enough to be diagnosed as diabetes. “I’ve worked with hundreds of people who were told they had prediabetes,” says Theresa Wright, a registered dietician and owner of Renaissance Nutrition Center Inc. in Plymouth Meeting. “They took it as a warning call. We created a customized meal plan. They stopped eating low-nutrient foods, increased their activity level, lost weight and got their blood sugar back to normal.”

Preventing Type 2 diabetes

As many as one in three American adults, or 84 million people, have prediabetes. The American Diabetes Association (ADA) estimates that 9 in 10 people with prediabetes don’t know they have it. The ADA recommends having your blood sugar levels checked regularly.

If you have diabetes risk factors or prediabetes, losing weight if you’re overweight lowers your risk for developing Type 2 diabetes. The great news is that losing even a small amount of weight makes a huge difference. According to the ADA, a 5-7% reduction in weight reduces the risk for diabetes by 58%. That means that a 200-pound person would need to lose just 10-14 pounds. But it’s not just about weight. Paying attention to what you eat can lower your risk for diabetes, even if you are not overweight.

Good nutrition may help you to both lose weight and to control your blood pressure, both risk factors for diabetes. If you have diets for years and have trouble losing weight or maintaining your weight loss or struggle with poor nutrition, try these tips.

Eat more fruits and veggies

The Nurses’ Health Study, a study of more than 70,000 nurses, showed that eating green leafy vegetables and fruit was associated with a lower risk of Type 2 diabetes. Other very large studies have found that people who ate more fresh fruit – especially blueberries, grapes and apples – had a lower risk of developing Type 2 diabetes. Studies also show that people who ate more fruits and vegetables were more likely to lose weight.

Vegetables and fruits are naturally low in sodium and contain other minerals that lower blood pressure. They are also very low in fat and calories, which can help you lose weight. Read the labels on canned foods to make sure there is little or no salt added.

Keep track of what you eat

Wright suggests keeping track of what you eat to keep your diet in check. You can use a smartphone app to track your food or write it down on paper. “For five to seven days, write down everything you eat,” she says. “All of it. Every piece of candy off a colleague’s desk, the cookie your grandchild did not eat and the food you tasted while cooking dinner.”

Once you have a food log of a few days, get a set of colored pencils or crayons. Circle each fruit and vegetable with green, foods with added fat in black, foods with added sugar in blue and foods with added salt in red. This gives you a colorful, quick nutritional assessment.

Do you see lots of black and blue circles on your log, but hardly any green? This is a clear sign that you probably need to include more produce in your diet. The U.S. government suggests you eat at least two cups of vegetables every day.

Get moving

Another large part of the diabetes prevention equation is activity. The ADA recommends a combination of aerobic activity with strength or resistance training for diabetes prevention.

Aerobic exercise is recommended for diabetes prevention because it helps your body use insulin better, improves blood circulation, and reduces your risk for heart disease by lowering blood glucose and blood pressure as well as improving cholesterol levels.

The recommendation of 30 minutes of moderate-to-vigorous-intensity aerobic exercise at least five days a week – or a total of 150 minutes per week – may seem daunting. But keep in mind that any brisk activity adds up. If you’re not active, start out slow with just 10 minutes a day, then work up to the recommended amount over several weeks. Spread your activity out over at least three days during the week, and try not to go more than two days in a row without exercising.

If you’re new to exercise or just don’t like it, a brisk walking plan is a good place to start. Many smartphones track your steps with an app on your phone. You can also get a pedometer to count the steps. Many health insurance companies have a program where you count the steps you take each day to help you stay active and will give you a pedometer for free. To increase your steps, try a new exercise class, join a mall-walking program or just walk around the house during TV commercials.

Strength training makes your body more sensitive to insulin and can lower blood sugar. It also builds muscle. The more muscle you have, the more calories you burn – even when your body is at rest. So this type of exercise is good for weight reduction as well. Some examples of strength training include using weight machines or free weights; using resistance bands; and lifting light hand weights or bottles of water. Activities like house cleaning and gardening may also help build muscle.

Above all, do not surrender yourself to diabetes, even if you are at risk. Staying healthy may start with an ounce of prevention.

***

For more information and an online quiz to assess your risk, go to the website doihaveprediabetes.org.

Carol Meerschaert, M.B.A., R.D., has written or contributed to over 100 articles and books.
There are several non-medicative techniques to reduce pain, including:

- **Participating in physical activity.** Moving increases circulation and prevents stiffness.
- **Eating carefully.** Certain foods can be linked to inflammation in the body.
- **Drinking plenty of water.** A properly hydrated body is less likely to cramp and experience pain.
- **Practicing relaxation techniques.** Meditation and other relaxation techniques can help take your mind off the pain.

To learn more tips, Keep It Moving is a six-week workshop that focuses on managing chronic pain through a holistic approach. During 2½-hour weekly sessions, participants learn how to manage their pain by recognizing different types of pain and making informed decisions. Participants are also required to develop a weekly action plan. Each week, participants evaluate their success with the action plan and can solicit feedback from the program leaders and their peers. Connecting participants with others experiencing the same ailments is an important part of Keep It Moving. Participants form a support system with each other and can maintain those connections well after the program has ended.

Keep It Moving is part of the Chronic Pain Self-Management Program, which was originally developed at Stanford University and is now owned by Self-Management Resource Center in Palo Alto, California. Chronic Pain Self-Management is among eight evidence-based programs offered through Philadelphia Corporation for Aging (PCA).

This workshop series is free to attend, but registration is required. To learn more about a Keep It Moving program starting near you, call PCA at 215-765-9000, ext. 5134.
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<td><strong>COLUMBUS DAY</strong></td>
<td>Clef Club Trip. Includes movie, live band &amp; singer. Noon to 3 p.m. Marconi Older Adult Program. Register: 215-218-0800. $</td>
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<td>Old City Fest. Art, design, fashion &amp; food. 11 a.m. to 6 p.m. 3rd &amp; Arch St. 215-592-7929.</td>
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<td>Ostomate &amp; Continent Diversion Support Group. 2 p.m. PA Hospital, Cheston Conf. Room. 267-231-4517.</td>
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<td>Chess Club. 3-5 p.m. Nicetown-Tioga Library. 215-685-9790.</td>
<td>Aging and Mystics: Where the Two Meet. Group reflection, discussion &amp; prayer focused on the process of aging. 10 a.m. to 1:30 p.m. Cranaleith Spiritual Center. Register: 215-934-6206. $</td>
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**Milestones**

Events that end with a "$" require an entrance fee or advance ticket purchase. Free events may request donations or sell items. Please call the number listed for pricing or other details.

Send your calendar items to:

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Fax: 215-765-9066
Email: milestonesnews@pcaCares.org

Event submission deadline: 25th of the month for publication in month after next.
WEDNESDAY

Art Release. 1 p.m. Marconi Older Adult Program. 215-717-1968. (Wednesdays)  

THURSDAY

Coping with Mental Illness. Signs of sadness, anxiety, stress, trauma & coping methods. 7 p.m. Holy Family University. 215-341-3407.  
Night Market: Point Breeze. Roving street food festival celebrating the city’s diverse food scene. 6-10 p.m. Point Breeze Ave. & Federal St. 215-575-0444.

FRIDAY

CityLife Clinic: Adult Nutrition Workshop. 10:30 a.m. Walnut Street West Library. Register: 215-685-7671.  
Painting with Acrylics. Learn to paint & develop basic drawing skills. All levels welcome. 1 p.m. Register: 215-487-1750. $ (Fridays)

SATURDAY

Midtown Village Fall Festival. Noon to 8 p.m. 13th & Chestnut Sts. 215-670-4323.  
Philadelphia International Dragon Boat Festival. 8 a.m. to 5:30 p.m. Kelly Drive. 610-642-2333.  
Revolutionary Germantown Festival. 10 a.m. to 4 p.m. 6400 Germantown Ave. 215-329-7312.

UNITED NATIONS DAY

October Birthday Party. 11:45 a.m. KleinLife: NE Phila. 215-698-7300.  
Tai Chi for Adults. Supports health & reduces stress. 1:30 p.m. Oak Lane Library. 215-685-3299.

HALLOWEEN

Harvest Party. Dancing, food & fun. 1:30 p.m. PSC – Broad. 215-546-5870. $  
A Jewish New Year etched in hope

By Sally Friedman

The Jewish High Holy Days are upon us: Rosh Hashanah (Jewish New Year) starts at sundown on Sept. 29 and continues for two days; Yom Kippur (Day of Atonement) begins at sundown on Oct. 8 and continues on Oct. 9.

“So did you get a new dress for the High Holy Days?,” I ask our youngest granddaughter, the ever-cheerful Carly.

After a long silence, Carly says, “I don’t think I’m going to synagogue for the holidays this year.”

Now, it’s my turn to pause. I think I know what Carly is really saying. “Are you worried about what happened at the Pittsburgh synagogue?” I ask, recalling the horrible shooting of worshippers one year ago. Sadly, it is just one of many fatal shootings at U.S. houses of worship in recent years – including three at Christian churches in 2017. The violation of the safe, sanctuary of a holy place is sobering. Avoiding the terrible memory is one option. Facing it is another.

Carly is 13 – a difficult age at best. She is sometimes brimming with delight and giggling. Other times, she is retreating into silence and clearly struggling. But this is not just adolescent mood swings. For Carly and my other six grandkids, the world has become a scary place – and witnessing that breaks my heart.

Guns, gangs and mass shootings in public places have given this once-joyful teenager fears that haunt her. Sometimes she talks about them; sometimes she doesn’t. And we, the elders of the tribe, are not always ready with answers.

Carly is one of the lucky ones. She has two parents who love her and try to guide her through what has become a terrifying world. She has a big sister who also sympathizes with her. Her worries are, sadly, quite understandable.

During these recent months of random shootings and violence that seem to be out of control, there are no doubt millions more like Carly out there who see too much, hear too much and surely anguish too much.

I can’t help but look back at earlier times, when I was dealing with the hazards of coming of age with Carly’s mom and her two sisters.

Yes, there were shows on TV and bad things happened to good people then, too. But not like the random chaos in this seemingly out-of-control world.

This country sometimes seems to have lost its soul. Late at night, when we can’t sleep, my husband and I quietly talk about our sadness for these young ones who appear to have lost the lovely gift of safe nights and happy mornings.

It was that gift we tried to give to our own children. “Go out and play,” we would tell them, back when parents could say that with reasonable impunity. There were bad guys even back then. But bad guys with guns didn’t shoot up public places and kill innocent people in multiples.

It’s not just the young who feel vulnerable today. In quiet tones, our friends speak of feeling imprisoned in places that once were our domain: “Every time I walk into a mall now, I feel like a detective on patrol.” “Is somebody in these aisles carrying a weapon?” “Will that exit be blocked if somebody has enough anger or pathology to maim and kill?”

We all wonder if those little ones, who we love so deeply, will be safe in a world we’ve dehumanized. I am old enough to have lived through polio epidemics, the scourge of AIDS, 9/11 and so many other horrors. But never have I felt so frightened on the streets and in public places. And, never has a child in our family expressed fear of being endangered in a synagogue on the holiest days.

That conversation with Carly was a new and sad milestone. I hope that when the High Holy Days are here, she will be sitting by my side, marking a joyous Jewish New Year.

Sally Friedman has written for the New York Times and other publications.
health care insurance and coverage. APPRISE counselors guide participants through Medicare and evaluate all options for cost savings, including additional coverage options. For instance, participants may want to consider Medicare Part C, otherwise known as Medicare Advantage, which includes Part A and Part B coverage, but may also cover vision and dental. Medigap supplements are also available to pick up the gaps in Medicare coverage, which can include copayments, coinsurance and deductibles.

Once a participant has scheduled an appointment with an APPRISE counselor, Pickett suggests making a list of primary doctors, specialists, health conditions and current prescribed medications. Participants are urged to think about any new health conditions, diagnoses or prescriptions that have emerged over the past year, as you’ll want to make sure these are covered.

“Each plan has certain formularies or drugs that they cover,” said Pickett.

Through a tool called PlanFinder, counselors can identify plans that best accommodate the participants’ medical needs.

In addition to identifying the appropriate coverage, APPRISE counselors can offer information on Medicare eligibility, options with employee-provided health benefits, PACE eligibility and subsidies offered to income-eligible adults. For those who need to dispute a decision made by Medicare, APPRISE counselors can also walk participants through the appeals process.

Although Medicare open enrollment extends until Saturday, Dec. 7, Pickett urges those who need counseling to schedule an appointment as soon as possible.

“Participants can expect to spend some time at the meetings,” she said. “It’s a process; often involving more than one meeting.” Pickett adds that deadlines in Medicare are important and that filing on time will prevent participants from incurring any penalties.

Shannon Reyes is public relations specialist at Philadelphia Corporation for Aging.

APPRISE contact information:

To schedule an appointment, Medicare participants can contact the APPRISE provider closest to their residence:

- Mayor’s Commission on Aging – 100 S. Broad St.; 215-686-8462
  Covered ZIP codes: 19111, 14, 15, 16, 18, 19, 20, 24, 26, 28, 29, 35, 36, 40, 41, 44, 49, 50, 52, 54
- CARIE – 1500 JFK Blvd., Suite 1500; 215-545-5728
- Einstein Medical Center – 5501 Old York Rd., Klein Building, Suite 331; 215-467-7600
  Covered ZIP codes: 19102, 03, 04, 05, 06, 07, 12, 21, 22, 23, 25, 27, 30, 31, 32, 33, 34, 37, 38, 39, 42, 43, 45, 46, 47, 48, 51, 53

For anyone who cannot travel to an in-person appointment, counseling is also available through Einstein’s teleservice line at 215-456-7600 on Tuesdays and Fridays.

For more information about APPRISE or to volunteer as a counselor, visit pcaCares.org/services-for-seniors/benefits-and-insurance or call the PCA Helpline at 215-765-9040.
Pennsylvania’s only witchcraft trial was held in Philadelphia in 1683 with William Penn as judge.

In 1683, Margaret and Nils Mattson, Swedish-Finnish settlers, ran a fine farm called New Sweden, near Ridley Creek in Eddystone, Pennsylvania (the spot that would later be home to the Baldwin Locomotive Plant). Among other things, Margaret grew herbs there that she used in her work as a traditional Finnish healer.

Neither Margaret nor Nils were very familiar with the English language, but managed to live in harmony with the neighboring families. That is until some of the neighbor’s cows began giving very little milk and some cattle even died. It wasn’t long before several of the neighbors accused Margaret – that strange, old Finnish healer woman – of bewitching the animals. And it wasn’t long after those accusations that Margaret Mattson was put on trial in Philadelphia for the crime of witchcraft. The judge slated to conduct the trial was none other than the Proprietor of Pennsylvania, William Penn himself.

The case would be held in Philadelphia on December 27, 1683 before Penn, his Attorney General and two juries – a grand jury of 21 members and a petit jury of 12, composed by Penn of several Swedish and Finnish members. Penn also barred both lawyers for the prosecution and the defense from interrogations and conducted all the questioning himself.

Understanding how difficult the English language would be for Margaret, Penn also provided an interpreter and allowed Margaret to defend herself, a move considered extremely progressive at the time.

Unlike Puritan society, which was known for rigid intolerance of non-conformists, Penn welcomed them to his “greene countrie towne,” offering freedom of religion along with the special benefit of not having to pay the 10% tithe (a tax for the support of the church) required by other colonies. He also offered Quaker women relative equality. Many in Pennsylvania served as ministers, handled family finances and worked for social reforms.

In addition, Penn abolished the death penalty for all crimes except willful murder. Still, the charge of witchcraft was a serious one, especially when another local woman, Gethro Hendrickson, was also put on trial with Margaret.

The two women listened in shock to the witnesses. Charles Ashcom, for one, claimed that Margaret’s own daughter-in-law told him that Margaret had conjured a great light and an apparition which frightened her. Margaret denied this and said that her daughter-in-law should come and give testimony herself if it were true.

Penn asked Margaret, “Art thou a witch?” and Margaret gave a vehement denial.

Penn then questioned, “Hast thou ever ridden through the air on a broomstick?” Confused by the language, Margaret shockingly said that she had.

Penn recognized the jealousy and blatant land grab behind the charges. He quickly and cleverly defused the situation by saying that since he knew of no law forbidding riding on a broomstick, she had a perfect right to do so.

He gave the closing charge and directions to the jury. Sadly, they were not transcribed. The jury returned a verdict of Margaret having the reputation of a witch but not guilty of bewitching. Both women were released to their husbands after they posted a bond of 50 pounds which would be returned after six months of good behavior.

The verdict reflected Penn’s Quaker values and over-all tolerance. There is no record of any other witch trials ever being held in Pennsylvania.

Dorothy Stanaitis, a certified Philadelphia Tour Guide, writes about history and culture.
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Philadelphia residents have an opportunity to help shape the course of city government by participating in a survey that measures their attitudes towards a wide range of city services. The City of Philadelphia’s 2019 Philadelphia Residents Survey seeks to measure public opinion on the delivery of services, such as garbage collection; the condition of facilities, such as parks and recreation centers; and to identify priorities among residents.

All Philadelphia residents, 18 and older, are invited to participate in the survey by visiting PHLsurvey.com. Paper surveys will be available at targeted Free Library locations, Parks and Recreation facilities, and senior centers.

It is vitally important that older adults and people with disabilities complete the survey, so their voices and needs will be heard. The survey, which takes about 10 minutes to complete, is available in English, Spanish and Chinese. It is open to the public now through Nov. 3.

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Narrative medicine

ing courses and seminars on narrative medicine, doctors who practice it reported feeling “less isolated, frustrated and burned out.”

Narrative medicine, which relies on patients telling their stories to health care providers, represents an about-face in the traditional approach to medical treatment, noted Nicole Blackwood, R.N., a nurse practitioner with Mercy LIFE. “For decades, medicine seemed to emphasize detachment,” Blackwood said, who has 28 years of experience in geriatric medicine. “However, narrative medicine encourages conversation, connection and empathy. It allows the patient and the practitioner to develop a closer relationship.”

Simply telling one’s story can be therapeutic, noted Pat Courtney, 70, who attends Mercy LIFE’s day program in Norristown. “At first, I felt reluctant to come here,” said Courtney, a retired supermarket manager, who’s had a heart attack and is under treatment for leg pain. “But everyone from the doctor to the driver of the van that brings me here asks how I’m doing. They take time to listen. I feel better just from that; I feel safer.”

Deeper knowledge of the patient that comes with more discussion can lead to greater compliance with treatments. “I may say to a patient, ‘When we talked, you said you wanted to go on more family outings, but you hesitated because you said you became short of breath with activity,’” Blackwood said. “I would point out the benefits of taking the prescribed medication and say that it may help them feel well enough to go on those outings. I’m not telling them, ‘Take this pill because I say so.’ I can point out how [taking] the medication, doing physical therapy or using a walker can help them do more of what they enjoy.”

Good communication also helps the medical staff notice and address a patient’s worries. “Say, a woman is scheduled to have knee replacement surgery, and in the course of talking with her I realize she’s anxious about it,” Blackwood said. “I might ask the physical therapist and the occupational therapist to discuss rehabilitation with her. I might also recommend a session with a psychologist to help allay her fears. Talking with the patient helps me find out how she’s feeling, then I can ask the appropriate team member for assistance.” Blackwood noted that Mercy LIFE cares for participants through an interdisciplinary team approach that involves the participant’s primary care doctor, nurse, rehabilitation therapists and social worker. “This team-based approach allows for a deeper connection between the care team and the participant and creates a natural environment for practicing narrative medicine,” she said.

The relationship established through narrative medicine can smooth the way for hard conversations like those concerning the end of life. “Patients may shy away from broaching the subject of life’s last days or weeks because they sense the family’s reluctance,” Blackwood said. “My connection with the patient, built through many conversations, opens the door to discussing end-of-life issues, like pain medication and whether to take steps to prolong life.”

Doctors may face limits in talking time, but patients can help make the most of the time that’s available. If the prospect of a visit to the doctor makes you feel uneasy, Raziano suggests to “bring someone with you who can break the ice and, if necessary, ask clarifying questions. Emotional support from a person you trust helps the flow of conversation, and the doctor learns more about you.”

Bringing a written list of concerns can also make the conversation more productive and help ensure that you cover key issues, Blackwood said.

Recognize that doctors are human too and that a patient with an upbeat attitude is more likely to have a useful dialogue, noted Courtney. “A positive outlook can make all the difference,” he said.
**Recipe Box**

**Diabetic-friendly breakfast options**

Breakfast is often referred to as the most important meal of the day. But for many with a chronic condition, such as diabetes, navigating the array of sugar-laden breakfast options can be difficult. Living with diabetes does not necessarily mean skipping out on syrups, fresh baked goods and whipped cream forever. Instead, it may just mean finding healthy substitutes to those beloved breakfast staples.

For more diabetic-friendly recipes, like the one’s included here, go to the American Diabetes Association’s website at diabetes.org.

**Oatmeal Pecan Pancakes**

Ingredients:
- 1 cup quick-cooking oats
- 1 ½ tsp. baking powder
- 2 eggs
- ½ cup skim milk
- ½ cup mashed banana (about ½ medium banana)
- ½ tsp. vanilla extract
- 2 tbsp. chopped pecans
- 1 tbsp. canola oil

Directions:
Using a food processor, process the oats to a flour-like consistency. Mix oats and baking powder in a small bowl and set aside. In a separate bowl, mix eggs, milk, mashed banana and vanilla. Add to dry ingredients, and mix until just combined. Then fold in pecans. Heat oil in nonstick skillet over medium heat. Drop ¼ cup of batter onto the hot skillet to make each pancake. Cook until lightly brown on both sides.

Source: *Diabetes Superfoods Cookbook and Meal Planner* | Cassandra L. Verdi, M.P.H., R.D. and Stephanie A. Dunbar, M.P.H., R.D.

**Breakfast Quesadilla**

Ingredients:
- ¼ cup canned green chiles
- 4 eggs, beaten
- ¼ tsp. black pepper
- 2 10-inch whole wheat flour tortillas
- 1 ½ cup shredded, reduced fat cheese – cheddar, Mexican blend, Monterey Jack or pepper jack
- 4 slices turkey bacon, cooked crisp and crumbled
- Nonstick cooking spray

Directions:
Coat a small skillet lightly with cooking spray. Sauté green chiles over medium-low heat for 1-2 minutes. Add beaten eggs and cook, stirring, until scrambled and set. Season with pepper. Coat a second, large skillet lightly with cooking spray. Place one tortilla in the skillet and cook over medium heat until air bubbles begin to form, about 1 minute. Flip tortilla over and cook for 1 minute more; do not let tortilla get crispy.

Spread half the cheese evenly over the tortilla, covering to the edges. Reduce heat to low. Quickly arrange half the cooked bacon and half the egg mixture over the cheese. Cook until the cheese starts to melt, about 1 minute. Fold tortilla in half to create a half-moon shape. Flip folded tortilla over and cook until lightly toasted and cheese is completely melted, 1-2 minutes.

Transfer quesadilla to a cutting board. Recoat the skillet with cooking spray, and repeat with the second tortilla and remaining cheese, bacon, and egg mixture. Cut each quesadilla into 3 wedges and serve immediately with fresh salsa.

Source: *Tex Mex Diabetes Cooking* | Kelley Cleary Coffeen, Ph.D.
Use these tips to secure your mental health

If you are 60 or older, know that according to the World Health Organization, you are among a group of aging adults that will double in proportion over the next 30 years. In fact, this amazing evolution of the world’s senior population has already started and continues to climb. In 2015, seniors accounted for only 12% of the world’s populace. That percentage is expected to grow to a staggering 22% by 2050.

The WHO also notes that mental and neurological disorders are present in nearly 7% percent of seniors. It’s estimated that the number of seniors worldwide who suffer from a mental health deficiency will increase from 900 million to 2 billion seniors as the population grows.

However, there are steps to ensure you are taking care of your mental health. In fact, if you’re reading this, you’re actually doing it right now. Reading and comprehension has proven beneficial in enhancing memory, reducing stress, keeping decision-making skills sharp, and even delaying early onset Alzheimer’s disease and dementia. There are many factors that affect our mental capacity and overall mental health as we age. Depression is a major factor stemming from isolation, bereavement, or even a loss of self-worth stemming from a retirement – and at times, the stress that comes from a drop in socioeconomic status as a result.

While issues involving substance abuse affect just 1% of the world’s population 60 and over, nearly a quarter of those will result in death due to self-harm.

Fortunately, there are ways to ensure you remain happy, healthy and safe. Socialization is perhaps one of the best things you can do to remain sharp and feeling like the important member of society you’ve always been. Some ways to engage in socialization:

- Join a book or discussion club.
- Get involved with community development programs.
- Consider a health and fitness program that’s right for you.
- Become an avid hobbyist.
- Become a member of one of the many senior centers in the Greater Philadelphia Region.

Lastly, there continues to be groundbreaking advances in both traditional and holistic medicine that offer great ways to ensure proper brain health and function. Something as simple as remembering to take vitamins can go a long way in sustaining and even improving mental health.

Support to kick start many of these efforts is offered and provided via programs and services from Philadelphia Corporation for Aging (PCA). For over 40 years, PCA has aided in efforts to help with companionship, both in and out of the home, transportation services to get you to where you need to be in addition to providing older Philadelphians with the necessary resources to meet their individual needs.

Source: World Health Organization

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Crossword

Breezeways

Across

1 Rebuff
5 Syringa
10 Max or Buddy
14 Snake-dance participant
15 Make one’s day
16 Ashtabula’s lake
17 Buy ___ in a poke
18 Renewed energy
20 Distaff bodies
22 Necessitated
23 Symbol
25 Outcry
26 ___ McCoy
28 More florid
32 Pettigaffer’s advice
33 Candidates’ concerns, hopefully
35 First name in mystery
36 Wool provider
38 Remnant
39 Way to go
40 Gobi site
41 Doughboy’s digs?
43 Bainter or Wray
44 Sauce for the flounder
46 Lao-tzu’s followers
48 Israel’s airline
50 Bush

Down

1 Artist Rieger
2 Slangy negative
3 Unsettled
4 Largest digit
5 Tenants
6 Seine sight
7 Gossamer goods
8 Lack of muscle tone
9 Some linemen
10 Puzzle
11 Seed covering
12 ___ Kleine Nachtmusik
13 Funny Fox
19 Roy’s wife
21 Halls
24 Electromagnetic device
26 Arkansas River city
27 Crescent-shaped opening
29 SSS group
30 Disney’s middle name
31 Sway by
32 Bed part
34 Best and Ferber
35 Nurturing
37 Show position
41 Kind of park
42 Associates
43 Der ___
45 Instrumental compositions
46 Part of AWOL
47 Bumper-sticker word
49 Basso Pinza
50 Superior
51 More robust
52 Abominable
53 Environmentalist’s concern
54 Some breads
55 Lao-tzu’s followers
56 ___-daisy
57 Look for
58环境
59 Tolkien tree

Solution

The solution can be found on page 6.
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