

A Publication of

PCA
PHILADELPHIA CORPORATION FOR AGING

NEWS AND POSSIBILITIES FOR SENIORS

Milestones™

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PHILADELPHIA CORPORATION FOR AGING

WHAT IS PCA?

Philadelphia Corporation for Aging (PCA) is a nonprofit agency dedicated to serving Philadelphia seniors. In addition to bringing you Milestones newspaper, PCA offers:

- Care in the home
- Home-delivered meals
- Home repairs and modifications
- Protective services
- Senior centers
- Caregiver support
- Employment and volunteer programs
- Legal services
- Transportation



- Ombudsman services
- Health education
- Information and referral

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Check us out online: pcaMilestones.org.

Editor: Alicia M. Colombo
215-765-9000, ext. 5081
PCA, 642 N. Broad St.
Philadelphia, PA 19130
Email: MilestonesNews@pcaCares.org

Advertising: Teresa Heavens
215-765-9000, ext. 5053
Email: Teresa.Heavens@pcaCares.org

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Inspiring the change we wish to see in the world

In place of the Editor's Column this month, we present a special message from PCA President and CEO Najja Orr.

Philadelphia, like many other large cities across the nation, has experienced unrest the last few weeks. At our core, we are people, trying to make sense of events transpiring throughout our country that test the resolve of our human spirit. At this difficult time when a global pandemic has forced us to physically isolate ourselves from one another, events like racially charged false accusations of a bird watcher in New York and the senseless, brutal deaths of a jogger in Georgia and a man arrested over an alleged counterfeit \$20 bill in Minnesota remind us of how fragile, for many Americans, is the authenticity of life, liberty and the pursuit of happiness.

Nearly 50 years ago, Philadelphia Corporation for Aging was created as a nonprofit with the sole focus of ensuring the best possible outcomes for older Philadelphians and those with disabilities. In addition to our mission of improving the lives of older Philadelphians, the firm commitment to diversity and advocacy for the rights and benefits of those in need has been a mainstay of PCA. The faces of the people within PCA, all wholly committed to the greater good of those we serve, do not all look the same – indicative of the city in which we've planted our flag.

I was fortunate to graduate from Morehouse College, the same alma mater as the late, great Dr. Martin Luther King Jr. Even though advocating for equality had already been a part of my DNA and instilled in me since a young man, walking the same hallowed halls as Dr. King solidified my passion for fighting against injustices and discrimination. I, too, yearn for days when we no longer see such significant disparities in health, poverty and the criminal justice system, or the senseless deaths of minori-



ties across America. Dr. King said it best in his 1963 letter from a Birmingham jail, **"injustice anywhere is a threat to justice everywhere."**

I encourage everyone to keep our dear city of Philadelphia and those who call it home in your thoughts, during this time. All of us have the power to influence change. We lead through advocacy, inclusiveness and example. Whether advocating for the rights and benefits of the older adults we serve, refusing to accept any injustice, and peacefully commanding systemic change and accountability, we can all make a difference. And, as a family, PCA will continue to inspire the change we wish to see in the world.

Sincerely,
Najja Orr
President and CEO
Philadelphia Corporation for Aging

Milestones wants to know your thoughts!

Do you have an opinion about the death of George Floyd and/or the recent protests and riots throughout our city and nation? If so, please send your email to MilestonesNews@pcaCares.org and include your name, age, address and number. We may print selected submissions in a future issue.



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Nursing homes are ground zero for COVID-19

How to better protect our seniors

By Alicia M. Colombo

Nursing homes and assisted living facilities have been epicenters for COVID-19 outbreaks in the United States since March. It is estimated that nursing home residents and workers comprise between 30% and 40% of all COVID-19-related deaths in the United States. According to data released by the U.S. government in early June, nearly 26,000 nursing home residents have died from COVID-19 and more than 60,000 have contracted the virus. And, these figures only account for about 80% of nursing homes nationwide that have reported data, according to The Centers for Medicare and Medicaid Services.

In the Northeastern U.S., nursing homes account for 3 out of 5 COVID-19 deaths in several states, including Pennsylvania and Delaware, according to the Foundation for Research on Equal Opportunity.

"COVID-19 elevated a lot of the challenges [about the gaps in our systems] that we've been struggling with for some time," said Pennsylvania Sen. Morgan Cephias, who represents the 192nd legislative district that includes sections of West Philadelphia and a significant senior population. "There is not readily available [health care] for underserved communities. People are getting sick because they don't have enough access to the resources they need. A lot of these people went to nursing homes and senior living facilities. We have to assure those facilities are doing a lot better job than what they're doing now. Our seniors are one of our most vulnerable populations. We have to step up and protect them."

How did this happen?

The most severe COVID-19 cases occur in older and frail people, as well as those with chronic health problems. "Nursing homes are inherently at high risk of having trouble during periods where respiratory infections are common," said Dr. Elie Anthony Saade, MPH, director of infection control at University Hospitals Cleveland Medical Center. "Residents frequently have multiple diseases that put them at risk of getting infections and of becoming much sicker than older people living at home. It is also much harder to recognize that they are newly ill and, when this becomes known, the sickness may have become very advanced and would have the chance to spread to the nursing home workers and/or other residents."

This design of a nursing home, as a place to live and socialize, is a breeding ground for infection to spread. To protect residents, nearly all states prohibited visitors as part of their shelter-in-place or lockdown orders. But by their very nature, nursing homes have a steady stream of people coming in and out of the facility. "Workers frequently carry multiple jobs, at other nursing homes or hospitals, and may act as transporters of infections between different sites, when they come to work despite feeling ill or while feeling well despite carrying a virus," Dr. Saade said.

The lack of reliable testing led many nursing homes to miss a lot of cases and allowed the infection to enter the facility and spread undetected. "In this pandemic in particular, there has been a lot of challenges related to testing, where not enough tests were available, or where tests were not good enough," Dr. Saade said. "Since the overwhelming majority of people don't have any natural or artificial (from vaccines) immunity to this infection, it is much easier to spread from person to person. In addition, there are no medications to help prevent the disease from developing once a person is exposed, which is an important way to fight influenza in nursing homes."

Early in the pandemic response effort, nursing homes didn't give the same amount of attention as hospitals in terms of infection control, according to Terry Fulmer, president of the John A. Hartford Foundation, a philanthropic institution focused on improving the care of older adults.

"We were late helping our nursing homes around the country with equipment and supplies," Fulmer said. "By the third week in June, Philadelphia had 187 homicides, 23% more than this time last year."

"We started this pandemic with a shortage [of supplies] and that is something that cannot happen again," Fulmer said. "Nursing homes need to be well-

How do we make nursing homes safer?

"We started this pandemic with a shortage [of supplies] and that is something that cannot happen again," Fulmer said. "Nursing homes need to be well-

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Every Murder Is Real: Bereaved mother creates path to healing

By Constance Garcia-Barrio

On the night of March 26, 1997, Victoria Greene learned that her 20-year-old son, Emir, had been shot. “The nurse in Einstein Hospital’s Emergency Room didn’t say ‘killed,’ but I knew he was gone,” said Greene, now 71, of Germantown. “I could feel his spirit leaving.”

Emir had been shot seven times in the back in a drug-related dispute. “I stayed in bed for a month after Emir was murdered,” said Greene, a retired Philadelphia prison system social worker. “I didn’t want to live.”

Family and friends helped the divorced grieving mother of five take care of her two young children in those early months. Her two oldest daughters took care of her two youngest ones. “I felt alienated because some people who knew about the shooting avoided me,” Greene said. “They didn’t know what to say.”

Yet, talking about her heartache proved crucial. “I attended a grief assistance group [which has since disbanded] in the Medical Examiner’s Office,” Greene said. “Sharing with people who’d had a murder in the family helped.”

She poured her energy into gathering facts about the shooting to pass on to homicide detectives. The gunman was caught, tried in December 1997 and sentenced to life in prison.

But Greene felt called to do more. “The murder of a family member or close friend causes unbearable pain,” she said. “You feel like you don’t want to live. I want to help people decide to live again.”

With support and courage, Greene turned Emir’s death into a path to healing for hundreds of Philadelphians who’ve experienced a loved one’s murder. In 1999, Greene founded Every Murder Is Real (EMIR, named for son) Healing Center,

headquartered at 59 E. Haines St. in Germantown.

Her daughter Altovise wrote a proposal that netted funds to provide free emergency food for families of murder victims. “Every week, the police faxed us a list of homicides, then we would buy groceries and drop them off at those homes,” she said. “We would go into a house, and the kids would be so happy because often they’d been fending for themselves.”

“Healing from murder isn’t a cute or sexy topic, and women of color who head smaller organizations often struggle for funding. But there’s a crying need for this work.”

— Victoria Greene, founder, Every Murder Is Real Healing Center

Through word of mouth, police referrals and conferences about drug-related homicides, the organization gained prominence. In 2003, EMIR gained 501c3 nonprofit status and secured office space. “Those two steps gave us stability and credibility,” she said.

EMIR now provides free grief counseling for families and friends of murder victims, as well as in-court advocacy and support, nutrition counseling, and help with victim compensation claims that reimburse funeral costs.

Grief counseling groups meet for eight weeks on Tuesdays. “First, we all have a meal together to build community,” said Greene. “Afterward, support groups for men, women and children meet separately because each group has different needs. For example, children may not be able to



Courtesy: Victoria Greene

express their feelings in words, so we use art and music. Kids often feel angry. When the therapist asked one little boy to make a picture of how he felt, he drew an erupting volcano.”

EMIR has kept professional storyteller Irma Gardner-Hammond, 74, going. “My son Eric, 27, was shot April 28, 2019, at an ATM,” she said, “He died on May 5 [2019]. At EMIR, I can talk about all my feelings – even the crazy ones – and I know I won’t be judged.”

Greene has heard hundreds of murder stories over the years. “God gave me the

ability to listen to them,” she said. “The hardest part of my work is getting funding. Healing from murder isn’t a cute or sexy topic, and women of color who head smaller organizations often struggle for funding. But there’s a crying need for this work. By the third week in June, Philadelphia had had 187 homicides, 23% more than this time last year.”

To learn more about EMIR Healing Center, call 215-848-4068, email info@emirphilly.org or go to emirphilly.org.

Native Philadelphian Constance Garcia-Barrio writes about many topics, including black history.



Enjoy these five safe summer activities

By Leslie Feldman

The last few months have been a trying time for all of us. COVID-19 brought with it self-isolation, enforced social distancing, and much anxiety and stress. You are not alone if you are feeling a bit cooped up at home and want to get out to enjoy the warm weather.

This summer may look a little different than past summers. As we continue social distancing and begin slowly reopening in the wake of the pandemic, you need to think about all of the wonderful things you can still do at home or while maintaining a safe distance from others. Spending more time outside is great, as long as you plan in advance. Think about what you want to do, where you want to go and when it will be less crowded. Then, proceed with caution and take the best measures you can to stay safe.

Here are five activities you can consider doing safely this summer.



Take a walk in the park.

Whether alone or with a family member or friend, a nice walk outdoors is a good way to get out of the house and also gain the benefits of exercise. Remember to wear a mask and to maintain physical distance from people not living in your household by staying six feet apart. For more information about the city's parks, go to VisitPhilly.com/parks-outdoors-in-philadelphia or phila.gov/departments/philadelphia-parks-recreation.



Do some gardening.

If you have your own backyard, why not start an herb or vegetable garden? It's a wonderful way to get outdoors and to literally reap what you sow by enjoying the fruits – or vegetables – of your labor in the meals that you make. (See page X for some recipe ideas.) If you don't have a spot at home, consider helping with a community garden. There are more than 150 community gardens in the region, affiliated with the Pennsylvania Horticultural Society. For more information, go to PHSonline.org/programs/community-gardens.



Finish the perfect summer read.

Maybe there's a book on the shelf you never finished or one that you've been meaning to read. Summer is a great time to relax with a good book. It's even better to read outdoors, while enjoying the nice weather.

Did you know that your Free Library of Philadelphia library card connects you to the latest ebooks, audiobooks, streaming media, news outlets and online learning sites for free? Virtual programming, like online story time and author events, are also now streaming on a variety of platforms. For more information, go to FreeLibrary.org.



Visit an outdoor farmers market.

During the summer months, farmers markets pop up all over the city and suburbs. It's a great way to buy local and enjoy the bountiful produce, baked goods and other items, while supporting local farmers and businesses. To locate your nearest farmers market, go to PhillyFoodFinder.org and select "Farmers Market" from the "Find Resources" box. (For information on PCA's annual distribution of Senior Farmers Market Nutrition Program vouchers to income-eligible Philadelphia seniors, 60+, see pages 8-9.)



Plan a backyard picnic.

There's no better time than the summer to take your meal outdoors. Whether you grill or just make everything in your kitchen, it's fun to have family or friends join you for a picnic. Some perfect picnic foods can include hot dogs and hamburgers, refreshing salads, corn on the cob, lemonade or iced tea.

Even on a lovely summer day, we must take all the precautions recommended by the Centers for Disease Control and Prevention (CDC). This includes social distancing, hand-washing, and using face coverings to help prevent the numbers of cases from increasing and people getting infected. Enjoying the outdoors is possible, even in the age of COVID-19 if you take a few precautions and use common sense.

Leslie Feldman is a freelance writer and marketing communications consultant.



By Jay Nachman

Prior to COVID-19, telemedicine had received spotty reception from health insurers and providers. But the pandemic has vastly increased the use and effectiveness of telemedicine.

According to Dr. Andrew E. Chapman, co-director of the Senior Adult Oncology Center at the Sidney Kimmel Cancer Center at Jefferson Health, the hospital began ramping up its use of telemedicine about five years ago after concluding that it would be an essential element in the future of health care delivery.

Chapman said that telemedicine proved to be a good way for patients to “visit” in between chemotherapy appointments, which take place every three or four weeks. “We could have a check-in with them to ensure sure they were tolerating things well,” Chapman said. “It was more than just a phone call. This enabled us to actually have a visit with the patient where we could do an exam and physically see them.”

The Sidney Kimmel Cancer Center recognized that because of time constraints, distance or other issues, some older adults would have difficulty coming into Center City for a two-hour Geriatric Oncology Assessment. “We started doing telehealth, multi-disciplinary evaluations for these patients so that they could get this highly specialized care that they wouldn’t otherwise have access to,” he said.

Because of its ongoing experience with telehealth, Jefferson Health was able to flip virtually overnight from office visits to telehealth visits. To facilitate that switch, task force members reached out to patients and caregivers prior to a visit to make sure they had adequate equipment. Social workers in the department went so far as finding funding to provide smartphones for patients who did not have them.

“We know that older adults can certainly participate in telehealth visits,” Chapman said. “We’ve learned that they

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GRILLED EGGPLANT AND MOZZARELLA HERO WITH SPICY TOMATO SAUCE AND BASIL PESTO



Ingredients:

2 lbs. fresh tomatoes, seeded
 ½ cup extra-virgin olive oil, divided
 5 cloves garlic
 1 tsp. sugar
 1 tsp. fine sea salt
 ¼ tsp. crushed red pepper
 ¾ cup fresh basil, coarsely chopped
 ⅓ cup Parmesan cheese, grated
 2 medium eggplants (about 1 pound each), cut into ½-inch-thick slices
 ¼ tsp. ground black pepper
 6 (4 to 6-inch) ciabatta or other Italian-style sandwich rolls, split
 6 tbsp. pesto
 3 cups arugula
 8 oz. fresh mozzarella, thinly sliced

Directions:

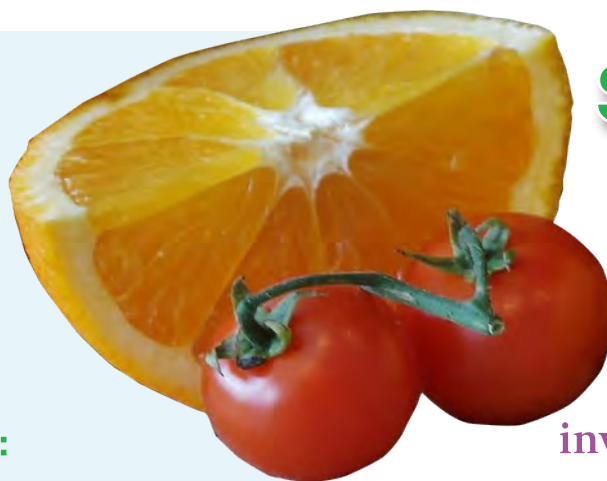
In a food processor or blender, combine tomatoes, 2 tbsp. oil, garlic, sugar, crushed red pepper and ½ tsp. sea salt. Blend until smooth. Transfer to a saucepan. Bring to a boil; reduce heat; and simmer, uncovered, for 30 to 35 minutes or until thickened, stirring occasionally. Stir in basil and parmesan. Remove from heat; set aside.

Brush the eggplant slices with 6 tbsp. olive oil. Season with ½-tsp. sea salt and the black pepper.

Prepare a gas or charcoal grill for direct cooking over medium heat. Arrange eggplant on a well-oiled grill rack, cover the grill then cook for 6 to 8 minutes, or until eggplant is just tender, turning once. Remove from grill. If desired, grill the rolls, cut sides down, for 1 to 2 minutes or until toasted. (Eggplant can also be roasted on a sheet pan in a 400° oven for about 20 minutes, flipping once halfway through cooking.)

To assemble sandwiches:

Spread 1 tbsp. pesto on the roll bottoms. Top with arugula, eggplant, a bit of tomato sauce, mozzarella and more arugula. Spread additional tomato sauce on roll tops before topping sandwiches. Cut in half to serve.



SUMMER PRODUCE

With summer in full force, options for fresh produce are abundant. Farmers markets are open and delivering the first batches of berries, tomatoes, and corn. Have an abundance of fresh produce and use inventive ways to incorporate them into your meals.

Getting the most out of your produce: Tips on storage and preparation

Fresh produce has a shelf life, but there are some things you can do to extend it.



Storage

Keep produce as dry as possible. Moisture can lead to bacteria growth, which speeds up spoiling. Wait until right before you eat or cook your fruits or veggies to wash.

Below are some tips on the best place to store popular produce:

- **Cool dry place** – Mushrooms, tomatoes, limes, lemons, eggplants and potatoes.
- **Refrigerator crisper drawer** – Asparagus, carrots, berries, lettuce and rhubarb. Berries: store in a bag with holes. Lettuce: wrap in paper towels.
- **Room temperature** – Garlic, onions, many melons, pineapples and mangoes. Peaches, pears, plums and tropical fruits: keep out of the fridge until they are ripe.
- **Don't freeze** – Artichokes, Belgian endive, eggplant, lettuce, potatoes (other than mashed), radishes and sprouts.

Washing

The Food and Drug Administration recommends washing all fruits and vegetables prior to consumption. There is no need to use soap or cleaners.

- Wash your hands for 20 seconds with warm water and soap before and after preparing fresh produce.
- Rinse produce before you peel it, so dirt and bacteria aren't transferred from the knife.
- Gently rub produce while holding under cool running water.
- Cut away any damaged or bruised areas before preparing or eating.
- Use a clean vegetable brush to scrub firm produce, such as melons and cucumbers.
- Dry produce with a clean cloth or paper towel to further reduce bacteria.
- Remove the outermost leaves of a head of lettuce or cabbage.

For more information about produce care and storage, as well as other food safety measures, go to ask.usda.gov.

PRODUCE SEASON IS HERE!

for fresh fruits and vegetables are endless. available to the public. July is known for berries and peaches to Pennsylvania, while also such as peppers, eggplants, tomatoes and produce in your home? Here are some to your meals.

Farmers market voucher program modified to comply with COVID guidelines

While Senior Farmers Market Nutrition Program (SFMNP) voucher distribution is currently underway, this summer's distribution methods were modified to comply with social distancing guidelines. Instead of distributing vouchers at specific in-person locations, Philadelphia Corporation for Aging (PCA) is mailing vouchers to those who apply.

Each summer, PCA distributes on more than 36,000 vouchers to older adults that can be redeemed for local produce from certified farmers markets throughout Pennsylvania. The SFMNP vouchers are made available through funds from the U.S. Department of Agriculture and the Pennsylvania Department of Agriculture.

The voucher value has increased this year from \$5 to \$6 per voucher. Four vouchers are distributed to every applicant, for a total value of \$24 worth of produce.

In order to qualify for the vouchers, adults must be 60 or older by Dec. 31 and have a household income that falls below 185% of the federal poverty guidelines. Vouchers are limited to one set per person and must be redeemed by Nov. 30.

Those who have applied for vouchers in the past have received an application in the mail to apply this year. Those who have not applied for vouchers in the past can request an application through PCA's Helpline at 215-765-9040 or download it at pcaCares.org/produce.

SFMNP is just one of the many ways PCA is addressing food insecurity and the nutritional needs of older Philadelphians. As part of the national Defeat Malnutrition Today coalition, PCA is committed to ensuring older adults receive the proper nutrition needed to stay healthy. In spring 2019, PCA also formed the Defeat Malnutrition Today: Philadelphia Coalition, an alliance of more than 40 organizations dedicated to eradicating malnutrition among Philadelphia's seniors. Through education and collaboration, DMT connects seniors with important nutrition resources in the community, while stressing the importance of maintaining a healthy and balanced diet. Information on Defeat Malnutrition Today can be found at pcaCares.org/dmt.



MIXED BERRY CRUMBLE BARS



Directions:

Heat oven to 375°. Line 9x13 pan with foil or parchment, and butter or spray with non-stick spray.

For the crust and topping:

Using a hand mixer or stand mixer fitted with the paddle attachment, combine granulated sugar, baking powder, flour and salt. Add lemon zest, butter, egg and vanilla. Beat on low speed until the butter is evenly distributed in small pieces and the mixture is crumbly.

Dump a little more than half of the mixture into prepared pan. Use your hands or the bottom of a measuring cup to evenly press the dough into the pan.

Filling:

Gently stir together all remaining ingredients until well incorporated. Spread the filling over the crust, then crumble the remaining dough over the top of the berries.

Bake for approximately 40 minutes, until the top is light golden brown. Allow to cool, before cutting into squares. After cooling to room temp, bars can be refrigerated.

Ingredients:

- 1 cup granulated sugar
- 1 tsp. baking powder
- 3 cups all-purpose flour
- ¼ tsp. salt
- 1 small lemon, finely grate zest then cut in half
- 1 cup cold unsalted butter, cut into cubes
- 1 large egg
- ½ tsp. pure vanilla extract
- 4 ½ cups fresh berries, chopped
- ½ cup granulated sugar
- 4 tsp. cornstarch



Planning for your financial security in retirement

By Jay Nachman

Americans are living longer, much longer. But will your golden years find your bank statement in the red? Not if you plan for a financially stable retirement.

According to the National Institute on Aging, approximately 35 million Americans are 65 or older. And, this number is expected to double in the next 25 years. People 85 or older constitute the fastest-growing segment of the U.S. population.

“Cash is king, so manage what you’re spending your money on. You need to be tracking your expenses, trying to have resources on hand for yourself, if something were to happen.”

— Jocelyn D. Wright, founder/
managing partner, The
Ascension Group

At the same time, the National Council on Aging reports more than 25 million Americans 60-plus are economically insecure — living at or below 250% of the federal poverty level, which is \$29,425 per year. Impoverished older adults struggle with rising housing and health care bills, inadequate nutrition, lack of access to transportation, diminished savings, and job loss.

That’s borne out in Philadelphia, where almost half of senior adults are functionally poor, said Allen Glicksman, director of research and evaluation at Philadelphia Corporation for Aging. “The number of people who are going to be moving into old age who are very poor is going to grow,” he said.

“Many of these poor, older people as-

sumed that they are too poor to have a lawyer, an accountant or a financial planner,” Glicksman said. “So the lack of ... professional support makes the situation worse.”

Glicksman’s advice is to have a trusted resource — a case manager or counselor at a PCA-supported senior center, who can link seniors into the benefits and entitlements system.

“This trusted link makes it more likely that they will talk to somebody about what they can do to make sure their money lasts,” he said. “Many [older adults] should have a will, which should be part of financial planning, and an advanced directive. It is through a trusted source that they will access that.”

Jocelyn D. Wright, the founder and managing partner of the financial services firm The Ascension Group, and a Retirement Income Certified Professional (RICP) counsels older adults to be mindful of their cash flow.

“Cash is king, so manage what you’re spending your money on,” Wright said. “You need to be tracking your expenses, trying to have resources on hand for yourself, if something were to happen. We don’t want to be spending every dime we make.”

Unfortunately, Wright said, too often people wait until the last minute to begin financial planning. One item people should look out for as they get close to retirement is whether there is going to be a change in their benefits, such as having to pay for their own medical insurance.

In addition, life insurance, often provided by employer, can be reduced or

eliminated when someone retires. Because of age or health conditions, it may be cost-prohibitive to get any type of insurance.

“These are some things that can be done ahead of time if we start anticipating this far enough in advance,” said Wright, who has offices in Chestnut Hill and Jenkintown. “At least know what your benefits are, so you know if you should be trying to get some coverage outside of your employer.”

Channeling “The Golden Girls” sitcom, Wright said, “Like Dorothy, Rose, Blanche and Sophia, it might be advantageous to share housing with others to cut down on costs, if your retirement income is not enough to cover expenses.

For other older adults, it might be helpful to live in a community where they are surrounded by a support system. “You may be able to leverage your resources where things might not be as expensive as they otherwise might have been if you were living alone,” she said. “We can’t go back in time, so just look at what is available to you right now that you might be able to take advantage of.”

Jay Nachman is a freelance writer in Philadelphia who tells stories for a variety of clients.



Financial planning tips for the three phases of retirement

The Financial Planning Association, the principal membership organization for Certified Financial Planner professionals, suggests there are three phases of retirement. With retirement lasting two or three decades, advance planning allows retirees can make the most of each stage.

Phase one: The fun stuff

Frequently called the “go-go” phase, activities can include travel, pursuing hobbies, continuing to work for income and/or as a volunteer, activities with friends and family, and so on.

To plan for this stage, get a clear picture of household expenses, including both necessities (food, housing, transportation, utilities) and discretionary expenses (dining out, travel, hobbies). Be sure to

account for expenses that may escalate in retirement (health care, more travel), as well as expenses that may drop off (work-related costs).

Once a person reaches their 60s, key decisions loom about when to draw from and how to maximize Social Security benefits. Do you need to start drawing Social Security income earlier, starting at 62, or can you wait until 65 or even 70? Waiting will earn valuable “delayed retirement credits” that increase your monthly benefit. Just prior to turning 65, file for Medicare benefits and determine what additional health care coverage you may need to supplement it.

Phase two: A slow-down

Adventure and activity could be limit-

ed by health issues. As a result, you may spend less on discretionary, lifestyle-oriented pursuits and more on health and medical care.

This phase should include continued monitoring of income and spending habits. Are your assets on track to last as long as you need them to?

Revisit and update your estate documents as necessary, ensuring that beneficiary and account information for investments, credit cards, retirement accounts, bank accounts, life insurance policies, Social Security and pension statements, real estate property, personal property and debts; your will, powers of attorney; and living will are all readily accessible.

If you and your spouse plan to remain in your home, does the home need to be

updated to accommodate limited mobility? What will the updates cost and how will you pay for it?

Phase three: Advanced age

People tend to become sedentary as they deal with mobility limitations and severe health issues. Health care expenses tend to mount.

Is it time to stop driving? If so, what transportation options are available? How will you deal with this loss of freedom and convenience?

Planning for this phase also takes into account home upkeep and other factors that could dictate a move to a new housing situation, such as an assisted living facility, that better accommodates the realities of advanced age.

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Retired lawyer, social worker advocates for social justice

By Constance Garcia-Barrio

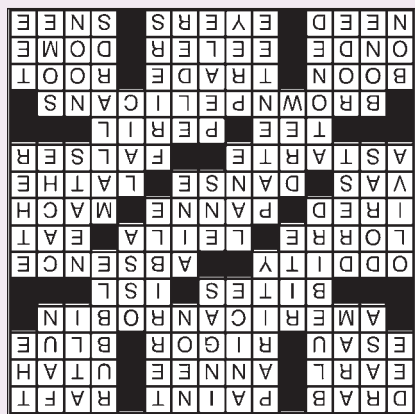
At 13, Judi Bernstein-Baker first took to the streets for a demonstration for racial equality. "A group of us from New York City high schools would picket the Woolworth's [Department Store] on 34th Street, right across from Macy's, every weekend," she said. "It was a way to pressure Woolworth's to end segregation at its lunch counters at stores in the South."

Six decades and two hip replacements later, Bernstein-Baker, still hits the road for social justice. At 74, her travels may take her to canvass her Mt. Airy neighbors about voting for independent candidates or all the way to the U.S.-Mexico border to help immigrant families. "These families are fleeing violence, persecution, human trafficking, and poverty," said the lawyer and social worker. "There's no one to speak for them."

Bernstein-Baker mapped out much of her unusual life herself. "I helped design my program of study for a master's degree in social work at [University of Pennsylvania]," said Bernstein-Baker, who moved Philadelphia in 1972 with her husband, Karl Baker, when he was admitted to Rutgers Law School. "My practice placement emphasized community organizing."

Crossword puzzle solution

(See page 15 for clues.)



Courtesy: Judi Bernstein-Baker

A stint as community organizer at Community Legal Services, which provides free legal assistance to low-income Philadelphians, convinced Bernstein-Baker that a law degree would be a valuable tool. She had a daughter and a son, 7 and 3 respectively, when she began studying at Temple University Beasley School of Law and graduated in three years.

In 1990, Bernstein-Baker landed work at Penn Law School, where she created a program for law students to do public service as part of their degree requirement. “At Penn, I became aware of the need for pro bono help in immigration,” she said. In 1998, when she became executive director of HIAS Pa. (Hebrew Immigrant Aid Society, Pennsylvania), a nonprofit that helps immigrants, she delved more deeply into the issues. The position also resonated with her in another way. “National HIAS brought my mother [to the United States] from Poland in 1921,” Bernstein-Baker said.

At HIAS Pa., she increased the diversity of the refugees served and expanded social and educational services to support them. She retired in 2016, soon after hip-replacement surgery. During rehab, she got

her second wind. “Now, I take pro bono cases for the most vulnerable people, especially unaccompanied youth and those facing deportation,” she said. “I’ve been to [U.S.-Mexico] border twice.”

She's been taking Spanish lessons because many of her clients are from Guatemala, Honduras and El Salvador. "I get referrals of cases from nonprofit organizations, particularly HIAS Pa, and community members," Bernstein-Baker said. "I also occasionally cover cases for Immigration Law Options, a law firm."

In February 2019, Bernstein-Baker represented a 20-year-old woman from Honduras, who is developmentally delayed and functions at a 13-year-old-level. "She was separated from her mother and sister after they crossed the border into the U.S. seeking asylum," Bernstein-Baker said. "The [young woman] was sent to a detention center in Battle Creek, Michigan, while her mother and sister went to relatives in Kentucky." Bernstein-Baker represented her in a hearing via TV and obtained her a reprieve. "She speaks no English and couldn't navigate the airports alone. I [traveled to Michigan and] picked her up from jail. We spent the night in a hotel – she loved [watching] Spanish cooking shows on TV – and flew to Kentucky the next day. Her [reunion] with her mother was moving."

In another recent case, Bernstein-Baker represented a young man from Honduras. "He's a wonderful young person, a student activist and future leader," she said. "He had a strong case, but there were no immigration lawyers available in rural Louisiana where he was detained." Bernstein-Baker traveled to Louisiana twice and won the case. Immigration rights supporters raised funds for her airfare and an interpreter.

Immigration cases absorb much of Bernstein-Baker's energy, but she finds time for gardening, birding and quilting. She also teaches law for paralegals at the Community College of Philadelphia and lectures

about immigration at the Osher Life Long Learning Institute. "We seniors have a lot to give," said Bernstein-Baker. "The [most important] thing is to use our extra time to do something valuable in the world. We can make a difference."

Native Philadelphian Constance Garcia-Barrio writes about many topics, including black history.


Stay vigilant during heat

As temperatures rise in the city, Philadelphia Corporation for Aging (PCA) reminds older adults to take care to prevent heat-related illness.

“As it becomes hotter over the summer, the concern is that older adults who may still be isolating in their homes could potentially be experiencing the effects of extreme heat without anyone knowing,” says president and CEO Najja Orr. “As a community we have to be vigilant for one another.”

During the summer heat, it is important to stay hydrated by drinking water, even when they don't feel thirsty, and to keep the windows open when using a fan to avoid creating a "convection oven" effect in your home. Seniors and anyone checking on them should be aware of these symptoms: heavy sweating, fatigue, dizziness, headache, nausea and a quick pulse.

In the event that a Heat Health Emergency is declared in Philadelphia, PCA also establishes a Heatline, which is ran through the Helpline call center and is accessible through the Helpline phone number. However, residents are encouraged to call with heat-related concerns to the Helpline at anytime, even when a Heat Health Emergency is not in effect.

For more information or help, call the PCA Helpline at 215-765-9040 or go to pcaCares.org. 

Doctor visits

• continued from page 7

like doing telehealth visits when appropriate. If there's any reason or issue why they can't get into the office, they're very accepting of this. Many older adults are actually quite digitally literate."

Currently, the telehealth physical exam is visual and auditory. "You can hear someone's breathing, and you can see various things," Chapman said. "But you can't feel things. There are some limitations in the exam."

A lot of the physical examination information can still be gathered during a telehealth visit. According to Chapman, they've taught patients how to take their own vital signs, count their respirations and check their pulse.

"It's not perfect yet, but it's continuing to improve," Chapman said.

“For people who are not tech savvy or people are just not comfortable with fancy phones, it can be scary. What it comes down to is patience. Once they get set up, they become very comfortable and they're like, 'I can't wait to talk to you next week.'”

— Dr. Andrew E. Chapman, co-director, Senior Adult Oncology Center at the Sidney Kimmel Cancer Center

At MossRehab, the telehealth unit was set up when the pandemic hit. Now, the hospital has an organized system in place. Telehealth lends itself “quite nicely” to the work Dr. Chris Plataras does as MossRehab's clinical director of musculoskeletal spine and sports rehabilitation medicine.

“Most of my physical examination is watching how people move, how they compensate for a particular joint problem, an observational functional assessment,” Plataras said. “As long as I can see



the patient and have them follow commands and move around and do things, than we can get a lot of information in the musculoskeletal health realm. So this is particularly helpful for neck, low back pain and hip pain.”

The initial telehealth challenge was getting people on their devices with the apps up and running. Once connected, Plataras said he has been able to direct patients through exercises on the first visit.

Plataras asks his patients to place the camera on the ground “We want proper distance from the camera, so I can see their whole body but they also can still hear my instructions,” he said.

“For people who are not tech savvy or people are just not comfortable with the fancy phones, it can be scary,” Plataras said. “What it comes down to is patience. Once they get set up, they become very comfortable and they're like, ‘I can't wait to talk to you next week.’ I have many people in their 70s and 80s doing this and doing it quite well.”

Looking to the future, a lot of post-surgical care can be augmented by telehealth visits. It can also be used by other health care providers, besides physicians. MossRehab is exploring ways to conduct telehealth visits with a physical therapist, speech pathologist, nutritionist or psychologist, Plataras said. “There's a lot of different ways to use this technology.”

Jay Nachman is a freelance writer in Philadelphia who tells stories for a variety of clients.

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Explore Philly from home

Here are just a sampling of local attractions offering virtual museum tours and online activities.

Independence Seaport Museum: Dive into virtual exhibits, create works of art and test your nautical knowledge. PhillySeaport.org/digital-resources

The Franklin Institute: Take a virtual tour of the Giant Heart, discover NightSkies@home and get daily #SparkofScience with engaging experiments. fi.edu/franklin-at-home

Barnes Foundation: Stay inspired with daily "Barnes Takeout" art talks on YouTube or register for a class online for a deeper dive. BarnesFoundation.org/whats-on/explore-the-barnes-online

Science History Institute: Explore free digital content, including articles, video and a podcast, and tune into Lunchtime Lec-

tures on Wednesdays at 1 p.m. ScienceHistory.org/learn

Museum of the American Revolution: Explore digital resources for all ages, including a virtual museum tour, virtual field trip and digitized collection. AmRevMuseum.org/education/digital-resources

Mural Arts Philadelphia: Explore the world's largest outdoor art gallery from your home. map.MuralArts.org

Penn Museum: Free cultural and educational resources, recipes, at-home anthropology projects, online happy hours and curator chats, online collections, and one-minute gallery tours. Penn.Museum/athome

The Clay Studio: Live-streamed tutorials and Q&A sessions on its YouTube channel. TheClayStudio.org 🌅



Openicons

Nursing homes

• continued from page 4

stocked with personal protective equipment [or PPE], and they need to have access to testing."

Many health experts agree that testing is key. "Without a broad-scale asymptomatic testing approach, we will not deal with the epidemic in skilled nursing facilities," said Donald Taylor, director of the Duke University Social Science Research Institute. "One asymptomatic worker or patient coming in can undo the best infection control."

Some facilities have started socially isolating patients by moving them to single rooms.

Others are dedicating specific floors, wards or buildings to house only people who have COVID-19. But many experts feel that more federal and state funding is needed to make sure that all nursing facilities have enough PPE, such as gowns, masks and gloves; testing; and additional staff at nursing homes.

Infection control can be improved by limiting the penetration of infection, being able to detect infections early, and containing them as hermetically as possible before they spread, according to Dr. Saade. To do this, he suggests that nursing facilities limit visitors and the pool of workers, as well as screening for signs of infection upon entry. Staff should "limit their work assignments to a single facility and, within this facility, to the same unit or floor. Sick leave policies should be flexible, and workers discouraged from showing up to work sick."

Nursing homes should also be proactive by stocking PPE in anticipation of future infections. "Many nursing homes partner with hospital systems in their areas," Dr. Saade said. "This makes tests, equipment and expertise more readily accessible to them, and would permit exchange of helpful local epidemiology information."

Alicia M. Colombo is editor of Milestones.



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Health Brief

Why it's hard to spot the difference between COVID-19 and influenza

With a vaccine for COVID-19 still months from being unveiled, there's no guarantee that even as things reopen we're not looking at a surge right in time for the fall flu season.

With the symptoms for both looking very similar in addition to the spread and transmission, wondering if you might have COVID-19 when it could just be the flu could be harder to detect. According to the Journal of the American Medical Association (JAMA), flu deaths and deaths from the coronavirus are even reported differently making it tough to ascertain the underlying causes.

As COVID-19 and the respiratory issues it causes severely affect older adults, doctors have been working steadfastly to understand if there are significant differences to point out. Perhaps the one overarching difference are the respiratory issues in that complications from COVID-19 are largely centralized from in the lungs and remain there, while flu like attacks particularly result in cardiac abnormalities and subsequent pneumonia.

Fortunately, doctors have noted that there is a significant history with the flu

that allows them to spot the differences a bit more effectively. This is promising news for those with symptoms considering until a vaccine for COVID-19 is discovered, a process that at the time of this report was still 8-12 months from being a reality, it's going to be a guessing game if you try to diagnose it on your own.

"We have more experience with the complications of flu — such as cardiac problems and bacterial pneumonias that happen after you get the flu," said Dr. Michael Chang, an infectious disease specialist at the University of Texas. "But with COVID-19, every treatment is essentially a trial run."

So it's important to know that before you diagnose yourself, calling a medical specialist and explaining your symptoms is vital, especially in the fall months when it's expected that both viruses will again be prevalent. Right now, until there's a vaccine, it's important seniors remain more proactive than reactive.

The sooner you do, it just might save your life.

Source: *Heathline.com, Journal of American Medicine*

Crossword

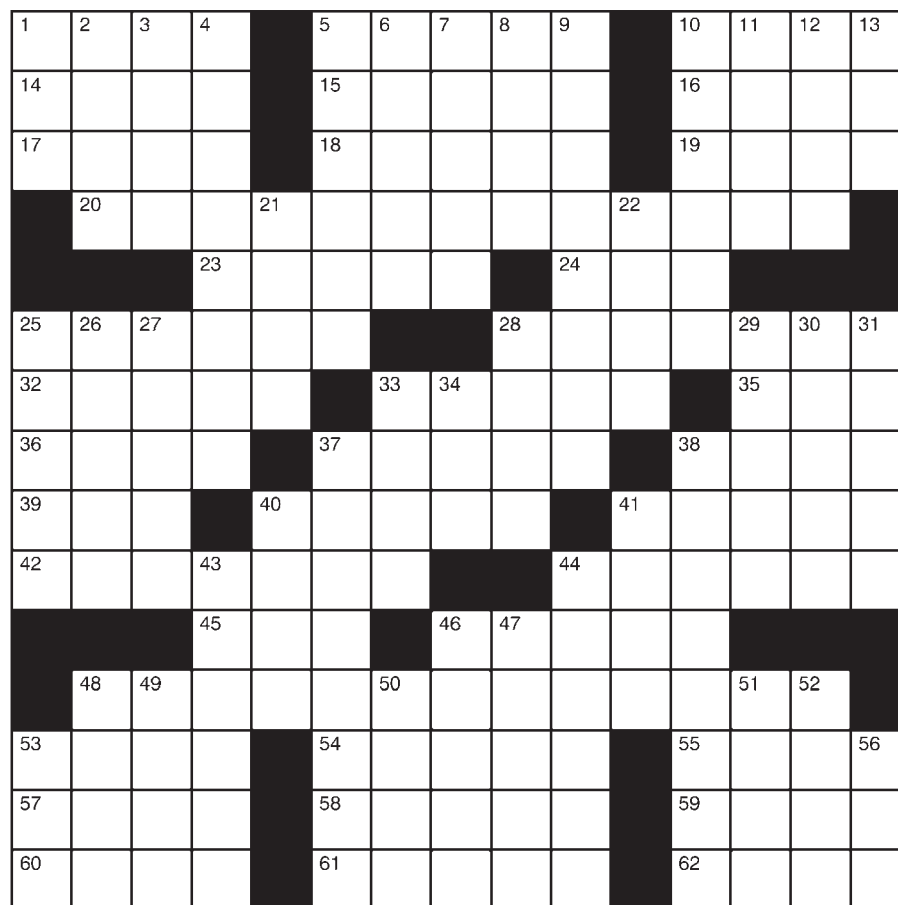
Aerial

Across

- | | | | |
|--------------------------|----------------------------|-----------------------------------|-----------------------|
| 1 Colorless | 19 Depressed | 36 Not pleased | 48 Shore birds |
| 5 Word following wet | 20 Harbinger of spring | 37 Silk velvet | 53 Favorable thing |
| 10 Water transport | 23 Vampire's ritual | 38 Certain number, in aeronautics | 54 Mark, name or wind |
| 14 Chief Justice Warren | 24 Capri: abbr. | 39 Anatomical duct | 55 Tuber |
| 15 Marie's year | 25 Stumper | 40 ___ <i>Macabre</i> | 57 Wavy: her. |
| 16 Salt Lake City's site | 28 Leave of ___ | 41 Turning machine | 58 Conger angler |
| 17 Rebekah's son | 32 The Peter who petrifies | 42 Goddess of love | 59 Pate |
| 18 Severity | 33 Actress Hyams | 44 Less real | 60 Be out of |
| | 35 Sup | 45 Hee's leader | 61 Rubbernecks |
| | | 46 Danger | 62 Snick or ___ |

Down

- | | | | |
|-------------------------------------|-------------------------------|---------------------------|-------------------------------|
| 1 'Across the sands of ___' | 11 Aftermath of an earthquake | 28 Clad, old style | 44 Made up for |
| 2 Tabula ___ | 12 King of the Huns | 29 Old man, in France | 46 Some hens |
| 3 Composer Khachaturian | 13 Relative of a satyr | 30 ___-foot oil | 47 Positive thinker |
| 4 Maeterlinck play, with <i>The</i> | 21 Word in many book titles | 31 Hidden trove | 48 Churchman |
| 5 Equivalent | 22 Nuptials, e.g. | 33 The "wild blue yonder" | 49 Ready a salmon for cooking |
| 6 Have ___ day! | 25 Pelion's resting place | 34 Lovers' ___ | 50 Had a lift |
| 7 TV actress Swenson, <i>et al.</i> | 26 Father of the Dionne quint | 37 Ems followers | 53 Stalk |
| 8 Night light | 27 Dumb ones, so-called | 38 Certain license holder | 51 Word before day or tide |
| 9 Dire | | 40 Ducks | 52 Body, one, or thing |
| | | 41 Delineated | 53 ___ <i>appétit</i> |
| | | 43 Secular | 56 Leisure shirt |



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