

Summer 2019

engage

LIVE WITH PURPOSE



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- Summertime in Chicago
- Driving as We Age: The Facts

north shore **senior** center

EDITOR: Amy Krause

CONTRIBUTING WRITERS:

Diane Bounds, Janet DeRaleau,
Laurie Kaplan, Jon Labaschin,
Kerry Peck, Josh Prince,
Tish Rudnicki, Betsy Storm

DESIGNER: Lisa Maraldi

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*We welcome adults of all ages, races,
ethnicities, religious traditions and
spiritual practices, genders and sexual
orientations.*

*North Shore Senior Center is a 501(c)(3)
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CELEBRATING SUPER SENIOR VOLUNTEERS



Forty organizations gathered for the 46th Annual Super Senior Day where volunteers 60 years and older are honored for their extraordinary volunteer efforts. Pictured here is North Shore Senior Center honoree **Ruth Reagel** (second from left), who volunteers at House of Welcome Adult Day Services providing care and nurturing to people living with dementia. Pictured with Ruth are (from left): Program Manager Vivian Mitchel, Executive Director Tish Rudnicki and Board Chair Stuart Smith.

Photos by Rick Reingold



Super Senior **Bill Thome** (second from left) was honored by two organizations—OLPH Sharing Ministry and Northfield Township—for his outstanding volunteer efforts. Joining Bill above are his granddaughter Moira Hand, daughter Kim Hand, who heads up our Glenview Senior and Family Services, and Jill Brickman of Northfield Township.

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A MESSAGE FROM OUR EXECUTIVE DIRECTOR

Tish Rudnicki

“Alone we can do so little; together we can do so much.” —Helen Keller

Summer is upon us, complete with sunny days, starry nights and, finally, warmer temperatures. I am always grateful for this fleeting season and for every chance I have to enjoy it. I hope that this issue of *Engage* has arrived at a time that you, too, are relishing the summer season.


I've had the honor of leading North Shore Senior Center as its executive director for six months. In that short amount of time, I've had the opportunity to learn much and meet a lot of amazing people. It is evident to me that the work of achieving the Center's mission is the work of many. Each staff person, volunteer and presenter, whether in a Lifelong Learning class or in a participant's home, play a pivotal role in meeting the mission. Each person, in turn, empowers another to reach his or her goals—whether that goal is to live independently in the community, to teach (or learn) a new skill or to provide support to someone in need. I am proud to be a part of this team and to continue to build a culture of collaboration and empowerment. Working together, with the mission as our guide, we are sure to achieve success.

Each encounter I have had—however brief—with participants, members, volunteers or staff, has left me with a sense of gratitude: I'm grateful to have shared a member's 100th birthday with her and her bridge group the week before she passed away; grateful for the dedicated volunteers

who so generously give their time—some multiple days each week. I'm grateful for each of the staff teams—for those who keep the building and offices functioning, for those who interface with participants and members, for those who raise the money and for those who manage it. The execution of our mission is the result of all of us coming together having done our parts toward a shared goal.

This issue of *Engage* is filled with stories of North Shore Senior Center's mission in action. You'll read about the tireless work of our Senior and Family Services staff, the importance of maintaining relationships across generations, and get a sneak peek at the Center's annual Gala to be held on September 28 at the Skokie Country Club in Glencoe—I hope you'll join us! The dollars that are raised from our generous donors at this event are critical to continuing our mission. I hope you enjoy what you find between the covers of this issue.

Wishing you summer days filled with sunshine!



Tish Rudnicki, MSW
Executive Director



EMPOWERING OLDER ADULTS ONE CLIENT AT A TIME



Most folks know North Shore Senior Center for its stimulating classes, informative lectures, events and daytrips, social clubs and fitness opportunities. What many people don't realize is the important work being done behind the scenes by our Senior and Family Services department on behalf of older adults and their families.

Armed with a team of 60 highly knowledgeable and dedicated staff members in Northfield and Niles, our Senior and Family Services department works tirelessly for people who need assistance so that they can remain living independently and avoid moving into nursing homes. Thirty case managers make up half of the department and manage around 180 clients each. At print time, Senior and Family Services had 5,982 open cases.

Ana Pinshower is a case manager in our Northfield office. She shared her journey with a client who she's worked with since she joined North Shore Senior Center four years ago.

Yury is an 83-year-old widow who emigrated from Ukraine in 1981 with his wife and daughter. Yury is legally blind, has hearing loss, and battles with osteoporosis and arthritis. He has difficulty getting around so he uses a walker. When Ana first began working with Yury, she assisted him with care coordination, meeting with him once a year to reassess his needs for in-home care.

Up until two years ago, Yury's daughter, Lyulea, was his primary caregiver, moving him in to live with her and her husband. Lyulea took care of her dad's benefit renewals, bills, grocery shopping, meals and cleaning. She was also the primary caregiver for her husband, Valery, a diabetic who is blind and a double amputee due to complications of the disease.

In the summer of 2017, Lyulea fell and hit her head and died suddenly. Devastated, Yury said he didn't want to go on living. "I wish it would be me and not her. I didn't want to live anymore. Valery told me to stay alive for him." Yury did his best to take care of himself and his son-in-law. His 60-year-old niece, who lives in Texas, stepped up to help with finances. Today, she also serves as his power of attorney and calls him every day to check in and see how he's doing.

Yury and Valery tried to manage life on their own but things quickly deteriorated. When Yury lost his Medicaid benefits, they turned to Ana and North Shore Senior Center for additional help. Ana went through the necessary steps with the Department of Human Services (DHS) to resolve the situation and get Yury's Medicaid reinstated. She quickly saw that they both needed additional services.

According to Ana, navigating through the red tape associated with DHS or any government office is complicated, even for those familiar with the process of applying for and renewing benefits. "It can be a frustrating and confusing experience for anyone, so you can imagine

the challenges for individuals who don't speak English as their first language. Many of our clients, like Yury, aren't fluent in English and struggle to understand the forms they are filling out and what's needed from them. One of the many ways case managers help is with paperwork, so people can receive the services they need."

Ana also explained that many clients aren't even aware of services and programs available to them. "As case managers we meet with clients and their families to determine their needs and see what entitlements they are eligible for such as Medicaid, Supplemental Nutrition Assistance Program, respite for family caregivers, transportation and energy assistance. Some clients with no family rely on us to give them guidance and the tools to advocate for themselves."

Upon reviewing Yury's and Valery's new life without Lyulea, Ana was able to expand their services with:

- increased caregiving services through the Community Care Program
- access to the Low Income Home Energy Assistance Program (LIHEAP) for help with electric bills
- services through The Chicago Lighthouse for the visually impaired
- renewal of Medicaid benefits and Supplemental Nutrition Assistance Program (SNAP or food stamps)
- Giving Tree gifts during the holiday season

“ I didn't know what to do when I found out my Medicaid was canceled. Each month I have 20 prescriptions that I can't live without. I called Ana and she was here the very next day. She spent two days helping me fix the situation—she saved me.”

Earlier this year, Ana was notified that Valery had a heart attack and had been placed in a nursing home. Noting that Yury's life had taken on another drastic change, Ana was able to increase his in-home caregiver services and implement an Emergency Home Response System through the Community Care Program (CCP). CCP is a government-run program that is designed to prevent unnecessary institutionalization of older adults who have difficulty with household and personal care tasks. CCP is available to those 60 years and older who are deemed financially eligible for Medicaid.

"As case managers we empower our clients to be independent. If we know clients are capable of doing something for themselves but just need more knowledge or confidence, we give them what they need so they can be self-sufficient," Ana said.

As for Yury, he considers himself lucky to have Ana in his life. "People my age aren't always treated well, but with Ana I know I am not alone. She gives me good advice, and I have 100% security with her."

Read more about our Niles Senior & Family Services on page 20.

SAVE THE DATE!

GALA

2019

SATURDAY, SEPTEMBER 28, 2019

5:30 P.M.

SKOKIE COUNTRY CLUB—GLENCOE

**EMPOWERING YOU,
YOUR FAMILY & THE COMMUNITY**

north shore senior center

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JANET MCKAY

Administration Desk Volunteer

I live in Glenview and like to walk my dog around Lake Glenview. I also take in evening concerts at the Botanic Garden and like to visit the Miniatures Room at the Art Institute of Chicago.

JIM YOUNG

Library & Pen Pal Program Volunteer

The Grove on Milwaukee Avenue has great nature programs and is a fun place to go bird-watching. I also enjoy going to the Botanic Garden for hands-on and demo cooking classes. A great place to get ice cream is the Dairy Bar in Glenview.

MARCIA GROSSMAN, CORRINE BOWMAN, MARINA LANCHEROS & BERNICE TARSHIS

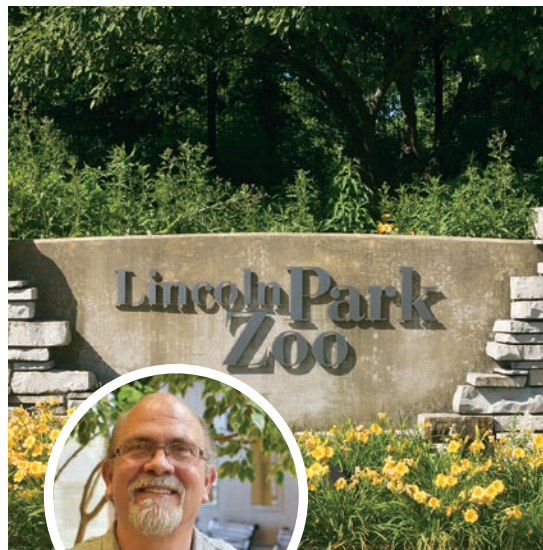
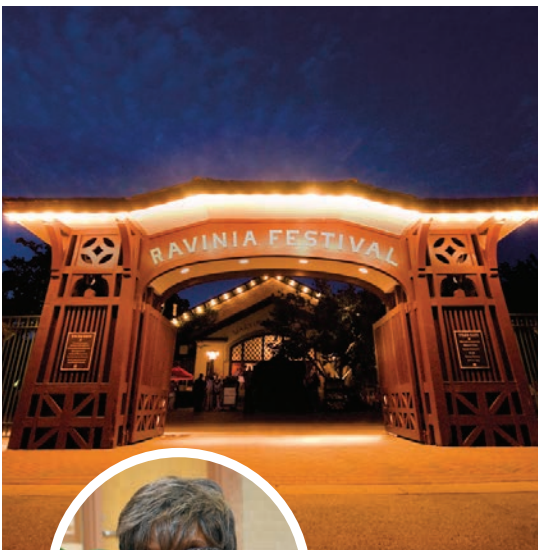
Canasta Players

The U.S. Mailboat Tour on Lake Geneva is a great way to spend a morning. You ride around for two and a half hours with the mail carrier who delivers mail to all homes on the lake. Another fun place to visit is Starved Rock, which is about two and half hours southwest of Chicago. There are antique shops, gift shops, walking and hiking paths, boat tours, and lunch at The Lodge is a must!

IT DOESN'T MATTER IF YOU SEEK ADVENTURE IN DOWNTOWN CHICAGO OR PREFER A QUIET GLASS OF WINE ON YOUR PATIO AT HOME. NOTHING BEATS SUMMER IN CHICAGO.

We all shed our heavy coats, roll down the car windows and come out of hibernation. We fire up our grills, waken our senses to the smells of summer and bursts of color courtesy of Mother Nature, dig our hands into the dirt and tend to our gardens, give our dogs the long walks they've been deprived of in the colder months, and savor meals outdoors and reading the newspaper on the back porch.

We asked some folks around the Center about the activities they enjoy most during the warm summer months. Maybe some of their ideas will inspire you to try something new this summer or revisit an experience that you haven't indulged in for a while.



CONNIE BELL

Receptionist

I love jazz so I take advantage of free outdoor concerts in the parks. I go to Ravinia a few times each summer with my social club that I've been part of for 30 years. I also enjoy shopping on Michigan Avenue and then going to Bandera for dinner and live jazz.



JUDY LOEBAKA

Volunteer at The Shop

My friends and I get a kick out of going to the different art fairs in the summer. Some of my favorites are in Evanston, Lake Forest and The Glen. I also like to walk at the Botanic Garden and at Old Orchard Mall.



SAL CARBONE

Maintenance Technician

I'm Italian so I enjoy gardening and cooking for my family. Each summer I grow eggplant, zucchini, tomatoes, basil and cucumber. Our two kids and five grandchildren come over a lot for barbecue. We also enjoy taking our grandkids to Lincoln Park Zoo and attending their baseball and soccer games. Sometimes my wife and I drive up to Lake Geneva and walk around the lake.

The Benefits of Intergenerational RELATIONSHIPS

by Betsy Storm

“The simplest toy, one which even the youngest child can operate, is called a grandparent.” —Humorist Sam Levenson

The love affair between grandchildren and grandparents burns brightly in the hearts, minds and spirits of most every Nana, Pop-Pop, Gramps, Granny, Zayde, Bubba, Glammy and Pops. In truth, this particular combo may reign as the pinnacle of intergenerational relationships.

And while the grandchild-grandparent twosome is the most talked about and naturally occurring intergenerational relationship, there are many other ways for seniors to enhance their lives by spending time with those who are young in chronological years. (More on that later.) There’s even a publication devoted to the topic, *The Journal of Intergenerational Relationships*.

The grandmother of 14, Family Practice Physician Deborah S. Clements, MD, Northwestern Medicine, said there are many reasons why grandkids and their grandparents are natural magnets. “Once people are 65 or older, most have accomplished what they want to accomplish, whereas their adult children are in high-productivity mode, working hard to keep the lights on. Grandparents, however, are asking themselves, ‘What difference can I make in the world *now*? What legacy will I leave?’ The period of life they’re in is a perfect match for little ones, who often wonder, ‘What is *my* place in the world?’”

Clements, who practices out of Grayslake and Lake Forest Hospital, adds that the younger and older generations often share mutual and complimentary characteristics—a natural result of being part of the same family. There’s frequently a set of shared beliefs and interests.

And the icing on the cake? The grandparent-grandchild relationship, she says, usually is one of the least conflicted. As the old joke goes, “Spending time with the grandkids is the best. You all have fun, you get to spoil them, and then you send them home to their parents.”

Therapist Tamara Newell, LCSW, works with many seniors at Northfield’s Josselyn Center, a provider of counseling and mental health services. The boons to seniors resulting from spending quality time with the younger set are obvious: “Kids and young people offer lots of stimulation to the brains of older people. Children are often lively and happy. They have new ideas. And because kids are quick in just about every way, older adults have to pay a lot of attention when they’re with them. It’s a great diversion for the older brain.”

Plus, because grandparents are often fortunate to have free time to share, they’re able to just relax with the kids. They’re not usually responsible for driving them around or making sure homework is complete. Instead, said Newell, they can simply ask the kids how they’d like to spend their special time together—be it a snuggling session while reading on the couch or a trip to the park.

Finnegan Brown, age 8, of Barrington, concurs with therapist Newell. “I especially like to go on outings with my grandparents. One set of grandparents lives in Florida, and my grandmother, Lulu, is a great gardener. She teaches me a lot about plants. My Chicago ‘Nanny’ shows me the classic city stuff, like taking me to the Field Museum. She’s helped me learn how to read.”

Even though he’s only eight years old, Finn said he understands that “Grandparents are special. They’re not just my friends; they’re my *family*.” The second grader shares his knowledge, too. “When I was five, I taught my Lulu how to play video games. She liked it.”

Older individuals who may not have grandkids or other young people in their lives on a regular basis can seek out these fulfilling interactions, often with the help of community-based programs and offerings. For example, the powerful force of music has been adopted as a bridge builder for intergenerational connections. The abstract of a paper published in *The Journal of Intergenerational Relationships* (December 2017) stated: “The benefits of learning through intergenerational singing extend well beyond the vibrancy of lifelong learning and improved singing, and include the mutual, reciprocal, and valued friendships between the younger and older participants that develop during such programs.”

Kathryn Augustine, a freshman at Medill School of Journalism at Evanston’s Northwestern University, spent last summer as an activities assistant at a senior living facility in Weyland, MA. “Part of the reason I wanted to work with seniors is that I was very close to my grandparents while growing up.” Augustine shared fond memories of her grandparents attending her school and athletic activities. As part of her summer job, Augustine helped a male resident, a widower, create a set of digital postcards of his wife’s paintings.

“I really enjoyed hearing his stories about his wife and their life together,” she explained, adding that the relationship was reciprocal. “I taught him something about technology while I learned about his past. Older adults are great about sharing advice, life lessons and stories.”

Top 10 Benefits of Forging Intergenerational Relationships

1. Provides both younger people and older adults a sense of purpose.
2. Assists kids and younger adults in developing an understanding of—and later—an acceptance of their own aging.
3. Rejuvenates older adults.
4. Offers an opportunity for both young and old to learn new skills.
5. Prevents the isolation that often plagues older adults.
6. Sharing family stories further strengthens bonds and advances a sense of identity and family connection by keeping that history alive.
7. Aids in cognitive stimulation and enlarges social circles.
8. Enhances the mental health of older adults.
9. Boosts the morale of older adults, as they usually look forward to time shared with kids and younger adults.
10. Increases seniors' feelings of self-worth by allowing them to contribute to someone else's growth and a sense of well-being while participating in positive and reciprocal relationships.



Intergenerational Relationships: Stories from the Center



Heather Resnick

Case Manager/Caregiver Specialist

As a child, my two siblings and I stayed over at our great-aunts' home every Saturday night. Aunt Rose (above left) was born in 1896, and Aunt Jenny (above right) was born in 1900. Neither of them married or had children so they lavished us with love and kindness. Spending time with them each week was a very enriching experience for my siblings and me.

Each week was a simple, yet very special routine. Dinner consisted of tuna salad with veggies and fresh challah, followed by ice cream floats for dessert. After dinner we'd watch the Saturday programming which included "The Mary Tyler Moore Show," "All in the Family" and "The Carol Burnette Show." There were always bowls of Brach's candy mix available. We kids would help out with little chores during our visit; simple things like changing light bulbs. If we were well-behaved, we were rewarded with back scratches and feet tickles. We'd stay for breakfast on Sunday, and then Mom (above center) would pick us up. Their unconditional love provided me with a lifelong appreciation of and respect for older people that manifests in my work here with older adults and their families.

Michelle Grochinski

Older Adults Benefits Specialist

I have a special relationship with a group of women who range in age from 65 to 75. I am 25. We meet monthly for meals, cultural events, nature walks, concerts and lively conversations. We met through a meditation class I took with my mom at the Cancer Wellness Center the year before she passed away. After class, my mom and I would join this smart, engaging group of women for lunch. When my mom died four years ago, this group was a godsend; they understood loss, and so I could turn to them at a time when I couldn't relate to anyone my own age. I continue to have treasured, beautiful relationships with these women. They remain some of the only people with whom I can share how my grief and family affect me, and our shared interests and passion for learning keeps our friendships strong. (Pictured from left to right are Mary Kay, Sue, Michelle, Val and Phyllis.)

Rose Carroll

Associate Director, Lifelong Learning

I've had a few meaningful relationships with people significantly older than me. One of them led me to my job here at the Center. I started out as a volunteer in our Friendly Visitor program for a woman named Ethel. I would visit her in her nursing home and, for a long time, would bring her and a few of her friends to the Center, which led to me getting a job here 33 years ago. Ethel lived to be 100 years old, and we were friends for 13 years.

Today, I have a close friendship with Chris (above left). I started out being close friends with his partner, Roy, through church. For years we sat next to each other every Sunday. Chris would come to church with Roy twice a year—on Easter and Christmas. Two years ago Roy passed away and Chris asked me to help plan Roy's memorial service and clean out his things in their home. Many items Chris donated to The Shop at the Center. As our friendship grew, Chris began attending church with me. I pick him up every week and he sits next to me where Roy always sat. It's a way for Chris to feel close to Roy, even in death. I can't help but think that God put me in church each week next to Roy for a reason.



“Ask an Attorney”

Prepared by Kerry R. Peck, Esq.

In this edition of the “Ask an Attorney” column, Kerry R. Peck, managing partner of Peck Ritchey, LLC, addresses questions that focus on powers of attorney, probate and scams.



Q. My aunt has no children and has lived in another state for a few years. I recently found out that my brother has moved into her home and taken control of her finances. Is there anything my sister and I can do to intervene and prevent him from doing further harm?

—Gloria, Evanston

A. Initially, you should inquire into what authority your brother has to make financial decisions for your aunt. Is he now her power of attorney for property or is his name now on all her banks accounts? Next, you should inquire as to whether she has had any cognitive decline or is currently suffering from a cognitive impairment, as this may have an impact as to why your brother is now involved in her finances. If you discover that your brother has acted improperly, you should speak with an attorney in the state your aunt resides and discuss the steps to try and remove your brother from controlling your aunt's finances. This might involve the execution of a new power of attorney for property or the opening of a guardianship proceeding.

Q. We closed my wife's probate estate about six months ago. However, while moving out of our previous home, I discovered some valuable family heirlooms that had been passed down to her. These were not included in the original probate estate. What should I do?

—Joe, Northbrook

A. Initially, the threshold question to answer will be, if the newly discovered valuables need to pass through probate. You should speak with an experienced probate attorney who can assist you in making a decision as to whether you need to reopen your wife's probate estate. In Illinois, if you discover additional assets that must pass through probate, you can request that the estate be reopened and

the same individual appointed to continue with the administration of the probate estate. Once everything has been properly administrated, you may again close the estate.

Q. I am 86 years old and live alone in my apartment. I recently got a phone call from the IRS saying that I owe \$50,000 in unpaid taxes. I was nervous so I wired the money over to them the next day. My daughter is now telling me that this was a scam. Is there anything I can do to get my money back? —Margaret, Niles

A. The situation you are describing sounds like it might be a tax/IRS scam or financial exploitation and is a crime. Initially, it is unlikely that the IRS or another government agent would call you to request money without having previously sent you documentation that you can review. If you have doubt as to the authenticity of the transaction, immediately contact your bank and try to stop payment. Thereafter, contact your local police who should be able to assist you in investigating the matter. The state's attorney general's office also may be able to assist in investigating the matter. Further, you might want to involve your daughter or another trusted individual who can assist you. Finally, you can contact an attorney to see if there is a way to track down the individual(s) and initiate legal proceedings.

Note: The responses provided in the “Ask an Attorney” column are not legal advice and do not create an attorney-client relationship. Peck Ritchey, LLC has not been retained to represent any of the above individuals for purposes of this magazine.

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Does Anyone Care?

by Jon Labaschin, Director of Development

In Wisconsin, nursing homes have denied admission to thousands of patients over the past two years because they lack essential staff, according to associations of facilities that provide long-term care.

In New York, senior patients in rural areas have been injured, soiled themselves, and gone without meals because paid caregivers aren't available, according to testimony provided to state legislators.

In Illinois, the independence of seniors with severe developmental disabilities is being compromised as agencies experience severe shortages, according to a court monitor overseeing a federal consent decree.

WHO CARES?

As the United States senior population grows ever more rapidly, grants in support for seniors remain small.

The number of Americans over 65 has jumped to 49 million, up from 35 million in 2000. Shockingly or perhaps not so shockingly, that number will jump to around 88 million by 2050.

Despite these incredible numbers, care for seniors remains a low priority for most funders.

According to North Shore Senior Center Grants Manager Barbara Rudzin, securing grant money has become increasingly difficult. "Every year I am challenged to find grants to support the important work that we do for the 23,000 older adults we serve annually, and every year this becomes more difficult simply because there are only a handful of foundations that focus their grant-making strictly for seniors. To be frank, more funders want to fund programs for children, job readiness and the homeless—older adults aren't as appealing."

"OLDER PEOPLE ARE AN EXPENSE"

John Feather, CEO of Grantmakers in Aging, describes the general sentiment around charitable giving as: "Children are an investment; older people are an expense." He goes on to say, "while few people would say it as bluntly as that, we see it all the time. It's not that older people's programs

are bad, it's just that, you know, there's not return on investment like there is if you do early childhood development programs for kids."*

It's easier to get a grant for animal-related issues than it is to get one for seniors.

It's easier to get a grant for safety issues in the workplace than it is for seniors.

It's easier to get a grant for almost ANYTHING than it is to get one for senior-related issues. Not only is it difficult, but the number of grants available is diminishing every year.

THE REALITY OF THE SITUATION

The largest generation of older people in America is here and will continue to grow rapidly. When government funding cuts programs like Meals on Wheels, who is going to replace that funding?


WHAT DOES THIS ALL MEAN FOR NORTH SHORE SENIOR CENTER?

It's easy to connect the dots. With fewer and fewer grants, the need for individual gifts becomes more imperative. So when you think of your family members or friends who are seniors, reflect on how important North Shore Senior Center is in their lives.

We need your support so that we can continue our vital work in empowering seniors to remain independent and enhance their dignity and self-respect. We need your support so that we can protect seniors from abuse, both physical and financial. We need your support so that we can help seniors find purpose in their lives. With your help, North Shore Senior Center will continue to be the bedrock on all issues concerning seniors and the place where they can find people who care.

IF YOU DON'T CARE, WHO WILL?

To discuss the many easy ways—big and small—you can donate to North Shore Senior Center, please give me a call at 847.784.6020.



"It's not that older people's programs are bad, it's just that, you know, there's not return on investment like there is if you do early childhood development programs for kids."*

“Tax

Talk”

Prepared by
Laurie Kaplan, CPA, Partner,
and Josh Prince, CPA, MST,
Manager

I received a letter from the Internal Revenue Service (IRS) regarding my taxpayer account. Should I be worried, and what should I do next?

Every year the IRS mails millions of letters to taxpayers for many reasons. Most of the time IRS letters and notices are computer-generated and either request taxpayers to confirm their identification before processing refunds, or report differences between what was reported on the tax return and information they received from third-party vendors. In some cases, the IRS will report computational differences and may request payment on unpaid balances.

Taxpayers should follow the 4 “Ds” when receiving a notice: (1) Don’t ignore it (2) Don’t panic (3) Do take timely action and (4) Do respond to a disputed notice. Just because the IRS sends you a notice or tells you that you owe taxes, it doesn’t mean they are correct. If you disagree with the IRS notice, then you should mail a letter explaining why you dispute the notice and include information and documents for the IRS to review that will support your position. Allow at least 30 days for the IRS to respond. We recommend you consult a tax advisor for addressing your specific tax situation.

I am considering taking out a home equity loan, but I heard that the interest is no longer deductible. Is that true?

Beginning in 2018, individuals can only deduct interest expenses on a home equity line of credit (HELOC) that is used specifically to buy, build or improve the taxpayer’s home. This new tax law reduced the amount of maximum principal loan balances for deducting interest expenses from \$1 million to \$750,000 for loans that originated after January 1, 2018.

Let’s consider a common scenario: Johnny took out a \$500,000 mortgage in January 2018 to purchase a main home. Later that year, he took out a second \$250,000 home equity loan to put an addition on the main home. Both loans are secured by the home and the total does not exceed the cost of the home. Because the proceeds are used on the home and the total principal does not exceed \$750,000, all of the interest paid on the loans is tax deductible. However, if the taxpayer used the home equity loan proceeds for personal expenses, such as paying off student loans and credit cards, then the interest on that portion of the HELOC would not be deductible by the taxpayer.

It is past the deadline and, unfortunately, I missed taking a required minimum distribution (RMD) from my IRA, or inherited IRA. What should I do to catch up on the missed RMD?

If you’ve missed the deadline for taking a required minimum distribution in a particular year, take the RMD as soon as possible. While the distribution will be treated as taxable income in the year taken, the penalty is required to be reported in the year missed. The penalty, also called “excise tax,” is equal to 50% of the RMD shortfall. If someone missed the RMD deadline due to reasonable cause, they may request the IRS waive the excise tax. The waiver request may be included in a letter of explanation attached to your Form 5329. There are special rules for distributions from an inherited RMD, so if you are in this situation you should consult a tax advisor.



Laurie Kaplan, CPA
Partner



Josh Prince, CPA, MST
Manager

Michael Silver
5750 Old Orchard Road,
Suite 200
Skokie, IL 60077
847.982.0333
www.MichaelSilver.com

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the mentioned individuals for
purposes of this magazine.

Driving as We Age:



According to AARP:

The average driver makes about 20 major decisions during each mile driven and often has less than one-half second to react to avoid a potential collision.

Facing the Facts

by Janet DeRaleau

We all remember the thrill of getting our driver's license. The independence it allowed was exhilarating. It still is. Even the ads for a local retirement community set on attracting independent older adults shows three laughing seniors, their white hair blowing in the wind, cruising down a highway in a convertible—just like kids without a care in the world.

The reality, though, is that we aren't kids anymore, especially when it comes to our driving ability. Our reaction time, vision and hearing all decrease as we age. But we can make adjustments to our driving that will keep us behind the wheel longer and safer.

Vision

Experts say that vision starts to change in our mid-40s. By the time a driver is 60 years old, he needs three times as much light to see as a teenager and will take more than twice as long to adjust to a change in light and darkness, according to the Automobile Association of America (AAA) Senior Driving website. In addition, peripheral vision decreases with age, so a quick glance to the right or left before entering traffic may no longer suffice. Vision changes affect depth perception, too, impacting our ability to judge distances.

The National Institute on Aging (NIA) recommends having an eye exam yearly after age 65, addressing cataracts and limiting driving to day hours, if you have trouble seeing in the dark.

Hearing

Changes in hearing can make it difficult to notice horns, sirens or even warning sounds from your own car. The NIA recommends that drivers have their hearing checked every three years after age 50 and keep the inside of the car as quiet as possible during driving.

Reaction Time

The average driver makes about 20 major decisions during each mile driven and often has less than one-half second to react to avoid a potential collision, according to AARP. Slower reaction time increases the risk of merging into traffic, hitting the brakes to avoid a child or steering away from an accident. The NIA recommends increasing the distance between you and the vehicle ahead of you, braking early when a stop is required, avoiding rush-hour driving and staying in the right-hand lane.

Multitasking becomes more difficult, too, so experts advise against eating or talking on the phone while driving. Medications also can slow reaction time. Check pill bottles for warnings and talk to your doctor, who may be able to substitute a different medication.

Self-regulation

When seniors take these limitations into consideration, many choose to self-regulate their driving as advised.



According to the Automobile Association of America (AAA) Senior Driving website:

A driver who is 60 years old needs three times as much light to see as a teenager and will take more than twice as long to adjust to a change in light and darkness.

These adjustments allow them to drive safely for many more years. But others aren't so sure they need to change their established driving habits. For those people, the NIA suggests employing a driving rehabilitation specialist to ride with you to evaluate skills and offer advice. The Association for Driver Rehabilitation Specialists website or the AAA Senior Driving website can provide more information.

Such specialists may recommend driving a car with technology features like back-up cameras, blind-spot warning systems, lane-departure warnings, brakes that automatically activate before a collision, drowsy-driver alerts, and smart headlights that automatically adjust.

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Driving as We Age

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Upgrading your driving skills through AARP's Safe Driver course is another option. Offered at North Shore Senior Center, it can refresh your memory about the rules of the road, educate you about new laws and serve as preparation for the periodic road tests required by the State of Illinois starting at age 75.

When Self-Regulation Isn't Enough

No one wants to give up the car keys, but a "yes" response to these questions may indicate that it's time to consider just that.

Do I ...

- have a delayed response to unexpected situations?
- become easily distracted while driving?
- feel less confident or anxious while driving in general or at night?
- have difficulty moving into or maintaining the correct lane of traffic?
- hit curbs when making right turns or backing up?
- have frequent "close calls" or accidents?
- get more traffic tickets/warnings than I used to?
- notice other drivers honking at me?
- get lost, even on roads I know?
- know that my family or friends say they are worried about my driving?

Remember that giving up driving doesn't mean giving up independence and activities. Calling a taxi or Uber/Lyft is a common alternative to driving for all ages. Many towns have senior bus service and some churches provide volunteers for rides. The Center offers an escorted transportation service for trips to and from doctor appointments.

When It's Time for "The Talk"

When it's obvious that your loved one is a danger to himself and others on the road, it's time for "the talk." AARP advises that you not put off the conversation because of fear. Hurt feelings and anger are a normal part of the process and sensitivity is the key to a productive conversation.

A free online seminar developed jointly by AARP, The Hartford insurance company and the Massachusetts Institute of Technology AgeLab, entitled *We Need to Talk*, offers three modules of varying lengths that address the best practices for having this conversation.

The first 26-minute module focuses on what driving means to your loved one and the emotions involved in having to give it up. The second module of 19 minutes offers ways to objectively observe the aging driver's skills and discusses alternatives to driving. Module 3 is 30 minutes long and concentrates on the discussion itself and alternative ways to help your loved one stay connected and independent.

Additional tips from NIA include:

- **Use "I" messages rather than "You" messages.**
For example say, "I am concerned about your safety when you drive," not "You're a bad driver."
- **Stick to the issue.** The conversation is about ability not age.
- **Focus on maintaining independence and be positive and supportive.** Say, "I'll help you figure out how to get where you want to go if you can't drive."

Medicare Made Easy: Emergencies and Urgent Care

by Diane Bounds, Senior Health Insurance Program (SHIP) Counselor

When faced with a medical emergency, you don't want to worry about whether or not your emergency room visit will be covered by insurance. If you are enrolled in Medicare, you needn't worry. Emergency and urgent care services are covered by Medicare. Standard co-pays and co-insurance will apply whether you are enrolled in Original Medicare or a Medicare Advantage plan. It's important to understand what emergency and urgent care are and what is and isn't covered by Medicare.

Emergency services are for life-threatening injuries or illnesses.

In some cases, your symptoms may appear to be life-threatening but an emergency room doctor may diagnose you with a less serious condition. Medicare will still cover the emergency services because delaying care could have endangered your life. **Urgent care is medically necessary and due to an unexpected illness or injury.** Your situation may not be life-threatening but immediate care is required.

Under Original Medicare, emergency and urgent services are covered by Part B. After meeting the Part B deductible, you'll pay a 20% charge for co-insurance. Medicare Advantage Plans also cover emergency and urgent care services. They must cover these services anywhere in the country, and they can't require you to see an in-network provider. There are limits to the co-pay plans that can require you to pay if you go out-of-network for emergency or urgent care services.

In an emergency, you may need to call an ambulance to take you or a loved one to the hospital. Medicare will cover these services, if all of the following conditions are met:

- it is the only safe way to transport you
- you are being transported to receive or to return from receiving Medicare-covered services
- you are being transported to the nearest appropriate provider
- the service provider meets Medicare requirements

There are many times when an ambulance may be the only safe means of transport. A few examples include:

- you're in shock, unconscious or bleeding heavily
- you can't breathe properly
- you need medical treatment during transportation

Emergency ambulance services are covered by Original Medicare under Part B so you pay a deductible and co-insurance. In limited circumstances, Medicare will pay for non-emergency ambulance service. It will not, however, pay for an ambulance just because you lack access to other transportation nor will it pay for ambulettes, wheelchair vans or litter vans. Medicare Advantage plans are required to cover the same services as Original Medicare but they may provide additional benefits including transportation not covered by Medicare. If you are enrolled in an Advantage plan, check with your plan provider to find out if non-emergency transportation is covered.

Medicare covers eligible emergency and urgent care services just as it would any other outpatient service. When to go to an emergency room, call an ambulance, or visit an urgent care facility depends on the seriousness of your condition. If you have any questions regarding this type of coverage or need assistance with any aspect of Medicare, please call our Senior and Family Services Department at 847.784.6040 to make an appointment with one of our SHIP Counselors.

NON-EMERGENCY AMBULANCE TRANSPORTATION

You may be able to get non-emergency ambulance transportation if such transportation is needed to treat or diagnose your health condition and the use of any other transportation method could endanger your health. In some cases, Medicare may cover limited, medically necessary, non-emergency ambulance transportation if your doctor writes an order stating that ambulance transportation is necessary due to your medical condition. Even if a situation isn't an emergency, ambulance transportation may be medically necessary to get you to a hospital or other covered health facility.

Excerpt from Medicare Publication No. 11021 Medicare Coverage of Ambulance Services found at www.Medicare.gov

URGENT CARE FACILITIES

Urgent care centers and walk-in clinics can be an excellent alternative to emergency rooms if your condition is not life-threatening. GoHealth Urgent Care recommends visiting an urgent care facility if you have a minor fracture, back pain, nausea, vomiting, diarrhea, minor headache or need an x-ray, bloodwork or stitches.

GoHealth also states that:

- 90% of urgent care patients wait 30 minutes or less to see a provider
- 84% of urgent care patients are in and out within an hour

Services and hours vary by facility so learn about the clinics near you before you have an emergency. Then you can make an educated choice between an emergency room and an urgent care facility when the need arises.

www.gohealthuc.com/UCvsER



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Fulfilling a Family Calling

Nicole Compiani isn't your typical case manager. She comes from the corporate world where she worked in finance for 13 years. The 2008 recession prompted Nicole to reevaluate her life and career, and she realized her work in finance wasn't fulfilling. She went back to school and got degrees in psychology and counseling while working her full-time banking job.

"My parents moved here from Poland before I was born so I'm a first-generation American in my family. In that role, I became the translator for my parents and grandparents who weren't very fluent in English," she explained. As a child, she would accompany her grandparents to the bank to translate for them. "Coming from an immigrant

family helps me better relate to clients for whom English is a second language. Oftentimes they throw out mail because they don't understand what it is. Sometimes it's important paperwork, like renewal forms for healthcare or other benefits."

When her father had a heart attack this past December, followed by quadruple bypass surgery, Nicole was the liaison between her father and his medical team. After his surgery, she became his caregiver, moving him into her home while he recovered. More than anything, Nicole attributes her life experiences with her family to have prepared her for her job as a case manager.

"My most recent experience of being my father's caregiver has helped me truly understand the challenges of caregiving—taking time off work and adjusting your life to make time to care for someone. I understand now more than ever how critical caregiver support is."

With a caseload of around 180 clients (just like her fellow case manager colleagues in Niles and Northfield), Nicole sees about 20-30 clients each month. Most of her clients reside in Skokie, Evanston, Morton Grove, Niles and Lincolnwood. Much of her workday is spent outside of the office, making an average of two home visits on most days. She works with clients to determine their needs, whether it's help around the house with

cleaning and laundry, transportation to doctor appointments, or helping them fill out paperwork to renew their Medicaid or other benefits. Afternoons are often spent managing the paperwork that comes along with each client and returning phone calls. "People's lives can change drastically pretty quickly and it's our job to make sure they have the resources they need to remain living safely in their homes," said Nicole.

The most gratifying aspect of Nicole's work is getting services in place that make a positive impact in clients' lives. One client was starting to fall at least once a month. Nicole arranged for a caregiver, and his falls have been reduced to zero. Another client has serious medical conditions that make him unsteady and unable to complete activities such as outdoor maintenance of his home. Nicole was able to help him locate an agency that would assist with his snow shoveling needs free of charge to him.

"Older adults are sometimes afraid to ask questions or challenge their doctors. Many of them aren't aware of the resources available to them like, for example, that Medicare covers medical equipment. As case managers we act as a middle man, giving them the little things that make a huge difference in their lives."

Nicole also facilitates a monthly Low Vision Support Group held at the Levy Senior Center in Evanston the first Tuesday of each month.

LOOK INTO OUR SERVICES

Behind the Scenes in Niles

Jackie Frazier is the office manager at our Niles Senior and Family Services location. She has worked at North Shore Senior Center since 1996, and sat down with us to share some history and tell us about the Niles office.

How long have you worked at North Shore Senior Center and in what capacity?

I started as office manager in 1996 when we opened our Evanston office at 840 Foster Street (editor's note: she still remembers the exact address). The office consisted of seven of us: me, four case managers, a supervisor and a director. We worked there for 10 years until we outgrew the space and moved to 840 Dodge Avenue in Evanston. There, our staff grew to 20 so, in 2015, we made the move to our current office in Niles.

Walk us through a typical day.

Our office is open from 9 a.m. to 5 p.m. so I arrive each morning at 8:30 a.m. I get the office opened up and ready for business. My primary job is to make sure the office runs efficiently. I handle the mail, make around 250 health and wellness phone calls every month to check up on our clients living in senior buildings in Evanston and Skokie, call members in our Grandparents Raising Grandchildren Program to remind them of our monthly meetings, pay the bills, keep the office stocked

with supplies, coordinate fire and tornado drills, and generally just support the case managers in whatever they need.

Speaking of Grandparents Raising Grandchildren, tell us about that program and your involvement. We hear that you dress up as Mrs. Claus every year at the holiday party.

The Grandparents Raising Grandchildren Program started 20 years ago in Evanston when one of our clients, who was raising her grandchildren because her daughter was killed, asked if we would start a support group for people like her. So we did. My husband and I would dress up as Santa and Mrs. Claus at the annual holiday party for the grandchildren. After my husband passed away last year, our long-time Facilities Manager Al Davis took over as Santa Claus. I've done it for so long because I love seeing the smiles on the children's faces. Most come from low-income families with little or no parent involvement, and we bring them some joy during the holiday season. It's the best feeling.

Tell us about the staff in the Niles office.

There are currently 21 of us and we get along like family. I call them "the team." It's a very inclusive, supportive environment. The case managers really care about what they do and who they



serve. And their supervisors and our director are very supportive of the case managers and me. People feel valued in our office, and I believe that helps us each bring our best every day. Our clients are counting on that.

What's the most fulfilling part of your job?

That's easy: helping seniors. Listening to them and helping them live their best lives. A woman called recently whose electricity had been turned off. I connected her with our older adults benefits specialist right away, and she got the client's electricity turned back on. I know our work makes a difference. I wouldn't be here for 23 years if it didn't.

Jackie is the proud mother of Teresa Lynn and Gregory Anthony and has four grandchildren, four great-grandchildren and two great-great grandchildren. She is a licensed minister and loves bowling, reading and sports, in that order.

Quarterly Donor Honor Roll

Of gifts of \$10,000 or more from January 1 to March 31, 2019

- Kenilworth United Fund
- New Trier Township
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- Village of Glenview

SAVE THE DATE

23rd Annual Joan Golder Distinguished Senior Lecture Series

Guest Speaker: Dave Barry



Wednesday, October 16

7 – 8:30 p.m.

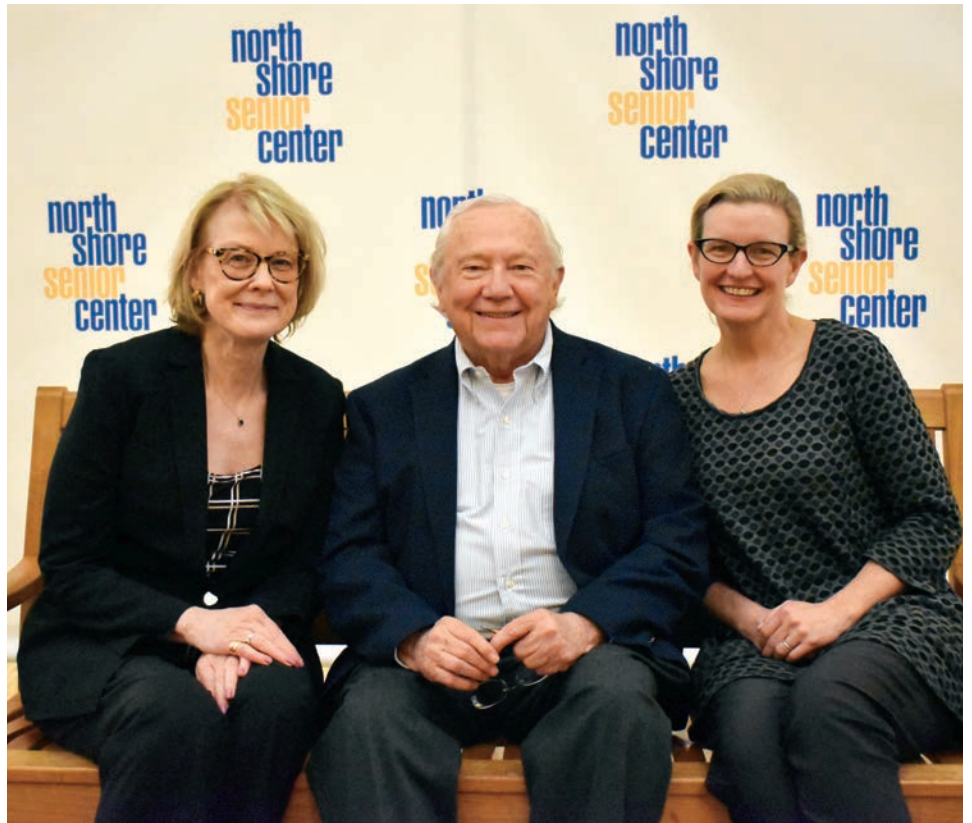
Cohn Auditorium

North Shore Senior Center

\$12/members; \$17/non-members

Dave will sign copies of his latest book "Lessons from Lucy" following his presentation.

Tickets go on sale August 5 for members, and August 12 for the general public. For more information, call 847.784.6030.



WELCOME, NEW BOARD MEMBERS!

North Shore Senior Center welcomes new board members (from left) Alice Kelley, James Ahtes, who also serves as president of the Men's Club, and Lois Ware.



Photo credit: Barbara Bonier

CELEBRATING 100 YEARS!

Netty Starr (third from left) celebrated her 100th birthday at North Shore Senior Center with her fellow duplicate bridge players. Netty passed away one week later on April 28.



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**Niles Senior & Family
Services Office**

7900A Milwaukee Ave.
Ste. 2-20B
Niles, IL 60714
847.864.3721

**House of Welcome
Adult Day Services**

1779 Winnetka Rd.
Northfield, IL 60093
847.242.6250

Satellite Locations:

**Evanston Social
Services Office**

Evanston Civic Center
2100 Ridge Ave.
Evanston, IL 60201
847.866.5938

Glenview Village Hall

2500 E. Lake Ave.
Glenview, IL 60026
847.904.4366



LUNCH & LEARN EVENT:

What You Need to Know about Medical Cannabis

Presented by: Joseph Friedman, MBA and COO,
& Dr. Nick Salamie PharmD, RPh
PDI Medical

**Wednesday, September 4, 2019
11:30 a.m. – 1:30 p.m.**

**Golder Dining Room
Arthur C. Nielsen Jr. Campus, Northfield
\$12/Member; \$17/Non-Member**

Participants will be educated on the drawbacks, benefits, process to get on the medical cannabis program and success stories. PDI Medical is owned and managed by pharmacists and cannabis experts who work with patients to provide the best treatment based on their needs, medical history and current medications.

This event is open to North Shore Senior Center members, volunteers, and staff as well as the general public. Lunch is included. Space is limited.

**RSVP is required.
Call 847.784.6030 to
reserve your spot.**

