It seems that having a dog around was just the prescription Oakland County resident Robert Jeremias needed. His buddy Augustus, aka Gus, is a vocal Siberian Husky. The two banter back and forth like old friends.

A 2009 Swiss study found older pet owners took fewer anti-depressants and got more regular exercise. Other studies have demonstrated that pets can provide emotional support and reduce loneliness and stress.

Pet Ownership Can Benefit Older Adults

Research shows that having a compatible critter can have a positive effect on your mental and physical health as you age. Jeremias’ daughter Carolyn takes comfort in the exchange. “It’s quite funny. Dad will get Gus talking, having a good ole conversation with him,” she said and mentioned that before Gus came into the picture, her father withdrew from everyone and everything after he was diagnosed with progressive degenerative multiple sclerosis in 1992.

Jeremias slowly opened up and took to the Husky. Within two years, the two became inseparable. “Dad and loving towards family, caregivers and friends, all the time,” noted Carolyn.

This interaction would not come as a surprise to therapy dog owner Virginia Kelly and her mixed breed, “mostly Beagle” Paddy. The pair have spent the past few years visiting senior residents at the Lapeer County Nursing and Rehabilitation Center. Kelly noted that this experience has definitely become so much kinder and loving towards family, caregivers and friends.

For seniors, this could mean making a choice between spending money on food or paying for other necessities. And even if an older adult has the resources to purchase food, finding transportation to get to the grocery store or not having the functional ability to prepare meals independently can lead to malnourishment.

Getting Help

Older and disabled adults can get help through a choice between spending money on food or having the functional ability to prepare meals independently. To purchase food, a person can apply for the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps. Recipients receive a Bridge Card and is used to purchase approved grocery items at participating stores.

It’s estimated that only 30% of eligible seniors take advantage of the program due to either a perceived stigma or difficulty getting to the government office or store.

Senior Farmers Market Nutrition Program (SFMNP)

Known as Senior Project FRESH/Market FRESH in Michigan, this program provides qualified older adults with Michigan-grown products from authorized farmers markets and roadside stands throughout Michigan. Residents receive coupons that can be redeemed for food at participating markets and stands. It’s important to keep old currency, standards.
Put an End to Senior Hunger continued from page 1

note that many farmers markets now accept Bridge Cards as well.

Commodity Supplemental Food Program (CSFP)

This is another federally funded program available to those 60+. It supplies nutritious USDA foods distributed to older adults through public and non-profit private local agencies. Call 517-373-4336 for more information

Meals on Wheels

Meals on Wheels and congregate dining programs are designed to make sure those over 60 have access to nutritious food. It differs from other programs, because eligibility is not based on income, but rather the recipient’s ability to prepare their own meals or get out to the grocery store. The program delivers food right to the doors of seniors who are homebound, while seniors who are able to get out are invited to dine at sites in the community; usually in senior centers.

Local, Non-Profit Food Programs

There are many non-profit food programs available to help older or disabled adults throughout the six-county region that the AAA 1-B serves. These programs often receive food from federally funded USDA food programs in addition to receiving monetary or food donations from the local community. Call the AAA 1-B at 800-852-7795 to see what’s available in your area.

Helping Out

Volunteer Bob Parker, 73, is a driver for Meals on Wheels and delivers in Oakland County. “I bring food to folks because it’s a way to offer hope, kindness and friendship to seniors.” He’s been a volunteer for the past three years. Macomb County volunteer Peggy Boatman, 65, also delivers meals to about a dozen residents in Roseville. Boatman finds the experience gratifying. “Sometimes, I’m the only person they see, so I always try to make my visit a positive experience,” she said.

Comfort Keepers, an internationally franchised home care agency, has made senior hunger a focus for their organization. They’ve partnered with senior centers in Macomb County to launch the STOP Senior Hunger campaign. The campaign includes a food drive that has already collected well over 1,000 pounds of groceries to benefit local seniors. Non-perishable food items can be donated at the Clinton Township, Shelby, Sterling Heights, Romeo and Washington senior centers throughout December.

In addition to the food drive, the STOP Senior Hunger campaign is holding free community education seminars on senior nutrition. The next seminar will take place at the Shelby Township Center on Tuesday, December 6. Call 586-291-2213 for more information on the seminars or food donations.

Donate to Holiday Meals on Wheels

While government funding provides financing for Meals on Wheels delivered Monday through Friday, these funds do not cover the cost of meals on holidays. The Area Agency on Aging 1-B must raise funds to cover the cost of holiday meals.

These holiday meals provide much more than just sustenance. For many homebound seniors who would otherwise spend the holiday alone, the volunteer who comes to their door brings the very essence of the holiday—the comfort of a warm smile, a friendly voice and a caring touch. The Area Agency on Aging 1-B will serve about 7,000 holiday meals this year. Meals are delivered on Thanksgiving, Christmas, Hanukkah, New Year’s Day, Easter and Passover.

This holiday season, please consider sharing with a senior by donating to Holiday Meals on Wheels. To donate, call 800-852-7795 or visit www.aa1b.com.

Pet Ownership Can Benefit Older Adults

continued from page 1

older adults in assisted living facilities and nursing homes. Paddy is a therapy dog highly trained and certified to do visitations.

“One of our first visits, Paddy and I went to a nursing home near Belle Isle. The activity director led us around,” recalled Kelly. “The first room we entered had an elderly woman who was sitting on the edge of her bed. She appeared to have had a stroke. She started petting Paddy’s long ears, looked right at him and said, clear as day, ‘I love you Paddy.’ The activity director gasped and then said to the woman, ‘You haven’t spoken since you got here. Now I know you can speak.’ The lady replied, ‘Well, I didn’t have anything to say to you.’ We were all amazed.

Finding the Right Match

Life-changing pets like Gus and Paddy aren’t hard to find. Before deciding on a pet, make sure you consider the cost (about $380 to 1,000 depending on the pet) and if you’ll be able to physically care for them. Once you’re ready, there are many local programs that pair seniors with pets at low cost. Most of these programs are happy to work with people from outside their county, so feel free to call any that seem to match your needs.

The Oakland Pet Adoption Center (OPAC) in Auburn Hills participates in the Purina Pets for Seniors program. Seniors, age 60 plus can adopt a senior dog for free or chose from an approved selection of dogs for a discounted rate of $50. Call the OPAC at 248-391-4100 to get more information.

For cat fans the OPAC also offers a Companion Animals Touching Seniors program (CATS) where seniors age 60 and over have an opportunity to foster a cat for 30 days, pet supplies included. At the end of that trial period, the feline can be adopted free of charge.

The Humane Society of Livingston County (HSLCO) offers a similar program called Senior Cats for Senior People. Senior cats eight years and older are free to seniors age 62 plus. Call 517-552-8050 for more information.

Washtenaw county residents age 62 and older should check out the Humane Society of Huron Valley (HSHV) Senior-to-Senior program. A variety of senior animals are matched with senior residents following an interview process. The adoption is free.

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Surviving Flu Season
Kay Renny, RN, BSN
Manager of Corporate Health Services and Immunizations
Visiting Nurse Association of Southeast Michigan - www.vna.org

How Do I Protect Myself Against the Flu?
According to the Centers for Disease Control and Prevention (CDC), getting an annual flu shot is the best way to avoid getting and spreading influenza, an infection caused by a virus that affects the nose, throat and lungs. Encouraging your children and grandchildren to get a flu shot will also help minimize your risk of exposure. You should also wash your hands frequently using soap and running water, lather for about 60 seconds—the length of time it takes to sing the ‘Happy Birthday’ song twice. Be sure to disinfect ‘hot spots’, too, such as door knobs and kitchen counter tops.

The flu can lead to other complications, such as pneumonia. It is a good idea to get a pneumonia shot as well if you are over the age of 65, have a chronic health condition, smoke or have asthma.

Where Can I Get a Vaccine?
There are plenty of places to get your flu shot this year. Your health care provider will most likely have it available, as will national chain drugstores and your local health department. If you are homebound, Visiting Nurse Association of Southeast Michigan can send a nurse to your house to administer a shot. A service fee does apply that is not covered by insurance. VNA can also work with managers of assisted living facilities and businesses and leaders of faith-based organizations to hold flu clinics onsite.

Does Medicare or Insurance Cover the Cost?
An annual flu shot is covered under Medicare, so there is no out of pocket cost for Medicare beneficiaries. Flu shots are also covered by many other insurances. However, since every plan is different, you should check with your insurance provider to see if a flu shot is included in your plan, and if there is any specific location that is an approved provider for that insurance company.

Medicare will also cover the cost of a pneumonia shot. Most people will only need one pneumonia shot in a lifetime.

What Should I Do If I Do Catch the Flu? What Should I Do to Take Care of Myself at Home?
It is often difficult to tell the difference between a cold and the flu. However, the flu often comes on quickly and the symptoms are more severe and will most likely include some or all of the following: fever, cough, sore throat, stuffy or runny nose, body aches, headache, chills, fatigue, sometimes vomiting and diarrhea. If you should catch the flu, especially if you have a chronic condition such as asthma, diabetes, heart, lung or kidney problems, contact your health care provider.

Except for seeking medical care, you should stay home and avoid contact with others as much as possible. If you live alone, tell a friend or neighbor that you have the flu and ask that he or she check on you in a few hours. It is possible that what you think is the flu could be a heart-related or other serious issue.

Be sure to cough and sneeze into your elbow to avoid spreading the virus, and wash your hands frequently. Getting plenty of rest, drinking fluids and proper nutrition will also help you to feel better.

How Do I Know If I Need to Go to the Doctor or Emergency Room?
If you experience flu-like symptoms, people 65 and older should contact their health care provider to see if they should be examined. Your health care provider may prescribe an antiviral medication to lessen the severity of your symptoms or suggest some over-the-counter medications. If you experience any of the following, you should get medical help right away: difficulty breathing or shortness of breath, pain or pressure in the chest or abdomen, sudden dizziness, confusion, severe or persistent vomiting and flu-like symptoms that improve but then return with fever and worse cough.
A major red flag for delirium is its abruptness. It comes on suddenly and can include hallucinations. Other signs that may indicate delirium include:

- a fluctuation in alertness and attention
- poor concentration
- incoherent speech
- drowsiness
- disorientation/change in perception
- unorganized thoughts
- a decrease in short-term memory/recall
- shift in sensation
- movement prompted by changes in the nervous system
- sudden emotional shifts (i.e. depression, euphoria, anxiety, apathy, anger)
- “sundowning” - a shift in consciousness that often occurs near the end of the day, leaving a patient restless, agitated and confused
- a state of mind that is fearful, suspicious, or anxious

Delirium is an alarm bell, a symptom of an underlying issue. It’s a medical emergency that demands immediate attention to avoid further damage or even death. Delirium can be caused by...

1) toxins (i.e. over-medication, reaction to anesthesia, lead, deficiency of thiamin)
2) infections (i.e. urinary tract infection, pneumonia, viral infection with high fever)
3) metabolic changes (i.e. hyperthyroidism, anoxia, hypothyroidism, hypocalcemia)
4) structural problems (i.e. vascular blockage, brain tumor, subdural hematoma)
5) hospitalization (lack of sleep, overstimulation, isolation, sensory breakdown due to lack of hearing aid or glasses)

When the root cause behind the delirium is treated, delirium most often disappears. This process could take hours, a week, or more and mental function may take a little longer than the delirium episode to return to normal. Once a diagnosis is made, treatment should include supportive care (i.e. nutritious meals, remaining hydrated, etc.), tending to behavior issues, and taking measures to avoid any complications.

According to geriatrician, Dr. James Rudolph, M.D., a leading expert on delirium and one of the founders of The American Delirium Society, “Overall, about 25% of hospitalized patients age 65 and older will have or will develop delirium. Of that number, up to 50% of surgical patients, depending upon the surgery, and up to 75% of intensive care unit patients will develop delirium.”

In dollars and cents, the numbers correlated to delirium are astounding. “In 2004 that amounted to an estimated $8 billion in inpatient costs” said Rudolph.

The major problem that medical professionals face is recognizing delirium in order to find the underlying cause. Another complication is that there are two forms of delirium; hyperactive and hypoactive. Dr. Peter Lichtenberg, geriatric neuropsychologist and director of the Institute of Gerontology at Wayne State University, specializes in brain behavior disorders in older adults. “Hyperactive forms are most typically related to withdrawal. For example, withdrawal from alcohol, narcotics, or post surgery that includes the effects from anesthesia, pain control following surgery and then weaning off pain killers,” he said. “Hypoactive forms are more typically related to infection and over-medication. In older adults, the hypoactive form is the most common and because it is linked to lethargy, withdrawal, and decreased interaction with others, it is not as easy to detect.”

Yet another hurdle has been that health systems have lacked the necessary protocol to identify delirium. But due to the award-winning work of Aging Brain Center Director Dr. Sharon Inouye, M.D., at the Institute for Aging Research in Boston, patients now have a better shot at prevention. Dr. Inouye designed and tested several methods to recognize and prevent delirium, including the now widely used Confusion Assessment Method (CAM). It’s a questionnaire, used by medical staff during the patient intake process, to identify patients who have delirium or who are at risk for developing this debilitating syndrome.

Inouye found that the top causes for delirium are:

- dementia
- a bladder catheter
- taking multiple medications
HELP was recognized in 2004 by the University of Michigan Volunteer Services’ Distinguished Service Award. It is currently the only HELP program in the state and has been very effective in preventing delirium.

Blomquist admitted, “Fortunately, we haven’t seen a shortage of volunteers.” It’s the demand for HELP that is escalating. “Delirium is quite a topic these days, with a growing acknowledgement of the seriousness of this syndrome,” she said.

In dollars and cents, the numbers correlated to delirium are astounding. “In 2004 that amounted to an estimated $8 billion in inpatient costs.”

Due to state of the art preventive methods, Ann Arbor’s HELP sees very few cases of delirium. Hopefully, in the future, HELP will become standard practice in all health systems.

“Prevention is so critical,” said Rudolph. “Most patients with delirium will recover. However, some do not. And those at risk are generally people with unhealthy brains.”

There are a number of measures that can be taken to prevent delirium if a loved one is hospitalized. Rudolph’s suggestions include:

• making sure glasses, hearing aids, and false teeth are being used
• stimulating the brain through activities such as reading aloud, playing cards, and engaging in conversation
• decorating the room with family photos and have both a clock and a calendar in view
• getting patients up and moving as soon as possible
• avoiding cognitive active medications such as sleeping pills. (These are very toxic to the brain.)
• creating an environment conducive to rest and then insuring the patient sleeps
• following your loved one’s nutrition and hydration status closely
• avoiding complications from hospitalization (i.e. remove bladder catheters; prevent secondary infection; treat pain and minimize relocating to different rooms)

If your loved one shows signs of delirium while they are in the hospital, Rudolph recommends that you: a) advocate for your loved one by addressing these acute mental or physical changes with the attending physician, who may not realize that this is a shift in your loved one’s condition; b) become a part of the care team. Family members play a critical role to help the patient re-orient to the current situation and accept care. With up to 30 different hospital personnel entering a patient’s room each day, family members can serve as that familiar, trustworthy connection. This is particularly important during times when a patient develops increased confusion or agitation; c) become a force for calm in what can be an uncertain and scary environment. Agitating a patient with delirium can result in the use of drugs to control the syndrome and this can lengthen the course of the delirium.

To obtain more information about delirium, visit the following websites:
- The American Delirium Society at www.americanialimrsociety.org
- HELP at www.hospitalelderlifeprogram.org
- European Delirium Association at www.europeandeliriumassociation.com
- Mayo Clinic at www.mayoclinic.com/health/delirium/DS01064
- Vancouver Island Health Authority’s Delirium at www.viha.ca/mhars/resources/delirium/tools.htm
- Vanderbilt University Medical Center www.icudelirium.org

- malnutrition
- use of physical restraints
- an event caused by medical treatment

Research is ongoing to determine other risk factors. “Our work at Harvard Medical School has shown that patients who develop delirium after heart surgery are more likely to have a decline in function one month afterwards. We repeated this analysis in non-cardiac surgery and found that delirium after surgery results in an increased chance of functional decline three months afterwards. The results showed that the impact of delirium can be felt long after the hospitalization,” said Rudolph.

He mentioned that patients who leave the hospital and still have delirium can accrue an additional $16,000 - $64,000 in medical costs over the next year.

Lichtenberg recalled, “While working in geriatric rehabilitation when I came to work at Wayne State Medical School and the Rehabilitation Institute of Michigan in 1991, I noticed lethargy in some of the patients. In one case, the lethargy resolved after a bout with pneumonia cleared up. I realized it was a case of delirium.”

But the treatment of delirium is not always straightforward. Lichtenberg noted, “Clinicians who are not trained to work with older adults may not see how the symptoms fit together. Like most geriatric syndromes (including dementia, depression and frailty), delirium is often missed.”

In an effort to solve this issue, Inouye developed the Hospital Elder Life Program (HELP) to prevent cognitive and functional decline in older adult patients. HELP offers a team approach consisting of an elder life specialist, nurse specialist, geriatrician, and highly trained volunteers; who work together to maintain the independence of older adult patients.

This program is free and currently available for adults age 65 and older at the University of Michigan Hospital in Ann Arbor. Elder Life Specialist Alene Blomquist, MSW has managed daily operations and volunteer training for HELP since its inception in 2002.

Blomquist explained how the program works. “We identify eligible patients and come up with a care plan to keep the older adult patient cognitively and physically strong during their hospital stay,” she said. Team members visit HELP patients twice daily and provide:

• visits designed to provide compassion and help with daily needs or concerns
• stimulating and enjoyable activities and materials to remain alert and oriented

In helping patients, team members can serve as that familiar, trustworthy connection. This is particularly important during times when a patient develops increased confusion or agitation; c) become a force for calm in what can be an uncertain and scary environment. Agitating a patient with delirium can result in the use of drugs to control the syndrome and this can lengthen the course of the delirium.
No matter what your holiday tradition is, these events can help you capture the warmth of the season and create colorful memories. Visit these exciting events happening all over Metro Detroit.

In Washtenaw County, the streets will be glowing as luminaries light your path when Chelsea’s Annual Hometown Holiday gets underway on Friday, December 2 from 6-9 pm and runs through Sunday, December 4th. This free event includes the town tree-lighting ceremony, visit from Santa, crafts, stories, cookie decorating, live nativity scene, caroling, live concerts, the Chelsea Light parade, ginger bread house decorating, as well as live music, refreshments and ongoing holiday sales throughout town. For more information, call 734-475-1145.

In Oakland County, visit one of the most unique lighting displays in the Midwest. It’s downtown Rochester’s Big, Bright Light Show that will dazzle spectators from 6 pm until midnight beginning November 28 thru January 1. Buildings on Main Street will actually shimmer with more than 1.5 million holiday lights and viewing is free. In addition, on December 2 (4-9 pm) and 3rd (noon-9 pm), stroll through the open-air Kris Kringle Market with crafts, specialty foods, live music, and plenty of activities for the grandkids. For more information, call 248-656-0060 or visit online at www.DowntownRochesterMI.com.

Travel to Monroe to do your holiday shopping and enjoy the 10th annual Piper’s Holiday Show starring Alexander Zonjic at the Mall of Monroe on Saturday, December 10th, from noon until 9 pm. This free event kicks off with the Monroe County Education Center Chimes Choir and is followed by many other national, regional and local performers such as the Monroe Big Band and the Bedford Strings. The brilliance of Zonjic will send your season soaring as he wraps up the show. For more information, call 734-457-1030.

One sure way to cure holiday stress is a visit to downtown Detroit’s Fox Theater’s Cirque Dreams Holidaze, part of the Fox Theater Holiday Series by Fifth Third Bank, from December 13th thru December 18th. Vividly colored costumes and magical sets highlight the international cast of over 30 multi-talented artists as they perform astonishing feats to original music and holiday favorites. Tickets start at $20.50 and go up to $65. For more information, call 313-471-6611.
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**100+ and loving it**

**Name:** Edna Black  
**Age:** 100

**Hometown:** Farmington Hills  
**Secret to a Long Life:** “Staying Alive,” she says with a smile.

Edna has wonderful memories growing up four blocks from the Belle Isle Bridge in Detroit. As a young woman, she enjoyed taking the midnight cruise on the Bob-lo Boat and dancing in the Pavilion on Bob-lo Island. In the 1950s, Edna went to work for Good Housekeeping. Her job was to fly throughout the country, explaining how to use their products.

Edna has been very active throughout the years with the Nardin Park United Methodist Church in Farmington Hills. She also attends the Farmington Hills Senex Adult Respite Center frequently. She loves to sing and reminisce about her life, and the staff at the center say, “she scatters joy wherever she goes.”

“100+ and Loving It” is a regular Access feature that celebrates local centenarians from the Area Agency on Aging 1-B service area (Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw counties.) If you are, or will soon be, 100 years or older and would like to be featured, please contact Kathleen Yanik at 248-262-9948 or kyanik@aaa1b.com.

Don’t Miss the Area Agency on Aging 1-B’s Living Well Radio Series!

“Living Well” is a radio series that can be heard on our five radio partners. This informational feature provides tips, resources and important information to family caregivers, who are often struggling to balance caregiving with work, family and other obligations.

“Living Well” sponsorship opportunities are available. Please contact Bill Hayes at 248-644-1990.

Listen for “Living Well” on these stations:

- [Area Agency on Aging 1-B](https://aaa1b.com)
- [Living Well](https://livingwell.org)
- [Radio Series](https://radioseries.org)
- [Keepers](https://keepers.org)
- [Seniors](https://seniors.org)

Many thanks to our recent sponsors who have helped bring you “Living Well.”

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**Expo Helps Caregivers Find Support**

The Area Agency on Aging 1-B would like to again thank the generous sponsors who helped make its 12th Annual Solutions for Family Caregiver Expo possible. The Expo, held October 15 at the Suburban Collection Showplace, was attended by over 900 family caregivers.

Listen to the show to return to the Best Western Sterling Inn in Sterling Heights, on Saturday, October 20, 2012.

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You can also visit [www.aaa1b.com](http://www.aaa1b.com)

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- Livingston/Washtenaw County: 734-213-6704  
- Macomb County: 586-226-0309  
- Monroe County: 734-241-2012  
- Oakland County: 248-357-2255  
- St. Clair County: 810-388-0096

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