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KEEP MEDICARE FAIR

Medicare premiums have doubled since 2000- in large part because Congress has failed to make meaningful changes to the way Medicare pays physicians. Last year Congress missed another opportunity to fix a flawed system, instead opting for a six-month Band-Aid which will potentially raise Medicare premiums even further.

Obviously, older Americans value their Medicare coverage and because of that, they have always been willing to pay their yearly increase. But forcing people on Medicare to pay excessive premiums because Congress has failed to fix a flawed physician payment system is just not fair.

Even a small increase in Medicare premiums is just one part of a much larger health care bill for people in Medicare. In fact, Medicare only covers about half of a beneficiary's health care bills. Beneficiaries themselves pay for about a quarter of the costs out of their own pockets.

People in Medicare pay their Part B premiums, out-of-pocket costs at the hospital and doctor's office, and, for many, supplemental and prescription drug insurance premiums. And all that does nothing for long-term care costs, whether at home or in a nursing home. The annual average cost of a nursing home is now \$75,000.

Just one hospital visit can cost a beneficiary as much as \$1,000 out-of-pocket; people 65-plus have an average annual income of \$25,000. Congress must act to keep health care costs affordable for those who need them most.

Four million Americans rely on Medicare every day for affordable health coverage. That's why Congress needs to keep premiums fair- so we don't price millions of older Americans out of health care coverage.

Large premium increases could discourage people from getting the preventive care and prescription drugs they need, putting further strain on a struggling system when they need more extensive treatment.

Congress must take action to protect Medicare. Call your Senator today at 1-800-869-3150. For more information visit www.keepmedicarefair.org.

— William I. Stoner is Associate State Director of AARP, NY. Call 212-497-3736 or email wstoner@aarp.org

JULY

“UV Safety Month”

SUMMER SUNSCREEN MISTAKES, MYTHS AND SOLUTIONS

More than 1 million Americans will be diagnosed with skin cancer this year, according to the American Cancer Society. “Changes in the environment and popular misconceptions make it more important than ever to take steps that will minimize your exposure to cancer-causing UV rays,” said Dr. Jessica Wu, resident dermatologist at EverydayHealth.com, the number 2 health destination online, and a clinical instructor in dermatology at USC Medical School.

Nearly half of all Americans will develop skin cancer by the time they’re 65, according to the National Cancer Institute. Here are some common summer sunscreen mistakes and myths ... and their solutions:

- **Mistake: Only applying sunscreen at the beach.**

There are two types of Ultra-violet rays: UVBs, which cause sunburns and UVAs, which cause skin cancer. While UVB rays can’t pass through glass, UVAs do and they’re present year-round during daylight hours. You are exposed through the windshield on your drive to work, through the window in your office or when you go outside for lunch or to run errands.

What you can do: Remember to use sunscreen daily, not just on the weekends.

- **Myth: Believing a higher SPF guarantees a stronger sunscreen.**

Actually, a sunscreen with SPF 30 only gives you 4 percent more UVB (sunburn) protection compared to SPF 15. To give you adequate protection, your sunscreen should also provide UVA protection.

What you can do: To protect yourself, learn to read labels. Look for a sunscreen with at least SPF 15, and ingredients like zinc, titanium, or Mexoryl, which protect you from UVA rays. If you know what ingredients to look for, you can find a good sunscreen on any budget.

- **Mistake: Going to a tanning salon to get a “base**

tan” thinking it will protect you from sun damage and skin cancer.

The “safe” tanning beds many tanning salons claim to offer use mainly UVA rays, and block out UVB (burning) rays. You won’t burn, but you’ll be getting a large dose of cancer-causing UVA rays.

What you can do: Don’t use tanning beds - ever. “There is no such thing as a safe tan, and tanning beds, because of the UVA rays they use, are particularly dangerous,” says Dr. Wu.

- **Mistake: Not reapplying sunscreen.**

With summer heat and humidity, sunscreen rubs off and sweats off; if you go in the pool or ocean, it washes off, leaving your skin unprotected.

What you can do: For optimal sun protection, remember to reapply sunscreen when you get out of the water and every three to four hours.

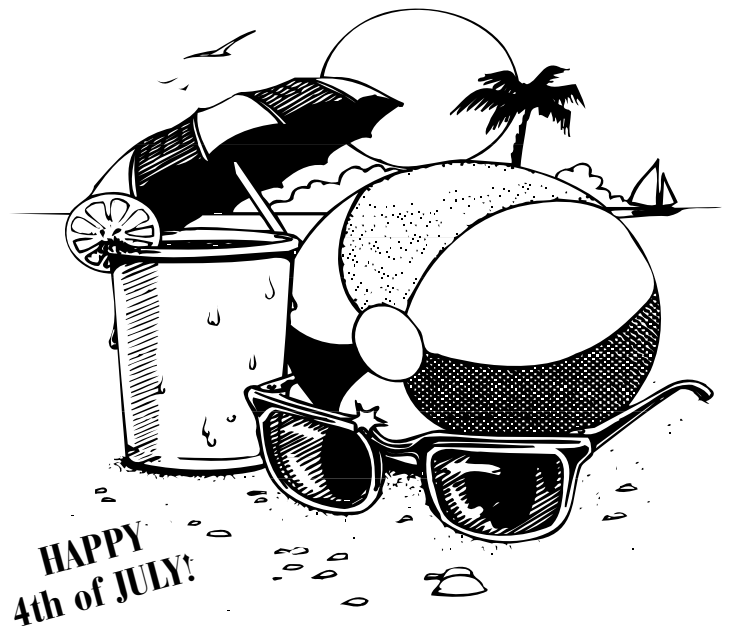
- **Mistake: Forgetting to protect your eyes, ears and lips.**

Ears and lips can sunburn quickly and are common sites for skin cancers.

What you can do: Be sure to apply sunscreen to your ears, especially if you have short hair or pull your hair back in a ponytail. Look for lip balm that contains SPF of at least 15. UV rays can cause cataracts, so be sure to wear sunglasses to protect your eyes, especially if you’re out on the water, which can reflect up to 80 percent of UV rays.

To learn more about how to protect your skin from the sun this summer, visit www.everydayhealth.com.

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AUGUST

“National Immunization Awareness Month”

IMMUNIZATION CAMPAIGN NECESSARILY TARGETS ADULTS

Although adults often do not believe that they, like their children, should be immunized regularly, they could not be more wrong. Every year an estimate 36,000 individuals in the United States, especially our older citizens, die unnecessarily from vaccine-preventable diseases or their complications. By preventing illness, vaccination saves many health care dollars by keeping people healthy and avoiding the extensive therapies and hospitalizations needed to treat illnesses like influenza and pneumococcal disease.

Below is the immunization schedule now recommended for adults.

Tetanus-Diphtheria-Pertussis Vaccine - All adults require tetanus and diphtheria (Td) immunizations at 10-year intervals throughout life, in addition to catch-up vaccinations for any missed shots. Even if they were vaccinated against pertussis as children, adults should also be vaccinated one more time with pertussis vaccine.

Human Papillomavirus (HPV) Vaccine - Although targeted primarily to young girls age nine and above, preferably before they have had sexual contact, women age 26 and younger should also take advantage of their eligibility for the new vaccine against four types of human papillomavirus (HPV).

Measles-Mumps-Rubella (MMR) Vaccine - Adults 18 years or older who were born after 1956 should receive Measles-Mumps-Rubella (MMR) Vaccine (MMR) if they are uncertain of their immu-

nization status or if they have only had one MMR shot prior to school entry.

Varicella (chickenpox) Vaccine - All healthy adults should be assessed for immunity to chickenpox, and those who do not have evidence of immunity should be vaccinated.

Herpes Zoster (Shingles) Vaccine - Adults should also take advantage of their ability to be vaccinated against Shingles. The American College of International Physicians recommends that the vaccine be administered to all adults age 60 and older, even those who have had a previous episode of shingles.

Influenza (Flu) Vaccine - Adults with chronic diseases and adults 50 and older should receive one dose of the flu vaccine annually.

Pneumococcal Polysaccharide Vaccine - Once after age 65 and as recommended by a physician.

Hepatitis A Vaccine - Hepatitis A vaccine is recommended for the following persons 12 months of age and older:

- Travelers to areas of high risk
- Men who have sex with men
- Injecting and non-injecting drug users
- Persons with clotting-factor disorders
- Persons with chronic liver disease

Hepatitis B Vaccine - The hepatitis B vaccine is recommended for adults who have not already been infected if they are often in high-risk settings, such as hospitals, and/or if they lead high-risk lifestyles that involve such things such as multiple sex partners and/or needle sharing.

Meningococcal Vaccine - Persons age 11 to 55 can avoid the ravages of serious forms of meningitis if they are vaccinated, such as in college dorms and in military barracks. It is particularly important for adults who will be living in group housing situations.

This information is provided by the Medical Society of the State of New York (MSSNY). For more health-related information and referrals to physicians in your community, log on to MSSNY's website at www.mssny.org or contact your local county medical society.

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SEPTEMBER

“Leukemia & Lymphoma Awareness Month”

LEUKEMIA, LYMPHOMA AND MYELOMA

You're feverish, with headache, your whole body aches and you have the chills. Is it the flu, you wonder? While only your medical provider can determine for sure if you have the flu, many early symptoms of blood cancer mimic the flu.

Early signs and symptoms of **Leukemia** are headache, easy bruising or bleeding, paleness or easy fatigue and recurrent minor infections or poor healing of minor cuts. For **Lymphoma** some early signs and symptoms include painless lumps in your neck, armpits or groin, persistent fatigue, recurrent high fever, sweating at night, troublesome itching and weight loss. Often the first symptom of **Multiple Myeloma** is bone pain. Patients may have anemia, tire more easily and feel weak. Fractures may occur as a result of weakened bones. Recurrent infections may be an early sign of the disease as well.

Since these signs and symptoms are not specific to blood cancer they warrant medical evaluation. The diagnosis of a blood cancer (Leukemia, Lymphoma and Myeloma) requires specific blood tests, including the examination of the cells in blood or marrow.

Once a diagnosis has been made, the doctor will determine a course of treatment. The aim of treatment is to bring about a complete remission. Complete remission means that there is no evidence of the disease and the patient returns to good health with normal blood and marrow cells. Treatment for blood cancers vary. Some blood cancer patients are “watch and wait”, others are prescribed a sole course of drug therapy or a combination of radiation, chemotherapy, monoclonal antibody therapy and/or immunotherapy. Still others may receive blood and marrow stem cell transplantation. Tremendous advances have been made in anticancer drug spectrum. These advances have greatly improved cure rates or remission duration but there is still more work to be done.

At The Leukemia and Lymphoma Society we are relentless in our mission of curing leukemia, lymphoma, and myeloma as well as improving the quality of life of our patients and their families.

In addition to funding much needed cancer research, we are working to improve the quality of life of our patients until there is a cure.

Meredith Kelly is the Patient Service Coordinator for the Long Island Chapter of the Leukemia and Lymphoma Society. You can contact her at 631-752-8500 or the Information Resource Center at 800-955-4572 or www.LLS.org

“National Food Safety Education Month”

MANAGING THE RISK OF FOODBORNE ILLNESS

The most severe cases of foodborne illnesses occur in people who are very old and the very young, immunosuppressed, and healthy but exposed to a very high dose of an organism.

The Four C's of Safe Food Preparation

1. Clean: Wash hands and surfaces often.

Bacteria can spread throughout the kitchen and onto cutting boards, knives, sponges, countertops and food.

Wash hands with hot, soapy water for 20 seconds or use a commercial hand sanitizer.

Wash after handling raw meat, poultry or fish, eating, drinking, smoking, using the restroom, sneezing or mopping the floor and when in doubt.

Wash cutting boards, knives, utensils and countertops in hot soapy water (rinse thoroughly) after preparing each food item and before going on to the next.

Clean equipment, including can openers, according to manufacturers' instructions.

2. Compartmentalize: Don't Cross Contaminate

Bacteria can spread from one food to another. Cross contamination is especially true with raw meat, poultry and fish.

Separate raw meats, poultry and seafood and their juices from prepared food.

Never place cooked food on a plate or other surface that has held raw meats, poultry or seafood.

Use one cutting board for raw meats, poultry or seafood; another for slicing fresh fruits and vegetables; a third for prepared foods, such as baked goods.

3. Cook: Heat to proper temperature.

A combination of temperature and time is required to kill harmful bacteria that cause foodborne illnesses.

Do not eat or serve meat, poultry, fish or eggs that are raw or only partly cooked.

Use a meat thermometer to ensure that meat and poultry are cooked through:

- Fish until it is opaque and flakes with a fork.
- Eggs until the yolks and whites are firm.
- Red meat-145° F, Ground beef-160° F, Poultry-180° F

4. Chill: Refrigerate promptly.

Cold temperatures keep most harmful foodborne bacteria from growing and multiplying. Set the refrigerator at 40° F and the freezer at 0° F.

Refrigerate or freeze perishables, prepared food and leftovers within 2 hours.

Quick-chill large amounts of leftovers by dividing between small, shallow containers.

Do not pack the refrigerator. Cool air must circulate to maintain proper temperature.

Excerpts from <http://nonprofitrisk.org/tools/workplace-safely/nonprofit/c6/illness.htm>

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Selecting an Executor; Being an Executor - What You Need to Know

WHO SHOULD YOU NAME AS EXECUTOR?

It depends on your family members and friends. Do they have the knowledge, the time, are they capable of handling any family disputes? The job of executor can be time-consuming and difficult. That is why you need to think twice before you make that decision in your Will.

An executor is usually a family member or friend who will administer your estate and distribute your assets to your beneficiaries pursuant to your Will. However, you can also choose to name a professional executor (such as an attorney, bank or accountant), either individually or to serve as a co-executor with a family member or friend. In addition to easing the burden on family and friends, a professional executor can expedite the process by anticipating potential problems that may not be apparent to a family member or friend.

Notwithstanding, an executor should always seek the expertise of an estate attorney to provide professional guidance during the settlement of an estate.

WHAT HAPPENS IF YOU DO NOT NAME AN EXECUTOR?

If you do not name an executor, or if the person that you name in your Will is unable or unwilling to serve, the court will appoint someone based upon state law. This may result in someone being executor that you would not have wanted.

WHAT ARE THE RESPONSIBILITIES OF AN EXECUTOR?

- Preserving, Protecting, Collecting and Valuing estate assets.

- Preparing and filling appropriate court documents.
- Resolving any family disputes.
- Paying debts and administration expenses.
- Accounting for income and expenses to the beneficiaries.
- Distributing assets to the beneficiaries pursuant to the Will.
- Setting up trusts under the Will.
- Preparing and filing tax returns and arranging for tax payments:
 1. Final Individual Income Tax Returns
 2. Estate/Inheritance Tax Returns.
 3. Estate Fiduciary Income Tax Returns

HOW CAN AN ESTATE ATTORNEY HELP YOU?

- GO to court to represent you as executor.
- ADVISE you of your duties and answer your questions.
- PREPARE and FILE appropriate documents at Surrogate's Court.
- PREPARE and FILE appropriate tax returns and arrange for tax payments to be made timely.
- ENSURE that the estate assets are distributed properly.
- RESOLVE any family disputes.
- ANALYZE how to minimize individual income, fiduciary income and estate taxes.
- IMPLEMENT estate planning for beneficiaries, especially family members such as a surviving spouse and adult children.

Marie Elena Puma, Esq. is a shareholder of the law firm of Vincent J. Russo & Associates, P.C. of Long Island, New York (1-800-680-1717, www.vjrussolaw.com) She earned her law degree at St. John's University School of Law and is a member of the New York State Bar and the National Academy of Elder Law Attorneys. Her areas of practice include: Trust and Estate Administration, Elder Law, Special Needs and Estate Planning, Guardianships and Real Estate.

If you are Disabled, Questions to Ask Before Making a Doctor's Appointment

Suggestions: Keep and bring a copy of your health history including surgery and procedure dates, current doctors, and medications and any supplements. Make sure to take down the name of the person you spoke to and the date.

I HAVE A DISABILITY, BEFORE I MAKE AN APPOINTMENT I WOULD LIKE TO ASK THE FOLLOWING QUESTIONS:

- I have _____ health insurance. Does the doctor accept it?
- I depend on public transportation; do you know how long I will be in the doctor's office?

FOR LIMITED MOBILITY QUESTIONS:

- Is there disabled parking with access aisles and curb cuts?
- Are there automatic doors to the building?
- Is there a step at the entrance or a threshold less than 1/2 inch high?
- Is the door 36 inches wide, with a 32 inch clearance?
- Does the bathroom have a 60" turning radius, raised toilet, grab bars and an emergency pull? Is the route to it clear and accessible?
- Do you have a hydraulic exam table that lowers to 18 inches?
- Does your waiting room have a designated space that can accommodate a wheelchair?
- Is someone available to assist with filling out forms, dressing, and transferring if needed?

FOR VISUAL IMPAIRMENT QUESTIONS:

- Is someone available to assist with filling out forms in a confidential manner?
- I will be bringing my service animal.
- Are medical forms and other literature available in large print, or Braille and audiotape?
- Will you provide verbal information and instructions in large print or audiotape?
- Are prescription instructions available in large print?

FOR DEAF/HARD OF HEARING QUESTIONS:

- Do you have a TDD/TTY (assistive listening device)?
- Is someone available to assist with filling out forms in a confidential manner?
- Will you provide a sign language interpreter and if so how much notice will you need?
- Will you provide verbal information and instructions in writing?
- I will be bringing my service animal.

FOR COGNITIVE/LEARNING DISABILITY/ PSYCHIATRIC DISABILITY QUESTIONS:

- Is someone available to assist with filling out forms in a confidential manner?
- Will you provide verbal information and instructions in plain language and in writing?
- Will you provide a summary of the information, diagnosis, recommendations and instructions in writing?
- Will you provide prescription drug information in writing?