

Senior Sense



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Your Resources

Medicare Prescription Drug Coverage: What Plan is Right for You and Do You Qualify for Extra Help?

The Medicare Modernization and Improvement Act was passed by Congress in 2003. As a result, Medicare has changed significantly over the past few years. In addition to the original Medicare Parts A and B, there are Medicare Advantage Plans (Part C) and Medicare Prescription Drug Coverage (Part D).

The Part D Medicare Prescription Drug Benefit began in 2006 and is voluntary. However, enrollees are subject to a late enrollment penalty for delayed enrollment (if they do not sign up for a plan when they initially become eligible for Medicare) with certain exceptions. The plan is available to people with Medicare Part A and/or Part B and who live in the plan's service area, but they must choose and join a Medicare Prescription Drug

Plan. If the Prescription Drug Plan is used with original Medicare, it is a stand-alone plan. Medicare Advantage Plan participants have to use the Prescription Drug Plan associated with that plan.

Medicare Part D covers brand name and generic prescriptions and certain types of prescriptions for high-cost patients. Participants in the plans have access to a network of pharmacies and share in the cost of prescriptions, but the plans may vary in what prescriptions are covered, what pharmacies can be used and have different levels of deductibles, co-payments, and/or co-insurance. So, it pays to shop for the coverage that best suits your specific needs and circumstances.

People who become eligible for Medicare throughout the year have a 7-month time period to sign up for a Medicare Prescription Drug Plan. Plan eligibility starts three months before they are eligible to receive Medicare, the month they are eligible for Medicare, and three months after they are eligible for Medicare. If a person does not sign up for a plan

during the initial enrollment period and decides to do so later, or decides to switch plans if they have already signed up for a plan, they have to wait until the annual coordinated election period which is November 15th through December 31st each year. There is a special enrollment period for people in certain situations, one of which is qualifying for the Low Income Subsidy (LIS), also referred to as “Extra Help.”

The LIS pays for part or all of the Medicare Prescription Drug Plan’s premiums, deductibles, co-payments, and/or co-insurance. The amount of the subsidy is based on the plan participant’s income and assets. The subsidies are the highest for those with the lowest income and assets. Some people automatically qualify for the subsidy, and others have to apply. You may automatically qualify if you have Medicare Part A and/or Part B and get full Medicaid benefits, Supplemental Security Income (SSI), and Medicaid helps pay your Medicare premiums. All other have to apply for the “Extra Help.”

To find out more about the Medicare Prescription Drug Plans available in your area, to compare prescription drug plans, and to determine if you qualify for “Extra Help”, contact your local county Extension agent or visit the UGA Cooperative Extension’s website at <http://www.fcs.uga.edu/ext/econ/medicare.php>

Source: *Your Guide to Medicare Prescription Drug Coverage*, Department of Health and Human Services: Centers for Medicare and Medicaid Services. April, 2007.

Your Relationships

Husbands’ Caregiving Strategies

When we think of caregiving for seniors, we usually think of women providing the care. The vast majority of people who provide caregiving as a career are female. And, since women live longer than men on average, more women remain healthier into older age than men – so more wives wind up providing care for husbands than vice versa. Interestingly, however, men now make up 44% of primary family caregivers

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Women tend to be more comfortable at caregiving than men. In most societies, women are the primary caregivers of children, and

young girls tend to learn caregiving skills more than little boys do. As we age, those caregiving experiences over a lifetime help shape the way we feel about caring for an aging spouse.

Recent research has helped us understand the differences in the ways that husbands care for their aging wives, compared to how wives care for husbands. We have known for some time that men are less likely than women to report feeling stressed or depressed by caring for a

spouse with a chronic illness, although senior men have higher rates of suicide. Why is that so? Do men have better coping skills? Do they express their stress differently? Do women take their caregiving responsibilities more seriously?

Many men seem to approach caregiving for their wives much like they approach their regular jobs – “Here’s the work that needs to be done, so let’s get to it.” While men certainly feel stress, disappointment, and other emotions on the job, they are more likely than women to “stuff” those emotions and forge ahead. Women are more likely than men to discuss their feelings with coworkers, and they generally feel supported when they do so.

Since husbands tend to have less experience than wives caring for family members, what strategies do they use to learn and carry out this care? Here are some common ones:

- “This is like a new job for me, so I just need to learn the skills.” Husbands tend to break down caregiving into the nuts and bolts of organizing tasks and figuring out the most efficient ways to accomplish them. The more you practice, the more proficient you become. This approach often includes “outsourcing” some caregiving for their wives, such as paying for trips to the hairdresser and respite care.
- “I just need to do what needs to be done.” Wives with Alzheimer’s or other dementias sometimes resist caregiving such as showering or staying

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indoors. Husbands don’t enjoy forcing their wives to comply with these caregiving needs against their wishes, but they do what has to be done in as loving a way as possible.

- “I know that she doesn’t mean to hurt my feelings.” Caregivers often struggle with angry comments and abusive behavior from persons receiving care, especially when dementia is involved. Husbands try to manage this by learning new coping skills, suppressing their emotions, controlling their responses, and reminding themselves of better times.
- “I like to keep busy.” Many caregiving husbands try to maintain hobbies such as woodworking, exercise or yard care. Caregiving can become a fulltime job, but men report that it helps to keep busy with things that they enjoy when they have a break.

Caregiving husbands and caregiving wives all have emotional and physical challenges to overcome. Caregiving wives seem less able to separate their

emotions from the unpleasant tasks of caregiving, which can add to their stress, and are more likely to turn to others for emotional

support. Caregiving husbands tend to cope with this stress by focusing on the caregiving jobs at hand and more pleasant distractions, while keeping

their feelings to themselves. In general, however, caregiving husbands and wives manage most of their caregiving tasks with similar approaches and feelings, and both can benefit from supportive friends, family, and communities.

Adapted from Calasanti and King, *The Gerontologist*, 2007.

Your Health

The Facts on Flax

You may be hearing more about flax lately, but what does it really do and should you be eating it?

The flax plant produces seeds that can be brown or yellow. These seeds produce oil that is often sold as a supplement. Flax is consumed in many ways and it has a tasty, nutty, buttery flavor. Ground flaxseed is often sprinkled on oatmeal or yogurt, and is used in baked goods such as muffins or breads. Flax oil can be eaten on salads or in capsules as a supplement. Flaxseed and products made from it can be used anywhere a nutty flavor is desired.

There are many health claims used to market flaxseed and its oil. These claims include, but are not limited to, helping with chronic diseases such as cancer, diabetes, heart disease, high blood pressure, kidney disease and arthritis.

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What are these claims based on? Flaxseed is a rich source of the essential fatty acid, alpha-linolenic acid (ALA), which was thought to be converted into omega-3 fatty acids by the body. We commonly get omega-3's from eating fatty fish. Omega-3 fatty acids may improve heart health and reduce inflammation. However, research shows that much of ALA is not converted into omega-3 fatty acids. This means that flax may not be a great source of omega-3 fatty acids after all, and you may want to stick to fatty fish as your main omega-3 source.

Flaxseeds do contain substances called lignans which may act as antioxidants to guard against cell damage. Lignans are also phytoestrogens that may help protect against breast and colon cancer. These claims have not yet been proven.

Also, flaxseeds contain, zinc, iron, vitamin E, calcium and other vitamins and minerals, and are low in saturated fat. While flaxseed and flaxseed oil may supply important nutrients, there is no proof their

claims about improving or treating specific diseases are true.

Flaxseed (but not flaxseed oil) is a good source of fiber. While a little may help keep you regular, too much may cause diarrhea. Also, taking a large amount of flaxseed (*not* flaxseed oil) may *cause* constipation if you drink too little fluid.

Flaxseed may also increase blood sugar and triglyceride levels in those with diabetes or problems with high triglycerides.

Pregnant women should avoid consuming flaxseed. In animal studies, consuming flaxseed during pregnancy produced harmful effects. This has not been shown yet in humans, but flaxseed may stimulate menstruation or have other hormone effects related to its phytoestrogens that are not good for a pregnant woman.

Flaxseed supplements can be expensive. Many of its important nutrients may be found in larger amounts from cheaper food sources. The FDA does not strictly regulate supplements and there is no guarantee of strength, purity or safety of such products. If you do choose to consume flaxseed, 2-4 tablespoons per day appear to be safe for most people. Before taking flaxseed or flaxseed oil as a supplement, refer to the directions on the label and consult with a dietitian or doctor.

Broccoli Salad

- 1 head broccoli (2 ½ cups)
- ½ cup chopped red onion
- ½ cup dried cranberries
- 8 ounces sharp Cheddar cheese, cut into very small chunks
- ¾ cup mayonnaise (light)
- 2 tablespoons vinegar
- 2 tablespoons sugar
- 1 cup halved cherry tomatoes

1. Wash hands and assemble clean equipment.

2. Trim off large leaves of broccoli. Remove tough stalks at end and wash broccoli thoroughly. Cut flowerets and stems into bite-size pieces. Place in large bowl.
3. Add onion, cranberries, and cheese. In a small bowl, combine remaining ingredients, stirring well. Add to broccoli mixture and toss gently. Chill well before serving.

Makes 6 servings.

Nutrient Analysis per serving:

Calories:	195
Carbohydrates:	18 grams
Protein:	11 grams
Fat:	9 grams
Cholesterol:	27 milligrams
Fiber:	2 grams
Sodium:	344 milligrams

Written by Rebecca Dearlove, Dietetic Intern and edited by Connie Crawley, MS, RD, LD



THE UNIVERSITY OF GEORGIA

COOPERATIVE EXTENSION

Colleges of Agricultural and Environmental Sciences & Family and Consumer Sciences

Dear Friend:

SENIOR SENSE is a quarterly publication provided by your local county Cooperative Extension office. It is prepared by Extension Family & Consumer Sciences specialists at The University of Georgia specifically for the educational needs of older Georgians.

Please contact your local Cooperative Extension office for more information on these and related topics.

Learning *for* Life

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