

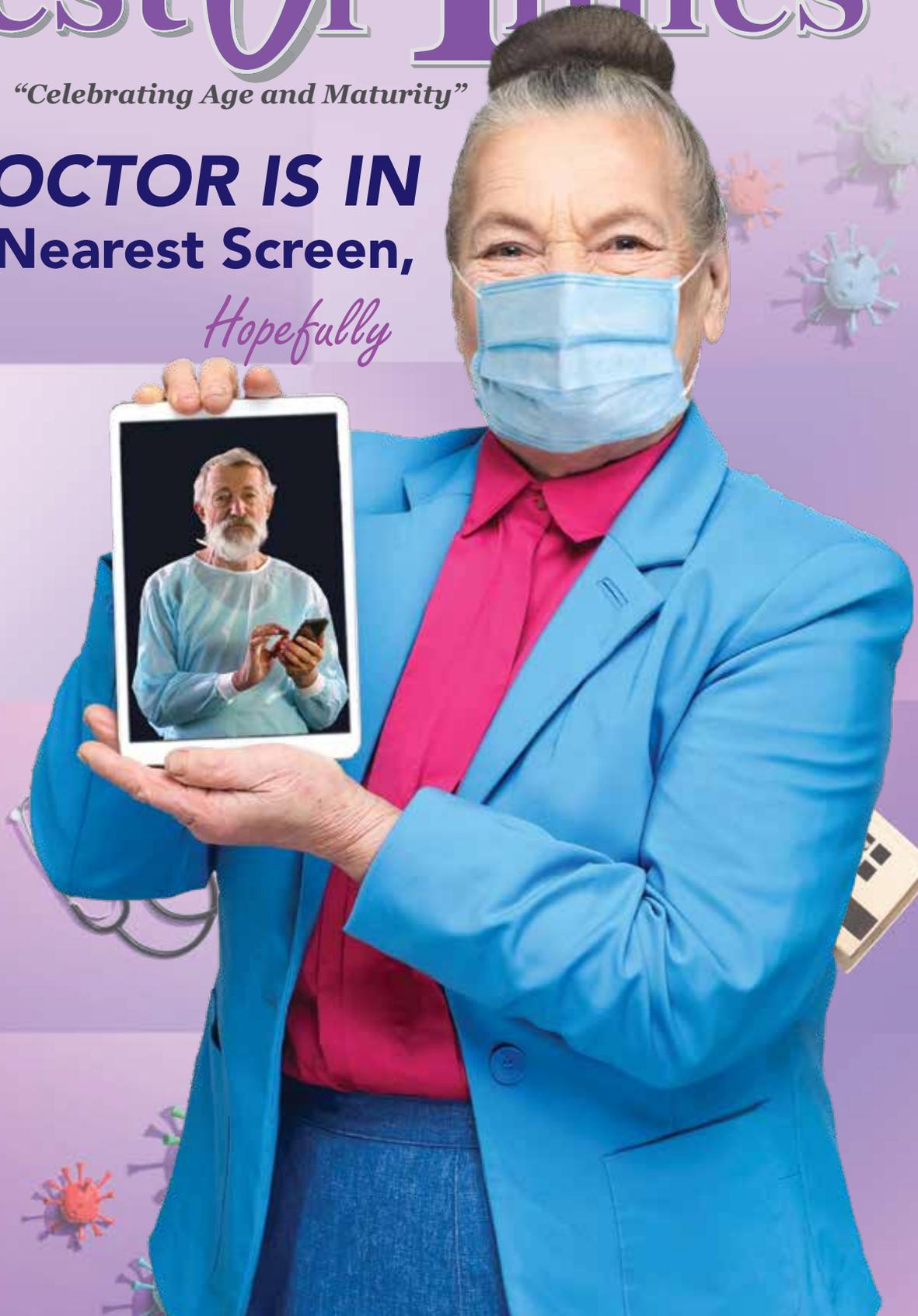
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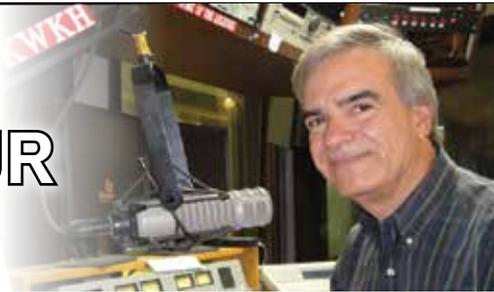
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*Dana Jeter Williams, MCD/CCC-SLP with  
Jeter Speech Language Pathology Services*

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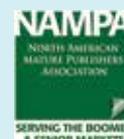
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# Stat!

## Medical News & Info

### Vitamin K May Offer Protective Health Benefits in Older Age



A new study found older adults with low vitamin K levels were more likely to die within 13 years compared to those whose vitamin K levels were adequate. The results suggest vitamin K may have protective health benefits as we age. Vitamin K is a nutrient that is important for maintaining healthy blood vessels. It is found in leafy greens, such as lettuce, kale and spinach, and in some vegetable oils, especially soybean and canola. The results showed the people with the lowest vitamin K levels had a 19% higher risk of death, compared to those with vitamin K levels that reflected adequate vitamin K intake. The meta-analysis was led by researchers at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University (USDA HNRCA) and Tufts Medical Center and is published in *The American Journal of Clinical Nutrition*.



### Most Older Adults Say They've Experienced Ageism Yet Hold Positive Attitudes

An offhand remark by an acquaintance about using a smartphone. A joke about someone losing their memory or hearing. An ad in a magazine focused on erasing wrinkles or gray hair. All of these kinds of everyday ageism, and many more, are common in the lives of Americans over 50, a new poll from the National Poll on Healthy Aging finds. In fact, more than 80% of those polled say they commonly experience at least one form of ageism in their day-to-day lives. The poll even shows relationships between experiencing multiple forms of everyday ageism and health. In all, 40% of all poll respondents said they routinely experience three or more forms of ageism – and these older adults were much more likely to have poor mental and physical health. But despite all this, the poll also suggests that most older adults hold positive attitudes toward aging – including 88% who say that they have become more comfortable being themselves, and 80% who have a strong sense of purpose. Two-thirds said life over 50 is better than they thought it would be.

### Midlife Thinking Skills Suffer from High Blood Pressure, Diabetes & Smoking



Cardiovascular risk factors, especially high blood pressure and diabetes, become more common in midlife. Researchers have found those two risk factors, as well as smoking, are associated with higher odds of having accelerated cognitive decline, even over just a short span of five years. In other words, people with these risk factors had a greater chance of having faster cognitive decline than a group of their peers who did not smoke, or have high blood pressure or diabetes. After adjusting for age, race, education and other factors that could affect the risk of cognitive decline, a study performed at the University of

California and published in an online issue of *Neurology*<sup>®</sup> found that people who smoked were 65% more likely to have accelerated cognitive decline, those with high blood pressure were 87% more likely and those with diabetes had a nearly three times as likely to have accelerated cognitive decline. Surprisingly, people who were considered obese and those with high cholesterol did not have a greater risk of cognitive decline. Researchers noted it's encouraging to know that there are behaviors people can modify in midlife to help prevent the steepest declines in thinking and memory as they age.

# Stand Up Straight and Feel Better

Discover the Perfect Walker, the better way to walk safely and more naturally



It's a cruel fact of life, as we age, gravity takes over. Our muscles droop, our bodies sag and the weight of the world seems to be planted squarely on our shoulders. We dread taking a fall, so we find ourselves walking less and less- and that only makes matters worse.

Well, cheer up! There's finally a product designed to enable us all to walk properly and stay on the go. It's called the Perfect Walker, and it can truly change your life.

Traditional rollators and walkers simply aren't designed well. They require you to hunch over and shuffle your feet when you walk. This puts pressure on your back, your neck, your wrists and your hands. Over time, this makes walking uncomfortable and can result in a variety of health issues. That's all changed with the Perfect Walker.

Its upright design and padded elbow rests enable you to distribute your weight across your arms and shoulders, not your hands and wrists. Helps reduce back, neck and wrist pain and discomfort. Its unique frame gives you plenty of room to step, and the oversized wheels help you glide across the floor. The height can be easily adjusted with the push of a button to fit anyone from 5' to over 6'. Once you've reached your destination you can use the hand brakes to gently slow down, and there's even a handy seat with a storage compartment. Its sleek, lightweight design makes it easy to use indoors and out and it folds up for portability and storage.



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# Q & A

## Chats with Area Boomers and Seniors



Meet Dr. Sanjay T. Menon

Dr. Sanjay T. Menon is Dean of Graduate Studies and Professor of Management at LSU Shreveport. He is also the Director of the LSUS India Studies program. He has lived in Shreveport for over 18 years and has served on the Board of the Multicultural Center of the South.

*Q. What was your favorite childhood toy or game?*

A. My friends and I liked to play cricket in the evening till it got too dark to see the ball.

*Q. What family tradition from your childhood have you continued with your own family?*

A. I grew up in India. For the traditional south Indian new year day called Vishu which happens in the middle of April, my mother would set up a nice display of items that signify prosperity for the coming year. This was done after my sister and I had gone to bed - sort of like putting presents under the Christmas tree after the kids have gone to bed. We would be awakened at dawn and led to the new year display with our eyes closed so that when we opened our eyes, the first thing we saw was the beautiful display. We do this for our kids now.

*Q. When you were a child, what did you want to be when you grew up?*

A. I wanted to be a train engineer or engine driver as we called them.

*Q. What fun activity from your childhood has been completely ruined for kids today?*

A. Playing outside after school with kids in the neighborhood. Kids these days either have organized activities after school or are indoors on their phones or computers.

*Q. What major world event do you vividly remember from your childhood?*

A. The moon landing. Everyone was talking about it and we had to memorize the names of the astronauts.

*Q. What is something about you that people do not know?*

A. Sometimes people think I am from another planet. They don't know it is true! [People think I am a very serious person, but I am always looking for the humor in every situation.]



With wife, Mini, and daughter, Manisha



Mini, Sanjay, Manisha, and Mibika (2017)



With Shreveport Cricket Club

**Q. What book have you read recently that you would recommend and why?**

A. "Sapiens- A brief history of humankind" by Yuval Noah Harari (HarperCollins Publishers). It is wonderful introduction to the human experience starting with pre-history and can explain much of what we see in the world today.

**Q. What's the silliest thing you are pretty good at?**

A, Three-legged race.

**Q. What is the best thing that happened to you?**

A. My wife, Mini. She is an accountant in town and she keeps me straight!

**Q. What decade was your favorite?**

A. 2000s - The kids were still young and we did a lot of fun things together as a family.

**Q. What's something you'd be happy doing every day for the rest of your life?**

A. Reading the newspaper with my morning coffee.

**Q. What's the best advice you've ever been given?**

A, Never miss an opportunity to help someone.

**Q. What's your favorite quote?**

A. "I do not want my house to be walled in on all sides and my windows to be stuffed. I want the cultures of all lands to be blown

about my house as freely as possible. But I refuse to be blown off my feet by any." - Mahatma Gandhi

**Q. What do you think the ideal age is?**

A. Your current age is your ideal age. You have the wisdom of hindsight and can make plans for the future.

**Q. What do you think the greatest thing since sliced bread is?**

A. The internet. Its power to connect people, ideas, and information is unmatched. Can't imagine life without it now.

**Q. Do you have a philosophy of life?**

A, Never look back with regret. Every day is a new day. Think of what you can do today for a better tomorrow.

**Q. If you were sent to live on the moon and was allowed to bring only one personal item with you, what would it be?**

A. My phone. Got to order pizza!

**Q. If you could have one superpower, what would it be?**

A. The power to go back in time and fix things, especially if there was a negative impact on someone or something. Then you can just go back in time and fix things.

**Q. If you could spend a day with one person from history, who would it be?**

A. Martin Luther King. His message is timeless and we need it now, more than ever.

**Q. If you were a boxer, what entrance or walk-up song would you play?**

A. Johnny Wakelin (1976) – "In Zaire" from the album "Reggae, Soul, and Rock 'n' Roll".

**Q. If you could be rich or famous, but not both, which would you choose? Why?**

A. I would rather be famous because, hopefully, I would have done something worthwhile to achieve fame.

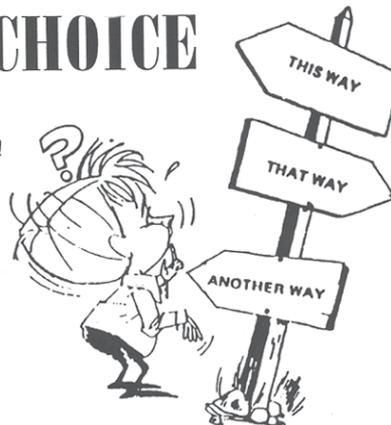


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# 5 Ways Seniors Can Safeguard Against Cyber Criminals Stealing Their Identity

As the use of personal computers and cell phones has grown over the last two decades, identity theft has surged. One study found that over 14 million consumers were victims of identity fraud in 2018, and that their out-of-pocket costs totaled \$1.7 billion.

Seniors have been particularly vulnerable in recent years to online scams and telemarketing tricks. Unfortunately, another negative effect of COVID-19 has been scammers targeting seniors and the elderly by developing coronavirus hoaxes that prey on fears of the virus.

The growing problem of identity theft for all age groups makes it vital for consumers to develop a strategy to protect their devices, and those of their loved ones, although no system is perfect, says Chris Orestis (www.retirementgenius.com), a senior care advocate known as the "Retirement Ge-



nius" and president of LifeCare Xchange.

At a minimum, no one should give out their Social Security number to a stranger and should never click a link in an email from an unknown source. But cyberthieves have many ways to steal your identity, invade your computer, or raid your bank account and credit cards. What should you do to protect yourself from these scam artists and criminals?

"First, it's important to understand that identity-theft protection services don't actually stop identity theft," Orestis says. "There is no fool-proof way to stop identity theft from

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This project was supported, in part by a grant (Nos. 90MPPG0049, 90MPPG0024 & 90MP-PG0023), from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.



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happening; there are just too many different types of valuable information and avenues for cyberthieves to hack them.

“The Federal Trade Commission actually prohibits identity-theft services from using the word ‘prevention,’ and if a company is promoting that as part of their service they should not be trusted. But regardless of any service you might use, no one can be disengaged from protecting their own identity. It’s important to take care of your identity and credit health with smart and regular maintenance, just like you do with your physical health.”

Orestis offers a five-step plan to help protect your identity:

- **Register for fraud alerts.** “You want these alerts on credit cards and bank accounts so you can be notified quickly of any suspicious activity on your accounts,” Orestis says. “With fraud alerts, data security companies and financial services will text, email or phone you if there is a suspected security breach, or if they detect spending on a card or account that doesn’t align with your spending habits or your location.”

- **Review accounts regularly.** Vigilance of your identity protection means you should go over your monthly bank and credit card statements and review online account activity weekly. “Immediately notify your bank or credit companies if you detect fraudulent activity,” Orestis says. “Either freeze your account or cancel your card. If you believe there could be a problem with your credit, you can place a credit freeze by phone with each credit agency’s customer service line.”

- **Monitor your credit reports.** Orestis says monitoring credit reports from Experian, Equifax and TransUnion is another way to find discrepancies that may indicate fraud.

- **Don’t leave a paper trail.** “It’s a good idea to get rid of physical private records and statements that include personal or financial data,” Orestis says. “Identity thieves get into mailboxes and trash. They can use receipts to piece together your personal data, so it’s smart to shred those and avoid any kind of paper trail.”

- **Create strong passwords.** Orestis suggests mixing upper and lower-case letters with numbers and symbols, and to avoid using the same password for every account. “Not having a strong password on your smartphone or computer is like leaving your house with the front door wide open,” Orestis says. “Identity thieves are counting on people to use the same or similar passwords for their electronic devices and financial accounts. Mix up your passwords, and change them whenever you suspect an account has been compromised.”

“Identity theft and cyber security are a very real threat in today’s internet-connected world,” Orestis says. “We all live online and are exposed to a lot of risk if we don’t do the right things to protect ourselves.”

*Chris Orestis, known as the “Retirement Genius,” is President of LifeCare Xchange and a nationally recognized healthcare expert and senior advocate. Orestis is author of the books Help on the Way and A Survival Guide to Aging, and has been speaking for over a decade across the country about senior finance and the secrets to aging with physical and financial health.*

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## Shreveport & Bossier City?

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# Things Change During an Emergency

by Lee Aronson

Doctors can't be sued for their mistakes during a public health emergency, even if the mistake ends up killing you.

Here's the specific Louisiana law: "During a state of public health emergency, any health care providers shall not be...liable for causing the death of or injury to any person...except in the event of gross negligence or willful misconduct."

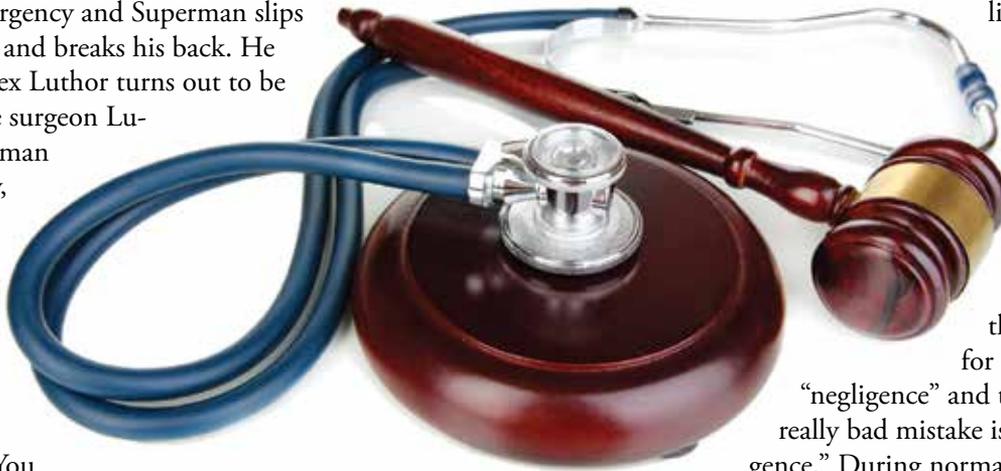
Let's say the Louisiana Governor has declared a state of public emergency and Superman slips on some train tracks and breaks his back. He needs surgery, and Lex Luthor turns out to be the surgeon. Because surgeon Luthor considers Superman to be his arch-enemy, Luthor quickly comes up with a diabolical plan: Lex intentionally botches the operation so that Superman can never walk again. Is Lex liable? You

better believe it; that's "willful misconduct."

How about this? It's still a state of public health emergency. Superman loses a big fight and needs to have his right arm amputated. Once again, Lex Luthor is the surgeon. This time surgeon Luthor doesn't have a diabolical plan, but he does make a big mistake. Instead of amputating Superman's right arm, Lex accidentally amputates Superman's left leg. It was an honest mistake, but it's a really bad mistake. Is Lex liable?

Yep, a really bad mistake like that is "gross negligence."

Here's another way to look at it. There are bad mistakes and really bad mistakes. You could say that the legal term for bad mistake is "negligence" and the legal term for really bad mistake is "gross negligence." During normal times, i.e. not



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a public health emergency, health care providers are responsible for their bad mistakes, their really bad mistakes and their “willful misconduct.” But during a public health emergency, health care providers are not responsible for their bad mistakes: they are only responsible for their really bad mistakes or “willful misconduct.”

Here’s a real life Louisiana case. Donald Duck (not his real name) suffered from a pinched nerve. He underwent surgery, but his recovery was not smooth because the surgeon accidentally left a sponge inside Mr. Duck. That’s a bad mistake: they had to do a second surgery to take it out. During normal times, doctors are legally responsible for their bad mistakes, but Mr. Duck’s surgery wasn’t done during normal times. It was done during a state of public health emergency due to hurricane Katrina. (Katrina hit New Orleans in August of 2005. Mr. Duck’s surgery was performed on November 28, 2005 - 3 months after Katrina. Technically, the state of health emergency that had been declared right after the hurricane was still ongoing when Mr. Duck had his surgery in November. Because the surgery was during the state of public health emergency, Mr. Duck’s doctor is not going to be liable for his mistake unless it was a really bad mistake or “willful misconduct.” Was it?

It certainly wasn’t “willful misconduct.” The surgeon didn’t mean to leave the sponge in Mr. Duck. But was it a really bad mistake, i.e. “gross negligence,” or was it just a bad mistake, i.e. “negligence”? The Judge felt that it was a really bad mistake, but Judges aren’t allowed to decide cases based on their feelings. They need proof and it’s really hard to prove “gross negligence.” In the end, Donald Duck lost his case.



Aronson

*Lee Aronson is an attorney in Shreveport, Louisiana, with Gilsoul & Associates, LLC. His practice areas include estate planning and elder law.*

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# The Health Benefits of Eating Seafood

by *Abigail McAlister*

Is seafood a staple in your diet? This unique protein source touts many benefits for those who enjoy it frequently.

Seafood is an excellent source of lean protein and is rich in vitamins and minerals like iron, zinc, iodine, niacin, and B-vitamins. Fish and shellfish are also both low in saturated fat, which is known as the “heart breaker” fat.

Seafood is rich in omega-3 fatty acids, which may help reduce hypertension, prevent cancer, relieve arthritis symptoms, and reduce our risk for heart disease. This is why the Dietary Guidelines for Americans and the American Heart Association recommend that we eat at least two four-ounce servings of fish per week to lower our risk for heart disease. Research shows that even consuming a small amount of foods rich in omega-3 fatty acids on a consistent basis can provide both heart protective benefits and help with healthy brain function. Fish that are highest in heart-healthy omega-3s include tuna, salmon, herring, sardines, and mackerel. Even fish that are lower in fat, like crabmeat and cod, are still good choices for a lean protein source rich in vitamins and minerals.

Some may be concerned about eating seafood because of the mercury content

in some choices. Consuming too much mercury from seafood can lead to issues for women who are pregnant or nursing, or for young children. It is advised that those who fall under this category still eat the recommended two servings of seafood a week, but avoid consuming fish with a high mercury content, including shark, swordfish, tilefish, and king mackerel. Typically, the fish that are higher in the helpful omega-3s have a lower mercury content.

Is raw seafood safe? Some restaurants may serve raw or undercooked fish, which could pose a risk for those who are at a higher risk for foodborne illness, including young children, older adults, people with decreased stomach acid, people with compromised immune systems, and pregnant women. The best way to prevent foodborne illness from fish is to make sure you are cooking your seafood thoroughly. To ensure your seafood is cooked through, the USDA recommends cooking your fish and shellfish until the internal temperature reaches 145 degrees F. If you do choose to eat raw fish, aim for fish that has been previously frozen, as the freezing process can kill parasites found in some types of fish.

If you’re looking to add more seafood to your diet, try adding fish or shellfish

in place of meat for some of your go-to recipes. If you’re having a hard time including fish in your dinner rotation, try adding fish to your lunch by adding it into a sandwich or topping a salad with shellfish or a fish fillet. Aim for grilling, baking, steaming, broiling, or poaching instead of frying your fish, which adds unneeded fat. To add flavor to your seafood without extra salt, use lemon or lime juice, onions and garlic, or herbs like dill and basil. It’s also important to be aware that certain varieties of fish, like packaged smoked fish and canned fish, may have extra sodium added to them. Always check food labels on packaging to help make informed choices about the seafood you eat.

Seafood provides numerous health benefits and makes for a great lean protein choice. Be sure to read food packaging labels, aim for healthier methods to cook your fish and shellfish, and practice proper food safety.

*Abigail McAlister is a Registered Dietician and nutrition agent with LSU Ag-Center for Caddo and Bossier Parishes. Her focus is adult nutrition education and promotion. Contact her at [amcalister@lsu.edu](mailto:amcalister@lsu.edu).*



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# What Rights Do Victims Have Regarding Restitution?

by Judge Jeff Cox

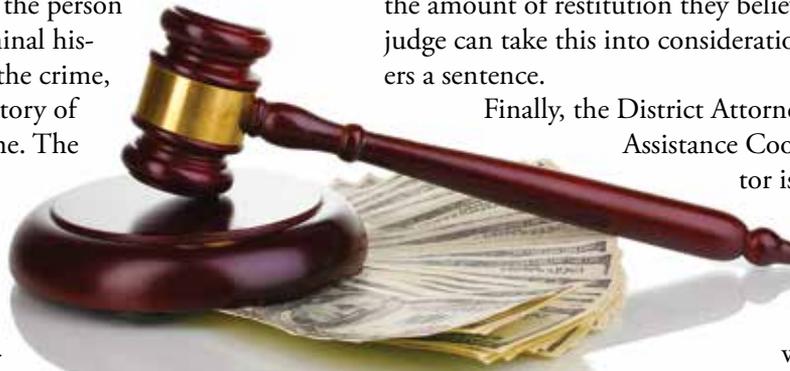
Many times in the courtroom, we see victims that are impacted by a person's criminal actions. As a judge, we try to take the impact a victim suffers into consideration when determining a sentence to give a person who committed a crime. Victims of a crime do have rights in the courtroom.

When a person has committed a crime and is to be sentenced by the court, the court will usually order a pre-sentence investigation report. This pre-sentence investigation report will detail the facts of the crime, the victim's name, amount of restitution that is owed to the victim, if any, a statement by the victim and by the person committing the crime, the criminal history of the person committing the crime, and the personal and family history of the person committing the crime. The pre-sentence investigation report is conducted by the State Probation and Parole Department and forwarded to the court once it is completed. The court then studies this pre-

sentence investigation report prior to the person who committed the crime being sentenced. This pre-sentence investigation report will detail what loss the victim has suffered as a result of the crime and make a recommendation as to what restitution should be paid by the person being sentenced.

In addition to the pre-sentence investigation report that is given to the judge, the judge's office will mail a request to a victim that asks them for a Victim Impact Statement. This statement is sent by the victim to the judge's office and allows the victim to state factors they believe the sentencing judge should take into consideration prior to sentencing a defendant. If the victim is owed restitution, the victim can list the amount of restitution they believe they are owed and the judge can take this into consideration when he or she considers a sentence.

Finally, the District Attorney's offices have a Victim Assistance Coordinator. This coordinator is charged with the responsibility to let the victim of a crime know when the defendant is to appear in the courtroom, when he or she is to plead



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guilty to a charge, or when the defendant is to go to trial. The coordinator can also assist the victim in helping to make sure that the District Attorney or his or her assistant does not forget that the victim is owed restitution on the record when the defendant either pleads guilty or is found guilty. The Victim Assistance Coordinator is there to help keep the victim informed about court dates and court proceedings. Additionally, a Victim Assistance Coordinator will also be able to provide information regarding programs that may assist the victim overcome the trauma of a crime.

In fashioning a sentence for a defendant, the court needs to obtain all the information it can about the victim and the impact the crime had on the victim. The court needs to know if the victim is owed any type of restitution and the amount of restitution that is owed. If the defendant feels that the restitution is overstated by the victim, then the defendant may request a restitution hearing where the amount of restitution will be determined by the court.

If you are the victim of a crime, hopefully this will give you some useful information and the rights available to you. Hopefully, you or your family will never have to learn about your rights as a victim in the courtroom.



Cox

*Judge Jeff Cox is judge of the Louisiana Circuit Court of Appeal for the Second Circuit.*

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**Dear Marci**

## How Can I Appeal a Discharge From a Skilled Nursing Facility?

by the Medicare Rights Center

**D**ear Marci,  
I am enrolled in Original Medicare. I will need to recover from an upcoming surgery in a skilled nursing facility (SNF) and I am nervous because I've heard of people being discharged from SNFs before they are ready to go home. What can I do if this happens?  
-Rex (Louisville, KY)

Dear Rex,

If you are receiving care from a SNF and are told that Medicare will no longer pay for your care (meaning that you will be discharged), you have the right to a fast (expedited) appeal if you do not believe your care should end. There is a different process if you are enrolled in a Medicare Advantage Plan. Note that this process is different if your care is being reduced but not ending, and you do not agree with that reduction.

If you are enrolled in Original Medicare:

- If your care is ending at a SNF because your provider believes Medicare will not pay for it, you should receive a Notice of Medicare Non-Coverage. You should get this notice no later than two days before your care is set to end.



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- If you have reached the limit on your care or do not qualify for care, you do not receive this notice and you cannot appeal.
- If you feel that your care should continue, follow the instructions on the Notice of Medicare Non-Coverage to file an expedited appeal with a Quality Improvement Organization (QIO) by noon of the day before your care is set to end. The QIO should make a decision no later than two days after your care was set to end. Your provider cannot bill you before the QIO makes its decision.
  - Once you file the appeal, your provider should give you a Detailed Explanation of Non-Coverage. This notice explains in writing why your care is ending and lists any Medicare coverage rules related to your case.
  - The QIO will usually call you to get your opinion. You can also send a written statement. If you receive home health or CORF care, you must get a written statement from a physician who confirms that your care should continue.
  - If you miss the deadline for an expedited QIO review, you have up to 60 days to file a standard appeal with the QIO. If you are still receiving care, the QIO should make its decision as soon as possible after receiving your request. If you are no longer receiving care, the QIO must make a decision within 30 days.
- If the QIO appeal is successful, you should continue to receive Medicare-covered care, as long as your doctor continues to certify it. If the QIO denies your appeal, you can choose to move to the next level by appealing to the Qualified Independent Contractor (QIC) by noon of the day following the QIO's decision. The QIC should make a decision within 72 hours. Your provider cannot bill you for continuing care until the QIC makes a decision. However, if you lose your appeal, you will be responsible for all costs, including the costs incurred during the 72 hours the QIC deliberated.
  - If you miss the QIC deadline, you have up to 180 days to file a standard appeal with the QIC. The QIC should make a decision within 60 days.
- If the appeal to the QIC is successful, you should continue to receive Medicare-covered care, as long as your doctor continues to certify it. If your appeal is denied and your care is worth at least \$170 in 2020, you can choose

to appeal to the Office of Medicare Hearings and Appeals (OMHA) level within 60 days of the date on your QIC denial letter. If you decide to appeal to the OMHA level, you may want to contact a lawyer or legal services organization to help you with this or later steps in your appeal - but this is not required. OMHA should make a decision within 90 days.

- If your appeal to the OMHA level is successful, you should continue to receive Medicare-covered care, as long as your doctor continues to certify it. If your appeal is denied, you can move to the next level by appealing to the Council within 60 days of the date on your OMHA level denial letter. There is no timeframe for the Council to make a decision.
- If your appeal to the Council is successful, you should continue to receive Medicare-covered care, as long as your doctor continues to certify it. If your appeal is denied and you are appealing care that is worth at least \$1,670 in 2020, you can choose to appeal to the Federal District Court within 60 days of the date on your Council denial letter. There is no timeframe for the Federal District Court to make a decision.

-Marci

*Dear Marci is provided by the Medicare Rights Center, a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities.*



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steering lever so it's simple to operate, and its exclusive footrest swings out of the way when you stand up or sit down. With its rugged yet lightweight aluminum frame, the **Zinger** is sturdy and durable yet convenient and comfortable! What's more, it easily folds up for storage in a car seat or trunk. Think about it, you can take your **Zinger** almost anywhere, so you don't have to let mobility issues rule your life. It folds in seconds without tools and is safe and reliable. It holds up to 275 pounds, and it goes up to 6 mph and operates for up to 8 miles on a single charge.

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# THE DOCTOR IS IN on Your Nearest Screen,

*Hopefully*

*By Alan M. Schlein*



**W**ith social distancing, depression, isolation and loneliness hitting the nation's seniors particularly hard as a result of the coronavirus pandemic, the federal government has made big changes to Medicare to help doctors reach patients easier without visiting offices or hospitals. But while it appears well-intentioned, these policy changes also are going to have to be more carefully thought out over time.

The COVID-19 pandemic has prompted Medicare to open access to telehealth, connecting patients to health care providers through videoconferencing and online in lieu of in-person visits. People have been making appointments online for a long time, and even using internet-connected monitoring devices to check blood pressure, diabetes and other conditions, but this expansion allows Medicare to pay doctors so they can do actual medical appointments.

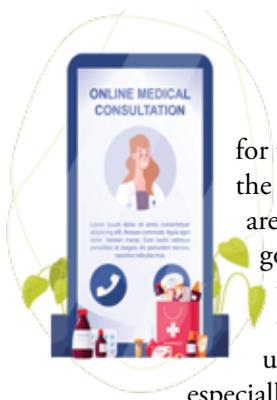
For those Americans living in rural communities and even small towns, a visit to the doctor can turn into a day-long ordeal. So easy access to doctors has suddenly become more important than ever. The irony is not lost, however, that prior to the pandemic, the biggest criticism of telehealth was that it was too distant, wasn't intimate enough, or as one doctor suggested "you couldn't be a hand on the shoulder"—now it's precisely that degree of distance that has everyone embracing telehealth as fast as possible.

In addition to reducing the strain on doctors' time and resources, telehealth eliminates unnecessary hospital and

emergency room visits by seniors. It also prevents the spread of illness to an older population that has much higher risk of getting COVID-19 due to underlying chronic health problems like heart issues, diabetes and lung/breathing issues.

Until changes made in March, Medicare had previously limited telehealth to particular circumstances like patients in rural areas. But those patients would typically still need to travel to a medical facility to consult with a doctor at another location. Now, for the coronavirus time frame, Congress waived Medicare rules enabling more than 40 million seniors access to the program. Another 20 million seniors already have access to telemedicine through their Medicare Advantage plans offered by private insurers.

But the new rules go even further, encouraging states to expand their use of telehealth in their Medicaid programs for low-income people. One of the now-waived Medicare restrictions that will encourage use of telehealth had required medical offices to have an established relationship with a patient in order to bill for telehealth services. Medicare has lifted that during this emergency.



## Telehealth Pros and Cons

All kinds of creative and innovative uses for telemedicine are happening as a result of the changes. Mostly that's because people are now aware of it as a viable alternative to going to the emergency room for the first time. Still, the idea of talking to a doctor through a computer or a smartphone is undoubtedly intimidating for many – especially tech-phobic seniors. There are new services to learn about, privacy concerns to deal with, and insurance issues to figure out.

Throughout the U.S., urgent care centers are encouraging patients to use their telemedicine options instead of physically showing up. Some hospitals are making use of virtual platforms to screen and triage patients who might have COVID-19, while others are using the technology just to free up personnel and space.

By changing the rules, Medicare eliminated one barrier it had imposed on itself. Until recently, Medicare had only allowed telehealth consultations if patients had both «audio and video capabilities,» thereby eliminating the easiest way for a doctor to communicate with a patient in a simple phone call. Why should people who are visually impaired have to do a video chat? That was nonsensical.

Under the new rules, phone calls are fine, as are the use of Apple's FaceTime or Microsoft's Skype, both of which allow phone and video chatting. Zoom, another video platform, has also been given temporary approval, although there have been recent security issues. Some other services that were designed specifically for telehealth consultation and are used by medical folks include VSee, Doxy, Thera-Link and Amazon Chime.

Many people already use a wide array of medical devices to check blood pressure, blood oxygen levels, and some wearables like the Apple Watch can even produce electrocardiograms. But the problem remains that some 35 million Americans don't use the Internet at all, according to a 2019 Pew Research study.

Some 44 percent of Americans who make less than \$30,000 a year don't have access to home broadband, and 29 percent don't have access to a smartphone, leaving some of the nation's poorest folks unable to access their doctors. Rural areas, as well as some city communities, are particularly vulnerable to this digital divide. And nearly all libraries –

the place where many people go for Internet access – have been shut down to comply with social distancing requirements.

To provide some hope, the Federal Communications Commission (FCC) recently loosened its rules governing the popular LifeLine program, which entitles some low-income Americans to discounted telephone and internet services. The FCC has said no one will be kicked out of the benefit until this summer, and it also waived the “gift rules” for certain health and education programs so internet providers can boost internet speeds and give assistance to institutions. In addition, many phone carriers have recently expanded the amount of data available to individual's mobile data plans in response to the coronavirus.

Health and Human Services has also temporarily relaxed the HIPAA privacy laws to allow doctors to provide telehealth from their personal cell phones. Until recently, doctors couldn't use their cell phones at all. Also to make things easier for seniors, Medicare recently temporarily agreed to pay doctors to include telehealth mental health counseling and preventative health screenings.

Virtual check-ins, brief text chats and emails between doctors and patients are now also covered, even though they used to be prohibited. For those people who don't have a primary care physician or need urgent care, there are also new telemedicine platforms like Doctors on Demand, (<https://>

### Consider ...

- 35 million Americans don't use the Internet at all
- 44 percent of Americans who make less than \$30,000 a year don't have access to home broadband
- 29 percent of Americans don't have access to a smartphone
- Nearly all libraries - the place where many people go for Internet access - have been shut down to comply with social distancing requirements.





www.doctorondemand.com), Teladoc (<https://www.teladoc.com>), MDLive (<http://mdlive.com>) and Amwell (<https://amwell.com/cm/how-it-works>), which used to be called American Well.

Security concerns remain a problem and HIPAA privacy rules remain largely in place. Patients need to remain vigilant with their medical records and must be aware that there are risks of sending very sensitive photos to their physicians, especially because if your doctor is on his cell phone, that would be stored outside a typical secured electronic health record.

### Who Pays for What and to Whom?

In one of the recent congressionally-approved coronavirus bills, lawmakers provided \$200 million earmarked for the FCC to fund telehealth services and devices for medical providers, doctors, hospitals, medical schools, community health centers, rural health clinics and even long term care and skilled nursing facilities. These places can now apply for up to \$1 million to cover the cost of new devices, services and personnel. But patients will need to check to see about co-pays and deductibles. Under traditional Medicare, the Part B deductible of \$198 in 2020 and the 20 percent co-insurance will still apply. However, individual providers may elect to reduce or waive the cost-sharing requirements for telehealth visits.



Problems are quickly emerging as telehealth skyrockets in use. One of the largest barriers has always been how doctors get paid. To make this work finally, Medicare recently announced that it agreed to pay the same rates for virtual visits as it does for in-office appointments. The Trump administration also temporarily eased regulations to allow the use of their mobile devices for virtual visits which has enabled some doctors in areas hard hit by COVID-19 to work from home and curtail nonessential office visits. Now many patients are waiting long times to get virtual time with their doctors because of high demand.

Insurance remains another huge barrier to telehealth usage. Medicare is federally run, but insurance including most telehealth policies are regulated at the state level. That means that every state and every private health insurance company have different policies. This is further complicated because tens of millions of Americans are not insured, and tens of millions more are on self-insured plans, which have different policies than those who are fully insured.

So without a one-answer-fits-all policy nationwide, patients are going to have trouble figuring out which policy applies to them, further complicating the ability to find the proper care they need. And since states will have to adopt these new rules and regulations, there will be a fragmented adoption of policies. That will be complicated even more for multi-state providers.

If you have private health insurance, you should check to see whether your insurer has made adjustments to their policies for reimbursement for telehealth. For instance, Aetna and Blue Cross Blue Shield are waiving co-pays for



*Whenever the pandemic is long gone, the convenience of reaching a doctor online is likely to stay.*

telemedicine for many members until June. But, as always, be prepared to read the fine print. Insurance companies have historically been slow to offer telehealth options.

While Medicare expanded access to psychological testing via telehealth for the first time, it still does not cover typical therapy services by phone. And this comes at a time when obviously some people will experience depression as a result of the coronavirus, social distancing and isolation.

As a potential alternative, Recode, a tech-focused online news outlet, recently suggested that a nonprofit called the Open Path Psychotherapy Collective (<https://openpathcollective.org>), offers low cost counseling at between \$30 and \$60 a session. HeyDoctor from GoodRX (<http://heydoctor.com>) and PlushCare (<http://plushcare.com>) also offer low-cost telemedicine doctor visits. In addition, there are low-cost text-a-therapist services like Crisis Text Line, which facilitates text-based conversations with volunteer crisis counselors, and others like TalkSpace (<http://talkspace.com>) and BetterHelp (<http://BetterHelp>), though they're not a replacement for speaking to a therapist in real time.

One thing is already clear while many of the adjustments for telehealth, including the suspension of copays and certain regulations, are temporary. Even with its problems, it may be hard for insurers and the government to pull back once patients become more used to using digital health services. Whenever the pandemic is long gone, the convenience of reaching a doctor online is likely to stay.

*[Also contributing to this column were PBS, CNN, CNBC, Tech Crunch, ABC, the New York Times, AP, Recode and Statnews.]*





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## Chamomile Helps Arthritis, Blood Thinning and Mouth Pain

by *Suzy Cohen, RPh*

About a million cups of chamomile tea are served every single day! The antioxidant compounds in chamomile, including apigenin, have been proven useful for a variety of issues that might concern you.

Today, I'm going to share the unexpected benefits of chamomile. Here are some benefits of chamomile that you may not have heard of:

### ARTHRITIS

You might expect benefits from frankincense for knee pain or other "itis" issues, because that herb has been long associated with strong evidence for inflammation. But it's really unexpected to see chamomile studied for knee pain! Researchers

applied chamomile oil topically to the knee. The randomized controlled clinical trial was published in *Complimentary Therapies in Clinical Practice*. Patients who applied chamomile needed lower doses of their pain medicine. You could try adding drops to massage oil or some other pain-relieving cream or gel. Supplements and teas are available as well for oral consumption. Chamomile is known to induce drowsiness.

### BLOOD THINNING

Having thick or 'sticky' blood is bad for you. Doctors seek to thin the blood in order to prevent strokes and heart attacks. Warfarin is the most popular prescribed anti-coagulant. There are many plant-derived supplements that work



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similarly to warfarin, as well as foods with anti-platelet activity. But chamomile wouldn't normally be something you think of for blood health. It has unexpected blood-thinning properties.

For that reason, I advise caution or avoidance of this herb if you are already taking warfarin (or other drugs) because there will be an exacerbation of the blood-thinning. Gum bleeding might be the first sign of additive anti-platelet activity in your body. Easy bruising is another sign.

### MOUTH PAIN

Have you ever burnt your tongue or mouth on hot coffee, or a super hot pizza? Fortunately, if you burn your mouth it heals right away, within a week or so. But if you are receiving chemotherapy, there is a type of mouth pain that is unbearable. It can occur with high dose local radiation in the mouth. The term for the pain is oral mucositis or "OM." Chamomile can help with these oral lesions.

Sometimes a person is able to speak after a chemo treatment, and they cannot tell you of this pain. I worked in nursing home settings and saw this at times. So if you're a caregiver, nurse or family member, please become more mindful of non-verbal cues, so you can determine if someone is dealing with OM.

Of the herbal and medicinal oral rinses tested in a recent study, researchers concluded that certain ones were the most effective. Chamomile, honey, curcumin or Benzydamine-containing mouthwashes were found to be the most effective. You can make your own soothing mouth rinse using the above ingredients, gargle with a tea, or simply dab on the essential oil to the sores.

*This information is not intended to treat, cure, or diagnose your condition. Always consult your physician for all medical matters. Visit [www.SuzyCohen.com](http://www.SuzyCohen.com). ©2020 Suzy Cohen, R.Ph.*



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# ST. MARTIN/ST. MAARTEN – A CAPTIVATING CONCOCTION OF CARIBBEAN CULTURES

By Fyllis Hockman;  
Photos by Victor Block



*Top, clockwise: Tijon Parfumerie & Boutique on the French side of the Caribbean island of St. Martin; St. Maarten, the Dutch Side of Island; The rum factory, the Carribbean factor.*

**T**here I was in my white lab coat examining the 40 different vials and trying to determine which combinations to mix to get the best outcome.

Admittedly, I wasn't enacting some important scientific discovery or creating a medical breakthrough but it felt almost that significant. What if I screwed up, made ridiculous choices as to the most effective ingredients and came away with an awful smelling product. Yup, I was making perfume at the Tijon Parfumerie & Boutique on the French side of the Caribbean island of St. Martin. The other half – St. Maarten – is the Dutch side and the two together form the smallest land mass in the whole world to be shared by two different countries (France and the Netherlands).

The Parfumerie itself is a study in sensory overload: a cologne colony. There are over 300 individual oils to choose

from in the making of your own personal perfume. As an amateur “nose” – someone who uses oils to create new fragrances – I learned to combine top notes, middle notes and base notes to fashion “an accord” that will constitute a pleasing perfume.

Becoming a chemist is no easy task. There are a whole series of intricate steps to follow in the search for perfection. First, I chose three bottles from a series of 12 pre-mixed oils. Then nine other oils – for three perfume creations -- from a selection of a mere 300. I randomly – because really, how else can you do it? – chose Beach, Cashmere, Grass, April Rain, Vanilla Oak, Sunflower, Amber Musk, Aqua Spa and Rose. After a while, I didn't know whether to eat the flavors, bathe in them or plant them in a garden....

Then using beakers and droppers, I diligently combined the different options into three potential bottles of perfume. Once I determined which of the final prospects I liked the best, I added a number of other chemical properties to solidify the process. Upon completion, my creation was beautifully bottled and placed in a classy cloth carrying case. And of course, it all ends with a champagne toast because, remember, you're still in France. Voila! You are a perfume-maker. And every time you use the perfume -- which by the way, you have also named so that it is intrinsically yours -- you will remember St. Martin.

But will you remember St. Maarten? Of course, thanks to the Amsterdam Cheese and Liquor Store, a very fine representative of all things Netherlands where the number of cheeses



almost rivals the variety of fragrances.

Souvenirs from Dutch shoe key rings to windmill earrings; Dutch cookies and candies to soft clog slippers; tulip candle holders to Delph Christmas ornaments, and wooden shoes, large and small, in every iteration! And we haven't even gotten to the cheese, yet -- fifty varieties of them, all imported from the

Netherlands -- as well as every kind of cheese-related item from slicers and skewers to cutting boards and serving dishes.

Owner Etienne Rogers is happy to share his knowledge of

which cheeses complement which rums with which crackers. Forget about your Cheddar and Camembert -- there's coconut, pepper, pumpkin, truffle, jalapeño, cumin and asparagus -- to name a few. But Etienne heartily defends the Gouda. He says that people come in and say they don't like Gouda. His response: "You don't like American Gouda; Dutch Gouda you will love."

So there's French culture and Dutch culture but the island itself is Caribbean and what better way to celebrate that than with rum. On to the family-owned Topper's Rum Distillery where there are as many different flavors of rum as there are fragrances and wooden shoes. And then there's the rum cake! But before we got to that, there was a lot to learn about the craft itself. A small price to pay.

Topper's has been winning medals in international rum tasting competitions for years -- quite a testament to a liquor whose origins began in Melanie Daboul's own kitchen. She went from serving family and friends to making over 100 flavors of rum in a few short years. And a tour of the factory takes you on a rum adventure spanning more than 20 different samples ranging from the recognizable to the exotic. From your basic coconut and spiced to white chocolate raspberry and banana vanilla cinnamon. And oh yes, of course, there's also your bacon maple syrup and buttered popcorn varieties.

You can drink as much or as little as you want -- no judgment. Eventually I stopped taking notes so just know that the 17 rums I tasted were really, really good. But admittedly, at this point, my eyes were glazing over on the history of rum-making.

So, two chemists: John at the Parfumerie, a cultural product of the French side of the island, and Melanie at the rum factory, a very Caribbean creation -- both inventing hundreds of products from scratch. Plus, the hundreds of products directly imported from the Netherlands.



*The island abounds in distinctive cultures -- and oh yes, there are also beautiful beaches!*

**For more information, visit [st-martin.org](http://st-martin.org) and [vacationstmaarten.com](http://vacationstmaarten.com).**

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# SHREVEPORT Then & Now



## History Right In Front Of Us!!

Who knew that this building was that old? Yep, that's right, the Oil and Gas building on the Northeast corner of Market and Travis Street dates back to at least the early 1900s. It was home to the Sinclair Hotel and the Auto-Lec Auto Supply store at one time. We thought we would make a few blends to bring it back to life again! Also note the MORRIS & DICKSON Drug store on the right! Today that building houses the The Remington Suite Hotel & Spa! Next time you drive by, be sure to not hit the model T's!!!



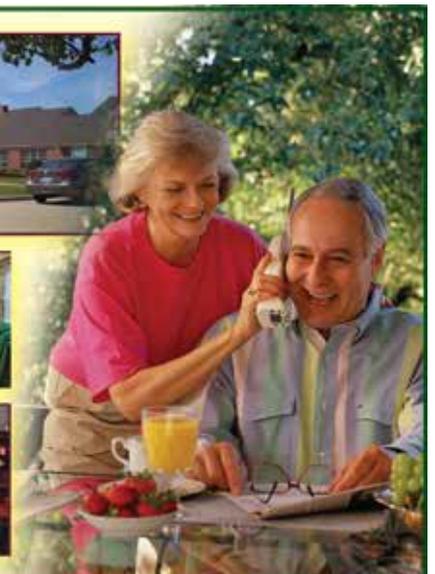
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# Answers from the Experts



EXPERTS: If you would like to help your community by answering a question here, call 636-5510  
READERS: Send your questions to The Best of Times, Box 19510, Shreveport, LA 71149

*I am told once I choose hospice I cannot return to the hospital. If I choose hospice care, am I able to return to the hospital?*

YES, once you select hospice care, your care and options are actually expanded, not limited. The hospice team is there to help you manage your healthcare decisions. Call Regional Hospice at 318-524-1046 any day of the week to arrange an informational visit.



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See our ad on page 27, 40.

*What does it mean when your cataract is "ripe"?*

A cataract is simply a cloudiness of your god given lens. When you were first born, your lens was crystal clear like a glass of water. As you age it's like someone slowly pours coke into that clear glass of water, it slowly turns yellowish brown. When the symptoms of the cataract get to the point that it is reducing your quality of life, then the cataract is "ripe". It is at this point that the only way to get you seeing better is to have the cataract removed.



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*My grandchild complains of shoulder, neck and back pain when in school. Could this be due to his heavy backpack?*

Yes. Backpacks are designed to distribute weight to larger muscle groups that can handle the load. Backpacks should have 2 padded wide shoulder straps, a padded back, and a waist strap (for heavier loads). Also backpacks should light and not add to the load. Rolling backpacks are an alternative, although stairs are a problem. Your grandchild should use both shoulder straps, tighten straps so the pack is 2 inches above the waist and closest to the body, not pack more than 20% of the child's body weight in the backpack, and pack only what he needs. Pack heavier items close to the back and unpack unnecessary items in the locker.



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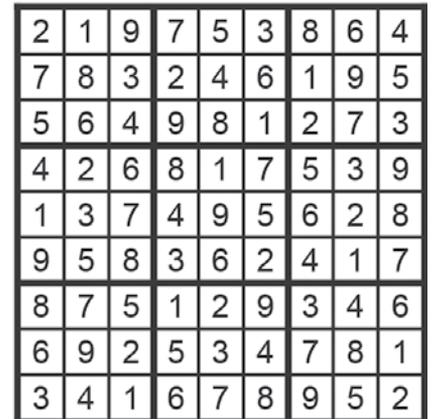
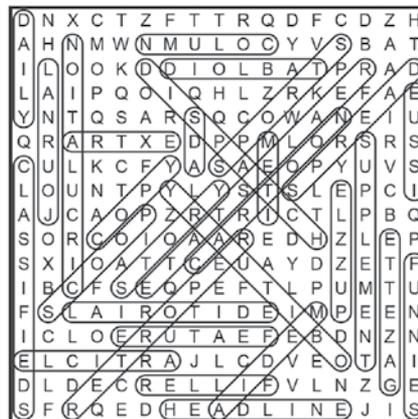
*What can I expect after having my ducts cleaned?*

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**PUZZLE answers**  
(from page 36 & 37)



# FLAVOR FUSION

Update summer classics with Asian-inspired flair



## FAMILY FEATURES

A distinctive and unexpected ingredient like rice vinegar is an easy way to bring faraway flavors to your favorite summer dishes. This pantry staple adds an Asian-inspired flavor to recipes of all kinds, from marinades to high-end meals. Find more flavorful ways to put an Asian twist on your summer dishes at [nakanoflavors.com](http://nakanoflavors.com).

## Sizzling Shrimp Fajita Stir-Fry

*Prep time: 15 minutes; Cook time: 10 minutes; Servings: 6*

1½ pounds large, raw shrimp, peeled and deveined (21-25 shrimp total)

2 tablespoons soy sauce, divided

4 teaspoons cornstarch, divided

¼ cup Roasted Garlic Rice Vinegar

3 tablespoons hoisin sauce

2 teaspoons grated fresh ginger

3 tablespoons vegetable oil, divided

1 red onion, cut into thin slivers

1 red bell pepper, cut into thin strips

½ pound shishito peppers, stemmed

6 warmed corn or flour tortillas

½ cup finely shredded red cabbage

¼ cup thinly sliced green onions

In medium bowl, combine shrimp, 2 teaspoons soy sauce and 2 teaspoons cornstarch; let stand 5 minutes to marinate.

In separate bowl, whisk remaining soy sauce, remaining cornstarch, rice vinegar, hoisin sauce and ginger until blended.

In large nonstick skillet over medium-high heat, heat 1 tablespoon oil until shimmering. Add half of shrimp; cook 1 minute on each side. Transfer to clean bowl; repeat with remaining shrimp. Wipe out skillet with paper towel.

In same pan, heat remaining oil until shimmering. Add red onion, bell pepper and shishito peppers. Cook, stirring, 2-4 minutes until peppers begin to blister. Add vinegar mixture; cook, stirring, 1-2 minutes, or until sauce is slightly thickened. Add shrimp to pan. Cook, tossing well until shrimp and vegetables are coated with sauce.

Fill tortillas with shrimp mixture, cabbage and green onions.



## Spicy Steak and Broccoli

Prep time: 20 minutes; Cook time: 10 minutes; Servings: 6

- |  |  |
|--|--|
| 1 beef tenderloin (1½ pounds), cut into 2-inch cubes         | ¼ pound broccolini, cut into 3-inch sections                   |
| 1 tablespoon soy sauce                                       | 2 large shallots, chopped                                      |
| 1 tablespoon cornstarch                                      | ¼ cup Seasoned Rice Vinegar                                    |
| ½ teaspoon ground black pepper                               | 1 tablespoon sugar   |
| ½ teaspoon garlic powder                                     | 1 teaspoon sambal oelek (Asian-chili garlic sauce) or sriracha |
| 3 tablespoons avocado oil, divided                           | ¼ teaspoon kosher salt   |
| 2 cups multicolored, mini sweet peppers, cut into thin rings | 2 teaspoons grated fresh ginger                                |

In medium bowl, combine beef, soy sauce, cornstarch, black pepper and garlic powder.

In large nonstick skillet over medium-high heat, heat 1 tablespoon oil. Add peppers, broccolini and shallots; cook 3 minutes, or until tender crisp. Transfer to clean bowl.

In same skillet over high heat, heat 1 tablespoon oil until shimmering. Add half of beef in single layer. Cook undisturbed 2 minutes, or until bottoms are browned. Stir. Cook 1 minute, or until outer surfaces are no longer pink. Transfer to bowl with vegetables. Repeat with remaining oil and beef. Return beef and vegetables to skillet over medium-high heat.

In small bowl, combine rice vinegar, sugar, sambal oelek, salt and ginger. Add mixture to pan. Cook 2 minutes, or until sauce is slightly thickened.



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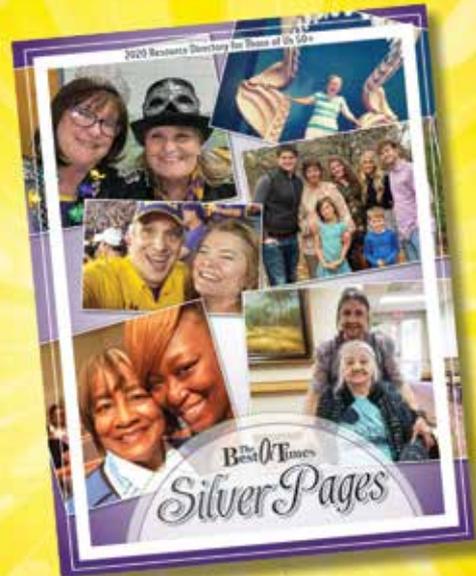
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# PUZZLE pages

Turn to page 33 for all puzzle solutions.

Across

- 1 Guff
- 5 Carpet slipper
- 9 Lay an egg
- 13 Cantina cookers
- 15 Form of ether
- 16 Timber wolf
- 17 Singer Abdul
- 18 Border
- 19 Bellicose deity
- 20 Emperor of Japan
- 22 More than just masculine
- 24 \_\_\_ best friend
- 25 Old Testament book
- 26 Directs elsewhere
- 29 African language
- 30 Wood sorrel
- 31 Auspices
- 33 Eyeball benders
- 37 Switchblade
- 39 Ballet skirts
- 41 Winter forecast
- 42 Undersides
- 44 Floral leaf
- 46 Skater Babilonia
- 47 Puts a stop to
- 49 Jotting down
- 51 Shakespeare character
- 54 Sicilian mount
- 55 Ukrainian peninsula

- 56 Onward motion
- 60 Rushed
- 61 Actress Sorvino
- 63 Stage of the Tour de France
- 64 Balanced
- 65 Word for Yorick
- 66 Talking bird of poetry
- 67 Dry run
- 68 Kind of terrier
- 69 Cattail, e.g.

Down

- 1 Frosh, next year

1	2	3	4			5	6	7	8		9	10	11	12
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55							56					57	58	59
60					61	62				63				
64					65					66				
67					68						69			

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- 2 Kyrgyzstan range
- 3 Epithet
- 4 Strauss opera
- 5 Chances upon
- 6 Menu option
- 7 Type of cabin
- 8 Not quite snake eyes?
- 9 Some arguments
- 10 Large-eyed lemur
- 11 Dagger mark
- 12 Gets ready to be shot
- 14 Much of Niger
- 21 Map within a map

- 23 Division word
- 25 Fill the tank
- 26 Flagmaker Betsy
- 27 Canyon sound
- 28 Go belly up
- 29 Mosquito wounds
- 32 Enthusiasm
- 34 Dead against
- 35 Horse color
- 36 Bud holder
- 38 Fierce in one's opinion
- 40 \_\_\_ Domingo
- 43 Shopaholic's delight

- 45 More lengthy
- 48 Andean animals
- 50 Kind of sauce
- 51 Largish combo
- 52 Cache
- 53 Employs
- 54 Delete
- 56 Beseech
- 57 Roof overhang
- 58 Admiral Graf \_\_\_ (Ger. battleship)
- 59 Fax button
- 62 Variety



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L A I P Q O I Q H L Z R K E F A E  
Y N T Q S A R S Q C O W A N E I U  
Q R A R T X E D P P M L O R S R S  
C U L K C F Y A S A E O P Y U V S  
L O U N T P Y L Y S T S L E P C I  
A J C A O P Z R T R I C T L P B G  
S O R C O I O A A R E D H Z L E P  
S X I O A T T C E U A Y D Z E T F  
I B C F S E Q P E F T L P U M T U  
F S L A I R O T I D E I M P E E N  
I C L O E R U T A E F E B D N Z N  
E L C I T R A J L C D V E O T A I  
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Dispatch	Reporter
Editorial	Scoop
Extra	Sports
Feature	Spread
Filler	Story
Funnies	Supplement
Gazette	Tabloid

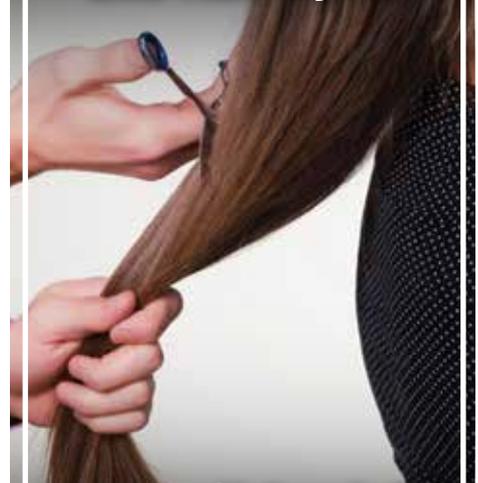
## Sudoku

To solve the Sudoku puzzle, each row, column and box must contain the numbers 1 to 9.

				5				
7		3		4		1		
		4		8		2		
	2				7		3	
1								8
					2	4		
	7		1		9		4	6
6		2			4		8	
						9		

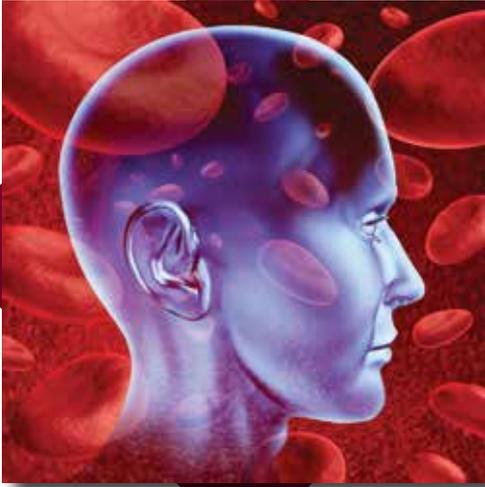
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# Odds & Ends

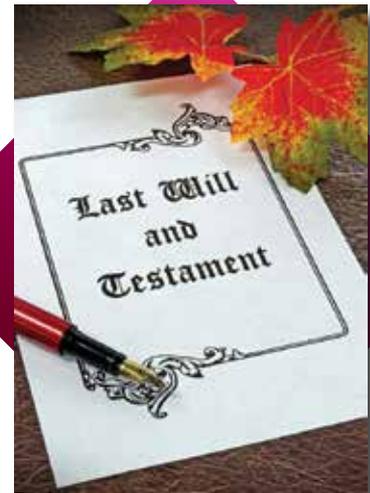


## WK HEALTH SYSTEM'S STROKE PROGRAM RECEIVES 'GET WITH THE GUIDELINES' AWARDS

Willis-Knighton Health System's stroke program at WK Pierremont Health Center and WK Bossier Health Center have received Get with the Guidelines Quality Achievement Awards from the American Heart Association/American Stroke Association. The awards recognize the hospitals' commitment to ensuring patients receive the most appropriate treatment for stroke, according to nationally recognized, research-based guidelines based on the latest scientific evidence. Get with the Guidelines is the American Heart Association's hospital-based quality improvement program that provides hospitals with tools and resources to increase adherence to the latest research-based guidelines. Developed with the goal of saving lives and hastening recovery, Get with the Guidelines has touched the lives of more than 6 million patients since 2001.

## STUDY SHOWS ALARMING DECREASE AMONG AMERICANS WITH A WILL

According to a recent survey from Caring.com, fewer Americans have engaged in estate planning over the last 3 years. In fact, there is a 25 percent decrease in the number of older and middle-aged Americans with a will. Anyone who has a bank account, home, car, spouse, children or other dependents should create an estate plan to protect their loved ones and provide peace of mind.



## CORONAVIRUS TWIST ON SOCIAL SECURITY SCAMS

U.S. Senator Susan Collins, the Chairman of the Aging Committee, is warning older Americans of ongoing scam attempts involving criminals posing as Social Security Administration (SSA) employees and attempting to scare seniors with threats to suspend their Social Security number or benefits. The scammers claim that the situation can only be resolved by providing sensitive personal information or payment in the form of gift cards, a wire transfer, or cash. Amid the COVID-19 pandemic, criminals send letters to Social Security beneficiaries claiming that their monthly payments will be suspended, due to the coronavirus and SSA office closures, unless the victim calls a number provided by the scammers. The Commissioner of Social Security has stated that Social Security and Supplemental Security Income payments will not be interrupted due to COVID-19. In addition, although SSA field offices are closed to in-person appointments during the coronavirus pandemic, the agency continues to provide service by telephone and online.



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**Pictured:** Leather chair chestnut color. Chestnut color also available in Duralux fabric

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