



AGING HORIZONS

Published by the Aging Services Bureau/Senior & Long Term Care Division/DPHHS

August 2009

AGING PERSPECTIVES

*Beverly Barnhart, Chairperson
Governor's Advisory Council on Aging*

*"Make new friends, but keep the old,
Those are silver, these are gold."*

Just like most old sayings, there is a good deal of truth here. At our Governor's Conferences, I always suggest that while we are together, we all try to make at least one new friend. As we grow older, we often lose some of the golden friendships so it is important that we continue to mine the silver.

The Mayo Clinic has a great article on their website about the importance of friendship to our health. I think we know this instinctively. Think about how great it is to hear from an old friend. After coffee or lunch with a friend, we just feel better! Consider how much fun it is to become acquainted with someone new - all our old stories are new to him or her!

Friendships are good for our health. During hard times, they are a source of comfort and

strength. They offer the shoulder to lean on. The good advice. The unspoken comfort. The good times and the shared laughter. They boost our self-esteem, provide companionship, and even help protect our overall health and mental well-being.

It is sometimes not easy to make a new friend. You may have to exert some effort. How about sitting by someone new at the Senior Center lunch? How about calling on the person who just moved in two houses down? How about walking the dog? How about reaching out to someone not your age?

And after you have a new friend, help someone out who is not as brave as you by introducing your silver friends to your golden friends.

The Mayo Clinic article on how friendships enrich your life and improve your health is at: <http://www.mayoclinic.com/health/friendships/MH00125>

I	2009 Mini Grant Program	2
I	Free Consumer Protection Resources Available	3
N	Why You Need A Family Disaster Supplies Kit	4
N	2010 Governor's Conference Locations	5
S	Advocacy Training Schedules	5
S	Medicare/Medicaid Program Updates	6
I	Senior Center/Nutrition Corner	7
I	Seasonal Influenza Vaccination Time	10
D	New MontGuide Publication	12
D	National Resident Rights Week	12
E	Protect Your Kidneys	13
E	Tribal Federal Benefits Workshops	14
E	Suicide Prevention	15

AGING HORIZONS

Aging Services Bureau
SLTCD/DPHHS
P.O. Box 4210
Helena, MT 59604-4210
1-800-332-2272

Website address:
<http://www.aging.mt.gov>

2009 MINI GRANT PROGRAM

A total of six \$1000 in Mini Grants were awarded in 2009 by the Governor's Advisory Council on Aging. The awards were funded by the Committee to Preserve Social Security and Medicare (CPSSM), WalMart, First Interstate Bank, NorthWestern Energy, Conoco Phillips, CHS Incorporated and Crowley/Fleck Attorneys. The following groups received an award:

Bainville Senior Center - to help pay for replacement windows at the senior center.

Geyser Raynesford Senior Center - to make repairs at the senior center.

Superior Senior Center - to help pay for paving of the senior center parking lot.

Area VI RSVP - to implement a train-the-trainer suicide prevention program in 5 counties in western Montana.

Lake County Council on Aging - to develop a caregiver resource guide that will also include caregiver preservation information and tips on giving hands-on care.

Meagher County Community Senior Center, White Sulphur Springs - to buy a laptop for the local Information and Assistance program.



Shelli Isle Roosevelt County COA, Janet Witt, CPSSM, Phyllis Romo Bainville SC



Lt. Gov. John Bollinger, Judy Shostak, Lake County COA, Janet Witt, CPSSM



Lt. Gov. John Bollinger, Beth Hunt, Meagher County SC, Janet Witt, CPSSM



Lt. Gov. John Bollinger, Sharon Bladen, Area VI RSVP, Janet Witt, CPSSM

FREE CONSUMER RESOURCES AVAILABLE FROM THE FEDERAL TRADE COMMISSION

If you're a regular Internet user, you probably get emails that are either potential scams or emails warning you about potential scams. Now there is one place that you can go to get educated about scams and how to avoid them - the Federal Trade Commission (FTC) website.

At the Federal Trade Commission, the nation's consumer protection agency, education is considered a consumer's first line of defense against fraud and deception in the marketplace. The agency produces practical, objective, actionable and plain language information in English and Spanish to help people avoid rip-offs and exercise their rights.

From sweepstakes scams to online safety and security, telemarketing fraud to travel scams, mortgage foreclosure rescue scams to miracle health claims, or credit reports to bogus cancer cures, the FTC has free articles, brochures, bookmarks, and outreach kits that you can use to help your clients. A full list of resources is at ftc.gov/consumer.

In addition to extensive print information, the FTC gathers its consumer information into one-stop websites. The sites have buttons, videos and other features that are "up for grabs" for your own online resources. Some key topics include:

- **Healthcare products and services:** *Who Cares* (ftc.gov/whocares) helps you find reliable sources of information on a variety of health topics, including Medicare fraud, medical ID theft, generic drugs, and assisted living.
- **Telemarketing fraud:** *Who's Calling?* (ftc.gov/phonefraud) provides

information about common telemarketing scams and how to avoid them, including credit and loan offers, identity theft, sweepstakes and lotteries, and work-at-home and business opportunities. It also explains and links to the National Do Not Call Registry, where people can register their phone number to limit the telemarketing calls they receive (donotcall.gov).

- **Identity theft:** *Deter, Detect, Defend: Avoid ID Theft* (ftc.gov/idtheft) offers detailed information about avoiding identity theft and what to do if personal information is stolen or abused.
- **Online safety:** *OnGuard Online* (www.OnGuardOnline.gov) provides practical tips to help guard against Internet fraud, secure your computer, and protect personal information. The articles, games, and videos on the site cover 19 topics, including spam scams and online shopping.

All FTC materials are in the public domain: Reprint them, use them as the basis for a presentation, or even co-brand them with your organization's name and logo.

All consumer information from the FTC tells readers to report scams and fraud to the FTC at www.ftccomplaintassistant.gov or by calling 1-877-FTC-HELP (1-877-382-4357); TTY: 1-866-653-4261. The FTC enters all complaints it receives into Consumer Sentinel, a secure online database that's used by thousands of civil and criminal law enforcement authorities to pursue legal action.

To order 50 or more copies of publications, visit: the FTC's Bulk Order site at <http://bulkorder.ftc.gov/>

WHY YOU NEED A FAMILY DISASTER SUPPLIES KIT

Disasters can happen anytime, anywhere. When disaster strikes, you may not have much time to respond. A hazardous material spill on the highway could mean instant evacuation. A winter storm could confine your family to your home for days. An earthquake, flood, tornado or any other disaster could cut off basic services such as gas, water, electricity and communications.

By far, earthquakes pose the largest single event natural hazard faced by Montana. The hazard of earthquakes varies from place to place, dependent upon the regional and local geology. Western Montana contains a zone of high seismicity, the Intermountain Seismic Belt, which also covers parts of Nevada, Arizona, Utah, Wyoming and Idaho. In Montana, this seismic belt trends north from Yellowstone National Park to Helena, then heads northwest, terminating beyond Flathead Lake. Most of the earthquake activity in the state occurs within this zone.

Earthquakes occur along faults, which are fractures or fracture zones in the earth across which there may be relative motion. If the rocks across a fault are forced to slide past one another, they do so in a stick-slip fashion; that is, they accumulate strain energy for centuries or millennia, then release it almost instantaneously. The energy released radiates outward from the source, or focus, as a series of waves - an earthquake. The primary hazards of earthquakes are ground breaking, as the rocks slide past on another, and ground shaking, by seismic waves. Secondary earthquake hazards result from distortion of the surface materials such as water, soil, or structures. The hazard of ground breaking is confined to a single fault or a narrow zone of multiple faults. Within the fault zone, which

is generally less than .5 miles wide, most structures will be destroyed and utilities will be cut. In the case of a moderate, small or deep earthquake, ground breaking may not occur at all.

Instead of predicting when an earthquake will strike, an estimate of their likelihood of recurring within a given time frame is given.

- In all of western Montana an event of magnitude greater than 5.0 can be expected every 1.5 years, a magnitude of 6.0 or greater should occur ever ten years, and a magnitude 7.0 or greater should occur every 77 years.
- The highest recurrence rate of large earthquakes in Montana occurs in the Hebgen Lake-Yellowstone Region, followed by Helena and Three Forks.
- In the Three Forks and Helena-Ovando regions the return time for a magnitude 6+ event is about 70 years, and that of a magnitude 7+ is 360 to 470 years.
- The number of large earthquakes in the Flathead Lake region is abnormally small compared to the number of small events. The recent discovery of an active fault system in that area identifies it as a potential location for a large magnitude (6.0 to 7.5) seismic event.

After a disaster, local officials and relief workers will be on the scene, but they cannot reach everyone immediately. You could get help in hours, or it may take days. Your family will cope best by preparing for a disaster before it strikes. One way to prepare is by assembling a 72 hour Disaster Supplies Kit. Once disaster hits, you won't have time to shop or search for supplies. But if you've gathered supplies in advance, your family can endure an evacuation or home confinement.

Article by Disaster & Emergency Services Division / Dept of Military Affairs. To view a 72 hour disaster and emergency kit, visit: <http://dma.mt.gov/des/Library/72hour-v2.PDF>

2010 GOVERNOR'S CONFERENCE LOCATIONS ANNOUNCED

Following the success of the 2009 regional conferences, the Governor's Advisory Council on Aging has set the 2010 Governor's Conference in May at three locations.

2010 Conference sites
the Ronan area
Miles City
Lewistown

Dates and locations have not been arranged yet, but when announced they will be available on our web site at www.aging.mt.gov and in our next issue of Aging Horizons.

For additional information, contact: Brain LaMoure at (406) 444-7782 or email at blamoure@mt.gov

ADVOCACY TRAINING SCHEDULES

INITIAL OMBUDSMAN TRAINING

A ***new*** Ombudsman Certification Training will be held in Helena for those who have never taken the Ombudsman training before.

Part I: September 15-17, 2009

Part II: October 6-8, 2009

INITIAL SHIP AND I&A TRAINING

A ***new*** SHIP and Information & Assistance (I&A) counselor training is scheduled for Helena. This is an initial training for those who have never been through SHIP and I&A training before.

November 17th - 20th

RECERTIFICATION TRAININGS

Recertification training for existing SHIP and I&A counselors and Local Ombudsmen schedules have been set. Registration forms will be sent out to all SHIP and I&A counselors and Local Ombudsmen in early September. Information on times and locations will be sent with registration forms.



Billings Recertification

September 29th – October 1st

September 29th: Ombudsman
2121 Rosebud Dr.

September 30th: SHIP

YCCOA office - 1505 Ave D

October 1st: I&A and RAM

YCCOA office - 1505 Ave D

Helena Recertification

October 15th & 16th

October 15th: SHIP – location TBA

October 16th: I&A and RAM – location TBA

Missoula Recertification

October 28th – October 30th

Hilton Garden 3720 N Reserve St

October 28th: Ombudsman

October 29th: SHIP

October 30th: I&A and RAM

Please note: Ombudsman training is offered in Billings and Missoula only.

For more information, call: 1-800-332-2272 to talk to Janet Stellmon (I&A Coordinator), Kimme Evermann (SHIP director) or Traci Clark (Assistant State Ombudsman)

MEDICARE/MEDICAID PROGRAM UPDATES

MEDICARE SAVING PROGRAM OVERVIEW

Medicare Saving Programs are income based programs that help seniors pay for part of their health care costs. Listed from lower to higher income criteria.

QMB (Qualified Medicare Beneficiary) pays for

- Medicare Part A (for those who do not receive premium-free coverage).
- Medicare Part B monthly premiums - \$96.40
- Medicare deductibles - Part A = \$1068.00 - Part B = 135.00/year
- Medicare coinsurance (amount recipient is responsible to pay after Medicare)

SLMB (Special Low-Income Medicare Beneficiary) pays for

- Medicare Part B \$96.40 Monthly Premium only

QI (Qualified Individuals) has higher income limits and you can't be eligible for any other Medicaid programs. It pays for

- Medicare Part B \$96.40 Monthly premium only

As part of the 2008 Medicare Improvements for Patients and Providers Act (MIPPA), a provision was enacted that specifies that an application for Medicare Part D Low Income Subsidy (LIS) also serves as an application for the Medicare Savings Programs – QMB, SLMB, and QI. This change is effective January 1, 2010.

The Social Security Administration is working with state Medicaid agencies to develop a process to forward information they receive from Medicare Part D LIS applications to states, unless the applicants indicate they do not wish their information to be forwarded. This will streamline the process and increase the number of people receiving benefits they are entitled to.

On a related front, many people have concerns about how the Montana Medicaid Lien and Estate Recovery Program will impact their Medicare Savings Program benefits. As of July 1, 2009, Medicaid Lien & Estate Recovery **will no longer** pursue recovery for any **Medicare premiums** paid

by the Medicare Savings Program (QMB, SLMB and Q1). Recovery **will be** pursued for any **deductibles** or **co-payments/co-insurance** paid on behalf of a QMB recipient. SLMB and QI recipients will no longer be subject to Montana Medicaid Lien & Estate Recovery, since these programs only cover the monthly Medicare premium.

Finally, remember that November 15th to December 31st is the time that you can change your Medicare Part D Prescription Drug Plan. You can either do this by going to www.medicare.gov/mpdpf or contact a SHIP counselor to make an appointment. Be sure to call as soon as you can after November 15th if you are going to change your plan, as these folks get booked up fast. You can also call Medicare at 1-800-633-4227 for help with your Drug Plan.

And be sure to read your new **2010 Medicare and You** handbook when it arrives in October. It contains all the information you need regarding Medicare.

For more information, contact: your local Area Agency at 1-800-551-3191



SENIOR CENTER/NUTRITION CORNER

This edition of the Corner notes the changing of the nutrition guard, so to speak. We bid farewell to Marni Steel, our departing Aging Dietitian, and welcome to her replacement, Minkie Medora, RD, of Missoula. Below is a bio of Minkie and the depth of experience that she brings to the Aging Network. She will continue to provide the same services that Marni Steel did.

To reach Minkie, contact Doug Blakley at 1-800-332-2272

NEW STATE AGING NETWORK DIETITIAN



Minkie Medora is a registered dietitian and has a Masters degree in Food and Nutrition from the University of Rhode Island. She has worked for several years as a hospital dietitian and served as Director of Nutrition Services at Community Medical Center in Missoula for over 27 years. In addition, she has been a consultant to several nursing homes in Western Montana. Minkie also served as the Director of the Health Services Division at the Missoula City-County Health Department for two years. In this position she was responsible for the home-visiting nursing program, the WIC program, and the infectious disease and prevention clinic.

In the past, she has volunteered services on several boards and councils at the local and state levels. These include the local food pantry, Head Start, Missoula Aging Services, the State Food and Nutrition Advisory Council, Maternal & Child Health Council, and the Montana Dietetic Association. She is currently on the board of the Montana Food Bank Network and Chairs the Food Security Council of the Board.

Minkie replaces Marni Stevens as the RD Consultant to the Aging Services Bureau and the

Aging Network. Marni started with the Aging Network in 2002 and over the following seven years, she served as the nutrition consultant to the Aging Network. In addition to providing onsite trainings around the state, providing menu reviews, and individual consultations, she was responsible for introducing the web based Food Processor program and the introduction to senior food services video and accompanying training manual. Last year she relocated to Idaho, but continued to provide services long distance.

LIFE EXPECTANCY HITS ALL TIME HIGH

The Centers for Disease Control recently reported that life expectancy rates for the United States reached an all time high. In 2006, life expectancy at birth for the total population reached a record high of 78.1 years, up from 75.4 years in 1990. Between 1990 and 2006, life expectancy at birth increased 3.6 years for males and 1.9 years for females. The gap in life expectancy between males and females narrowed from 7.0 years in 1990 to 5.3 years in 2006

The average 65-year-old senior can now expect to live another 19 years or so, to nearly age 84.

Most Americans die of heart disease or cancer. Between the two of them, they accounted for 48.5 percent of all deaths in 2007. Death rates fell slightly for influenza and pneumonia, murder and accidents. Alzheimer's disease passed diabetes to rank as the sixth highest cause of death.

PLANNING CALORIES AND CARBOHYDRATES IN A MEAL PROGRAM

The basic rules of good nutrition have not changed over the years. Yet, as new research finds additional ways to improve health and reduce the impact of disease in later years, we must take up the challenge of integrating some of the small and simple modifications to our diets that have shown benefits to health in the senior population. We have all seen information in the media about antioxidants, functional foods, trans fats, and other items in our diets that can be helpful or harmful to health in later years. Obesity as well as degenerative diseases has been found to reduce the quality and quantity of life in people of all ages. Obesity is linked with such problems as type 2 diabetes, coronary heart disease and osteoporosis – a serious factor in bone fractures. Foods like green tea have been shown to help prevent the buildup of Alzheimer's plaque in the brain.

Trying to sort through all this information is a challenge. The good news is that it takes small changes in menu planning and in food choices to improve the health of seniors. There are simple steps that can be taken to improve the nutritional quality of food. Congregate meal sites and the Home Delivered Meals programs are constantly trying new menu ideas, recipes and even looking at cultural needs of the people in their programs.

In this issue, we will review the current thinking about **calories and carbohydrates**. Future issues will deal with fats, proteins and the key nutrients that senior programs should focus on.

CALORIES:

The calorie need for seniors varies depending on their level of activity. Women who are 51 + need approximately 1,800 calories a day if their moderately active. Moderately active men 51+ need between 2,200 and 2,400 calories a day.

- Meal programs should design menus that stay within the calorie requirements but still provide all essential nutrition. While it is critical that seniors get adequate calories in order to maintain their weight, many people consume more calories than they need without getting recommended nutrient intakes. So, choose the foods in each meal that provide the best nutrition within the calorie guidelines.
- Avoid foods with too many added sugars or fats and contribute to weight gain.
- Since most programs provide lunch only, the calorie content of the meals should range from 550 to 700 calories – which would be approximately 1/3 of their daily calorie need. Seniors who have a higher level of physical activity may need additional calories in each meal.

CARBOHYDRATES:

Carbohydrates are the major source of calories in our diet. Carbohydrates break down into simple sugars, are easy to digest and give the body quick energy. Carbohydrates should provide between 45-65 percent of the total calories in a meal. Carbohydrates come naturally from a variety of sources including fruits, vegetables, all grains and milk. Foods with added sugars and sweeteners are also carbohydrates and provide the same number of calories per gram as natural sugars, but no nutrition.

- One way to be sure you provide enough carbohydrate in a meal is to use about 2-ounce equivalents of grain each meal. At least half should be whole grains.
- One slice of whole wheat bread plus ½ cup brown rice would come to 2 ounces of grains in a meal.

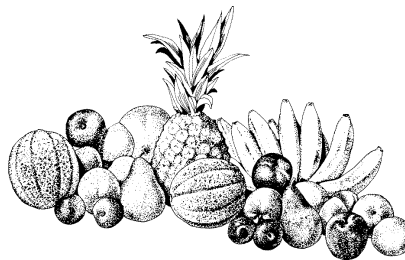
FIBER:

Fiber in the diet has multiple benefits. Fiber is important in preventing constipation, hemorrhoids, diverticulosis, as well as decreasing cholesterol levels. Fiber from whole grains has been shown to reducing colon cancer. The link between eating fruits and vegetables and reducing the risk of diabetes, heart disease, hypertension and several types of cancer is strong. Fruits and vegetables contain certain compounds like anti-oxidants that are unique and show promising benefits. Deeply colored fruits and vegetables help lower blood pressure and help with maintaining cardiovascular health.

Carbohydrates are a major of source of dietary fiber – an important nutrient for seniors and should be considered carefully for all menu planning. The recommendations for dietary fiber is 14 grams per 1,000 calories consumed. Senior programs should plan on 7-8 grams of fiber in a meal.

Fiber in food comes primarily from whole grains, vegetables, fruits and beans.

- Whole grains like whole wheat bread and pasta, bran, cracked wheat (bulgur), oatmeal, buckwheat, whole rye, barley, quinoa, millet or brown rice are a few of the great grain products high in fiber.
- Vegetables and fruits are an excellent source of fiber, especially those with skins, spinach, broccoli, leafy greens, all the berries and dried fruit. In the senior programs, at least 1 ½ to 2 servings of vegetables and 1 serving of fruit should be included in the menu.
- Beans and legumes are an excellent source of protein, as well as carbohydrates and fiber. Beans should be included in the diet at least two times a week. You can “lighten” the



beans by mixing them with other ingredients to make hot entrees, soups and salads.

ADDED SUGARS = ADDED CALORIES

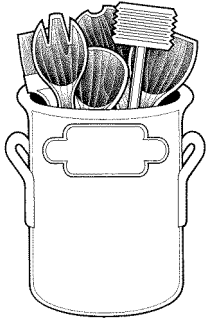
Food labels tell a lot about sugars added to various prepared foods. While meal programs need to include some prepared foods to make the menu manageable, it is important to be familiar with the types and amount of sugars added to foods. Sugars contribute a lot to the taste, texture and color of food. Sugars are now added widely to so many foods, that it is almost impossible to avoid them completely.

Added sugars come by many different names including: brown sugar, corn sweetener, corn syrup, dextrose, fructose, fruit juice concentrates, glucose, high-fructose corn syrup, sucrose and syrup. They are found in sweet foods like jams, jellies, ice-cream and sweet desserts. But they are also found in salad dressings, soups, canned or frozen prepared foods and many cold cereals.

Added sugars are also carbohydrates, but they provide a lot of extra calories and no other nutrition. Added sugars in many foods, especially carbonated beverages have been strongly associated with excess weight gain. Another concern with added sugars in foods is its effect on dental caries. Good dental hygiene and less frequent consumption of these sugars can keep the problem under control.

Carbohydrates can provide a lot of good nutrition for people in the senior nutrition programs. By making the right choices of foods in the menus, watching portions, including foods appropriate for various cultures and providing water with meals, you can be assured that the calories and carbohydrates in the menus will be a great source of nutrition for your customers.

QUINOA SALAD FOR 8



INGREDIENTS

2 tablespoons olive oil
1 lemon, juice of
4 tablespoons fresh parsley, plus
1 ½ cup fresh parsley, chopped
2 garlic clove, minced
2 cup water
1 cup quinoa, rinsed
2 cucumber, peeled, seeded and chopped
2 tomatoes, seeded and chopped
1/2 cup mint leaf, chopped
Red leaf lettuce, torn

Many other items can be added to this recipe including green onions, olives, beets, black beans, spinach, etc.

DIRECTIONS

- Bring the water to a boil in a saucepan. Add quinoa; cover, reduce heat to low and cook for 12-15 minutes or until water is absorbed. Remove from heat; transfer to a large bowl and set aside to cool.
- In a jar or bowl whisk together dressing ingredients (olive oil, lemon juice, garlic, and the 4 tablespoons parsley), season as needed, avoid too much salt. Set aside.
- Add cucumber, tomato, mint and the remaining 1 ½ cups parsley. Toss.
- Place lettuce in a large salad bowl, add salad ingredients and dressing and toss.

Calories 165, Protein 4 gms, Fiber 2.5 gms. Sodium 14 mg, Potassium 419 mg.



QUINOA originated in the Andean region of South America, where it has been an important food for 6,000 years. It is a grain-like crop grown primarily for its edible seeds. It is a pseudocereal rather than a true cereal, or grain, as it is not a grass. As a chenopod, quinoa is closely related to species such as beets, spinach and tumbleweeds.

Quinoa has become highly appreciated for its nutritional value, as its protein content is very high (12%–18%), making it a healthful choice for vegetarians and vegans. Unlike wheat or rice (which are low in lysine), it contains a balanced set of essential amino acids for

humans, making it an unusually complete protein source. It is a good source of dietary fiber and phosphorus and is high in magnesium and iron. Quinoa is gluten-free and considered easy to digest.

Quinoa has a light, fluffy texture when cooked, and its mild, slightly nutty flavor makes it an alternative to white rice or couscous. A common cooking method is to treat quinoa much like rice, bringing two cups of water to a boil with one cup of grain, covering at a low simmer and cooking for 14–18 minutes or until the germ separates from the seed. *Source: Wikipedia*

IT'S NOT TOO EARLY TO GET SEASONAL INFLUENZA VACCINE

The Department of Public Health and Human Services (DPHHS) is urging Montanans to get vaccinated with seasonal influenza vaccine.

While the focus of attention in the United States and around the world since spring 2009 has been the novel H1N1 influenza (Swine flu) virus, it is the seasonal influenza viruses that traditionally cause widespread illness during the fall and winter seasons.

The seasonal influenza vaccine will be available soon and people should get vaccinated. "We are encouraging people to get their seasonal influenza vaccine as soon as it is available at their doctor's office or other sites that provide the vaccine," DPHHS Director Anna Whiting Sorrell said.

This vaccine covers three influenza viruses that are expected to show up in North America this fall and winter. Although it is not possible to predict the exact extent to which this year's vaccine will be a good match with these seasonal influenza viruses, the vaccine is the best single step towards protecting yourself and your loved ones, according to state medical officer Dr. Steven Helgerson.

"It is important to note that the protection you get from the vaccine will not wear off before the influenza season is over," Helgerson said. DPHHS has sent recommendations to health care workers across the state to start administering the vaccine for seasonal influenza as soon

as they receive it, which can be as early as late August.

In addition, those recommended for the seasonal influenza vaccination covers a wide spectrum, said DPHHS Immunization Section supervisor Lisa Underwood. "Annual vaccination against influenza is recommended for adults and children," Underwood said. "Vaccination is especially important for people who are either at higher risk for influenza complications or are close contacts of persons at higher risk."

Underwood noted that higher risk individuals include those with heart disease, diabetes, respiratory problems such as asthma, or immune deficiencies.

In addition, health care workers, persons who care for children, and residents of nursing homes and other long-term care facilities should get vaccinated. Women who are pregnant or anticipate being pregnant during the influenza season should also receive vaccine.



A vaccine to provide protection against the novel H1N1 influenza virus is being developed and may be available for use this fall, according to the Centers for Disease Control and Prevention (CDC). "The seasonal vaccine will not protect against the novel H1N1 virus that is expected to continue causing illness this fall," Dr. Helgerson noted. "However, it will very likely provide protection against other influenza viruses that will also be causing illness."

DPHHS press release

For more information about the seasonal influenza vaccine, contact: Lisa Underwood at 406-444-0065 or visit the CDC website at <http://www.cdc.gov/>

NEW MONT-GUIDE LEGAL PUBLICATION

The 2007 Montana Legislature authorized beneficiary deeds as a way for people to transfer at death their real property (located in Montana) to one or more beneficiaries without probate. Real property is land, including whatever is erected, growing on or affixed to it, such as homes, garages, or other buildings, fences, water systems (unless removable), mineral deposits and standing uncut timber.

MSU Extension Service has developed a MontGuide to answer questions about the new law that applies to owners who have signed and recorded a beneficiary deed with the clerk and recorder in the Montana county where the real property is located and who pass away after October 1, 2007.

What is a beneficiary deed?

A beneficiary deed is one in which an owner conveys an interest in Montana real property to a grantee beneficiary effective upon the owner's death. In other words, real property is transferred from the deceased person to the person(s) listed on the deed. The deed

must specifically state that it is effective only upon the death of the owner. The deed must also have a complete legal description of the Montana property that the owner wishes to convey at death. An owner should use the legal description for the real property from a previously recorded deed – not the description appearing on the property tax bill that is sent annually to the owner by the county treasurer.

A beneficiary deed must be recorded before the death of the owner (or, for joint tenancy property, before the death of the last surviving owner) with the clerk and recorder in the Montana county where the property is located. All beneficiary deeds must have the post office address of the grantee listed on it before the clerk and recorder's office can record it. The owner must also prepare a Montana realty transfer certificate before the clerk and recorder will record a beneficiary deed. After recording, the beneficiary deed should be stored in a safe place such as a safe deposit box or a secure place in the grantor's home.

The MontGuide has additional information on developing a beneficiary deeds, statutory language, forms and costs. It is available free from your local county MSU Extension office, or at <http://www.montana.edu/wwwpb/pubs/mt200707HR.pdf>. Copies are also free from MSU Extension Publications, PO Box 172040, Bozeman, MT 59717, or orderpubs@montana.edu.

NATIONAL RESIDENTS' RIGHTS WEEK

Across Montana, residents of nursing homes and assisted living facilities, along with their family members, ombudsmen, facility staff and others will honor the individual rights of long-term care residents by celebrating Residents Rights Week, October 4-10, 2009.

This year's theme - **Hear Our Voice** – was selected to highlight the importance of listening to residents, to call attention to the fact residents in our long-term care settings

have a voice and a voice that should be part of decision-making. By listening to the residents' voices, we ensure they will be treated with dignity and respect of their individuality.

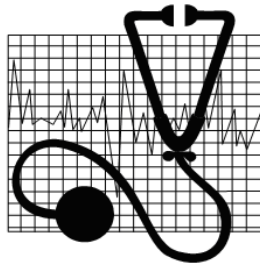
Regional and Local Ombudsman work on a daily basis to promote residents' rights, assist residents with concerns and provide information to those who need to find a long-term care facility.

For more information, visit: <http://www.dphhs.mt.gov/sltc/services/aging/ltcombudsman.shtml>

TAKE CARE OF YOUR KIDNEYS

Do you know how well your kidneys are working? You've probably never given it a thought. Those amazing bean-shaped organs in your back have "got your back," ridding your body of drugs, toxins, water, and wastes, and regulating important body chemicals and hormones. Like sight, or movement, or taste, the gifts your kidneys give you usually get taken for granted - until they are lost.

Twenty million Americans have some form of chronic kidney disease, or "CKD," a condition that can lead to kidney failure and even death. Currently CKD is the ninth-leading cause of death in this country. It is challenging to treat well because many people don't realize they have it until it is well advanced.



Are you at risk? Anyone can get CKD, but if you have diabetes or high blood pressure, you should be tested. Ask your doctor if you need a urine albumin test, which measures protein in your urine or a blood creatinine test, which measures a by-product of protein breakdown in your blood. These two tests give a good indication of whether you may be in trouble; creatinine results can

be used to measure your GFR (glomerular filtration rate), which gauges the degree of possible damage if kidney disease has started.

The good news is there are things you can do to slow and maybe even stop the progression of CKD. If you have diabetes the secret is no secret: do all those things your physician has recommended. Take special care to keep your blood sugar, blood pressure and lipids at recommended levels. Lose weight. Exercise. Don't smoke.

Also, if you need medication to keep your blood pressure down, make sure your doctor considers prescribing one of two blood-pressure medications. ACEIs (angiotensin-converting enzyme inhibitors) and ARBs (angiotensin-receptor blockers) have a protective effect on your kidneys.

If you are not diabetic and your high blood pressure is a factor in your CKD, these medicines will work for you too, as will all those good lifestyle changes addressing weight, cholesterol and exercise. *Article by Mountain-Pacific Quality Health*

To find out more about CKD, contact: the Montana Diabetes and CKD Partnership at 1-800-497-8232, ext. 5830 or visit the National Kidney Foundation's Web site, www.kidney.org

DIABETES TRAINING

The Montana Geriatric Education Center is presenting an all day workshop on diabetes entitled "Improving Health Literacy and Diabetes Outcomes in Older Persons". The training will be held on October 13 from 8 AM to 4:15 PM. Presenters will be in Billings and Missoula. The workshop will be video conferenced to about 25 locations around Montana.

This continuing education program is designed for physicians, physician assistants, nurses, pharmacists, psychologists, social workers, occupational therapists, nursing home administrators, physical therapists, dietitians and other health care professionals working in geriatric care and education. Continuing education credits will be offered.

For more information, visit: <http://nwrei.org/>

TRIBAL FEDERAL BENEFITS WORKSHOPS

A Tribal federal benefits workshop is scheduled for the Northern Cheyenne Reservation in the fall. This Train the Trainer Seminar will provide participants with information on a wide range of state and local human service programs. Experts will provide specific information on the following statewide programs:

- Social Security Retirement, Survivor and Disability benefits
- Supplemental Security Income
- Homeless Outreach Project
- Social Securities Appeals
- Social Security Employment Support Services
- Medicaid/Health Montana Kids
- Medicare
- Tribal and Montana Vocational Rehabilitation Services
- Indian Health Service
- Veterans' Administration Benefits

Information on local tribal services will also be provided by local experts.

This workshop is free and open to the public.

Continuing Education Units available from Chief Dull Knife College.

Booths and tables with brochures and other program information will be available from presenters and other agencies and organizations. Door prizes!

Lunch on October 20 by Northern Cheyenne Senior Center and AARP Montana. A noon working lunch on October 21 by Northern Cheyenne Senior Center and the State of Montana Medicaid. A Working Lunch by Northern Cheyenne Senior Center and State Office on Aging on October 22.

Snacks provided by Area II Agency on Aging.

WORKSHOP DETAILS

Dates: October 20, 21, 22

Location: Lame Deer Catholic Church

TRIBAL FEDERAL BENEFITS WORKSHOP III BRINGING PEOPLE TOGETHER FOR YOU

October 20, 2009 10:00 AM - 4:30 PM

October 21, 2009 9:00 AM - 4:00 PM

MEDICARE 101: YOUR PRESCRIPTION FOR MEDICARE

How Medicare and Indian Health Services can work together

Onsite help signing up for Medicaid and Medicare programs

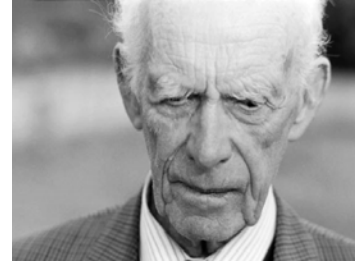
October 22, 2009 9:30 AM - 1:00 PM

For more information, contact:

- JoHanna Spang, Medical Resources Coordinator, Lame Deer - 477-4466
- Arshanda Knows His Gun, Medical Resources Secretary - 477-4539
- Tiffany Kelker, MSU-Billings Center on Disabilities - 1-888-866-3822
- Kaaren, Risor, Executive Director of Ashland Community Health Center - 784-2346
- Roger Ala, Disability Determination Div, Helena - 800-545-3054

IS YOUR LOVED ONE SUICIDAL? WHY DON'T YOU ASK THEM?

- ❖ In 2005, 5,404 Americans over the age of 65 died by suicide for a rate of 14.69 per 100,000 people (The national rate for all ages was 11.01)
- ❖ In Montana in 2006, there were 39 suicides by people over the age of 65 for a rate of 25.66 per 100,000 people. Over the period between 2000 and 2006, the rate of suicide for Montanans over 65 is 24.68 per 100,000, more than double the national average.



RISK FACTORS FOR ELDERLY SUICIDE

- ❖ Male (account for 85% of elderly suicides)
- ❖ The recent death of a loved one
- ❖ Physical illness, uncontrollable pain or the fear of a prolonged illness
- ❖ Perceived poor health
- ❖ Social isolation and loneliness
- ❖ Major changes in social roles (e.g. retirement).

WARNING SIGNS

- ❖ Depression
- ❖ Hopelessness
- ❖ Giving away possessions
- ❖ Isolating
- ❖ Drug or alcohol use
- ❖ Change in mood
- ❖ Drop in work performance
- ❖ Change in sleep/appetite
- ❖ Comments such as "I'd be better off dead" or "I won't be here much longer"

SUICIDE PREVENTION FOR ELDERS

Suicide is preventable. If you notice any signs of suicide in an elder, consider the following:



- ❖ If you notice symptoms of depression, ask the person if they are suicidal.
- ❖ Persuade the person to get help and offer to go with them.
- ❖ Refer the person directly to help (therapist, emergency room, doctor, police, etc.),
- ❖ Develop a lay provider calling tree set up among senior volunteer groups to reduce isolation.
- ❖ Talk to your medical community about screening patients for depression, mental illness and or drug/alcohol abuse.
- ❖ Senior suicide is related to severe illness and chronic pain. Improved pain management and increased resiliency among this group could reduce suicide.

Article by Montana Suicide Prevention Program

If you are feeling suicidal or know someone who is, call: the Montana Suicide Prevention Hotline at 1-800-273-TALK

NEWSLETTER AVAILABLE ONLINE

Starting with this newsletter, about half of the people that were receiving this newsletter in the mail will now be receiving an email that they can access the newsletter online. This is being done for several reasons: to save money, to allow more people to receive the newsletter and to clean up the mailing list, which has continued to grow over the last 10 years. An additional advantage of the online version is it is in color and can be more easily reproduced.

If you would prefer to receive your newsletter via email, please send an email to dblakley@mt.gov and you will be added to the list.

Current and previous newsletters can be found at
<http://www.dphhs.mt.gov/sltc/services/aging/index.shtml>