

AGING HORIZONS

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AGING PERSPECTIVES

Charlie Rehbein, Aging Coordinator

2011 is half gone and the aging tsunami is well on its way. Nationally, 10,000 people turn age 65 every day! In Montana, this equates to about 35 people per day or approximately 12,775 people per year will turn 65 for the next 25 years. This means that over the next 25 years, the number of people turning 65 each year in Montana will be about equal to a community the size of the combined populations of Polson, Red Lodge and Sidney, or the combined populations of Laurel and Lewistown, or the combined populations of Anaconda and Glendive.

In 2007, the Legislature passed the Older Montanans Trust Fund in an effort to begin to plan for the future needs of our aging society by setting aside funding for the future. Their foresight in establishing the Trust Fund was a beginning in planning for the future needs of our elderly, but it was only a beginning. Since then, Montana as well as the rest of the nation has been dealing with some tough economic

issues. The 2011 Legislature reduced the amount of funds in the Older Montanans Trust Fund, in part to maintain services provided to our elders through Area Agencies on Aging and the local Aging Network. And for this, the Aging Network is grateful that there were funds available that could be used to continue to provide necessary services for our senior citizens. The Aging Network also recognizes the value of setting aside funds for the future and hopes that this Fund will grow in order to help meet the needs of our elderly citizens so they can remain in their homes and home communities for as long as possible.

The statement, "Aging, if it is not your business, it soon will be!" is fitting and exciting. Changes are coming as the Baby Boom generation begins to age. If we work together, plan for and make good choices regarding our future needs as an aging society, Montana can lead the way and truly be the "Last Best Place" to live as we age.

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AGING HORIZONS

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NOTE: Doug Blakley has been the editor of the Aging Horizons newsletter for the last 12 years. This will be his last edition as editor, as he is retiring in September.

Please help us “Thank him” for all his years of service and for writing this newsletter. He will be missed. Please send your “thank you” and “best wishes” to dblakley@mt.gov.



THE 2011 GOVERNOR’S CONFERENCES ON AGING: CELEBRATING THE PAST: CHARTING THE FUTURE

The tradition continues of having the annual Aging conference be several conferences and traveling across the state to bring information on aging to Montana’s seniors.

This year we will be at two locations.

- Billings October 3 & 4 at the Holiday Inn Grand Montana
- Havre October 6 & 7 at MSU Northern in the Sub area.

The Governor’s Advisory Council on Aging continues the tradition of recognizing local Centenarians and Mini-Grant winners. More information on these events is available on our website at www.aging.mt.gov. Local conference agenda for both conferences are also at the website. New this year we will also be recognizing local Centenarian businesses and organizations through the Secretary of State’s office.

Registering for the conference is now being done through the state website. “A lot of time was always spent by staff inputting 500 to 700 people’s registration information,” said Aging Coordinator Charlie Rehbein. “Registering for the conference is now

available online through the state website. This will provide a more convenient way to register and help save paper and processing time. Let us know how this new process works for you.”

If you do not have access to the Internet, you can contact Brian LaMoure (see below) to get assistance with registering.

“We are really looking forward to this year’s conferences,” Gladys Considine, Chair of the Governor’s Advisory Council on Aging said. “Each conference is so unique people will want to attend each one.”

Some important deadlines are:

- Early bird registrations September 15th (See website)
- Centenarian information August 31st (See Page 5)
- Mini Grant applications August 31st (See Page 6)
- Sponsorships, booths and advertising September 14th (See website)

For more information or questions, contact: Brian LaMoure at 406-444-7782, toll free at 800-332-2272 or visit us on the web at <http://www.aging.mt.gov>

TENTATIVE BILLINGS CONFERENCE AGENDA

The following is the tentative Billings Conference agenda as of July 10, 2011. For more updates, check our website at www.aging.mt.gov.

MONDAY, OCTOBER 3	
8:00	Registration
9:30	Welcome, flag presentation, introductory presentations
10:20	Clinical aspects of Alzheimer's disease Dr. Irene Lohkamp, Billings
11:50	Lunch Feature guest speaker and entertainer Joey Traywick.
1:30 – 2:20	<ul style="list-style-type: none"> • Healthy by Design: The five tenants Laura Holmland, Riverstone Health • Balance Training to Prevent the Risk of Falling Ruth Omlund and Carol Scovill
2:30 – 3:20	<ul style="list-style-type: none"> • Senior Socialization: Why is it Important? Julie Pullen GNP St Vincent Healthcare • Staying Sharp - Video and other information Bernie Mason, Extension Service
3:45 – 4:35	<ul style="list-style-type: none"> • Red Flags of Bullying - Bullying at work/Seniors Bullying Seniors Cheryl Ikeda, Billings Clinic • Making Your Center Irresistible - Panel and audience participation Getting people involved, recruiting new people and recruiting officers.
Alzheimer's dinner in the evening at the Holiday Inn conference site	
TUESDAY, OCTOBER 4	
8:00	Welcome, flag presentation, introductions
8:30	Jan's Story Barry Peterson, Emmy Award winning CBS national correspondent, details his wife's early on-set Alzheimer's disease and its effects on their life
10:30	The State of Aging Panel of national and state experts <ul style="list-style-type: none"> • Mini Grant award recipients announced
12:00	Luncheon - Centenarians and Centenarian businesses recognized Invited Governor Brian Schweitzer and Secretary of State Linda McCulloch
1:30	<ul style="list-style-type: none"> • Stress and Emergency Preparedness Fred Cowie, Helena, MT • Consumer Awareness - Issues seniors and family members need to know in advance of signing Resident Agreements in Assisted Living facilities.
3:30	<ul style="list-style-type: none"> • Community Advocacy Teddy McMakin and Janet Mullin of PBS's Show, Backroads of Montana • Veterans Benefits Montana Veterans Affairs

TENTATIVE HAVRE CONFERENCE AGENDA

The following is the tentative Havre Conference agenda as of July 10, 2011. For more updates, check our website at www.aging.mt.gov.

THURSDAY, OCTOBER 6TH	
8:00	Welcome, flag presentation, introductory presentations
8:30	The State of Aging Panel of national and state experts <ul style="list-style-type: none"> • Mini Grant award recipients announced
11:00	Alzheimer's presentation to be announced
12:00	Luncheon - Centenarians and Centenarian businesses recognized Invited Governor Brian Schweitzer and Secretary of State Linda McCulloch
1:30 - 3:00	<ul style="list-style-type: none"> • Stress and Emergency Preparedness Fred Cowie, Helena, MT • Consumer Awareness - Issues seniors and family members need to know in advance of signing Resident Agreements in Assisted Living facilities.
3:00	Break
3:30 - 4:30	Veterans Benefits Montana Veterans Affairs
<u>Thursday Evening</u> At the Senior Center - Dinner, dancing and card playing.	
FRIDAY, OCTOBER 7th	
9:00 - 10:00	Guardianship and Conservatorship presentation – basic education on: What is a guardian; What is a Conservator; Review the differences between a Guardianship and Conservatorship; Who may have a guardianship appointment and/or conservatorship; How is it determined a person may need a guardian or conservator; what are the rights and their responsibilities for each
10:30 - 11:00	Guardianship and Conservatorship presentation continued/ Questions and answers
11:00 - 12:00	Overview of the Modest Means Program – Purpose of Modest Means program; Standard for eligibility for Modest Means Case; Investigation procedures; Legal review to determine if case has merit; Filing Civil Suit; Collection Process: Recovering assess and resources.
12:00	Lunch
1:30 - 3:00	Conservatorship Programs: Purpose and intent of a Conservatorship program; Types of services; Resource & Assessment services Guardianship Councils - Presenting current program models to provide the audience with possible alternatives in developing a program for their community.

MONTANA'S 2011 CENTENARIANS SEARCH

The Governor's Advisory Council on Aging would like to recognize all Montanans that are 100 years of age or older (centenarians) at the 44th Governor's Conferences on October 3-4 in Billings and October 6-7 in Havre.

The 2000 US Census showed that we had 162 centenarians in Montana. Projections are that by 2025, Montana will have over 3,000 centenarians. By recognizing and honoring our eldest of the elders we hope to raise the public's awareness of their on-going achievements and longevity.

We will recognize Centenarians at a luncheon during our regional Governor's Conferences. We are particularly hoping that the centenarians will be able to attend. All centenarians who reply will receive a Centenarian's recognition proclamation from the Governor.

If you are a centenarian or are aware of one that will be age 100 by year's end and would like them to be recognized, please submit their information by August 31, 2011.

To complete an official entry, send answers to the following questions along with a good quality photo.

To have some information on the centenarians to share with Conference attendees, please provide answers to the following questions.

1. The centenarian's name and address.
2. Where and when were they born? If not born in Montana, what is their story on how they got to Montana?
3. What is the secret to their longevity?
4. What has been the most amazing event in their life that they would like to share?
5. What would their favorite quote be?
6. Anything else they would like us to know?
7. Will they be attending the luncheon? Luncheon dates are Billings Oct 4th and Havre October 6th. Please RSVP if possible.

Please send your entry by 8/31/11 to:

Brian LaMoure
DPHHS – SLTC
PO Box 4210
Helena MT 59604-4210

For more information, contact: Brian LaMoure at 1-800-332-2272 or direct 406-444-7782, fax 406-444-7743 or email blamoure@mt.gov. For conference information, visit www.aging.mt.gov.



2010 CENTENARIAN FOLLOW UP

Last year, the Governor's Advisory Council on Aging recognized 125 centenarians through the Centenarian search.

Of the 125 identified, 27 were able to attend one of the 3 regional conferences that were held in Polson, Lewistown and Miles City to be recognized in person.

MINI-GRANT APPLICATION FOR SENIOR PROJECTS

The purpose of the Mini-Grant Program is to help facilitate up front funding of innovative ideas that will serve senior interests in local communities. Funding for these grants is provided by a number of generous organizations that will be recognized at the conference.

The Mini-Grant program is sponsored by the Governor's Advisory Council on Aging. The Council is responsible for setting the criteria for the program, raising the funds for the program, evaluating the applications and presenting the awards at the Governor's Conferences each year.

The one time only grants range from \$500 to \$1,000. Applications can be received from any governmental agency or 501(C)3 non-profit organization. The community receiving the grant must have a population fewer than 10,000 and be more than 25 miles from a city population of 10,000+.

Photos of the completed project and accounting for funds received will be required as well as a report to the Governor's Advisory Council on Aging by year end.

Eligible activities include a full range of services needed by Montana's seniors, such as training and education, development of support services and creating or enhancing on-going services to meet a specific or unmet need of seniors in the community. They should exhibit collaboration with the

Aging Network, and public/private sector partnerships are encouraged.

The following are the questions used to evaluate applications. *Note: Responses need to identify which following question they are answering.*

1. Describe the problem/unmet need in the community and its affect on seniors.
2. Describe how you propose solving this need/problem.
3. Explain how you will collaborate with the aging network, or establish a public/private partnership.
4. Provide a detailed budget for the proposed project.
5. Priority ranking of the proposals will be based on the following:
6. Is this a serious unmet need/problem?
7. Is this a creative solution to the need/problem?
8. Is this a wise expenditure of funds?
9. What will happen to the project after the funding is ended?
10. Is it a collaborative proposal?
11. Can the project be copied by other communities?

Send applications by 8/31/2011 to:

Brian LaMoure
DPHHS-SLTC
PO Box 4210
Helena MT 59604-4210

Applications must be received by August 31th, 2011.

The official application can be found at
www.aging.mt.gov

For more information, contact: Brian LaMoure toll-free at 1-800-332-2272 or direct at 406-444-7782, fax 406-444-7743 or email blamoure@mt.gov.



SENIOR CENTER/NUTRITION CORNER

This issue of the Senior Center/Nutrition Corner focuses on two significant issues: at the importance of Vitamin D and calcium in the diets of seniors; and the new dietary guidelines for Americans that USDA recently published.

For More information, contact: Minkie Medora at 406-549-3413
Doug Blakley at 1-800-332-2272

VITAMIN D AND CALCIUM FOR SENIORS

Nutrition news is abundant in the media every day. Recently, two important nutrients have received a lot of attention. These are calcium and Vitamin D and the unique synergy between them. The knowledge about the need for calcium as well as sources of calcium is well known. Now there is increased attention to the benefits of combining intakes of calcium and Vitamin D, so that one can maximize the actions of the other in the body. A lot more research has been done recently on the need for Vitamin D and its benefits, not just for bone health but for other possible benefits.

Studies are now showing that there may be additional benefits of Vitamin D besides bone health. Some of these possible benefits are in reducing risk of certain cancers, cardiovascular disease, Type 2 Diabetes and cognitive function. Vitamin D continues to play an important role in calcium absorption by increasing the amount of calcium going into bone cells, and reducing fracture risk in seniors.

Maximizing calcium absorption into bones is critical. Reduced calcium deposits cause osteoporosis, a condition in which the body removes calcium from bones to use for other functions. When this loss continues, bones become brittle and break easily. For seniors who have poor balance, falls are more likely. We should also recognize that many seniors don't have osteoporosis, but suffer from low bone mass and are starting to lose calcium.

Increasing Aging Population

Life expectancy in the US has increased from 47 years in 1900 to 76 years 1990. Since 1900, the US population has tripled, but the number of adults 65 and older increased 11 fold, from 3.1 million in 1900 to 33.9 million currently. By 2030 the number of older Americans is expected to go to 70 million.

It is therefore critical that as our senior population increases, we pay special attention to changing body needs. Aging can bring about loss of lean muscle tissue and bone mass. At the same time, body fat increases if calorie intake and physical activity are reduced. Diet and the use of foods that provide the best possible nutrient needs make a difference in how the changing needs in the body are met.

The latest thinking on calcium and Vitamin D

To understand new findings on Vitamin D intakes, the US Institute of Medicine (IOM) was asked by the government to look at the recent information and make recommendations for what would be the best levels for people of all ages. Therefore, IOM reviewed the Dietary Guidelines for Americans for both calcium and Vitamin D.

The current recommendations for calcium are the same - 1,200 mg/day for people over 50. Vitamin D requirements have now been increased to 600 IU/Day for people 60 and older, and 800 IU/day for those over age 70.

There are Upper Level Intakes for both nutrients that go higher than the recommended Daily Allowances, but it is not necessary to try and reach these levels.

Getting calcium and Vitamin D in senior menus

Senior meals should provide one-third of the daily requirements for all nutrients. We also need to keep in mind that many seniors may not be getting the remaining two-thirds of these nutrients on their own, so making sure your meal covers one third of the requirements is essential. There are several options for including the two nutrients.

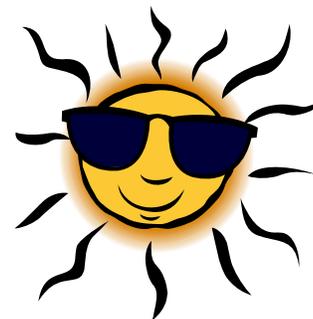
Foods that are good sources of calcium include *fortified* dairy products such as milk, yogurt, ice cream, and milk substitutes. Other good sources of calcium are spinach, soybeans, white beans, canned sardines and salmon with bones that are softened in the canning process. For those who cannot tolerate milk, there are fortified milk substitutes like soy milk and rice milk, as well as fortified lactose-free milk.

Foods that are good sources of Vitamin D include dairy products that are *fortified* with the vitamin – such as most milk products, yogurts and fortified orange juice. Fatty fish like salmon and sardines are very good sources also. So both calcium and Vitamin D can be found in the same foods.

The challenge of getting enough Vitamin D

In addition to the food sources, Vitamin D is made under skin from exposure to sunlight. For seniors, this is not something they can depend on. The ability to make Vitamin D in the body decreases as people get older. In addition, our Montana weather has too many days without the sun, and the winters keep people largely indoors.

Even in summer, when there is more sun, seniors need to be careful about using sun-screen and not staying out too long. So, the combination of lack of sun light and concern about risk of skin cancer makes it very difficult for seniors to get sunlight to produce Vitamin D in the body. People who are obese or have dark skin also do not produce enough Vitamin D in the body.



Meeting the new Vitamin D requirement and the use of supplements

The decision to take supplements depends on how much seniors get from their diets. If seniors are not sure they are getting enough Vitamin D from food, supplements are a good option to enhance what is in the diet. Most calcium supplements also have Vitamin D combined.

If seniors are taking multivitamins, they should check the label to make sure it has both nutrients. Many of the daily multivitamins and calcium supplements have 400 IU of Vitamin D added – which is at least half of the daily requirement. Vitamin D supplements are also available for those trying to reach the 800 IU level.

Sometimes labels will have Vitamin D in micrograms (ug) instead of IU's. To convert ug values to IU values, 1 ug = 40 IU's. Example: 5 ug = 200 IU of Vitamin D.

Finally, the benefits of physical activity must not be overlooked. Senior meal programs should encourage and offer opportunities for seniors to exercise and do other physical activity to strengthen bones and improve overall balance, as well as develop lean muscle mass.

If you are looking to increase your intake of Vitamin D and calcium, consider the following listing of the top 10 foods in each category

VITAMIN D: TOP 10 FOOD SOURCES IN STANDARD FOOD PORTIONS

Food	Standard Portion Size	Vitamin D in standard portion (IU)
Salmon, Sockeye, cooked	3 ounces	792
Salmon, smoked	3 ounces	580
Salmon, canned	3 ounces	464
Tuna, light, canned in oil, drained	3 ounces	228
Sardine, canned in oil, drained	3 ounces	164
Tuna, light, canned in water, drained	3 ounces	152
Whole milk, fortified with Vitamin D	1 cup	128
Whole chocolate milk, (fortified)	1 cup	128
Milk - nonfat, 1%, 2% (fortified)	1 cup	116
Soymilk, fortified with Vitamin D	1 cup	116

CALCIUM: TOP 10 FOOD SOURCES IN STANDARD FOOD PORTIONS

Food	Standard Portion Size	Calcium in standard portion (mg)
Fortified ready-to-eat cereals	$\frac{3}{4}$ - 1 cup	250-1000
Orange juice, Calcium fortified	1 cup	500
Plain yogurt, Calcium fortified	1 cup	452
Pasteurized processed Swiss cheese	2 ounces	438
Tofu, raw, regular prepared with calcium sulfate	$\frac{1}{2}$ cup	434
Ricotta cheese, part skim	$\frac{1}{2}$ cup	337
Swiss cheese	1.5 ounces	336
Mozzarella cheese, part skim	1.5 ounces	311
Low-fat milk	1 cup	305
Soymilk, original & vanilla, (fortified)	1 cup	299

FUN FACTS ABOUT VITAMIN D

- By normal definition, Vitamin D is really a hormone and not a “true” vitamin because it can be acquired naturally with sun exposure. When sun exposure is limited however, vitamin D is considered a vitamin because it must be met through food sources.
- There are two forms of vitamin D used in supplements: Vitamin D₃ (cholecalciferol) found in animal sources such as cod liver oil and vitamin D₂ (ergocalciferol) from plant sources. D₃ has been shown to be more effective at raising vitamin D levels in the blood than D₂.

NEW DIETARY GUIDELINES FOR AMERICANS PUBLISHED

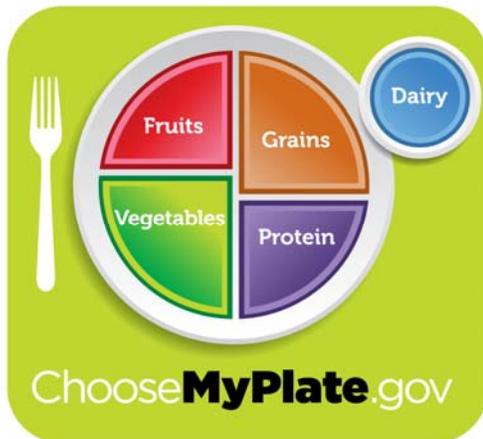
Because more than one-third of children and more than two-thirds of adults in the United States are overweight or obese, USDA developed the *2010 Dietary Guidelines for Americans*, which places stronger emphasis on reducing calorie consumption and increasing physical activity.

These new and improved dietary recommendations give individuals the information to make thoughtful choices of healthier foods in the right portions and to complement those choices with physical activity. The bottom line is that most Americans need to trim their waistlines to reduce the risk of developing diet-related chronic disease. Improving our eating habits is not only good for every individual and family, but also for our country.

The new Guidelines focus on balancing calories with physical activity, and encourage Americans to consume more healthy foods like vegetables, fruits, whole grains, fat-free and low-fat dairy products, and seafood, and to consume less sodium, saturated and *trans* fats, added sugars, and refined grains.

One of the major components of the new initiative that USDA has developed is the Choose Your Plate campaign. It replaces the Food Pyramid campaign. The idea behind the Choose Your Plate logo is to build a healthy plate that contains foods like vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods contain the nutrients you need without too many calories.

KEY MESSAGES



Make half your plate fruits and vegetables.

- Eat red, orange, and dark-green vegetables, such as tomatoes, sweet potatoes, and broccoli, in main and side dishes.
- Eat fruit, vegetables, or unsalted nuts as snacks -they are nature's original fast foods.

Switch to skim or 1% milk.

- They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.
- Try calcium-fortified soy products as an alternative to dairy foods.

Make at least half your grains whole.

- Choose 100% whole-grain cereals, breads, crackers, rice, and pasta.
- Check the ingredients list on food packages to find whole-grain foods.

Vary your protein food choices.

- Twice a week, make seafood the protein on your plate.
- Eat beans, which are a *natural* source of fiber and protein.
- Keep meat and poultry portions small and lean.

For more information, go to: www.DietaryGuidelines.gov or www.Choose MyPlate.gov

NEW AGING SERVICES STAFF IN HELENA



KERRIE REIDELBACH

Kerrie started with Aging Services in February, 2011. She assumed the I&A/ADRC Coordinator position previously held by Janet Stellmon, who moved to the SHIP program. Her duties include implementing the new 5 year ADRC plan and managing the state's ADRC and Lifespan respite grants.

Kerrie's previous position of 22 years was with Helena Industries, Inc as the Assistant Director of Community Programs, assisting adults with disabilities meet their vocational potential. "The career change is truly drastic though very refreshing."



GLENNA KURNS

Glenna assumed longtime Aging Fiscal Manager Janet Myren's position in May, 2011. She is responsible for managing all the accounting and contract issues for the Bureau.

Glenna has worked for the State in accounting positions for 4 years. Before that, she worked for various small businesses in Lewistown. She is looking forward to the new adventure of this position and working with everyone in the Aging Network.



LINDA REEVES

Linda started with Aging Services in December, 2010. She works in the position formerly held by the late Billie Cooper. Her main duties include providing support to the ADRC, I&A and SHIP programs. She spends a large portion of her time maintaining the IRis database and providing support services to the Aging Services Bureau.

Linda initially started at the State office as an Experience Works employee and recently became a permanent employee. She works mornings, Monday through Thursday.



MATT WILLIAMS

Matt started working for Aging services in May. Matt will be in his final year at Jamestown College in North Dakota in the fall and is majoring in Business Administration with a minor in Information Technology. He is a summer intern and will work through the rest of summer until he heads back to college.

Matt's main responsibilities are to use his Information Technology skills and help update and maintain the IRis resource database. He may be calling you to update your information in the Iris database.

ARE YOU READY?

Mark your calendars and start doing your homework! Beginning in 2011, and into the future, the Medicare Annual Enrollment/Election Period will run from October 15th through December 7th. This is the time frame each year when all Medicare beneficiaries have the chance to review their current prescription drug coverage (Part D) and if applicable, their Medicare Advantage coverage (MA's) and make any desired changes to their coverage for the coming year.

To get started, gather billing statements or other healthcare related paperwork, and

review your prescription and health care costs for the current year. These documents are tools that can help you decide if a move to a different Medicare plan is right for you.

This is also a good time to contact your local SHIP counselor for assistance. Your local SHIP counselor will review your unique Medicare situation and will offer objective, no cost information and assistance. Just don't wait too long. Appointments with SHIP counselors fill up quickly during the Annual Open Enrollment. Your local SHIP counselor is waiting to hear from you now!

For more information or to make an appointment, call: 1-800-551-3191

AGING HEALTH STATISTICS

- Approximately 80% of older adults have at least one chronic disease, and 50% have at least two. Four chronic diseases - heart disease, cancer, stroke, and diabetes - cause almost $\frac{2}{3}$ of all deaths each year.
- Chronic diseases account for 75% of the money spent on US health care. By 2011, the cost of chronic disease is estimated to be \$2.8 trillion - an average of \$9,216 per person.
- Diabetes affects 12.2 million Americans aged 60+, or 23.1% of the older population. In a 2007 CDC Prevention Program for people at high risk for developing diabetes, lifestyle intervention reduced risk by 71% among those aged 60+.
- 90% of Americans aged 55+ are at risk for hypertension, or high blood pressure. Women are more likely than men to



develop this chronic condition, with half of women aged 60+ and 77% of women aged 75+ having this condition. Hypertension affects 64% of men aged 75+.

- Every 18 seconds, someone aged 65+ falls. Each year, more than $\frac{1}{3}$ of adults aged 65+ have a fall severe enough to require medical attention.
- $\frac{1}{4}$ of older adults have a significant mental disorder. Among the most common are depression, anxiety disorders, and dementia. $\frac{2}{3}$ of older adults with mental health problems do not receive the treatment they need.
- Depression affects 7 million older Americans.
- People aged 85+ have the highest suicide rate of any age group.

NCOA Factsheet on Healthy Aging

DPHHS RECEIVES LIFESPAN RESPITE GRANT

The Department of Public Health and Human Services (DPHHS) was recently awarded a 3 year, \$180,000 grant to develop and implement a Lifespan Respite (LR) program statewide. The funding for the new program comes through the Administration on Aging and the Lifespan Respite Care Act of 2006. DPHHS applied for the grant following the successful Lifespan Respite Summit in March, which brought together 75 participants from across the state to begin planning on how to develop and implement a lifespan respite model in Montana.

The goal of the Lifespan Respite Care Act is to create respite programs that are coordinated systems of accessible, community-based respite care services for family caregivers of children or adults with special needs. Thus, LR programs are designed to serve any caregiver who is providing supervision and support for a family member, regardless of age, disability or special needs. The Lifespan Respite Care Program is intended to enable states to better coordinate existing respite services, identify service gaps and create and monitor new respite services. It also provides opportunities to recruit, train and support paid and volunteer respite providers and raise public awareness about the need for and importance of respite services.

The Aging Services Bureau will coordinate the grant with the four other major respite programs within DPHHS. The following are the current programs that fund respite within DPHHS: seniors over 60 and grandparents over 55 through the Aging Services Bureau and seniors over 60 or an adult with a physical disability through the Medicaid Waiver program, both in the Senior and Long Term Care Division; child or adult with a developmental disability and children with a

Serious Emotional Disturbance in therapeutic family homes, both in the Disabilities Services Division (DSD); adults who have a Serious Disabling Mental Illness through the Addictive and Mental Disorders (AMDD); and children in family foster care through the Child and Family Services Division (CFSD).

The grant will be managed by Kerrie Reidelbach, the ADRC coordinator in the Aging Services Bureau. DPHHS will be contracting with the Developmental Educational Assistance Program (DEAP) of Miles City to help implement the grant. DEAP has been providing lifespan respite since 1998, and is the only current program in the state using the lifespan respite model.

The specific goal of DPHHS' grant is to build the infrastructure for a sustainable lifespan respite program in collaboration with the Montana Lifespan Respite Coalition and Montana's ADRC network that makes respite services in frontier Montana accessible to all caregivers. The grant objectives are to:

1. work with interested parties to develop a viable statewide LR coalition;
2. assess caregiver needs for respite and increase the ability of respite providers to meet these needs using a LR model;
3. reduce programmatic barriers to the provision of respite through Department funded respite programs;
4. develop a statewide website with a database identifying respite providers, eligibility requirements, and funding sources for respite so caregivers can access information to make informed decisions about respite care; and
5. increase caregivers' and the public's awareness about the need for and availability of respite.

For more information, contact: Kerrie Reidelbach at 1-800-332-2272

2010 SNAPSHOT OF THE AGING NETWORK

The following are some data highlights for federal fiscal year 2010 (October 1, 2009 through September 30, 2010).

The Aging Network served a total of **31,502** unduplicated clients in its in-home service (including personal care, homemaker, home chore, home delivered meals, case management and skilled nursing) and congregate meal programs. This is a 1% increase over 2009.

An estimated **35,102** additional unduplicated clients were served through the other services provided by the Aging Network (including transportation, legal assistance, information and assistance, telephone reassurance, respite, health screening and promotion, senior center services, caregiver support and community education).

The total estimated number of unduplicated clients for all services for 2010 was **53,401**.

Last year, the home delivered meals program served 657,899 **meals**, down about 4,000 meals from the record high number of meals served in 2009. About \$4.25 million was spent on this service. About **7,100 people** received a home delivered meal. The average age of clients was almost 77.3.

About **1,194,000 congregate meals** were served in 2010. This was a 2% increase from the previous year. A little over \$6 million was spent for congregate meals. A little over **25,000 people** received a congregate meal. The average age of congregate meal clients was 74.4.

Total expenditures for services through the Aging Network exceeded **\$21.4 million**, a record high. The largest services in order of expenditures were: congregate meals, transportation, home delivered meals, case management, homemaker and Information

and Assistance, all with budgets in excess of \$1 million.

Program income continued to be about **\$3.5 million** for all services. About \$1.8 million came from congregate meals, while about \$1 million came from home delivered meals.

The following are demographic highlights and risk factors of **clients receiving in-home service** through the Aging Network:

- 65% of in-home service clients were women.
- 54% of women lived alone compared to 40% of men.
- About 35% of participants were below poverty. This compares to about 9% of the general population over 65.
- About 11% of participants were minorities.
- About 60% of home delivered meals participants are nutritionally at risk.
- About 45% needed assistance with at least 3 instrumental activities of daily living (IADLs). IADLs include needing assistance with preparing meals, transportation, housework, shopping medication management, money management and using the phone. People needing this level of assistance are considered to be at risk for institutionalization.
- About 29% of all in-home service clients are 85 years of age or older. The 85 and older age group comprises only about 2% of Montana's population. The Aging Network provides in-home services to about 13.5% of all Montana elders age 85 and older.
- If you include congregate meals with in-home services, the Aging Network served about 30% of all Montanans age 85 and older in 2010.

OLDER ADULTS CAN GET PERTUSSIS PROTECTION

The Montana Department of Public Health and Human Services (DPHHS) recently announced that the U.S. Food and Drug Administration recently approved a vaccine to prevent tetanus, diphtheria, and pertussis (whooping cough), to vaccinate persons aged 65 or more. The vaccine, marketed under the trade-name Boostrix, is given as a single-dose booster shot and is the first vaccine approved to prevent all three diseases in older people.

Pertussis is a serious bacterial infection that causes respiratory illness. Pertussis is characterized by a cough that can last a month or more, and can cause pneumonia and death. In Montana, the number of reported cases of pertussis has increased in the last three years, with 72 reported cases thus far in 2011.

“Pertussis is a highly contagious disease, and outbreaks have occurred among the elderly in nursing homes and hospitals,” said Anna Whiting Sorrell, director of DPHHS. “But pertussis can be controlled through proper vaccination. With the approval of this vaccine, adults aged 65 years and older now have the opportunity to receive a vaccine



that prevents pertussis, as well as tetanus and diphtheria.”

Unvaccinated infants and school-age children are most at risk during pertussis outbreaks, but infections can occur in any age group, especially in settings where people are close together. DPHHS urges all persons, including those older than 65 years of age, who have contact with infants, and those who have not yet received a dose of adult pertussis vaccine, to be immunized.

Lisa Underwood, immunization section supervisor of DPHHS, emphasized, “The new vaccine also protects against two other diseases, tetanus and diphtheria.”

The bacteria that causes tetanus that live in soil, dust, and manure, and usually enters the body through wounds. Tetanus causes paralysis. Diphtheria usually causes sore throat, swollen glands, fever, and chills. If not properly diagnosed and treated, serious complications such as heart failure or paralysis can result. Both tetanus and diphtheria are rarely reported in Montana; however pertussis outbreaks continue to occur statewide.

7/19/2011 DPHHS press release

UPCOMING AGING HORIZONS TV SHOWS

8/1	Joe Foster – MT Veterans Affairs
8/8	Kimme Evermann – SHIP
8/15	Sandy Bailey MSU – Grandparents Raising Grandchildren
8/22	Laurie Kops – DPHHS HIV/STD Bureau
8/29	Secretary of State Linda McCulloch
9/5	AARP History
9/12	Suzanne Belzer – Alzheimer’s Association

Viewing area	Channel
Billings	2
Bozeman	22
Butte	6
Great Falls	43
Helena	20
Kalispell	62
Missoula	13

2012-15 STATE AND AREA PLANS ON AGING

2011 has been a year of planning for the State Office on Aging, as well as Area Agencies on Aging. While our planning process is for the next four years, the State Plan on Aging, as well as the Area Agency on Aging Plans, begins to address issues that we will face for the next ten to fifteen years.

The 2012 - 2015 Montana State Plan On Aging outlines the fundamental concerns facing Montanans as we continue to address the current needs of our aging population and the anticipated needs over the next fifteen years of an increasing number of seniors. This is especially important in our frontier communities which will be facing 65 and older populations of up to 70% of their total populations over the next ten years. The Plan identifies Key Strategic Issues which must be addressed to successfully plan to advance the statewide development of in-home and community-based services and resources to provide those services.

The State Plan is available at <http://www.dphhs.mt.gov/sltc/services/aging/index.shtml> then click on "What's New in Aging" then click on "Montana's State Plan on Aging."