



AGING HORIZONS

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AGING PERSPECTIVES

Charlie Rehbein, Aging Coordinator

Have you ever gone into the senior center and had someone ask you to provide some information about yourself? Not another form! Didn't I just give it to you last year? Same old information, name, address, phone number – they haven't changed in over 50 years! Ever have these thoughts and just shoved the form back at them or threw it in your purse? Why do you want the information for anyway?

Well, it is just like the Census. It can help the State and Montana's Aging Network get funds to provide new and additional services for our elderly population. Federal and State funds along with County funds provide a little over two thirds of the funding for senior centers, congregate and home delivered meals, transportation, a variety of in-home services, respite care, and other services to the elderly.

The information that the Aging Network providers ask you to provide is the information

we are required to report to the Administration on Aging for Congress. **Everything we ask for has a purpose.** For example, income, race and ethnicity information helps show we are targeting our services to low income and minority participants as required by law.

In order to get these funds, we need to provide information to the federal Administration on Aging and the Montana Department of Health and Human Services. Congress and the State Legislature want to know the demographic information of the clients we serve with the funds they allocate to the Aging Network. The information we gather is also used in a variety of reports that the Area Agencies on Aging, the Senior and Long Term Care Division and the Administration on Aging at the federal level provide to the Legislature and Congress for documenting who got the services provided from the funds each of these Legislative bodies provided. BUT, we cannot provide accurate information, unless WE GET YOUR HELP.

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AGING HORIZONS

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2009 SNAPSHOT OF THE AGING NETWORK

The following are some highlights from the recently completed federal report for federal fiscal year 2009 (October 1, 2008 through September 30, 2009).

The Aging Network served a total of **31,062** 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.

An estimated **34,789** additional unduplicated clients were served through the other services provided by the Aging Network (including transportation, legal assistance, information and assistance, skilled nursing, telephone reassurance, health screening and promotion, senior center services, respite, community education, and caregiver support).

The total estimated number of unduplicated clients for all services for 2009 was **53,039**.

Last year, the home delivered meals program served a record **661,511 meals**. That broke the record set in 2008 by over 4,000 meals. About \$4.1 million was spent on this service. About **7,100 people** received a home delivered meal. The average age of clients was almost 77.

About **1,170,000 congregate meals** were served. This was a 2% decline from the previous year. This is the first year in the last 5 years that congregate meal totals have declined. About \$5.8 million was spent for congregate meals. Almost **25,000 people** received a congregate meal. The average age of congregate meal clients was 74.5.

Total expenditures for services through the Aging Network exceeded **\$19.25 million**, a record high. The largest services in order of expenditures were: congregate meals, home delivered meals, transportation, case

management and homemaker, all with budgets in excessive of \$1 million.

Program income for the year was about **\$3.4 million** for all services. About \$1.8 million came from congregate meals, while about \$1 million came from home delivered meals.

Over the last 3 years, the Aging Network has made a concerted effort to increase the quality of the demographic data on clients it collects, especially for in-home service. The Network met or exceeded all the data targets it set in 2007. New targets were set in 2009.

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.
- 62% of women lived alone compared to 44% of men.
- About 34% of clients were below poverty. This compares to about 9% of the general population over 65.
- About 11% of clients were minorities.
- About 53% were nutritionally at risk.
- About 30% needed assistance with at least 3 instrumental activities of daily living (IADLs). IADLs include needing assistance with transportation, preparing meals, medication management, money management, housework and shopping. 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 served about 1 in 8 of all Montana elders age 85 and older.
- If you include congregate meals with in-home services, the Aging Network served more than 1 in 4 of all Montana seniors age 85 and older in 2009.

2010 GOVERNOR'S CONFERENCES ON AGING

2010 will be the second year of having three regional conferences. This format allows more local seniors to attend the Conference. Last year between the three conferences in Glendive, Browning and Butte we had 535 seniors attending. This is way up from the prior year's single conference held in Helena.

Sites/Dates for the 2010 Conferences

- **POLSON** May 10 & 11
KwaTaqNuk Motel
- **LEWISTOWN** May 11 & 12
Yogo Inn
- **MILES CITY** May 12 & 13
Miles Community College

The day one topics at all 3 locations will be fraud based. We will focus on scams, fraud related to mortgages and reverse mortgages, health care fraud, an update on potential health care changes and finally, if you have been scammed how can you recover.

The first day of the conferences we will be recognizing local Centenarians and Mini-Grant winners. More information on these events is available at www.aging.mt.gov, as well as the Day One's agenda.

The notable presenter for Day One will be the Administration on Aging's (AoA) Principle Deputy, Cindy Padilla from Washington D.C. She will be traveling with AoA's Regional Director Percy Divine from Denver and Charlie Rehbein, Bureau Chief of Aging Services, Helena. Montana Governor Brian Schweitzer has also been invited.

The second day of events is being planned by local committees and will be on our web site as soon as the speakers are finalized. Registration forms will also be on the web site. The deadline for early registrations is May 3rd. There will be a late charge for registrations after that date.

The conferences are shaping up nicely and we look forward to seeing you again in May.

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

GOVERNOR'S ADVISORY COUNCIL UPDATE

The Governor's Advisory Council on Aging serves as the official advisory body to the Governor and the State Aging Coordinator in fulfilling the goals and objectives of the Montana State Legislature and the federal Older Americans Act.

There have been several recent changes on the Governor's Advisory Council. New members are **Marvin Carter** of Laurel, **Jolynn Yenne** of Bigfork, **Al Ward** of Helena and **Betty Aye** of Broadus. Outgoing

members are **Grace Bowman** of Billings, **Toni Hagener** of Havre, **Mary Mumby** of Kalispell and **Bob Maxson** of Billings.

New Council officers have been elected. Gladys Considine of Missoula was elected Chairperson, succeeding Beverly Barnhart of Bozeman. Pat Ludwig of Chester is the new Vice-Chairperson. Jolynn Yenne of Bigfork will be the Secretary. Minutes of all Council meetings are posted on the Senior and Long Term Care website.

To follow the Advisory Council activities, visit: www.dphhs.mt.gov/sltc/services/aging/

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 the Committee to Preserve Social Security and Medicare, Wal-Mart, ConocoPhillips, CHS Incorporated and other private organizations.

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.*

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

Send applications by April 9th, 2010 to:

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

Applications must be received by April 9th, 2010.

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.

MONTANA'S 2010 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 42nd Governor's Conferences being held May 10th in Polson, May 11th in Lewistown and May 12th in Miles City.

Montana's 2000 Census showed that we had 162 centenarians. It is estimated by 2025, we will have over 3,000. By recognizing our eldest of the elders and honoring them we hope to raise the public's awareness of the baby boom generation which is turning 60 years old.

We will recognize Centenarians at a luncheon during their local Governor's Conference. We are particularly hoping that our oldest Montanan would 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 supply us the following information by April 9th, 2010. We would also like to get a good photo and replies to the following questions.

1. Their 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?
Please RSVP if possible.

Please send your information 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



COMMODITY SUPPLEMENTAL FOOD PROGRAM EXPANDS

The Commodity Supplemental Food Program (CSFP) serves people 60 years of age and over and WIC families with children age 5 to 6 years old. It provides a 30 pound box of staple foods each month. Elders must meet income criteria to participate (in 2009 a single person's income could be about \$1,170 a month or about \$1,575 for a couple). The majority of the people served by the program are over the age of 60. The

CSFP is largely run by the Aging Network in Montana, with help from local food banks.

In 2010, Montana's CSFP caseload will increase from about 7,000 to 10,000. The program has 6 months to build up to the new level to ensure them for 2011. People who have been on CSFP waiting lists or have not signed up should contact their local Area Agency on Aging to become eligible and begin receiving benefits.

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

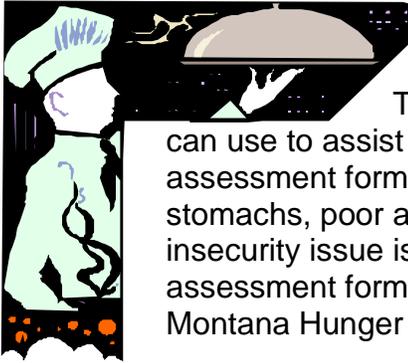
DIFFERENCES BETWEEN COLDS & SWINE FLU & SEASONAL FLU SYMPTOMS

SYMPTOM	COLD	SWINE FLU	SEASONAL FLU
ACHES	Slight body aches and pains can be a symptom.	Severe aches and pains are common with H1N1.	Moderate body aches are common with seasonal flu.
CHEST DISCOMFORT	Chest discomfort is mild to moderate with a cold.	Chest discomfort is often severe with H1N1.	Chest discomfort is usually moderate . <i>If it turns severe seek medical attention immediately!</i>
CHILLS	Chills are uncommon with a cold.	60% of people who have H1N1 experience chills .	Chills are mild to moderate .
COUGHING	A hacking, productive (mucus-producing) cough is often present.	A non-productive (non-mucus producing) or dry cough is usually present.	A dry and hacking cough is often present with the seasonal flu.
FEVER	Fever is rare with a cold.	Fever is usually present in up to 80% of all cases. A temperature of 101°+ for 3-4 days is common.	Fever is common with the seasonal flu.
HEADACHE	A headache is fairly uncommon with a cold.	A headache is very common with H1N1 and present in 80% of cases.	A headache is fairly common with the seasonal flu.
SNEEZING	Sneezing is commonly present with a cold	Sneezing is not common with H1N1.	Sneezing is common with the seasonal flu.
SORE THROAT	Sore throat is commonly present with a cold.	Sore throat is not commonly present with H1N1.	Sore throat is commonly present with the seasonal flu.
STUFFY NOSE	Stuffy nose is common, typically resolving spontaneously within a week.	Stuffy nose is not commonly present with H1N1.	A runny nose is commonly present with the seasonal flu.
SUDDEN SYMPTOMS	Cold symptoms tend to develop over a few days .	Rapid onset within 3-6 hours. H1N1 hits hard and includes sudden symptoms like high fever, aches and pains. Symptoms usually last 4-7 days. Diarrhea is common.	Symptoms tend to develop over a few days and include flushed face, loss of appetite, dizziness and/or vomiting/nausea. Symptoms usually last 4-7 days. Diarrhea is common.
TIREDFNESS	Tiredness is fairly mild with a cold.	Tiredness is moderate to severe with H1N1.	Tiredness is moderate and more likely referred to as a lack of energy with the seasonal flu.

PREVENTION TIPS:

- ➔ cough & sneeze into your elbow.
- ➔ wash hands with soap and warm water for a minimum of 15 -20 seconds.
- ➔ use hand sanitizer when soap & water are not available.
- ➔ avoid touching eyes, nose or mouth without washing or using hand sanitizer first.
- ➔ stay home if you are sick to avoid contaminating your fellow program participants.

Source: www.squidoo.com



SENIOR CENTER/NUTRITION CORNER

This edition of the Corner provides information that senior centers can use to assist meal participants who have nutrition risks identified on the nutrition assessment form (NSI form): participants that have problems with chewing, sensitive stomachs, poor appetites or problems getting necessary amounts of food. The food insecurity issue is especially crucial, since it is the highest risk element on the assessment form. Our Aging Network dietitian, Minkie Medora, also serves on the Montana Hunger Coalition, is especially interested in working with sites on this issue

WHAT DO YOU DO IF...

YOU HAVE TROUBLE CHEWING

Good nutrition can be a serious problem if you have trouble chewing. Some people cut out important foods in their diet because they have trouble chewing. Some common reasons why chewing is a problem include: problem teeth that hurt while chewing; missing teeth; or dentures that don't fit properly. Your dentist needs to know this.

Some ideas for including all foods are:

- Instead of fresh fruit – try fruit juices or soft canned fruits like applesauce, peaches or pears
- Instead of raw vegetables – try vegetables juices, creamed or mashed cooked vegetables
- Instead of meat – try ground meat, eggs, milk, well-cooked beans, cheese, yogurt and foods made with milk like puddings or soups
- Instead of bread – try cooked cereals, rice, bread pudding or soft cookies.

YOU HAVE A SENSITIVE STOMACH

Certain foods just don't seem to agree at times and are often avoided. This is okay to do, as long as your diet has good nutrition. That means that you add some other food to your diet to replace what you took out, and make sure it offers the same nutrition. Also, let your doctor know about your sensitive stomach if it is an on-going problem.

Some ideas for eating well are:

- Instead of milk - try milk foods such as cheese or yogurt.
- Instead of gassy vegetables like cabbage and cauliflower - try vegetable juices, green beans, carrots, snow peas.
- Instead of fresh fruit - try fruit juices and canned fruit.
- Avoid too many dishes with beans in one week.
- Avoid large meals at one time. Eat three moderate size meals and at least two healthy snacks.

YOUR APPETITE IS NOT SO GOOD

Poor appetite can be a problem if you are not getting enough calories, protein, and many essential vitamins and minerals. There are many reasons why appetite goes down, and your doctor should know that you are not eating well.

Some ideas for eating more are:

- Eat with family and friends when you can.
- Try a different place and time to eat.
- If you eat alone, play music that you like, watch a show on TV, use your best dishes and treat yourself.

- Instead of eating 3 meals a day, eat small meals several times a day to get all your nutrition.
- Ask your doctor if some of your medications are reducing your appetite.
- Add flavor to food with herbs and spices that don't have any salt in them – like basil, oregano, thyme, garlic, ginger and lemon juice. Try the many flavors of Mrs. Dash seasoning, or others that you really enjoy.
- Add color to your plate – fruits and vegetables give many colors and are good for you.
- Try finger foods that are simple and easy – like meat and cheese roll-ups, bite size sandwiches, meatloaf cut into sticks, fish cakes, zucchini bites, apple and cheese wedges



YOU HAVE LIMITED MONEY TO BUY FOOD

There are a number of different ways elders can maintain a good, nutritious diet, even if they have limited funds to purchase food. Some involve food purchasing strategies, while others involve taking advantage of programs that provide benefits to elders on limited incomes.

Some food purchasing strategies include:

- Use coupons for money off on food you like.
- Buy foods on sale and try to get store brands.
- Buy meats on sale in bulk if you have storage space or freezer space.

- Buy low-cost food, such as dried beans, peas, rice and pasta. Canned beans work well, take less time to cook and are usually lower in cost. Or buy food that has beans in them. Beans, peas and lentils are a very good source of protein and fiber.

Programs available to provide food benefits include:

- Eating a congregate meal at a senior center. If you are unable to get to a senior center, take advantage of the home delivered meals program. These Senior Nutrition Programs are required to meet certain nutrition requirements, ensuring that you are getting nutritious meals.
- Seasonally, some farmers markets participate in the Senior Farmers Market Nutrition Program (SFMNP). This program provides free coupons to purchase fresh fruits and vegetables at local farmers markets. Call your local Area Agency on Aging at (800) 551-3191 to see if you qualify.
- The Commodity Supplemental Food Program (CSFP) provides monthly or bi-monthly food boxes that contain staple foods. Call your local Area Agency on Aging at (800) 551-3191 to see if you qualify.
- The Supplemental Nutrition Assistance Program (SNAP) can provide benefits on a debit card that can be used at stores to purchase food. Check with your local Office of Public Assistance or Information and Assistance Program about this program.

For more information, contact: Minkie Medora, Aging Services dietitian at (406) 549-3413.

HAMBURBER PRIMER

Questions about "ground meat" or "hamburger" have always been in the top five food topics of calls to the USDA's Meat and Poultry Hotline. With several recalls in the recent past, here are the most frequently asked questions about hamburger.

What's the difference between "hamburger" and "ground beef"?

Beef fat may be added to "hamburger," but not "ground beef." A maximum of 30% fat is allowed in either hamburger or ground beef. Both hamburger and ground beef can have seasonings, but no water, phosphates, extenders, or binders added. The labeling of meat food products must comply with the Federal Meat Inspection Act and the meat inspection regulations and labeling policies.

Is ground beef inspected/graded?

All meat transported and sold in interstate commerce must be federally inspected. The Food Safety and Inspection Service carries out USDA's responsibilities under the Federal Meat Inspection Act. These laws protect consumers by ensuring that meat products are wholesome, unadulterated, and correctly labeled and packaged.

Grades are assigned as a standard of quality only. It is voluntary for a company to hire a Federal Grader to certify the quality of its product. Most ground beef is not graded.

From what cuts of beef are ground beef and hamburger made?

Generally, ground beef is made from the less tender and less popular cuts of beef. Trim-mings from more tender cuts may also be used. Grinding tenderizes the meat and the fat reduces its dryness and improves flavor.

What does the "Sell-By" date mean?

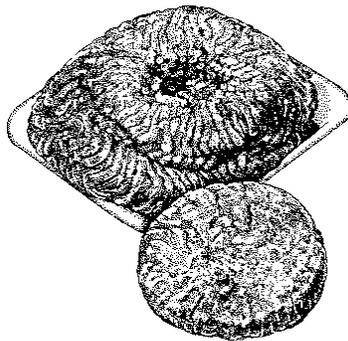
"Sell-By" dates are a guide for retailers.

Although many products bear "Sell-By" dates, product dating is not a Federal requirement. While these dates are helpful to the retailer, they are reliable only if the food has been kept at a safe temperature during storage and handling. Cook or freeze ground beef within 2 days after purchase for maximum quality.

What kind of bacteria can be in ground beef? Are they dangerous?

Bacteria are everywhere in our environment. Any food of animal origin can harbor bacteria. Pathogenic bacteria, such as *Salmonella*, *Escherichia coli* O157:H7, *Staphylococcus aureus* and *Listeria monocytogenes*, cause illness. These harmful bacteria cannot be seen or smelled.

When meat is ground, more of the meat is exposed to the harmful bacteria. Bacteria multiply rapidly in the "Danger Zone" - temperatures between 40 and 140 °F. To keep bacterial levels low, store ground beef at 40 °F or less and use within 2 days, or freeze. To destroy harmful bacteria, cook ground beef to a safe minimum internal temperature of 160 °F.



What's the best way to handle and store raw ground beef when I buy it?

If possible, enclose it in a plastic bag so leaking juices won't drip on other foods. Make ground beef one of the last items to go into your shopping cart. Separate raw meat from ready-cooked items in your cart.

Refrigerate or freeze ground beef as soon as possible after purchase. If refrigerated, keep at 40 °F or below and use within 1 or 2 days. Ground beef is safe indefinitely if kept frozen, but will lose quality over time. It is best if used within 4 months.

Source: <http://www.foodsafety.gov>

FOOD INSECURITY IN SENIORS

In 2008 and 2009, the Meals on Wheels Association of America (MOWAA) funded two reports on Senior Hunger in the U.S. The studies were based on data on food insecurity spanning 2001-2007 from the Current Population Survey (CPS). The CPS is a nationally representative annual survey conducted by the Census Bureau, providing employment, income and poverty statistics. The survey contains a series of 10 questions designed to capture some aspect of food insecurity and, for some questions, the frequency with which it manifests itself. Questions range from “I worried whether our food would run out before we got money to buy more,” to “Did you ever not eat for a full day three or more times”.

The MOWAA report used the Economic Research Service of USDA definition of food insecurity: *“limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways”*.

Four categories of food security were used: fully food secure; marginally food secure; low food secure; and very low food secure. From these four categories, the report used two summative categories of food insecure, which combines the categories of low food secure and very low food secure, and food secure, which combines the categories of fully food secure and marginally food secure.

The 2008 report found that the threat of hunger confronts over 5 million, or 11.4%, of all seniors age 60 and over. Of these, 2.5 million face a high risk of hunger, and 750,000 experience hunger due to financial constraints. The follow up report in 2009 found that nearly 5.7 % of senior Americans are classified as food insecure, which

translates into over 2.7 million seniors who are at-risk of hunger.

The reports looked at a variety of economic, demographic and geographic factors that influence food insecurity. Some of the most significant findings include:

- Compared to the overall mean of 5.7% of seniors being food insecure, only 1.7% of the sample with income above twice the poverty line is characterized as food insecure.
- 22% of households between 50-100% of the poverty line, and nearly three in ten (27.4%) households below 50% of the poverty line are food insecure.
- Approximately one in twenty households headed by a white person experience food insecurity, in contrast to nearly one in six African American households being food insecure.
- Greater food security is also associated with homeownership, which may be considered an additional measure of economic security—only 4% of homeowners are food insecure compared with 15% of renters.
- Regionally, the South had the higher rates of food insecurity, with nine of the top ten states being in the South. All the top ten states have food insecurity rates in excess of 7%.
- The food insecurity rate for Montana’s seniors is 4.79%, which ranks it 32nd highest in the US. The rate rose over a 7 year period from 4.05% to 4.79%. The Montana data shows 97% white and only 3% minorities, so the insecurity rates could be a little low.

For ideas on addressing this issue, contact: Minkie Medora at (406) 549-3413

MONTANA OMBUDSMEN RECOGNIZED

The Montana Ombudsman program is very proud to recognize the work of our Regional and Local Ombudsman along with the 14 Friendly Visitors who visit residents in our long-term care facilities statewide. During

the celebration of thirty years of Ombudsman Program in Montana, seven Local Ombudsmen were honored for their years of service during the annual fall training.

OMBUDSMEN RECEIVING RECOGNITION FOR LENGTH OF SERVICE

- ★ **Susan Kunda**, Area IX Area Agency on Aging (Flathead County) - 19 year
- ★ **Carmen King**, Area I Area Agency on Aging (Glendive/NE Montana) - 16 years
- ★ **Gertrude Koch**, Area II Agency on Aging (Billings) - 15 years
- ★ **Vicky Carrott**, Area IV Agency on Aging (Mineral County) - 13 years
- ★ **Nancy Jo Howarth**, Area IV Agency on Aging (Sanders County) - 12 years
- ★ **Peggy Tombre**, Area IV Agency on Aging (Gallatin County) - 10 years
- ★ **Bernie O'Connor**, Area XI Agency on Aging (Missoula County) -10 years

The Montana Long Term Care Ombudsman program also presented service awards to the thirty Local Ombudsmen and four Regional Ombudsmen.

Advocacy services to residents in long-term care settings are provided by Ombudsmen

throughout the state of Montana. Currently there are 185 assisted living facilities, 87 long-term care facilities (nursing homes) and 45 Critical Access Hospitals with skilled nursing beds. Ombudsman services are provided by the ten Area Agencies on Aging in Montana.

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



ELDERLY HOMEOWNERS TAX CREDIT

Taxpayers who are 65 or older and have a household income of less than \$45,000 may be eligible for the elderly homeowner/renter credit. The credit refunds part or all of the property tax a homeowner pays directly or a renter pays in-directly that is more than a certain percentage of their household income. For a household with income between \$12,000 and \$45,000, this percentage is 5%. For households with lower incomes, the percentage is lower. The credit is limited to a maximum of \$1,000 per

household. The credit phases out for households with income between \$35,000 and \$45,000

This credit provides a subsidy for older taxpayers who own their home and whose income is no longer proportional to the value of their home to stay in their home. For older taxpayers who rent, it subsidizes the rent they pay. In 2007, 16,000 elders filing for the tax credit received \$7,606,510.

For more information, contact: the Department of Revenue toll-free at 1-866-859-2254.

AN INTRODUCTION TO THE 2010 CENSUS

Counting Everyone Once — and Only Once — and In the Right Place

The foundation of our American democracy is dependent on fair and equitable representation in Congress. In order to achieve an accurate assessment of the number and location of the people living within the nation's borders, the U.S. Constitution mandates a census of the population every 10 years.

The census population totals determine which states gain or lose representation in Congress. It also determines the amount of state and federal funding communities receive over the course of the decade. 2010 Census data will directly affect how more than \$4 trillion is allocated to local, state and tribal governments over the next 10 years. In order for this funding allocation to be accomplished fairly and accurately, the goal of the decennial census is to count everybody, count them only once, and count them in the right place. The facts gathered in the census also help shape decisions for the rest of the decade about public health, neighborhood improvements, transportation, education, senior services and much more.

Reaching an Increasingly Diverse Population

The goal of the 2010 Census is to count all residents living in the United States on April 1, 2010. The U.S. Census Bureau does not ask about the legal status of respondents in any of its surveys and census programs. To help ensure the nation's increasingly diverse population can answer the questionnaire accurately and completely, about 13 million bilingual Spanish/English forms will be

mailed to housing units in neighborhoods identified as requiring high levels of Spanish assistance. Additionally, questionnaires in Spanish, Chinese (Simplified), Korean, Vietnamese and Russian – as well as language guides in 59 languages – will be available on request.



Recruiting Census Workers

By 2010, there will be an estimated 310 million people residing in the United States. Counting each person is one of the largest operations the federal government undertakes. For example, the Census Bureau will recruit nearly 3.8 million applicants for 2010 Census field operations. Of these applicants, the Census

Bureau will hire about 1.4 million temporary employees. Some of these employees will be using GPS-equipped hand-held computers to update maps and ensure there is an accurate address list for the mailing of the census questionnaires.

10 Questions, 10 Minutes to Complete

With one of the shortest questionnaires in history, the 2010 Census asks for name, gender, age, race, ethnicity, relationship, and whether you own or rent your home. It takes only about 10 minutes for the average household to complete. Questions about *how* we live as a nation – our diversity, education, housing, jobs and more – are now covered in the American Community Survey (ACS).

Article provided by US Census

For more information on the census process, visit: <http://2010.census.gov/2010census/>
For information on census jobs, visit <http://2010.census.gov/2010censusjobs/>

US CENSUS AND PRIVACY ISSUES

Census forms will go out in March. They should be returned by early April. The Census people will be knocking on doors starting in April if your census form has not been received.

When the 2010 Census takes place, you will receive a letter from the Census Bureau Director, notifying you that, in a few days, your household will receive a form in the mail, or a phone call from the Census Bureau, or a visit from a Census Bureau representative.

All Census Bureau employees take an oath of nondisclosure and are sworn for life to protect the confidentiality



of the data. Under federal law, the penalty for unlawful disclosure is a fine of up to \$250,000 or imprisonment for up to 5 years, or both.

By law, the Census Bureau cannot share respondents' answers with anyone, including the IRS, FBI, CIA or any other government agency. The Census will not ask for a social security number or anything like that. You can read about the privacy information on the website.

Any request for census information from the Census Bureau will be clearly marked as coming from the U.S. Census Bureau and as OFFICIAL BUSINESS of the United States

If the Census form is not returned by April 1, census takers will visit local homes up to three times to record resident information for 2010 Census. The census taker will leave a

door hanger, featuring a phone number, each time, if the residents they're trying to reach aren't home. Residents can then call the number to schedule the visit. In addition, quality checks to ensure that census procedures are working and census staff is doing their job will require that some households be visited more than once.

IDENTIFYING THE CENSUS TAKER

- It is a federal offense for anyone to pretend they represent the Census Bureau, or any other office of the United States Government.
- All census takers carry official government badges marked with just their name. You may also ask them for a picture ID from another source to confirm their identity. Some census workers might carry a "U.S. Census Bureau" bag.
- If you still are not certain about their identity, please call the Regional Census Center in Denver at (720)-475-3640 to confirm they're employed by the Census Bureau.
- Most importantly, the Census Bureau will NEVER, under any circumstances, ask to enter your home.

IMPORTANT CENSUS DATES

- **March 2010** Census forms are mailed or delivered to households
- **April 1, 2010** National Census Day. Use this day as a point of reference for sending your completed forms back in the mail
- **April - July 2010** Census takers visit households that did not return a form by mail

For more information on the Census process, visit: <http://2010.census.gov/2010census/>

TRIBAL FEDERAL BENEFITS WORKSHOPS

A Tribal Federal Benefits Workshop is scheduled for the Fort Belknap Reservation in the spring. This Train the Trainer Seminar will provide participants with information on a wide range of state and local human service programs. Experts will provide Information on the following statewide programs:

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

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 Fort Belknap Community College.

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

Lunch on April 20 is hosted by the Tribal Elders Program and Area III. A noon working lunch on April 21 is hosted by the Tribal Elders' Program and the Medicaid Outreach program. A Working Lunch on April 22 is hosted by the Tribal elders' Program and State Office on Aging.

Snacks provided by the North Central Agency on Aging (Area III).

WORKSHOP DETAILS

Dates: April 20, 21, and 22

Location: Sacred Heart Catholic Church

TRIBAL FEDERAL BENEFITS WORKSHOP BRINGING PEOPLE TOGETHER FOR YOU

April 20, 2010 9:45 AM - 4:30 PM

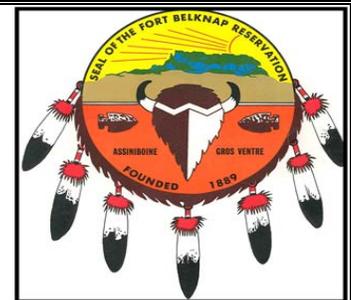
April 21, 2010 9:00 AM - 3:30 PM

MEDICARE 101: YOUR PRESCRIPTION FOR MEDICARE

How Medicare and Indian Health Services can work together

Onsite help signing up for Medicaid and Medicare programs

April 22, 2010 9:30 AM - 1:00 PM



For more information, contact:

- Ethel Bear, Fort Belknap Medical Assistant, Fort Belknap Agency - 353-2525
- Veronica Dillon, Sletten Cancer Institute, Harlem - 353-3297
- Tiffany Kelker, MSU-Billings Center on Disabilities - 1-888-866-3822
- Joelyn Fleisher, North Central Area Agency on Aging, Conrad - 271-7553
- Karen Bradway, Sweet Community Health Center, Chinook - 357-2294
- Roger Ala, Disability Determination Division, Helena - 800-545-3054

MONTANA GERONTOLOGY SOCIETY ANNUAL CONFERENCE

The Montana Gerontology Society's 28th Annual Conference ***The Silver Tsunami: Crisis or Opportunity?*** will be April 14-15 in Missoula at the Holiday Inn Downtown at the Park.



Two exciting keynote speakers will address aging and the baby boomers. Dr. Cheryl Woodson of the Woodson Center for Adult Healthcare in Chicago Heights, Illinois, will present

Can You Surf the Silver Tsunami? Helping 21st Century Professionals Meet the Growing Need to Serve Seniors Successfully on April 14, 8:30-10:30 a.m. She will speak on how the health care system needs to prepare for the upcoming wave of aging baby boomers.

Dr. Woodson has been in medicine almost 30 years and is Fellow of the American College of Physicians and the American Geriatrics Society. She is the author of *To Survive Caregiving: A Daughter's Experience, A Doctor's Advice on Finding Hope, Help and Health*.



Dr. Jeffrey Goldsmith, president of Health Futures, Inc., Charlottesville, Virginia, is the keynote speaker on Thursday, April 15, 8:30- 10:30 a.m. His address, *The Future of*

Baby Boomers, discusses the impact of this generation on the health care system and on society as a whole. Dr. Goldsmith is an Associate Professor of Public Health Sciences at the University of Virginia. He is a health care industry analyst who writes and lectures actively on health policy, financing

and technology. He is the author of *The Long Baby Boom: An Optimistic Vision for a Graying Generation*.

The general public is welcome to attend the entire conference or just the two keynote presentations.

The target audience primarily is anyone working or interested in the field of aging: senior service providers, volunteer and Area Agency on Aging staff, activity directors, dietitians, nurse practitioners, nurses, nursing home administrators, pharmacists, physicians, physician assistants, physical and occupational therapists, psychologists, social workers, and students.

The conference also allows 21 Montana experts to present on their work in one-hour concurrent sessions with time for questions.

Aging brings risks and delights -- it involves political and legal conundrums, life and death. The sessions may be informational, hands-on training, disease specific, surprising, controversial, and inspiring. There is something for everyone.

Cost for the entire conference is \$120 for MGS members; \$150 for non-members; \$55 for students and seniors age 65 and older. Either Wednesday or Thursday only is \$70 for members, \$90 for non-members, or \$30 for students. If you wish to attend one or both of the two keynote addresses, the cost is \$10 for each session.

MGS is a non-profit organization dedicated to enhancing professional development and understanding among people interested and working in the field of aging.

For information or registration, visit: <http://www.montanagerontology.com/index.htm> or contact Barbara Morgan, in Missoula at 243-2480, barbara.morgan@umontana.edu, or MGS, P.O. Box 3583, Billings, MT 59101.

FREE LEGAL CLINICS FOR PERSONS 60 AND OLDER

The State Legal Service Developer and the Yellowstone County Council On Aging are putting together a free legal presentation and two legal clinics. The presentations are entitled:

- “When Your Love One Dies, What Steps Do I Need to Know”
- “Credit Card Debt...What Advocates & Seniors Need to Know”

Paralegals will be available following the presentation to complete documents such as Durable Power of Attorney for Financial, Durable Power of Attorney for Medical and Healthcare, Declaration of Homestead, Beneficiary Deeds and simple wills.

There will also be a free legal clinic where seniors will have an opportunity to meet privately with paralegal and/or attorney representatives to answer their legal questions and receive free legal advice.

The two day event is planned for early May

For more information contact: Yellowstone County Council on Aging at 259-9666