

# REGION III AGING SERVICES

**Donna Olson, Regional Aging Services Program Administrator**

Serving: Benson, Cavalier, Eddy, Ramsey, Rolette & Towner Counties



# Fall 2009



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## Did you know...

**In 1950**, 72,050 (11.6%) of North Dakota residents were age 60 and older.

**In 1950**, 2,262 (0.4%) of North Dakota residents were age 85 and older.

**In 2000**, 118,985 (18.5%) of North Dakota residents were age 60 and older. The U.S. percent of residents age 60 and older was 16.3.

**In 2000**, 14,726 (2.3%) of North Dakota residents were age 85 and older. The U.S. percent of residents age 85 and older was 1.5.

**In 2020**, it is projected that 170,117 (27%) of North Dakota residents will be age 60 and older.

**In 2020**, it is projected that 20,106 (3.2%) of North Dakota residents will be age 85 and older. The US percent of residents age 85 and older is projected to be 1.9.

## Challenges for the Future

- Addressing healthy aging through disease prevention and health promotion
- Continuing to support the needs of family caregivers
- Providing an array of quality long-term care options, especially home and community based services which many people report they prefer
- Addressing the mental health needs of older persons
- Providing consumers and their families easier access to services through information and development of "one stop shop" programs

Source: DHS Publication "The Graying of North Dakota 2000-2020" December 2008 DN425

## ALZHEIMER'S REMAINS UNDETECTED IN MAJORITY OF CASES

### ***As 10 Million Baby Boomers Develop Alzheimer's, Early Detection of the Disease Becomes Critical to Future Planning***

Current data suggests that less than 35 percent of people with Alzheimer's disease or other dementias have a diagnosis of the condition in their medical record (Boise et al., 2004; Boustani et al., 2005; Ganguli et al., 2004; Valcour et al. 2000). While there is currently no cure for Alzheimer's, a fatal brain disease that gets worse over time and causes changes in memory, thinking and reasoning, early detection and diagnosis is critical to ensuring that people living with Alzheimer's have the power to plan their own healthcare and future.

It is a myth that only older people can get Alzheimer's disease. Alzheimer's can strike people in their 30s, 40s and even 50s. This is called younger-onset Alzheimer's. In 2009, it is estimated that there are as many as 5.3 million people living with Alzheimer's disease in the United States. This includes 5.1 million people age 65 and over and 200,000 people under age 65 with younger-onset Alzheimer's disease.

"Memory loss that disrupts everyday life such as forgetting recently learned information to the point of asking for the same information over and over or relying on memory aides is *not* a typical part of aging. It may be a sign of Alzheimer's disease," said Krista Headland, Western ND Regional Center Director of the Alzheimer's Association. "By getting diagnosed late in the progression of the disease, opportunities are being missed to make key decisions about treatment, care and future planning. Being diagnosed early is vital to receiving the best help and care possible. "

What are the warning signs?

#### **1. Memory changes that disrupt daily life.**

One of the most common signs of Alzheimer's, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; relying on memory aides (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own.

***What's typical? Sometimes forgetting names or appointments, but remembering them later.***

#### **2. Challenges in planning or solving problems.**

Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

***What's typical? Making occasional errors when balancing a checkbook.***

#### **3. Difficulty completing familiar tasks at home, at work or at leisure.**

People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game.

***What's typical? Occasionally needing help to use the settings on a microwave or to record a television show.***

**4. Confusion with time or place.**

People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

***What's typical? Getting confused about the day of the week but figuring it out later.***

**5. Trouble understanding visual images and spatial relationships.**

For some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room. They may not realize they are the person in the mirror.

***What's typical? Vision changes related to cataracts.***

**6. New problems with words in speaking or writing.**

People with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a "watch" a "hand-clock").

***What's typical? Sometimes having trouble finding the right word.***

**7. Misplacing things and losing the ability to retrace steps.**

A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time.

***What's typical? Misplacing things from time to time, such as a pair of glasses or the remote control.***

**8. Decreased or poor judgment.**

People with Alzheimer's disease may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean.

***What's typical? Making a bad decision once in a while.***

**9. Withdrawal from work or social activities.**

A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite hobby. They may also avoid being social because of the changes they have experienced.

***What's typical? Sometimes feeling weary of work, family and social obligations.***

**10. Changes in mood and personality.**

The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful, or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone.

***What's typical? Developing very specific ways of doing things and becoming irritable when a routine is disrupted.***

There are many physical, emotional and social benefits of early detection, diagnosis and intervention for people with Alzheimer's and their caregivers.

People who receive an early diagnosis of Alzheimer's are empowered to:

- Participate in decisions about treatment and care.
- Access community resources through the Alzheimer's Association or other organizations to find information and support.
- Plan for future care options, including identifying social and community resources to support independence as long as possible.
- Seek prescribed medication that can provide some relief.
- Participate in Alzheimer's clinical studies to take greater control of their healthcare and benefit future generations.

**For more information on the benefits of early detection of Alzheimer's disease, visit the Alzheimer's Association at [www.alz.org/10signs](http://www.alz.org/10signs) or call the toll-free line, 1-800-272-3900.**

## Documentation Retention

Shredding records will help protect against identity theft; disposing of too much can leave you unprotected. (It's a good idea to use a shredder to dispose of documents.) The following information can help guide you in what documents you should keep and how long you should keep them. If you have questions, contact the **Consumer Protection Division** of the ND Attorney General's Office at (701) 328-3404 or 1-800-472-2600. For information about **Vulnerable Adult Protective Services**, contact Shirley Tandeski, Donna Olson, or Kim Helten, Lake Region Human Service Center at 1-888-607-8610 or 665-2200.

Documents	Length of Time
Taxes	7 years
IRA contributions	Permanently
Retirement/Savings plan statements	Quarterly until annual
Bank records – canceled checks	1 year unless high importance
Brokerage statements	Until they are sold
Bills – unless needed to prove value (keep)	1 year in general
Credit card receipts and statements	3 months
Paycheck stubs	1 year
Home or living records and receipts	6 years
Legal records, medical directives, power of attorney	Permanently
Medical history	Permanently
ATM receipts	Until appear on bank statement
Home Insurance	5 years
Life Insurance Policies	Duration of policy plus 3 years
Utility Bills	3 months





**Region III Council On Aging**  
**Rolla Community Center**  
**October 28, 2009**  
**Agenda**

- 10:00 a.m. Registration** – Coffee and Refreshments
- 10:30 Call to Order/Welcoming** – Minnie Flynn, President  
**Entertainment** - from Rolla Daycare
- 10:45 Program** – Barb Frydenlund, Rolette County Public Health
- 11:45 Lunch** – Menu for the Day  
Pork Roast  
Whipped Potatoes w/ Margarine  
Buttered Corn  
Chilled Apple Sauce
- 1:00 p.m. Business meeting:**
- Old Business:**
- A: Minutes of the last meeting –Secretary  
Treasurer’s Report – Treasurer
  - B: Reports/communications/Announcements
    1. County Councils/Senior Club Reports
    2. Title III Project Directors
    3. Donna Olson, RASPA
    4. Reports from the 2008 Northern Plains Conference on Aging and Disability
    5. Other
- New Business:**
- A Election of Officers
  - B: Next Meeting/Date/Location
  - C: Other
- 2:00 Entertainment**  
**Wrap Up** – Coffee and Refreshments

If you would like to eat the noon meal, please call **Nutrition United**, at **(701) 477-6421**, by **Monday, October 26<sup>th</sup>**. A **\$5.00** contribution for the meeting includes the meal.

***Thanks to the Rolla Senior Citizens Club for hosting the Region III Council on Aging meeting. Thanks to everyone for coming to the meeting. Have a safe journey home!***

# ND Family Caregiver Support Program



## Caregiving and sibling relationships: challenges and opportunities

*Your mother has been diagnosed with dementia and it is clear that she can no longer live alone. You feel that an assisted living facility is the best care option, but your brother disagrees. Every conversation you have with him seems to lead to confrontation and hurt feelings....*

Providing care for an aging or ill parent can bring out the best and the worst in sibling relationships. Ideally, the experience of caregiving is a time for siblings to come together and provide mutual support to one another. However, as a stressful transition, the pressure can also lead to strained connections and painful conflict.

One major source of sibling friction is the legacy of family dynamics. Invariably, the demands of caregiving bring out old patterns and unresolved tensions. Past wounds are reopened and childhood rivalries reemerge. It is not unusual for adult children to find themselves replaying their historical roles in the family, recreating old dynamics of competition and resentment as they vie for mom's attention and affection.

Another conflict can arise when one sibling is in denial over a parent's condition. Adult children who seem unable to accept the reality of a parent's illness and refuse involvement may be protecting themselves from facing a parent's eventual death and their own loss. More active siblings may react with bitterness and anger.

Most often though, discord surfaces from the unequal division of caregiving duties. Generally, one sibling takes on the primary

role of caring for a loved one. This may be because he or she lives closest to a parent, is perceived as having less work or fewer family obligations, or is considered the "favorite" child. Regardless of the reasons, this situation can lead the overburdened caregiver to feel frustrated and resentful and other siblings to feel uninformed and left out.

Resolving these conflicts can be challenging. But ignoring the difficulties in a caregiving situation can create greater challenges. Ultimately, strained family relationships can impede a family's capacity to provide the greatest quality of care to a parent. How can families come together in caregiving? Here are some suggestions:

- Express your feelings honestly and directly. Let your siblings know their help is both wanted and needed.
- Keep family members informed regarding a parent's condition.
- Be realistic in your expectations. Allow siblings to help in ways they are able and divide tasks according to individual abilities, current life pressures and personal freedoms. Assistance with errands, finances, legal work or other indirect care may be the best option for some family members.
- Express appreciation to your family for help they are able to provide.
- Accept siblings for who they are and expect differences of opinion.
- Try to respect other's perceptions and find opportunities to compromise.

- If communication is particularly contentious, arrange a family meeting that includes an outside facilitator, such as your FCA Family Consultant, social worker, counselor, religious leader or friend. A trusted outside party can ensure that everyone's voice is heard.
- If siblings are unable to help with care, seek other assistance to provide a respite for yourself. Call your local Caregiver Resource Center, Area Agency on Aging, Senior Center or other community resource to locate help.

Try to forgive family members who continue to refuse to get involved in a loved one's care. The only thing we have control over in a situation is our reaction.

Attempt to work through your negative emotions to take care of yourself and move forward.

© **Family Caregiver Alliance**, 180 Montgomery St, Ste 1100, San Francisco, CA 94104  
[www.caregiver.org](http://www.caregiver.org)

For more information regarding the North Dakota Family Caregiver Support Program call Kim Helten, Family Caregiver Coordinator, or Donna Olson, Regional Aging Services Program Administrator, at 1-888-607-8610 or 665-2200. This program can provide for the cost of respite care services, on an intermittent and occasional basis for relief of the primary caregiver. Services are provided in the following counties: Benson, Eddy, Cavalier, Ramsey, Rolette and Towner Counties.



## ***Walk for Life!***

**If you are seeking creative ideas, go out walking. Angels whisper to a man/woman when he/she goes for a walk.** ~Raymond Inmon

**I think that the moment my legs begin to move, my thoughts begin to flow.** ~Henry David Thoreau

**After a day's walk, everything has twice its usual value.** ~George Macaulay Trevelyan

**Enjoy each moment, for this moment is your life.** ~Unknown

**You have to count on living every single day in a way you believe will make you feel good about your life—so that if it were over tomorrow, you'd be content with yourself.** ~Seymour

### **AGING SERVICES NEWSLETTER**

Please share this newsletter with a friend, co-worker, at your Senior Center, post on a bulletin board, etc. If you wish not to be on the mailing list for the newsletter, please contact **Donna Olson** at **665-2200**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Lake Region Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Lake Region Human Service Center** is an equal opportunity employer.

# You are invited to CHAT about the future!

What is CHAT?

CHAT (**Choosing Healthplans All Together**) is a computerized exercise that allows players to make choices concerning health care plans. There's a catch, though: **there are more choices than resources**. Players must pick and choose between the available options and come up with the most basic health plan they can afford.

What will I be asked to do?

CHAT participants will be led by a facilitator who will explain the exercise every step of the way. CHAT participants in other states have described the experience as **fun, easy, informative** and **interesting**.

What's the point?

North Dakotans like you are able to **give your two cents** by participating. Your input and health care service choices will provide the North Dakota Insurance Department with important information that will shine a light on essential health services.

Where does the data go?

The North Dakota Insurance Department will study the data to learn more about what North Dakotans want and need from their health insurance. The Insurance Department will also share the data with the North Dakota Legislative Council.

Participants needed

We are looking for people with limited incomes to attend the four CHAT sessions. Participants will receive a \$25 gift card for completing the session.

Participants' annual income must be at or below 250% of the federal limited-income guidelines:

# in family	Annual income (250% of federal guidelines)
1	\$27,075
2	\$36,425
3	\$45,775
4	\$55,125
5	\$64,475
6	\$73,825
7	\$83,175
8	\$92,525

More about CHAT

Each session lasts about two and a half hours and includes eight to 15 attendees who will participate alone and then in groups to discuss and develop a basic health plan.

Sandwiches and beverages will be provided to participants.

Developed by the University of Michigan, CHAT has proven to be very helpful and educational for both participants and organizers. The process helps educate consumers about the most important parts of a health plan.

More info

For more information, contact the North Dakota Insurance Department at 1-800-247-0560 or [insurance@nd.gov](mailto:insurance@nd.gov).

You can also register online for CHAT at: [www.nd.gov/ndins/about/chat](http://www.nd.gov/ndins/about/chat)

**Each participant that completes a CHAT session will receive a \$25 gift card!**

## ND Insurance Department Information

### State Health Insurance Counseling What can it do for you?

If you receive Medicare, counselors can help you with:

- **Paperwork and statements** – understand paperwork and statements that you receive after a doctor visit, hospital stay or other experience.
- **Bills** – sort out and reconcile statements, hospital or clinic bills and help you figure out what has been paid and what you need to pay.
- **Claims filing and appeals** – claims filing or appeals if payment has been denied.
- **Options for coverage** – options for private insurance or to supplement your Medicare, such as Part D plans, Medicare Supplement plans or Medicare Advantage plans.
- **Options for the future** – review and understand long-term care insurance and offer you tools to help make the right choice of you.

### Make the most of your Medicare.

If you are eligible for Medicare or have family members or friends who are, you should know about the North Dakota State Health Insurance Counseling (SHIC) program.

SHIC offers free and confidential help with Medicare and other health insurance. Trained counselors who work through local sponsoring organizations can help answer your questions. SHIC counselors have no connection with any insurance company or product.

SHIC counselors are trained in all aspects of senior insurance issues, such as Medicare, Medicare Part D, Medicare Advantage plans and long-term care insurance.

### Having trouble affording your Medicare prescriptions?

You might qualify for extra help from Medicare.

To be eligible for extra help from Medicare for prescription costs, your annual income must not exceed:

- Single - \$16,245
- Couple - \$21,885

Your assets cannot exceed:

- Single - \$12,510
- Couple - \$25,010

To find out if you are eligible for this program, contact Social Security.

SSA: 1-800-772-1213

SSA TTY: 1-800-325-0778

SHIC: 1-888-575-6611

[www.socialsecurity.gov](http://www.socialsecurity.gov)

### Prescription Connection - Your link to free or low-cost prescription drugs.

Prescription Connection is a program of the North Dakota Insurance Department that connects kids, families and people of all ages with free and discounted prescription drugs.

If you are currently taking prescription drugs and you do not qualify for other prescription medication benefits, you may be eligible for this program.

For more information or to sign up for the program, please call 1-888-575-6611 or visit [www.nd.gov/ndins](http://www.nd.gov/ndins).

**Information provided by:**  
**North Dakota Insurance Department**  
 600 E. Boulevard Ave.  
 Bismarck, ND 58505-0320  
 701-328-2440  
 1-888-575-6611  
[www.nd.gov/ndins](http://www.nd.gov/ndins)

## Know Your Housing Options

North Dakotans are living longer, great news! This has created a need for housing options as we age. What are the housing options available for seniors that will support safe and comfortable living? How do they differ? Have you considered what option might best fit your needs or those of a senior you know?

**Age-Restricted Communities:** also known as “active-adult” or “[age] 55+” communities. There is usually a mix of housing types – single-family homes, townhomes, or apartments. Active-adult communities are most appropriate for older people who are healthy, independent, and interested in the social benefits of living among peers. Many age-restricted communities don’t allow multi-generational living.

**Senior Apartments:** age-restricted apartments are typically available to people age 55 and older. Most often, the units are constructed for older adults, so they are often designed to be accessible and include transportation services. Many offer recreational and social services, too.

**Cohousing:** designates “a type of ‘intentional neighborhood’ in which residents actively participate in the design and operation of the community.” In elder or senior cohousing communities, the “intentional community” is only for older people. Homes and facilities are designed for aging in place, and residents often share the cost of health aides or an on-site health-care provider.

**Continuing-Care Retirement Communities:** are facilities that feature independent-living apartments and homes and offer the various social, recreational, and cultural activities of other retirement communities. But they also have assisted-living and nursing-level care. In this “continuum-of-care” system, residents usually enter the facility at the independent-living level. Later, if their health and abilities decline, they can move to the assisted-living tier, and then, if necessary, to the nursing-home tier.

**Assisted Living:** provides apartment-style living while offering necessary help. They provide personal care and support services or help with basic daily activities, such as bathing, dressing, and medication management. They offer meals, activities, housekeeping, transportation, and some level of security.

**Nursing Homes:** are facilities that provide skilled nursing care for people who require it. While the homes have doctors on staff, nursing assistants provide most of the help with basic daily activities, and nurses direct medical monitoring and intervention when necessary.

If a change in housing is needed, remember to consider your options, visit a number of sites, and don’t forget to explore assistive technology (AT) as a means to stay safe and independent, as well. Need help in exploring AT options, call IPAT at 1-800-895-4728.

**Information from: ‘Home is where the Heart Is’ – AARP, July 2009**



# Telephone Numbers to Know

## Regional Aging Services Program Administrators

<b>Region I:</b>	Karen Quick	1-800-231-7724
<b>Region II:</b>	MariDon Sorum	1-888-470-6968
<b>Region III:</b>	Donna Olson	1-888-607-8610
<b>Region IV:</b>	Patricia Soli	1-888-256-6742
<b>Region V:</b>	Sandy Arends	1-888-342-4900
<b>Region VI:</b>	CarrieThompson-Widmer	1-800-260-1310
<b>Region VII:</b>	Cherry Schmidt	1-888-328-2662 (local: 328-8787)
<b>Region VIII:</b>	Mark Jesser	1-888-227-7525

## ND Family Caregiver Coordinators

<b>Region I:</b>	Karen Quick	1-800-231-7724
<b>Region II:</b>	Theresa Flagstad	1-888-470-6968
<b>Region III:</b>	Kim Helten	1-888-607-8610
<b>Region IV:</b>	Raeann Johnson	1-888-256-6742
<b>Region V:</b>	Laura Fischer	1-888-342-4900
<b>Region VI:</b>	Susan Galloway	1-800-260-1310
<b>Region VII:</b>	Tammie Johnson	1-888-328-2662 (local: 328-8776)
<b>Region VIII:</b>	Rene Schmidt	1-888-227-7525

## Long-Term Care Ombudsman Services

<b>State Ombudsman:</b>	Joan Ehrhardt	1-800-451-8693
<b>Region I &amp; II:</b>	Deb Kraft	1-888-470-6968
<b>Region III &amp; IV:</b>	Kim Helten or Donna Olson (701-665-2200) OR	1-888-607-8610
<b>Region V &amp; VI:</b>	Bryan Fredrickson	1-888-342-4900
<b>Region VII:</b>	Joan Ehrhardt	1-800-451-8693
<b>Region VIII:</b>	Mark Jesser	1-888-227-7525

## Vulnerable Adult Protective Services

<b>Region I &amp; II:</b>	Deb Kraft	1-888-470-6968
<b>Region III:</b>	Shirley Tandeski, Kim Helten, Donna Olson:	1-888-607-8610 or 1-701-665-2200
<b>Region IV:</b>	Patricia Soli	1-888-256-6742
	Direct referral to GFCSS VAPS:	1-701-797-8540
	Raeann Johnson (VAT):	1-888-256-6742
<b>Region V:</b>	Sandy Arends	1-888-342-4900
	Direct referral may be made to Cass County Adult Protective Services unit:	1-701-241-5747
<b>Region VI:</b>	Carrie Thompson-Widmer & Donna Lundberg	1-701-253-6395 & 1-701-253-6401
<b>Region VII:</b>	Cherry Schmidt or Karla Backman	1-888-328-2662 or 1-701-328-8888 (local: 328-8787 or 328-8868)
<b>Region VIII:</b>	Rene Schmidt	1-888-227-7525

## Other

Aging Services Division and "Resource Link": <a href="http://www.carechoice.nd.gov">www.carechoice.nd.gov</a>	1-800-451-8693
AARP:	1-866-554-5383
Mental Health America of ND Help-Line:	211 or 1-800-472-2911
IPAT (Assistive Technology):	1-800-265-4728
Legal Services of North Dakota:	1-800-634-5263 or (age 60+): 1-866-621-9886
Attorney General's Office of Consumer Protection:	1-701-328-3404 1-800-472-2600
Social Security Administration:	1-800-772-1213
Medicare:	1-800-633-4227
State Health Insurance Counseling (SHIC) ND Insurance Department:	1-701-328-2440 1-888-575-6611
Prescription Connection:	1-888-575-6611
Alzheimer's Association:	1-701-258-4933 1-800-272-3900

### Donna Olson

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RETURN SERVICE REQUESTED



To:

## Upcoming Events

- National Mental Illness Awareness Week.....October 4-10, 2009
- National Depression Screening Day.....October 8, 2009
- Region III Council Meeting (see page 5).....October 28, 2009
- Daylight Savings Time Ends – “Turn Your Clocks Back”.....November 1, 2009
- Veterans Day.....November 11, 2009
- National Family Caregiver Month.....November
- Diabetes Month.....November

### MISSION STATEMENT

*In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.*