



Region V Aging Services Newsletter

Winter 2010

North Dakota
**“A Caring Place To
Grow Old”**

**Southeast Human
Service Center**
2624 9th Ave. South
Fargo, North Dakota
58103-2350

Serving the Counties of:
Cass, Ransom, Richland,
Sargent, Steele, Trail

Sandy Arends
Regional Aging Services
Program Administrator

Phone: (701) 298-4420
Toll Free: 1-888-342-4900
Fax: (701) 298-4400
E-Mail: Sarends@nd.gov

Laura Fischer
Family Caregiver Support
Program Coordinator

Phone: (701) 298-4480
Toll Free: 1-888-342-4900
Fax: (701) 298-4400
E-Mail: Lkfischer@nd.gov

Bryan Fredrickson
Regional Ombudsman

Phone: (701) 298-4413
Toll Free: 1-888-342-4900
Fax: (701) 298-4400
E-Mail: Bfredrickson@nd.gov



Happy Holidays Everyone! The person with the snow shovel pictured to the left is me! Okay, it isn't but I feel like all I get done these days is clear snow. I hope this newsletter finds you all safe and warm.

At the last Region V Council on Aging meeting, the decision was made to dissolve the Council and simply meet four times each year with seniors and professionals working in the field of aging in southeastern North Dakota. The gatherings in 2011 will be scheduled for the third Friday of the month in April, June, August and October. This still keeps us away from the colder weather but is often enough to keep everyone informed.

On page two, you will find an article on the new State Director for the Aging Services Division in Bismarck. Some of you may remember Jan Engan from years past when she was the Director for the Senior Companion Program at Lutheran Social Services of North Dakota in Fargo. We are very pleased to have Jan in her new position and look forward to her leadership.



My very best wishes to you all.

Engan Named Director of Aging Services Division

BISMARCK, N.D. – The N.D. Department of Human Services has hired Jan Engan as director of the Aging Services Division, which administers programs and services that help older individuals and adults with physical disabilities to remain living independently in their homes and communities.



Programs and services funded by the division include home-delivered and congregate meals, health screenings and outreach services, the Family Caregiver Support Program, vulnerable adult protective services, and the Aging and Disability Resource LINK – an online (www.carechoice.nd.gov) and telephone resource to help seniors and people with physical disabilities find needed services. The Division is also responsible for the long-term care ombudsman program, guardianship services for vulnerable adults, the Senior Community Services Employment Program, distribution of telecommunications equipment and assistive equipment, and licensing of adult family foster care.

“Jan has a clear understanding of issues facing older North Dakotans including those in rural areas,” said Department of Human Services Executive Director Carol K. Olson. “She has a keen interest in supporting independent living through services and supports including nutrition, which is a key component of maintaining good health.”

Engan has over 30 years of experience in administration and providing direct services to older adults, their families and people with disabilities.

Prior to joining the department, Engan worked for the Area Agency on Aging in Arizona as the director of independent living services and was involved in the Senior Community Services Employment Program. She has also served as executive director of the Older Alaskans Program in Anchorage, Alaska, and managed the Senior Companion Program for Lutheran Social Services of North Dakota.

Engan is a Minnesota native. She is a licensed social worker and a certified dietary manager.

Welcome Jan!

Q: What do snowmen eat for breakfast?



A: Snowflakes.

Did You Know?

Legal Services of North Dakota
Legal Questions and Answers for Seniors

Help! I Need Information on Medicare Supplemental Insurance

What Provisions Should I Look For In My Supplemental Policy?

1. Coordination of Benefits

The policy should have a "coordination of benefits" clause, which means the policy will not pay when another insurer pays, or each insurer will pay part of the costs, not to exceed the actual cost.

Duplicate coverage is costly and often means multiple premiums with no greater protection than a single good policy.

2. Preexisting Condition

Generally, the policy will not pay for medical conditions occurring before the policy's effective date.

Make sure you know the effective date, as you are responsible for all medical costs resulting from an illness **before** this date.

Discuss medical conditions which are permanently excluded or are not payable until a future date. You will be responsible for the costs of these conditions.

Always get the information in writing.

DISCLAIMER: *This information is not legal advice. If you have a legal problem, you should talk to a lawyer and ask for advice about your options.*

For more information on these and other legal questions call:

**Legal Services of North Dakota's
Senior Legal Helpline**

Toll Free – 1-866-621-9886 or go on line to www.legalassist.org



New Logo for ADRC:

A new ADRC pilot project logo and tagline has been created for use on print materials and in marketing campaigns. The lower case letters "adrc" are featured prominently in the reflex blue color, the ND DHS logo color. The logo includes a modern key with house key ring attached stating, "your key to services".



Service Expansion Plan for ADRC:

ADRC is moving forward with its expansion effort to service additional counties. Planning meetings have been held with Morton and Oliver counties. In these counties, Options Counseling will be provided by the ADRC Options Counselor, Katie Halloran. By spring, plans are to provide service to Emmons and Kidder counties. Shannon Nieuwsma will provide Options Counseling in these counties.

What is Options Counseling?

Options counseling is a resource for individuals and families who need help locating programs and services to assist them in living independently in their homes and in the community. Options counseling involves helping individuals identify their goals and preferences, review each of the options available, and encourages planning for future long-term support needs.

Promoting informed decisions about long-term care and supports is a major goal of Aging and Disability Resource Centers (ADRCs). ADRCs have a unique opportunity to meet people at times of critical decision-making and change in their lives. Options Counselors can help find services they need today, plan ahead for the future, and can be a resource for people who do not qualify for publicly funded case management and support services.

Katie Halloran is a licensed social worker with ADRC; she provides Options Counseling to consumers. She is available to answer questions and guide consumers to learn about the options available for long-term care and supportive services. Services may include: home care services, home delivered meal services, home health care, memory care programs, housing options, assistive technology and more. Katie is available to make multiple contacts or visits with consumers to ensure individuals have information to make informed decisions that are right for their lifestyle and needs.

Persons receiving Title III OAA funded services through the Burleigh County Senior Adults Program can participate in Options Counseling with Rhonda Rath. Rhonda is a licensed social worker. Her office is at the Bismarck Senior Center.



Q: If athletes get athletes foot, what do astronauts get?

A: Missletoe!

ADRC Prevention Tip:

Healthy Eating During Winter Gatherings for People with Diabetes

Winter is a season of holiday celebrations, football play-offs, and other occasions when family and friends get together over meals and snacks. For people with type 2 diabetes, it can be especially challenging to stick to a meal plan. Mouth-watering options such as honey-baked ham, buttery mashed potatoes, and sweet yams are popular for festive dinners, while chicken wings, cheesy nachos, and chips are among the favorites at football play-offs and other gatherings. However, you don't have to completely sacrifice all of your favorite foods. The key is to make a variety of healthy food choices and limit portion sizes.

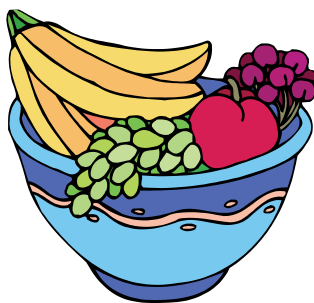
Follow these tips from the National Diabetes Education Program (NDEP) to help you eat healthy during gatherings throughout the winter season:

- **Eat a healthy snack.** Eating a healthy snack prior to leaving home can prevent overeating at the party.
- **Plan ahead.** Check out the party food options before you begin eating, and make a mental note of what and how much you will eat. Your food choices should fit into your meal plan.
- **Bring a dish.** Share your healthy dish with family and friends.
- **Move away from the buffet.** Fix your plate, and then step away from a table of finger foods to avoid grazing while chatting.
- **Savor the flavor.** Eating slowly reduces your chances of overeating.
- **Drink H₂O.** Water is a healthy, no-calorie beverage. Drink plenty of it.
- **Trim it down.** Eat smaller portions of food. Trim off extra skin and fat from meat.
- **Party hard!** Focus on family, friends, and activities rather than food. Stay active by participating in games or dancing.

Follow these tips if your goal is to serve healthy feasts to your guests:

- **Bake it. Broil it. Grill it.** Consider healthy alternatives to traditional meats. Choose skinless meat or poultry and avoid fried dishes
- **Increase fiber.** Serve whole grain breads, peas, and beans as part of your meals.
- **Easy on the toppings.** Lighten your recipes by using reduced-fat or fat-free mayonnaise, butter, sour cream, or salad dressing.
- **Focus on fruits.** Serve fresh or canned fruits instead of ice cream, cake, or pie. Transform high fat, high-calorie desserts by replacing whole milk or whipped cream with 1 percent or nonfat milk.
- **Serve low-calorie beverages.** Offer your guests sparkling water or diet beverages.
- **We're all in this together.** Support your family and friends by encouraging them to eat healthy during the winter months and throughout the year.

To find out more information about the *Control Your Diabetes. For Life.* campaign and to order free materials and resources, visit <http://www.YourDiabetesInfo.org> or contact the National Diabetes Education Program (NDEP) at 1-888-693-NDEP (6337).



ND Family Caregiver Support Program

The PD Partnership: Tips for People with Parkinson's Disease and Their Care Partners

Life with Parkinson's disease (PD) has profound effects not only on the person who is diagnosed, but also on his or her family members and friends. More often than not, there is one person — a spouse, partner, child, parent or other loved one — who takes on the role of primary care partner to the person who has PD.

I prefer to call this relationship a “care partnership” because I believe it is one that is truly reciprocal. As a person with PD adjusts to physical changes and, at times, to changes in personal independence, the care partner must learn to adapt to a different relationship dynamic and perhaps to greater “ownership” of duties that their partner had previously handled (e.g., finances or household management).

As a former caregiver — my late husband, Bob, lived with PD—I have gained some insight on what it is to be a caregiver and on what it is like to have Parkinson's. Before I share some of our experiences, I ask you to keep two things in mind:

First, remember that your experience with PD is unique. Parkinson's is a chronic neurodegenerative disease. It is never acute. It progresses at very different rates in different people and there is no way to accurately predict its course. So, there is no reason to look at the other people in the neurologist's waiting room and think, “that will be us in a few years.”

The second point, which is for caregivers, is that while you did not choose this role — and in most cases were not trained for it — this does not mean that you cannot be good at it. Assess your individual strengths, which will shape your role as a caregiver. With support from others, you will also be able to supplement your abilities in those areas in which you are less confident.

With those thoughts in mind, I would like to share some ideas that helped Bob and me navigate the experiences we faced together. Please remember that these suggestions are drawn from personal experience, so there is no science behind them, but rather lessons from my own life.

1. Respect your partner's own journey with PD. It will be different from yours. You may feel the need to talk to others in order to better cope and feel less alone. Your partner may want to keep the diagnosis to him or herself; indeed, the person with PD may need to do so if the disclosure of the disease might affect his or her work. One of you may be reluctant to seek out information and help, or more ready to do so than the other. Respect these differences and ask your care partner to respect how you are feeling and reacting.

2. Talk openly to each other about the disease. This is vital if you are to respect each other's feelings. Discuss the impact PD has on each of you and how you want to handle it. Learn to listen.

3. Don't let the disease take over or define your lives. Be sure to maintain your individuality, and put your relationship as a couple first. The aim should always be to avoid becoming “identified by the disease” in the eyes of your family, friends and others.

4. Find a good doctor. As soon as possible and if you can, find a neurologist who is (i) a movement disorder specialist and (ii) someone with whom you both feel confident and comfortable. I think the caregiver should accompany his or her partner to doctor appointments whenever possible. Two pairs of ears will always be better than one, and two people asking questions will cover more ground at each visit.

5. Feel free to seek out a second opinion. If you are the caregiver, encourage your partner to seek an additional opinion if you think it will help, and do not hold him or her back if this is what he or she wishes to do. A second opinion may help to confirm the diagnosis, to open a window on clinical

Continued on next page

trials, or to suggest a different course of treatment. A confident and understanding doctor will not mind if you seek a further opinion. You should not feel, as many of us are conditioned to, that you need to apologize for doing this.

6. Educate yourself about PD in stages. When you are coping with the early stages of living with a diagnosis of Parkinson's, you need to find your comfort level with learning about the disease. You don't have to dive in and learn everything all at once and spend hours on the Internet — unless you wish to. Remember, the disease progresses slowly and you and your care partner have time to adjust. Denial may be part of the process for one or both of you and that is perfectly normal and okay. However, when you are more comfortable with PD, it can be helpful to search the Internet and to call some of the national Parkinson's organizations. PDF has a wonderful information service right on its website, www.pdf.org, and a toll-free helpline, (800) 457- 6676, which can help answer your questions.

7. Educate others about PD — not only friends and family, but also healthcare professionals. The wider public's perception of Parkinson's too often is limited to "shaking." But you can change this. When you help others to better understand PD, they will be more comfortable around you and other people with the disease. Explain why your voice or your partner's voice is quieter than it used to be, or why your/their face may lack mobility or expression. Describe why sometimes a person with Parkinson's can walk easily, but at other times may shuffle.

8. Find a support group. In a support group, you can ask any question, express any concern, compare your experiences, and discuss medications. Besides providing the opportunity for you to talk with others who are facing the same thing, a support group will also provide you with valuable information about PD and make your doctor visits much more productive.

9. Actively seek out support from friends, family, and other caregivers. Many of them will come to understand the challenges of a chronic disease and of caregiving and will be supportive and present for both of you. If people do not offer to help, it is often because they don't know what you need or how to offer. So you both may need to learn to ask for help.

10. Support other people with PD. When you are both comfortable with PD, you can be a wonderful resource to others. My husband, Bob, had a scientific and technical background and wanted to understand everything he could about PD. He researched questions raised by people with Parkinson's whom he met via the Internet and through our support group. We attended every regional meeting and conference on PD we could. This empowered us tremendously and it can do the same for you.

11. Tackle life planning decisions. This is something we all put off, but it is important for both of you to address estate planning, advance directives, and so on. I strongly support having a living will, appointing a health care proxy, and a backup. I was my husband's advocate and health care proxy, and, when I needed to assume those roles, I was very fortunate to have a wonderful friend as backup who helped me through the tough medical decisions that arose. Discuss these issues with your families or those involved and circulate copies of your living will, if you have one, to all of them, to ensure that your wishes are respected.

12. Take care of yourself. Neither of you can do it all. If you are the caregiver, you may be very inclined to put the needs of your spouse or partner first. Try consciously to teach yourself to relax, set priorities, and make time for yourself. I found it was one of the most difficult things to do. Accept support from your family, friends, and neighbors. I hope that both of you will take care of yourselves, because in doing so, you will be helping each other. I also hope that these suggestions will help you to navigate your partnership, so that you can live your lives more fully and so that PD, while a part of your life, is not what defines it.

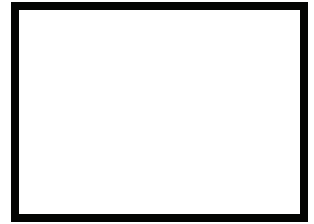
This piece was adapted from a session, entitled, Caregiver Support Issues, that Rhona Johnson originally presented at PDF's 50th Anniversary Educational Symposium.

Parkinson's Disease Foundation | (800) 457-6676 | info@pdf.org | www.pdf.org

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If you have or believe you have Parkinson's disease, then promptly consult a physician and follow your physician's advice. This publication is not a substitute for a physician's diagnosis of Parkinson's disease or for a physician's prescription of drugs, treatment or operations for Parkinson's disease. This article was originally published in the Spring 2008 edition of the Parkinson's Disease Foundation (PDF) newsletter, News & Review. It is reprinted, in its entirety, with permission from PDF. For other publications, please visit www.pdf.org.

Department of Human Services
Southeast Human Service Center
Sandy Arends, Region V Aging Services
2624 9th Avenue Southwest
Fargo, North Dakota 58103-2350



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