

REGION VII AGING SERVICES

Mark Jesser, Regional Aging Services Program Administrator

Serving: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, and Stark Counties



Winter 2010



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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 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,



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 Aging Services Unit
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 Peggy Krein, WCHSC

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.

National Family Caregivers Month

President Obama proclaimed November 2010 as National Family Caregivers month and encouraged all Americans to pay tribute to those who provide care for their family members, friends, and neighbors in need.

Caregivers often look after multiple generations of family members. Their efforts are vital to the quality of life of countless American seniors, bringing comfort and friendship to these treasured citizens. However, this labor of love can result in physical, psychological, and financial hardship for caregivers, and research suggests they often put their own health and well-being at risk while assisting loved ones.

Through the National Family Caregiver Support Program **, individuals can help their loved ones remain comfortably in the home and receive assistance with their care giving responsibilities. This program provides *information, assistance, counseling, training, support groups, and respite care* for caregivers across our country.

During National Family Caregivers Month, millions of Americans who gave endlessly of themselves to provide for the health and well-being of a beloved family member were honored. Through their countless hours of service to their families and communities, they are a shining example of our Nation's great capacity to care for each other.

(Taken from the November 10, 2010 Technical Assistance Exchange Newsletter)

****Rene Schmidt is the ND Family Caregiver Coordinator for Region VIII. She can be reached by calling 227-7582 or by email: rschmidt@nd.gov .**



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

Medicare Part D Open Enrollment

IS YOUR PLAN STILL A GOOD PLAN FOR YOU?

The open enrollment period for the Medicare prescription drug program begins Nov. 15 and ends Dec. 31. Decide which plan is good for you for next year. If you want to change plans, call the plan you want to join. Medicare can also help you enroll—online, in person, at an event in your community, or on the telephone.

FOUR WAYS TO GET THE HELP YOU NEED

1. **Call 1-800-MEDICARE (1-800-633-4227)**, and say “Agent.” Help is available 24 hours a day, including weekends. TTY users should call 1-877-486-2048.
2. **Visit www.medicare.gov** If you want to look at Medicare Prescription Drug Plans, select “Health and Drug Plans” then “Compare Health and Drug Plans.”
3. **Look at your most recent “Medicare & You” handbook** to see a listing of plans in your area. You should also review any information you get from your plan, including the “Annual Notice of Change” letter.
4. **Get free, personalized health insurance counseling** by calling The N.D. Insurance Department, State Health Insurance Counseling Program at 1-888-575-6611.

N.D. Dept. of Human Services launches online application for public assistance programs

The North Dakota Department of Human Services announced recently that people can apply online for assistance programs such as Temporary Assistance for Needy Families, the Supplemental Nutrition Assistance Program (food stamps), Child Care Assistance, Medicaid and other programs.

“This gives North Dakotans more choices in how they can apply for help,” said Tove Mandigo, director of the department’s Economic Assistance Policy Division. “Previously people applied by calling, corresponding or going into their county social service office. We recognized that this is a hardship for some applicants who are elderly, have disabilities, or have young children. It also affects applicants who have jobs and work, but need temporary short-term help due to some sort of setback in their households.”

Mandigo said North Dakotans can complete the application at their convenience at <https://secure.apps.state.nd.us/dhs/ea/oasys/login.htm>. Completed online applications are routed electronically to the appropriate local county social service office, where their employees review the information and follow-up with people to determine if they qualify for programs.

It uses the same login process as other online North Dakota government applications including child support enforcement, Game and Fish, and Department of Transportation. Anyone who has already obtained a state login for those services can use their existing login.

Those less comfortable with technology will continue to have other options. If they prefer, they can print out a paper application from www.nd.gov/dhs/info/pubs/application.html, complete it and return it to their county social service office. They can also call their county social service office and ask for an application to be mailed to them, or they can go to a county office to meet with an eligibility worker and complete an application in person.

Information about public assistance programs and client rights is on the department’s website at www.nd.gov/dhs/info/pubs/docs/sfn-405-guidebook-for-applic-for-assistance.pdf.



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).



Christmas Holiday Trivia

◆The word Christmas is Old English, a contraction of Christ's Mass.

◆The first president to decorate the white house Christmas tree in the United States was Franklin Pierce.

◆Germany made the first artificial Christmas trees. They were made of goose feathers and dyed green.

◆Electric lights for trees were first used in 1895.

◆The first Christmas cards were vintage and invented in 1843, the Victorian Era.

◆"It's a Wonderful Life" appears on TV more often than any other holiday movie.

◆Rudolph" was actually created by Montgomery Ward in the late 1930's for a holiday promotion. The rest is history



◆The Nutcracker" is the most famous Christmas ballet.

◆Jingle Bells" was first written for Thanksgiving and then became one of the most popular Christmas songs.

◆If you received all of the gifts in the song "The Twelve Days of Christmas," you would receive 364 gifts.

◆The poinsettia plant was brought into the United States from Mexico by Joel Poinsett in the early 1800's.

◆Holly berries are poisonous.

◆Contrary to common belief, poinsettia plants are non-toxic.

◆Mistletoe was chosen as Oklahoma's state flower in 1893 and later changed to the state floral emblem.

◆In 1843, "A Christmas Carol" was written by Charles Dickens in just six weeks.

◆The first state to recognize the Christmas holiday officially was Alabama.

◆Christmas became a national holiday in America on June, 26, 1870.

◆An angel told Mary she was going to have a baby.

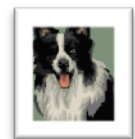
◆Clearing up a common misconception, in Greek, X means Christ. That is where the word "X-Mas" comes from. Not because someone took the "Christ" out of Christmas.

◆Traditionally, Christmas trees are taken down after Epiphany.

◆More diamonds are sold around Christmas than any other time of the year.

◆In Mexico, wearing red underwear on New Year's Eve is said to bring new love in the upcoming year.

◆Most pet owners will buy their pets a Christmas gift.



Depression

Depression is a serious medical illness that involves the brain. It's more than just a feeling of being "down in the dumps" or "blue" for a few days. If you are one of the more than 20 million people in the United States who have depression, the feelings do not go away. They persist and interfere with your everyday life. Symptoms can include:

- Sadness
- Loss of interest or pleasure in activities you used to enjoy
- Change in weight
- Difficulty sleeping or oversleeping
- Energy loss
- Feelings of worthlessness
- Thoughts of death or [suicide](#)

Depression can run in families, and usually starts between the ages of 15 and 30. It is much more common in women. Some people get [seasonal affective disorder](#) in the winter.

There are effective treatments for depression, including [antidepressants](#) and talk therapy. Most people do best by using both.

URL of this page: <http://www.nlm.nih.gov/medlineplus/depression.html>

NIH: National Institute of Mental Health

Coping with Stress & Depression During the Holidays

- Keep expectations for the holiday season manageable. Try to set realistic goals. Pace yourself. Organize your time. Make a list and prioritize the important activities.
- Be realistic about what you can and cannot do. Don't put the entire focus on just one day. Remember that it's a season of holiday sentiment, and activities can be spread out to lessen stress and increase enjoyment.
- Remember the holiday season does not banish reasons for feeling sad or lonely; there is room for these feelings to be present, even if the person chooses not to express them.
- Leave "yesteryear" in the past and look toward the future. Life brings changes. Each season is different and can be enjoyed in its own way. Don't set yourself up in comparing today with the "good ol' days."
- Do something for someone else. Try volunteering some of your time to help others.
- Enjoy activities that are free, such as taking a drive to look at holiday decorations, going window-shopping or making a snowperson with children.
- Be aware that excessive drinking will only increase feelings of depression.
- Try something new. Celebrate the holidays in a new way.
- Spend time with supportive and caring people. Reach out and make new friends, or contact someone you haven't heard from in a while.
- Save time for yourself! Recharge your batteries! Let others share in the responsibility of planning activities.

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 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. Ms. Johnson is a member of PDF's People with Parkinson's Advisory Council (PPAC) and a long-time spokesperson for caregiving. In October 2007, she became the first recipient of PDF's Award for Leadership in Caregiving.

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.

For more information regarding the North Dakota Family Caregiver Support Program call Rene Schmidt at 228-7582, or toll free 1-888-227-7525. 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: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark.

**MERRY CHRISTMAS AND HAPPY NEW YEAR FROM
BADLANDS HUMAN SERVICES AGING SERVICES UNIT**

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 **Mark Jesser** at **227-7557**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Badlands 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. **Badlands Human Service Center** is an equal opportunity employer.

Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I:	Karen Quick	1-800-231-7724
Region II:	MariDon Sorum	1-888-470-6968
Region III:	Donna Olson	1-888-607-8610
Region IV:	Patricia Soli	1-888-256-6742
Region V:	Sandy Arends	1-888-342-4900
Region VI:	CarrieThompson-Widmer	1-800-260-1310
Region VII:	Cherry Schmidt	1-888-328-2662
Region VIII:	Mark Jesser	1-888-227-7525 (local: 227-7557)

Aging & Disability Resource Center (ADRC)

Region VII Pilot:	Lynette Hinckley	328-8605
	Options Counseling: Katie Halloran	328-8606

ND Family Caregiver Coordinators

Region I:	Karen Quick	1-800-231-7724
Region II:	Theresa Flagstad	1-888-470-6968
Region III:	Kim Helten	1-888-607-8610
Region IV:	Raeann Johnson	1-888-256-6742
Region V:	Laura Fischer	1-888-342-4900
Region VI:	Danelle Van Zinderen	1-800-260-1310
Region VII:	Tammie Johnson	1-888-328-2662
Region VIII:	Rene Schmidt	1-888-227-7525 (local: 227-7582)

Long-Term Care Ombudsman Services

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

Vulnerable Adult Protective Services

Region I & II:	Deb Kraft	1-888-470-6968
Region III:	Kim Helten, Donna Olson, Tabitha Welk	1-888-607-8610 or 1-701-665-2200
Region IV:	Patricia Soli	1-888-256-6742
	Direct referral to GFCSS VAPS:	1-701-787-8540
	Raeann Johnson (VAT):	1-888-256-6742
Region V:	Sandy Arends	1-888-342-4900
	Direct referral may be made to Cass County Adult Protective Services unit:	1-701-241-5747
Region VI:	Carrie Thompson-Widmer & Donna Lindberg	1-701-253-6395 & 1-701-253-6401
Region VII:	Cherry Schmidt or Karla Backman	1-888-328-2662 or 1-701-328-8888
Region VIII:	Rene Schmidt or Mark Jesser	1-888-227-7525 (local: 227-7582 or 227-7557)

Other

Aging Services Division and "Resource Link": www.carechoice.nd.gov	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: or (age 60+):	1-800-634-5263 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

Upcoming Events

- Christmas Day.....December 25, 2010
- New Year's Day.....January 1, 2011
- Daylight Savings Time Begins.....March 13, 2011
- May is Older Americans Month.....May 2011
- Dickinson Regional Forum on Aging (Save the Date!!).....May 3, 2011
- World Elder Abuse Awareness Day.....June 15, 2011

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.

Mark Jesser
Regional Aging Services Program Administrator
Badlands Human Service Center
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