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Happy Summer to all! The summer solstice is now behind us; some see this as being downhill from this point forward, since the amount of sunlight is decreasing ever so slightly each day. While that may be true, this thought process is also akin to the glass being half empty vs. it being half full. Personally, I thoroughly enjoy this time of the year; the sun provides the maximum hours of sunlight; it creates the warm summer days; plants stretch toward the sunlight and grow by leaps and bounds; Vitamin D is in abundance; and life is good.

I was recently given a list of 10 things to "Create More Happiness". While all points were well stated, #10, was probably what resonated most with me and that is this: Be grateful more often. Take a moment each day to recognize all the wonderful things that are in your life. Even in difficult times, appreciate the wonder of conscious existence which, after all, is over all too soon.

Even if only for a few minutes each day, reflect on what you are grateful for; get outside and let the sunshine warm your face, take a walk in the cool forest or along the beach. Enjoy the moment, whatever it may be.

Regards,

Carrie Linder
Carrie Linder

ADRC of the North Bayfield Office Manager

E. Lexau
Elizabeth Lexau

UW-Extension, Family Living Educator



BenefitsCheckUp is a free service of the National Council on Aging. Many adults over 55 need help paying for prescription drugs, health care, utilities, and other basic needs.

There are over 2,000 federal, state and private benefits programs available to help. But many people don't know these programs exist or how they can apply.

BenefitsCheckUp asks a series of questions to help identify benefits that could save you money and cover the costs of everyday expenses.

After answering the questions, you will get a report created just for you that describes the programs you may get help from.

<https://www.benefitscheckup.org/>

Facts on Aging Quiz

- T F Clinical depression occurs more frequently in older than younger people...
- T F Older adults are at risk for HIV/AIDS.
- T F Alcoholism and alcohol abuse are significantly greater problems in the older adult.
- T F Older adults have more trouble sleeping than younger adults do.

Breytspraak, L. & Badura, L. (2015). *Facts on Aging Quiz* (revised; based on Palmore (1977; 1981)). Retrieved from <http://info.umkc.edu/aging/quiz/>



Answers on Page 4

Turning 65?
Need Medicare?

MEDICARE 101

6:00 pm—8:00 pm

**The classes are free,
but pre-registration is required!**

Call Karen Bodin

at 715-373-6144 ext 115

July 11

Washburn Public Library

August 8

Iron River Community Center

September 12

Drummond Public Library



If you will be turning 65 this year, we strongly encourage you to attend this training.

In order to provide prompt, efficient service to as many as possible, individuals requesting assistance in signing up for Medicare will be asked to attend this training before scheduling an individual appointment. This training will give you enough information to understand your options and be ready to make decisions when it is time to do so.

All presentations will start at 6:00 and last up to 2 hours, depending upon the information reviewed and questions asked.

If you plan to attend, you must register by the day before the presentation. Call Karen Bodin at 715-373-6144, ext. 115. Registration is necessary to prepare enough materials for everyone.

CAREGIVERS HAVE RIGHTS, TOO!

It happens gradually... She needs a little help balancing the checkbook. There are unpaid bills on the counter. The layer of ice on roads and sidewalks leaves you nervous about a fall, so you stop for her groceries and accompany her to appointments. You notice her floors are dirty and



there is laundry waiting. You do more and more for her and soon find yourself making daily calls or visits to help. You have become a caregiver. Your loved one can't live at home alone without help.

The next things you notice involve your own life – *When is the last time I had lunch with my friends? When did I start eating fast food so often? I used to love going for walks; how long has it been? And why do I feel so grumpy, angry and frustrated?* The answers are enmeshed in the new “job” you didn't realize you had.

Caregiving is like another job. You choose to do it and want to do it. But when you put your own life and needs on the backburner, you can run into trouble. Caregiving can consume your time, thoughts and energy and it can chip away at your physical and emotional health. But you can be a healthy caregiver! You have rights as a caregiver and following these rights can keep you healthy and help you give better care to your loved one, too.

You have the right to:

- * Take care of yourself without any feelings of guilt. By maintaining your own health, you will be happier and healthier and a better caregiver for your loved one!
- * Continue having a life of your own – one that does not include your role as a caregiver. Make it a priority to keep doing the things you love, knowing you are also doing all you can for your loved one.
- * Feel and express the strong emotions that caregiving produces. It is normal to feel anger, fear, loss and depression. Acknowledge these feelings and find someone to talk to.
- * Refuse feelings of guilt that may be put upon you by your loved one or others. Do not allow yourself to be manipulated by guilt or other negative feelings.

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ありがとうございました MERCI
DANKE धन्यवाद
شُكْرًا OBRIGADO

- * Accept positive feelings - appreciation, love, forgiveness, gratitude – bestowed on you by your loved one and others who see your difficult task. Caregiving is hard work and you can feel happy and proud to be a caregiver.
- * Seek help from others, whether friends and relatives or paid help. No one can do it all. Accept help in order to maintain your own life and individuality. You will need this life to return to when your days of caregiving end.

For help finding resources for home care services, support groups or other caregiving issues, call the Aging and Disability Resource Center at 1-866-663-3607.

Jane Mahoney, Older American's Act Consultant
Greater Wisconsin Agency on Aging Resources

Answers to Facts on Aging Quiz

Clinical depression occurs more frequently in older than younger people.

False. There is no evidence that depression occurs more often in older adults than younger groups, and it should not be considered a normal part of aging. However, it is the most common mental health problem of older adults. Depression may vary from feeling “blue” from grief over a loss to a diagnosis of clinical depression by the DSM-5 criteria. Accurate diagnosis and treatment options are often hindered by the resistance to mental health intervention.



Older adults are at risk for HIV/AIDS.

True. Americans aged 50 and older have many of the same HIV risk factors as younger Americans. According to the Centers for Disease Control and Prevention, persons aged 55 and older accounted for 26% of the estimated 1.2 million people living with HIV infection in the U.S. in 2011, and 5% of new HIV infections were among Americans aged 55 and older in 2010.

Alcoholism and alcohol abuse are significantly greater problems in the adult population over age 65 than that under age 65.

False. There doesn't appear to be substantial support for this idea. However, according to the National Survey on Drug Use and Health conducted in 2010 nearly 40% of adults age 65 and older drink alcohol. According to the survey, most of them don't have a drinking problem, but some of them drink too much. Men are more likely than women to have problems with alcohol. Research does support that older people might become more sensitive to alcohol as they age. As we grow older, our metabolism slows down so an older person will break down alcohol more slowly than a young person and alcohol will stay in an older person's body longer. Additionally, as we age, the amount of water in the blood decreases so older adults will have a higher percentage of alcohol in their blood than younger people after drinking the same amount of alcohol. Furthermore, aging lowers the body's tolerance for alcohol which means that older adults might experience the effects of alcohol, such as lack of coordination and slurred speech more readily than when they were younger. As older people are dealing with more chronic health conditions, oftentimes they are taking more medications. Drinking alcohol can cause certain medicines to not work properly and other medicines to become more dangerous or even deadly. Due to these issues, an older person is more susceptible to develop problems with alcohol even though his or her drinking habits have not changed.



Older adults have more trouble sleeping than younger adults do.

True. Older adults often experience sleep changes such as taking longer to fall asleep, frequent awakenings, daytime napping, circadian rhythm changes, lighter sleep (less time in deep sleep and REM sleep), more abnormal breathing events, and increased frequency of leg movements. The overall quality of sleep may decline with age even though more time may be spent in bed. Among the factors that may contribute to sleep problems in older adults are comorbidities, CNS disorders, GI disorders or urinary disorders; pain; depression; polypharmacy; lack of exercise; life stressors; smoking environmental routines; and poor sleep hygiene.



Breytspraak, L. & Badura, L. (2015). *Facts on Aging Quiz* (revised; based on Palmore (1977; 1981)). Retrieved from <http://info.umkc.edu/aging/quiz/>.

Watch this space...The next issue of *Living Well in our Best Years* will contain more quiz questions from this series.

Traveling Tips for Caregivers & Their Loved Ones



Summer is a great time to get out and do things. Traveling out of town gives you something to look forward to and can be rewarding and fun. If you are a caregiver for a loved one you may wonder if you should both just stay home, but with careful planning you and your loved one can still get away. You just need to be a little more prepared for the unexpected.

Depending on your loved one's needs and situation, consider these travel tips:

- ◆ **Gather important documents.** Carry insurance cards, passports, physician's phone numbers, medication list, a recent photo and a summary of medical records with you. **Don't check them with your luggage** in the event your luggage is delayed or lost.
- ◆ **Gather medications,** noting if any refills will be needed during the trip. Ask for refills in advance. Never travel with just enough as you may be delayed if flights or other transportation schedules change.
- ◆ **Carry a list of emergency contacts.** You may want to purchase a wallet on a string with this information for your loved one to wear.
- ◆ **Purchase an identity bracelet** or necklace for your loved one with his or her name on it. The [Safe Return](#) program from the Alzheimer's Association, provides excellent tracking should someone wander away. This will help even with international travel.



- ◆ **Make up several cards with the name, address and phone number of where you are staying each night.** Place one of these in the pocket of your loved one daily.
- ◆ **Ask your physician to write a letter** for use with hotel or airlines should an emergency cause a sudden change in plans. Consider travel insurance in case you need to change tickets or accommodations.
- ◆ **When possible, bring someone along to help** manage when you need to step away.
- ◆ **If your loved one has dementia never leave him or her alone** in a car, restaurant, etc. Wandering can become more of a problem in a strange location.
- ◆ **Carry an "OCCUPIED" sign for the bathroom door** if using the bathroom takes extra time. You may need to bring your loved one into the bathroom with you even if he or she is of the opposite sex.
- ◆ **Stop every two hours when driving** for bathroom breaks. Carry a change of clothes .
- ◆ **When flying, notify the attendants of your loved one's special needs.** Plan plenty of time between connecting flights.



- ◆ **Plan frequent stops** when driving to stretch legs and reduce anxiety.
- ◆ **Try to maintain a schedule** close to what you did at home to minimize disruption.
- ◆ **Leave an itinerary with family members** and keep a copy with you at all times.

Happy trails!!

*Nancy Abrahamson, Dementia Care Specialist
ADRC of St. Croix County*

Medicare Savings Programs Offer Help



If you are on Medicare and have limited income and assets, the **Medicare Savings Programs (MSPs)** can save you money. MSPs are also referred to as Medicare Premium Assistance. The programs include the:

- * Qualified Medicare Beneficiary (QMB),
- * Specified Low-Income Medicare Beneficiary (SLMB), and
- * Specified Low-Income Medicare Beneficiary Plus (SLMB+) programs.

If you are eligible for one of these programs, the State of Wisconsin (Wisconsin's Medicaid program) would pay your Medicare Part B premium each month. Social Security would no longer deduct your Part B premium from your Social Security income. You would also automatically receive the Low-Income Subsidy, or Extra Help, which would pay your Medicare Part D premium.

MSP Eligibility—You may be eligible to have your Medicare Part B premium paid by the state if:

- **You are single**, your income is less than \$1,376.75 per month (\$16,521/year), and your assets (resources such as bank accounts, stocks, bonds, IRAs, cash, life insurance with a cash value) are less than \$7,390, excluding one house and one vehicle.
- **You are married**, your combined income is less than \$1,847 per month (\$22,164/year), and your combined assets are less than \$11,090, excluding one house and one vehicle.

Extra Help Eligibility—Even if you are not eligible for one of the MSPs, you may still be eligible to receive Extra Help for your Medicare Part D premium if:

- **You are single**, your income is less than \$1,507.50 per month (\$18,090/year), and your assets are less than \$12,320, excluding one house and one vehicle. You may qualify to have low or zero premiums for your Part D.
- **You are married**, your combined income is less than \$2,030 per month (\$24,360/year), and your combined assets are less than \$24,600, excluding one house and one vehicle. You may both qualify to have low or zero premiums for your Part D.

Burial Expenses Set Aside The resource limits listed for Part D Extra Help do not include \$1500 per person set aside for burial expenses. For example, if a single person has set aside \$1500 for his/her burial expenses, that person could have up to \$12,320 in assets plus the \$1500 burial account, or up to \$13,820 in assets.



If you would like more information or would like to apply for the Medicare Savings Programs, please contact:

Sheila Mack,
Bayfield County Elder Benefits Specialist,
at 715-373-6144, ext. 179
or 1-866-663-3607

Spousal Impoverishment Protection



Medicaid pays for health care and long term care services for low-income people of all ages. To qualify, a person's income and assets must be below certain levels. But what is the impact when one spouse needs nursing home care and the other remains in the community?

“Spousal Impoverishment Protection” refers to special financial protections for married couples when one spouse is applying for or receiving nursing home care (or Family Care/IRIS) and the other spouse is not.

The person applying for or receiving nursing home care or Family Care/IRIS is referred to as the “institutionalized spouse” and the other spouse is referred to as the “community spouse”.

The spousal impoverishment protection allows the community spouse to protect a portion of the couple's income and assets so he/she will not become impoverished by having to spend most of their income and assets for the care of the institutionalized spouse, before the institutional spouse becomes eligible for Medicaid.

When a person first applies for institutional Medicaid or Family Care/IRIS, the Northern Income Maintenance (IM) Consortium (for Bayfield or Ashland County residents) will assess the couple's total combined assets to determine the amount the community spouse can keep.

Countable assets include, but are not limited to:

- cash,
- checking accounts and savings accounts,
- life insurance policies, and
- Certificates of Deposit (CD's).



Assets not counted include:

- your home (if the community spouse or other dependent relative lives there),
- one vehicle,
- household furnishings,
- clothing and personal items, and
- some burial assets.

If the couple's assets are above the limit, they would need to spend the “excess” to the allowable limit before the institutionalized spouse can be eligible for Medicaid. Excess assets can be reduced to allowable limits if they are used to pay for nursing home or home care costs or for other things such as home repairs or improvements, vehicle repair or replacement, clothing or other household expenses.

(continued, p. 8)

Spousal Impoverishment Protection *(continued)*



If excess assets are not reduced, the institutionalized spouse cannot be enrolled in Medicaid. Once excess assets are spent, the institutionalized spouse becomes eligible for Medicaid.

At that point, the institutionalized spouse must transfer his/her assets over \$2000 into the community spouse's name before the next Medicaid annual review. The institutionalized spouse can keep \$2000 in his/her name.

If the institutionalized spouse is enrolling in Family Care/IRIS, he/she may have to pay for a portion of his/her home care services, depending on the amount of income and deductions. This payment is referred to as a "cost share".

If the institutionalized spouse enters a nursing home or assisted living facility, he/she would be allowed to keep a small personal

needs allowance, but the rest of his/her income must either be transferred to the community spouse and/or other dependent family members, or used to pay for his/her care.

The payment for his/her nursing home or assisted living care is referred to as his/her "patient liability". The Northern IM Consortium would determine the amount of the institutionalized spouse's cost share or patient liability, and the amount of income that may be transferred to the community spouse and/or other dependent family members.

The spousal impoverishment protection applies only when one spouse is institutionalized or receiving Family Care/IRIS services, and the other is not.

If both spouses are institutionalized or enrolling in Family Care/IRIS, then the single individual income and asset limits apply because the purpose of the spousal impoverishment protection is to prevent the community spouse from becoming impoverished by his/her spouse's institutionalization.

For more information about spousal impoverishment protections, institutional Medicaid, and/or Family Care/IRIS, please call the Aging & Disability Resource Center of the North at 1-866-663-3607.

To apply for institutional Medicaid, you can call the Northern IM Consortium directly at 1-888-794-5722 and request a phone application, or call



**Sheila Mack,
Bayfield County Elder
Benefits Specialist**

**715-373-6144, ext. 179
or 1-866-663-3607**

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FALLS: A PREVENTABLE HEALTH PROBLEM

By the GWAAR Legal Services Team



Falls are a significant public health problem that cause a substantial number of emergency department visits, inpatient hospitalizations, nursing home admissions, and deaths. As individuals get older, physical changes, health conditions and some medications can increase risk of falling. A large majority of fall-related deaths (87%) and inpatient hospitalizations (70%) involve people age 65 or older. Yet, falling is not a normal part of aging and can be prevented.

Frequency of Falls

- About a third of the population over age 65 experiences a fall each year, and the risk increases proportionately with age. After age 80, over half of seniors fall annually.
- More than half of older adults who are discharged for fall-related hip fractures will experience another fall within six months.

Impact of Falls

- Falls are the leading cause of death due to injury among the elderly. Eighty-seven percent of all fractures in elders are due to falls.
- Falls account for about 25% of hospital and 40% of nursing home admissions.
- A number of older adults limit their activities and social engagements out of fear of falling, which can result in further physical decline, depression, isolation, and feeling helpless.

Costs of Falls

- Healthcare expenses caused by falls cost \$30 billion annually.
- ♦ The average cost of an injury from a fall was \$19,440 (including hospital, nursing home, emergency room, and home healthcare expenses, but not physician services).

Prevention

Remember, falling is not a normal part of aging. Here are some steps for prevention.

Talk to Your Doctor

- Ask your healthcare provider to **evaluate your risk** of falling and talk about specific things to do to prevent yourself from falling.
- **Review your medicines** with your doctor or pharmacist to see if any might make you dizzy or sleepy. This should include prescription medicines and over-the-counter medicines.
- Ask your doctor or healthcare provider about taking **Vitamin D** supplements.

Take Daily Steps to Prevent Falls

- **Stay physically active.** Physical activity can prevent falls so don't avoid it out of fear. With your doctor's permission, do exercises that make your legs stronger and improve balance.
- **Wear sensible shoes.** High heels, floppy slippers, and shoes with slick soles are responsible for many slips. Wear properly fitting, sturdy shoes with nonskid soles.
- **Avoid drinking too much alcohol.**
- **Check your eyes.** Have an eye doctor check your eyes at least once a year, and update your eyeglasses if needed. If you have bifocal or progressive lenses, consider glasses with only your distance prescription for outdoor activities, such as walking. Bifocals can make things seem closer or farther away than they are.

Make Your Home Safer

- Get rid of things you could trip over.
- Store clothing, dishes, food, and other necessities within easy reach.
- Immediately clean spilled liquids, grease, or food.
- Consider adding grab bars inside and outside your tub or shower and next to the toilet as well as railing on both sides of stairs.
- Make sure your home has lots of light by adding more or brighter light bulbs. Turn on the lights before using stairs.

MAKE YOURSELF A PRIORITY, TOO

[TIPS FOR CAREGIVERS]

Nearly
15 million
Americans provide
unpaid care
to an older adult.



National Health and Aging Trends Study, 2011



Caregivers who provide
substantial care are
more likely to have
**physical & emotional
health problems.¹**

National Health and Aging Trends Study, 2011

¹ Substantial care refers to involvement in health care activities, including care coordination and medication management.

Take care of yourself.

It is one of the most important things you can do as a caregiver.



Ask for help when you need it.

Spend time with friends.



Join a support group—
in person or online.

Take breaks each day.



Keep up with hobbies.

Use these tips, and learn more about
caregiving at www.nia.nih.gov/caregiving.



Find caregiving resources at the National
Institute on Aging www.nia.nih.gov

ROUND-THE-CLOCK ALZHEIMER'S DISEASE INFORMATION & SUPPORT 24/7 Helpline



Our free **24/7 Helpline** allows people with Alzheimer's disease or dementia, caregivers, families and the public.

- ♦ **24/7 Helpline** 1.800.272.3900 Access support through our TTY service (TTY: 866.403.3073) if assistance is required via a teletype device.

The Alzheimer's Association 24/7 Helpline is supported in part by a grant number 90AC2811 from the US Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.
www.alz.org/gwwi

Alzheimer's Association Offers Telephone Support Group

Phone Support Group available the last
Tuesday of every month

Sharlene Bellefeuille, Outreach Specialist for the Alzheimer's Association, is the group's facilitator. Persons participating in this phone support group will receive the monthly phone number a few days prior to the scheduled telephone support group meeting. It is open to local area families and caregivers, including those in the Chequamegon Bay area. There is no charge to participate.

Pre-registration is required in order to get the call-in information. Contact the Alzheimer's Association at:

[1.800.272.3900](tel:18002723900).



Internet Safety

By Paul Houck, Bayfield County Information Services Director



Like younger generations, many seniors use the Internet to manage finances, pay bills, or use social media to keep in touch with loved ones. As seniors move online, many have become the target of scammers, who may perceive seniors as having a trusting nature and financial security. It's important to adopt practices that lower risk for identity theft, tax fraud and other scams.

Here are two common ways scammers victimize people of all ages:

1. **Ransomware:** This is malicious software that can block access to your own computer system until you pay a sum of money. Prevent ransomware by ensuring your system has an up-to-date antivirus system. Never open suspicious emails from people you don't know. (See sources at the end of this article to learn what a suspicious email might look like.) Don't download attachments from senders you do not trust or click on links in suspicious emails.
2. **Tech support scams:** Cybercriminals don't just send fraudulent email. They might call you on the telephone and claim to be from Microsoft or some other technical support company. They might also setup websites with messages that cause

your computer to display fake warnings with a phone number to call to get the "issue fixed". They might offer to help solve your computer problems or sell you a software license. Once they have access to your computer, they can

- Trick you into installing malicious software that could capture sensitive data, such as online banking user names and passwords. They might also then charge you to remove this software.
- Convince you to visit legitimate websites (like www.ammy.com) to download software that will allow them to take control of your computer remotely and adjust settings to leave your computer vulnerable.
- Request credit card information so they can bill you for phony services.
- Direct you to fraudulent websites and ask you to enter credit card and other personal or financial information there.

Remember, Microsoft will never proactively reach out to you to provide unsolicited PC or technical support. Any communication Microsoft has with you must be initiated by you.

Learn more about cyber-security at www.stophinkconnect.org



Sources: www.stophinkconnect.org,
www.microsoft.com

Bayfield County Extension Office
U.S. Department of Agriculture
Cooperative Extension Service
Courthouse, P.O. Box 218
Washburn, WI 54891

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8:00-4:00 Monday through Friday

Phone Number:

1-866-663-3607

Visit the ADRC office:

117 E 5th Street

Washburn, WI 54891

Appointments are not necessary, but are helpful.

Website: www.adrc-n-wi.org



Bayfield County – UW Extension

County Administration Bldg

117 E. 5th Street

Washburn, WI 54891

Phone: 715-373-6104

Fax: 715-373-6304

Office hours 8 AM – 4 PM.: Monday – Friday

Website: <http://bayfield.uwex.edu/>

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