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Montana Special Session Needed to Reduce Budget Cuts to Senior Services

Montana's budget faced several challenges as the 2017 legislative session and the state fiscal year came to an end. Those challenges continue today in the form of extensive budget cuts. The impact of these cuts on services to Department Health and Human Services programs is devastating to those needing the services the most.



Opinions vary as to why the state budget is in such trouble, but regardless of individual beliefs several factors are undeniable. State revenues fell far below expectations; Montana fire season was one of the most costly in recent years; and the Budget Stabilization Act – a.k.a. “Rainy Day Fund” has had an

enormous impact on how revenue dollars are allowed to be used.

The 2017 revenue shortfall puts Montana in a budget deficit situation which is not permitted under Montana law. Montana code requires Governor Bullock to reduce expenditures to all

departments in order to balance the budget. Many services and programs for seniors will suffer reductions or elimination, totaling tens of millions of dollars annually in losses. These budget cuts are in addition to the tens of millions of dollars in reductions already imposed by the 2017 Legislature and in a proposed 2.99% rate cut by the Department of Health and Human Services to community service providers. Annual cuts to programs being proposed are:

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Message from the President



Greetings from 30,000 feet above the ground somewhere between Seattle and Raleigh, NC. I'm finally sitting still long enough to write the President's message.

On October 9th, the MGS board gathered in Bozeman at Highgate Senior Living. The stars must have lined up because the weather was perfect for traveling from every direction and all but two board members were in attendance including Keith Anderson who joined us by phone between classes from his office at UM.

Of course, the main item of business was the upcoming MGS conference. We are pleased to report that the theme is chosen, the venue secured and keynote speakers lined up. We have contracted with Katie Leahy to be the conference coordinator and anticipate another invigorating conference (see page 6).

The plethora of natural disasters this summer and fall and their subsequent continuing effects—especially the fires and smoke in my area—has caused me to ponder how we can help our aging and disabled relatives, friends, neighbors, clients and patients prepare for and ride out these literal storms of life in positive and healthy ways.

In my Pulmonary Rehab program I teach an Emergency Preparedness

class. One service I discuss and highly recommend is Smart911. This service is available in 20 counties in Montana, primarily through county emergencies services but also through the Helena and Colstrip police departments. Smart911 is a free service and anyone can sign up at smart911.com. To determine if it is available in a particular area, go to smart911.com and search by zip code. Even if it is not yet available in the local area, the information is there if the individual travels from home and needs the service in a location where it is available.

Categories included in personal profiles include “people and household info,” “medical info,” “address and location info” and “other info.” When someone registered with Smart911 calls 911 their profile is connected with their phone number and it automatically opens to the dispatcher with all the available details.

Profiles can be tailored individually allowing each person to include as much or as little information as they are comfortable providing. You can sign up for alerts about local emergencies or power outages etc to be sent via text or email.

I highly recommend everyone looking at Smart911 and creating a profile and helping others, who are not computer savvy to do the same.

May we all enjoy winter and not need 911 services.

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CHolmquist@communitymed.org
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hgarcia@billingsclinic.org
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Terry.egan@umontana.edu
Missoula

Over 55 Fundraising

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University Rep. Scholarship

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smithjangelo@gmail.com
Billings

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kjhasquet@gmail.com
Missoula

Provider By-laws

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connie@shcbillings.com
Billings

For a printable list of the Board Members' contact information, go to:
montanagerontology.org

Web Master

Stefano Zamora
stefano.zamora@gmail.com

Graphic Designer

Carrie Hannah Sharp
earthfire@aol.com
Billings

MGS

PO Box 3583
Billings, MT 59103

info@montanagerontology.org

2017 Outstanding Member of the Year

The Montana Gerontology Society honors a member each year with the Outstanding Member of the Year award. This individual is selected from members nominated for outstanding service to the organization. This year's recipient is **Marsha A. Goetting**, Professor and Extension Family Economics Specialist in the Department of Agricultural Economics and Economics Department at Montana State University.

Dr. Goetting received her Bachelor's and Master's degrees in Family Economics and Adult Education from Kansas State University. Her Ph.D. in Family Resource Management is from Iowa State University. Marsha is a Certified Financial Planner and is certified in Family and Consumer Sciences.

Marsha is a member of several professional organizations including the Association for Financial Counseling and Planning Education, the American Association of Family & Consumer Sciences, and the Montana Extension Association of Family & Consumer Sciences. She has been an MGS Member for many years and has been a presenter at many MGS Annual Conferences.

She has presented over 800 workshops reaching over 25,000



Montanans with financial and estate planning information. She has also authored over 75 MontGuides and bulletins and has received national, regional, and state awards for her financial management and estate planning programs. Marsha

has been an active member of the Montana Alzheimer's and Dementia Work Group for the past two years. She played a significant role as co-chair of the Legal and Financial subcommittee as this workgroup developed a comprehensive State Plan for Alzheimer's and Related Dementias. She is an advocate for financial education and planning for individuals with dementia, their families and caregivers. She herself was a long distance caregiver for her mother in Kansas.

Marsha and her husband enjoy hiking and photography. Marsha turns her wildflower photos into notecards and gifts for others. She also enjoys traveling around the world with recent adventures in Africa including a recent trip to Botswana.

Submitted by Gayle Hudgins

Case Study: Relocation Due to a Change in Health

Day 1: LC is an 86 year old women admitted to the hospital for community-acquired pneumonia. She was brought in because of her cough, difficulty breathing, and fever. LC lives alone in her third floor apartment and her two daughters live out of state. She has a history of hypertension and osteoporosis. She admits to drinking gin almost every night. Upon admission blood cultures were drawn and she was started on antibiotics, ceftriaxone and levofloxacin IV every 24 hours. Home medications were continued: lisinopril, alendronate every morning 30mins prior to eating, as well as her daily calcium and vitamin D.

Day 2: LC is clinically improving but still has a cough and shortness of breath. She admits to forgetting her bone medication often so her alendronate was changed to once a week at a higher dose. The current antibiotic regimen was continued.

Day 3: LC is much improved but is exhibiting signs of dementia. While there is no baseline, LC was unable to recall 2 of the 3 words she was asked to remember, her thoughts were wandering during the interview, and she was confused as to why she is in the hospital. LC's daughter came in to discuss LC's living arrangements and overall health. Her IV antibiotics were changed to oral dosage forms.

Day 4: LC's daughter wants her to move in with her. LC is hesitant and doesn't want to become a burden. LC is ready to be discharged and is going to make the move because of her fall risk due to her osteoporosis, her third floor apartment, medications that increase her risk, and new diagnosis of possible early dementia.

LC is facing a common situation among older adults, relocating due to a change in health.¹ Living by herself is no longer the best option for LC because of her risk of fracturing a bone and declining self-care with possibly progressing dementia. Most of the fractures occurring in osteoporotic patients are due to falls.² If LC were to fall and break her hip there is an increase in mortality, possible permanent disability, and socioeconomic

impact. Her risk factors for falling include her age, stairs to her apartment, history of osteoporosis, alcohol consumption, and cognitive impairment. A Centers for Disease Control and Prevention (CDC) survey reported that there are 29 million falls a year with over 27,000 deaths due to falls among older adults.³ If LC agrees to move in with her family it would help minimize her fall risk.



The CDC developed the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) program to help integrate fall prevention into basic care for older adults.³ The STEADI focuses on whether the older adult has fallen, felt unsteady, or been worried about falling in the last year, the current drug

therapy, and dietary supplementation. Falls can be prevented by removing or rearranging obstacles in the home, like getting rid of bulky rugs /clutter, installing handrails, or increasing the amount of light in the home. Taking osteoporotic medications, calcium, and vitamin D₃, limiting alcohol use, and increasing weight-bearing exercise are all ways to circumvent falling and subsequent fractures.² It is recommended that postmenopausal women consume no more than one drink a day. Alcohol is a risk factor for falling as well as other diseases that affect the liver, kidneys, and central nervous system. Weight bearing exercises should be done multiple times a week, if possible, to increase muscle strength and coordination; these include walking and weight-training.^{2,3} Education on fall prevention and medication dosing is critical for anyone with osteoporosis and caretakers working with at risk populations.

Older adults may have a sense of loss with relocation, especially if it was the home they raised their children in, where a loved one passed away, or if it gave them a sense of independence.¹ Since LC has early dementia, moving might be a particular challenge for her. Wiseman's Behavioral Model of Elderly Migration suggests older adults move because of triggering events and current resources available.⁴ The triggering event

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Lenore Taliaferro Memorial Academic Scholarship

The Montana Gerontology Society (MGS) is sponsoring a \$1,500 scholarship for a Montana student who is pursuing a career in the field of aging. The scholarship will be awarded at the annual conference, which will be held April 27-28, 2018, in Great Falls, Montana. A one-year membership in the Montana Gerontology Society and a waiver of the registration fee for the annual conference will be included with this award.



The student awarded the scholarship is expected to attend the annual conference in Great Falls in order to receive the award. In addition, the student is expected to submit a short article or review for the MGS Newsletter following the conference.

Eligible candidates must be:

- Interested in pursuing a career in gerontology and/or geriatrics in any field of study.
- Currently enrolled in at least six (6) credit hours per semester.
- Enrolled in at least six credit hours the semester following receipt of the award at the annual conference.
- Preference will be given to a student attending a university or college in Montana and intending to practice/work in Montana.

For full consideration for this award, each student MUST submit:

1. Completed application (found at www.montanagerontology.org)
2. Copy of transcript or other educational records
3. Two (2) letters of recommendation from Deans, Professors, Advisors, or Supervisors (found at montanagerontology.org) with at least one recommendation provided by a faculty member

4. Resume or vitae demonstrating commitment to work in the field of aging through courses, volunteer activities, work experiences, etc.

5. Personal statement: Written essay identifying academic and professional goals demonstrating pursuit of achievements in the field of aging (250 word limit, typed). Include a profile of past gerontology/geriatrics experience, a description of how the scholarship will assist your studies and future educational plans in gerontology/geriatrics.

The MGS Merit Scholarship Award recipient will be selected based upon the following criteria:

- Commitment to gerontology, as demonstrated by resume/vitae, educational goals, and experience
- Professional qualities described in the two (2) letters of recommendation
- Personal statement
- Grade Point Average

All application materials must be postmarked or emailed by February 15, 2018. The MGS Scholarship Committee will evaluate all application materials. Final selection will be made in March 1, 2018. The scholarship will be awarded at the MGS Annual Conference and will be sent directly to your school. The recipient must attend the MGS Annual Conference to receive the scholarship award.

For additional information, please visit

www.montanagerontology.org or contact:

Keith Anderson, Chair, MGS Scholarship Committee, UM School of Social Work, 32 Campus Dr, Missoula, MT 59812 keith.anderson@umontana.edu, 406-243-5212.

36th Annual MGS Conference

Aging in the 21st century is taking many paths. Baby boomers are demanding a new view of aging and their retirement years. How will these changes be addressed? What challenges and opportunities can we expect on the aging pathway in the coming years?

Montana Gerontology Society's 36th Annual Conference, "*Pathways: Aging in the 21st Century*," will be held April 26-27, 2018, at the GranTree Inn, Bozeman. The conference will explore new and old pathways to aging and provide opportunities for thoughtful communication and idea sharing.

There will be breakout sessions covering health issues, financial and legal issues, and

dementia. Sponsors and vendors with exhibits will share information and resources.



The conference provides great opportunities for partnerships and collaborations, so please plan to attend. Better yet, please participate by serving on the planning committee, making a presentation, or contributing to the silent auction.

For conference information, including the call for presentations (due Dec. 8th) and sponsor/vendor information, visit www.montanagerontology.org. The website will be updated with registration information in the early spring of 2018. Or contact Katie Leahy, conference@montanagerontology.org, 406-243-2453.

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results in considering relocation and their available resources determine if they are able to move. The triggering event is described as a push to move, like a debilitating accident, or pulled to move because of attractive alternatives to living on one's own. Further work has identified feeling burdensome to one's family as a deterrent factor in older adult's willingness to move, similar to LC's feelings. While Wiseman did not specifically address dementia, other researchers have applied his theory to older adults with neurocognitive deficits.⁴ People with dementia may have a harder time adjusting to a move due to changes in routine and surroundings. LC's "push" to move is her declining health and ability to care for herself. LC could also be pulled to move because she would no longer have to pay rent or live alone in a third floor apartment. Since LC's family is offering to take care of her it might make the transition easier.



If LC had chosen to stay at home she might still be drinking every night, not taking her osteoporosis medications correctly, trying to manage her decline in cognition, and living in a third story apartment. Falling down and breaking a hip could cause an increase in mortality, probably a permanent decrease in physical ability, and huge medical expenses. Many people cannot

afford or do not want to move; those people have to be vigilant about self-care, recognizing when they need help before an accident, such as a fall, occurs.

Follow up: It has been 3 weeks since LC was discharged into her daughter's care. LC is still in the moving process and parting with many personal items has been refreshing, heartbreaking, and made her reminisce about how good her life truly has been. But LC and her family think living at her daughter's house is still the safest option. She has cut back on her nightly drinking, but doesn't miss it because she and her daughter watch Jeopardy and play cards. She also has a new routine with her grandson that helps her remember to take her medications in the morning. She is still concerned about being a burden and hasn't told her daughter that her bed sheets itch. A meeting with a social worker was suggested to find a way to open communication between them. Overall, LC is in high spirits.

Submitted by Megan Murphy

References:

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Outstanding Member of the Year Nomination

Do you know a MGS Member that is dependable, reliable, and first to say, "Sure, I can help"? They are involved in many aspects of their job, career or volunteer work, but they always have time to help with extra projects. They have a passion for issues that are important to the aging population.

This person deserves recognition and you are the one to nominate him/her.

The criteria for the Outstanding MGS Member Award are:

- The person nominated must be a current MGS member.



- The nomination must come from a current MGS Member.
- Current MGS Board Members are not eligible.

Write a brief description (2-4 paragraphs) about the nominee's qualifications.

Include samples of how he/she has contributed to MGS and to the advances in the field of aging, professional

development, public education, and/or advocacy for issues affecting seniors.

Email your nomination by February 1, 2018 to Terry Egan: terry.egan@umontana.edu

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- Elimination of Personal Care Services and reductions to Big Sky Waiver and Community First Choice programs, all three help people stay in their homes (\$11.1 million/yr)
- Elimination of funding to reform the adult guardianship system (\$.2 million/yr)
- Elimination of the Big Sky Rx Program, prescription drug assistance for over 10,000 seniors (\$3.7 million/yr)
- Elimination of funding for Medicaid incontinence supplies (\$.7 million/yr)
- Elimination of dental coverage for many seniors, including denture coverage (\$8.9 million/yr)
- Rate cuts to all Medicaid providers in Montana, including doctors, hospitals, clinics, and medical equipment providers (\$14 million+/yr)
- Elimination of hospice care for Medicaid patients (\$3.9 million/yr)
- Elimination of health care coverage for Medicaid health care workers (\$5.1 million/yr)



- Elimination of funding for services to individuals with Alzheimer's and Dementia, helping them stay at home or assisted living. (\$8 million/yr)

Not only do these cuts impact seniors in need, it has a detrimental effect on Montana's communities, the health care industry and the state and local economy.

A special session of the legislature has been called by Governor Bullock which will start the week of November 13th. New revenue sources can be approved that would reduce the cuts to programs for Montana's seniors.

Citizens are urged to voice their opinion. Send comments regarding concerns with the budget, the proposed cuts, and solution suggestions to balancedbudget.mt.gov and also by contacting legislators at leg.mt.gov.

Submitted by Laura Miller



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Billings MT 59103-3583

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Montana Gerontology Society
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email _____ *For MGS Only—will not be distributed to other organizations*
Position _____
Employer _____

- Type of Membership
- Professional, Aging Services, Academia \$30.00
 - Public, Senior, Retiree, \$15.00
 - Student, University/College No Charge
- I would like to make a contribution to MGS:

\$25 \$50 \$75 \$100 Other _____

As a member of MGS, I may be interested in being involved in the following area(s):

- Fundraising
- Serving on a committee
- Making a presentation
- Holding an elected office
- Writing an article for the newsletter
- Other (Please list a skill you might be able to share)

Make Checks Payable to MGS:
PO Box 3583
Billings MT 59103-3583 or renew and pay on-line at
www.montanagerontology.org