From Our Executive Director

Dear Readers,

Every May since 1963, people across the country have come together to celebrate the enormous contributions of older Americans – borne of wisdom, experience and the will to realize their dreams and speak their minds. Older Americans Month is the Minnesota River Area Agency on Aging®, Inc.’s opportunity to show our appreciation and support for our older residents as they continue to enrich and strengthen our area.

The theme of this year’s celebration – Older Americans: Connecting the Community – pays homage to the many ways in which older adults bring inspiration and continuity to the fabric of our communities and rural areas. Their shared histories, diverse experiences and wealth of knowledge have made our culture, economy and local character what they are today. The theme also highlights the many ways technology is helping older Americans live longer, healthier and more engaged lives.

In fact, older Americans are more active in community life than ever before. They are out and about giving back and making a difference in their communities; mentoring the leaders of tomorrow and offering unique perspectives that shed new light on contemporary issues.

Older Americans step up to help one another as well. Across the country, they connect with other older adults by delivering meals, helping with home repair, assisting with shopping and offering companionship, counseling and care. Their efforts remind us that when older adults are active and engaged, everyone benefits.

Help the Minnesota River Area Agency on Aging®, Inc. celebrate Older Americans Month! Recognize what older adults bring to our area and help them continue playing a vital role in weaving a unique and lasting community fabric.

We think you will discover that when you help older adults thrive, you gain far more than you give.

Regards,

Linda Giersdorf

Mission Statement

The Minnesota River Area Agency on Aging®, Inc. is the gateway to resources for older adults, caregivers and service providers in the twenty-seven counties of southwest Minnesota.
**Make the Call...Don’t Miss a Beat**

**Women’s Heart Attack Awareness Efforts**

Recently the U.S. Department of Health and Human Services (HHS) Office on Women’s Health (OWH) and its partners introduced a new national initiative to increase awareness and recognition of the seven most common heart attack symptoms among women and to encourage the use of the 9-1-1 emergency response system when these symptoms occur.

The “Make the Call, Don’t Miss A Beat” campaign aims to educate, engage and empower women and their families to recognize the seven symptoms of a heart attack that most commonly present themselves in women. This initiative includes a comprehensive public service advertising campaign including: TV, radio, print, and outdoor materials; a campaign website; a strong social and news media effort; and partner-and community-based outreach.

Although heart disease is the number one killer of women and awareness of this fact continues to grow from year to year, increased education remains a challenge. Only half of the women who participated in a recent American Heart Association (AHA) survey recognized chest pain and pain in the arm, neck and shoulders as typical symptoms of a heart attack. Even fewer women could identify other common heart attack symptoms, including shortness of breath (29%), chest tightness (17%), nausea (15%), and fatigue (7%).

To learn more about the “Make the Call, Don’t Miss A Beat” campaign, please visit its website, [http://www.womenshealth.gov/heartattack/](http://www.womenshealth.gov/heartattack/).

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**Elder Justice**

**Stronger Federal Leadership Could Enhance National Response to Elder Abuse**

A Government Accountability Office (GAO) report summarizes existing estimates of the extent of elder abuse, factors associated with elder abuse and its impact on victims, characteristics and challenges of state Adult Protective Services (APS) responsible for addressing elder abuse, and federal support and leadership in this area. Based on these findings, the GAO provides recommendations to Congress and Executive agencies.

Following is a brief summary from the report:

Each day, news reports cite instances of older adults across the United States being abused, denied needed care, or financially exploited, often by those they depend on.

The most recent study of the extent of elder abuse estimated that 14.1% of noninstitutionalized older adults had experienced physical, psychological, or sexual abuse; neglect; or financial exploitation in the past year. However, this study, and three other key studies GAO identified, likely underestimate the full extent of elder abuse. Most did not ask about all types of abuse or include all types of older adults living in the community, such as those with cognitive impairments. In addition, studies in this area cannot be used to track changes in extent over time because they have not measured elder abuse consistently.

Based on existing research, various factors appear to place older adults at greater risk of abuse. Physical and cognitive

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Volunteerism

Honoring the People Who Dedicate Themselves to Taking Action and Solving Problems in Their Communities

Established in 1974, National Volunteer Week has grown exponentially in scope each year since, drawing the support and endorsement of all subsequent U.S. presidents, governors, mayors and other respected elected officials.

National Volunteer Week is about inspiring, recognizing and encouraging people to seek out imaginative ways to engage in their communities. It’s about demonstrating to the nation that by working together, in unison, we have the fortitude to meet our challenges and accomplish our goals. National Volunteer Week is about taking action, encouraging individuals and their respective communities to be at the center of social change – discovering and actively demonstrating their collective power to foster positive transformation.

National Volunteer Week is a moment in time when we can formally celebrate our volunteers, recognize the energy and power volunteers evoke on a daily basis as they lead by example – not only encouraging the people they help, but motivating others to serve as well. Through volunteers we can re-imagine the notion of citizenship for the 21st century – where ordinary people make extraordinary things happen through service.

THANK YOU!

MNRAAA would like to take this special opportunity to celebrate and thank our volunteers who serve as members of our board of directors and advisory councils, health insurance counselors, trainers and in a variety of other capacities. In addition, we would like to recognize the hundreds of volunteers who serve older adults through our Title III programs and other partners. Your commitment to service truly makes a difference in the lives of older adults and their caregivers in southwest Minnesota.

We do not choose to be born.
We do not choose our parents,
Or our times or country of birth,
Or the circumstances of our upbringing.
We do not—most of us—choose to die,
But within all this realm of choicelessness
We do choose how we shall live—
Courageously or in cowardice,
Honorably or dishonorably,
With purpose or adrift.
We decide what is important and what is trivial
What makes us significant is what we do,
Or refuse to do.
We decide and we choose
And so we give definition to ourselves.

By Joseph Epstein
New U.S. Dietary Guidelines Released
Focus on Salt Reduction

The long-awaited U.S. dietary guidelines were recently released. They are the first since 2005 and they focus on getting Americans to slash their salt intake.

The seventh edition of the U.S. Department of Agriculture’s Dietary Guidelines for Americans released on January 31, 2011 recommends that Americans limit their daily sodium intake to less than 2,300 milligrams (about a teaspoon) a day for most people and to less than 1,500 milligrams among people aged 51 or older, all blacks, and people who have high blood pressure, diabetes or chronic kidney disease, regardless of their age.

Given the current obesity epidemic and the high level of chronic health problems, this lower limit ends up applying to about half of the U.S. population, the guidelines stated. Most Americans are eating two times or more of what’s recommended which is 2,300 milligrams a day for most people.

Today the average American probably consumes 3,400 milligrams of sodium. Lowering sodium intake must be reflected in the decisions food-processing companies make over time so people don’t necessarily reject these guidelines because the taste is so fundamentally different.

Not everyone thought the USDA went far enough. In a statement, the American Heart Association (AHA) said that by applying the 1,500 milligram per day intake level only to people aged 51 and over, the guidelines fail to address "the very real issue of excess sodium consumption across the population." Instead, the AHA believes that "the 1,500 mg recommendation should apply to all Americans -- children and adults."

The new guidelines are "tools to give Americans better information about how to stay healthy, how to become healthier, how to make children better students and be prosperous in the future," according to Kathleen Sebelius, Secretary of the Department of Health and Human Services.

The guidelines put more emphasis on getting people to choose healthier types of fats. There are highly specific recommendations on fats stating that no more than 10 percent of calories should come from saturated fat and, in their place, eating monounsaturated fats and polyunsaturated fatty acids.

Americans are being urged to eat more seafood, particularly cold water fish, in an attempt to up consumption of healthier fats like omega-3 fats that we know are health-promoting. That was not specifically stated in past versions of the guidelines.

The guidelines recommend eating smaller portions, reducing calorie consumption and increasing physical activity. Specifically, the guidelines suggest:

- Making half your plate fruits and vegetables and eating more whole grains to get more of needed nutrients.
- Eating more lean meats and poultry, legumes and nuts and seeds.
- Using fat-free or low-fat (1 percent) milk.
- Staying away from added sugars, refined grains and solid fats, which tend to have many calories but few essential nutrients.
- Making sodium comparisons for foods such as canned soup and frozen meals, then select those foods with the least salt.
- Consuming less than 300 milligrams per day of cholesterol.
- Avoiding trans fatty acids.
- Gleaning nutrients primarily from eating

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Your Opinion Matters!

Please share your feedback with us. If you would like to read about specific topics in future MNRAAA News or to request MNRAAA News by email, contact me at: erica@rndc.org or 507.389.8879

"Volunteers are the only human beings on the face of the earth who reflect this nation’s compassion, unselfish caring, patience and just plain love for another.”

– Erma Bombeck

nutritious food, instead of relying on supplements.
- Consuming alcohol only in moderation, meaning one drink or less for women per day and two drinks for men.
- Drinking water instead of sugary sodas or other sweetened drinks.

This is what many health professionals have been saying for years. These guidelines are evidence-based, they’re based on science and what we know about healthy eating, what we know about weight loss and how nutrients promote our health but tend to get lost among all the hype of the fad diets. The new dietary guidelines should stand out as the next fad diet in people’s minds above all the hundreds of books that are making promises of quick fixes, as this is as close as we can get to the truth about healthy eating.

impairments, mental problems, and low social support among victims have been associated with an increased likelihood of elder abuse. Elder abuse has also been associated with negative effects on victims’ health and longevity.

Although state APS programs vary in their organization and eligibility criteria, they face many of the same challenges. According to program officials, elder abuse caseloads are growing nationwide and cases are increasingly complex and difficult to resolve. However, according to GAO’s survey, APS program resources are not keeping pace with these changes. As a result, program officials noted that it is difficult to maintain adequate staffing levels and training.

In addition, states indicated they have limited access to information on interventions and practices on how to resolve elder abuse cases, and may struggle to respond to abuse cases appropriately. Many APS programs also face challenges in collecting, maintaining, and reporting statewide case-level administrative data, thereby hampering their ability to track outcomes and assess the effectiveness of services provided.

Federal elder justice activities have addressed some APS challenges, but leadership in this area is lacking. Seven agencies within the Departments of Health and Human Services (HHS) and Justice devoted a total of $11.9 million in grants for elder justice activities in fiscal year 2009. These activities have promoted collaboration among APS and its partners, such as law enforcement, but have not offered APS the support it says it needs for resolving elder abuse cases and standardizing the information it reports.

Although the Older Americans Act of 1965 has called attention to the importance of federal leadership in the elder justice area, no national policy priorities currently exist. The Administration on Aging in HHS is charged with providing such leadership, but its efforts to do so have been limited.

The Elder Justice Act of 2009 authorizes grants to states for their APS programs and provides a vehicle for establishing and implementing national priorities in this area, but does not address national elder abuse incidence studies.
Starting January 1, 2011, if you’ve had Medicare Part B for longer than 12 months, you can get a yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. The exam is covered once every 12 months and you pay nothing if your doctor accepts Medicare assignment. Exam includes the following:

- Review of medical and family history
- A list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- A screening schedule for appropriate preventative services
- A list of risk factors and treatment options for you

Call the Senior LinkAge Line® for assistance with questions related to Medicare coverage. Help is available over the phone or in-person. The Senior LinkAge Line® is a free service of the Minnesota Board on Aging, as well as the State Health Insurance Assistance Program (SHIP). Specialists provide one-to-one assistance with all Medicare and health insurance issues and also provide in-depth long-term care options counseling. Call 1-800-333-2433 for assistance or go to www.MinnesotaHelp.info to chat live with a Senior LinkAge Line® specialist.

Older Americans Month

History of Older Americans Month

When Older Americans Month was established in 1963, only 17 million living Americans had reached older persons to our country, in particular those who their 65th birthdays. About a third of older Americans defended our country. Every President since JFK has lived in poverty and there were few programs to meet issued a formal proclamation during or before the their needs. Interest in older Americans and their month of May asking that the entire nation pay tribute concerns was growing, however. In April of 1963, in some way to older persons in their communities. President John F. Kennedy’s meeting with the National Council of Senior Citizens served as a prelude to designating May as "Senior Citizens Month."

Thanks to President Jimmy Carter’s 1980 designation, what was once called Senior Citizens Month, is now called "Older Americans Month," and has become a tradition.

Older Americans Month is celebrated across the country through ceremonies, events, fairs and other such activities.

The theme for May 2011 Older Americans Month is Older Americans: Connecting the Community. The theme pays homage to the many ways older adults bring inspiration and continuity to the fabric of our communities.
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