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## From Our Executive Director

Dear Readers,

The National Organization of State Offices of Rural Health has set aside November 15, 2012 and the third Thursday of every November to celebrate *National Rural Health Day*. It's an opportunity to "Celebrate the Power of Rural" by honoring the "can do" spirit of rural America.

Rural communities have unique health care needs and challenges. Challenges include: accessibility, lack of health care providers, needs of an aging population suffering from a greater number of chronic conditions, and larger percentages of un- and underinsured residents. Rural hospitals are often one of the largest employers in their community and the primary providers of care. However, they struggle as declining reimbursement rates and disproportionate funding levels make it a challenge to serve their residents. Consider the following:

- Approximately 62 million people (nearly one in five Americans) live in rural and frontier areas.
- Rural Americans reside in 80% of the total U.S. land area, but only comprise 20% of the population.
- There are 4,118 primary care Health Professional Shortage Areas in rural and frontier areas of all U.S. states and territories, compared to 1,960 in metropolitan areas.
- Approximately 15.4% of rural U.S. residents live in poverty, compared to 11.9% of urban residents.
- Rural areas average about 30 dentists per 100,000 residents, while urban areas average approximately twice that number.
- Only 10% of psychologists/psychiatrists and 20% of masters-level social workers work in rural areas.
- There were 55 primary care physicians per 100,000 residents in rural areas in 2005, compared to 72 per 100,000 in urban areas. This figure decreases to 36 per 100,000 in isolated, small rural areas.

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#### 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.

## Medicare Open Enrollment is Here!

October 15<sup>th</sup> thru December 7<sup>th</sup> is the 2013 Medicare Open Enrollment Period. Medicare beneficiaries have the opportunity to evaluate their current plan and make changes that will take effect January 1, 2013. There are only a few special circumstances when a person is allowed to make a plan change beyond these dates so it is important to use this time to make the best decision possible for you.

Every year after open enrollment ends, the Senior LinkAge Line® receives calls from people who failed to open their mail and read about their current drug plan changes for the coming year. It isn't until the first bill for the New Year is received, or the beneficiary is charged more at the pharmacy, that they realize their plan has changed. For most of these beneficiaries it is too late to make a change for that year. Since there are so many changes every year, the Senior LinkAge Line® recommends that each person review their options for the next year and open and read every piece of mail received from their plan.

A few reasons to consider a "re-evaluation" of your Part D plan:

- Monthly premiums for each plan will most likely change
- Your medication list may have changed in the last year
- Plan formularies (the list of drugs covered by the plan) may change and the cost sharing may change (amount you pay for the drug under a plan)
- You may be eligible for the "extra help" offered to pay premiums and reduce co-pay amounts (applications are accepted at any time of the year)

Using the official Medicare.gov prescription plan comparison tool, which can be found at [www.medicare.gov](http://www.medicare.gov), allows beneficiaries to view a clear comparison of their current plan with other plans available in 2013. The plan comparison tool will present the cost of the individual's medications in each plan offered in Minnesota. With this knowledge a person can make a sound decision on a drug plan and prepare for the coming year with confidence and peace of mind.

Volunteers are available to meet with Medicare beneficiaries to review their 2013 Medicare options. If you would like to schedule a time to meet with a volunteer contact the Senior LinkAge Line® at 1-800-333-2433. The Senior LinkAge Line®: A One Stop Shop for Minnesota Seniors is a free statewide service of the Minnesota Board on Aging and Area Agencies on Aging. Specialists provide one-to-one assistance with helping older adults age well and live well. The Senior LinkAge Line® is the federally-designated State Health Insurance Assistance Program (SHIP) for Minnesota and is the place to call for Medicare and health insurance issues. Call 1-800-333-2433 for assistance Monday through Friday from 8:00am to 4:30pm.



**A One Stop Shop for Minnesota Seniors**



## New Staff Spotlight!

Joyce Prahm, based out of the Mankato office, joined MNRAAA in August as Fiscal Manager. Some of her responsibilities

include the development, monitoring and coordination of budgets and financial reports; and managing discretionary grants and contracts. Joyce's background includes a degree in Accounting from Gustavus Adolphus College where she



also worked in fundraising for eleven years. Prior to joining MNRAAA she was the Database and Event Specialist for School Sisters of Notre Dame. In her free time Joyce enjoys time with family, reading, and doing genealogy research.

## Caregiver Corner

### Family Caregivers Matter!

The theme for National Family Caregivers Month 2012 is "Family Caregivers Matter!"

Family caregivers are the unacknowledged backbone of the nation's long-term care system.

They provide daily assistance with managing health and personal care needs, while enabling their loved ones to stay in the community longer.

Family caregivers matter in so many important ways:

- **Family caregivers matter to their loved ones**, spending an average of 20 hours per week providing care – and many caring for their loved ones around the clock.
- **Family caregivers matter in making sure that medications are taken and that doctor appointments are kept.** More often than not, family caregivers are the managers of their loved one's medication regimen, seeing to it that medicines are taken on time and that different medicines prescribed by different doctors are properly reconciled.
- **Family caregivers matter in reducing health care costs and avoiding hospital readmissions.** Family caregivers provide the lion's share of care and support for those with chronic care needs – approximately \$450 billion of unpaid care each year.
- **Family caregivers matter to each other.** Family caregivers often feel isolated and alone. Just knowing that there are 65 million other family caregivers they can reach out to who are going through many of the same challenges, can be a source of great consolation.

Family caregivers are the only people who are consistently present with their loved ones across all care settings. Everyone else can and does change. People with chronic conditions may have multiple doctors. Nurses change shifts in hospitals. Even pharmacists change locations. But family caregivers are there as full partners with their loved ones through it all.

That's why National Family Caregivers Month is the ideal time to recognize that family caregivers really do matter!



### Medicare Open Enrollment

The Senior LinkAge Line® has been instrumental in helping to provide comprehensive non-biased counseling to Medicare beneficiaries since the start of the Medicare Prescription Drug Plan in 2006. The Senior LinkAge Line® system has evolved and their responsibilities have expanded over the past several years making it more difficult to handle the call volume during the Medicare Open Enrollment Period. For the 2012 Medicare Open Enrollment Period, Senior LinkAge

Line® contact centers hired seasonal employees, stipend volunteers or are using existing volunteers at no cost to handle Medicare-related calls during the Open Enrollment Period. They started on the Senior LinkAge Line® October 1 and plans are in place for them to provide assistance through the end of the Open Enrollment Period.

**Daylight Saving Time  
November 3! Don't  
forget to turn your  
clocks back one hour.**

# Travelers with Disabilities and Medical Conditions



TSA Cares is a helpline to assist travelers with disabilities and medical conditions. Travelers may call TSA Cares toll free at 1-855-787-2227 prior to traveling with questions about screening policies, procedures and what to expect at the security checkpoint. TSA Cares will serve as an additional, dedicated resource specifically for passengers with disabilities, medical conditions or other circumstances, or for their loved ones who want to prepare for the screening process prior to flying.

The hours of operation for the TSA Cares helpline are Monday through Friday 8 a.m. – 11 p.m. EST and weekends and holidays 9 a.m. – 8 p.m. EST. Travelers who are deaf or hard of hearing can use a relay service to contact TSA Cares or can e-mail at [TSA-ContactCenter@dhs.gov](mailto:TSA-ContactCenter@dhs.gov).

When a passenger with a disability or medical condition calls TSA Cares, a representative will provide assistance, either with information about screening that is relevant to the passenger's specific disability or medical condition, or the passenger may be referred to disability experts at TSA.

TSA recommends that passengers call approximately 72 hours ahead of travel so that when necessary, TSA Cares has the opportunity to coordinate checkpoint support with a TSA Customer Service Manager located at the airport.

One of the primary goals of the TSA is to provide the highest level of security and customer service to all who pass through screening checkpoints. Current policies and procedures focus on ensuring that all passengers, regardless of personal situations and needs, are treated equally and with dignity, respect, and courtesy. Although every person and item must be screened before entering each secure boarding area, disability-related equipment, aids, and devices are allowed through security checkpoints once cleared through screening.

Click on the links below for specific information about the screening of persons with disabilities and/or medical conditions. Or visit [www.tsa.gov/traveler-information/travelers-disabilities-and-medical-conditions](http://www.tsa.gov/traveler-information/travelers-disabilities-and-medical-conditions) to view the various lists.

- [Have Difficulty Walking or Standing](#)
- [Uses Wheelchair or Scooters](#)
- [Cannot Remove Shoes](#)
- [Have Metal Joint Implants](#)
- [Have Internal Medical Devices](#)
- [Needs Medication](#)
- [Have Medically Necessary Liquids](#)
- [Have Medically Necessary Radioactive Substances](#)
- [Use Portable Oxygen](#)
- [Have CPAPs, BiPAPs, and APAPs](#)
- [Use Nebulizers](#)
- [Have Diabetes](#)
- [Has an External Medical Device](#)
- [Are Breast Cancer Survivors](#)
- [Have Children with Disabilities](#)
- [Have Autism or Intellectual Disabilities](#)
- [Are Blind or Visually Impaired](#)
- [Use Service Dogs](#)
- [Have a Prosthetic](#)
- [Has a Cast, Brace, or Support Appliance](#)
- [Has Difficulty Being Touched](#)
- [Need Dressings and Bandages](#)
- [Are Deaf or Hearing Impaired](#)
- [Have Difficulty Waiting in Line](#)





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- Only 24% of residents living in rural areas can reach a Level I or Level II trauma center within an hour, despite the fact that 60% of all trauma deaths in the U.S. occur in rural areas.
- Critical Access Hospitals care for a higher percentage of Medicare patients than other hospitals because rural populations are typically older than urban populations.
- All 50 states maintain a State Office of Rural Health. They serve as a clearinghouse of information and innovative approaches to rural health services delivery, coordinate state activities related to rural health in order to avoid duplication of efforts and resources, and identify Federal, State and non-governmental programs that can provide technical assistance to public/private nonprofit entities serving rural populations.

If you would like to learn more about *National Rural Health Day – Celebrating the Power of Rural!*, visit their website at [www.celebratepowerofrural.org](http://www.celebratepowerofrural.org).

On behalf of the Minnesota River Area Agency on Aging®, Inc., I would like to thank all of our rural health care providers who address the challenges of meeting physical, social and economic needs and make rural communities a great place to live and work!

Live Well,

*Linda Giersdorf*

(Information for this article was taken from the [www.celebratepowerofrural.org](http://www.celebratepowerofrural.org) website.)

## Flu Season...



## Are you Ready?

What everyday steps can you take to stop the spread of germs?

- Wash your hands often with soap and water or an alcohol-based hand rub.
- Avoid touching your eyes, nose, or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- Practice good health habits. Get plenty of sleep and exercise, manage your stress, drink plenty of fluids, and eat healthy foods.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- If you are sick with flu-like illness, stay home for at least 24 hours after your fever is gone without the use of fever-reducing medicine.

## Veterans Day History

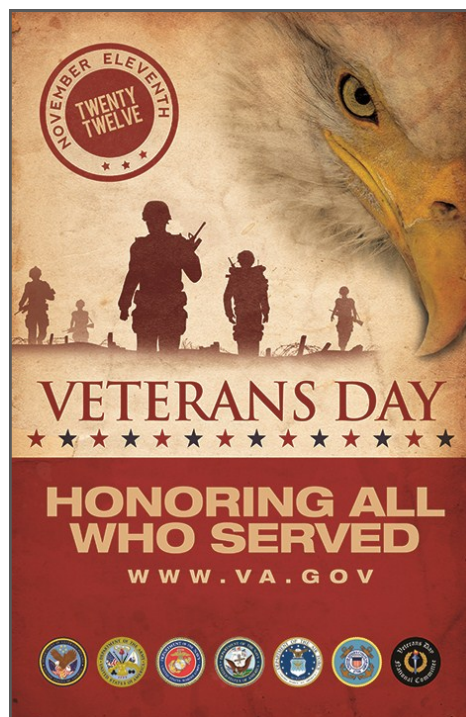
In 1921, an unknown World War I American soldier was buried in Arlington National Cemetery. This site, on a hillside overlooking the Potomac River and the city of Washington, D.C., became the focal point of reverence for America's veterans.

Similar ceremonies occurred earlier in England and France, where an unknown soldier was buried in each nation's highest place of honor (in England, Westminster Abbey; in France, the Arc de Triomphe). These memorial gestures all took place on November 11, giving universal recognition to the celebrated ending of World War I fighting at 11 AM, November 11, 1918 (the 11<sup>th</sup> hour of the 11<sup>th</sup> day of the 11<sup>th</sup> month). The day became known as "Armistice Day."

Armistice Day officially received its name in America in 1926 through a Congressional resolution. It became a national holiday 12 years later by similar Congressional action. If the idealistic hope had been realized that World War I was "the War to end all wars," November 11 might still be called Armistice Day. But only a few years after the holiday was proclaimed, World War II broke out in Europe. Sixteen and one-half million Americans took part. Four hundred seven thousand of them died in service, more than 292,000 in battle.

Additional information can be found at <http://www.va.gov/vetsday/>.

Source: <http://www.va.gov/opa/publications/celebrate/vetday.pdf>



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**L to R:** Ashley Ronglien, Kate Selseth



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*Return Service Request*

**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 us at: [erica@rnc.org](mailto:erica@rnc.org) or 507.389.8879



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