MNRAAA news

The gateway to resources for older adults, caregivers and service providers in the twenty-seven counties of southwest Minnesota.

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“Exciting” and “Fast-Paced” Summertime

Linda Giersdorf, Executive Director

Many of you are probably familiar with the lyrics from the song Summertime, composed by George Gershwin in 1934 for the 1935 opera Porgy and Bess. The first line of the song is Summertime and the livin’ is easy. Well, it’s summertime, but I’m not sure I’d describe the “livin” at MNRAAA as “easy” – “exciting” and “fast-paced” would be more appropriate.

Since our last newsletter, staff and board members participated in two Strategic Planning Retreats, facilitated by Aurora Consulting. Stay tuned for an upcoming issue of MNRAAA news to learn about our new mission statement, vision and strategic directions.

Staff is busy with launching age-friendly community projects in Porter and Kerkhoven. For additional information and community pictures, check out the Age-Friendly article.

MNRAAA participated in the launch of Juniper, previously known as the “Healthy Living As You Age” initiative. More information is included on pages 13 and 14.

And, MNRAAA is in the process of hiring several new staff in response to the Return to Community Expansion, approved by the Minnesota legislature. Effective July 1, 2017, Return to Community expanded to include several new targeted groups at risk of spending down to Medical Assistance. We will be highlighting our new staff in the next issue of MNRAAA news.

I hope you will enjoy reading about the exciting happenings at MNRAAA. Feel free to contact us if you have questions or would like additional information about any of the articles in our latest issue of MNRAAA news.
Porter and Kerkhoven Awarded $10,000 Age-Friendly Community Grants

Linda Giersdorf, Executive Director

MNRAAA will be assisting two communities with identifying their age-friendly assets and desired assets through community-wide surveys and focus groups. Data from the surveys and focus groups will be used by the communities to develop and implement initiatives that will result in new and/or enhanced assets. The new and/or enhanced assets will have positive impacts on the communities’ age-friendliness and livability for all ages.

The MNRAAA Board of Directors selected the city of Porter (Yellow Medicine County) and the city of Kerkhoven (Swift County) through a competitive application process. Each community will receive $10,000 to implement one of their identified initiatives.

Kick-off meetings will be held at the Porter Community Hall on July 26 at 6:30 p.m. and at the Kerkhoven Farmer’s Market on August 1 at 2:30 p.m.

These projects are made possible through a grant from the Southwest Initiative Foundation.

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Follow us on Social Media

Connect for the latest events, news and opportunities for older adults, their caregivers and service providers.

facebook.com/MNRAAA27

pinterest.com/MNRAAA

twitter.com/MNRAAA

bit.ly/LinkedInMNRAAA

MNRAAA offices will be closed on August 22 for a Staff Retreat and September 4 for Labor Day.
Resources for Enhancing Alzheimer’s Caregiver Health (REACH)
One-on-one caregiver support, education and counseling

Elaine Spain, Program Developer

REACH is an evidence-based intervention used by trained staff to support family members and others who are caring for someone with Alzheimer’s Disease or a related dementia. The goal of REACH is to provide much needed support to highly stressed family caregivers and will:

- Teach caregivers how to reduce stress, solve problems and manage difficult behaviors.
- Help caregivers feel confident in the care they provide and improve their ability to cope.

The REACH intervention is delivered over a two to three-month period including four sessions with the caregiver – either face to face or by telephone. Each session will address topics targeted to the caregivers’ unique situation based on an assessment of areas where the caregiver needs the most help. A caregiver notebook is also provided. The notebook is written in very easy to understand language, covering dozens of topics, ranging from the physical care of the person with Alzheimer’s to emotional and communication issues.

Additional REACH sessions may be provided based on caregiver need or desire. Closure of the active phase of REACH involves a discharge plan and review of formal and informal support services available to caregivers in their community.

MNRAAA, along with the other Area Agencies on Aging in Minnesota, was awarded a contract from the Metropolitan Area Agency on Aging, with funding from the MEDICA Foundation, to expand the availability of REACH to caregivers across the state. In addition to increasing access to this service, the funding from the MEDICA Foundation will assist with informing health systems about the benefits of REACH in supporting caregivers and developing a strong and reliable referral pathway.

To learn more about REACH in the MNRAAA service area or to become trained in REACH contact Elaine Spain at 507.387.1256, ext. 106 or espain@mnraaa.org.

Notice of 2018 Title III Funding Cycle

Rhonda Hiller Fjeldberg, LSW, Program Development and Grant Director

The Minnesota River Area Agency on Aging is seeking grant applicants for Title III services in southwest Minnesota for the funding period of January 1, 2018 – December 31, 2018. Applications will be accepted for the following services:

- Assisted Transportation
- Chore
- Homemaker
- Telephone Reassurance
- Visiting

The Minnesota River Area Agency on Aging is authorized under Title III of the Older Americans Act to award grants/contracts to local public and/or non-profit organizations to develop and expand services for older people (60+) and their caregivers in southwest Minnesota.

Funds are to be used to expand the range of community-based programs and services designed to maintain the independence of older persons in a home environment, to fill gaps in existing services and to contribute to the development of a comprehensive and coordinated system of services.

Grant applications and contract proposals are due by 3:00 p.m. on Tuesday, August 1, 2017.

Detailed information on Title III grant funding and the application process is available at www.mnraaa.org/grants-management.

Interested applicants/proposers should download the Title III requirements, instructions, forms and resource materials for the 2018 funding cycle on the MNRAAA website.

If you have any questions, please contact: Rhonda Hiller Fjeldberg 507-387-1256 ext. 105 rfjeldberg@mnraaa.org.
Legislature Expands Return to Community Initiative

Linda Giersdorf, Executive Director

Effective July 1, 2017, the Return to Community Initiative expanded to include new targeted groups of individuals at risk of spend down to Medical Assistance. The expansion also includes a new self-directed caregiver support grant for family caregivers, administered through the Minnesota Board on Aging and its Area Agencies on Aging, effective July 1, 2019.

Stay tuned for the next issue of MNRAAAA news to learn about the additional Community Living Specialists we are bring on board to work with the new targeted groups.

Return to Community Initiative Receives National Recognition

The Senior LinkAge Line®’s Return to Community initiative was recently recognized by the Pioneer Institute as one of four runners up for its Better Government Competition, which focuses on unique ideas that offer sustainable support systems for the elderly.

Since April 2010, the Return to Community initiative has helped nearly 4,600 people move back into a community setting, with more than 700 people receiving follow up calls in the community.

Read more at: http://bit.ly/2tRXcLn
470 Billion Reasons to Support Caregivers

Sandy Markwood, CEO of the National Association of Area Agencies on Aging

How much is $470 billion? It is $120 billion more than the government spends on Medicaid in a year. It is nearly 90 percent of the federal Medicare budget, and it is over half of our annual Social Security obligation. $470 billion is a big number, but it is also a quiet number that represents the value of care that an informal workforce of 40 million family caregivers collectively provides to their loved ones every year.

Former First Lady Rosalynn Carter quintessentially captured just how meaningful $470 billion can be when she said, “There are only four kinds of people in this world—those who have been caregivers, those who currently are caregivers, those who will be caregivers and those who need caregivers.”

In the U.S. today, the aging of the baby boomers means that the population of older adults is growing at an unprecedented rate. In just the next three years, nearly 15 million people will turn age 65. By 2030, one in five of us—or 73 million people—will be 65 or older, and most of us will either need care or need to care for someone. As evidenced by the numbers alone, the vast majority of that care will be unpaid.

But how are we taking care of our caregivers? How are we taking care of ourselves as caregivers? The magnitude of these questions—the magnitude of caregivers’ contributions—is only now sinking in with policymakers and the public.

As we make policy shifts and public investments to respond to the aging of America, we cannot lose sight of the fact that we depend on the contributions and investments of caregivers to make the policy pieces fit. Without these spouses, adult children, other relatives and close friends providing essential emotional, physical, financial, medical and social supports, our country would have a $470 billion piece missing in our aging and healthcare policy puzzle. Communities, states and the federal government depend on the work of unpaid caregivers to meet the home and community-based services needs of an aging population.

But caring for those we love also carries a personal cost. Crisis situations often precede many caregivers’ entry into an unfamiliar and sometimes scary role. Complex medical and social systems often complicate the experience of caregiving. We know this job takes a toll. Studies have shown that being a caregiver can be detrimental to one’s health, and that those negative effects worsen with time and age. So what happens to the care recipient if their caregiver can no longer provide support? What does it mean for the caregiver’s own aging experience? What does this all mean for taxpayers if our informal workforce of 40 million caregivers providing $470 billion worth of care to friends and family gives up? And what are we doing to ensure that this doesn’t happen?

That’s why the aging of our nation must also drive real investment and improvement in solutions to supporting caregivers. The good news is we are not starting from
scratch. For 17 years, the National Family Caregiver Support Program (NFCSP; Title III E of the Older Americans Act) has supported caregivers of older adults through locally developed and delivered services, including training, support groups, respite care and access to other services that can make caregiving just a little easier, such as adult day programs or home-delivered meals for their loved ones.

But with a growing population of older adults and a dependency on informal caregivers, we must consider meaningfully expanding existing successful supports for NFCSP and other federal programs that cannot currently even begin to meet the need. n4a’s membership—the nation’s 622 Area Agencies on Aging and more than 250 Title VI Native American aging programs—administer local aging and caregiving programs and understand the tremendous value of caregiving services to both caregivers and older adult care recipients.

This article was originally published online on The Hill. http://thehill.com/blogs/congress-blog/healthcare/341670-470-billion-reasons-to-support-caregivers

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Are you a Caregiver?

Are you helping family or friends with their meals, personal care, medical appointments or medications? You are not alone. You are one of thousands of Minnesotans who is a caregiver.

Providing help is rewarding; it can also be emotionally and physically exhausting. Get information and services that can make it easier to help the person you are caring for. For more information, call the Senior LinkAge Line® at 1-800-333-2433.

We’re Hiring!

We’re hiring for a full-time Senior LinkAge Line® Information & Assistance Specialist in the Willmar area.

This specialist position provides comprehensive, clear, and objective information and assistance to older adults and their family members. This position also provides education and outreach to community groups, providers and individuals.

Download job description and job application at: https://mnraaa.org/contact-us/employment

MNRAAA is an EOE/ADA Employer.
There are many reasons people volunteer and we often hear about the altruistic motives, such as enhancing the lives of people in need or improving the community we live in.

Did you know that volunteering also improves the mental, emotional, and physical health of volunteers? Research demonstrates that volunteering leads to better health and that older volunteers are the most likely to receive physical and mental health benefits from their volunteer activities. Volunteering reduces the risk of depression by increasing social interactions and providing a sense of purpose and fulfillment. Many people say they experience a feel-good sense of happiness after volunteering.

See images below for some of the reasons local Senior LinkAge Line® volunteers volunteer.

If you are interested in learning more about the health benefits of volunteering or more about volunteering with the Senior LinkAge Line®, please contact Sarah at 1-800-333-2433 extension 82026. Volunteer orientation and training is scheduled in August and September.
2017 Local Human Service - Public Transit Coordination Plan

Jamie Enger-Lanners, Program Developer

The 2017 Local Human Service - Public Transit Coordination Plans update has been released. The plans, last updated in 2011, are required by Federal transit law to access federal funding for transit projects.

The goal of transit coordination is to enhance transportation access by minimizing duplication of services and facilitating the most appropriate, cost-effective transportation possible with available resources. A special focus of the plans was on human service transit services for the elderly, persons of low income, persons with disabilities, and veterans.

Under Minnesota Statues, the Minnesota Department of Transportation must meet 90 percent of total transit service needs in Greater Minnesota by 2025.

A steering committee convened to provide guidance on the 2017 plan update. Full-day transit workshops were hosted by each Regional Development Commission.

The following data collection tools were utilized through the process:

- Organizational questionnaire
- Rider survey
- Organizational focus groups
- Individual focus groups

To read the adopted plans for each region, including the regions in MNRAAA’s twenty-seven counties, please visit: www.coordinatemntransit.org/regionalplans/2017/index.html

Ombudsman Volunteers Honored for Helping Older Minnesotans

Community residents donated 4,092 hours solving problems

The Office of Ombudsman for Long-Term Care, a program of the Minnesota Board on Aging, recognized 46 Certified Ombudsman Volunteers statewide at a June event in Duluth.

“Our highly trained, dedicated volunteers donated a total of 4,092 hours this past year to help solve problems of people living in nursing homes and other long-term care settings and make a difference in these individuals’ lives,” said Cheryl Hennen, Minnesota’s State Ombudsman for Long-Term Care. “This is a critical service that helps to ensure that individual values, preferences and rights are preserved throughout the health care continuum.”

Each regional ombudsman and volunteers work with consumers of long-term care. The ombudsman office helps to resolve disputes, complaints and problems relating to quality of care and services, quality of life, rights violations, access to services, service termination, discharge or eviction or public benefit programs.

Of the volunteers honored at the June event, two are from southwest Minnesota:

- Kathy Konstant, St. James
- Fred Simon, New Prague

See the complete list of names at https://mn.gov/dhs/media/news/#/detail/appId/1/id/303541

For more information on volunteering or to reach an ombudsman, contact the Office of Ombudsman for Long-Term Care at 651-431-2555 or 1-800-657-3591.

New Arrival

Jen Pieske and her husband Luke welcomed their son, Emmett Deloss on May 9, 2017. Emmett weighed 8 pounds 4 ounces.
The 10th annual Falls Prevention Awareness Day will be observed on September 22, 2017—the first day of fall. In honor of this notable milestone, the theme of the event will be 10 Years Standing Together to Prevent Falls. This event raises awareness about how to prevent fall-related injuries among older adults.

Did you know that 1 in 3 older Americans fall every year? Falls are the leading cause of both fatal and nonfatal injuries for people aged 65+.

Falls can result in hip fractures, broken bones, and head injuries. And even falls without a major injury can cause an older adult to become fearful or depressed, making it difficult for them to stay active.

The good news about falls is that most of them can be prevented. The key is to know where to look. Here are some common factors that can lead to a fall:

- **Balance and gait:** As we age, most of us lose some coordination, flexibility, and balance—primarily through inactivity, making it easier to fall.

- **Vision:** In the aging eye, less light reaches the retina—making contrasting edges, tripping hazards, and obstacles harder to see.

- **Medications:** Some prescriptions and over-the-counter medications can cause dizziness, dehydration or interactions with each other that can lead to a fall.

- **Environment:** Most seniors have lived in their homes for a long time and have never thought about simple modifications that might keep it safer as they age.

- **Chronic conditions:** More than 90% of older adults have at least one chronic condition like diabetes, stroke, or arthritis. Often, these increase the risk of falling because they result in lost function, inactivity, depression, pain, or multiple medications.

One of the first steps that can be taken to prevent falls is to find and participate in a good balance and exercise program. In the MNRAAA service area, two evidence-based programs are available to help older adults improve their strength and balance and decrease their risk of falling.

**A Matter of Balance**
8-session workshop to reduce fear of falling and increase activity among older adults in the community

- **97%** of participants feel more comfortable talking about their fear of falling
- **99%** of participants plan to continue exercising
- **$938** savings in unplanned medical costs per Medicare beneficiary

**Tai Ji Quan: Moving for Better Balance**
Balance and gait training program of controlled movements for older adults and people with balance disorders

- **55%** reduction in falls rate
- **$530** net benefit per participant
- **509%** Return on investment

To learn more about Matter of Balance or Tai Ji Quan visit mnraaa.org/training-opportunities

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Portions of this article were taken from the National Council on Aging’s website.
Singing Hills Chorus
Sandi Lubrant, Team Lead of The Mankato & North Mankato ACT on Alzheimer’s Action Team

This month, the Mankato & North Mankato ACT on Alzheimer’s Action Team launched a chorus for people with Alzheimer’s disease and other dementias, as well as their care partners. After assessing interest at a community meeting in November 2016, the team began moving forward with plans. In March, they received funds to start the chorus from Stratis Health, which supports efforts to build a culture of quality in health care through its Building Healthier Communities Award. The chorus is modeled after the Twin Cities-based Giving Voice Chorus, which created a toolkit to help other communities start their own group. Singing Hills Chorus is the first affiliate member of the Giving Voice Initiative (GVI) in outstate Minnesota.

“One of the most wonderful things about the music we love is that it is stored in a part of the brain that is not damaged by Alzheimer’s,” said Mary Lenard, co-president of GVI. “We have then the capacity to enjoy and participate in music even as other cognitive functions may diminish. The Giving Voice Choruses celebrate this joyous strength that people with dementia bring to rehearsals and performances.”

As a GVI member, it is their priority to meet the needs of people with Alzheimer’s who live in the community because they generally have fewer opportunities to socialize and be creative. Similarly, their care partners often feel isolated and alone. In serving these community members, Singing Hills Chorus creates unique opportunities for people to connect, grow, challenge stereotypes, and significantly improve quality of life.

Singing Hills Chorus is planning to give chorus members, both caregivers and persons with memory loss, an opportunity to participate in a research study. In this study, researchers want to know if participation in a choir program affects mood, memory, well-being and quality of life.

The Singing Hills Chorus is open to people with dementia and their care partners, including spouses, friends and adult children or grandchildren. A formal medical diagnosis is not required. The chorus is open to anyone who is experiencing memory loss that affects daily living. People with Alzheimer’s or other dementias may join.

No singing experience is required, and participants will receive personalized music books and practice CDs. Participants will come together for weekly rehearsals at School Sisters of Notre Dame in Mankato starting September 7, which will culminate in a public performance in the Chapel on December 16. The cost is $35 per person, and scholarships are available. There are several volunteer roles available, including volunteer singers.

The chorus will be led by Music Director Kristin Ziemke, owner of Avenues Music Therapy. Sandi Lubrant, Team Lead of the local ACT team, is the Program Director.

The Minnesota River Area Agency on Aging provides fiscal sponsorship for this ACT on Alzheimer’s team. The team was formed in 2014 and has been actively implementing dementia friendly strategies in several sectors of the community including businesses, faith communities and health care.

Visit Singing Hills Chorus at singinghillschorus.org for more information.

National Park Senior Pass Rate Increase: August 28
Don't forget to purchase the National Park Service lifetime Senior Pass before the rate increases. U.S. Citizens or permanent residents age 62 or over can purchase a lifetime Senior Pass for only $10 until August 28, 2017, when the rate will increase to $80.

Senior Passes can be purchased in person at a federal recreation site. Find a site near you https://store.usgs.gov/sites/default/files/PassIssuanceList.pdf.
See You at the State Fair: August 24 - September 4

The Great Minnesota Get Together – the Minnesota State Fair - is upon us, and the Minnesota Board on Aging (MBA) will once again have a presence in the State Fair’s Education Building.

The Board’s booth space at the fair provides a great opportunity to connect with thousands of older Minnesotans and their family members from across the state, provide them with information and answer their questions. Topics covered include Medicare, aging in place, long-term care planning, preventing senior fraud and much, much more. The booth will be manned by staff, volunteers, board members from the Minnesota Board on Aging, the Minnesota Department of Human Services and Minnesota’s Area Agencies on Aging, which staff the Senior LinkAge Line® (800-333-2433). They will be on hand every day throughout the fair to answer questions and connect seniors to the resources and help they need.

The Minnesota State Fair runs from Thursday, Aug. 24 through Labor Day, which falls on Sept. 4 this year.

The State Fair Education Building is open from 9 a.m. to 9 p.m. daily during the fair.

Have questions about your Medicare options?
Call the Senior LinkAge Line® at 1-800-333-2433 for help.

Medicare Open Enrollment: OCTOBER 15 - DECEMBER 7

Medicare Open Enrollment is your opportunity to look over your current plan and make changes that will take effect January 1, 2018. 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.

If any of these things have changed, you should consider re-evaluating your plan:

- Your health
- Your financial status
- Your medications or your plan’s formulary
- Your plan’s provider network
- Your plan’s out-of-pocket costs (premiums, deductibles, coinsurance and copayments)

Next Steps:

- Go to Medicare.gov and use the Plan Finder Tool to help answer questions you may have.
- Call 1-800-Medicare.
- Contact the Senior LinkAge Line® at 1-800-333-2433 to answer questions about enrollment, Medicare Health Plans and Part D comparison or to schedule an in-person appointment.
**Basic Steps for Medicare Enrollment**

**Step 1:**
**Enroll in Medicare**
- Initial Medicare Enrollment Period is seven months (three months before your 65th birthday, the month of your birthday and the three months after)
- Automatic enrollment if you are receiving Social Security or Railroad Retirement benefits
- If you are not already receiving benefits at age 65, you must contact Social Security to enroll

**Step 2:**
**Choose Type of Medicare Coverage**
- Cost (what can you afford)
- Coverage (how comprehensive)
- Convenience (check provider network)

**Step 3: Original Medicare Only**
**Choose Supplemental (Medigap) Insurance**
- Optional (Original Medicare only)
- Provided through a private company, employer plan or retiree plan
- Enroll during your Medigap Open Enrollment Period to guarantee eligibility (six months – starts the month you enroll in Medicare Part B)

**Step 4:**
**Choose Prescription Drug Coverage**
- Coverage is optional
- Penalties could apply for delayed enrollment without creditable coverage
- If you have other creditable coverage, you do not need to enroll

**Step 5:**
**Review Medicare Health Plan and Part D Plan Annually**
- Go to [Medicare.gov](https://www.medicare.gov) to review the Medicare Plan Finder Tool
- Call 800-Medicare
- Call the Senior LinkAge Line® at 1-800-333-2433

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**Enroll in Medicare**
- Medicare Part A *Hospital Insurance*
  - No premium if you or your spouse worked ten years (40 Social Security credits)
- Medicare Part B *Medical Insurance*
  - Standard premium in 2017 is $134*
  - Higher premiums for those with higher incomes

**Medicare Health Plan**
- Medicare Advantage plans and Medicare Cost plans combine Medicare Part A, Part B and can include Part D

**Medigap Coverage**
- Optional health insurance that helps to pay the Medicare Part A and Part B out-of-pocket costs, but does not cover prescription drugs

**No Medigap Coverage**
- Not available if you enroll in a Medicare health plan
- Medicare health plans may have out-of-pocket costs

**Stand-Alone Medicare Part D Plan**
- 22 options in Minnesota with premiums that vary

**Medicare Advantage or Medicare Cost Plan and Prescription Drug Plan**
- Contact your plan to see if drug coverage is included or if you can add a Part D Plan

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*2018 information had not been issued at time of print*
Introducing

**JUNIPER**

Your Health. Your Community.

Minnesota’s Area Agencies on Aging (AAAs) are leading a transformative effort to improve community health by changing the culture toward self-managed health and well-being in Minnesota. Juniper is a network of community organizations delivering evidence-based programs to help people manage chronic health conditions, prevent falls and foster well-being. By taking an active role in their health and well-being, Juniper program participants experience improved health and quality of life, reducing the need for costly medical interventions.

Juniper is also building the infrastructure necessary to support an expanded network of new partnerships — among health systems, payers, public health and community-based organizations — broadening the statewide reach and impact of evidence-based health programs.

**Juniper Today**

The Juniper hub is currently contracting with more than 50 organizations to provide evidence-based health promotion programs. In the past eighteen months 115 programs have been completed across the state. For information about Juniper programs in your area go to yourjuniper.org.

To further spread and scale these programs, the seven Minnesota AAAs are forming regional collaborations among healthcare providers, health plans, long-term care and housing providers, community based organizations and other stakeholders. If you are interested in helping to shape and lead efforts in your area, go to yourjuniper.org or contact Lynn Buckley at lbuckley@mnraaa.org.

**Juniper Tomorrow**

Through a growing number of partnerships and Juniper’s virtual infrastructure currently being developed, Juniper will:

- Increase the number, variety and location of evidence-based health programs offered across the state.
- Offer an easy-to-use, online listing and registration portal of all available evidence-based classes by type, date and location.
- Organize the recruitment, training, and certification of program leaders.
- Develop a quality framework and process to ensure consistent delivery of evidence-based programs.
- Facilitate the secure collection, sharing, evaluation and reporting of program and participant data for Juniper partners.
- Engage health systems and payers in making programs affordable to all potential participants, thereby improving clinical outcomes for their patients and members.
- Create a virtual learning community through yourjuniper.org.

As managing partner for Juniper, Metropolitan Area Agency on Aging provides management information systems, contractual support, data analysis and overall project management.

yourjuniper.org | Lynn Buckley, Health Care Partnership Developer | MNRAAA | lbuckley@mnraaa.org | 507-995-0454
Falls Prevention
- A Matter of Balance
- Stepping On
- Tai Ji Quan: Moving for Better Balance
- Stay Active and Independent for Life (SAIL)

Diabetes Prevention and Self-Monitoring
- Diabetes Self-Management Program (DSMP)
- National Diabetes Prevention Program (NDPP)

Chronic Disease Management
- Living Well With Chronic Conditions (CDSMP)
- Tomando Control de su Salud (Spanish CDSMP)
- Arthritis Foundation Exercise Program (AFEP)
- Chronic Pain Self-Management Program (CPSMP)

Program selection varies by region. For information about classes in your area go to yourjuniper.org or contact Lynn Buckley, Health Care Partnership Developer at MNRAAA at lbuckley@mnraaa.org or 507-995-0454.
WE’D LOVE TO HEAR FROM YOU

If you would like to read about specific topics in future MNRAAA news or to request MNRAAA news by email, contact us at: kwolle@mnraaa.org or 507.387.1256 x102.

Program Development Leader Training Calendar

Below are dates for evidence-based program leader training and other training opportunities from MNRAAA. More detailed descriptions and registrations are available on our website at: http://mnraaa.org/training-opportunities.

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<td>Tai Ji Quan Leader Training</td>
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<td>September 12-13, 2017</td>
<td>Powerful Tools for Caregivers</td>
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