

AGEWISE

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VISION STATEMENT

To be the premier organization advancing Florida's diverse aging interests



MISSION

The Florida Council on Aging is committed to serving Florida's diverse aging interests through education, information-sharing and advocacy

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Florida's Aging Network—The Business Case

Frugal fatigue. This is the new 'it' phrase relating to the economy. Frugal fatigue is defined as being tired of looking for deals, being thrifty and saving money. One might say that by the end of the 2011 Legislative Session everyone will feel fatigued. Facing a budget deficit, the leadership is looking for ways to balance the budget. Unfortunately, the strategies that are currently being proposed will have a significant impact to Florida's senior's ability to age in place and to the efficiencies already in place – the Florida Aging Network.

The Florida Council on Aging is working with the membership, partners and advocacy experts to develop strategies to educate Legislators about one of the most efficient service systems – the Florida Aging Network. The Aging Network is comprised of hundreds of non-profit agencies and each engages hundreds of volunteers and leverages millions of dollars in grants and donations. Please take the time to visit your Legislators and/or their staff to let them know how the Florida Aging Network impacts the lives of Florida's older adults. Tell them that you want to live in a state that values the lives of seniors, respects their decisions to remain in the community and recognizes the value of home and community based services.

The Business Case. This Brochure (<http://www.fcoa.org/advocacy.html>) outlines why home and community based services save Florida money. Key points to remember:

- Florida is home to nearly 4.4 million seniors – 23% of the states total population. Over the next 20 years, Florida's population will grow by 5.1 million. Over 64% of this new population growth will be comprised of seniors.
- Many seniors 80+ are at risk of nursing home placement.
- With home care assistance, seniors can remain in their home for less money than nursing home placement.
- Providing home care assistance to seniors keeps small businesses in business and dollars in the local community.
- Currently, there are over 63,000 Medicaid-eligible seniors on waiting lists for home and community based services. The average annual cost to care for these seniors in their home is \$8,475 per person OR Florida can pay an average of \$58,055 per person to care for them in a nursing home.

All components of the long term care system are important. However, nursing home placement should be reserved for those persons who cannot utilize less expensive home and community based programs for their care. In a time of budget deficits and cutting back, spending more money on home and community based services may seem irresponsible. But when you look at a cost savings of nearly \$50,000 per person per year it is clear that Medicaid expenses will be reduced by utilizing the most cost efficient and effective system with a 30 year success rate – The Florida Aging Network a Bargain!



Message From the President

Happy New Year!

Whenever I hear of blizzards and record cold elsewhere in our country, it's just another reason why I'm so glad I chose Florida as my home a quarter century ago. Sometimes, however, I miss the defined seasons of my earlier life in New England. The spring, summer, fall and winter seasons all meant some real change and newness to daily life. Maybe that's why I look forward to a new year so much. I know it's just a time marker, but there seems to always be something special about the annual opportunity to reset and refresh. Real or perceived, I seem to have more positive energy entering a new year.

Likewise, I believe the Florida Aging Network has a renewed energy each year. Regardless of political climate or economic circumstances, we continue to support the aging journeys of our state's diverse older population. Whether it's direct service, advocacy, research, education, or a myriad of other important programs and initiatives, we as organizations and as individuals, work very hard to be there for those who need us.

It also seems that each year gets ever more challenging, and that will probably be the ongoing reality given our role in the historic longevity revolution now before us. It really makes FCOA's mission of education, information-sharing and advocacy more important than ever. The more synergy we can create the better.

So as we, the Florida Aging Network, embark on another new year, let's tap into the positive energy of the season. My guess is we'll probably need a lot of it. Again, Happy New Year.

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Program Enrollment Freezes—What They Really Mean

By: Robert Beck, PinPoint Results, LLC

Last week I received a phone call from a close friend who is one of Florida's Area Agency on Aging Executive Directors regarding service provider concerns about the Department of Elder Affairs' recent action and Notice of Instruction to 'freeze' enrollment in the Aging and Disabled Medicaid Waiver Program. Because of demand, client enrollment and program expenditures have escalated in the Waiver Program and in response the Department, which is prohibited from 'deficit spending', responsibly 'froze' new enrollments until expenditures are again aligned with available legislative appropriations.

Service providers are understandably deeply concerned about this new enrollment freeze and its impact on frail seniors, caregivers, and families. Think about it for a moment...One of Florida's most cost effective home care programs that helps keep frail, low-income seniors that MEET NURSING HOME LEVEL OF CARE, (meaning their level of frailty makes them eligible under Medicaid to enter a nursing home NOW), cannot enroll any new clients, possibly for the remainder of the state fiscal year which ends June 30, 2011.

What does this mean to frail, low-income seniors, caregivers, their families, and to taxpayers?

Plainly stated, it means:

Seniors, caregivers, and families who need help will opt for the only choice available to them –

Care in a nursing home and;

Higher costs to taxpayers

Average Annual Cost of Care:

Aging & Disabled Medicaid Waiver Program: \$ 9,026

Medicaid Nursing Home Care: \$58,055

If just 500 seniors chose to enter a nursing home because home care program enrollment is 'frozen', state expenditures will be \$25 million **higher** than if these seniors had enrolled in home care.

It makes no sense!

What should we do? Well, first and foremost, we should encourage seniors, their caregivers and their families to reach out to their State Senator and House Representatives to express their concerns regarding the Aging & Disabled Medicaid Waiver enrollment freeze being careful not to 'criticize' the Department of Elder Affairs because by law, they are not allowed to 'deficit spend'. Legislators need to understand the fiscal impact to the state budget when families, (taxpayers) cannot access home care programs that helps seniors delay or avoid institutional care.

Florida's budget is facing deep cuts during the 2011 Legislative Session which begins on March 8. Prioritizing how funds are spent to gain the greatest return on taxpayer investment is key. Florida's home and community care programs including, the Aging and Disabled Medicaid Waiver Program, Community Care and Home Care for the Elderly, Local Service Programs, Alzheimer's Respite Care and Memory Disorder Clinics, Nursing Home Diversion, and the Assisted Living for the Frail Elderly Medicaid Waiver, provide this key return on investment by efficiently and effectively helping frail seniors remain at home and in the community for as long as possible. Please encourage the seniors, caregivers, and families affected by the Aging & Disabled Medicaid Waiver enrollment freeze to share their story, now, because if they don't, Florida's elected officials will never know, and there will likely be even less help for frail seniors in the future.



Patient Protection and Affordable Care Act of 2010

What Medicare Beneficiaries Need to Know

There are many important changes under the Patient Protection and Affordable Care Act of 2010 (ACA) that improve access and services for people with Medicare. Many of these changes will take place in 2011 – some even began as early as January 1. Below is a list of some of the changes beneficiaries will experience this year:

1. Access to a new Physician Compare Website - A new CMS Healthcare Provider Directory is now available through the Physician Compare Website. This consumer-friendly site is designed to help beneficiaries and their families locate and compare health professionals in communities across the country. You can find the following information on the site:
 - contact and address information for physicians' offices;
 - physicians' medical specialties
 - where they completed their degree as well as residency or other clinical training;
 - his or her gender and which languages a physician speaks;
 - whether or not a physician participates in the Medicare program.

To learn more about the Physician Compare Website, please visit: www.medicare.gov/find-a-doctor.

2. Improvements to Medicare Preventive Benefits - Beginning January 1, 2011, people with Medicare have access to a new 'Annual Wellness Visit' where they can receive a comprehensive health risk assessment and develop a personalized prevention plan. Also, as of January 1, the ACA also eliminates cost-sharing for Medicare-covered preventive services that are recommended (rated A or B) by the U.S. Preventive Services Task Force. The services which now have no cost-sharing (if a doctor accepts assignment under Medicare, meaning he or she accepts what Medicare pays for a service as payment in full) include:
 - abdominal aortic aneurysm screening
 - bone mass measurement
 - breast cancer screening/mammograms
 - cardiovascular screening tests (you will pay 20% of the Medicare-approved amount for the doctor's visit)
 - certain types of colorectal cancer screenings (i.e., flexible sigmoidoscopy and colonoscopy)
 - diabetes screening tests (you will have to pay 20% of the Medicare-approved amount for the doctor's visit)
 - flu shots, pneumococcal shot and Hepatitis B shots
 - HIV screening tests (you will have to pay 20% of the Medicare-approved amount for the doctor's visit)
 - medical nutrition therapy services (for those with diabetes or kidney disease, or who have had a kidney transplant in the last 36 months and whose doctor refers them for these services)
 - Pap tests and pelvic exams
 - physical exams – both the "Welcome to Medicare" visit and the annual "wellness visit"
 - prostate cancer screening
 - smoking cessation counseling

To learn more about Medicare-covered preventive benefits, go to: <http://www.medicare.gov/navigation/manage-your-health/preventive-services/preventive-service-overview.aspx>

3. Improvements to the Medicare Advantage Program - People enrolled in private Medicare Advantage plans now have a 45-day window (from January 1 to February 14 of each year) in which they may return to Original Medicare (Parts A and B) and also enroll in a stand-alone Part D prescription drug plan if they wish. Special Needs Plans: The new law also extends the Medicare Advantage Special Needs Program for an additional three years. Special Needs Plans (SNPs) are allowed to target enrollment to people with one or more types of special needs including 1) individuals living in an institution 2) individuals dually eligible for Medicare and Medicaid; and/or 3) individuals with severe or disabling chronic conditions.

(Continued on Page 6)

Save the Date!

2011 FLORIDA CONFERENCE ON AGING

Aging: Through a New Lens

AUGUST 22-24 | TradeWinds Hotel | St. Pete Beach
<http://www.fcoa.org>

National Study Shows Adult Day Services Is A Growing Solution in Long-Term Care

by Ginna F. O'Connor, President, Florida Adult Day Services Association

Adult Day Services (ADS) provide coordinated health, social and therapeutic activities in a supervised group setting for adults with functional and/or cognitive impairments. ADS also provide respite to family caregivers, helping them to manage the demands of caregiving, thus enabling them to continue to maintain their loved one at home for as long as practical. In October 2010, the MetLife Market Institute published *The MetLife National Study of Adult Day Services: Providing Support to Individuals and Their Family Caregivers* in collaboration with the National Adult Day Services Association and Ohio State University's College of Social Work. This outstanding study surveyed 557 ADS centers (out of 4,601) across 50 states, representing 47,269 participants, and found that ADS "provide cost-effective care, while supporting individual autonomy, allowing individuals to 'age in place,' and enhancing the quality of life for both participants and family caregivers."

The *MetLife National Study of Adult Day Services* gives us the following snapshot of what adult day services look like today:

- 4,601 centers across the nation serve over 260,000 participants and family caregivers; the average maximum capacity is 51 participants.
- 98% of centers are open Monday through Friday (15% are open Saturday); most open between 6:30 and 8:30 a.m., and close between 4:00 and 6:00 p.m.
- For every six participants, there is one direct care worker allowing for individualized care for increasingly complex needs.
- A range of interdisciplinary professionals meet the diverse needs of participants and caregivers; approximately 80% have a nursing professional on staff, about 60% offer case management services and nearly 50% provide physical, occupational or speech therapy.
- A primary function of center staff is to assist participants with activities such as walking, toileting and bathing (activities of daily living).
- Although older adults tend to be the focus, 30% of ADS participants are under the age of 65.
- Primarily caregivers are adult children (36%), spouses (23%) and paid/ professionals (19%).
- The average daily fee per participant is \$61.71 (funded through multiple sources), however the average daily cost of providing care \$68.89; this disparity is addressed through grants, fundraising and donations.

Primary reasons for enrollment in ADS are: increased functional needs of the participant, caregiver respite, declines in the caregiver's ability and increased behavior problems in the participant. The three most common reasons for disenrollment included: placement into a nursing home, participant death, and a decline in participant health.

Key findings of the *MetLife National Study of Adult Day Services* include:

- ADS are emerging as a provider of transitional care and short-term rehabilitation following discharge from a health care facility.
- ADS centers are addressing their participants' high levels of chronic conditions and disease (i.e., hypertension, physical disability, cardiovascular disease and diabetes) by offering disease specific programs with a focus on prevention and health maintenance, and most (85%) offer medication management.
- Centers provide a safe and cognitively stimulating environment for their participants with dementia (nearly half).
- ADS's identified their top priority and role as delaying and/or preventing institutionalization.
- Because death is one of the top reasons for disenrollment suggests that ADS allows participants to continue to live in their communities until the end of life.
- ADS challenges include: funding concerns, maintaining/increasing the number of participants, and marketing their services.

Speaking as an Adult Day Services provider in the State of Florida, these national findings resonate and validate our experience. The study's Executive Summary asserts, "With the projected growth in the older population and resulting increase in the numbers of individuals who will require long-term care, the need for community-based providers...will continue to grow.... Adult day services play an important role in meeting the care needs of today's population and may hold the answer to the pressing question, 'How can we meet our future care needs in a fiscally efficient and ethically responsible manner?'" Adult Day Services is indeed an increasingly important and viable option in long-term care solutions, across the nation, and in Florida.

To read the *MetLife National Study of Adult Day Services* in its entirety visit www.MatureMarketInstitute.com. For more information about the Florida Adult Day Services Association visit www.fadca.net; for more information about the National Adult Day Services Association, visit www.nadsa.org.

What is Universal Design?

Universal Design is the design of products and the design of environments in a way that is usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. Universal design benefits people of all ages and all abilities. The use of universal design assists all people – from injuries to aging in place. As a person's abilities change, the home or workplace remains user friendly.

How do you make a home or workplace 'universal'? Common features include:

No-step entry. No stairs are present to get into a universal home or into the home's main rooms.

- One-story living. Rooms for eating, bathing and sleeping are all on one level and barrier free.
- Wide doorways. Doorways that are 32-36 inches wide let wheelchairs pass through.
- Wide hallways. Hallways should be 36-42 inches wide.
- Extra floor space. People in wheelchairs or using walkers have more space to turn and move around.
- Floors and bathtubs with non-slip surfaces.
- Handrails on steps and grab bars in bathrooms.
- Thresholds that are flush with the floor make it easy for a wheelchair or walker to get through a doorway. They also keep people from tripping.
- Good lighting.
- Lever door handles and rocker light switches.

Some universal design features just make good sense. Once you bring them into your home and/or workplace, you will wonder how you ever lived without them.

Resources:

How to Create a Safe Comfortable Home for Life, AARP

http://www.aarp.org/home-garden/home-improvement/info-09-2010/home_design_webinar.html

Hire a Certified Aging-in-Place Specialist

A Certified Aging-in-Place Specialist (CAPS) has been trained in the unique needs of the older adult population, aging in place home modifications, common remodeling projects, and solutions to common barriers. For more information visit <http://www.nahb.org/directory.aspx?sectionID=126&directoryID=188>



Patient Protection and Affordable Care Act of 2010 What Medicare Beneficiaries Need to Know

(Continued from page 4)

4. Improvements to Medicare Part D - Beginning in 2011, people with Medicare will benefit from reduced cost-sharing for prescriptions they purchase while in the coverage gap (also known as the "doughnut hole") -- a 50 percent savings on covered brand-name prescriptions and seven percent discount on generic drugs. Medicare will continue to reduce beneficiary cost-sharing and phase out the Part D coverage gap until 2020. For more information, visit <http://www.medicare.gov/Publications/Pubs/pdf/11493.pdf>. Changes to the Annual Enrollment Period: In addition, thanks to the ACA, the annual open enrollment period in which people with Medicare may compare and enroll in Medicare Part D plans has been rescheduled and extended. Starting this year, the Annual Enrollment Period will begin October 15th and continue until December 7th.
5. Improvements to the Low-Income Subsidy - Through changes to the Medicare Advantage program, the ACA makes it easier for those receiving the Extra Help/Low-Income Subsidy (LIS) to stay in the same plan from one year to the next. The law improves the determination formula for plans to remain a \$0 premium benchmark LIS plan (plans that offer basic Medicare Part D coverage with rates low enough to allow Medicare to cover 100% of a beneficiary's premium). This will reduce the number of people reassigned to new prescription drug plans each year and increase the number of LIS benchmark plan options available to beneficiaries. In addition, those who must still be automatically reassigned to a new plan will now receive more detailed information from CMS regarding their new plan so that they can make a more informed and timely decision about their new plan.

Stroke Warning Signs


Are you, your family, your co-workers or your clients at risk for a stroke?


Prompt action at the first signs of a stroke can prevent permanent disability or death.


Please see the information below about Stroke Warning Signs from the American Heart Association and the American Stroke Association.


http://www.strokeassociation.org/STROKEORG/WarningSigns/Warning-Signs_UCM_308528_SubHomePage.jsp


WARNING SIGNS

 Sudden numbness or weakness of the face, arm or leg, especially on one side of the body

 Sudden confusion, trouble speaking or understanding

 Sudden trouble seeing in one or both eyes

 Sudden trouble walking, dizziness, loss of balance or coordination

 Sudden, severe headache with no known cause



Patient education materials for stroke and its five warning signs.

www.giveme5forstroke.org

Below you will find links to online educational videos about stroke warning signs.

Start your next meeting or seminar with a public service message about Stroke Warning Signs!

American Heart Association **Stroke** Awareness Campaign Symptoms spot

http://www.youtube.com/watch?v=zjPPm_M_nPq

'Tune In' to the Warning Signs of Stroke

<http://www.youtube.com/watch?v=wXObIEpiBoY>

Stroke Symptoms

<http://www.youtube.com/watch?v=wACvpZ0DxJs&feature=related>

"My Stroke Story" 2010 Neuro Film Festival video

<http://www.youtube.com/watch?v=1VEYr2vt8fs&NR=1>

What Does a Stroke Do?

<http://www.youtube.com/watch?v=6h7Frkj96yM&feature=related>



Find Your Nearest Stroke Certified Hospital Near You

<http://maps.heart.org/quality/>

Dr. William E. Hale was a respected member of the community, cherished friend and elder advocate. Dr. Hale joined FCOA in 1991. The FCOA Board of Trustees and staff extend their deepest condolences to the family and friends of Dr. Hale.

Dr. William E. Hale, known for public service in Pinellas County, dies at 84

By [Rita Farlow](#), St. Pete Times Staff Writer

In Print: Monday, January 17, 2011

Where there was need, Dr. William E. Hale tried to help. The longtime community activist, who founded the fund-raising arm of the Upper Pinellas Association for Retarded Citizens, started a groundbreaking program to screen older patients for medical disorders and earned the honor of having a senior center named for him, died January 15, 2011 at Morton Plant Hospital in Clearwater from lung and heart issues, a relative said. Dr. Hale was 84. "He was the most gentle, sweetest man, who saw only the good in people," said his daughter, Sara Simmons of Belleair.

Dr. Hale was born in Princeton, W.Va., on Aug. 26, 1926. He served as an Army medic in World War II before earning a bachelor of arts degree from West Virginia University, a bachelor of science in pharmacy from the University of Florida and his doctor of medicine degree from the Medical College of Virginia. Dr. Hale, an internal medicine specialist, served his residency at Philadelphia General Hospital. He and his wife, Jeanette, came to Dunedin with Sara in 1962, when he was hired as an internist at Mease Hospital and Clinic, now Mease Dunedin Hospital. In 1970, he was elected to lead the medical staff. He retired from active practice in 1974 after two heart attacks. The following year, he founded the Dunedin Hypertension Screening Program, a research program on the leading edge of preventive medicine and geriatric care.

The project, to screen elderly patients for medical disorders and record findings for future study, became known as the Florida Geriatric Research Program and drew interest from doctors around the world. In addition to creating that program, Dr. Hale is best known for his decades-long service to UPARC. He was a past president of the organization and created the UPARC Foundation to secure funding for the agency. He was instrumental in securing space for the organization at the newly constructed Long Center in 1990.

Dr. Hale's accomplishments stretch across at least five decades. He was a past president of the American Heart Association's Upper Pinellas Branch and founded the Florida West Coast Chapter of the Myasthenia Gravis Foundation. He was past president of the Dunedin North Rotary Club and the Chamber of Commerce of Greater Dunedin, and served on multiple boards for organizations such as the YMCA, Neighborly Senior Services, Partners N Progress for the Arts, the Salvation Army, the United Way and the Pinellas County Medical Society. His "My View" columns appeared during the 1980s in the *St. Petersburg Times* and *Evening Independent*. His byline, punctuated in the early years with an "M.D." behind his name, touched on issues — prescription drug abuse, preventive health measures, cancer risks of marijuana use and obesity — that wouldn't be out of place in any newspaper article decades later.

His tone was relatable, and often with a subtle humor —like a Dec. 23, 1986, column diagnosing Santa Claus as at risk for heart disease and cancer due to years of pipe smoking and compulsive binges on milk and cookies. "With all these fears for someone who is so dear and near to each of our families, I would like to ask for your help," he wrote.

The monikers bestowed upon him by grateful organizations and municipalities were as varied as his service endeavors. In 1976, he was named "Mr. Delightful Dunedin." The Dunedin Historical Society dubbed him one of the city's "History Makers" in 1977. He was named Outstanding Citizen of the Year by the Dunedin Jaycees in 1980. Also that year he was awarded the Bilgore Award for significant humanitarian service presented by the Kiwanis Club of Clearwater. Despite living in Dunedin, in 1992 he became "Mr. Clearwater" for service that extended beyond the city's borders. Three times, he was the recipient of the Sertoma Club's "Service to Mankind Award."

In 2002, the Dunedin City Commission voted to rename the city's senior citizen center, which was undergoing an expansion and renovation, as the Dr. William E. Hale Senior Activity Center. In an incident that epitomized Dr. Hale's service to the community, he was attending UPARC's first prayer breakfast in March 1983 when he rushed to help resuscitate a woman with heart problems who had collapsed. Asked once many years ago how he managed to do so much in the community, Dr. Hale credited not himself but "the kindness and support of a lot of good people." Simmons had another view of her father's philanthropy. "He did everything out of the goodness of his heart because he cared about other people," she said. Survivors include his wife of 61 years, Jeanette of Dunedin; a daughter and son-in-law, Sara and John Simmons of Belleair; a granddaughter and a grandson; three sisters-in-law; a niece and a nephew. In a final tribute, the doctor will be honored at the senior center that bears his name.

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Welcome, New Members!

The following individuals, organizations and corporations joined FCOA during the months of December 2010 and January 2011.

- Scott Allen**, Palm Garden of Tampa, Tampa
- Boehringer Ingelheim Pharmaceuticals**, Inc.
- Sherri Cheshire**, Northeast Florida Area Health Education Center, Jacksonville
- Wendy Cuomo**, WellMed Medical Management of Florida, Inc, Winter Park
- Deborah Franklin**, Florida Living Options, Dover Tom Kelly, Village on the Isle, Venice



The Greatest Compliment is when you refer a new member to FCOA!



Renew Today!

Don't *like pesky renewal notices cluttering up your in box? Visit www.fcoa.org and click on 'Renew' and you will be directed to FCOA's online renewal page.*



Make every online purchase count. When you make a purchase at Amazon.com, a percentage of every sale will be donated to FCOA. Just go to www.fcoa.org, click on the Amazon logo (<http://www.amazon.com/?tag=florcounonagi-20&camp=1&creative=319825&linkCode=ur1>) and start shopping!

There's no easier way to support FCOA. Please spread the word!

Member News



In September of 2010, the Florida Department of Elder Affairs received a 2010 State Health Insurance Assistance Program (SHIP) Performance Award for \$85,469. Awarded by Centers for Medicare & Medicaid Services (CMS), this funding enhances the activities of the Serving Health Insurance Needs of Elders (SHINE) program. The SHINE Program provides the only source of one-on-one personal and confidential Medicare-related counseling assistance for Florida's Medicare beneficiaries, their families and caregivers.

During the 2009-2010 Grant Year, SHINE Volunteers and Staff directly served over 65,000 Medicare beneficiaries statewide. This represented an increase of 29% more clients served than during the prior year. In this same time period, SHINE's national SHIP ranking rose from 52 to 40, out of 54 SHIP programs nationally. The increase in services, and subsequent performance award, are the result of SHINE's staff and more than 400 dedicated volunteers that work tirelessly to assist Floridian's with their health insurance choices. The vast majority of SHINE Volunteers are also Seniors, who logged 118,000 hours of service, saving the State of Florida 1.9 million in potential salary expenses in the 2009-2010 Grant Year.



On January 1st Mary Ellen Early of the Florida Association of Homes and Services for the Aging retired. Congratulations from your friends at the Florida Council on Aging



FCOA Welcomes Ingrasherese (Ingra) Gardner to Florida! Ms. Gardner has been named as the new Executive Director for NU-HOPE Elder Care Services, Inc. by the NU-HOPE Board of Directors. She will replace the beloved Sandy Foster who passed away in 2010.



Email FCOA at moreinfo@fcoa.org with your member news.



RESOURCES & REPORTS

Safety is NO Accident...

National Public Health Week April 4-10, 2011

During National Public Health Week 2011, educate yourself and those in your community that "Safety is No Accident". Order free publications from the FDA Office of Women's Health to use during your National Public Health Week events. Our fact sheets and brochures have tips on staying safe while using medicine, cooking, and shopping online. Go to: <http://pueblo.gsa.gov/rc/f35phw.htm> to order any of these titles:

Antibiotic Resistance	Contact Lens Care
Food Safety at Home	Food Safety for Seniors
Restaurant and Takeout Safety	
My Medicines	Health Scams
Use Medicines Wisely	Dietary Supplements

Accessible Pedestrian Signals: A Guide to Best Practices (Workshop Edition 2010)

TRB's National Cooperative Highway Research Program (NCHRP) Web-Only Document 150: Accessible Pedestrian Signals: A Guide to Best Practices (Workshop Edition 2010) provides an introduction to accessible pedestrian signals (APS) and highlights issues related to the design, installation, operation, and maintenance of APS. The report also addresses public education, U.S. case studies, and international practice related to APS. In addition, the report explores issues related to travel by pedestrians who are blind or who have low vision, and examines traffic signals and modern intersection design. For information on the training program, contact Stephan Parker of TRB at SAParker@nas.edu.

Home Equity Conversion Mortgage (HECM) Program

Beginning in January HECM mortgagees who are delinquent in property cost payments will receive a letter from their lender regarding payment of these costs. Many of these older mortgagees may turn to the Aging Network for assistance. This new web page is designed to assist Aging Network professionals in understanding the issue and how they may assist. As new resources become available, the AoA HECM web page will be updated to include them. http://aoa.gov/AoARoot/AoA_Programs/Special_Projects/HECM/index.aspx



New Olmstead Progress Report Recommends

Specific Steps That Federal and State Governments Should Take to Reduce the Incidence of Unnecessary Institutionalization. The report [10-Plus Years After the Olmstead Ruling](#) has been released by the National Senior Citizens Law Center, with support from The SCAN Foundation. The report calls on states to use the implementation of the Affordable Care Act to end Medicaid's long-standing bias toward funding long-term care in institutional settings despite the widely-held view that home and community-based services can better maintain the independence and dignity of persons needing long-term services and supports. http://www.thescanfoundation.org/sites/default/files/NSCLC_Olmstead.pdf

Free Amplified Phones for Hard of Hearing Florida Residents

- If you or someone you know is one of the three million Florida residents with hearing loss, there is help available closer than you think – and for free. Florida Telecommunications Relay, Inc. provides amplified phones and other specialized equipment for hard of hearing, deaf, deaf/blind and speech impaired Florida residents -- at no cost. FTRI contracts with 23 non-profit regional distribution centers (RDCs) statewide to conduct outreach activities distribute equipment and train clients. For locations, more information or to request a presentation and distribution at your organization go to www.ftri.org/locations_or_call1-800-222-3448. Applications are also available online in English and Spanish.

AARP FOUNDATION ANNOUNCES 5TH ANNUAL WOMEN'S SCHOLARSHIP PROGRAM

The AARP Foundation has announced a call for entries to its fifth annual Women's Scholarship Program. The website only application is now open. The Scholarships will provide funds to women 40+ who are seeking new job skills, training and educational opportunities to support themselves and their families. Eligible applicants must be:

- Women;
- Age 40+ by March 31, 2011;
- Able to demonstrate financial need;
- Enrolled in an accredited school or technical program within 6 months of the scholarship award date.

Applicants can submit their application online beginning February 1, 2011 at www.aarp.org/womensscholarship. The application process closes on March 31, 2011 and scholarships will be awarded in late 2011.

Grant Opportunities

[Translational Research to Help Older Adults Maintain their Health and Independence in the Community](#)

The National Institute on Aging (NIA) and the Administration on Aging (AoA) invite applications using the R01 award mechanism for translational research that moves evidence-based research findings towards the development of new interventions, programs, policies, practices, and tools that can be used by community-based organizations to help elderly individuals remain healthy and independent, and living in their own homes and communities. The goal is to support translational research involving collaborations between academic research centers and community-based organizations with expertise serving the elderly. <http://grants.nih.gov/grants/guide/pa-files/PA-11-123.html>

[Initiative Addresses Diabetes Control Issues Bristol-Myers Squibb Foundation: Together on Diabetes](#)

Together on Diabetes, a new five-year, \$100 million initiative by the Bristol-Myers Squibb Foundation, is dedicated to improving the health outcomes of people living with type 2 diabetes by strengthening patient self-management education, community-based supportive services, and broad-based community mobilization. The initiative will target adult populations disproportionately affected by type 2 diabetes. There are three focal points for funding: helping adults living with type 2 diabetes to better self-manage their disease and navigate care; integrating medical, non-medical, and policy efforts at the community level; and testing new ideas about how diabetes control efforts are approached given the current and future scale of the epidemic. General concept papers may be submitted at any time. Visit the website for application guidelines. <http://www.bms.com/togetherondiabetes/pages/home.aspx>

Employment Opportunity

The University of West Florida's Center on Aging is seeking applicants for its Director through the School of Psychological and Behavioral Sciences. This is a tenure-earning position at the rank of Associate or Full Professor, beginning August 2011. The focus of the Center is to develop collaboration between faculty, staff, students, and community agencies to develop strategies for successful aging and to improve programs, processes, and services to aging Baby Boomers and elders. For more information, see www.uwf.edu/coa.



Books/Research of Interest

Longevity Revolution (2008) by Robert Butler, MD

Take Your Oxygen First by Leeza Gibbons

What is the Impact of Foreclosures on Retirement Security?

by Irena Dushi, Leora Friedberg, and Anthony Webb

http://crr.bc.edu/working_papers/what_is_the_impact_of_foreclosures_on_retirement

Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports by

Jenna Walls, Kathleen Gifford, Catherine Rudd, Rex O'Rourke, Martha Roherty, Lindsey Copeland, and Wendy Fox-Grage (January 2011). <http://www.aarp.org/health/health-care-reform/info-10-2010/health-panel-10201.html>



1018 Thomasville Road, #110
Tallahassee, FL 32303-6236



2011 Aging Education Calendar

FCOA Online at:
www.FCOA.org

March 2011

March 2, 2011: Webinar. Florida Association of Aging Services Providers Webinar. *2011 Legislative & Executive Branch Update*. To register please visit <https://www3.gotomeeting.com/register/645370694>.

March 10, 2011: Fort Myers, FL. FCOA Advocacy Summit. Boy Scouts of America, 1801 Boy Scout Drive. The Summit will be held 2pm-4pm. Call 850-222-8877 for more information.

March 22, 2011: Orlando, FL. FCOA Advocacy Summit. Renaissance Senior Center, 3800 S. Econlockhatchee Trail. The Summit will be held 2pm-4pm. Call 850-222-8877 for more information.

March 23, 2011: Tampa, FL. FCOA Advocacy Summit. Time and location still to be determined. Call 850-222-8877 for more information.

March 24, 2011: Sunrise, FL. FCOA Advocacy Summit. The Summit will be held at the Daniel D. Cantor Senior Center, 5000 Nob Hill, from 1pm-3pm. Call 850-222-8877 for more information.

March 28, 2011: Boca Raton, FL. Advances in Geriatrics: *Secrets Unveiled in Aging & Complementary Medicine*. Call 305-355-9123 or visit <http://www.miami.edu/magec/events.html> for more information.

March 29, 2011: Pensacola, FL. FCOA Advocacy Summit. The Summit will be held in the Fellowship Hall of St. Mark's Methodist Church, located at 2203 North 12th Avenue from 10am-12pm (CST). Reservations to 432-1475 are strongly requested. Call 850-222-8877 for more information.

April 2011

April 5, 2011: Martin County/Indian River County, FL. FCOA Advocacy Summit. Time and location still to be determined. Call 850-222-8877 for more information.

To submit a calendar item (statewide, regional, or national), fax info to (850) 222-2575 or e-mail to moreinfo@fcoa.org

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