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What Are The Signs Of Hypothermia?



Almost everyone knows about winter dangers for older people such as broken bones from falls on ice or breathing problems caused by cold air. But, not everyone knows that cold weather can also lower the temperature inside your body. This drop in body temperature is called hypothermia, and it can be deadly if not treated quickly. Hypothermia can happen anywhere-not just outside and not just in northern states. In fact, some older people can have a mild form of hypothermia if the temperature in their home is too cool. When you think about being cold, you probably think of shivering. That is one way the body stays warm when it gets cold. But, shivering alone does not mean you have hypothermia. How do you know if someone has hypothermia? Look for the "umbles"—stumbles, mumbles, fumbles, and grumbles—these show that the cold is a problem. **Check for: Confusion or sleepiness; slowed, slurred speech, or shallow breathing; weak pulse; change in behavior or in the way a person looks; a lot of shivering or no shivering; stiffness in the arms or legs; poor control over body movements or slow reactions.**

Taking Action: A normal body temperature is 98.6 °F. A few degrees lower, for example, 95 °F, can be dangerous. It may cause an irregular heartbeat leading to heart problems and death. If you think someone could have hypothermia, use a thermometer to take his or her temperature. When you take the temperature, if the reading doesn't rise above 96 °F, call for emergency help. In many areas, that means calling 911. While you are waiting for help to arrive, keep

the person warm and dry. Try and move him or her to a warmer place. Wrap the person in blankets, towels, coats- whatever is handy. Even your own body warmth will help. Lie close, but be gentle. Give the person something warm to drink but stay away from alcohol or caffeinated drinks.

How Do I Stay Safe? Try to stay away from cold places. Changes in your body that come with aging can make it harder for you to be aware of getting cold. You may not always be able to warm yourself. Pay attention to how cold it is where you are. Check the weather forecasts for windy and cold weather. Try to stay inside or in a warm place on cold and windy days. If you have to go out, wear warm clothes including a hat and gloves. A waterproof coat or jacket can help you stay warm if it's cold and snowy. Wear several layers of loose clothing when it's cold. The layers will trap warm air between them. Don't wear tight clothing because it can keep your blood from flowing freely. This can lead to loss of body heat. Ask your doctor how the medicines you are taking affect body heat. Some medicines used by older people can increase the risk of accidental hypothermia. These include drugs used to treat anxiety, depression, or nausea. Some over-the-counter cold remedies can also cause problems. When the temperature has dropped, drink alcohol moderately, if at all. Alcoholic drinks can make you lose body heat. Make sure you eat enough food to keep up your weight. If you don't eat well, you might have less fat under your skin. Body fat helps you to stay warm.

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CMAAA

The Central Missouri Area Agency on Aging (CMAAA) is a private, not-for-profit Area Agency on Aging serving 19 counties in Mid-Missouri: Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski and Washington.

Our Mission

CMAAA recognizes the individual capabilities and needs of each older person. Therefore, CMAAA's mission is to assist communities in establishing a full range of services, which allow older persons to live in the most independent manner possible.

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From the CEO...

By Jean Leonatti

Delegates to the Silver Haired Legislature Choose Their Priorities For 2016

The 42nd Annual Conference of the Silver Haired Legislature took place at the State Capitol in Jefferson City on October 21, 22, and 23. The 126 delegates in attendance chose their Top Five Priorities and formulated plans to advocate for senior issues during the coming legislative session.

Members of the Central Missouri delegation are: Judith Baumgartner, Russel Breyfogle, Elizabeth Broughton, Sherman and Susa Davis, Patrice Donehue, Larry Herndon, Richard Hirst, Nick Mercer, Robert Miller, Norma Moore, Bill Trimm, and Kay Wood.

On the first day, delegates are assigned to committees and hear testimony for and against proposed bills. On the second day, debate on bills is held in the House and Senate chambers at the Missouri Capitol. Bills that pass both chambers are then prioritized on the third day.

After spirited debates in the Legislative chambers, the delegates chose these issues as their Top Five Priorities for the 2016 legislative session:

1. Increase funding for Home-Delivered and Congregate Meals provided by Area Agencies on Aging.
2. Increase the Medicaid Home-Delivered Meal reimbursement rate by 10%.
3. Expand Medicaid, known as MOHealthNet.
4. Increase MOHealthNet Allowable Asset Amount to \$2,000 for an individual and \$4,000 for a couple starting in 2017, and incrementally thereafter, so that by 2020 the limit will be \$5,000 for an individual and \$10,000 for married couples.
5. Establish the Senior Services Enhanced Funding Program through a 1% fee on each Medicare insurance plan sold in Missouri.

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Dear Beth:

By Beth Busseau, Ombudsman Program Director

WHAT DO YOU SEEK?

The SEEK Conference in Columbus, Indiana offered an array of answers to the future of Senior Centers in America. The administrative staff for the thirty-one CMAAA Senior Centers located in the Central Region of Missouri took a road trip to the conference to explore and expand their knowledge of planning for the future.

The current program has met the needs of seniors since 1973 with a broad spectrum of services for people over 60 years of age. As Senior Centers were developed in each of the 19 counties a diverse group of people came to appreciate the opportunity for a nutritious noon meal that offered a variety of food options.

As the "Baby Boomer" population begins their aging quest, a swell of 78 million individuals are retiring or are nearing retirement and contemplating the use of a Senior Center in their community. How can a senior center meet or exceed their expectations? Many questions arise.

SEEK - What are you looking for? Many independent-minded seniors are resisting the move to costly retirement communities and are making plans to stay at home. This "aging in place" movement has created a surge in community-based services and activities to help persons remain in their homes.

Healthy social interaction and relationship building is an area of healthy living that aids older persons to sustain the quality of life that they enjoy. A senior center is a great place to meet friends and socialize without cleaning your house or preparing food.

SEEK - What are you striving for? The challenge for many to stay healthy is in the forefront for the aging Baby Boomers. An estimated 80 percent of seniors in the U.S. have chronic health conditions. Health and wellness programs offered to this younger age group would enable a

longevity that is desirable. Improved health can be captured at any age.

SEEK - What would you like to achieve? How about a viable community center that offers a balanced program to meet the needs of different cohort age groups. Just think both daughter and mother could be attending the same Center while seeking different programs. While the older population is looking for a hot lunch meal and a card game, the younger generation is looking for a fitness program and an educational opportunity.

SEEK - What are you trying to do? By the year 2030, more than one in every five Americans will be 65 or older. The Central Missouri Area Agency on Aging is planning for the future while honoring the current program. As a shift is made to attract younger seniors and meet the growing needs in each community, a new array of activities need to be addressed that promote healthy aging. We will be looking to engage our communities to age well!



From Our Ombudsman Director Donna Wobbe...

“Communicate Freely”

As a resident of a long-term care facility, you have rights that are guaranteed and protected by law. These "resident rights" support the principles of dignity and respect. Every facility must protect and promote these rights for all residents.

Missouri Long-Term Care Ombudsman Program - “One Right at a Time”

It is my hope that this series "One Right at a Time" will raise awareness regarding the following resident rights for our loved ones living in skilled nursing homes, assisted living, and residential care. They have the right to...

"Make Choices", "**Communicate Freely**", "Maintain Dignity and Respect", "Participate in Your Care", "Privacy and Confidentiality", "Transfer and Discharge" and "Voice Grievances".

When a resident becomes incapacitated, they need an advocate or agent to communicate on their behalf. Even when a resident has an invoked Power of Attorney or a Judge appointed Guardian/Public Administrator, they still have rights. The person who becomes the voice of someone incapacitated has accepted the responsibility to act in that person's best interest.

All other residents have the right to continue to make decisions for themselves and **this article will focus on the resident's right to "Communicate Freely"**.

You Have A Right To Communicate Freely

You Have The Right To:

1. Receive and send unopened mail.
2. Talk to whomever you please at a mutually convenient time.
3. Use a telephone in private; if necessary, one that is wheelchair accessible and adapted for the hearing and visually impaired.
4. Have the opportunity to attend a church service of your choice.
5. Attend, participate in, or conduct Residential Council meetings or other gatherings of residents without staff present.
6. Talk to your doctor privately on the telephone or in person.
7. Be involved in community groups and activities outside of the facility.
8. Talk to the state and federal inspection team.
9. Talk to an Ombudsman in private.

If you or someone you know would be willing to gift a few hours each week to advocate for residents in Long-Term Care, we offer training and certification for Ombudsman volunteers! **For more information about these right, or any other questions or concerns you may have, please call, email or visit us online.**

Central MO Area Agency on Aging
Long Term Care Ombudsman Program
573-443-5823 or 800-369-5211
Email: cmaa@cmaa.net

Or call: 1-800-309-3282
Email: LTCOmbudsman@healthmogov
Online: health.mo.gov/seniorsombudsman



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What Are The Signs Of Hypothermia?

Health Problems: Some illnesses may make it harder for your body to stay warm. These include problems with your body's hormone system such as low thyroid hormone (hypothyroidism), health problems that keep blood from flowing normally (like diabetes), and some skin problems where your body loses more heat than normal. Some health problems may make it hard for you to put on more clothes, use a blanket, or get out of the cold. For example: Severe arthritis, Parkinson's disease, or other illnesses that make it tough to move around; stroke or other illnesses that can leave you paralyzed and may make clear thinking more difficult; memory loss; a fall or other injury

Staying Warm Inside: Being in a cold building can also cause hypothermia. In fact, hypothermia can happen to someone in a nursing home or group facility if the rooms are not kept warm enough. People who are already sick may have special problems keeping warm. If someone you know is in a group facility, pay attention to the inside temperature and to whether that person is dressed warmly enough. Even if you keep your temperature between 60 °F and 65 °F, your home or apartment may not be warm enough to keep you safe. For some people, this temperature can contribute to hypothermia. This is a special problem if you live alone because there is no one else to feel the chilliness of the house or notice if you are having symptoms of hypothermia. Set your thermostat for at least 68 °F to 70 °F. If a power outage leaves you without heat, try to stay with a relative or friend. You may be tempted to warm your room with a space heater, but some space heaters are fire hazards, and others can cause carbon monoxide poisoning. **The Consumer Product Safety Commission has information on the use of space heaters.**

Is There Help For My Heating Bills? If you are having a hard time paying your heating bills, there are some

resources that might help. If your home doesn't have enough insulation, contact your state or local energy agency or the local power or gas company. They may be able to give you information about weatherizing your home. This can help keep the heating bills down. **You might also think about only heating the rooms you use in the house. For example, shut the heating vents and doors to any bedrooms not being used. Also, keep the basement door closed.** If you have a limited income, you may qualify for help paying your heating bill. State and local energy agencies, or gas and electric companies, may have special programs. Another possible source of help is the Low Income Home Energy Assistance Program. This program helps some people with limited incomes who need help paying their heating and cooling bills. Your local Area Agency on Aging, senior center, or community action agency may have information on these programs. **Plan ahead for the cold weather. Make sure your furnace is working, and you have a warm coat, hat, and gloves in the closet.** If necessary, get help with shoveling the ice or snow. Being prepared will help ensure a safe and warm winter.



Hey Kay... Your source for Medicare answers

By Kay Barbee, CMAAA Medicare Consultant

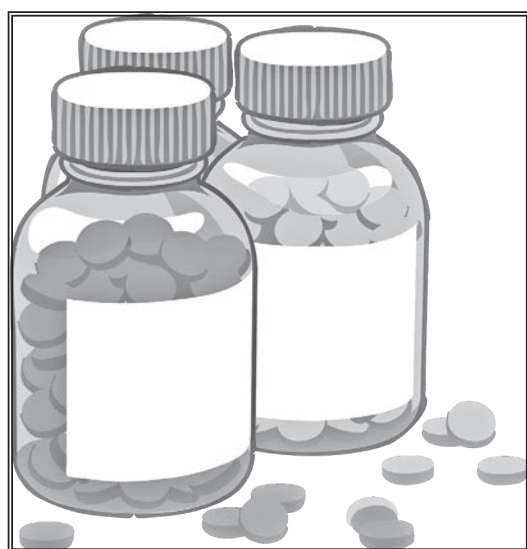
What is a Transition Refill?

A transition refill is a one-time, 30-day supply of a Medicare-covered drug that Medicare prescription drug plans, also known as Medicare Part D plans, must cover within 90-days of when you are in a new Part D plan or when your existing Part D plan changes its coverage.

Keep in mind that transition fills do not apply to new prescriptions. In order to get a transition fill, you must have been taking the drug before you switched your Part D plan or before your existing Part D plan changed its coverage rules.

For example, your Part D plan should allow you to get a 30-day transition fill of a drug if your Part D plan changed its coverage rules beginning January 1, 2016 and said that it will no longer cover a drug that you've been taking since 2015. You can get a one-time transition fill of the drug you need within the first 90- days of the year, i.e., up until the end of March.

Note that Part D plans are not allowed to apply Part D coverage restrictions, such as prior authorization or step therapy, to transition fill drugs.



In addition, Part D plans must give you a transition notice when you use your transition fill. This notice should give you information about the transition fill policy and provide you with information about your Medicare Part D drug appeal rights. Remember, getting a transition fill is a temporary way for you to get the drug you need.

In order to continue getting the drug you need throughout the year, you should contact your doctor right away. You may want to ask your doctor if you can switch to a similar drug that your Part D plan does cover. If for medical reasons, the doctor wants to keep you on the drug, ask your doctor if s/he can help you make a formal exception request to your Part D plan to cover the drug for the rest of the year or longer.

Review your coverage. In order for you to be sure all your medications are on the plans formulary for 2016, there is still time to review your prescription at your local Agency on Aging.

Medicare Part D Open Enrollment runs October 15 through December 7.

For more information about Medicare Part D, call your local County Care Coordinator or Kay Barbee, Medicare Outreach Consultant.

Kay can be reached at:

800-369-5211 or 573-443-5823

Email Kay at: BarbeeKK@gmail.com.

Introducing our new Long Term Care Ombudsman Assistant Director...

My Name is **Ronda Giger**-rhymes with “bigger” and I’m excited about my new role as the Long Term Care Ombudsman Assistant Director. I have been happily married for 18 years and we have two boys. I enjoy reading, MU football and spending time with family and friends. I have two dogs that I adore and grew up in Marceline, Missouri. My educational background is in criminal justice and I hold a Master’s degree in Social Work . I am looking forward to meeting our Ombudsman Volunteers and anxious to get started in my new territory within the nineteen counties we serve in Central Missouri.



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Missouri’s Silver Haired Legislature was founded in 1973, the first in the nation after the Older Americans Act was amended to include advocacy groups. The SHL is composed of fifteen volunteers from each of the ten statewide Area Agencies on Aging. These 150 senior advocates, elected by their peers, identify and advocate for issues critical to older Missourians.

Front row: Pat Donehue, Judith Baumgartner, Russel Breyfogle, Elizabeth Broughton, Kay Wood.
Back row: Bill Trimm, Norma Moore, Larry Herndon.



Not pictured: Robert Miller, Sherman & Susa Davis, Nick Mercer, Richard Hirst.



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**SILVER
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*a monthly publication
for senior citizens
and for those who share
their concerns.*

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Need Help? Call Us.

SENIOR CENTERS

Boonslick Senior Center (Boonville) (660) 882-2344	Eldon Senior Center (573) 392-6102	Moniteau Nutrition Center (Tipton) (660) 433-2715	Stoutland Senior Center (417) 286-3880
Bourbon Senior Center (573) 732-4268	Fayette Senior Citizens Center (660) 248-3733	Senior Meal Program (Columbia) (573) 449-8000	Versailles Senior Center (573) 378-6232
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Care Coordination Director
Hugh Smith
(800) 369-5211 or (573) 443-5823

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