



NaCCRA LIFE LINE

*The Resident's Watchdog...
The Industry's Friend*

National Continuing Care Residents Association

Vol 12, No. 3

July 2007

PRESIDENT'S MESSAGE

A recent series on aging in the United States by ABC news has created a mild uproar in our community. ABC like NBC a few months earlier had an interesting series that covered, *stay at home*, assisted living and nursing home care. Both failed to mention the best place for aging, Continuing Care Retirement Communities (CCRC). The CCRC has independent living (stay at home), assisted living and nursing home care. Forty six states have at least one CCRC with an estimated 650,000 residents enjoying a stress free life style in them without federal and state assistance or placing a burden on their children. One would think that both ABC and NBC news would have included this element of support for the aging in their programs. NaCCRA certainly does not want to attack either news organization for their omission, but if we have a resident with a connection to one or both of the organizations we would encourage them to make contact and request equal coverage. I plan to send this news letter to all news networks.

Since the last *Life Line*, I had the opportunity to speak with the Residents' Council of Friendship Village, Bloomington, MN. It was an interesting visit. I spoke over a telephone connection. It is a great way to visit from a cost stand point, but I really missed the personal up close contact. The presentation was not as successful as I had hoped. The Council did not invite me to visit and speak with all residents, nor did they vote to join NaCCRA as a

community. The Council President did ask for membership applications to make available for residents. We do have one life member in the community and he sees value in NaCCRA. I like NaCCRA because it is the only National Organization for residents. We will continue to send ten copies of the *Life Line* to this community and hope additional individuals become members.

We did have a great community join NaCCRA since the last *Life Line*, Patriots Colony at Williamsburg. Both the President and Vice-President also joined. What an example for other communities to follow. Our Vice President for Membership continues to perform in a commendable manner as you can tell by the long list of individual members. One day we will have a membership base that will support a paid executive director and this will take a tremendous burden off our leadership.

The American Association of Homes and Services for the Aging (AAHSA) is working hard on their annual meeting scheduled for Oct. 21-24, 2007 in Orlando, FL. NaCCRA normally meets on Tuesday at 2:00 PM but this has not been finalized with AAHSA as of this date. There is always an outstanding consumer luncheon one day during the meeting, but I don't have a date or time for that yet. All this information

(continued on page 8)

NaCCRA Officers...

President.....Charles D. Paulk, Lakeland, FL
paulk65@gte.net

Vice President.....Marleen Varner, Lakeland, FL
travelgal2342@aol.com

Vice President.....John T. Mathison, Washington, DC
jmathison1@earthlink.net

Treasurer.....John Olson, Lakeland, FL
jonido2@3oaks.com

Secretary.....Anne Winslow, Jamaica Plain, MA
annewinslow@hotmail.com

Executive Committee.....Alex Kaufman, Cockeysville, MD
ackauf@comcast.net
Robert F. Negele, Stamford, CT
RNegele@optonline.net

Past President.....Milt Brummer
Lakeland, FL

What's in this issue...

Role of residents on a CCRC Board of Directors.....	2
Masonic Village Farm.....	2
Residents: A governance resource.....	3
Have your Vitamin D levels checked.....	3
Court suit over retirement housing could set precedent.....	4
NOTICE: Dues are due - you can help save postage.....	4
Deerfield Retirement Community.....	4
New Members.....	5
MLCRA President's message.....	5
Driver evaluation at Tryon Estates.....	6
Legislative Alert.....	6
To your good health.....	6
Response to Future Age article.....	7
MLCRA Editor email.....	7
Open letter to residents of Friendship Village.....	7
Falling - senior nemesis.....	8
Facts on new shingles vaccine.....	8
ORANG Action - 2006.....	9
Hey, we're living longer & are healthier!.....	9
NaCCRA Membership Application.....	Back Page



THE ROLE OF RESIDENTS ON A CCRC BOARD OF DIRECTORS

As president of a CCRC Residents Association and *ex officio* member of the Board of Directors, I would like to add to the discussion of the role of residents and/or an officer of a residents association serving on the Board of Directors. Many CCRCs do have residents on their boards so that the concerns and interests of the residents can be heard by other members of the board.

When one is asked to serve on a Board of Directors of a non-profit organization it is to be expected that the person accepting the responsibility of being a director does so because he/she has an interest in the well being of the clients of that organization. Those who serve on the boards of CCRCs do so because they take seriously the interests of the residents of that particular community. When a resident is asked to serve on the board of directors that resident does so because he/she can represent to the board the interest of the residents. Whether the resident member of the board is an officer of the Resident's Association or not makes little difference. Either one brings to the board a perspective and knowledge that other board members do not have.

It has been argued that the president or other officer of the Resident's Association would have a conflict of interest because he/she would promote the interests of the residents. In fact all the board members, those who are residents and those who are not, are there for the specific purpose of promoting the well-being of the residents. Any board member who is not concerned about the well-being of the residents should not be serving on the board. When the board votes to increase the fees because of a necessity to balance the CCRC's budget, a resident member of the board would have the same responsibility to vote for or against the increase on the merits of the issue. It is ridiculous to assume that a resident director would vote against such a motion simply because the monthly fee would go up.

An officer of the Residents Association is in a particularly good position to know the needs and concerns of the residents. Such a person would have been elected because he/she is actively involved in the activities of the CCRC and is better acquainted with the needs of the resident community as a whole than someone who has not had that experience.

On the whole I feel that residents and officers of Residents Associations bring to the board a valuable point of view and perspective that no other member of the board will have. I see no automatic conflict of interest and some real benefits. Any board member, resident or not, should recuse him/herself in any situation where a conflict of interest arises. Boards would benefit by having a written code of ethics to guide members in questionable situations.

*Robert C. Angus
Residents Association President
Ingleside at Rock Creek Washington, DC*

MASONIC VILLAGE FARM...

*... Nationally Recognized for
grazing land conservation efforts*

by Debra Davis, Public Relations Coordinator

Frank Stoltzfus, Supervisor of Agriculture Production of the farm at the Masonic Village at Elizabethtown, was one of 40 presenters at the recent National Conference on Grazing Lands. The Grazing Lands Conservation Initiative invited him to share the Masonic Village's significant efforts to conserve soil by grazing land and to market the farm's cattle and beef. He spoke before a crowd of more than 100 representatives of agricultural, conservation, scientific and environmental organizations from across the country.

The Masonic Village farm was one of the first farms in Lancaster County to practice cropland to grassland conversion conservation, beginning six years ago. These efforts include converting more than 200 acres of cropland into grazing land, which in turn saves on the loss of top soil. Top soil erosion contributes sediments, chemicals and nutrients to water sources. Farm staff also built grass buffers between the fields and local streams to prevent erosion and fenced off portions of the streams to keep cattle from accessing them.

Several approved stream crossings have been constructed so cattle can access both sides of the stream with very minor stream disruption. Spring developments and cross fencing have been implemented to take full advantage of the grass being harvested by the cattle. Through the assistance of the National Resources Conservation Service, these changes were economically feasible.

The additional grazing land made room for more cattle, which currently total 190 cow/calf pairs. Rather than sell the cattle as straight commodity, the farm has added value to its product. Aligning Masonic Village with three other local farms, known as Mid-Atlantic Genetic Productions, Stoltzfus and his staff sell breeding stock, bull semen and embryos, show cattle and boxed beef certified by the PA Beef Council, Pennsylvania Department of Agriculture and USDA. The alliance allows the farms to pull their resources together and save money on advertising and other expenses common to the group. The result: an increase in the bottom line. Their marketing efforts, which have been combined for the last 10 years, span 20 states and include the sale of bull semen as far away as Brazil.

The farm staff expects to turnover more cropland into grazing land in the future. The Masonic Village at Elizabethtown is located on more than 1,400 acres of farmland with approximately 650 acres of corn and grass.

*Reprinted with permission
from Village Voice
published by the
Masonic Villager of the
Grand Lodge of PA*



RESIDENTS: A GOVERNANCE RESOURCE

A case for more residents on boards

by Charles Paulk

The repositioning of communities, another term for the massive and expensive expansions and renovations occurring in communities across the country, causes many residents great concern. These concerns are compounded by the downturn in the housing market and the rapid increases in construction costs. This is especially true in those communities where management fails to provide sufficient explanation to the residents and solicit their input. I think this, more than any other reason, has stimulated the interest of residents in becoming involved in their communities' decision-making process. Fisher Howe makes an excellent point about the large financial stake residents have in their communities. I would like to communicate why residents desire to be, and should be, voting board members.

A resident board member, like any other board member, should be selected based on experience and ability to satisfy a particular need on the board, for example, fundraising, public relations, budget expertise organizational development and so forth. If current boards would do a simple survey of their residents, they would discover a very diverse and talented group of men and women who have had exceptional successes in all walks of life prior to moving into a CCRC. I can assure you that this talent is not lost just because they are now residents.

I recommend that the selection process include interviews of resident candidates as well as nonresidents for positions as voting board members. After selection, these residents should enjoy equal status with other board members. Residents will bring a qualification to the board that no other board member possesses, a complete understanding of life in a CCRC, and they have an understanding of residents' desires and concerns. In addition, residents have a substantial investment in the community that results in a strong desire to see the community prosper and grow. Their investment, combined with living in the community, stimulates a pride in the community that radiates throughout the off campus area.

One major concern is that resident board members might have personal agendas. They might support actions

that are good for themselves but not for the community as a whole. Howe believes that resident board members should participate in the discussion of budget items, but abstain from voting on the budget. I disagree. Since budgeting is such an important part of being a board member, can someone who cannot vote on the budget really be considered a full participant in the board?

In Howe's own words, residents are "financial supporters of the organization, independent, intelligent, mostly affluent and strong-minded." In my opinion this supports the view that residents should be equal voting board members. Residents should view their selection board members as a tremendous responsibility to their community. By being exceptional board members for the community, they provide exceptional service for their fellow residents. I really like Howe's last sentence. "The resident board members must nevertheless be fully aware of, and guard against the hazards inherent in their position."

Having visited several communities with resident voting board members, I find them to be generally better managed, and their residents appear to be happier. Does that mean that communities without resident voting board members are bad? Certainly not. I'm convinced that most communities have excellent management and that executive directors are working extremely hard to provide a quality, stress-free lifestyle for their residents. However, some boards do not provide the sufficient oversight, strategic planning, and policy direction that is needed for their communities to flourish.

It is time for equal resident voting board members. It would be preferable for communities to change their policies and include residents on their boards as full voting members rather than waiting for state legislatures to mandate that they do so.

Charles Paulk is president of the National Continuing Care Residents Association (NaCCRA). He lives at The Estates at Carpenters, Lakeland, Fla. Visit the NaCCRA Web site at www.naccra.com.

The above article printed in AAHSA's July/August Future Age as a companion article to Fisher Howe's article that was printed in the March 2007 Life Line.

HAVE YOUR VITAMIN D LEVELS CHECKED

Health updates from the team of Masonic Village, Elizabethtown, PA, health professionals.

Vitamin D builds strong bones and strong muscles, and recent studies have found that older adults with higher levels of vitamin D scored better on tests of mobility. Dr. Kenneth Brubaker, Medical Director at Masonic Village at Elizabethtown, encourages adults over 65 to have their vitamin D levels checked.

"We are finding that many older adults have vitamin D deficiency, but don't know it unless it is checked," Dr. Brubaker said. "Vitamin D deficiency is associated with

increased weakness, falls and fractures. Most physicians are not aware of this problem, and therefore, may not be doing any screening for vitamin D deficiency. "

Vitamin D can be found in foods such as milk, salmon, mackerel, tuna fish, egg yolks and some ready-to-eat cereals fortified with vitamin D. Vitamin D can also be made in your body after exposure to ultraviolet rays from the sun. Dr. Brubaker recommends that older adults talk about their Vitamin D levels with their primary care physician, who might recommend a vitamin D supplement.



COURT SUIT OVER RETIREMENT HOUSING COULD SET PRECEDENT

Sally Herriot likes where she lives and doesn't want to move. At 88, Herriot uses a walker, needs help getting dressed and is having problems with her eyes. Still, she knows what she wants. She regularly attends the San Francisco Opera, reads the Economist and says that with the help of her own round-the-clock aides, she has everything she needs in her one-bedroom apartment in Palo Alto, Calif.

But Channing House, the retirement home where Herriot lives, disagrees, and officials there have told Herriot she must move from her spacious apartment into a much smaller, assisted-living unit at the home where they believe she will be better served by a trained nursing staff.

Herriot is fighting back. After the home sent her a letter last year saying it planned to move her in 30 days, she hired attorneys, who have gone to federal court in a case that could set a legal precedent for the more than 5 million Americans living in retirement communities, continuing care communities and assisted-living facilities. That number is expected to increase dramatically in the coming years. About 35 million people were 65 or older in 2000, according to the U.S. Census Bureau, and that population is expected to double by 2030.

"We say as a nation that we support aging in place," said Michael Allen, one of two attorneys representing Herriot. "If Sally Herriot can be forced to move, then it undermines the whole concept of aging in place. A favorable outcome in this case might ... help someone with dementia or other more severe disabilities in a similar setting." Allen and Susan Silverstein, an attorney with AARP, filed a lawsuit alleging that by forcing Herriot to move, Channing House officials were violating antidiscrimination housing and disability laws. Lawyers are scheduled to enter mediation in April in an attempt to avert a trial. "I'm a fighter," Herriot said in a recent interview at her home. "I'm sure they think I should shut up I'll put something in their way every time they move."

About 250 seniors live in Channing House, and executive director Carl Braginsky says the vast majority of moves are

"amicable, professional and cooperative." Paul Gordon, a lawyer representing Channing House, said the decision to move a resident into a higher level of care is not unlike what doctors do every day with patients.

"If you go to a hospital to get care, you don't get to decide where in the hospital you are going to be. The hospital and doctor make the decision," said Gordon. "It's not based on the room you think has the nicest view. It's based on what care needs are." Herriot, a retired high school math teacher, and her husband, John, a retired Stanford professor, paid a nonrefundable \$180,000 entrance fee to move into Channing House in 1991 and also agreed to a monthly fee that has fluctuated from \$2,500 to \$3,500 to cover the cost of meals, housekeeping and other services.

Under the contract, the Herriots; a continuing care agreement that gave administrators of the home the right to determine the appropriate level of care for the couple and the authority to move them into an assisted-living unit or a skilled-nursing unit if and when either of them needed more care. It is a contract that seniors moving into retirement homes sign every day across the country, according to Braginsky.

"This is not like a regular apartment building where someone takes out a month-to-month lease. All of our units are licensed by the state Department of Social Services, and there are certain things we can and cannot do in those units," said Braginsky. "We feel like we're following the law here." Braginsky denies the claims of Herriot's lawyers that the non-profit Channing House makes its decisions to move residents for financial gain, calling the charge "insulting and misleading." Herriot's family says her apartment could be sold for more than double what she paid for it 16 years ago.

Source: *San Francisco Chronicle*,
Friday, March 02, 2007

Reprinted with permission of
FLICRA Resident Connection

~ NOTICE ~

Your month and year of membership expiration will be placed on address labels starting with this mail out. **You can save your association a lot of money in postage by sending in your dues the month prior to your membership expiration date.** We are currently mailing a renewal notice the month before expiration and again the month of expiration if not paid. We will no longer mail notices a month in advance of expiration. Thanks for your cooperation.

DEERFIELD RETIREMENT COMMUNITY

DEERFIELD Retirement Community in Asheville, NC advertised Live Earth Day on July 7 and there were small gatherings of the Concerned to view the Extravaganza on all 7 continents. While the music was clearly not our style, the message on Conservation was heard. It will be the Youth crowd who will follow thru long after we are all gone. Management and Residents have so many reasons and ways to conserve and plan ahead while working together.

Buzz Lee



New Members since last Life Line... *Welcome!*

Alabama

Frances H Woodard

Connecticut

William M Jackson

Jane Rothstein

Pearl Bloom

Elbee B Farricker

Ester Kates

Joseph F and Helen A Perz

Ann Barton

District of Columbia

Thelma S Mrazek

Margaret R Knispel

Anne W Mayfield

Mary Jo Cook

Jerry Earll

Margaret C Bucher

Doris A Niemeyer (Life)

Ann Smith

District of Columbia (cont.)

Mary Ann Stoessel

Mary B Vogel

Elizabeth S Childs

Krishna S Roy

Patricia Ives

Florida

Harry Unwin

Tom Palmer

Gertrude B (Peggy) Moore

Sam Gibbons

Illinois

Charles W Kraemer

Maryland

Patrick F Morris

Betty A Lockett

Minnesota

David W Dole (Life)

North Carolina

F Walt Homer

Harriet Bradley

Norma L Kummer

Pennsylvania

Anton S Endler

Tennessee

Jean Meyers

Virginia

Ron Levin

Dorothy Brewer Kreipke

Jane N Straubinger

Patriots Colony at Williamsburg
Residents Association

Duane H Smith

C Dudley Orr

West Virginia

Stuart R Waters

Wisconsin

William R and Phyllis G
Boyle

This is a great addition to our membership. Join me in extending a warm welcome to all. Together we can do great things.

MLCRA PRESIDENT'S MESSAGE

Fellow residents,

I am pleased to be able to pick up the MLCRA President's gavel to follow up on a year of progress. I am now both a successor and predecessor of Jerry Levy, having served as your President from 2004 to 2006. Jean Vivian filled in very ably as Acting President, during Jerry's absences, and carried on in addition her duties as Vice President for Areas.

Reviewing our progress, our current Program might be said to have at least four thrusts. The first thrust is our Area Meetings where we have exchanged ideas on how we could improve our living conditions. They proved to be very valuable. These meetings were ably formulated and conducted for 2³/₄ years by Jerry Levy, then our Vice President for Areas. During the past year, Jean Vivian kept the ball rolling, as noted above. The cost is in time and driving to the meetings by our participants. The meeting facility is volunteered on a rotating basis and the cost of the meeting room and usually lunch is borne by that facility, and of course, indirectly paid for by residents' monthly fees.

The second, and perhaps the most important thrust is Legislative Liaison. Looking back, we were successful in reducing some of our residents' costs. With your help and those of other groups, we reduced the "Bed Tax" in non-profit Skilled Nursing Facilities from \$ 11.30 per day to \$1.13 per day although not before some of you were caught and had to pay the tax. The struggle against double taxation of residents in for-profits continues. We also averted the Occupational and Physical Therapy Cost Reimbursement Cap imposed by the US Congress and the tax on Imputed Interest imposed by the Internal Revenue Service. Our costs

were the time and effort put in by our Legislative Liaison Committee and that of our residents who responded to the need to write and send letters, set up and mail petitions, or place telephone calls.

The third thrust, also related to our external efforts, is the need to take part at the national level meetings of the National Continuing Care Residents Association. Here the cost is in our annual dues, and preparation for and travel to the meetings. Your Executive Committee has also built a bridge to the Massachusetts Aging Services Association (MassAging) that is funded by our managements and, therefore, has ample funds to carry out some of the functions that help us and our independent living residents. We helped MassAging to update a Directory of CCRCs for the Executive Office of Elder Affairs.

The fourth thrust that ties all this together is our Website, mlcra.org, and our quarterly newsletter, *Massachusetts Patriot*. This has a long column called "Cruising the Commonwealth" that reports on activities at our CCRCs as well as activities in our second and third thrusts. *Patriot* regularly monitors legislative initiatives that affect your financial security and quality of life, and posts Action Alerts by print, email, and website. The cost of publishing and distributing *Patriot*, though modest, is our largest cost.

In my next message, I will discuss trends that will affect us and our MLCRA costs and budget.

Yours with wishes of well being,

Bob Naka, President

This excellent message to the Residents of MA is reprinted with permission from the Massachusetts Patriot.



DRIVER EVALUATION AT TRYON ESTATES

The success of the driver evaluation program at Carolina Meadows led us at Tryon Estates to implement one here. Our program, though, differs in that there is no cost to those electing to take the evaluation. Administered using a computer program "AAA Roadwise Review," it evaluates eight key areas critical for safe driving:

- Leg strength and general mobility
- Head/neck flexibility
- High-contrast visual acuity
- Low-contrast visual acuity
- Working memory
- Visualizing missing information
- Visual search
- Visual information processing speed

Residents are tested by representatives of the Resident Nurse's office on a scheduled basis. The test is strictly voluntary except for all volunteers in the medical assistance driving program (those volunteering to take residents to scheduled doctor's appointments that are outside regularly provided transportation). Those in this program must take the test.

The results of the test are treated like other medical information and are strictly between the Resident Nurse's office and the individual. It is emphasized that there will be no information furnished to the N.C. Department of Motor Vehicles. The test results are there for drivers to make responsible decisions on their own after discussing the results with the Resident Nurse.

The program has been in operation for almost a year and been well received. Well over a hundred residents, a significant percentage of the driving residents here, have taken it so far. It is anticipated that the program will grow and be administered on an annual basis.

If you are interested in discussing experience with this program, contact the Resident Nurse's office at Tryon Estates, (828) 894-3000. The "Roadwise Review" program is available from AAA at a reasonable cost of about \$10.00.

Try it, you'll like it!

Paul Sutherland, Tryon Estates

Reprinted with permission from CCCR of NC, The Hotline

LEGISLATIVE ALERT

The \$1780 limit on physical and speech therapy and the \$1780 limit on occupational therapy is scheduled to go back into effect on January 1, 2008. Repeal legislation, S450 and HR758 have been introduced in both the Senate and House, we need to urge our legislators to sign on as co-sponsors. We need to send the therapy caps to the scrap pile with tax on imputed interest. Write or call your legislators soon.

TO YOUR GOOD HEALTH

Tea Time

HERE IN THE SOUTH, tea is our number one drink. That's right, more than wine, bourbon, milk, or water! Tea is to us as coffee is to the Middle East. Some say this comes from our British background, but wherever we got it, it is a good thing. New studies show that tea may not only be pleasing but be good for us because it lowers our low density lipids (LDLs), better known as bad cholesterol.

Tea leaves come from the *Camillia senensis* plant, a relative of our fragrant camillia. The color, taste, and chemical properties depend on how the leaves are processed. There are many forms of tea – green, orange, black, or red (oolong) and all contain theaflavin, which is what helps lower LDLs, though in varying amounts. For instance, the *Archives of Internal Medicine* states that seven cups of a high quality black tea would be equivalent to 35 cups of green tea in terms of LDL-lowering ability.

Hot tea provides maximum benefits because it is stronger, less diluted. Sipping a cup of hot tea is also a good way to relieve stress and relax. Tea does not contain vitamin K so it will not affect people taking coumadin or heparin. Be cautious, however, even though tea contains only about half as much caffeine as coffee, it can trigger a headache in some people. Also, be aware that bottled tea and instant tea usually contain a lot of sugar and preservatives.

Even with all the benefits of tea, long-term safety regarding dosage or use in conjunction with other cholesterol-lowering drugs is still in question. If in doubt, ask your doctor.

Would you like to make a good cup of tea? Try doing this:

- Use loose tea or tea bags, your preference with regard to form and strength.
- Use fresh cold water in the teapot. Run the tap (or shake the bottle if using bottled water) to aerate the water.
- Heat until hot but never boil – that will ruin the flavor of the tea.
- Steep as necessary – 2 minutes for green tea, 5 minutes for black tea – but don't steep it too long or it will taste bitter.
- Sit back, relax, and enjoy!

If you don't like tea but want the LDL-lowering benefit, you may want to take a capsule of theaflavin daily. But still take time to relax and de-stress!

On another topic, did you know that brushing your teeth gently and flossing for 2 minutes will remove most of the plaque? However, any longer and harder can damage teeth and gums.

Robert A Watson, MD

Twin Lakes Medical Correspondent

Reprinted with permission from the Twin Lakes

Community News & Notes, with slight modifications.

Reprinted with permission of CCCR of NC, The Hotline



RESPONSE TO FUTURE AGE ARTICLE

From: Myles H. Walburn [myleshw@bellsouth.net]
Sent: Wednesday, July 11, 2007 8:37 PM
To: Charles Paulk

Congratulations on your article in Future Age. I thought you might be interested in my response to the editor. Myles

ORIGINAL MESSAGE

From: Myles H. Walburn
To: Gene Mitchell
Sent: Wednesday, July 11, 2007, 7:08 PM
Dear Mr. Mitchell,

I have just received my copy of AAHSA's "Future Age" for July/August. It is an interesting publication and I especially appreciate the companion articles by Fisher Howe and Charles Paulk. I am a 12 year resident of the Carolina Meadows CCRC in Chapel Hill. North Carolina. For ten of the last twelve years I have been in a leadership position of our state wide organization, Continuing Care Community Residents of North Carolina. For three years I was its president. During all that time, the question of the role of residents in CCRC governance has been a major issue of great importance to our membership.

I am also starting my fourth year as a member of the Carolina Meadows Board of Directors. We may be unusual as we have four residents on a fifteen member Board. (The President of the Residents Association is also an ex officio member.)

I want to disagree with Fisher Howe's statement that there is "... an inherent, unavoidable potential conflict of interest..." when a resident serves on a board. There is, surely, a potential conflict. But it is neither inherent nor unavoidable. A resident board member must be as interested in the future residents of the community as the present ones. Any short sighted effort to benefit current residents at the expense of future ones, (in budget decisions, for example) should be, and I suspect usually are, defeated by the more thoughtful board members. I agree with him entirely when he says that resident members don't represent special interests. This is true for all board members who must work for the best long term interests of the CCRC.

The longer I serve on the Board of Directors of Carolina Meadows the more I understand how difficult it is for senior staff to manage an organization of this complexity, balancing its fiscal, marketing and regulatory environments to meet the housing and health needs for current and future residents.

Thank you for your attention to this topic. Please be assured that the two articles in the magazine will receive a wide distribution.

Sincerely, Myles H. Walburn

MLCRA EDITOR EMAIL

The following is an Email from Joe Strain, Editor of MLCRA News Letter:

Here's an example for all CCRCs to emulate.

Joe Strain

Loomis Communities Receives Two Five-Year Accreditations From CARF-CCAC

The Loomis Communities have been awarded two five-year accreditations from CARF-CCAC (The Commission on Accreditation of Rehabilitation Facilities - The Continuing Care Accreditation Commission). One is a five-year accreditation as a Person-Centered Long Term Care Community, demonstrating excellence in skilled nursing home care. Person-centered care fosters a culture that embraces autonomy, diversity and resident choice. This accreditation program is new, and the Nursing Center at Loomis House is only the second in the country to receive this honor.

The second is a five-year re-accreditation of the three continuing care retirement communities that comprise the Loomis organization: Loomis House in Holyoke, Loomis Village in South Hadley, and Applewood in Amherst. Loomis has been accredited since 1996, and is one of only five accredited continuing care retirement community organizations in Massachusetts.

Source: Mass Extended Care Federation

OPEN LETTER TO RESIDENTS OF FRIENDSHIP VILLAGE

I'm sorry that my remarks to your Residents' Council were not persuasive enough to cause them to vote for membership in the National Continuing Care Residents Association (NaCCRA).

NaCCRA still wants residents from Friendship Village to join and become active members. One of your fellow residents, David W. Dole, is a life member of NaCCRA and has been extremely busy in obtaining information from me and the American Association of Homes and Services (AAHSA) regarding NaCCRA. It is our desire that all residents in Minnesota will join together to form a strong state organization, and NaCCRA stands ready to assist in this endeavor. I'm convinced that states with a state wide residents association have better laws to protect residents of CCRCs. NaCCRA supports strong community associations with 100% resident participation, strong state associations with representation from all communities in the state and a national association with representatives from all communities in the nation. Do we have this now? No, but we are working towards that end.

Remember, this is your association; all you have to do is join.

Charles D Paulk



FALLING-SENIOR NEMESIS

Falling is one of the leading problems facing seniors. Every week someone has a serious fall here at Twin Lakes. We all need to be cognizant of this problem both in and outside our homes. According to the Centers for Disease Control, approximately one in three Americans over 65 will fall each year. Falls are the leading cause of accidental death for seniors. They are hospitalized for fall-related injuries five times more often than they are for injuries from all other causes. Fifty percent of seniors who fall require assistance from someone else to get up.

After a fall or other emergency, 90% of seniors who get help within one hour will continue independent living, but after 12 hours without help only 10% of seniors will continue to live at home, according to the *New England Journal of Medicine*. According to the Yale University School of Medicine, nearly half of the older adults who incur a serious injury never fully recover and many lose their ability to function independently for the rest of their lives. A good proportion of seniors will end up in health care, making falls, and the injuries that result, one of the most substantial health threats facing older adults. Writing in *The New Yorker* in April, Atul Gawande, assistant professor of surgery at Harvard Medical School, noted that each year about 350,000 Americans fall and break a hip. Of these, 40% end up in nursing homes and 20% are never able to walk again.

There are many reasons why seniors fall: poor vision, balance problems, weak legs, dementia, poor lighting, stumbling, inappropriate footwear, reaction from medicines, and above all, carelessness, as well as hazards inside and outside our homes. Falls are not just the result of getting older. Many falls can be prevented.

Printed with permission from the Twin Lakes Community News & Notes, with slight modifications.

Tips for Preventing Falls

Exercise – establish a regular exercise program: Exercise is one of the most important ways to reduce falling. Exercise at least three days a week – it will make you stronger and improves flexibility, balance, and coordination. Strength training with weight bearing and resistive exercise works for all age groups. If you are unable to make use of your community's exercise facilities, choose a low impact exercise such as yoga. You need to stretch daily to maintain flexibility and mobility. Walking is excellent exercise (but be careful of hazardous surfaces). Swimming is another-consider a water fitness program.

Make your abode safer – approximately half of all falls happen at home: Remove things you may trip over; Remove small throw rugs or use double-sided tape to keep rugs in place; Keep items you use often in cabinets you can reach without using a step stool; Install grab bars next to toilet and shower or bathtub; Use non-slip mats in the bathtub or on shower floors; Make certain lighting is adequate – it is essential to use night lights;

(continued on page 9)

FACTS ON NEW SHINGLES VACCINE

In 2006, the Centers for Disease Control and Prevention introduced a shingles vaccine.

A painful skin rash, shingles typically appears on one side of the face or body and can last from two to four weeks. People over age 50 and those whose immune systems are weakened by a disease, chemotherapy or certain drugs are more likely to be infected by shingles, which is caused by the Varicella Zoster virus, the same virus that causes chickenpox. Only individuals who have had chickenpox or who have gotten the chickenpox vaccine can get shingles.

In initial testing, the vaccine prevented shingles in almost 50 percent of adults over 60 and reduced the pain associated with the virus. Individuals who have ever had an allergic reaction to gelatin or to the antibiotic neomycin, have a weakened immune system or have active tuberculosis should not get the vaccine.

Some Medicare D plans do cover a portion of the shingles vaccine and have varying co-pays. Talk to your primary care physician for more information on the shingles vaccine.

Reprinted with permission from Village Voice published by the Masonic Villager of the Grand Lodge of PA

(continued from front page)

President's Message

will be on the AAHSA website (www.aahsa.org) and in a future issue of *Life Line*. Plan on attending at least part of the AAHSA meeting and the entire NaCCRA meeting. We want to have a complete slate of officer candidates to introduce at this meeting. They will be voted on at our annual meeting scheduled for Westminister at Lake Ridge, Lake Ridge, VA, April 3 & 4, 2008. It would be great to have a representative from each state association, community association, and an individual from each state without a state or community association make a presentation on their activities at the Orlando meeting. We will also discuss our dues structure and recent expansion in Orlando.

The wide spread movement on governance is beginning to show results. I was informed that Michigan, Missouri, Ohio, Maryland and New Jersey have joined California and District of Columbia in mandating that one or more residents be made equal voting members of boards of directors. I would like to see all CCRCs go ahead and include residents as voting board members without waiting on state legislatures to mandate the action.

It makes me sad to think about leaving a job I love, but I know change is good for an organization. Three years is long enough to serve as president. Our candidate for president will be an excellent leader and continue to expand our great organization. I look forward to working with the new president and the NaCCRA board. NaCCRA is a great residents organization and is needed to augment and provide networking opportunities for state associations, community associations and individual residents across this great nation of ours.

See you in Orlando, Charles D Paulk, President



ORANJ Action - 2006

Current Legislation: A1148, S425

ORANJ, the organization that represents the interests of residents of Continuous Care Retirement Communities in New Jersey, seeks changes in NJ state laws pertaining to CCRCs to give residents a real voice in governance of their communities.

Two identical 2006 bills that take top priority, number S425 in the NJ Senate, and A1148 in the Assembly, seek the following mandates:

1. that Boards of Trustees, the usual governing structures of CCRCs, include at least one resident as a full voting member of the Board,
2. that Boards must consult with residents (or their representatives) BEFORE taking any action that will significantly affect the well being or financial stability of the facility, and
3. that when the Board meets with residents to discuss issues it must be represented not solely by the CEO, who often is both the manager of the facility and a member of the Board.

These changes are important not only for seniors who are current residents of CCRCs, but also for the rest of us whose parents or grandparents are current or anticipated residents. Legislators need to listen to this important constituency because residents of CCRCs are generally well educated, and healthy seniors who are conscientious voters and will support those who help pass these important bills in Trenton this year.

Today's residents bear little resemblance to the "poor old folks" who were cared for in "old people's homes," which were the ancestors to modern CCRCs. The "poor old folks" generally entered such homes as a last resort and they were grateful for being looked after at little or no cost. Residents of CCRCs now enter communities voluntarily to take part in a comfortable retirement lifestyle and pay significant fees to receive high quality service. Whereas the "old people's homes" were generally supported by external sources, such as religious philanthropy or government subsidy, the modern CCRC is financed by resident fees. Therefore, as major stakeholders in their CCRCs, the residents seek the inclusion of one or more of their number as full members of the governing boards of their communities"

Charles Germany's comments during Legislative Action prior to passing the above bills.



HEY, WE'RE LIVING LONGER AND ARE HEALTHIER!

The following information was excerpted from an article in *Senior Advantage*, August-October 2003, "Local Communities Offer Longer, Healthier Life in Retirement," by Dan Cuthriell, Executive Director of The Village at Brookwood. It is reprinted with permission.

A study by Duke University professionals, published in *Inquiry*, explains that seniors who choose to live in continuing care retirement communities live an average of seven healthier years than those who remain in their homes.

Why? CCRCs enable seniors to live less stressful lives. The CCRC concept is modeled on providing services that help seniors maintain their optimum levels of independence during all phases of aging, while providing peace of mind about the future should their health needs ever increase.

For example, one-level living in a CCRC cottage or apartment removes the difficulty of walking up and down stairs. Pull cords or personal response systems curtail the danger of falling and not being discovered.

Further, with meals provided there is assurance that seniors are eating properly and enjoying the personal interaction that comes with the dining experience. Many older adults rarely make the effort to prepare varied and nutritious meals.

One of the predominant advantages of a CCRC is the increasing levels of service available to those who need them. If a CCRC resident is no longer able to live in the independent living setting, the community can enable a smooth transition to assisted living or health care. With such details arranged in advance, independent living residents enjoy the peace of mind that comes from knowing that they have made their own health care decisions for the future.

EDITOR'S NOTE: Actuarial tables were used to project the financial futures of our communities. Our unexpectedly longer-than-average lifespans have necessitated expansion that was not initially anticipated. Communities must build and sell new facilities to make up for the loss of income they expected to have from reselling our living spaces sooner. In addition, seniors increasingly develop dementia and other memory disorders as they reach advanced ages, and facilities for their special care beyond what was initially planned are now needed.

Reprinted with permission from CCCR of NC, The Hotline



(continued from page 8)

Falling - Senior Nemesis

Wear shoes that provide good support with non-slip soles; Have your vision checked and have your doctor review your medicines; Walk with care in areas where tile or parquet flooring and carpeting meet.

Ron Watson, Twin Lakes

Reprinted with permission from CCCR of NC, Hot Line.



~ Seven Dollar Hair Cuts ~

Two barber shops were in re-hot competition. One put up a sign advertising "Haircuts for \$7.00". His competition put up one that read, "We repair \$7.00 hair cuts."



Charles D. Paulk, President
NaCCRA
1001 Carpenters Way, C117
Lakeland, FL 33809

Place
Stamp
Here

FIRST CLASS MAIL

NATIONAL CONTINUING CARE RESIDENTS ASSOCIATION
a 501(c)(3) Corporation



NaCCRA Membership Application

Date _____

Name of Individual: 1st Person _____
2nd Person _____

Address: _____

Telephone _____ E-mail _____

Name of Community Resident's Association _____

Annual Dues Per State Association **\$400.00**
Annual Dues Per Community Association **\$150.00**
LIFETIME MEMBERSHIP **\$ 150.00**
ANNUAL DUES PER (EACH) INDIVIDUAL..... **\$ 15.00**
Total Enclosed.....\$ _____

Please make your checks to: NaCCRA
and return this notice with your check to:
Charles D. Paulk
1001 Carpenters Way, Apt. C-117, Lakeland, FL 33809
Your Check is your receipt

NaCCRA Thanks You for your support • By Working Together We Can Succeed.