



November 2017



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November is National Family Caregivers Month!

This year's theme: "Caregiving Around the Clock"

Caregiving can be a 24-hours/7-days a week job. Caring for a senior with Alzheimer's or child with special needs can be non-stop. Around-the-clock care can crowd out other important areas of life. And you never know when you will need to rush to the hospital or leave work. What challenges do family caregivers face? How do they manage day and night?

Morning: Getting off to work. The average family caregiver is a working mother of school-aged children. Mornings become a tricky balancing act of getting the kids ready for school and making sure your loved one has what they need for the day before getting yourself out the door for work. *(continued p. 6)*

Time really does fly by. It is hard to believe November is upon us and the end of 2017 is in sight. The leaves have, for the most part, been stripped from the trees; the sun is coming up later and setting earlier and fall asters have come and gone. Time to tuck away the reminders of summer and embrace winter as it blankets us with cold and snow. It is undeniably a time to look inward, slow down from the tempo of summer and just be.

We are not hibernating at the office though. The annual open enrollment period for Medicare began on October 15 and runs through December 7. This is an annual occasion where both Medicare Advantage Plans and Medicare Part D plans can make changes to their benefits. This is the period of time that individuals can choose to change plans if they no longer meet their needs. Please see the article from Elder Benefit Specialist, Sheila Mack for details.

A new Senior Dining Site has opened at the Bear Paw restaurant in Port wing. Adults 60 and older are welcome to join together for food, fellowship and fun from 2:00—4:00 every Tuesday.

Lastly, memory screening will take place in November at several locations in the county. This wellness tool helps identify possible changes in memory and cognition. It is a great opportunity to understand more about your brain health and track it into the future. Please see the article on p. 3 for additional information.

Until 2018, live well and age well!

Carrie Linder
Carrie Linder

ADRC of the North Bayfield Office Manager

Elizabeth Lexau
Elizabeth Lexau

UW-Extension, Family Living Educator

What would you like to learn...? Is there a topic about aging or family caregiving you'd like to see covered in this newsletter? Call or email UW-Extension at: (715) 373-6104, x 2; liz.lexau@ces.uwex.edu

Facts on Aging Quiz

T F Older adults have the highest suicide rate of any age group.

T F Older people perspire less, so are more likely to suffer from hyperthermia.

—Answers on page 3—

Breytspraak, L. & Badura, L. (2015). *Facts on Aging Quiz* (revised; based on Palmore (1977; 1981). Retrieved from <http://info.umkc.edu/aging/quiz/>

New Medicare Cards Are On The Way

Watch for scammers. This change will happen automatically – you won't have to pay anyone or give anyone information, no matter what someone might tell you.

May 18, 2017 by Andrew Johnson, Consumer Education Specialist, FTC
<https://www.consumer.ftc.gov/blog/2017/05/new-medicare-cards-are-way>



Changes are coming to your Medicare card. By April 2019, your card will be replaced with one that no longer shows your Social Security number.

Instead, your card will have a new Medicare Beneficiary Identifier (MBI) that will be used for billing and checking your eligibility and claim status.

Having your Social Security number removed from your Medicare card helps fight medical identity theft and protect your medical and financial information.

Even with these changes, scammers will still look for ways to take what doesn't belong to them. Here are some red flags and ways to avoid Medicare scams:

- R** Is someone calling, claiming to be from Medicare, and asking for your Social Security number or bank information?
Hang up. That's a scam. First, Medicare won't call you. Second, Medicare will never ask for your Social Security number or bank information.
- R** Is someone asking you to pay for your new card?
That's a scam. Your new Medicare card is free.
- R** Is someone threatening to cancel your benefits if you don't give up information or money?
Also a scam. New Medicare cards will be mailed out to you automatically. There won't be any changes to your benefits.

For more on changes to your Medicare card, visit [Centers for Medicare & Medicaid Services](http://www.cms.gov).
(www.cms.gov) To report scams visit the [FTC Complaint Assistant](http://www.ftccomplaintassistant.gov) (www.ftccomplaintassistant.gov)



5th Annual Brain Wellness Check

BAYFIELD COUNTY

Have you had those days when your conversations start with...

- "Where in the heck are my keys?"
- "Did I tell you this already?"
- "What was I going to say?"



It's time to find out how your brain is working for you!

- Get your brain health baseline
- Learn more about how to live a brain healthy lifestyle
- Get information and resources on programs and services available in the community



Aging and Disability Resource Center of the North
Serving Ashland, Bayfield, Iron, Price and Sawyer Counties
(866) 663-3607 or Website: adrc-n-wi.org

November 16, 2017
 Washburn Public Library—Washburn
(10am—2pm)
 Bethesda Lutheran Church —Bayfield
(11am—1pm)
 Barnes Town Hall—Barnes
(11am—1pm)
 Cable Community Center—Cable
(5pm—7pm)

November 14, 2017
 1st Lutheran Church - Washington Ave — Port Wing
(1:30pm—4:30pm)

November 15, 2017
 Benoit Community Center—Benoit
(3:30pm—5:30pm)

December 14, 2017
 Iron River Community Center — Iron River
(11am—1pm)

Surviving the Holidays: Strategies for Caregivers

by Eileen Beal

The eight-week stretch between Thanksgiving and New Years is the most stressful time of the year for those caring for elderly relatives or others who cannot live on their own.

The stress isn't just due to holiday activities that take up additional time and add responsibilities to a caregiver's already packed life.

According to Stacey Rokoff, director of the School for Caregivers at Fairhill Center on Cleveland's near East Side, it's also due to the fact "that holiday time is family time and when family members come together, there are a lot of challenges to the caregiver about how they are doing their job." The fact that the weather is iffy, which makes doing everything more difficult, and that work and family schedules and care routines are disrupted during the holidays is also a challenge, says Rokoff.

(continued p. 5)



Medicare Part D Annual Enrollment Period

By the GWAAR Legal Services Team (for reprint)

Each year **October 15 through December 7**, is an **Annual Enrollment Period (AEP)** for **Medicare Beneficiaries to enroll in and/or change their Part C and/or Part D plans.**

During the AEP, a person can make any of the following changes:

- Join a Part D plan (if not already enrolled);
- Drop a Part D plan;
- Switch to a new Part D plan;
- Drop a Medicare Advantage plan and return to Original Medicare; or
- Join a Medicare Advantage plan with or without drug coverage.

Changes made during the AEP become effective on January 1, 2018. Even if a person is happy with his or her current Part D plan, he or she should still re-evaluate that drug plan to determine if it will best meet needs for 2018. Because Part D plans are privatized, they are allowed to change the terms of coverage every year, which means new Part D plans become available, and some Part D plans stop offering coverage in the state. Even if a plan continues to offer coverage into the following year, its monthly premium, formulary, pharmacy network, deductible, and copay amounts could all change!

It's important that Medicare beneficiaries review their Annual Notice of Change (ANOC), which arrives in the mail on or before September 30th. This document notifies Medicare beneficiaries of the changes for their Part D plan that become effective January 1, 2018.

The most effective way to choose a Part D plan is by going on the www.medicare.gov website and using the "planfinder" tool. The planfinder asks a person to enter his or her zip code, prescription medications, and preferred pharmacies. Based on that information, the planfinder will list the plans that would be most cost effective for that person.



Unfortunately, research shows that fewer than 10% of Medicare beneficiaries are enrolled in the most cost-effective Part D plan. Name recognition or looking at a plan's monthly premium alone are not good ways to choose a plan. If you are unsure how to pick and evaluate a plan, you can use the following resources:

- A Local Elder Benefit Specialist:
 - ◆ In Ashland County, please call Amy Janecek at 715-685-2040, Monday-Thursday.
 - ◆ In Bayfield County, please call Sheila Mack at 715-373-6144, ext. 179, Monday-Thursday.
- A case manager or social worker
- The Board on Aging and Long-Term Care Part D helpline (ages 60+) at (855) 677-2783
- The Board on Aging and Long-Term Care Medigap helpline at (800) 242-1060
- The Disability Rights Wisconsin Part D helpline (ages 18-59) at (800) 926-4862

Surviving the Holidays (continued from p. 3)

It's no surprise," adds Rokoff, "that caregivers say they feel overwhelmed, out of control and out of patience during the holidays. They are."

Nothing can stop the disruptive impact the holidays have on a caregiver's life, says Rokoff, but planning for the physical, emotional, and fiscal upheaval that comes with them can definitely help caregivers survive the holidays.

Rokoff suggests the following strategies for weathering whatever the "festive season" throws your way.

Make a holiday to-do list/calendar Include family gatherings, parties, kids or grandkid's programs, due-dates for getting cards and gifts into the mail, getting holiday goodies baked, etc.—then figure out which activities you should do and which ones you can delegate to the folks in item number two.

Put together a support network "Make a list—family, friends, community agencies and service providers— and get comfortable delegating," says Rokoff.

Learn to say no "This isn't selfish, it's self-empowering," says Rokoff. "If you don't, you and the person you are caring for will be so exhausted you won't be able to enjoy things."

Don't aim for perfection "Be flexible and when you need to, change your expectations to fit a situation," says Rokoff. "That way, you aren't disappointed or guilt-ridden...and you actually gain the time and the energy to participate in things and enjoy them."

Maintain your health Don't skip medications or medical appointments; exercise; and eat and drink to sustain energy, but avoid rich foods, sugar, and alcohol. All boost energy for a bit, then leave you burned out. Find a de-stressing mechanism "For some people, it's deep breathing, for some it's meditating, for others it's humor, or journaling or scrapbooking," says Rokoff.

Don't forget immediate family "Neglecting them adds to feelings of guilt, so plan time to be in the moment with them, to celebrate with them, to participate in activities and traditions just with them," says Rokoff. "This isn't selfish, it's life-affirming."

Eileen Beal, MA, is healthcare writer specializing in geriatric issues.



For more information for caregivers, check out these resources

Websites:

Caregiver Survival Resources www.caregiver911.com
National Alliance for Caregivers www.caregiving.org
National Family Caregivers Association www.nfcacares.org

Books:

Baby Boomers Guide to Caring for Aging Parents, Bart Astor
Caring for You, Caring for Me David H. Haigler
Self-Care for Caregivers Pat Samples, Diane Larsen, Marvin Larsen
Why Is It So Hard to Take Care of My Parent? Linda Meyer

Caregiving Around the Clock (continued from p.1)

All Day Long: Managing medications. Up to 70% of the time, the family caregiver – not the patient – manages the medications. This means ensuring your loved one is taking their medication correctly and maintaining an up-to-date medication list.

During the Workday: Juggling caregiving and work. Six out of ten family caregivers work full- or part-time in addition to juggling their caregiving responsibilities at home. Most of them say they have to cut back on working hours, take a leave of absence, or quit their job entirely.

Evening: Family time and meal time. Ensuring that you get proper nutrition will help you maintain strength, energy, stamina, and a positive attitude. Nutrition is as important for you as the caregiver as it is for your loved one. Caregiving affects the whole family.

Late at Night: Taking time for yourself. Late at night might be the only time you get a few minutes for yourself. Make sure you take time to rest and recharge. The chance to take a breather and re-energize is vital in order for you to be as good a caregiver tomorrow as you were today.

The Middle of the Night: Emergency room visits. Have you ever had to take your loved one to the emergency room in the middle of the night? Be prepared ahead of time with what you need to know and have with you.

During National Family Caregivers Month, we recognize the challenges family caregivers face when their loved ones need caregiving around the clock. **Thank you!**



Seasonal Affective Disorder

From The National Institute of Mental Health



Seasonal Affective Disorder (SAD) is a type of depression that comes and goes with the seasons, typically starting in late fall or early winter and going away during spring and summer. Depressive episodes

linked to summer can occur, but are less common.

Signs and Symptoms

Seasonal Affective Disorder (SAD) is not considered a separate disorder. It is a type of depression displaying a recurring seasonal pattern. To be diagnosed with SAD, people must meet full criteria for major depression coinciding with specific seasons for at least 2 years. Seasonal depressions must be much more frequent than any non-seasonal depressions.

Symptoms of Major Depression

- Feeling depressed most of the day, nearly every day
- Feeling hopeless or worthless
- Having low energy
- Losing interest in activities you once enjoyed
- Having problems with sleep

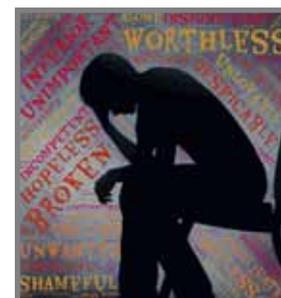
- Experiencing changes in appetite or weight
- Feeling sluggish or agitated
- Having difficulty concentrating
- Having frequent thoughts of death or suicide

Symptoms of Winter Pattern of SAD include:

- Having low energy
- Hypersomnia
- Overeating
- Weight gain
- Craving for carbohydrates
- Social withdrawal (feel like “hibernating”)

Symptoms of the less frequently occurring summer seasonal affective disorder include:

- Poor appetite with associated weight loss
- Insomnia
- Agitation
- Restlessness
- Anxiety
- Episodes of violent Behavior



Risk Factors

- **Being female.** SAD is diagnosed four times more often in women than men.
- **Living far from the equator.**
- **Family history.** People with a family history of other types of depression are more likely to develop SAD than people who do not.
- **Having depression or bipolar disorder.** The symptoms of depression may worsen with the seasons if you have one of these conditions.
- **Younger Age.** Younger adults have a higher risk of SAD than older adults. SAD has been reported even in children and teens.



The causes of SAD are unknown, but research has found some biological clues:

- **People with SAD may have trouble regulating one of the key neurotransmitters involved in mood, serotonin.** One study found that people with SAD have 5% more serotonin transporter protein in winter months than summer months. Higher serotonin transporter protein leaves less serotonin available at the synapse because the function of the transporter is to recycle neurotransmitter back into the pre-synaptic neuron.
- **People with SAD may overproduce the hormone melatonin.** Darkness increases production of melatonin, which regulates sleep. As days become shorter, melatonin production increases, leaving people with SAD feeling sleepier and more lethargic, often with delayed circadian rhythms.
- **People with SAD also may produce less Vitamin D.** Vitamin D is believed to play a role in serotonin activity. Vitamin D insufficiency may be associated with clinically significant depression symptoms.



Treatments and Therapies

There are four major types of treatment for SAD: medication, light therapy, psychotherapy, Vitamin D. These may be used alone or in combination.

Medication

Selective Serotonin Reuptake Inhibitors (SSRIs) are used to treat SAD. The FDA has also approved the use of bupropion, another type of antidepressant, for treating SAD. As with other medications, there are side effects to SSRIs. Talk to your doctor about the possible risks of using this medication for your condition. You may need to try several different antidepressant medications before finding one that improves symptoms without causing problematic side effects.

Light Therapy

Light therapy has been a mainstay of treatment for SAD since the 1980s. The idea behind light therapy is to replace the diminished sunshine of the fall and winter using daily exposure to bright, artificial light. Symptoms of SAD may be relieved by sitting in front of a light box first thing in the morning, on a daily basis from the early fall until spring. Most typically, light boxes filter out the ultraviolet rays and require 20-60 minutes of exposure to 10,000 lux of cool-white fluorescent light, an amount that is about 20 times greater than ordinary indoor lighting.

Psychotherapy

Cognitive behavioral therapy (CBT) is type of psychotherapy that is effective for SAD. Traditional cognitive behavioral therapy has been adapted for use with SAD (CBT-SAD).

CBT-SAD relies on basic techniques of CBT such as identifying negative thoughts and replacing them with more positive thoughts along with a technique called behavioral activation.



Behavioral activation seeks to help the person identify activities that are engaging and pleasurable, whether indoors or outdoors, to improve coping with winter.

Continued on page 9

Participating in Activities You Enjoy: More than just fun and games

Source: National Institute on Aging

There are many things you can do to help yourself age well: exercise and be physically active, make healthy food choices, and don't smoke. But did you know that participating in activities you enjoy may also help support healthy aging?



As people age, they often find themselves spending more time at home alone. The isolation can lead to depression and is not good for your health. If you find yourself spending a lot of time alone, try adding volunteer or social activity to your routine.

Benefits of an Active Lifestyle

Engaging in social and productive activities you enjoy, like taking an art class or becoming a volunteer in your community or at your place of worship, may help maintain your well-being.

Research tells us older people with an active lifestyle:

- **Are less likely to develop certain diseases.** Participating in hobbies and other social and leisure pursuits may lower risk for developing some health problems, including dementia.
- **Have a longer lifespan.** One study showed older adults who reported taking part in social activities (such as games, belonging to social groups, or traveling) or meaningful, productive activities (such as a paid or unpaid job, or gardening) lived longer than people who did not. Researchers are further exploring this connection.
- **Are happier.** Studies suggest that older adults who participate in what they believe are meaningful activities say they feel happier and more healthy. One study placed older adults in their neighborhood public elementary schools to tutor children 15 hours a week. Volunteers reported personal satisfaction from the experience. The researchers found it improved the cognitive and physical health, as well as the children's school success.

- **Are better prepared to cope with loss.** Studies suggest that volunteering can help with stress and depression from the death of a spouse. Among people who experienced a loss, those who took part in volunteer activities felt more positive about their own abilities.
- **May be able to improve their thinking abilities.** Another line of research is exploring how participating in creative arts might help people age well. Studies have shown that older adults' memory, comprehension, creativity, and problem-solving abilities improved after an intensive, 4-week acting course. Other studies are providing new information about ways creative activities like music or dance can help older adults.

Activities to Consider

Would you like to get more involved in your community or be more socially active? There are plenty of places to look for opportunities, depending on your interests. Here are some ideas:

Get Out and About

- Join a senior center and take part in its events and activities
- Play cards or other games with friends
- Go to the theater, a movie, or a sporting event
- Travel with a group of older adults, such as a retiree group
- Visit friends and family
- Try different restaurants
- Join a group interested in a hobby like knitting, hiking, painting, or wood carving.

Learn Something New

- Take a cooking, art, or computer class
- Form or join a book club
- Try yoga, tai chi, or another new physical activity
- Learn (or re learn) to play a musical instrument



(Continued on page 9)

Participating in Activities You Enjoy (Continued from p. 9)

Become More Active in Your Community

- Serve meals for a homeless shelter
- Help an organization send care packages to soldiers stationed overseas
- Care for dogs and cats at an animal shelter
- Volunteer to run errands for people with disabilities
- Join a committee or volunteer for an activity at your place of worship
- Volunteer at a school, library, or hospital
- Help with gardening at a community garden or park
- Take part in a local theater troupe
- Get a part-time job

For more information about physical activity, check out **Go4Life®**. This exercise and physical activity campaign from the National Institute on Aging has exercises, success stories, and free video and print materials at www.nia.nih.gov/Go4Life.

Seasonal Affective Disorder

Continued from page 7

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Vitamin D

At present, Vitamin D supplementation by itself is not regarded as an effective SAD treatment. The reason behind its use is that low blood levels of Vitamin D were found in people with SAD. The low levels are usually due to insufficient dietary intake or insufficient exposure to sunshine. However, the evidence for its use has been mixed. While some studies suggest Vitamin D supplementation may be as effective as light therapy, others found Vitamin D had no effect.



Answers to Facts on Aging Quiz

Older adults have the highest suicide rate of any age group



False. The Centers for Disease Control & Prevention reported that in 2013 the highest suicide rate was among persons 45--64 years old. The second highest rate occurred in those 85 years and older. The 65--84 age group had roughly the same rate as 25--44 year olds, with the third highest rate. This is a change from the past when older adults (65+) consistently had the highest rates. Males account for the majority of suicides in all age groups.

Older people perspire less, so they are more likely to suffer from hyperthermia.

True. Perspiration and quenching thirst help combat overheating. Older adults perspire less, are less aware of thirst and less able to feel or adapt to extremes in temperature. Less sensitive skin sensors, less insulation of fatty deposits under the skin and the less efficient functioning of the hypothalamus (the temperature regulating mechanism in the brain) occur in older adults. Prolonged time for older adults to return to core temperature after exposure to extreme heat or cold begins at age 70 years and increases thereafter. Education and taking precautions may prevent most deaths related to temperature extremes. Increased fluid intake, gradual accommodation to temperature change, rest, minimizing exertion during heat, using fans or air conditioning, wearing hats and loose clothing and avoiding alcohol are some strategies for preventing hyperthermia.



Breytspraak, L. & Badura, L. (2015). *Facts on Aging Quiz* (revised; based on Palmore (1977; 1981)). Retrieved from <http://info.umkc.edu/aging/quiz/>.

Watch this space... The next issue of *Living Well in our Best Years* will contain more quiz questions.



Older Adults and Food Stamps: An overlooked resource



Is money ever tight? Do you know a friend, parent or neighbor who ever struggles to pay bills?



FoodShare (aka Food Stamps or SNAP) helps individuals and families stretch their household budget. Yet many older adults who need it most do not take advantage of this

important resource. In fact, according to Feeding Wisconsin.org, 2/3 of seniors who are eligible are not enrolled. Some research suggests an even higher proportion.

This is a serious concern because food insecurity in older adults is associated with several negative impacts including

- ◇ Worsened disease/disability
- ◇ Depression
- ◇ Stress/strain
- ◇ Caregiver strain
- ◇ Hospitalization
- ◇ Earlier death

Why aren't eligible older adults taking advantage of this resource? Who's at risk for missing out? Research shows that the oldest adults (those 85 and older) are especially at risk. Men who are eligible are also more at risk for not accessing FoodShare. Those who are isolated, who have no children in the home and who are not receiving other services are also especially at risk.

While it is not clear why older adults who qualify for food stamps are not receiving them, there are several ideas. It's possible that some don't feel they need them, or that they aren't feeling financially pinched because there are fewer expenses (like a mortgage or retirement savings) competing for their dollars. But it's also possible that many don't know how to apply or may be intimidated by the technology or paperwork related to applying and using FoodShare. Lastly, some may feel a stigma associated with accessing food stamps, especially if they didn't need help in earlier years.

It's important that those who need this valuable service are able to access and use it. Family mem-

bers, caregivers and friends can all help by reaching out to let people know this resource is available and encourage adults who are struggling financially to check into eligibility by contacting the resources below.

Source: Older Adults and Food Stamps, Supporting an Aging State. September 28, 2017 by kristin.litzelman, UW-Extension Specialist in Human Development and Family Studies

Resources:

[Feeding Wisconsin.org](http://www.feedingwi.org/programs/foodshare_outreach.php) (www.feedingwi.org/programs/foodshare_outreach.php) Learn more about FoodShare and how to apply

[DHS website](http://www.dhs.wisconsin.gov/foodshare/fpl.htm) (Wisconsin Department of Health Services: www.dhs.wisconsin.gov/foodshare/fpl.htm) has a chart of income levels used to determine enrollment in FoodShare Wisconsin.

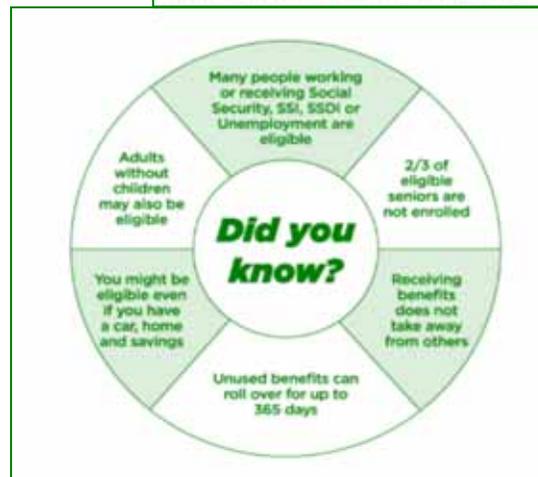
Learn how to apply using [ACCESS website](https://access.wisconsin.gov) (<https://access.wisconsin.gov>).

To determine if you are eligible or to speak to someone about how to get started on your application, contact:

[Bayfield County Human Services](http://www.bayfieldcounty.org/643/Economic-Services-Links) www.bayfieldcounty.org/643/Economic-Services-Links at 715-373-6144

[Northern Income Maintenance Consortium](http://www.northernincome.org) at 1-888-794-5722.

Images source: FeedingWI.org



Seniors Living at Home

By the GWAAR Legal Services Team



Nearly 90% of people over age 65 want to stay at home for as long as possible, according to AARP. Living independently can be very good for a senior's mental health and can have many other positive impacts. In fact, many seniors are living at home. The U.S. Census Bureau found that 11 million, or 28% of people over age 65, lived alone at the time of the census. While this can be extremely positive, there are some risks when seniors remain in their homes. For instance, they may experience a medical situation and not be able to get to the help they need.

The following are some steps seniors can take to decrease the risks of staying at home:

- **Avoid slippery conditions and tripping hazards.** Make sure floors aren't slippery and do not have tripping hazards. Put down non-slip floor mats in your bathrooms and install safety bars (also known as 'grab bars') in bath tubs and showers, and next to toilets. Also install mats at the entry points to your house so floors don't get slick on rainy and snowy days. Stray electrical cords and rugs that don't lie flat are common causes of falls.
- **Keep your house well lit.** Make sure your bulbs are the proper wattage and consider installing nightlights to illuminate your floors at night.
- **Get to know your neighbors.** If you and your neighbors get to know each other, you are all more likely to notice when something goes wrong.
- **Test smoke and carbon monoxide alarms regularly.** This is true for everyone, but it is important to keep your smoke and carbon monoxide alarms working. Change batteries every six months when you reset your clocks for daylight savings time and standard time.
- **Organize a daily check-in.** Ask a loved-one or friend to call each day to make sure everything is okay. You can offer to do the same for them. Besides a daily way to make sure you are alright, this can also be a way to prevent the negative impact of senior isolation. Consider meeting weekly with your friends so that you re-main active socially and have a reason to leave your home.
- **Don't place items in hard to reach places.** Make the things you need easy-to-reach. Climbing to get to items in high places is another common cause of falls.
- **Make sure someone other than you can get in the house.** If you have a trusted friend, neighbor, or family member, give them a spare key. Also consider installing a lock box. A lock box allows family members, friends, and trusted neighbors to access your home when you cannot get to the door. Either one of these steps could be invaluable if you need emergency services.
- **Keep lists of medications, allergies, and personal information in your wallet or purse.** This information will help emergency medical personnel when they come to your home, especially if you are unconscious or unable to communicate. Also consider wearing a trendy medical ID bracelet or fashionable medical alert jewelry.
- **Appear 'busy'.** When the doorbell rings call out, "I will get it!" Place extra shoes on the porch, leave the stereo on when you're away, and keep a few lights on timers. When you're expecting a repairman or any scheduled unknown visitor, have a friend or two over to keep you company. When it appears that several people live in the home you're a less likely target to strangers.



Bayfield County Extension Office
U.S. Department of Agriculture
Cooperative Extension Service
Courthouse, P.O. Box 218
Washburn, WI 54891

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Hours of operation:

8:00-4:00 Monday through Friday

Phone Number:

1-866-663-3607

Visit the ADRC office:

117 E 5th Street

Washburn, WI 54891

Appointments are not necessary, but are helpful.

Website: www.adrc-n-wi.org



Bayfield County – UW Extension

County Administration Bldg

117 E. 5th Street

Washburn, WI 54891

Phone: 715-373-6104

Fax: 715-373-6304

Office hours 8 AM – 4 PM.: Monday – Friday

Website: <http://bayfield.uwex.edu/>

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