



The hotline

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<CCCRofNC.org>

The CCCR of NC HomePage has been redesigned and revitalized—check it out!

Membership Application

One-year membership is \$5 for an individual, \$10 for a couple. Life membership is \$50 for an individual, \$100 for a couple. **Checks should be made payable to CCCR of NC and given to your community's CCCR of NC representative**, so he or she can keep an accurate tally of members. Please indicate whether you are a renewing or new member. If you are not sure who your community's CCCR of NC representative is, you may find out by contacting CCCR of NC President Willie Johnson, 2600 Croasdaile Farm Parkway, #A-328, Durham, NC 27705; e-mail <williedjohnson@aol.com>. If your community does not have a representative, mail checks to: CCCR of NC, c/o Page, 278 Bean Road, Mocksville, NC 27028. The form below is provided for your convenience.

APPLICATION FORM (please print or type)

(Your name)

(Spouse's name, if applicable)

Address _____

Status (please check one): Renewal New member

Enclosed is payment for (please check one):

One year: \$5 single \$10 couple Life: \$50 single \$100 couple

From the President

WITH THE DISSIPATION of the lazy days of summer, the autumn palette of gold, red, orange, and yellow gives us a new perspective. Fall also brings the CCCR of NC's 19th statewide Annual Meeting, a welcome opportunity for us to add zest and color to our lives as CCRC residents.

SEE YOU OCTOBER 26!

The Annual Meeting, which will be held Thursday, October 26, at Christ United Methodist Church in Greensboro, offers a forum for sharing fellowship, goals, and interests with other CCRC residents from across the state. The theme of this year's meeting is "The Past, Present, and Future of the CCRC Industry," and we are fortunate to have as keynote speaker Dr. Harry Groves, who was instrumental in founding CCCR of NC. Susan Williamson, President and CEO of NCANPHA, will be present to address pertinent issues that face us. Matt and Ruth Page, service providers for CCRC of NC

membership, plan to attend. There will be three breakout sessions.

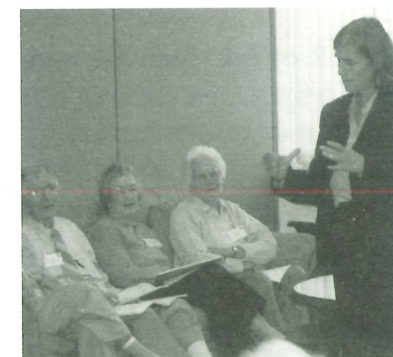
Please register by October 17 to allow time for preparation of materials for the meeting. The registration form appears on page 2 of this issue.

Let's set a goal of representation from every community. Load those buses, vans, and cars, and have a safe trip to Greensboro. I look forward to seeing you there!

Willie Johnson
Croasdaile Village

Register early for the annual meeting!

Registrations should be received by October 17.



Scenes from the 2005 Annual Meeting

HOW TO GET TO THE MEETING

From the east, northeast, and southeast, enter Greensboro on I 40/BUS I 85, follow BUS I 85, turn off at Exit 121 B to Holden Road. Turn right and follow Holden Road north to the church, on the right between Market Street and Friendly Avenue.

From the north on US 220, Pass Lowe's, then turn right at the sign "To Holden Road." Follow Holden Road South past the interec-tion with Friendly Avenue. The church will be on your left.

From the south on US 220, turn left (toward Charlotte) on BUS I 85. Turn off at exit 121B to Holden Road. Turn right and follow Holden

Road north past the intersection with Market Street. The church will be on your left.

From the southwest, take BUS I 85 to turn off at exit 121B to Holden Road. Turn left (north) and follow Holden Road north past the intersection with Market Street. The church will be on your right.

From the west on I 40, turn off at Exit 218, follow Patterson Street (NC 6) to the inter-section with Holden Road. Turn left and follow Holden Road north past the intersec-tion with Friendly Avenue. The church will be on your right.

A map is provided on the next page. Groups are encouraged to take advantage of their com-munities' buses, to avoid parking congestion.

CCCR of NC Annual Meeting
Christ United Methodist Church, Greensboro, NC
Thursday, October 26, 2006
9:00 AM—Registration, food, and fellowship
10:30 AM—Meeting

REGISTRATION FORM (OPTIONAL)

You may use this form to register:

Please register me (us) for the CCCR of NC Annual Meeting, October 26, 2006.

Name(s) (please print): _____

Address _____

Community _____ E-mail or phone _____

Amount of check enclosed \$ _____

Mail check for \$10 for each person made payable to SUSAN RHYNE. Send the check to Susan at 3913 Muhlenberg Court, Burlington, NC 27215.

I (we) have the following dietary restrictions:

From Our Communities

Buy Generics to Reduce the Pain from Medicare Part D

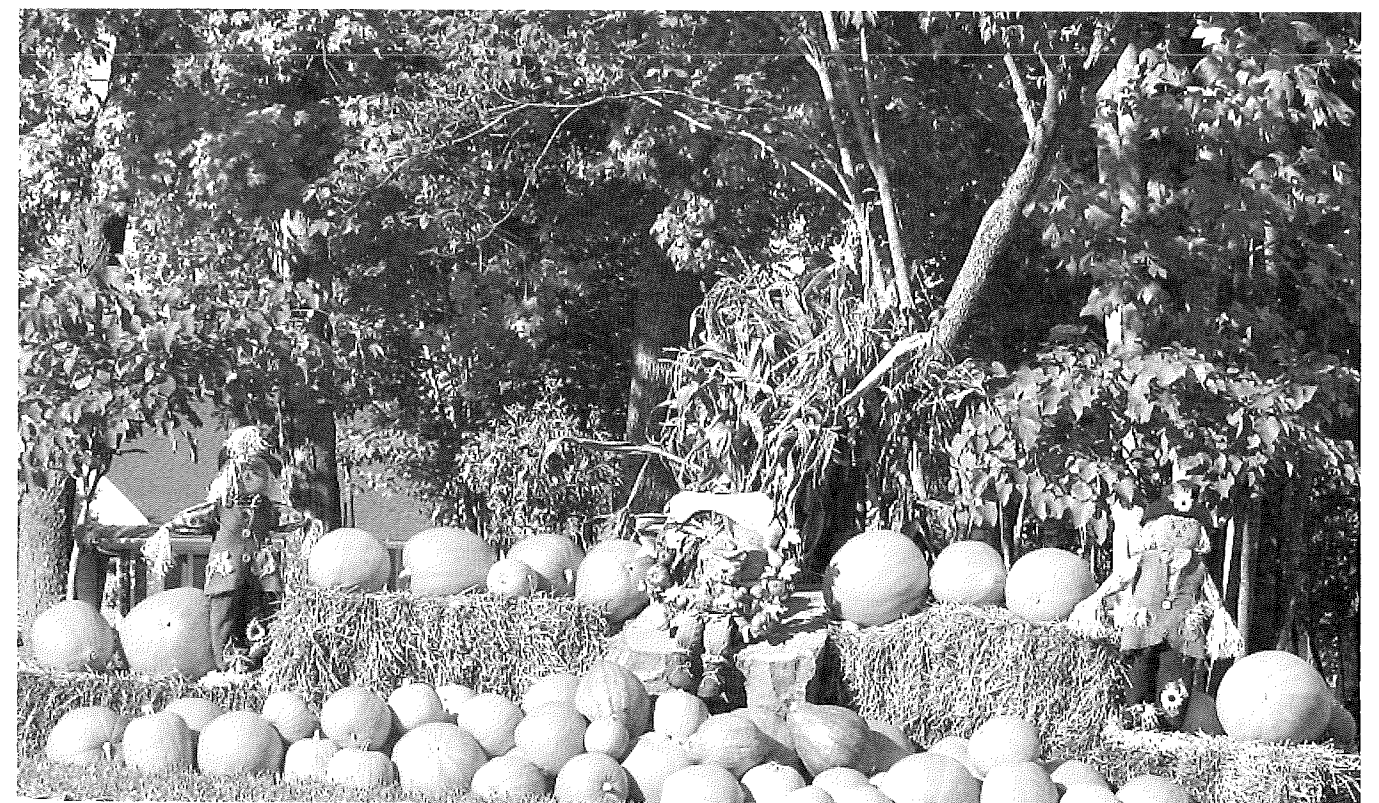
HERE'S A WAY to beat the Medicare Part D program for generic drugs. If your annual income is less than \$24,000 as a single, or less than \$33,000 as a couple, you probably qualify to purchase a 90-day supply of your generic drugs for only \$20 (Tier 1) or \$30 (Tier 2). This fee covers administrative costs, including shipping and handling. There is no cost to join the program. There are no contracts or monthly bills.

The program is adminis-tered by Express Scripts Spe-cialty Division Services, a U.S. mail-order pharmacy. Recently the program added 53 medications, for a total of more than 107 FDA-approved medicines.

Even if you are covered by the Medicare Part D drug plan, it may be important to slow the sum total retail price of drugs purchased monthly. Using this plan for generics,

where possible, might delay reaching the \$2,250 "gap" at which you begin paying 100% of drug costs. For more information, go to <www.rxoutreach.com>, or call 1-(800) 769-3880, 7:00 a.m.-5:30 p.m. CST Mon-Fri, or write Rx Outreach, P.O. Box 66536, St. Louis, MO 63166-6536.

From the Abernethy Countdown, June 2006



Annual fall pumpkin patch display at Twin Lakes. Pumpkins by Lawrence Apple. Photo by John Cannon.

To Your Good Health Osteoarthritis—Stop, Listen, Look!

Stop! There are over 2 million Americans suffering from osteoarthritis (OA), the common wear-and-tear arthritis. All are looking for relief from pain. The most commonly affected joints are our knees (50%), and hips (35%); 15% in other joints such as backs and shoulders. When two of our most effective pain-reducing drugs, Vioxx and Bextra, were taken off the market, we were forced to try other things. Along came a non-steroidal and non-inflammatory amino sugar, glucosamine. This supplement is usually made from the shells of crustaceans such as oysters. The manufacturers claim taking glucosamine helps repair and preserve joint cartilage and may reduce joint pain. Glucosamine may be combined with chondroitin, another supplement thought to promote cartilage elasticity and prevent breakdown. However, what do we really know about these claims?

Listen! These two preparations are often combined in a single tablet such as Osteo-Biflex. What makes such combinations so popular is their availability over-the-counter and the fact that they are mostly free of gastrointestinal and cardiac side effects. But, do these supplements actually work or are their effects wishful placebo thinking? These combinations may not live up to the manufacturers' claims regarding pain relief. There is an ongoing trial (Glucosamine/Chondroitin Arthritis Intervention Trial) monitored by the National Institutes of Health in Washington. This trial uses the present formulation of 1,500 mg glucosamine and 1,200 mg chondroitin in comparison with several drugs such as 200 mg Celebrex (yes, it's still on the market) and up to 4,000 mg Tylenol. The results of the trial are not completely in—they are still studying the supplement's

effects on cartilage repair. However, it has already found the combination of glucosamine and chondroitin NO MORE EFFECTIVE THAN PLACEBOS FOR PAIN RELIEF. Presently in the trial, Celebrex capsules seem to be most helpful for relieving joint pain, but this drug is not without concern about reactions/side effects.

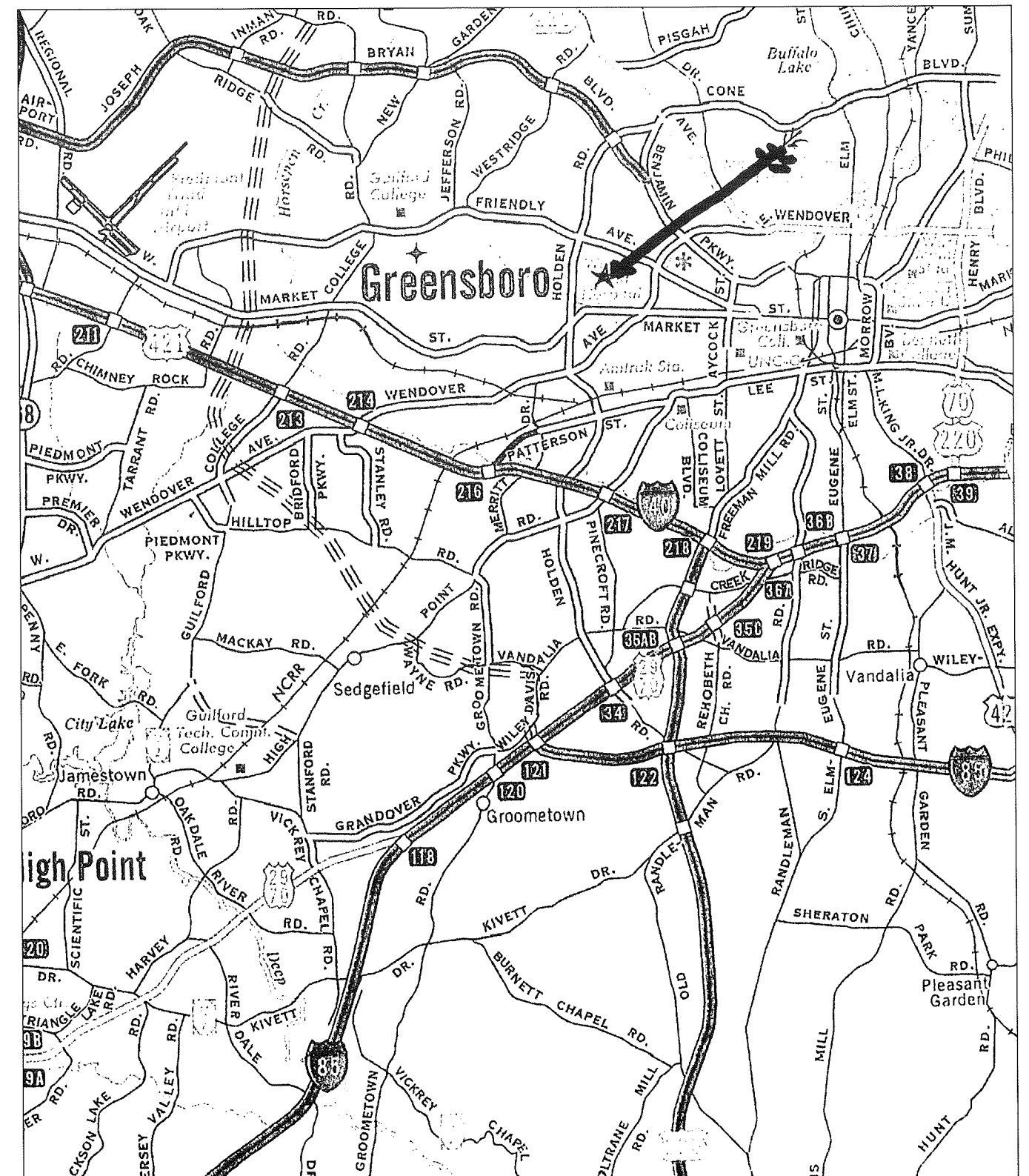
Look! It is important for us to look at these glucosamine/chondroitin combinations NOT as responses to inflammation but as possibly preventing further cartilage damage. And you need to decide whether the expense is worth it. Even over-the-counter, these supplements are expensive. Also, people who are known to have shellfish allergies should avoid these preparations. The study has suggested anyone who has taken the combination for six months without real improvement should just stop taking it.

The real painkillers such as Celebrex, acetaminophen, or other true NSAIDs such as Aleve and Motrin are most useful for relieving the pain of osteoarthritis. There is also another prescription drug, Mobic, which has little gastrointestinal or cardiac effect. Remember, pain and response to pain are very individual . . . what hurts Jane may not bother John at all! Both may suffer from OA, but different treatments may be in order. And lest we forget, the best of all responses noted in the study were in people who were willing to engage in weight loss and regular physical activity!

So stop, listen, and look for the least damaging and most effective way for YOU to relieve your pain . . . it may just be a walk around the campus and an Aleve with your glass of water.

Robert A. Watson, MD
Medical Director
Twin Lakes Community

Reprinted from *TLC News and Notes* with the author's permission.



Harry Groves

AFTER A LONG AND INTERESTING CAREER during which, among other endeavors, he taught law for several years in Singapore, traveling around southeast Asia during teaching vacations, our keynote speaker, Harry Groves, retired to a small farm in North Carolina with his wife, Evelyn. When Evelyn became ill, they moved to a CCRC to ensure that she would have whatever care she might need in the future.

The unresponsiveness of the CCRC's management led Harry to examine the state laws relating to CCRCs for ways to make them accountable. Finding the existing laws inadequate and the management continuing recalcitrant, the Groveses moved to Carolina Meadows.

Harry then obtained from other state governments copies of their laws governing CCRCs, using this material to draft proposed new legislation for North Carolina. It included provision of a new position within the N.C. Department of Insurance (DOI) to oversee compliance with the financial provisions of the law. In 1988 he brought together a few CCRC residents and members of the legislature to review his proposal. The same year, the CCCR of NC was organized and incorporated. In 1989, a small group successfully lobbied the legislature, and the new law (N.C. General Statutes, Chapter 58, Article 64, available on the state government Web site) was passed as written. Among other provisions, it mandates that: a license be secured from the DOI to operate a CCRC; a detailed disclosure statement be given both to prospective residents and annually to residents; specified financial reserves be maintained; an owning entity may not sell or transfer ownership without prior approval from the DOI; residents have the right to organize and be kept informed about the operation of the facility; the DOI be specifically charged to protect the rights of residents through financial audits; the DOI has the right to intervene in the event of financial difficulty to protect the rights of the residents; there be provision for civil liability and criminal penalties.

In 2000, Harry and Evelyn moved to Washington, D.C., to be closer to family members, but they have now returned to Carolina Meadows.

Partially excerpted from "All about Retired Residents of North Carolina CCRCs," by Myles Walburn, © 2003.



Harry Groves

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.

Grace Ridge Honors Founder Dr. Jean

ON FRIDAY, JUNE 9, North Carolina Secretary of State Elaine Marshall was the guest speaker at the dedication of the community room at Grace Ridge to Jean Conyers Ervin. Marshall reminded the audience of residents, members of the Ervin family, and guests of the courage and foresight Dr. Jean displayed in starting a continuing care community in a city as small as Morganton 20 years ago, when the concept was relatively new. Both Marshall and Grace Ridge Residents' Association president Marcus Key recalled instances in Jean's life that she recounted in her autobiography, *The Youngest of Ten*. Jean died September 16 at the age of 97.

Morganton's Mayor Mel Cohen recalled participating in the groundbreaking ceremony for Mountain House in July 1986 as one of his first duties as the newly elected mayor. Cohen emphasized the contributions its residents have made to Morganton and Burke County through the years.

Grace Hospital acquired the facility in 1991 and renamed it Grace Ridge. Since 1999, it

has been part of Blue Ridge Healthcare, which is managed by Carolinas Healthcare System.

Roger Cannon
Grace Ridge



Dr. Jean Ervin (photo by Henry Lilies)

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

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.

Attracting and Enrolling Members— In Numbers There Is Strength

ENROLLING MEMBERS IN CCCR of NC is one of our most important tasks if we are to continue being successful with legislative action! In this regard, Tryon Estates is number one among CCRCs in the state, after a 40% increase in membership in 2005–2006. Here's how we did it.

First, an arrangement was made with management to make it possible for residents to put the cost of membership on the monthly bill. With that done, the membership drive was started in early July with an individual letter to each residence providing the option to pay by check or be billed on the October bill. The letter explained the advantages of joining CCCR of NC and strongly solicited membership. It emphasized teamwork. This letter was coupled with posters strategically placed as well as advertisement on the local in-house TV channel. The TV display included a thermometer that showed membership numbers, with a goal of 300 as the target. At the end of July those who had not joined were individually contacted by letter with a reminder. The letter emphasized the number who had already joined and asked

that the recipient join as evidence of our team spirit. This routine was repeated in August and September. In addition, each new resident was contacted by letter with a copy of the CCCR of NC brochure as an attachment. This contact was also followed by additional letters throughout the year to each new resident who had not yet joined.

By the end of August a list of those who had not joined was given to each Resident Association Board member, tailored to the area that he or she represented, to obtain the Board members' assistance in the membership campaign. They were asked to make individual contact.

It all worked well, as evidenced by the large increase in our member number. Perhaps this information will help you to increase membership in the organization at your CCCR. Maintaining a large member base is important, as a strong GROWING organization with lots of members equals more clout in Raleigh.

Paul Sutherland
Tryon Estates

Interesting Web Sites

Antiques: <www.antiquesbulletin.com>
Federal government: <www.firstgov.gov/topics/seniors.shtml>
Games: <www.acbl.org (bridge); www.chessclub.com>
Grandparenting: <www.cyberparent.com/gran>
Health information: <www.healthfinder.gov>
Humor: <www.thegeezerbrigade.com>
Literature and references: <www.bartleby.com>
Socialization: <www.silversingles.com>
Travel: <www.elderhostel.org/welcome/home.asp>; also <www.eldertreks.com>

Executive Committee Report

THE EXECUTIVE COMMITTEE met September 7 at Friends Home West in Greensboro. Present were CCCR of NC President Willie Johnson, Treasurer Walton Boyer, Secretary Ted Blount, *Hotline* editor Sandy Lovegrove, Central Region representative Mel Zuck (substituting for Allen Trelease), Eastern Region representative Bob Wyatt, Western Region representative Dick Nielsen, and member of a fact-finding committee, Wendell Swift.

Minutes of the previous meeting were approved. Regarding reimbursement for expenses to those performing official functions for CCCR of NC, Willie read the pertinent bylaws, and after considerable discussion the group agreed that some bylaws need to be clarified and updated, and that those requesting reimbursement as specified in the bylaws should receive it.

Reporting for the Central Region, Mel reported a need to update the bylaws of that body also. Region Chairman Don Hasty had sent out a questionnaire to Board members asking for information about involvement by residents on the boards of directors of the various CCRCs. There seemed to be no answer as to what would be

done with that information. Reporting for the Eastern Region, Bob Wyatt stated that the officers had successfully obtained an e-mail address where every member could be reached. Dick Nielsen had nothing to report for the Western Region.

Wendell Swift reported for the fact-finding committee that had been appointed to study smoking-related problems in CCRCs. The communities reported that very few residents smoke. Eleven said it was a minor problem, but seven reported some problems, in some cases enough to cause the facility to ban smoking entirely. Attitudes toward employee smoking vary from providing an indoor place for smoking to total ban. Some facilities require a deposit to cover the cost of refurbishing the residence after the smoker leaves. Some require installation at the resident's expense of a filter system for the air in the residence. The North Carolina legislature passed an ordinance in 1993 that no restriction on smoking can be more severe than what is described in the ordinance. A recent newspaper report indicates that the present policy at Moses Cone Hospi-

tal has had to be changed to allow some smoking.

The group decided that, whereas the information obtained by the committee had been helpful and it had done an excellent job, the Executive Committee had no recommendation to make at this time. This report will be sent to CEOs of CCRCs and the subject will be brought up at the Annual Meeting. Sentiment to request action from the legislature to restrict smoking may arise; however, CCCR of NC has no funds to employ a lobbyist.

Willie reported that Elizabeth Callari, from Arbor Acres, had asked permission to make a presentation at the Annual Meeting about a CD about relaxation technique. The request was approved, and this presentation will be made before lunch.

Walton Boyer's treasurer's report assumed that the present fiscal year will be 15 months as we change to a proposed calendar year format if that is approved. We agreed that any membership for 2005-2006 will be extended to January 2007.

Total income \$23,083.16
Total expenses \$21,529.97
Net income \$1,553.19

The cost of the 2005 Annual Meeting exceeded the income but there was no action to increase the cost. Walton outlined his plan to invest CCCR of NC money without the risk of not having resources available for an emergency. There was a short discussion about the eventual use of our excess funds. Some options were sending more individuals to the annual meeting of AAHSA, funding an annual lectureship. We agreed that hiring a lobbyist would be too expensive, that we should continue to work with and through NCANPHA.

Willie asked for and received each officer's approval to serve another year. She also asked that the bylaws about the nominating committee be tweaked.

Regarding the Annual Meeting, Bob Wyatt agreed to be responsible for securing persons to lead breakout sessions. Harry Groves, founder

of CCCR of NC, will be the keynote speaker, discussing the past, present, and future of the CCRC industry. He will be offered an honorarium. Walt

Boyer asked that his talk be videotaped.

Ted Blount
Arbor Acres
Secretary

Report of the Committee on Smoking

Questionnaire responses from 20 communities across the state formed the basis of this report. The following are excerpts.

Virtually every community reported that few of its residents smoke. Eleven therefore regarded smoking as only a minor problem. But at least seven appeared to disagree, including (we assume) all those who have decided to go smoke-free. Every community appears to ban smoking in public or common areas, such as dining rooms, meeting rooms, recreation rooms, and auditoriums. Nearly all ban smoking in their assisted living and nursing units but they often designate adjacent smoking areas, sometimes outdoors. Only seven of the 20 communities now, or will soon, ban smoking in their residences, but there appears to be a trend in that direction. The ban often if not always takes the form of simply not admitting new residents who smoke. These communities thus grandfather (or except from the ban) current residents who smoke, presumably on the ground that including them would breach their prior contracts. A great many communities—even those that are smoke-free for new residents—require smokers to make a deposit or otherwise pay the costs of cleaning the residence once the smoker departs. Some require the installation of a filter at the smoker's expense.

Dues Coming Due

CCCR of NC's 2005-06 fiscal year ends September 30. Now is a good time to pay your dues for 2006-07. Checks should be made out to CCCR of NC and given to your local CCCR of NC representative.