



The NADE mid-year board meeting was held Feb 22-23 in Baltimore. It was a successful meeting and always helpful and informative to meet with our Federal counterparts in SSA.

NADE welcomes our new Southwest Regional Director, Billie Thomas, Oklahoma DDS !



NADE is in need of a webmaster to manage and maintain the website. Please contact Tonya Scott or your RD if interested.

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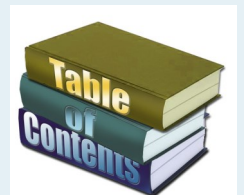
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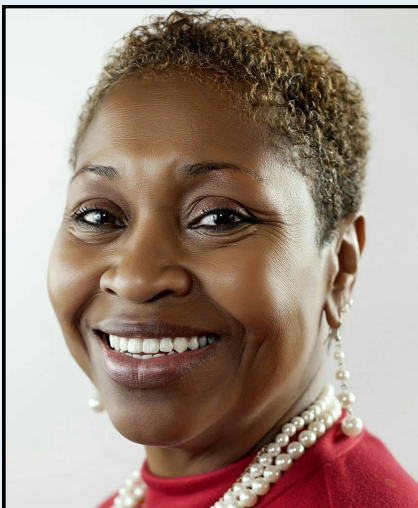
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PRESIDENT'S MESSAGE

NADE PRESIDENT, TONYA SCOTT

Greetings, All,

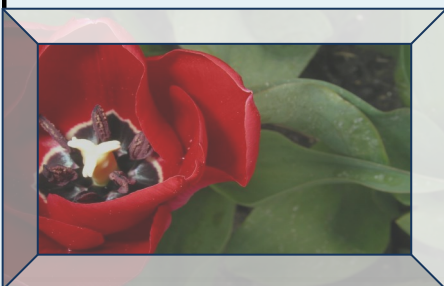
The awesome members of NADE continue to amaze me with their support and words of wisdom and encouragement. I truly appreciate each one of you. Please continue to keep the lines of communication open and flowing!

The Mid-Year Board Meeting was held in Baltimore, February 23-25, 2017. The board was able to meet with the following SSA leaders: Mary Horne (Acting Deputy Commissioner for Operations), Dennis Wilhite (Deputy Associate Commissioner, Office of Disability Determinations), Melissa Spencer (Deputy Associate Commissioner, Office of Disability Policy), Cheryl Williams (Director of the Office of Medical Policy), Dan O'Brien (Director of the Office of Vocational, Evaluation, and Process Policy), Jennifer Pecora (Director of the Office of Policy Consultation and Analysis), Miniya Maskal (Director of ODP/Office of the Associate Commissioner), Joshua Silverman (Technical Expert from the Office of Vocational, Evaluation and Process Policy), and Gale Stallworth-Stone (Acting Inspector General, Office of the Inspector General). The board appreciated the time, as well as the information, provided to us by each of our guest. Please make sure to review the articles provided in this edition of the *Advocate* for additional information on our guest.

Jennifer Nottingham, (NADE Legislative Director) and I were in Washington, DC the week of March 20-24, 2017, for the annual NADE Capitol Hill Visits. We had a packed week of appointments scheduled to meet with various House and Senate leaders/committee members to discuss the continued importance of the disability program. During the mid-year board meeting, the board discussed the top issues of concern for NADE, and these issues were discussed at during our meetings.

As stated previously, YOUR VOICE MATTERS! Please continue to provide feedback to your chapter presidents, regional directors, or any NADE board member. As we continue with the challenges, we face, having the assistance and support of others if critical.

"Be the change you want to see in others". – Mahatma Gandhi



**FROM THE DESK OF NADE PRESIDENT,
TONYA SCOTT**



MARY HORNE & DENNIS WILHITE

By: Ayanna Conley

The Board was pleased to hear from Mary Horne, Acting Deputy Commissioner for Operations, at the recent mid-year board meeting in Baltimore, MD. She was joined by Dennis Wilhite, Deputy Associate Commissioner from the Office of Disability Determinations.

They both bring a great deal of experience to their current positions. Acting Deputy Commissioner Horne started her career in 1978 as a clerical at a local FO and worked many assignments before coming to headquarters in August 2015. Deputy Associate Commissioner Wilhite started his career in 1981 as a benefit authorizer and has worked his way up through the ranks, spending 12 years at headquarters. The NADE Board's discussion with our guests centered on what we can expect in FY 2017 in regards to budget, workload expectations, and hiring. DDSs and FOs were able to get new hires on board prior to the start of the Agency imposed hiring freeze in fiscal year 2016. Since January 23, 2017, the Federal Government has been in a hiring freeze. In FY 16 DDS hiring was primarily due to the CDR workload and the elimination of Single Decision Maker (SDM) and Disability Examiner Authority (DEA). Unfortunately, the National 800 number and the Processing Centers did not have a similar opportunity and they are feeling the effects of this in FY 2017. Staffing levels will continue to be an issue until a budget is finalized. SSA is currently funded by a Continuing Appropriations Resolution until April 28, 2017. Acting Deputy Commissioner Horne emphasized that SSA proactively began spending conservatively early and will continue to do so while awaiting definitive information about the FY 2017 budget. They hope that in 60 days they will know what the budget picture will look like. Until we know more about the FY 2017 budget level, only critical, one-of-a-kind positions are being filled by exception in the DDSs. Acting Deputy Commissioner Horne and Deputy Associate Commissioner Wilhite both acknowledged the difficulties of setting nationwide workload goals with an ever-changing budget. CDR workload goals have already been adjusted to 850,000, down from 1,000,000 for FY 2017. This will impact the Agency's ability to achieve CDR currency by FY 2018. Additionally, attrition has been higher than anticipated and individual state workloads have been shifted based on staffing. SSA continues to advocate for SSA programs as they are currently administered and is hopeful the FY 2017 budget will fund the Agency at a level that will allow for investments and improvements that support our mission. Acting Commissioner Berryhill is doing her best to avoid any furloughs. Acting Deputy Commissioner Horne and Deputy Associate Commissioner Wilhite both reiterated the importance of the job SSA and the DDSs are tasked with performing. We want to be able to provide service to the public without them having to wait to get an appointment or their phone call answered. We want to be able to provide a timely response to disability applications. We are committed to serving the public. We have to be cognizant not to let our quality and customer service suffer because we are challenged to provide faster service with fewer resources. We all have same focus: To get the right benefit, to the right people, at the right time. Everyone on the NADE Board was appreciative of the chance to have a conversation with Acting Deputy Commissioner Horne and Deputy Associate Commissioner Wilhite and hear their thoughts about the important issues that we are facing and look forward to their continued support.



MELISSA SPENCER

SSA Deputy Associate Commissioner for Office of Disability Policy

By: Melissa Williamson

The NADE Board was proud to welcome a panel of presenters from the Office of Disability Policy (ODP) for our Mid-Year meeting. This panel included Melissa Spencer, Deputy Associate Commissioner of ODP; Cheryl Williams, Director of the Office of Medical Policy; Dan O'Brien, Director of the Office of Vocational, Evaluation and Process Policy; Jennifer Pecora, Director of the Office of Policy Consultation and Analysis; Miniya Maskal, Director of Training and Policy Support; and Joshua Silverman, Technical Expert from the Office of Vocational, Evaluation and Process Policy.

Melissa Spencer and Joshua Silverman spoke on the new Evidence Regulation that ODP is working on, which expands the list of Acceptable Medical Sources (AMS) to include Physicians Assistants, Nurse Practitioners and Audiologists. Cheryl Williams indicated that information within the Medical Listings and Preambles is being modified to reflect these new AMS's. The new Evidence Regulations will apply to cases based on the claimant's filing date and not the date of implementation as typical with new policy. Ms. Spencer explained that one part of the Evidence Regulation resulted from the Bipartisan Budget Act (BBA), which requires doctors to sign off on all cases. Ms. Spencer also indicated ODP is working on increasing the HIT evidence in cases. She stated that Gina Clemons, Associate Commissioner of ODP was not able to attend NADE as she was attending the 2017 HIMSS (Healthcare and Information Management Systems Society) Annual Conference & Exhibition in Orlando, FL. The conference brings over 40,000 stakeholders together for education, speakers, cutting-edge health IT products, and powerful networking.

Miniya Maskal stated that ODP is currently involved in a project regarding Training Initiatives. Some of these projects include working to update the handbooks used by the Medical and Psychological Consultants, updating case examples, and compiling a complete list of VODs that are available for use. ODP is also making all training resources easier to locate on their website. She also indicated they were ensuring that what ODP provides is useful when it comes to training materials, such as the side-by-side comparisons provided with new listings or policy changes.

Dan O'Brien spoke on a review of the Failure to Cooperate Policy. At this time, ODP is reviewing the policy to see how the procedures can be streamlined and are looking to provide an easy to follow flow chart to aid with these cases. Dan also made the Board aware of the new SSA-166 form that is a referral form for uncooperative or noncompliant appointed representatives. This referral goes to the Office of General Counsel (OGC). This form allows the different SSA components to refer Appointed Representatives for possible sanctions due to issues such as failing to provide prompt and responsive answers to questions and communications, refusal to provide requested information or actions, providing incomplete or altered evidence, instructing claimant's not to attend exams, etc. The policy information is now found in DI 31001.010 Disability Determination Services (DDS) Responsibilities When an Appointed Representative is Involved (published 3/15/2017).

Jennifer Pecora spoke about the differences between the Informal Resolution Request (IRR) and the Request for Program Consultation (RPC) process. The IRR is used to rebut errors directly to OQR. If the DDS receives a DQB return they feel is not correct, they can submit an IRR to the reviewing DQB asking for a quick, informal review. The DDS can request an RPC if they do not agree with the outcome of the IRR. Ms. Pecora indicated the IRR is an optional step for most cases, as the DDS may proceed directly to an RPC if they choose to do so. However, if the basis for the RPC is wrong deficiency cited, those cases must first go through IRR. Ms. Pecora indicated that approximately 28% of the cases that have undergone the IRR process have been overturned at the RPC level.

NATIONAL TRAINING CONFERENCE

DETROIT, MICHIGAN 2017

Amplify your Enthusiasm NADE on the Move

When: August 12-16, 2017

Where: Sheraton Hotel Detroit Metro Airport

8000 Merriman Road, Romulus, Michigan 48174

Room Rate: Single \$115, Double \$115, Triple, \$125, Quad \$135

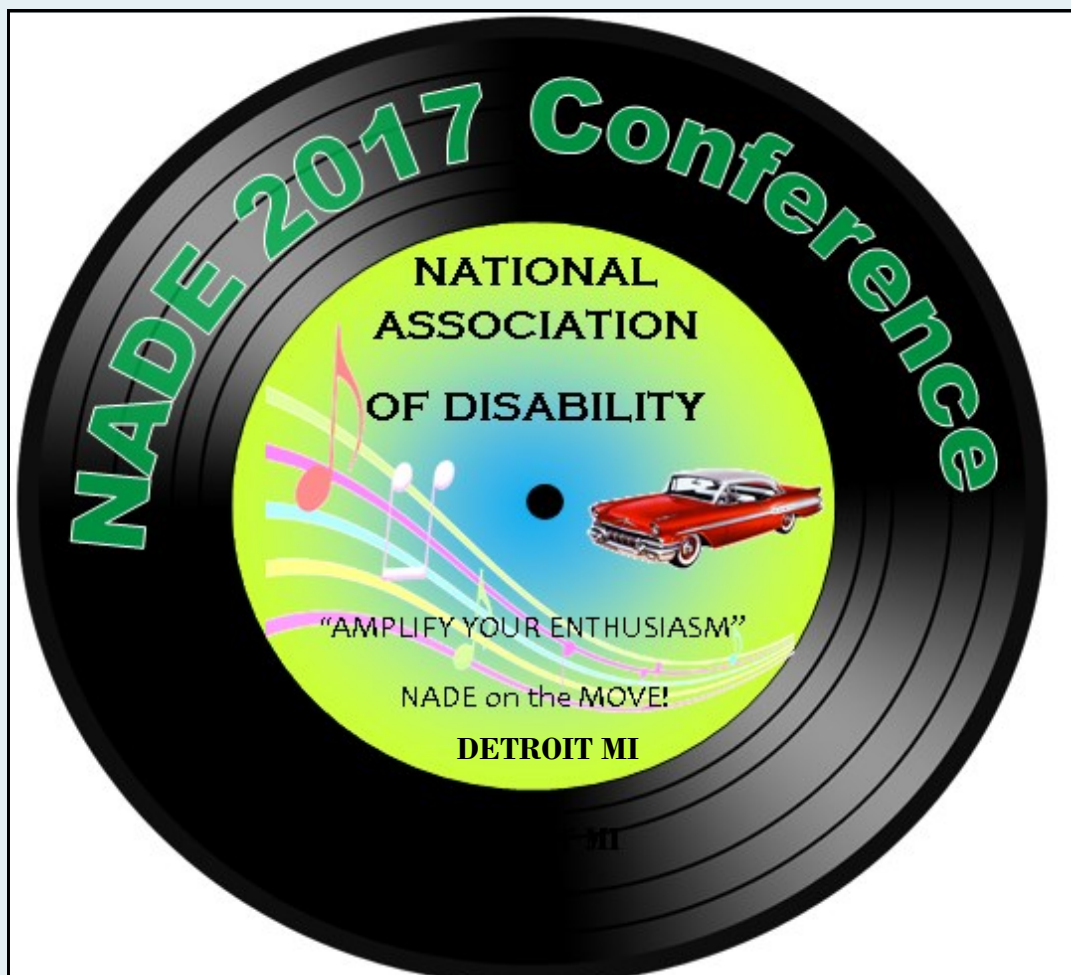
Hosted by: Michigan Association of Disability Examiners (MADE)

NADE Members \$200 Non-Members \$260

Early registration ends 6/30/17

Please visit the website: Still under construction, early registration begins soon.

<http://www.madeindetroit2017.org/>



NADE's top issues for 2017



- **Budget:**

Staffing: Funding is needed to achieve and maintain adequate funding levels

CDRs: Continued investment in timely Continuing Disability Reviews (CDRs)

DCPS: NADE supports continued development of the Disability Case Processing System (DCPS)

Training: Investment in training is critical for quality determinations

CDI: Continue support for Cooperative Disability Investigation (CDI) units and expansion efforts to decrease fraud and abuse

Salary and Benefits: Competitive salary for DDS staff to be competitive in the hiring market and retain personnel

- **Disability Examiner Authority:** With the new requirement to have a doctor review all disability decisions, the Disability Examiner Authority (DEA) will not be able to be used for Quick Disability Determinations (QDD) and Compassionate Allowance (CAL) cases. Using DEA for these case types is a way to expedite the most severely disabled.
- **Reconsideration Reviews:** NADE supports the return of the reconsideration review level to all DDS's. This ensures that all applicants receive an equal opportunity for review and that DDSs will finally have a unified process. The DDS reconsideration decisions are cheaper and timelier than ODAR decisions. It will get benefits to deserving citizens much faster, while reducing the overall backlog of cases at ODAR.
- **Specialist Claims Review:** Specialist such as speech language pathologists (SLP), podiatrists, and optometrists were previously able to serve as a medical consultant in the area of their given specialty. Doctor's continue to rely upon the advice of these specialists, particularly the SLPs.
- **Reduction in 15 Year Work History:** Due to vast changes in the occupational landscape, it is unfair current regulations allow claims to be denied on the basis claimants have an ability to perform a job they performed previously but which no longer exists, or a job they would no longer recognize.
- **Medical Improvement Review Standard (MIRS):** We support a careful re-examination of the Medical Improvement Review Standard (MIRS) and its impact on the disability program.
- **Utilization of Disability Benefits:** We support a review of how benefits are utilized once awarded. Steps may be necessary to ensure there is effort to follow prescribed treatment, of particular concern are childhood disability cases.

NADE's Strategic Plan

By: Terri Klubertanz, Strategic Plan Chair

What is a Strategic Plan?

A strategic plan is a document used to communicate an organization's goals and the actions needed to achieve those goals. NADE's strategic plan is a blueprint for our organization, outlining those activities and actions necessary to achieve NADE's mission and purpose. NADE's strategic plan is a disciplined effort that produces fundamental decisions and actions that shape and guide what our organization is, who it serves, what it does, and why it does it, with a focus on the future.

What is a Strategy?

A strategy has many definitions, but generally involves setting goals, determining actions to achieve the goals, and mobilizing resources to execute the actions. A strategy describes how the ends (goals) will be achieved by the means (resources).

What are the Strategies in NADE's plan?

NADE has identified five strategic goals to help us meet our mission and purpose as outlined in Article II of the Preamble to NADE's constitution. These five goals are:

- Professionalism;
- Legislative, Regulatory and Judicial Monitoring and Advocacy;
- Organizational Continuity and Service to Members;
- Membership Fraternity and Recognition;
- Chapter Development and Services.

Within each of these five strategic goals, various objectives and work plans have been established to help the organization meet our mission and measure our progress. NADE's strategic plan is reviewed on an annual basis and updated as needed.

It is hard to accomplish things without a plan and the NADE Board looks to its members to help them in determining how NADE is doing in meeting its strategic goals.

The Strategic Plan committee is seeking member input on our strategic plan. Please take time to review NADE's strategic plan which is posted on NADE's website. Provide any feedback or comments you have to your Chapter President, who will see that it gets forwarded to your Regional director and then on to our committee for consideration. In your comments, we would appreciate hearing from you specifics as to how the strategic plan could be improved to best meet NADE's mission and purpose.

Specific feedback in the following areas would be most helpful:

- How is NADE doing in meeting its goals?
- Are there particular strategies and goals that NADE should be focused on more than others? Why?
- Is there a strategy that you feel doesn't reflect our current environment? Why?
- Are there strategies NOT in the plan that you feel should be included? Why?
- Are there strategies currently in the plan that you feel should be excluded? Why?

Our committee is looking forward to hearing from NADE members on the Strategic Plan.

To facilitate full consideration of your thoughts and ideas, the committee would like to have any feedback by April 30, 2017. ltklubertanz@gmail.com

Thank you.

New Mexico Chapter Events!

By: Carol Rowley, New MADE Secretary

The New Mexico chapter of NADE--We call ourselves New MADE--has enjoyed an active kick-off to 2017! In January, our chapter held a NADE/New MADE Membership Drive featuring a "Brown Bag" lunch format. Emails went out inviting all DDS staff members to gather to hear a presentation about NADE and New MADE and have a chance to win a membership, all while enjoying free pizza and salad. The response to this event was great! Handouts were provided along with a raffle ticket as potential members arrived. Our New MADE President, Lauren Brisson, presented a Power-Point that included the history of NADE, what NADE does and reasons to join. Our Treasurer Karen Wasson then did a brief presentation about Adjudicator Certification. Current members all attended and served as friendly hosts to attendees. Four new members won the membership raffle and a number of others followed up with questions, may join now that they have a better understanding of NADE, and had this "ice breaker" experience. Our chapter is encouraged by the response to membership "outreach" and will be planning similar events on a regular basis.

In February, another event getting 2017 off to a strong start was New MADE's Annual Valentine's Day Charity raffle. Emails went out to all DDS staff members announcing the opportunity to purchase raffle tickets for two beautiful Valentine baskets with half of the proceeds going to charity. Members had a great time gathering an assortment of Valentine's Day goodies, plus our chapter donated gift cards for a restaurant and movie for 2. The baskets were on display to encourage participation. DDS staff members enthusiastically purchased many raffle tickets, and we had the drawing during an afternoon break on Valentine's Day. In keeping with our chapter's commitment to community service, half of the proceeds from the fundraiser went to the University of New Mexico Children's Hospital. Even better, New MADE coordinated this fundraiser to link up with an Albuquerque charity radio-thon, and our donation to UNM Children's was matched by a local business!

New MADE has found that creating events around certain holidays serves well as a Chapter fund raiser, as a meaningful charity opportunity and also raises office morale and builds relationships. Our chapter is excited about gaining new members and in providing opportunities to give back to our community. We are looking forward to the Spring activities we have planned, including recognition of National Donate Life Month in April.



Pacific Region News

Growth in the Pacific Region

By: Marjorie Garcia

The 2017 NADE National Training Conference in Denver CO, was well-attended by the Pacific Region membership. The chance to meet fellow NADE members and exchange ideas, concerns and goals for the upcoming year fueled a lot of enthusiasm. The continued interest in NADE is especially evident by the extraordinary growth that has occurred, with 30 new members joining since January 2017!



From left to right: Scott Izumihara, Pamela South, Kerry Langholz, Michael Magill, Todd Deshong, Courtney Jordan, Douglas Gardner, Rosalinda Turk, Kevin Allen, Marjorie Garcia.

The Nevada NADE Chapter led the region in new memberships with 14 by January 2017! They kicked off the membership drive with a chili cook-off. The Chapter election of officers was completed in March.

Welcome Nevada!



Members include: Dominick Addonizio, Autumn Anzalone, Redjan Bitri, Laurie Blakely, Allison Deatherage, Michelle Harden, Todd Kreamsreiter, Nancy Lauback, Michelle Luckie, Steven McDonald, Kelly O'Neill, Tracey Pitts, Emilie Reafs, Elaine Smith, and Allie Wright

Salem, OR (ORADE) members dedicated their efforts toward education, fund-raising, and encouraging positive staff interactions. They hosted a series of “Medical Moments”, which were brief presentations on a variety of disability-related subjects, inviting both internal medical consultants and community subject matter experts to speak. Like OlyWADE, they too were very involved with serving their community, by raising funds and items for charity. Some of the organizations who benefited from OrADE include: p:ear (Positive relationships through education, art, & recreation is an advocacy group for homeless teens) \$600, the local Domestic Violence Shelter received over \$150 in cash and goods, while the Humane Society received \$63 in donated funds, to name a few of the charitable organizations. DDS events also included fun staff events whose purpose was simply to encourage positive staff interactions (Holiday costume contests; Ice cream social; NDPW).



Ugly Sweater Contestants from left: Charlotte Christie, Dawn Colter, Destiny Stom, Dr. Susan Johnson (seated), Michele Grindahl, and Stacy Wood Rustrum.

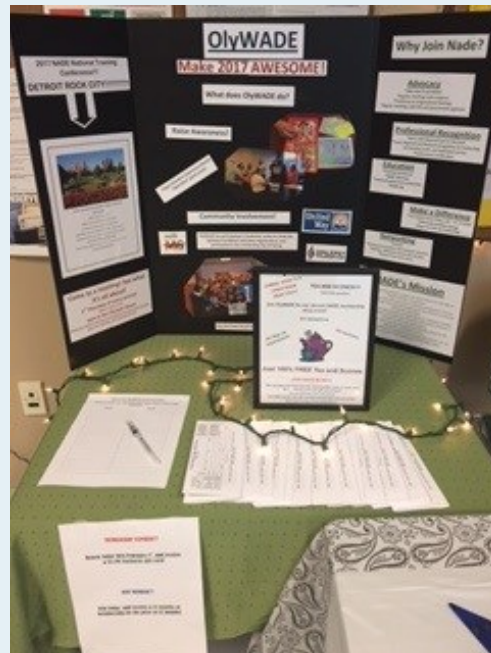
Federal Way, WA (WADE-R) also reported multiple community and DDS events, promoting NADE through NTC forums, recapping the events and experiences of the Denver conference. Efforts were also dedicated to expanding their communication infrastructure, with NADE assistant Webmaster Aaron Highlands leading the development of a WA DDS intra-chapter website and newsletter. The WADE-Rs support their local community annually with a food drive, as well as extended communities. This year they sponsored a clothing drive to benefit victims of floods in Louisiana.



Growth also continued in some of the well-established chapters, as did their services to their communities and NADE.



Olympia, WA (OlyWADE) Executive members held a luncheon forum to recap the NTC. Many OlyWADE members are involved with other office committees and outside groups that provide services to a variety of community organizations. For example, the chapter collectively performed monthly random acts of kindness and thanks by personally delivering flowers to 4 or 5 staff members. They also delivered holiday chocolates with personalized gift tags, updated their media sites and bulletin board, selected a theme and charity for the upcoming year, hosted food drive events, and hosted a free pizza and a free tea and scone day! The chapter's efforts have led to increased office morale, as well as community resources.



The several smaller chapters in the Pacific Region, whose efforts to recruit and increase their presence in the DDS and their communities are also commendable as the larger chapters, report post-NTC forums and membership drives. Arizona, Hawaii, and California are each generating interest (and members) by coordinating events with their respective administrators. We wish them each much success with their endeavors to promote NADE's mission.

Clearly, the Pacific Region is growing by leaps and bounds in both membership and enthusiasm!

GREAT JOB PACIFIC REGION!

THADE COMMUNITY SERVICE

By Betty Emerson, THADE member

The NC DDS THADE Community Service Committee organized several relief efforts over the past few months to aid victims of flooding in Baton Rouge, LA and those effected by Hurricane Matthew in Eastern North Carolina.

In September, the NCDDS learned that employees of the Baton Rouge DDS were affected by significant amounts of rainfall that caused severe flooding in their area and many employees of the Baton Rouge DDS suffered damage and some lost everything. The NCDDS collected a total of 47 boxes of relief supplies and sent them to the Baton Rouge, DDS. See pictures below after boxes were packed and loaded and then after they were received by Baton Rouge DDS, the supplies filled



In October, our state was hit by Hurricane Matthew causing severe flooding to Eastern NC. Once again, the NC DDS THADE Community Service Committee planned and organized the collection of relief supplies for these victims. The NC DDS employees again were so generous with their donations. 45 boxes of relief supplies were delivered to Lumberton, NC to a tobacco warehouse where supplies were being stored for the communities.



And once again, in November, The NC DDS THADE Community Service Committee held a food drive for the Food Bank of Central and Eastern NC and the NC DDS employees were generous yet again and gave donations of Thanksgiving related foods for the Food Bank who were helping provide food for many still affected by Hurricane Matthew. 25 boxes were delivered to this facility.



THADE COMMUNITY SERVICE PROJECT 2017

During the month of February, THADE's Community Service Committee planned and organized a project to make care packages for the homeless and less fortunate. The NC DDS donated items of winter clothing such as hats, gloves, scarves, socks, and blankets. THADE also collected other care package items like water, nutrition/protein bars, toiletries, hygiene products for men and women, etc. Once all the items were collected, the committee members were able to assemble 36 care packets for those less fortunate. THADE delivered the care packages to the Salvation Army to be distributed to those in need.



DELAWARE IN ACTION!

By Kathleen Fuller, DADE President

DADE participated in the New Castle County Police Dept. Coat and Toy Drive during the Holiday Season. The NCCPD has an annual Coat drive provided warm coats for those in need. The coats are available at the local Police Dept. and other community centers throughout the county during the cold winter months. These coats are also given out to the homeless at local shelters and soup kitchens.

We also participated in the Toy Drive the police department offers. The toys that are donated enable the officers to keep toys in their cruisers to give to children that may be in domestic situation's, being removed from their homes, or placed in foster care.

We had wonderful support from the entire DDS ! We were able to donate 33 Coats, hats, gloves and 24 toys! The NCCPD were thrilled with our donations. What an amazing feeling it was to be able to help our community stay warm, and hopefully help ease a child's fears during a stressful time in their lives ! We look forward to participating again next year !

Most recently - DADE had a Pizza Luncheon/Membership Drive. We offered educational and leadership information, as well as information on the benefits of involvement with NADE. We also were able to share information with the staff on the benefits of being a part of DADE, sharing with them all of our future planned events. We were thrilled to Announce the Theme of this year's NDPW as well and have a few prizes for the entire office !

It was a nice time to get to share NADE/DADE information with all of our new Adjudicators and staff, as well as having some time to socialize. We are happy to have gotten 10 New DADE members and look forward to our future events ! Some of our planned events include an Ice Cream social, 50/50 raffle, Bake sale and Planning for this year's NDPW !!



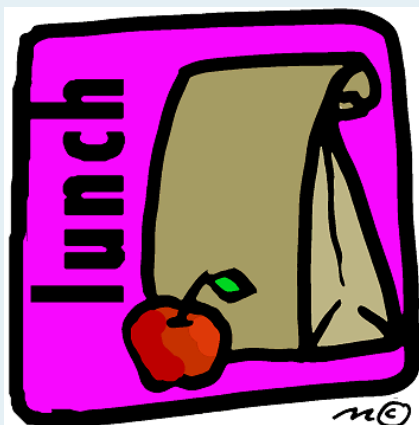
PICTURE- Coat And Toy Drive 12/2016 DADE president- Kate Fuller, Secretary Bey Gibson and Treasure Kara Senor with our DADE members as we show off the toys and coats collected for the NCCPD Winter Coat Drive.

Get to Know Your MC: M.A.D.E. Lunch and Learn

Membership Drive a Hit in St. Louis

By Sara Westbrooks, President of M.A.D.E. – St. Louis Chapter

January 31, 2017



The lunch hour made a fine time for counselors and Medical Consultants to gather in an informal setting. Over pizza, brownies and beverages, the St. Louis Chapter of M.A.D.E. hosted a Lunch and Learn: Get to Know Your M.C. and Membership Drive in the office. All counselors and M.C.'s were invited.

The event began as a notion made by Ellvan Markley, Hearing Officer in the St. Louis. The idea was to bring a sense of comradery back into the office. Disallowed from consulting with M.C.'s on a one-on-one basis post the recent changes by Congress, new hires – counselor and doctors were strangers to one another in the same place of work.

In approximately 30 minutes, a group of available M.C.'s and interested counselors joined together for lunch to play a game of Get to Know Your MC. Counselor II and President of M.A.D.E. – St. Louis Chapter Sara Westbrooks, hosted the luncheon and read facts about each consultant. Counselors then attempted to match the fact to the correct specialist. After a fun and quick half hour of eating, laughter and newly attained knowledge, counselors left knowing more about the person behind the signature on an assessment form and M.C.'s left with smiles of appreciation.

Although schedule conflicts permitted less than half of medical consultants to attend the luncheon, those present were adored and appreciated in the short time frame for more than a review of medical evidence. As for counselors, sentiments of nostalgia permeated the room with fond memories of how things were when consults were allowed and pieces of personal information were exchanged then. To-day took a victory - a triumph in gaining a few new members for M.A.D.E. and removing the term and feeling of stranger in the office for many. This hopefully is the beginning of more people are getting to know people.



MADE SILENT AUCTION

By: Dr. Sharon Bland-Brady

MADE held a silent auction for the holidays. Toni Edmon, surprised another person who was looking to purchase something from the Auction. Toni, kept out bidding the other person on the same item. At the end of the Auction, Toni purchased the item and gave it to the person as a holiday gift. I was in tears from watching this “act of kindness.” The Auction went over very well and everyone had a great time.



OKADE FUNDRAISERS

By Cynthia Thompson, OKADE

OKADE is off and running this year hosting fundraisers to benefit three different local organizations in OKC. the agencies are: **Children's Center Rehabilitation Hospital - The Children's Center Rehabilitation Hospital, 6800 N.W. 39th Expressway, Bethany, OK 73008.** Patients have complex medical needs as a result of birth defects or complications, traumatic accidents or illnesses. Average length of stay is 24 months. The age range is newborn to 21 years of age. The Pediatric Physiatrist Program at The Children's Center Rehabilitation Hospital offers comprehensive multidisciplinary rehabilitation care for children. They offer the latest evaluation and treatment techniques to improve function and quality of life for children with a variety of diagnoses and disabilities. This is accomplished through effective rehabilitation of the highest quality provided in a family-centered environment. The Pediatric Orthopedic Clinic at The Children's Center Rehabilitation Hospital provides a wide range of services for medical management and treatment for rehabilitation from: developmental, congenital or neuromuscular conditions, scoliosis, orthopedic trauma and sports-related injuries. The Pediatric Neuropsychology Program at The Children's Center Rehabilitation Hospital offers the highest quality of care addressing the mental, emotional and biological aspects of brain disorders. Their program helps patients cope with problems of learning, memory, organization and emotional control resulting from brain injuries or neurological disorders.

OK Kids Korral - OK Kids Korral is located at 818 N.E. 8th Street, Oklahoma City, OK 73104.

Getting the right care sometimes means cancer patients must travel away from home, often to a cancer treatment facility in another city. This puts a financial and emotional toll on the families, not to mention the physical toll it takes on their child. OK Kids Korral helps make life a little easier for children with cancer by providing a safe, convenient, and hopeful place for families to connect with each other and focus on the well-being of their child. OK Kids Korral provides daytime and overnight lodging for pediatric patients (newborn – 18years) and their families. The state of the art facilities at OK Kids Korral are designed to create a relaxing haven for the entire family. This is totally free housing for the family. The facility provides transportation, food, laundry facilities, Wi-Fi, computers and everything that is needed to live away from home. and they work with cancer centers at OU Children's Hospital and St Francis, with most children having to live at the Korral from 90 to 200 days at a time. They house 16 families at any given time.

Infant Crisis Center - Infant Crisis Services, Inc., Donald W. Reynolds Center, 4224 N. Lincoln Blvd. Oklahoma City, OK 73105. In Oklahoma, 23 percent of children live in poverty and are at great risk of experiencing food insecurity. When you donate formula, diapers and other baby essentials to Infant Crisis Services, we give them to babies and toddlers who need our help. The baby items and funds collected help Infant Crisis Services provide emergency assistance to children who would otherwise go without the basic necessities



We hosted Fat Tuesday and was a huge success. Employees dressed up and a contest was won by Cynthia Thompson 1st, Kayla Burdine 2nd, and Kaneasha Baker 3rd. Gumbo, Red beans and rice was served along with sweet potato pie and cupcakes. Beads and candy was passed out to all employees. A day of fun and benefit for our charities!

OKADE MEMBER RETIRES!

OKADE honored one of NADE's longstanding members with a retirement party. Janette Hutchison, has been a NADE member for 18 years, retired from the Oklahoma DDS after 25 years of service. This very quiet and reserved Disability Examiner has shown outstanding achievement by the use of initiative and humanitarian efforts, along with the ability to effectively assist in the Social Security disability process with her many years of experience, professionalism and a sincere caring for all claimants and her fellow co-workers. Additionally, while caring for those very ill in her family, caring for several grandchildren, she could always be counted on to step up and volunteer for ANY events and fundraisers, no matter the cause. She has won numerous awards for her many labors of love throughout the years and to have her as a NADE member out of the 25 years of service speaks volumes. Jan as she is so affectionately known by will be missed very much from our agency and OKADE/NADE.

When asked if she would consider being one of NADE's Retirees, her answer was she doesn't fly!



Congratulations Janette Hutchison!



How Disease Rates Vary by State — and What States Can Do About it

http://www.route50.com/2016/12/disease-rates-vary-state/133808/?oref=govexec_today_nl

Public health officials are using information about disparities based on where people live to craft effective interventions.

[The Pew Charitable Trusts](#) | December 12, 2016

This article [was originally published](#) at [Stateline](#), an initiative of The Pew Charitable Trusts, and was written by Michael Ollive.

By many measures, Hawaii is one of the healthiest states in the union. Yet only Mississippi has a higher rate of flu or pneumonia deaths than the Aloha State.

West Virginia, which is usually among the bottom dwellers in state health rankings, is in the middle of the pack when it comes to deaths related to Alzheimer's disease.

Similarly, relatively unhealthy Arkansas has a low rate of drug overdose deaths while Connecticut, which ranks near the top in overall health, has one of the country's highest rates of death linked to drug use.

Health disparities based on race, income and gender tend to draw more notice, but variations related to where people live are attracting the attention of public health officials, who are using the information to craft more-targeted policies. As the data become more precise, health policy experts believe interventions to combat geographic disparities will become even more effective.

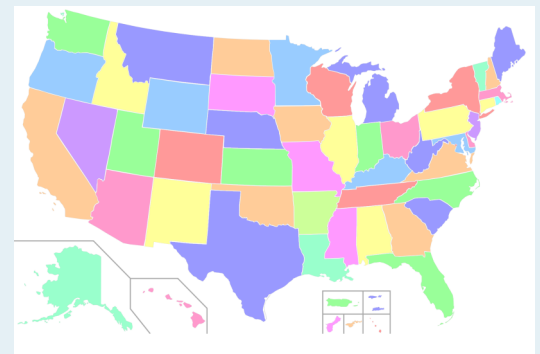
The increasing interest comes amid a growing recognition that people's health depends as much on geographic factors such as recreation, transportation, crime and unemployment as it does on what takes place in doctor's offices or hospitals.

"In many ways, your ZIP code is more important than your genetic code when it comes to health," said Jay Butler, Alaska's chief medical officer and its director of public health.

The truth of that observation is evident in a single comparison from a new report from the Center on Society and Health at Virginia Commonwealth University and the Urban Institute: On average, a newborn in Mississippi will live to age 75. One born in Hawaii will make it beyond 81.

From States to Neighborhoods

VCU and the Urban Institute recently [released the first of nine reports examining the states](#) according to 39 health outcomes, such as heart disease mortality, cancer mortality and suicides. The project also seeks to correlate 123 social or economic factors such as government spending, proficiency in reading, and rate of incarcerations and health conditions. (The report doesn't offer explanations for the correlations.) The authors say the report examines more measures than any previous state comparison.



For example, the report finds a strong correlation between lower spending on public transportation and higher instances of car accidents, and between adult obesity and deaths related to pneumonia. It also links a shortage of primary care services to higher rates of deaths related to diabetes, heart disease, stroke and pneumonia and to lower life expectancy.

Others, including the federal Agency for Healthcare Research and Quality and the United Health Foundation, have also compared states by various health measures. In addition, many states and outside groups produce their own health surveys of regions within their states. With funding from the Robert Wood Johnson Foundation, the University of Wisconsin Population Health Institute [does health rankings of counties in every state](#). A collaboration between the University of Southern California and PolicyLink, a nonprofit focused on issues of equity, [compared the health of 150](#)

Even smaller geographic comparisons are coming. Next year, the U.S. Centers for Disease Control and Prevention and Robert Wood Johnson plan to unveil [health data from the country's largest 500 cities](#) broken down by census tract or neighborhood. The goal, according to the CDC, is to help cities and local health departments “better understand the geographic distribution of health-related variables” to “help them plan public health interventions.”

In many places, health interventions based on geographic data are already happening. Steve Woolf, director of VCU’s Center on Society and Health, said in many states tobacco control policies and cigarette taxes “are the direct result of health disparities information related to smoking.” Woolf also noted that car accident fatalities have informed state decisions on motorcycle helmets, car seat restraints and speed limits.

Taking Action

Maryland tackled diabetes in the southern part of the state by linking more patients to primary care doctors, and it improved behavioral health on the Eastern Shore by creating mental health crisis services, said Joshua Sharfstein, who used to head the Maryland Department of Health and Mental Hygiene.

Local and state health officials also have made changes to help reduce childhood asthma, including coordinating communication between school-based nurses and primary care practices and enabling students to administer their own inhalers rather than relying on school nurses. Sharfstein said statewide efforts also lowered Maryland’s relatively high infant mortality rate. The state improved access to health care for expectant mothers and launched educational campaigns to teach parents about safe sleeping practices for newborns.

“Knowing how you compare to other states is very helpful,” said Sharfstein, a physician who is now an associate dean at the Johns Hopkins University Bloomberg School of Public Health.

In Colorado, public health officials several years ago discovered that high blood pressure was much more prevalent in the two sparsely populated frontier counties of Las Animas and Huerfano. The statewide rate was 26 percent, compared to 38 and 39 percent in the two counties.

Kelly Means, clinical quality improvement manager in the state's Department of Public Health and Environment, said that finding led to a program to identify residents in the two counties who had high blood pressure but were not getting treatment and refer them to primary care doctors. The state also encouraged those doctors to direct hypertensive patients to community programs aimed at reducing high blood pressure through healthy eating, exercise and smoking cessation.

Means said that the program, which is supported by \$185,000 in grants from the Association of State and Territorial Health Officials and is now in its second year, has linked 75 previously undiagnosed residents to primary care and 82 existing patients to activities to reduce high blood pressure. One participating primary care practice reported that the number of patients who have their blood pressure under control has increased by 20 percent.

In Alaska, Butler said, geographic health data led to targeted anti-smoking and suicide prevention programs in northern and western parts of the state, where the rates of lung cancer and suicide are particularly high.

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In Connecticut, the data indicated a high rate of asthma-related hospitalizations in Waterbury, said Dr. Mehul Dalal, the chronic disease director in the state Department of Public Health. That finding prompted the state to help Waterbury develop a home inspection program in which health workers identify environmental conditions that can trigger asthma and advise residents on how to remove them.

Kalamazoo, Michigan, now sends nurses into homes to combat the city's high rate of infant mortality. Philadelphia, alarmed over its high obesity numbers, this year enacted a soda tax. In Utah, the Health Department recently began promoting gun safety in response to the state's high suicide rate.

But health policy analysts, even those who do geographic analyses, caution that geographic health data isn't perfect. Laudan Aron, a senior fellow at the Urban Institute who helped produce the report with VCU, said that problems in data collection, such as poor reporting practices by medical providers, can skew the numbers. That's why comparative findings should only be viewed as a first step to more investigation, she said.

And some findings, while interesting, may not point the way to action that can make a difference. The VCU-Urban Institute report, for instance, ranks states by their rates of mortality associated with Alzheimer's disease. Washington ranks last in that category, but there is probably nothing the state can do about it. "Unfortunately, at this point, there are no evidence-based practices we know of that reduce the rate of Alzheimer's," VCU's Woolf said.

If nothing else, policymakers say, such comparisons prompt discussions across borders to learn best practices in addressing particular health problems. And as Maryland's Sharfstein said, in health policy, a little competitive rivalry between geographic areas can only benefit patients.

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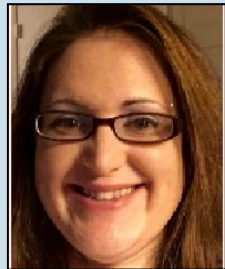


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Keep them coming! It is always good to hear NADE success stories.**



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