

Family Caregiving:

The Art of Caring for Your Older Relative

A publication of Baltimore County Department of Aging



Information

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Baltimore County Department of Aging

611 Central Avenue • Towson, MD 21204



County Executive Kevin Kamenetz
and the Baltimore County Council

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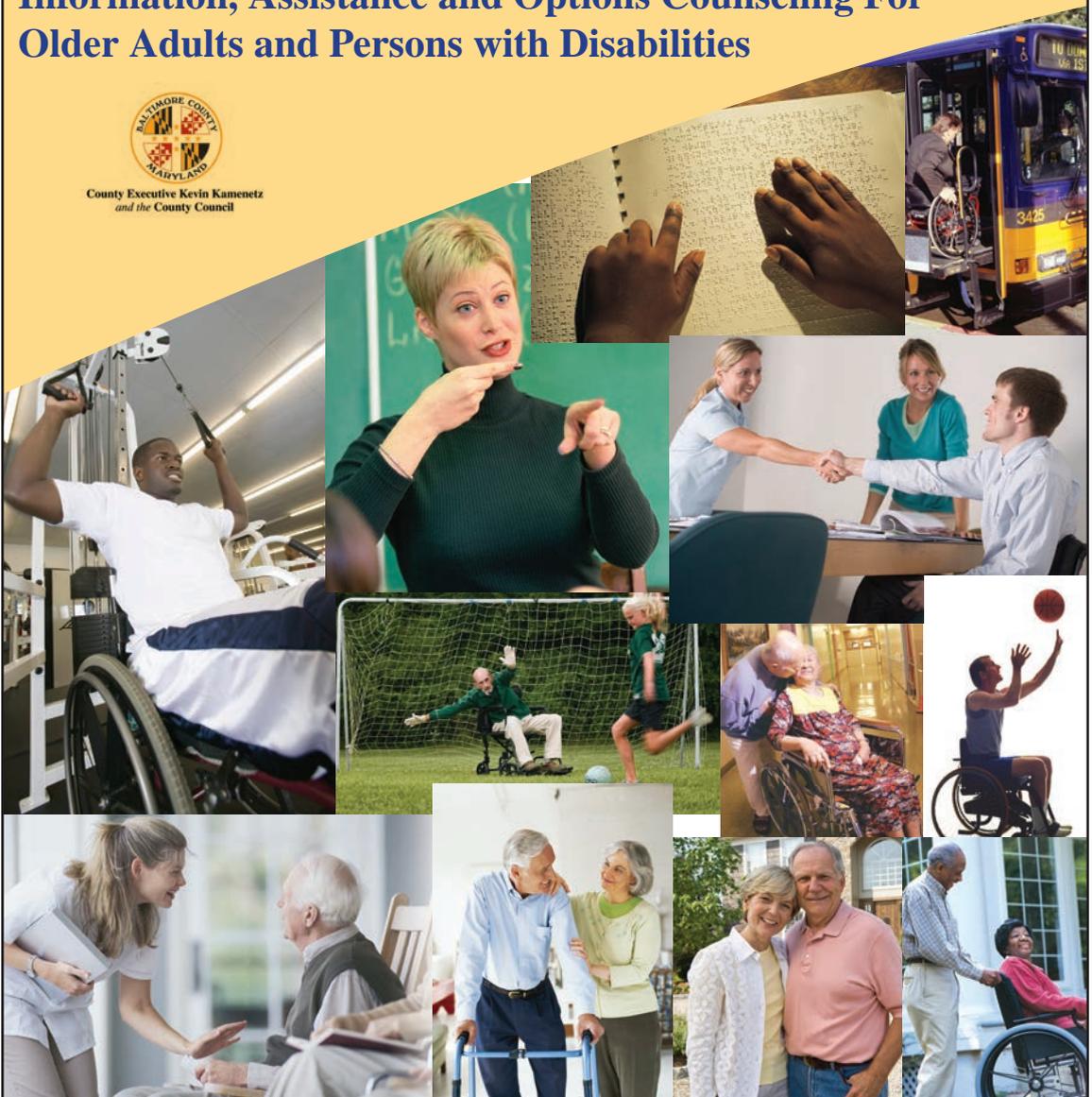


Maryland Access Point

**Information, Assistance and Options Counseling For
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MESSAGE FROM THE BALTIMORE COUNTY EXECUTIVE



Dear Fellow Citizens,

In every neighborhood in Baltimore County, family members take care of elderly relatives. Family caregivers provide the physical, financial and emotional support that enables older adults to live in our communities and enjoy the best possible quality of life. While caring for an older person can be a rewarding experience, it can also be stressful and difficult, as caregivers balance work and other family commitments with their caregiving responsibilities.

The Baltimore County Department of Aging is here to help. The Caregiver's Program has produced this updated guide to address eldercare issues with practical tips and strategies. I thank the Department of Aging for providing this valuable resource.

Thank you for all you do to support your older family member. I hope the information in this book will help you to meet the challenges of caregiving.

Regards,

A handwritten signature in black ink that reads "Kevin Kamenetz".

Kevin Kamenetz

Baltimore County Executive



MESSAGE FROM THE BALTIMORE COUNTY COUNCIL



Dear Fellow Citizens,

More than one family in four takes care of an older relative, according to AARP. Caregiving has an enormous impact on the well-being of families throughout our county. We are grateful for the many hours of care that families provide to keep their loved ones as active and independent as they can be. We are aware that caregivers need information to be better prepared for the current and future needs of the elders in their care. Our Department of Aging, a national leader in services for seniors, has produced this practical book to help you confidently address those needs.

We hope this book is a useful tool for making difficult decisions about the care of your older relative. We wish you well in your important work.

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MESSAGE FROM THE DIRECTOR

Dear Fellow Residents,

During the aging process, many people begin to rely on the support of a caregiver due to declining health and increased needs. These needs can change a person's relationship with family and friends. A daughter, husband or friend may find that they are placed into the role of a caregiver – the person primarily responsible for seeing to the person's physical, psychological and social needs. Needless to say, caregiving is a fine art.

Personally speaking, caregiving is a rewarding experience. However, it is important to note that caregiving can also be a profound change for both people. It requires well-established patterns to be changed and new adaptations to be developed. While change is challenging, these adjustments provide opportunities for personal growth.

Therefore, on behalf of Baltimore County Department of Aging, I am proud to offer this publication as a resource to you – the caregiver. Having dedicated myself to caring for my aging parents over the past few years, I know the value of connecting to the proper resources, knowing how to assess your loved one, preparing to get the most from a doctor's appointment and safeguarding a home. I encourage you and other family members to read this publication, not only to care for your loved one; but to care for yourself ... a caregiver on this journey of a lifetime.

Additionally, I want to thank Elizabeth Cooney Care Network for their partnership in producing *Family Caregiving: The Art of Caring for Your Older Relative*. Their support was essential in producing this educational resource.

Family Caregiving: The Art of Caring for Your Older Relative will be distributed in senior centers, libraries, hospitals, government agencies, doctor's offices, senior housing, business partners, professional conferences, outreach events and more. Also, it will be available at www.baltimorecountymd.gov/artofcaregiving; this resource is available 24/7 to support Internet-savvy clients, professionals and long-distance caregivers.

Sincerely,



Joanne E. Williams, Director
Baltimore County Department of Aging



BALTIMORE COUNTY DEPARTMENT OF AGING MISSION STATEMENT

The Baltimore County Department of Aging strengthens lives by connecting individuals to community resources, programs and services.



MESSAGE FROM THE ELIZABETH COONEY CARE NETWORK

Baltimore County Caregivers,

In Maryland, our networks of families and friends providing caregiving in our state save an estimated \$5.2 billion dollars according to AARP. Our formal and informal caregivers are the backbone of our communities by keeping our loved ones safe, stable and independent. Whether you are caring for your own loved one or the neighbor down the street, or hiring a private home care agency, our caregivers need to identify their support systems, chronic care education, and advocacy to help them better understand what to expect as our loved ones need our care more and more.



For over 58 years, the Elizabeth Cooney Care Network has demonstrated a long held devotion to supporting and serving caregivers and their loved ones as a local family owned company in its third generation. After caring for a legacy of five generations of families and individuals, the Elizabeth Cooney Care Network understands that every caregiving situation is unique. That's why we carefully customize our personal home care services to each and every individual and family we serve. For us, quality caregiving means ensuring attentive, expert, friendly, dependable and loving care by creating positive moments every day. Caregivers can leave their worries behind when they allow us into their lives because we manage all the day to day details to make your life easier. You will always find a knowledgeable and experienced staff who cares about your needs within our network.

Learning from our experience supporting caregivers through the Elizabeth Cooney Care Network, we have found that most caregivers need our diverse and flexible network of options to care for their loved one. Most caregivers are over 50 years old and female, usually caring for their own family and then their own parents. On average, caregivers spend approximately 86 hours a week caring for their loved one. Over half of our county's caregivers have been caregivers for at least five years.

Most caregivers do not self-identify, so it is difficult to offer help when needed. But caregivers do need to take care of themselves as well. Every caregiver needs to take a break from the responsibilities of caregiving at times. The term respite care, means taking a break from their everyday caregiving duties. According to the 2015 Caregiver's Survey conducted by the Maryland Caregiver's Support Coordinating Council, of which I have served as the Governor's appointed chair, over 51% of caregivers report considerable or great emotional hardship and 31% of caregivers report regular or great financial hardship. Caregiving can take its toll on the caregiver. We depend upon to watch and take care of us. We need to reach out and care for one another.

Thank you for allowing us into your lives and homes for almost six decades! We are here for you when you need help. Call us anytime 24/7 for your care needs.

Many thanks,

Elizabeth Weglein
CEO, Elizabeth Cooney Care Network
ew@elizabethcooneyagency.com • 24/7 Live Service 410.323.1700

Elizabeth Cooney
— CARE NETWORK —
SINCE 1957

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Joanne E. Williams, director of the Baltimore County Department of Aging, deserves recognition for her strong commitment to the publication of consumer reference materials for older adults and their families. **Laura Riley**, deputy director, is to be thanked for her ongoing support of the Department's many worthy projects. Without the vision of the administration to educate baby boomers and their aging families, this publication would not have been possible.

Many people contributed to the preparation and publication of this booklet. Thanks to Michelle Marseilles Bruns and Barbara Korenblit for their research, writing and valuable input. We also thank Jason Frank, Lynn McCamie and Peggy Miller who lent their expertise to sections of the booklet.

Many thanks to Peggy Dryden, Debbie Orlove and Ethel Rasmussen who worked with our sponsor, assisted with editing and promoted the booklet. Thanks also to Rekha Bhave for her graphic design and production work.

Special appreciation is given to our private/public partner, Elizabeth Cooney Care Network for supporting this valuable resource. Without their support this publication would not have been possible.



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Introduction

According to a recent study by the National Alliance for Caregiving in collaboration with AARP, more than 65 million people, 29% of the U.S. population, provide care for a chronically ill, disabled or aged family member or friend during any given year. Due to the current economic situation, this number and need for caregivers is destined to grow.

As a caregiver, you may face an array of new responsibilities, many of which will be unfamiliar or intimidating. At times, you may feel overwhelmed and alone. But despite its challenges, caregiving can be very rewarding. Further, there are a lot of things you can do to make the caregiving process easier and more enjoyable for both you and your loved one. These tips can help you get the support you need while caring for someone you love in ways that may benefit both of you.

- Educate yourself about your family member's illness or disability and about proper care strategies for the person. The more you know, the less anxiety you'll feel about your new role and the more effective you'll be.

- Connect with other caregivers. It helps to know you're not alone. It's reassuring to have the support from others who understand the situation you're going through.

- Trust your gut. You know your family member best. Regardless of what doctors and specialists tell you, you should listen to your instincts.

- Enhance and encourage your loved one's independence. You should not do everything for your loved one. Be open to technologies and strategies that allow your family member to be as independent

as possible. Allow them to do what they can no matter how much time it may take.

- Be aware of your limits. Set realistic time and care limits. You will need to communicate those limits to doctors, family members, and other people involved.

The Baltimore County Department of Aging (BCDA) recognizes and appreciates the vital work that family caregivers do, and is pleased to offer support for families caring for older relatives. BCDA has developed this publication to describe the community resources available and provide information to enhance your skills and knowledge about caregiving. In addition, BCDA has a Caregivers Program which offers free services to support family caregivers, including:

- One-to-one consultations with caregivers to discuss resources and caregiving options

- Respite stipends that provide financial assistance so caregivers can take a break and hire someone else to provide short-term care. Since funds are extremely limited, those in greatest need receive priority.

- Outreach presentations and seminars on topics of interest to family caregivers

- Quarterly "Caregiver Connection" newsletter with helpful resources and caregiving strategies

If you are providing hands-on care to a relative 60 years of age or older who lives in Baltimore County, you are eligible for services of the Baltimore County Department of Aging Caregivers Program. The Caregivers Program can be reached at 410-887-4724. If your older relative lives in another county, we can connect you to the Family Caregivers Program in your area.



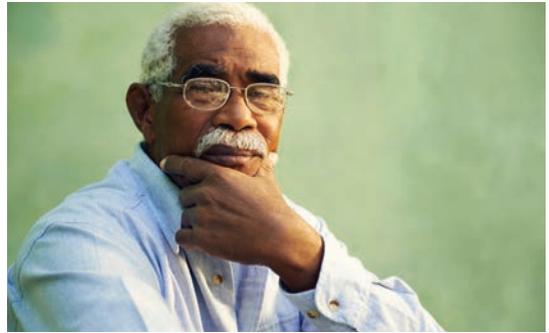
Differences Between Normal Aging And Red Flags

Caring for a family member in need is an act of kindness, patience and love. As medical outcomes improve, life expectancies increase and more people live with chronic illness and disabilities, more and more of us will participate in the caregiving process.

If you're like most first-time caregivers, you are not prepared for the tasks and responsibilities you now face. In fact, you probably never anticipated you would be in this situation. Some caregivers have the added complication of not living very close to their loved one. At the same time, you love your family member and want to provide the best care you can. The good news is that you don't have to be a trained professional or a superhero in order to be a good caregiver. With the right knowledge and support, you can be an effective, loving caregiver without having to sacrifice yourself in the process.

While not healthcare providers, caregivers do play an important role in the delivery of medical care. Caregivers are an invaluable link as the doctor's day-to-day eyes and ears. As a caregiver, you may be concerned about health changes you notice in your older relative. Are those changes simply the result of advancing age, or do they indicate a serious problem? It is worthwhile to familiarize yourself with the changes that occur with the body as one ages.

Vision may diminish in later years. In fact, research indicates that older adults generally become more far-sighted. Eyes are less able to adjust to changes in light conditions which may result in problems with glare and difficulties with driving at night. Regular visits to the optometrist or ophthalmologist can ensure that the older person's eyes remain healthy.



Aging also brings changes to one's hearing. Hearing becomes less acute, especially at higher frequencies. This may cause difficulties in properly hearing a conversation. Although your older relative may be reluctant to consider hearing aids, encourage a visit to an audiologist if hearing loss becomes frustrating for your relative or results in social isolation.

The sense of taste diminishes with age causing food to taste blander. Similarly the sense of smell is reduced. These two sensory changes can lead to a decreased interest in food. Experiment with seasonings to renew your relative's taste for healthy meals.

Changes in sleep patterns are common. Older adults may not sleep as soundly, may take longer to fall asleep, may wake up more often at night or may wake up very early in the morning. As a result, sometimes older adults experiment with sleep medications which could be dangerous. Encourage your relative to discuss sleep problems with the doctor, and avoid over-the-counter sleep medications.

With aging, digestion slows due to tissue and muscular changes. This may result in constipation. Be sure your relative stays well hydrated and eats a healthy diet.

Bones often become thinner and cartilage tissue changes sometimes leading to



restricted movement, stooped posture and increased risk of fractures. Joints also tend to become stiffer. The great news is that moderate exercise can help during any point of the aging process. However, it is important to consult with the doctor about a safe fitness routine.

The ability to regulate body temperature declines, especially in the arms and legs. This may result in overheating when a person wears too many layers on a hot day. Remind your relative to dress appropriately for the weather and to limit outdoor activities on hot days.

Skin is more fragile and the layer of fat under the skin is thinner. The skin surface is less sensitive to touch, so, damage may not be noticed until there is a serious problem. Watch for significant bruising and skin tears, and consult with the doctor.

One's sense of balance may change when getting older. Many older adults experience some dizziness with sudden changes in body position. Serious problems with balance or dizziness warrant medical attention.

Some minor memory changes occur with aging. However, there should be no significant mental decline with age. If an older adult experiences confusion, disorientation or memory loss, these are signs of a problem needing evaluation by a doctor.

By recognizing these changes, you can support and encourage your older relative to make appropriate adjustments. Remember that serious health problems should not be dismissed as simply due to aging. Always consult with the doctor about any significant or ongoing change and decline in function.

Whether you see your relative every day or visit from a distance once a month, watch for changes in the older person's appearance, mood and behavior. Being alert for significant changes in your older relative's functioning can make a difference in maintaining their overall health and well-

being. Early intervention can prevent serious illness or disability. Some indicators of serious problems require prompt medical evaluation and attention.

Red Flags Indicating Potentially Serious Problems

You can be proactive by watching out for these key warning signs:

- Decline in personal hygiene
- Significant weight loss or gain over several months' time
- Increase in forgetfulness or confusion
- Sleeping a great deal more or less than previously
- Unexplained bruises or other signs of injury
- Eating habits markedly changed
- Increase in difficulty walking or walking more slowly
- Loss of interest in activities that used to be enjoyed
- Swollen feet or legs
- Losing balance, changes in gait or bumping into things
- Shortness of breath or frequent coughing
- Onset of incontinence of bladder or bowel
- House falling into disrepair
- Bills not being paid
- Irritability, frequent crying or unusual changes in mood
- Increased withdrawal or reluctance to leave the house
- Increased suspicion of others or increasing secretiveness
- Growing feelings of helplessness or wishes to die



Depression – More Than Just “The Blues”



health problems; a major negative life-changing event, such as the death of a spouse; the impact of multiple losses, such as the loss of financial security, health, independence or loved ones; physical illnesses such as diabetes, Parkinson's disease, cancer, congestive heart failure, Alzheimer's disease and stroke.

According to the National Institute of Mental Health, depression affects more than 19 million Americans every year, regardless of age, race, or gender. While depression is not a normal part of the aging process, there is a greater likelihood of it occurring when other physical health conditions are present. For example, nearly a quarter of the 600,000 people who experience a stroke in a given year will experience clinical depression.

While everyone experiences a low mood occasionally, depression is a serious illness of mind and body that is not a normal part of the aging process. Without proper treatment, depression can continue and worsen, developing into suicidal feelings and actions.

As a family caregiver, you know your older relative's mood and habits better than anyone. By being aware of the causes and symptoms of depression, you can assist your older relative to get help and treatment so they can live a more emotionally and spiritually well balanced life.

Depression in older adults is frequently caused by medications taken for chronic

Symptoms of Depression

- A consistently sad, anxious or “empty” mood
- Change in eating, sleeping or sexual habits
- Loss of interest in ordinary activities; withdrawal from social contact
- Difficulty concentrating, remembering or making decisions
- Decreased energy or increased tiredness
- Preoccupation with “aches and pains”
- Feelings of hopelessness, helplessness, guilt or worthlessness
- Irritability
- Excessive crying
- Thoughts of death or suicide; suicide threats or attempts

What can you do to help? As a caregiver, if you observe any of these signs for a period of two weeks or more, discuss your concerns with your older relative in an encouraging and supportive manner. You should urge them to make an appointment to see their doctor, to rule out or identify physical causes like health problems or medications.

If the doctor's efforts do not resolve the symptoms, seek treatment from a mental health professional. The doctor may make a referral to a therapist, mental health treatment center or geriatric assessment program. Remember: depression is a treatable illness. Most older adults respond well to mental health interventions.

Once under treatment for depression, it is important for the person to follow their treatment regiment. As a caregiver, you must understand that just thinking about the things to do to feel better, like going for a walk or spending time with friends, can be exhausting for the person battling depression.

You should encourage your family member to start small and stay focused. The key to depression recovery is to start with a few small goals and slowly build from there. Draw upon whatever resources are available. Take things one day at a time and reward each accomplishment. The steps may seem small, but they'll quickly add up. And for all the energy put into depression recovery, your loved one will get back that much more in return.

When you're depressed, just getting out of bed can seem like a daunting task, let alone exercising. But exercise is a powerful tool for dealing with depression. In fact, major studies show that regular exercise can be as effective as antidepressant medication at increasing energy levels and decreasing feelings of fatigue.

Evidence suggests that physical activity triggers new cell growth in the brain, increases mood-enhancing neurotransmit-

ters and endorphins, reduces stress, and relieves muscle tension—all things that can have a positive effect on depression.

While the most benefits come from exercising 30 minutes or more per day, you can encourage your loved one to start small. Short, ten-minute activities can have a positive effect on mood. There is no need to join a gym, sweat buckets, or run miles. Even very small activities that get one's arms and legs moving can add up over the course of a day. Try incorporating walking, running, swimming, dancing or another rhythmic exercise—that requires moving both arms and legs—into the daily routine. The key is to pick an activity the person enjoys, so it will be easier for the person to stick with it.

As a caregiver, you should take all comments seriously to prevent a tragedy. If a person is talking about suicide, immediate action is necessary. First, remove access to items that might be used in a suicide attempt such as guns or medications. Then, you will need to take the person to a hospital emergency room for evaluation.

Other actions that should serve as warning signs include excessive hoarding of medications like sleeping aids and pain killers. This could be a sign that a person is collecting enough pills to make a suicide attempt. You should destroy expired or unused medications by mixing pills with used coffee grounds and placing them in the trash, or by depositing the medications in one of the designated secure drop boxes outside of every Baltimore County Police station.

Help Is A Phone Call Away

If your older relative is experiencing a mental health crisis, you may call Baltimore County Crisis Response at 410-931-2214. This 24-hour service is staffed with mental health experts who can talk with you and your older relative about how to stay safe and get help.



When A Loved One Has Dementia

Caring for someone with dementia can be a long and stressful journey. You are not alone! According to the Alzheimer's Association, over 15 million people in the U.S. provide unpaid care for someone with dementia. Your caregiving efforts can make an enormous difference in the life of your older relative. However, caring for someone who experiences mental and physical decline over a period of years can be overwhelming. If you spend most of your time caring for your relative, you may be neglecting your own health and well-being. Caregivers like you are at risk for depression and other illnesses. We urge you to learn all you can about your older relative's condition and to seek help and support from family, friends and professionals.

First, what is dementia? It is a decline in mental abilities that is serious enough to impact daily life. Dementia is not a specific disease; it is a term used to describe a range of symptoms. According to the Alzheimer's Association, dementia is suspected when a person experiences deterioration in two or more of the following areas: recent memory, language, executive function (ability to reason, solve problems and plan) and visuo-spatial ability (the use and understanding of nonverbal, graphic or geographic information.) Your older relative may struggle to find the right words, follow directions or use common objects. Changes in mood and behavior may also occur. Many dementias are progressive, meaning that symptoms worsen over time.

Alzheimer's disease is the most common cause of dementia, followed by vascular dementia. Other conditions, including Parkinson's disease, ALS and Huntington's disease, can also cause dementia. It is important to note that many health conditions, including



depression, poor nutrition, infections and thyroid disorders can cause dementia-like symptoms that can be reversed with proper diagnosis and treatment.

As a caregiver, you should take the appropriate steps when dementia is suspected. You should help your relative to schedule a full diagnostic work-up. In addition to a standard physical, this may include a neurological exam, mental status test and brain imaging. If the primary care physician cannot perform the full work-up, consult with a neurologist or schedule a geriatric assessment, an outpatient interdisciplinary evaluation available at several area medical centers.

After Diagnosis

If your older relative is diagnosed with probable Alzheimer's disease or another irreversible dementia, the news can be devastating for the patient and the family. Making a plan together is essential. First, you should learn as much as you can about the illness. Seek information from the doctor and from organizations designed to support family caregivers, such as the Department of Aging's Caregivers Program and Alzheimer's Association.

When caring for someone with Alzheim-



er's disease in a home setting, caregivers must take a critical look at the living environment. Adapting the home to prevent accidents and ensure optimal safety for your loved one is paramount. You will learn to continually adapt both the living environment and approaches to care as the stages of Alzheimer's progress. For instance, later in their care, you may need to lock or block off areas of the home that could be dangerous – drawers with sharp knives, basement stairs. (See Chapter Eight, p. 21).

Early in the diagnosis, it is important to consult with an attorney to ensure the older person has important legal documents including a will, advance directive and durable power of attorney completed while they still have the ability to be part of the decision-making process (See Chapter Six, p. 18).

Next, you want to get help and support. Don't go it alone! Enlist family, friends and your faith community to help with the care. Arrange to have time for yourself. Learn about programs such as adult day care and respite care, which will allow you time to attend to your own needs.

In order to simplify and reduce stress for everyone involved, it is advisable to make some modifications to your daily life. For instance, establish a predictable routine for your loved one with consistent times for waking, meals and bedtime. Meanwhile, you should encourage the person to be as independent as possible and to perform a useful role in the household. Involve them in simple household tasks, such as folding laundry or setting the table. Depending how they progress, you may need to break down activities such as dressing or brushing teeth into small steps. When necessary, provide verbal or physical cues for each step. Give the person some control over their routines. If a daily bath is a struggle, guide the person to wash up at the sink and

bathe less often.

Remember that your older relative's mood and behavior may change. They may say things that are upsetting to you or others. This is a result of the disease, not a deliberate attempt to be hurtful. It is always best to gently redirect the person if they become upset. You may be able to distract them by offering a favorite activity or food.

Develop a system for medication management, using a medication organizer, unit dose packs or another reminder system. If you do not have any experience with the various options available, you can consult with the doctor or pharmacist for ideas.

Exercise is a valuable outlet for energy. A daily walk or other moderate exercise is good for both of you. Also, music and pets are often a beneficial additions to the household.

Reminiscence can help improve the quality of life for your loved one with dementia. Reminiscence activities may include:

- Looking through photo albums
- Creating a scrapbook
- Telling "I remember when" stories
- Re-reading letters and greeting cards
- Listening to music
- Baking and eating a special family recipe together

The AARP website offers a wealth of additional activities to share with a loved one who has dementia. While these activities may not slow the course of their decline, they can enhance the individual's quality of life and make the day more enjoyable for both of you. Visit http://assets.aarp.org/external_sites/caregiving/homeCare/engaging_activities.html for descriptions of activities to try. You can join the online Caregivers Forum where family members like you exchange ideas about ways to stimulate and engage people with cognitive impairment.



Throughout the day, observe your relative carefully for signs of discomfort or distress that could signal a health problem. Your relative may not be able to tell you they are in pain, but you may notice agitation

or irritability. Look for immediate causes, such as the need to use the bathroom. If the behaviors persist, consult with the doctor.

The loving care that you provide for your relative with dementia is truly a gift! Thank you for everything you do!

The Alzheimer's Association: A Valuable Resource

Whether your loved one has Alzheimer's disease or another form of dementia, the Alzheimer's Association offers information and support for caregivers. Their website, www.alz.org can connect you to resources including:

- MedicAlert® + Alzheimer's Association Safe Return®, a 24-hour nationwide emergency response service for individuals with dementia who wander or have a medical emergency
- The Alzheimer's Navigator, an on-line tool to help you organize your relative's care
- Specialized information about financial and legal planning
- Local support groups for caregivers and for early-stage patients

You can reach the Greater Maryland Chapter of the Alzheimer's Association at 410-561-9099. A 24/7 Helpline, answered by Alzheimer's Disease specialists, is available by calling 1-800-272-3900.



Making The Most Of The Doctor's Visit



Maintaining effective communication with your loved one's healthcare team is an important part of receiving good health care. As we age, there are potentially more health concerns and treatments to be monitored by a medical professional. Being prepared for an upcoming medical appointment can go a long way in making for a productive and beneficial doctor's visit. You can help your older relative take an active role in their health care by making the most of the doctor's visit.

It is important to understand that problems with memory, depression, and incontinence are not necessarily normal parts of aging. A good doctor will take concerns about these topics seriously and not dismiss them as being a normal part of the aging process. If you think your family member's doctor isn't taking the concerns seriously, talk to him or her about your feelings or consider looking for a new doctor.

A fall can be a serious event, often leading to injury and loss of independence, at least for a while. For this reason, many older people develop a fear of falling. Studies

show that fear of falling can keep people from going about their normal activities, and as a result, they may become frailer, which actually increases their risk of falling again.

Older people sometimes have problems controlling their bladder. This is called urinary incontinence and it can often be treated. Depending on the type of incontinence your loved one is experiencing, the doctor may recommend exercises, suggest helpful ways to change habits, prescribe useful medications, or advise surgery.

Many older people worry about their ability to think and remember. For most older adults, thinking and memory remain relatively intact in later years. However, if you or your family member notice they are having problems remembering recent events or thinking clearly, let the doctor know. Be specific about the changes you've noticed. For example, you could say: "Mom always has been able to balance her checkbook without any problems, but lately she is very confused." The doctor will probably want your family member to have a thorough checkup to see what might be causing the symptoms.

In many cases, memory problems are caused by conditions such as depression or infection, or they may be a side effect of medication. Sometimes, the problem is a type of dementia, such as Alzheimer's disease. With a careful family history, physical exam, medical tests, and tests of memory and problem solving, specialists can diagnose Alzheimer's with a high degree of accuracy. Determining the cause of memory problems is important to help the doctor, patient, and family choose the best plan of care.



If your older relative has complex health needs, consider a geriatric assessment. This is a half-day or full-day outpatient service. An interdisciplinary team, including a physician, nurse specialist, social worker and sometimes other professionals, conducts a comprehensive evaluation covering all aspects of the person's physical and mental health, including mobility issues, falls, incontinence, osteoporosis, memory loss and depression. The team provides recommendations for treatment and daily living, as well as referrals to a physical therapist, psychiatrist and other specialists. A geriatric assessment can provide valuable information to you and your older relative as you plan ahead for the most appropriate living arrangement and supportive services.

The Health Insurance Portability and Accountability Act of 1996 creates national standards to protect patients' personal health information. The Rule limits the uses of this information without the patient's authorization. It also gives patients the right to examine and obtain a copy of their health records and to request corrections. Under the Rule, a patient may designate people with whom the doctor is permitted to discuss relevant health care information.

The health care provider can also share information with the family or others if, based on professional judgment, they can infer that the patient does not object, even if the patient is not able to give permission at that time. For example, after surgery, a doctor may give information about a patient's aftercare to a friend who is driving the patient home from the hospital. However, if the patient has the capacity to make medical decisions and communicates that they do not want the doctor to share their health care information with a particular individual, the doctor may not share it with that person.

Tips For The Doctor's Office

- Be prepared by writing down symptoms to discuss including when they started, when and how often they occur, how severe they are and what has been done to treat them.
- Bring a list of any questions you have for the doctor. Star the top three you want answered in case there is limited time.
- Bring the orange card (inserted in this book) with a complete medication list of prescriptions, over-the-counter products and supplements.
- Encourage your relative to “take the lead” in talking with the doctor during the visit, as they are able.
- Communicate clearly. Discuss concerns factually and concisely, in the order of importance.
- Confirm your understanding. Ask questions to be sure you understand the doctor's explanations and instructions. Take notes.
- Ask about the side effects and risks of medications and/or treatments.
- Be honest if the plan is unrealistic. For example, if the doctor's instructions include medication doses five times a day, you could ask about a simpler regimen.
- Review with the patient. After the visit, make sure they understand the treatment plan. Use written or verbal reminders, as needed. Follow up with the doctor. Encourage your relative to call back if questions remain about the care plan or if the treatments are not working. Call back if they have not received the test results or other health changes occur.



CHAPTER SIX:

Important Documents For Your Older Relative And Yourself

As a caregiver, you work hard to ensure that your older relative's individual needs are met and their preferences are respected. From the meals you prepare to the clothing you purchase for them, you do your best to honor their choices.

By helping your loved one to prepare important legal documents, you can ensure that their wishes will be followed regarding their health care, their finances and the distribution of their property upon their death. In addition, these documents can save you and your family a great deal of unnecessary distress when your loved one is ill or after their death.

Take some time to talk with your older relatives about their will, durable power of attorney and medical advance directives, then make an appointment with an attorney to draw up or update these important documents.

Last Will and Testament (Will)

A will details how possessions and money are distributed when you die. The will applies only to those assets which are solely in the name of the deceased person without a co-owner or beneficiary. Be sure you know where your relative's will is kept.

Durable Power of Attorney (POA) for financial matters

In a Durable POA one person (the principal) delegates the authority to act on their behalf to another person (the agent) in financial matters. The powers of the agent are not defined in law and must be specifically stated in the document. An agent can act only if and when they possess the physical document or a copy of it. A

competent principal may revoke, suspend or terminate a POA completely or in part. A POA is automatically terminated when the principal dies. Maryland law designates two POA forms that must be accepted by third parties, such as banks.

Medical Advance Directives

An Advance Directive allows a person to name an agent with the authority to provide or withhold informed consent for medical treatment. It also details the person's wishes for the type of treatment they want to receive and under what conditions.

Unless it states otherwise, the advance directive goes into effect when two physicians certify in writing that the individual is no longer able to make an informed decision.

The Maryland Office of the Attorney General has further information and forms online at www.oag.state.md.us.

Medical Orders for Life-Sustaining Treatments (MOLST)

Maryland MOLST is a portable and enduring medical order signed by the doctor, covering options for cardiopulmonary resuscitation (CPR) and other life-sustaining treatments. The doctor signs the order after meeting with the patient and/or their representative. MOLST consolidates important information into orders that are valid across the continuum of care. Further information, forms and instructions can be found at www.marylandmolst.org.



CHAPTER SEVEN:

Elder Abuse Awareness

As a caregiver, it may be difficult and painful to think about someone abusing your loved one, or any older person. However, it is important to educate yourself about this problem, so you can keep your loved one safe. Sadly, one in ten seniors will experience abuse in their lifetimes, according to the National Center on Elder Abuse.

Most cases go unreported because older adults are afraid, embarrassed or unable to tell anyone about their mistreatment. Elder abuse can occur in private homes, senior apartments, nursing homes and assisted living facilities. Abusers may be family members, acquaintances, paid helpers or strangers. Those most likely to be victims are women, “older” elders, seniors with dementia and individuals who are socially isolated.

How can you prevent your older relative from being a victim? Look for the warning signs:

Physical Abuse

The use of force to threaten or physically injure a vulnerable elder.

- Bruises
- Welts
- Burns
- Fractures, sprains
- Disorientation
- Sleepiness from overmedication

Neglect

A caregiver provider’s failure or refusal to provide for a vulnerable elder’s safety, or their physical or emotional needs.

- Untreated bedsores
- Unattended injuries or illnesses
- Poor hygiene
- Lack of food, water, heat or medicine
- Dirty or unsafe housing



Self-Neglect

A behavioral condition in which an individual neglects to attend to their basic needs, such as personal hygiene, appropriate clothing, eating or tending to their medical conditions.

- Symptoms of neglect plus depression, inactivity, confusion, withdrawal or wandering

Financial Exploitation

Theft, fraud, misuse or neglect of authority and use of undue influence as a lever to gain control over an older person’s money or property.

- Nonpayment of bills
- Missing funds
- Unusual banking activity
- Suspicious signatures on checks

Sexual Abuse

Sexual contact that is forced, tricked, threatened or otherwise coerced upon a vulnerable elder, including anyone who is unable to grant consent.

- Painful urination
- Difficulty walking, sitting
- Infections
- Discharge, bleeding or pain

Healthcare fraud and abuse

A healthcare provider improperly charging fees for services not rendered or inadequate care or deceptive practices.

- Duplicate billings for the same medical service or device
- Evidence of overmedication or undermedication
- Evidence of inadequate care when bills are paid in full
- Problems with the care facility: poorly trained, poorly paid, or insufficient staff; crowding; inadequate responses to questions about care

Healthcare fraud and abuse are serious issues and you should report your concerns immediately. For billing issues, you can contact the Baltimore County SMP (Senior Medicare Patrol) at 410-887-2059 for review and guidance as to how to report. For medication and care issues, you can contact your local Office of Healthcare Quality at 410-402-8000 to report concerns.

One way to protect your loved one from abuse is to reduce isolation. Be sure your older relative has a strong social network, with regular visits and outings as appropri-

ate for their health condition. Reducing isolation is key to keeping your loved one safe.

What should you do if you suspect your relative may have been abused, neglected or exploited?

- If the person lives in a nursing home, call the Baltimore County Long-Term Care Ombudsman Office at 410-887-4200.
- If the person lives in a community setting, call the Baltimore County Department of Social Services at 410-853-3000, press 2 for Adult Services.

You may report anonymously.

Baltimore County Restoring Elder Safety Today (BC-REST) is a coalition that educates public and professional groups about elder abuse, and advocates for initiatives to keep seniors safe. You can get involved!

- Visit BC-REST's website at www.bcpl.info/stopelderabuse
- Call 410-887-4200 to get on BC-REST's mailing list or to schedule a presentation for your community group.

Elder Abuse is a Crying Shame



www.bcpl.info/stopelderabuse

Baltimore County Restoring Elder Safety Today



CHAPTER EIGHT:

Home Safety



Home accidents are a major source of injuries for older adults. Changes in vision, balance and reaction time increase their risk of falls. A simple misstep can result in a life-changing disability. You can help your older relative maintain their health and independence by evaluating the safety of their home.

Conducting a safety check is especially important if your older relative lives alone or has had a recent decline in physical functioning. When you go for a visit, use the checklist on the next page to assess the safety of the home. Once you identify potential hazards, work with your relative to remove the dangers and take the suggested precautions. You will both feel better knowing that you have made their home a safer place.

According to the National Council on Aging, six out of every ten falls happen at home, where we spend much of our time and tend to move around without thinking about our safety. Many falls could be prevented by making simple changes in your living areas, as well as personal and lifestyle changes.

An important step toward preventing falls at home is to remove anything that could cause someone to trip or slip while walking. Tripping on clutter, small furniture,

pet bowls, electrical or phone cords, or other things can cause falls. Slipping on rugs or slick floors can also result in falls. It is helpful to arrange furniture to allow plenty of room for walking freely. You should remove items from stairs, hallways, and pathways. Carpets should be secured to the floor and stairs. The house should have non-slip rugs, or attach rugs to the floor with double-sided tape to avoid the risk of falls.

It is important to eliminate the chance of slipping as much as possible. You can put non-slip strips on floors and steps. Put non-slip strips or a rubber mat on the floor of your bathtub or shower, as well. You can buy these items at a home center or hardware store. At home and elsewhere, try to avoid wet floors and clean up spills right away. Use only non-skid wax on waxed floors at home. During the winter, ask someone to spread sand or salt on icy surfaces. Be sure to wear boots with good traction when it snows. Better yet, don't take chances walking on icy or slippery surfaces.

Poor lighting -- inside and outdoors -- can increase the risk of falls. Make sure you have enough lighting in each room, at entrances, and on outdoor walkways. The use of light bulbs with the highest wattage is recommended for the fixtures. Good lighting on stairways is especially important. Light switches at both the top and bottom of stairs can help. Another tip is to place a lamp within easy reach of the bed. Put night lights in the bathroom, hallways, bedroom, and kitchen. Also keep a flashlight by the bed in case the power is out and your loved one needs to get up.

Grab bars and handrails can provide excellent protection. Have handrails in-



stalled on both sides of stairs and walkways. Properly placed grab bars in your tub and shower, and next to the toilet, can help prevent falls, too. Have grab bars installed, and use them every time when getting in and out of the tub or shower. Be sure the grab bars are securely attached to the wall.

Rearrange often-used items in the home to make them more accessible. Store food boxes, cans, dishes, clothing, and other everyday items within easy reach. This simple change could prevent a fall that might come from standing on a stool to get to an item.

If your loved one has fallen, the doctor might suggest that an occupational therapist, physical therapist, or nurse visit the home. These health care providers can assess the home's safety and advise you about making changes to prevent falls.

Additionally, it is important to have an emergency plan in affect for the household. Every family member should be aware of the emergency exit plan and an alternative plan in case of fire, flood or weather-related emergencies. Conduct frequent practice drills or reviews. Emergency and contact phone numbers should be posted by all telephones or pre-program them into the phone. In case of sheltering in place, extra water, canned goods, flashlights and fresh batteries should be on hand.

With these simple steps you can promote a safe environment for your loved one.



Home Safety Checklist

Emergency Preparedness:

- Have an emergency exit plan and an alternative plan in case of fire, flood or weather-related emergencies. Review it frequently with your relative.
- Post emergency and contact phone numbers by all telephones or pre-program them into the phone.
- Keep extra water, canned goods, flashlights and fresh batteries on hand.

Prevent Falls:

- Keep hallways and stairs well-lit.
- Remove scatter rugs or attach a nonskid backing to secure the rugs.
- Ensure uncarpeted floors are not slippery. Do not use high-gloss polish.
- Use night lights, particularly in the bedroom, hallways and bathroom.
- Avoid tripping hazards by placing electrical cords out of paths for walking.
- Use non-skid mats or slip-resistant decals inside the tub or shower.
- Install grab bars in the tub and by the toilet, directly into the wall studs.

Fire Safety:

- Keep the stove area of the kitchen free of towels, curtains and other material that could catch fire.
- Install smoke detectors, as well as carbon monoxide detectors, on every level of the home.
- Inspect electrical cords for fraying or cracking. Replace if damaged.
- Do not put electrical cords under rugs nor under furniture.
- Keep a fire extinguisher in the kitchen and teach your relative how to use it, if possible.
- Keep space heaters away from flammable materials and be sure the room is well ventilated.
- Check to be sure extension cords are not overloaded.



CHAPTER NINE:

Nutrition And Diet Tips For Healthy Eating

Almost one-third of older adults don't get enough vitamins and minerals in their diets. As a caregiver, you can help plan balanced meals that are rich in the vitamins and minerals your loved one needs. As a person ages, these nutrients become more important: calcium and vitamin D for bone health, fiber to stay regular, potassium for blood pressure and to avoid fatigue and depression, vitamin B12 for energy and brain function and healthy fats to lower chances of heart disease.

Making healthy meals doesn't have to mean careful weighing and measuring. It is as easy as learning to serve a variety of foods. Good nutrition can be as easy as a work of art – dishing up a plate with one-half fruits and vegetables, one-quarter lean protein, and one-quarter grains. You can make it appealing by serving bright-colored vegetables like broccoli, leafy greens, and carrots, and deep-colored fruits like berries and peaches.

There should be at least three servings a day of low-fat or fat-free milk, yogurt, or cheese fortified with vitamin D. Additionally a variety of proteins should be in your diet, like fish, beans, and tofu. At least three ounces of whole-grain cereal, bread, crackers, rice, or pasta every day, taking extra time to check fiber numbers on nutrition labels should be provided, keeping in mind one slice of bread and a half cup each of pasta and cereal add up to three ounces. You will need to cook with vegetable oils instead of solid fats like butter and a small amount of salt. Spices and herbs are great alternatives to add flavor in a healthy manner.

To complement good nutrition, caregivers should monitor fluid intake. You can not underestimate the importance of water for older adults. Older people should drink at least eight cups (eight ounces each) of water a day. Getting dehydrated can cause



symptoms like confusion and memory loss. Keep track of how much water the person you're caring for drinks every day to make sure it's enough.

Here are a few ways to make meals and snacking healthier:

1. Reduce sodium (salt) to help prevent water retention and high blood pressure.
2. Enjoy good fats. Reap the rewards of olive oil, avocados, salmon, walnuts, flaxseed, and other monounsaturated fats.
3. Avoid “bad” carbs. Bad carbohydrates—also known as simple or unhealthy carbs—are foods such as white flour, refined sugar, and white rice that have been stripped of all bran, fiber, and nutrients.
4. Look for hidden sugar. Added sugar can be hidden in foods such as bread, canned soups and vegetables, pasta sauce, instant mashed potatoes, frozen dinners, fast food, and ketchup. Check food labels for other terms for sugar such as corn syrup, molasses, brown rice syrup, cane juice, fructose, sucrose, dextrose, or maltose.
5. Put five colors on your plate. Take a tip from Japanese food culture and try to include five colors on your plate. Fruits and veggies rich in color correspond to rich nutrients.



Medication Management Tips for Caregivers

According to the National Institute of Health, approximately half the American population takes one prescription drug a day. However, when it comes to older adults, around 50 percent take at least three drugs or more. Given the prevalence, and importance, of medication in the older adult population, managing the numerous prescriptions is of the utmost importance for family caregivers.

Why is medication safety a particular concern? With a growing number of prescription medicines available and a growing population of older adults, the potential for medication safety problems is expanding. As people age, they are much more likely to take more than one kind of prescription medication, and many older adults take three or more. This increases the risk for drug interactions, mix-ups, and the potential for side effects.

It's crucial to follow the directions for taking medications, but some factors can make that hard as people get older. Older adults should consider asking for help from their family, caregiver, doctor, or pharmacist if they live alone, take three or more medications, including nonprescription medicine and herbal or dietary supplements; have memory problems or are not as sharp as they used to be; get prescriptions from more than one doctor; fill prescriptions at more than one pharmacy or use both online and community pharmacies.

The effects of aging cause older adults' bodies to process and respond to medicines differently than those of younger people. Age-related changes in the liver, kidneys, central nervous system, and heart are among the contributing factors causing elderly people to be more vulnerable to



overdose and side effects.

As is the case with most care issues, communication is key. It's crucial that the caregiver be familiar with all the medication their older relative is taking. While it is sometimes ultimately up to the senior themselves to take their medication, caregivers should know what, when and how they have to take each drug. A knowledge of the medications allows you to understand your relative's particular condition.

Along with communication, you should place a premium on organization. In addition to keeping all original pill containers, you should make use of organizational systems such as pill boxes. Not only will this make it easy for your relative to take the right prescriptions at the right time, but it can also help them maintain their independence. Making use of electronic alarms, whether it be on a clock, cell phone or specially-made device, can also keep your loved one on a tight schedule.

An important way to help your family member take the appropriate medication at the correct time is to create a record with the following information for each medication: name of the medication, prescribed by (doctor), prescribed for (purpose), instructions (how much, when, for how long),





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BALTIMORE COUNTY, MARYLAND

**IN AN
EMERGENCY DIAL
911**

Please fill out the card using ink and post it on your refrigerator for referral in case of emergency

Name: _____ Date Card Completed: _____

Address: _____ Telephone: () _____

_____ Zip _____ Allergies To Medications: _____

Contacts (Name and Phone #s): _____

1. _____ w _____ h _____

Date Of Birth: _____

2. _____ w _____ h _____

Major Illnesses: _____

3. _____ w _____ h _____

Primary Doctor's Name: _____

Doctor's Phone: _____

Health Care Plan: _____

(Over for Medications)

Baltimore County Department of Aging
611 Central Avenue, Towson, MD 21204
www.baltimorecountymd.gov



Maryland Access Point of Baltimore County
410-887-2594 • Maryland Relay 7-1-1
e-mail: aginginfo@baltimorecountymd.gov

THIS WALLET CARD COULD SAVE YOUR LIFE!

Extra wallet card for your emergency contact.

NAME: _____ ADDRESS: _____ TELEPHONE: _____ CONTACT PERSON: _____ RELATIONSHIP: _____ PHONE: W _____ H _____ PRIMARY DOCTOR: _____ PHONE: _____

HEALTH CARE PLAN: _____ ALLERGIES TO MEDS: _____ MAJOR ILLNESSES: _____

BCDA

THIS WALLET CARD COULD SAVE YOUR LIFE!

NAME: _____ ADDRESS: _____ TELEPHONE: _____ CONTACT PERSON: _____ RELATIONSHIP: _____ PHONE: W _____ H _____ PRIMARY DOCTOR: _____ PHONE: _____

HEALTH CARE PLAN: _____ ALLERGIES TO MEDS: _____ MAJOR ILLNESSES: _____

BCDA

Call 410-887-2594 • Maryland Relay 7-1-1

Cut on the dotted lines.

possible side effects, foods to avoid, what to do if dose missed and name of pharmacy.

Baltimore County Department of Aging provides orange cards for this purpose. See insert to left or visit your local senior center for a copy. It is important to keep the information up to date as dosage and medications change.

You can help your family member take medications day-to-day. For example, create a calendar together. Or suggest they set an alarm or daily phone reminders at medication times. For oral medications, you can pick up a pill organizer with different slots for morning, noon, evening, and bedtime at any pharmacy. This can save time, and make it easier to keep track. Be sure to store medications as directed.

As a caregiver, it is important to watch for the two kinds of possible interactions that are a risk: drug-drug interactions and food-drug interactions.

- Drug-drug interactions happen when two or more medicines react with each other to cause unwanted effects or make either medicine's effects more or less potent. Such interactions may also be caused by alcohol, nutritional supplements or herbal products, and nonprescription medicines as well as prescription medications. For instance, over-the-counter (OTC) antihistamines for temporary relief of a runny nose, or to reduce sneezing, itching of the nose or throat, and itchy watery eyes can interact negatively with sedatives, tranquilizers, or a prescription drug for high blood pressure or depression. Some antihistamines can increase the depressant effects (such as sleepiness) of a sedative or tranquilizer. The sedating effect of some antihistamines combined with a sedating antidepressant could strongly affect concentration levels. Antihistamines taken in conjunction with blood pressure medication may cause a person's blood pressure to increase and

may also speed up the heart rate.

- Food-drug interactions happen when medicines react with foods or beverages. For example, grapefruit juice should not be taken with certain blood pressure – lowering medications, and dairy products should be avoided with some antibiotics and antifungal medications. Further, if your relative is taking any sort of medication, it's recommended to avoid alcohol, which can increase or decrease the effect of many drugs.

Limited finances may prevent seniors from filling prescriptions. Finding the proper Medicare Part D prescription plan each year is important. As drug plans and coverage change annually, you and your loved one need to research what plan covers the needed medicine the best when looking at deductibles, co-payment and other fees. Baltimore County SHIP (State Health Insurance Assistance Program) offers trained volunteers and staff to help you review your needs and whether your family member is eligible for assistance each year. You can make an appointment at 410-887-2059.



Communication Is Key



As a family caregiver, you may be concerned that your older relative won't accept the help they need. Perhaps your mother can no longer safely cook, but she won't let you prepare her meals. Or your father, who used to like to work around his house, has let his home fall into disrepair, yet he won't hire a handyman. Your older relative may insist that their abilities have not changed at all.

What is the best way to approach these conversations? First, think about why your relative may be refusing to acknowledge the need for help. Older adults occasionally have difficulty accepting changes that accompany aging, such as vision or hearing loss or slower reflexes. Like most of us, older individuals prize their independence. They may fear becoming dependent on others or losing autonomy. They may be concerned about what others will think if they use a cane or a hearing aid. They may worry about the expense associated with hiring help. Lots of factors may impact how a person reacts to the conversation.

By understanding these reasons, you may

find a way to start the conversation about your older relative's changing abilities. Furthermore, you may want to remember some of the following tips to positive communication. It is best to choose a time when you and your older relative are relaxed and calm with plenty of time for the discussion. You should be honest about your concerns, using "I" statements like "I'm worried that you have left the burner lit on the stove twice this month. I'm afraid there will be a fire." Always avoid being critical or judgmental of the person and be ready to listen respectfully to your older relative's point of view. Next, ask about your loved one's goals. For example, if you know they want to stay as long as possible in their current home, this may open up a conversation about the supports that can help them reach this goal.

Never overload the conversation. Break it down by taking one issue at a time. If you have several concerns, you may need several conversations. You should provide information. Your relative may not be aware that there are low-cost, non-intrusive ways to get help, such as Meals on Wheels, volunteer visitors or subsidies to pay for hearing aids. Often a series of small changes may be more acceptable than a sudden, dramatic change. As long as your relative has the ability to make decisions, they retain the right to make choices, even ones with which you disagree.

Lastly, support from a trusted family advisor, a faith based representative or a doctor may be influential in a suggestion being accepted. Sometimes, your best support may come from your other family members. Thus, you may want to enlist the help of others to talk with your relative if the issue is critical. One way of doing this is through



a family meeting. Caregiving involves many challenging decisions from choosing an in-home aide service to finding a nursing facility and resolving end-of-life issues. Communication among family members is the key to providing the best care for your older relative.

Hold a “family meeting” to discuss your relative’s needs and preferences. Your older relative should take an active part in the discussion, as much they are able. All family members should be invited and included in order to avoid resentment or miscommunication.

Begin by stating the issues as factually as possible and allowing all participants to present their views. Gather information and begin to make a plan. Identify who will be responsible for carrying out each step.

Tips for Successful Family Meetings:

- Come prepared with notes about issues you would like to address.
- Bring information about programs and services you are considering (if applicable).
- Respect your older relative’s desires, preferences and concerns. These should form the foundation for the plan.
- Listen carefully to the views of other family members, especially when they differ from your own.
- Use “I” statements to express your feelings. Don’t accuse or attack each other.
- Make a list of steps to take, for example: researching resources, making arrangements, completing documentation, etc.
- Divide up responsibilities. Everyone should get an assignment.
- Plan a follow-up meeting two or three months after the initial one to evaluate the plan and make any necessary changes.

Family meetings are a great way to garner more support. If you are the primary caregiver, you may be frustrated with siblings who don’t pitch in as much as you do in the care of your aging parents. Because you do so much, they may feel their help is not needed. Consider what your siblings might be able to do, even if they have busy lives or live far away. Your sister could agree to pick up medications from the pharmacy. A brother who lives out of state could contribute financially to the cost of care. By dividing up responsibilities, your siblings become more involved. In the end, you all are ensuring your aging parents have the support and care they need.

When You Can’t Work It Out

If tensions are running high in the family, consider mediation. A trained mediator acts as a neutral party to help participants reach their own voluntary agreement through negotiation. Community mediation and conflict resolution services are available in Baltimore County by calling the Conflict Resolution Center at 410-780-1206.



The Driving Dilemma



If you are worried about your older relative's driving, you may be hesitant to raise the issue. You know it will be painful to tell them they are not capable of doing something as basic and important as driving. After all, for most of us, driving is an essential element of an independent life.

However, if you delay this discussion, the potential costs are high. If you have reason to believe your older relative is an unsafe driver, it's imperative that you act before there is a serious accident.

How should you proceed if your relative shows signs of reduced abilities behind the wheel? First, you want to prepare yourself for the conversation. Write down specific concerns in advance. For example, you have observed your relative driving past stop signs or you are aware of several recent fender-benders. After bringing up the facts, you should respectfully ask questions to determine whether your relative is aware of any changes in their driving abilities. Please keep in mind that there may be reasons for the problems that can be modified. For instance, new medications

or medical conditions may be affecting the driving. You can ask if the person has discussed with their doctor if anything could help.

Next, you may want to talk about alternatives. Praise the efforts your relative may have already made to limit driving, for example, curtailing driving at night. There are classes for mature drivers, like AARP's "55 Alive" to refresh older drivers on safe practices. Another option is to have an assessment by an Occupational Therapist from a driving rehabilitation program, available at several area locations. Lastly, you can educate your older relative about other forms of transportation to supplement or replace driving: family or friends, public transportation, specialized transit systems for seniors and people with disabilities, taxis and sedan services.

If your relative has serious driving deficits and seems unwilling to take any of the previously outlined steps, you may need to initiate a report to the Maryland Department of Motor Vehicles (MVA). A concerned individual, police officer or doctor may write a letter to the MVA, Driver Wellness and Safety Division, 6601 Ritchie Highway, Glen Burnie, MD 21062. The information will be reviewed by the MVA's Medical Advisory Board.

Your relative may be interviewed and further evaluated. The Medical Advisory Board makes a recommendation to the Driver Wellness and Safety Division, which will rule on the status of the person's driver's license.



CHAPTER THIRTEEN:

Meeting The Challenges Of Changing Physical Abilities

Often when we experience major life changes, we have an opportunity to learn and prepare for our new role. With caregiving, however, we often receive no advance warning or training for this difficult and complex responsibility. As your loved one's needs change, the job only becomes more complex.

When your relative experiences changes in physical abilities, such as limited mobility, decreased vision or incontinence, how can you help them stay healthy and safe?

First you should consult the experts. Ask your relative's permission to be included in a discussion of their medical condition and how you can provide support and care. The nurse, physical therapist or occupational therapist can demonstrate the use of medical equipment, proper transfer procedures, and other tasks.

Next, you need to encourage independence and support dignity. Your older relative should be involved in decisions about their activities of daily living, and should do as much for themselves as possible. The home should be adapted for safety and comfort. An occupational therapist can conduct a home safety inspection and recommend modifications.

Lastly, it is important to know your limits. When hands-on care is overwhelming, get help from other family members or paid helpers rather than risking injury.

Consider the issues that older adults often face like vision impairment, hearing loss, incontinence and arthritis. There are basic strategies that may provide some relief to all involved. For instance, if there is a vision change, it can be helped by even, glare-free light throughout the house.



Gooseneck lamps can be helpful where extra light is needed for reading, sewing or cooking. Often ophthalmologists can recommend which types of light bulbs to use. Depending on the cause of the vision loss, a more yellow or white light may be best. Other options can be to use light/dark paint color contrasts to help the person find light switches, handrails, etc.

Marking or utilizing items that have clear labels on them is helpful to someone with vision loss. For instance, stove dials that are clearly marked with temperature settings and telephones with large numbers or speed dial are useful. While labeling the contents of bathroom cabinets, kitchen cupboards, etc., using large print.

To help with medication administration, you can set up a medication organizer that is easy for the older person to use. Also medical supply companies sell pill cases



with vibrating or auditory reminder alarms. Along those same lines, you can consider an in-home evaluation by a low-vision specialist for further environmental adaptations. This specialist may be able to recommend specialized training to help your relative learn to perform daily activities in a safer and more effective manner. Contact MAP at 410-887-2594 or consult *Community Resources* for companies that provide this service.

According to the Centers for Disease Control, one of every two people will experience arthritis in their lifetime. Caregivers can encourage the person to remain active with exercise and daily household activities, per the doctor's instructions. There is a wide range of adaptive equipment, ranging from specialized kitchen utensils to garden tools. The Arthritis Foundation reviews such products and awards an "Ease of Use Commendation" to those that best meet the needs of people with arthritis. Learn more at www.arthritis.org/living-with-arthritis/tools-resources/ease-of-use. Further, you can install door handles, faucets, stove controls and light switches that are easy to operate. It is most important for the person to avoid rushing, move at their own pace and rest when fatigued for safety.

If your relative has hearing loss, the good news is that there are adaptations such as an amplifier on the telephone, flashing lights on the doorbell and a smoke alarm with a light signal available. For information about specialized equipment, consult the *Community Resources*. You could accompany your relative to a hearing evaluation and encourage the use of hearing aids, if needed.

Living with a person with hearing loss can be a challenge, but there are basic strategies to help. When talking with your older relative, it is important to get their attention before speaking to them, by tapping on the shoulder, for example. You will need to face them directly; avoid shadows or backlight-

ing. Don't hide your mouth, eat or smoke while talking. Next, speak clearly and naturally; don't over-enunciate words. You may need to rephrase your message if they don't understand you. During the conversation, you need to demonstrate confidence and respect for your older relative while staying positive and relaxed.

More than 50 percent of older Americans struggle with incontinence, according to the Center for Disease Control. It is necessary to have a medical evaluation to determine the cause for the incontinence and whether it can be treated with medicine, diet or fluid restrictions. After diagnosis, you will need to work with your older relative and the doctor to develop a plan for managing the incontinence. This is a touchy subject and you will need to take care to respect your older relative's dignity and provide for privacy, as much as possible. Be reassuring and supportive when accidents occur.

Research proves that establishing a toileting schedule can help, as well as cueing or assisting the person to get to the bathroom. You can purchase incontinence products that are recommended by the health care provider, as well as a waterproof mattress protector and easy to remove clothing. Also, at night, you may want to consider a portable commode for the bedroom to avoid nighttime bathroom trips.

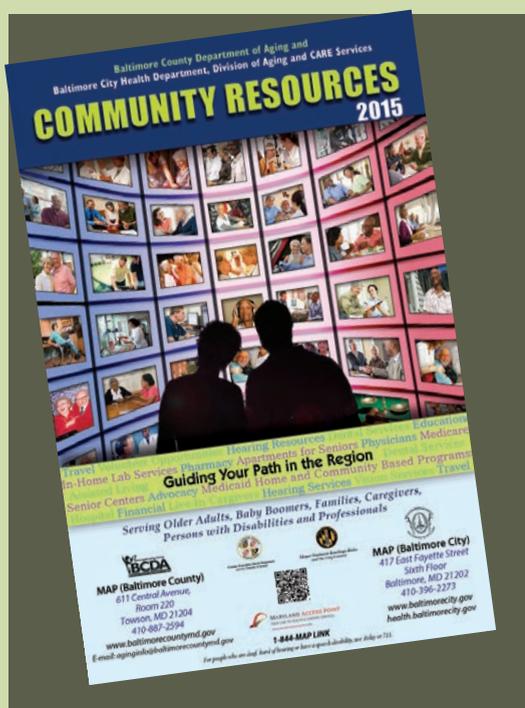


Exploring Assistive Technology

Assistive technology includes a wide range of devices that promote greater independence for people with disabilities by enabling them to perform daily tasks or enhancing their ability to communicate with others, enjoy leisure activities, travel or work. They range from the simple (magnifiers and talking watches for those with low vision) to the complex (robots that vacuum the carpet!). Start by talking with a member of the health care team to learn about the types of equipment that might be helpful. Consult *Community Resources* for programs that can help you find and (in some cases) pay for the assistive technology that is right for your older relative.

COMMUNITY RESOURCES

Community Resources is an annual regional publication printed in partnership with Baltimore City Government.



- Provides resources and information to meet all needs
- Provides the options to support informed decisions
- Supports families and the caregiving community
- Available online at: www.baltimorecountymd.gov/communityresources
- Available in alternative formats:
 - Standard and large print publications
 - Audible online version
- QR code access
- Free of charge - pick-up your copy at all senior centers and libraries.

Questions?? Please call MAP at **410-887-2594**.



Social Connections For Seniors During The Day



How important is social support as a person ages? Simple question, correct? Most people would not choose isolation and loneliness versus spending time with companions. In fact, it is proven that a lack of social support can hinder a person's overall quality of life and cause negative impacts on health and well being, especially for older people.

Having a variety of positive supports can contribute to the psychological and physical wellness of older individuals. Support from others can be important in reducing stress, increasing physical health and defeating psychological problems such as depression and anxiety. Family frequently plays a large role in providing social support for older adults. However, in circumstances in which family members cannot be supportive (stress due to responsibilities, illness, death, financial

problems, job relocation), the need can be met through community-based services.

Community-based services can be vital for older adults in finding the social support needed. Support can be found in many places including: senior centers, assisted living facilities, meal delivery sites, faith based groups, adult day care centers, etc. These services can provide positive social supports that can help older persons defeat loneliness and isolation. However, social support must encompass more than physical presence or conversation. Research indicates that social support services should contain quality activities to promote positive self-awareness.

Self-awareness is essential to overall quality of life and satisfaction. A variety of social activities can be used to help increase an individual's self-awareness. Activities for older adults may include continuing education classes, journal writing, readings of favorite book passages, reminiscence groups, group exercise, singing groups, craft activities, etc. Individuals may also feel a greater sense of self esteem if they are part of the planning of social activities that take place.

There are many community-based services that provide quality social support services for older individuals ranging from senior centers to adult day care centers. Today, there are estimated to be about 15,000 senior centers across the United States. Senior centers serve as a focal point for older Americans to receive many aging services. The most common services offered at a senior center include health programs (including Zumba® and yoga), arts/humanities activities, intergenerational programs, employment assistance, community action



opportunities, transportation services, volunteer opportunities, education opportunities, financial assistance, counseling, travel programs and meal programs. These programs and activities can help promote positive self-awareness. In Baltimore County, there are twenty senior centers; for a listing visit www.baltimorecountymd.gov/seniorcenters. Throughout the County, your relative can find many opportunities to participate.

Further in Baltimore County, there is a program called Center Connection which is a support service provided within eight Baltimore County senior centers. A Center Connection specialist helps the individual maximize their senior center experience by encouraging participation in classes, connecting them with other center members, registering for classes and participating in the Eating Together lunch program, while providing information and referrals to community resources as needed. To make an appointment for Center Connection registration, call 410-887-2970.

Another program within Baltimore County is the Home Team Program. Home Team provides volunteer “friendly visitors” to visit and/or call seniors who are at risk of living in isolation to help maintain a connection to other people and the community while reducing feelings of loneliness. The program is offered free of charge to Baltimore County seniors. People of all income levels may apply. To receive friendly visits, contact Home Team at hometeam@baltimorecountymd.gov or call 410-887-4141.

The Baltimore County Eating Together program provides a nutritious meal and companionship in over 38 sites in senior centers, community buildings and senior residences. The menus, planned as the main meal of the day, are made up of a variety of foods to provide at least one-third of the recommended daily nutritional needs.

Reservations are required. Meals are prepared and delivered by commercial caterers. Kosher meals are offered at several sites. A registered dietitian regularly offers free nutrition education and counseling at various sites. One must be 60 years of age or older to be eligible to participate in this program and are asked to make a voluntary, anonymous cash donation. For a listing of sites visit <http://www.baltimorecountymd.gov/Agencies/aging/programsandservices/eattoget.html>

If your loved one needs more care, then Adult Medical Day Services may provide an appropriate option. A licensed adult medical day center serves adults with cognitive and/or physical disabilities by providing medical care, recreational services and socialization up to six days a week. According to the National Adult Day Services Association (NADSA), there are currently more than 4,600 adult day centers nationwide. Visit their website, <http://www.nadsa.org> to locate a center in your relative’s area. Social programming at an adult day center may include musical entertainment and singing groups, group games such as cards, gentle exercise, discussion groups, holiday/birthday celebrations and local outings. Adult day centers also allow the participants to develop and increase confidence by encouraging independence.

You can help your older relative to maintain social connections with peers by helping them to connect with their community. There are a variety of daytime options for older adults to enjoy themselves, while receiving support services they might need. When your loved one is busy and active during the day, you can improve your own health and well-being by using that time for your other life commitments like employment, personal appointments or errands.



CHAPTER FIFTEEN:

Caregiving From A Distance



According to the National Alliance for Caregiving, fifteen percent of caregivers in our nation live one or more hours from the person for whom they are providing care. These “long distance caregivers,” in many instances, are caring for a parent or other older relative and are also employed and have dependent children of their own. In some circumstances, due to the physical distance and/or other constraints, the long distance caregiver may be unable to provide the direct, every day, hands-on care, but is responsible for arranging for paid care and coordinating the services that are provided.

Long distance caregivers must often juggle the demands of two households. They frequently have to rely on reports from others about daily events. Work schedules, business trips, and doctors’ appointments may have to be arranged and then rearranged. Care must be coordinated, services paid for, and communication channels with family members and service providers kept open. The physical and emotional demands may feel overwhelming at times. Needless to say long-distance caregiving

can be very challenging. When your older relative needs help, you may feel anxious about what is happening when you are not there and guilty that you cannot do more. It is important to be realistic about what you can contribute from a distance and to use other sources of local support for your older relative. Thus, as the caregiver you need to plan your strategy.

In preparing for a visit, it is necessary to decide what you want to accomplish during your time together prior to your arrival. It is best to involve your older relative in the planning process to identify the most urgent issues. Thus, you can make sure you have enough time to meet your goals. In advance, you may want to contact the Department of Aging in your loved one’s area to learn about the types of services available. Eldercare Locator at 800-677-1116 can help you identify the Department of Aging where your relative lives. Appointments should be made in advance of arrival with professionals you need to see together including doctors, attorneys or social workers. Lastly, you may want to research national and local resources online (See Chapter 20, p. 46)

One of the main priorities of your visit is to be observant. How well is your older relative eating, taking care of personal needs, household chores and finances? Are there any safety or transportation concerns? If you notice areas for concern, you need to communicate honestly with your relative and encourage their involvement in working through challenges while putting the decision making in their hands. It is best to build cooperative relationships with local relatives or friends who are involved, including neighbors or volunteers and get their contact information and give



them yours. You should also check the security of the home for sturdy locks on doors and windows as well as adequate exterior lighting.

These visits are also a wonderful time to have important discussions with your loved one. You should ensure that legal documents like a will, power of attorney and advance directives are in place. Also you can share the resources you learned about prior to your visit and decide which ones to pursue.

Making care decisions is often overwhelming. There is help available. If your older relative's care needs are complex, consider consulting with a private geriatric care manager. These professionals in the field of aging will work with your relative and the family to develop a care plan, put services in place and monitor your relative's progress. Services and fees for private case management vary so investigate fully before investing in this service.

Before you leave for home, it is a good idea to review with your relative any decisions that were made and what action steps are needed to enact them. Reassure your relative of your continued support by scheduling your next visit prior to your departure if possible.

To be an effective long distance caregiver, it is imperative to organize all of the documents related to the care of your loved one. For instance, you need to know the location of important documents like the deed to the house, the will, the pre-arrangements for the funeral and the birth certificate. Additionally, you should keep a list of the names of institutions and account numbers for bank accounts, life and health insurance policies. Bring home with you the contact information for your relative's doctor, local emergency contacts and a list of your relative's medical conditions and medications.

Another Set of Eyes and Ears: Special Alert Programs

Some communities have special alert programs for vulnerable individuals who may become isolated.

- The Carrier Alert is a voluntary community service, available in some areas, that allows Postal Service mail carriers to notify a designated contact person if there are signs that the individual may have experienced an accident or illness. Signs include accumulated mail in the mail box, lights burning in midday, drawn draperies or no tracks in the snow. Contact the Postmaster in your relative's area.

- Utility bill notification: Some utility companies have a voluntary program that allows them to notify a designated contact person if the customer has not paid their utility bill. Contact your relative's utility company.



CHAPTER SIXTEEN:

Getting Help With In-Home Care

Personal care activities include eating, bathing, shaving, caring for the skin, hair and mouth, and transferring (moving from chairs, toilets or bed). During the course of our daily lives these activities are taken for granted until weakness or a disability makes them difficult to accomplish independently or safely. Providing assistance requires knowledge, patience, skill and physical strength.

Not everyone is cut out to be a hands-on caregiver. It can be an exhausting routine that may lead to stress and even depression. Further, you may be neglecting your own needs and increasing your vulnerability to physical illness.

During care transitions, it is important to know your limits and reach out for help! If family, friends and other supports are not available, it may be time to consider professional help with your relative's activities of daily living. There are many options available; some private services and some public services.

Private Services

Home Health Agencies provide short-term skilled care under a physician's order. The service package may include a nurse,



social worker, physical or occupational therapist, and an in-home aide. Medicare and some other insurances may pay.

Residential Services Agencies provide supportive home care services and sometimes medical equipment. Generally the person seeking services pays.

Nursing Referral Agencies screen and refer licensed nurses, home health aides, homemakers, live-in caretakers, and companions. The person seeking services contracts directly with the care provider.

For more information on these agencies visit <http://dhmh.maryland.gov/ohcq>, or call the Office of Health Care Quality at 1-877-4MD-DHMH (1-877-463-3464)

Public Services

If insurance won't cover the needed services and private pay is not an option, consider a public program. Often these programs have stringent eligibility criteria and wait lists.

In-home Aide Service – This program, operated by the Department of Social Services, provides personal care and household chore services to people 18 years of age and older who lack adequate care and are at risk of harm or institutionalization without additional supports. Call Baltimore County Department Social Services at 410-853-3000.

Senior Care – Administered by the Baltimore County Department of Aging, this program helps case managed seniors 65 years of age and older who are at risk of a nursing home placement. The program helps to pay for adult day care, in-home aide service, emergency response systems, and other needs. Call MAP at 410-887-2594.



Medicaid Programs – Several Maryland Medicaid programs provide long-term supports for people who would otherwise require nursing home or other institutional placement. The programs, Community Personal Assistance Services, Community First Choice, and the Home and Community-Based Options Waiver, have complex application procedures and eligibility requirements. For all of these programs, the first step is an eligibility screening through the local MAP office. Call 410-887-2594.

Veterans' Programs. Some Veterans and survivors who are eligible for a VA pension may also be eligible for additional monthly payment to help with their in-home care expenses. For more information on these programs, go to the U.S. Department of Veterans Affairs website at <http://www.benefits.va.gov/pension/#7>, or call 1-800-827-1000 for the Federal VA, or visit the Maryland Department of Veterans Affairs Service and Benefits Program at <http://veterans.maryland.gov/maryland-department-of-veterans-affairs-service-benefits-program> or call 410-230-4444.

How To Make Sure Home Health Care Is Quality Care

As with any important care decisions, you need to do your research. It is always a good idea to talk with friends, neighbors, and your local area agency on aging to learn more about the home health care agencies in your community. You will want to consider the following questions as you seek assistance with your family member:

- How long has the agency been serving this community? Is the agency an approved Medicare provider? Do they accept their insurance?
- Is the quality of care certified by a national accrediting body such as the

Joint Commission for the Accreditation of Healthcare Organizations?

- Does the agency have a current license to practice (if required in the state where you live)?
 - Does the agency offer seniors a “Patients’ Bill of Rights” that describes the rights and responsibilities of both the agency and the senior being cared for?
 - Does the agency write a plan of care for the patient (with input from the individual, his or her doctor and family), and update the plan as necessary?
 - How closely do supervisors oversee care to ensure quality? Does the agency have a nursing supervisor available to provide on-call assistance 24 hours a day?
 - Are agency staff members available around the clock, seven days a week, if necessary?
 - How does the agency ensure patient confidentiality?
 - How are agency caregivers screened, hired and trained? Will the agency provide a list of references for its caregivers?
 - What is the procedure for resolving problems when they occur, and who can be called with questions or complaints?
 - Is there a sliding fee schedule based on ability to pay, and is financial assistance available to pay for services?
 - Who does the agency call if the home health care worker cannot come when scheduled?
- When purchasing home health care directly from an individual provider (instead of through an agency), it is even more important to screen the person thoroughly. This should include an interview with the home health caregiver to make sure that they are qualified for the job. You should request references.



When Your Older Relative Needs to Move

What should you do if your loved one is having trouble managing to live independently in their house but does not want to move? Perhaps you think your relative would be safer in a senior apartment or assisted living facility, but every time you raise the issue, your loved one insists on staying in the house where they raised their family. It's important to start by respecting their wishes and exploring in-home options for getting help.

First, consider the changes you observe in their functioning, what additional supports are required, and whether their needs can be met without the stress of a move.



Key Indicators

Indicators that your relative needs more support and assistance include:

- Recent accidents or close calls, including falls or cooking accidents
- Frequent medical emergencies
- Chronic health conditions that are worsening
- Difficulty keeping up with housework and yard maintenance
- Increased confusion and memory loss
- Difficulty paying bills and managing mail
- Poor eating, weight loss
- Social isolation
- Difficulty taking medications properly

Is moving the best way to address their changing needs? The answer depends primarily on your relative's goals, preferences and resources, as well as the availability of affordable options. You need to consider the following ways to support your older relative in their current home. First, it is recommended that you start with a thorough medical evaluation to address changes in physical or mental status and a professional review of all medications to see if that is the cause of the increased risk. There are many systems available that may enhance safety like an emergency response system, home-delivered meals and/or a home safety assessment. Additional services may also help including assistance with bill-paying from a trusted helper or a professional or an in-home aide or housekeeper. If your relative needs support and supervision while you work, a membership to the local senior center or adult day care center may help.

On the other hand, if there are serious safety concerns that cannot be addressed with in-home resources or the older person no longer has a local safety net, talk



with them about a move. There are many options available, each with its own pros and cons.

1. Living with a relative or friend

2. Sharing a home through a program that matches “home providers” and “home seekers” which includes screening interviews and background checks

3. Senior Apartments: These facilities are for individuals 62 years of age and older who can care for their daily needs. Rents are below market rate, and applicants must meet income criteria, which vary per facility. Some apartments provide congregate meals through the “Eating Together” program, and some have limited social activities. For residents who need more support, some senior apartments in the area offer a package of additional services, including more meals, housekeeping and limited personal care for an additional fee.

4. Assisted Living: This category of housing covers a wide variety of facilities, from small, family-operated homes to large sites with 60 beds or more. This is an option for those who need help with activities of daily living, but not intensive, ongoing medical care. Assisted Living facilities must provide 24-hour staffing, meals, supervision of medication, and personal care assistance.

5. Continuing Care Retirement Communities: These residential settings offer a continuum of living arrangements from independent living to nursing home care so residents can move from one level to another as their needs change. Age for admission, payment arrangements and service packages are different for each community.

6. Nursing Homes: These facilities provide round-the-clock medical attention to residents. If your relative needs a great deal of help with activities of daily living, has severe cognitive impairment or complex medical problems, this may be the best choice. If you are considering a nursing

home, get an in-home evaluation from the Baltimore County Department of Health, Adult Evaluation and Review Services (AERS) by calling 410-887-2754.

It is best to be loving and patient as your relative considers a move and to involve them in every step of the process of selecting a new home, sorting and packing their possessions, and the physical move itself. This approach can make the process a little less stressful for everyone!

Tools for Choosing Among Housing Options

The array of senior housing choices can be overwhelming. The following programs and tools may be helpful:

- To request a consumer packet about continuing care retirement communities, complete the form at <http://www.aging.maryland.gov/Comment.html> or call 410-767-1100.

- For a list of licensed assisted living facilities in Maryland, go to <http://dhmh.maryland.gov/ohcq/SitePages/Licensee%20Directory.aspx> and click on Assisted Living, or call 410-767-6500.

- If you are planning to visit assisted living facilities, The Maryland Department of Aging’s Assisted Living: What You Need to Know found at <http://www.aging.maryland.gov/egov/Documents/ALGuide.pdf> is a helpful guide. You may request this guide by calling 410-767-1100.

- Find nursing homes in your area and compare their quality by visiting <http://www.medicare.gov/nursinghome-compare> and you may contact the Baltimore County Department of Aging Ombudsman Program via email ombudsman@baltimorecountymd.gov or phone 410-887-4200.



Choosing A Facility And Getting Good Care

Assessing the Quality of a Facility

If you and your loved one have decided to pursue placement in a long-term care facility, take some time and visit several residences to assess the quality of care they provide. Bring your loved one with you on the visits, if possible. Once you have narrowed down your choices, visit your top picks again, optimally during mealtime.

Consider the following factors when you visit:

1. **Level of Care:** Will the facility be able to provide the level of personal care your loved one needs, now and in the future? Residents (those who live in the facility) are assessed upon admission for the level of care they require, based on how much help they need with activities of daily living and medication administration. Some assisted living facilities do not accept residents who require a high level of care, and may discharge a resident whose level increases during their stay. Nursing homes should be able to provide for all levels of care,

2. **Meals:** Sample the food, evaluating its visual appeal and taste. Ask for a menu – does it meet your relative’s preferences and nutritional needs? Ask about alternative choices if the resident does not like what is being served. Will the facility meet special dietary needs?

3. **Activities:** Observe the residents when you visit. Are they engaged in activities or sitting alone in their rooms? Ask to see the monthly activity schedule. Are there recreational activities that will appeal to your loved one? The facility should include events that bring community members into the residence and the residents out in the

community. If religious observance is important to your relative, ask about access to religious services. Also ask whether residents have input into the activity schedule.

4. **Staff:** Observe the ways in which staff interacts with residents. Are they respectful and kind to the people in their care? For example, do nurses knock before entering a resident’s room? Ask about employee turnover and the percentage of staff who are from temporary agencies. In nursing homes, the best staffing pattern is consistent assignment, meaning that staff work with the same residents on most days of the week.

The law requires that facilities have publicly available the latest survey report from the Office of Health Care Quality. Check the report for deficiencies. If there are a large number of deficiencies, or any that indicate serious problems with the quality of care, be cautious. For assistance in interpreting the survey report or any other aspect of the facility’s performance, contact the Baltimore County Long-Term Care Ombudsman Office at 410-887-4200 or email ombudsman@baltimorecountymd.gov.

After Admission To A Facility

When your older relative is admitted to an assisted living or nursing care facility, your role as a caregiver remains vitally important. By maintaining frequent contact, you can assist with the adjustment period and help to ensure the best possible care for your older relative.

To help your loved one adjust to life in the facility, it is important to make their room as home-like as possible with photographs and favorite items. Facilities want to help with



the transition by allowing for scheduling preferences and items from home. You can assist the person by taking an active role in their new home: visiting regularly, introducing yourself to staff on all shifts to provide a brief background about your older relative, joining the Family Council at the facility to meet other family members and encouraging your older relative to participate in social activities and special events. Another important item in the transition is for you to participate in care planning meetings together with the resident.

Assisted Living Facilities (ALF) establish an individualized Service Plan for each resident. If your relative gives permission for you to review the plan, be sure that the services outlined in the plan are being provided. Also monitor the elder's care to ensure that they are afforded opportunities for autonomy and choice, to the greatest degree possible. If you have concerns about your relative's care, discuss them first with the resident. Then make a point to address them with the ALF manager.

The Residents' Bill of Rights spells out all the rights under the law that must be provided to residents of nursing homes. The Residents' Bill of Rights covers many aspects of the individual's life, including the right to:

- Receive information about the services in the facility, fees and medical treatments
- Participate in planning one's own care
- Make choices and personal decisions like about wardrobe and menu selections
- Enjoy privacy in care and confidentiality regarding medication, personal and financial affairs
- Be treated with dignity and respect
- Be free from physical, verbal, emotional or financial abuse

If these rights are being violated or other problems arise, talk with the resident and get their perspective, if possible. Support the resident in voicing concerns or in allowing you to advocate for them. Start with the nurse in charge of your relative's unit. If the nurse cannot resolve the issue, move up the chain of command to the Director of Nursing, Director of Social Work or the Administrator.

If the concerns are not addressed satisfactorily by the facility staff and administration, you and or your older relative may contact a Long-Term Care Ombudsman to assist in complaint resolution. In Baltimore County, contact the Ombudsman at 410-887-4200. You may remain anonymous if you so choose.

The Office of Health Care Quality (OHCQ) is the regulatory agency that ensures State licensure standards are maintained. They also investigate complaints of resident abuse or poor care. OHCQ may be reached at 877-463-3464.

Visiting the resident

To assure quality care for your family member, you may want to stop by on various days of the week and at various times. It is recommended that you greet the staff, so they will know that you are actively involved in your relative's life. If you are unable to visit or live at a distance, enlist a family member or friend to visit regularly and keep you informed. Your family's religious community may have a committee that visits members in facilities. Private case managers are another option; the Aging Life Care Association can link you to a case manager in the area. You can reach them at www.aginglifecare.org or 520-881-8008.



Benefits And Protection For Caregivers

Throughout this booklet, you have been introduced to helpful tips and information to help ease your stress in caring for your older relative. Family caregiving truly is an art, and a labor of love. You also need to be aware of the programs that can assist in helping and protecting your employment while you are needed as a caregiver.

A common question asked by full-time family caregivers is if they can get paid for taking care of their loved ones. Whether you can receive compensation to take care of a loved one with disabilities depends on your state and the circumstances.

The need for caregiver financial assistance in the United States is pronounced, since most long-term care is provided by unpaid family members. Single-handedly, people are meeting the needs of the ever increasing aging population in this country. In an effort to support these honorable family members, the federal government enacted the National Family Caregiver Support Program (NFCSP) in 2000.

Although all states currently offer some kind of aid to caregivers, the specific programs can vary greatly from state-to-state and sometimes vary between jurisdictions within the same state. Also, programs that do offer pay don't always provide it on a regular basis. Besides financial support, many local programs offer family caregivers counseling, training, support groups and respite care, so that they can get a much needed break.

It should also be noted that in some states, Medicaid (not Medicare) will pay family caregivers to provide care at home. If your loved one is eligible for Medicaid, find out if you may be able to receive financial assistance.

Where Can I Find State Resources?

There are great resources both online and offline that will help you find various forms of caregiver assistance. One of the best places to start is with your Area Agency on Aging – the Baltimore County Department of Aging. The Maryland Access Point for Baltimore County (MAP) can be reached at 410-887-2594.

In addition, the National Alliance for Caregiving, www.caregiver.org offers the Family Care Navigator, a comprehensive state-by-state online resource that can help you find government, nonprofit and private programs in your local area. The site also includes information on government health and disability programs, as well as legal resources.

How Can I Be Paid as a Caregiver?

It is becoming more common for family caregivers to be paid directly by their loved ones. If deciding to go this route, make sure you and your loved one have a caregiver contract in place, which can prove your loved one is paying for a service and not giving a monetary gift. A history of cash gifts can disqualify him or her from future enrollment in the Medicaid program, so definitely look into getting a contract in place. Also, as the caregiver, it is your responsibility to pay taxes on your earnings, and your loved one must also report the payment on their tax forms.

Another avenue to consider is to check into your loved one's long-term care insurance policy. Some plans offer a cash benefit that allows the policyholder to spend an agreed-upon amount each month on assistance. These policies are very expensive, thus, they are few and far between. However, if your loved one has one, then it is in



your best interest to check into it.

In situations where you simply are not eligible for direct financial assistance, consider whether you qualify for claiming your loved one as a dependent on your income tax return. Your loved one doesn't need to live in your house, but you are required to provide more than 50 percent of their basic living expenses.

Finally, you may be able to deduct various medical expenses. For instance, if you use your car to drive them to and from doctors' appointments, or if you purchase their prescription medication, you may be able to claim these expenses as long as you are paying more than 50 percent of their medical fees.

If you are caring for a loved one who is a veteran, you may be eligible for assistance through the Department of Veterans Affairs Caregivers Program. Find out more by visiting <http://www.caregiver.va.gov/>.

If you are one of the millions of caregivers in this country, know that there is help out there which can alleviate some of your financial burden. Speak to your local office Area Agency on Aging and research online for programs and services offered in your area.

Protection For Your Job

The Family and Medical Leave Act (FMLA) is a federal law that lets covered employees take extended time away from work, to handle certain family or medical needs. An employee who works for a covered employer is eligible for leave if he or she worked for the employer for at least twelve months, and for at least 1,250 hours over the twelve months immediately preceding the need for leave. The employee must also work at a worksite in the United States, or a U.S. territory, at which the employer has at least fifty employees within seventy-five miles.

A covered employer must provide eligible employees with a maximum of twelve weeks of leave. The leave may be unpaid, but it may be combined with accrued paid leave (such as vacation or sick leave). An eligible employee may take leave:

- For the birth, adoption, or placement of a child;
- To care for a spouse, minor, or incompetent child, or parent who has a "serious health condition"; or
- To handle the employee's own serious health condition that makes him or her unable to work.

A "serious health condition" is defined as an illness, injury, impairment, or condition that involves hospital care; absence from work, plus continuing treatment; pregnancy; treatment for a chronic condition; permanent long-term supervision; or multiple treatments.

For information and referrals for services for seniors and people with disabilities, contact Maryland Access Point (MAP) of Baltimore County at 410-887-2594. Obtain your copy of the *Community Resource* at all 20 county senior centers, the 17 public libraries and by requesting copies from MAP.

Always know that the Department of Aging is here to help guide and strengthen you for the journey.



CHAPTER TWENTY:

Local And National Resources

Knowledge is power! With the many options on the Internet, there is a fast and easy way to learn more about resources, no matter where you live or where you are! Below is a list of key websites and phone numbers for national, state and local organizations that can be contacted for support and information:

National Organizations:

AARP • www.aarp.org • 888-687-2277

Aging Life Care Association • www.aginglifecare.org

Alzheimer's Association • www.alz.org • 800-272-3900

Arthritis Foundation • www.arthritis.org

Caregiver Action Network • www.caregiveraction.org • 202-454-3970

Center for Disease Control • www.cdc.gov

Centers for Medicare and Medicaid Services • www.cms.gov • 800-633-4227

ElderCare Locator • www.eldercare.gov • 800-677-1116

Medicare • www.medicare.gov • 800-633-4227

National Alliance for Caregiving • www.caregiving.org • 800-445-8106

National Adult Day Services Association • www.nadsa.org

National Institute of Mental Health • www.nihm.nih.gov

National Respite Network and Resource Center • www.archrespite.org • 703-256-2084

Social Security Administration • www.ssa.gov • 800-772-1213

U.S. Department of Veteran Affairs • www.caregiver.va.gov and www.benefits.va.gov



State Organizations:

- Maryland Access Point (MAP) • www.MarylandAccessPoint.info • 1-844-627-5465
- Maryland Department of Aging • www.aging.maryland.gov
- Maryland Medical Orders for Life-Sustaining Treatment • www.marylandmolst.org
- Maryland Relay Service • TTY 711 • 800-735-2258
- Maryland Senior Legal Hotline • 800-896-4213
- Maryland Office of the Attorney General • www.oag.state.md.us • 888-743-0023
- Maryland Department of Veterans Affairs • <http://veterans.maryland.gov>, • 410-230-4444
- Meals On Wheels of Central Maryland • www.mealsonwheelsmd.org • 410-558-0827
- Office of Healthcare Quality • <http://dhmh.maryland.gov/ohcq> • 877-463-3464
- 2-1-1 Maryland: First Call For Help 211

Local Organizations:

- Baltimore County Department of Aging • www.baltimorecountymd.gov/Agencies/aging
 - 410-887-2594
- Baltimore County Department of Social Services, Adult Services
 - www.baltimorecountymd.gov/Agencies/socialservices • 410-853-3000 press 2
- Baltimore County Health Department • www.baltimorecountymd.gov/Agencies/health
 - 410-887-3828
- Baltimore County Crisis Response System • 410-931-2214
- Baltimore County Senior Centers • www.baltimorecountymd.gov/seniorcenters
- Baltimore County State Health Insurance Assistance Program (SHIP)
 - www.baltimorecountymd.gov/Agencies/aging/medicare • 410-887-2059
- BC-REST, Baltimore County Restoring Elder Safety Today • www.bcpl.info/stopelderabuse
- Community Resource Guide • www.baltimorecountymd.gov/communityresources
- Greater Maryland Chapter of the Alzheimer's Association • 410-561-9099



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