

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

Nov/Dec 2017

INSIDE

1

Caregiving by
the Numbers

5

Visit with a Caregiver

8

Assistive Technology
for Seniors: Today and
Tomorrow

9

18 Years with Caregivers

11

Community Resources

13

Alzheimer's:
We've Come a Long Way,
with a Long Way Yet to Go

14

How
Care Connections
Began

Dear Caregiver,

There are some changes coming to the staff of Boulder County Area Agency on Aging (BCAAA) and to our *Care Connections* Editorial Advisory Committee, and it seems like a good time to look back at *Care Connections* and at caregiving in general, and to look forward to what's ahead for caregivers.

This is the 139th issue of *Care Connections* since it was "adopted" by BCAA in 1994, after being started at the Longmont Senior Center a few years before (see *How Care Connections Began*, by Rosemary Williams, on page 14). In those 139 issues, we've featured stories, journal entries, and poems by local caregivers, advice and encouragement from aging services professionals, information about resources, and much more. Though subscribers have come and gone as their caregiving has begun and ended, we've had hundreds of faithful readers for years and around 2,100 subscribers at any one time. From what we've heard from caregivers, we know that *Care Connections* has been helpful to them.

In another article, BCAA manager Sherry Leach takes a broad look at caregiving: how and why caregiving services began, current and future trends, and how we can all help bring increased public attention (and funds!) to caregiving. Ralph Patrick, with the Alzheimer's Association, does the same in regard to Alzheimer's disease.

We hope these and the other articles inside give you a sense of where we've been and where we're going. You're part of a great tide of caregivers that's already changed the world and will continue to influence change in the future.

The Editors

Caregiving by the Numbers

by Sherry Leach, MSW



Boulder County Area Agency on Aging (BCAAA) has been committed to supporting and recognizing family caregiving throughout its 27-year history. That is because we have always recognized the absolutely necessary and impactful role played by family caregivers in making it possible for older adults to be able to stay in their homes and age in the community. We are also aware of the need for more recognition



CAREConnections

is published six times a year by Boulder County Area Agency on Aging (BCAAA). To subscribe or respond to articles, contact:

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Care Connections is offered free to residents of Boulder County, though donations are gratefully accepted. Agencies, businesses, and professionals are encouraged to donate to *Care Connections* in an effort to keep it available at no cost to caregivers. Subscriptions to addresses outside of Boulder County may be obtained by a one-time donation of \$10.00.

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in public policy of the huge commitment and contribution made by family caregivers.

BCAAA and local senior centers have worked in concert since the early 1990s to support *Care Connections* newsletter and volunteer respite coverage for caregivers in Boulder County. *Care Connections*, this very publication that you are reading today, has the tagline of *Information and Inspiration for Caregivers*. The feedback and many unsolicited comments we have received over the years indicate that it has achieved that end.

The National Family Caregiver Support Program (NFCSP), Title III E, became part of the Older Americans Act (OAA) in 2000. We especially welcomed the national recognition and formalization of caregiver support because it was something we already believed in and supported in Boulder County. The NFCSP funds allowed us to hire a Caregiver Initiative coordinator to provide services such as training classes and support groups, caregiver recognition events, the annual Caregiving Symposium, assistance with obtaining and paying for respite services, and individual caregiver consultation, along with *Care Connections* newsletter, which we already had. Caregivers in Boulder County can access the above listed services through options counselors and caregiver staff at BCAA and also through resource specialists in local senior centers. In recent years we've also supported mental health counseling and support groups with NFCSP funds.

The Older Americans Act uses the term "family caregivers" to represent unpaid or volunteer caregivers, so clearly some "family" caregivers are friends and neighbors. Family caregivers—these unpaid members of the aging network—make a huge difference in the health care system in this country. There are over 43.5 million unpaid caregivers in the U.S.—providing care for people of all ages. However, over 79% of them have provided care to an adult age 50 or older, demonstrating how big the role of family caregiving is for an aging population. In fact, family caregivers are critical to older adults who need assistance. The Family Caregiver Alliance points out that 78% of adults receiving long-term care at home rely exclusively on family and friends to provide that assistance. That is an astounding percentage. [Caregiver stats from Family Caregiver Alliance, citing National Alliance for Caregiving and AARP. (2015). *Caregiving in the U.S.*]

So, family caregivers are essential to a huge proportion of older adults needing care and, as it turns out, family caregiving also

represents a huge savings to the health care and long-term services and supports industries in this country. Check out the following information—it is mind-boggling!

- According to AARP Public Policy Institute's *Valuing the Invaluable 2015 Update*, "The value of services provided by informal caregivers has steadily increased over the last decade, with an estimated economic value of \$470 billion in 2013, up from \$450 billion in 2009 and \$375 billion in 2007.
- At \$470 billion in 2013, the value of unpaid caregiving exceeded the value of paid home care and total Medicaid spending in the same year, and nearly matched the value of the sales of the world's largest company, Wal-Mart (\$477 billion).

I use the term mind-boggling because the value is so big and, it seems to me, it is almost unbelievable that as a society we would rely on the "donated" effort of so many individuals and not be thinking and planning about how we can ensure that the system will continue to work and that the volunteers (i.e. family caregivers) will not collapse under the weight. I also believe that this dollar value becomes the foundation for the argument that as a society we need to do a better job supporting caregivers financially and emotionally.

As an aside, I love the title of the AARP report, *Valuing the Invaluable*. The work of family caregivers, from providing rides and cooking meals, to changing diapers and overseeing medication, to giving love and providing companionship, is truly invaluable. While assigning numbers is only part of the story, showing a financial value is a way to begin to define the impact of family caregivers.

While caregivers often use positive words and phrases to describe their experiences and there is a sense of satisfaction in helping those for whom they care, there are definite costs to caregivers.

The health of caregivers is impacted. In fact, sadly, caregivers often pre-decease their care recipients, and they have a higher mortality rate than non-caregivers. Many caregivers are older themselves. The Administration on Aging indicates that one in three older caregivers rate their health as only being fair to poor.

Part of the stress of caregiving is that it takes a lot of time. Nearly 25% of family caregivers spend 41 hours per week—the equivalent of a full work week—providing care. Even caregivers over age 75 spend an average of 34 hours a week providing care. With the growing older population in general, and the growth in the numbers of people with Alzheimer's type dementia, the time needed for caregiving will increase—both in the hours per week and the number of years (especially in cases of dementia) that caregivers will provide. [Caregiver stats from Family Caregiver Alliance, citing National Alliance for Caregiving and AARP. (2015). *Caregiving in the U.S.*]

The level and type of caregiving responsibilities have increased over time for many reasons including that people are being discharged from the hospital more quickly or are receiving their surgeries as outpatients; there is a shortage of home care workers (in part due to low wages in that industry); and there is a wider variety of technology and portable devices that can be used in the home. I heard a speaker at a conference a few years ago say that, "Family caregivers are often asked to do tasks that used to make first-year nursing students blanch."

I remember when my father had to receive nutrition through a feeding tube into his intestines while awaiting surgery on a laryngeal tumor. He was discharged to home from the hospital. My mother and I listened carefully to the discharge instructions and watched the quick lesson on how to administer the feeding tube. When we got home, the only piece that I really remembered



was the statement to “be careful to not do it too fast or you will rupture the intestines.” Not a bad thing to remember such a warning, but it definitely impacted my confidence in my ability to provide the needed care. The statement I’d heard at the conference flashed through my mind. I don’t think I had ever envisioned myself administering a feeding tube or suctioning a tracheotomy tube, but there I was performing those tasks because I wanted to do anything I could to help my father. (P. S. My mother took to the nursing duties like a champ—good news for all!)

Family caregiving has a financial impact. According to Family Caregiver Alliance, informal caregivers personally lose about \$659,139 over a lifetime, including loss in Social Security and pension benefits, in addition to the foregone wages. The impact is especially felt by women because statistically they earn less than men and being in and out of the work force, including time for raising their children, makes it harder for them to stay on career tracks and build up pensions. And while an increasing number of men are becoming caregivers, the preponderance of family caregivers are women, especially in the area of the direct care that demands the more constant presence. A big concern is that this financial blow puts caregivers at greater risk as they enter their own old age, due to decreased resources for purchasing their own care and other services. [Caregiver stats from Family Caregiver Alliance]

A related issue is the pressure working caregivers face trying to provide good care and at the same time meet the demands of work. There is an emotional toll; caregivers are often distracted and may need to take time off to take their loved one to appointments or tend to urgent needs at home.

I want to acknowledge and sincerely thank fam-

ily caregivers for their compassion, hands-on work, love, tears, sacrifice, knowledge, joy, and perseverance in providing care for others and helping people to be able to stay in the community. My bandwagon issue is that we join our voices as caregivers, aging professionals, health care workers, and others to advocate for family caregivers in the public policy arena. Some examples include:

- Support funding for programs, including the National Family Caregiver Support program in the Older Americans Act, that provide hands-on training, support groups and self-care, and respite breaks for family caregivers.
- Many employers have already recognized the impact of the aging population on the workforce and have made helpful adaptations for caregivers. We need to encourage employers to continue to be accommodating and flexible.
- Encourage law makers to introduce and support legislation that promotes items such as paid family leave, flex schedules, partial pay while providing caregiving, covered time off for post caregiving (closing estate, cleaning the house, etc.), similar to FMLA.
- Support legislation that provides a way for family caregivers to get some social security credit for time spent out of the workplace providing care (even better if it could also include some financial contributions to pensions and other retirement plans).

Yes, there is a cost to such proposals, but we need to remember that family caregivers save our health care system some \$470 billion a year!

Sherry Leach is the Manager of Boulder County Area Agency on Aging, a Division of Community Services.



“It seems I have often stood at the kitchen counter with *Care Connections* in hand, welling up with tears while reading the compassionate words of your contributors. There was always something in each issue that particularly touched me and my life. My mom died last year after a very difficult final year, and I would just like to say that you helped along the way.”

VISIT WITH A CAREGIVER

Carol and Hank had been married 34 years when, eight months after Hank’s retirement, Carol had a major stroke that changed both their lives. The couple stayed in Maryland three years and then moved to Colorado to be near their two sons. Hank cared for Carol at home for over 11 years, until she moved to an assisted living home in the fall of 2013.

Care Connections: What kind of recovery did Carol have after the stroke?

Hank: After some time in a rehabilitation hospital, she came home and needed full-time care. I had little help, but arranged for any available therapy hoping she would be herself again. I now see I was in denial about how far she could progress. I was told initially she probably would live only five more years. That was 15 years ago. I spent days duplicating speech therapy, physical therapy, and occupational therapy. I did not give up on our dream of motorhome travel even after the stroke. But, this form of travel was difficult. Carol would have seizures and episodes of incontinence. Often, she did not really care where we were.

CC: You had lived in Maryland a long time. How did your social life change?

Hank: Our friends disappeared. Many of Carol’s lifelong friends didn’t come to see her once. Friends could not relate to us anymore. Our sons were wonderful, but lived far away. It made sense to move to Colorado to be near them.

CC: Was it better or easier in Colorado?

Hank: Yes and no. Our sons were tremendously supportive, but I was still on duty 24/7. Carol had been incontinent since the stroke. She had numerous accidents because she reasons like a child and has to use a cane for mobility. I would take her shopping, gave her household chores, and set up a patio garden for her. My job was to care for her, cook the meals, provide stimulation, manage doctor appointments, and manage business of the home. There was little time for myself or my hobbies. Eventually, I decided that we could both benefit if Carol attended an adult care program.

CC: How did you cope with this total immersion in the role of caregiver?

Hank: It was hard. As time went on, I became depressed to the point of being suicidal—and I had a plan. My sons saw what was happening to me and didn’t want me to be another casualty of the stroke. Eventually, with their help and the help of a counselor, I realized that I couldn’t do it anymore. The therapist listened to me, didn’t give me advice, and allowed me to figure things out myself.

CC: What did you figure out?

Hank: I realized I had done too much thinking from Carol’s perspective, about how she was feeling and what she needed, and I had forgotten to think of myself. I didn’t value myself then like I do now. I also knew that it was time to move her to a care facility.

CC: How did you make that move happen?



Hank: My sons took me on a three-day fishing trip, and we talked. They saw me falling apart; I was alone and a nervous wreck. Plus, we all knew that I had stopped liking the person I was caring for—and vice versa. We finally agreed it was time to find a better placement for her. They were active in the selection of the facility. When the time came, they told me to go out of town for a few days. Both sons took her to a park and told her what was going on: that I was at the end of my tether. They had made all the arrangements, and the next day they moved her to assisted living.

CC: How did Carol take it?

Hank: My sons and daughter-in-law settled her in, arranged her furniture, spent time with her. When I came to see her after the recommended two-week trial period, she was resentful and mad at me. That went away in a hurry. Now, I visit once a week, often taking her out to lunch, shopping, and to medical appointments. My sons and grandsons take turns seeing her on the weekends.

CC: How did you take it?

Hank: I felt relief, not guilt. You don't know what freedom is until you lose it.

CC: What's caregiving like now that you are living apart?

Hank: She's aware of the family, and we have found alternative ways for her to participate in family life, such as holidays and birthdays. Her memories come back if prompted, but they come and go. She's not recognizable as the woman I knew. When we go out, people confuse us for son and mother. I can hardly remember our day-to-day life together before the stroke. The grumpy part of her personality still comes out; she still hangs on to perceived grievances. It's hard to remember the good times, but I know that we raised a wonderful family. I care about her. I'm still horrified by her condition.

CC: What's your worst experience?

Hank: On many occasions, she begged me to smother her. In moments of clarity, Carol knows what she has lost. Fifteen years post-stroke, in such weakened physical and mental health, is a tragedy for her and our family. Carol was a good parent, partner, and teacher. She was our high school class valedictorian. At one time, she was a 6 handicap golfer. We loved to travel and play new golf courses.

CC: How did you survive this intense and complicated request, as well as over a decade or more of routine caring for your wife?

Hank: I was raised on a farm, and tending a garden and doing home improvement saved my sanity. I've tried to keep busy and active. Carol and I traveled some, but it became very difficult to manage her needs and drive a large motorhome to various destinations. We even went to our 40th high school reunion. Somehow, I chose a home in Colorado where I found supportive neighbors. As I've said, my sons and daughter-in-law have been invaluable. I have a relationship with a lifelong friend who is also recovering from tragedy. We are both very happy.

CC: Thank you, Hank.

This interview was conducted by Lynn Malkinson, a member of the Care Connections Editorial Advisory Committee.

“My parents died, so I no longer need a subscription to *Care Connections*. I really appreciated it. I think you have a wonderful newsletter, and I'll tell others about it.

It seems like it would always come at a time when I really needed it, and I'd think, ‘I can do this!’”



Dear Friend,

As a subscriber to *Care Connections*, Boulder County Area Agency on Aging's newsletter for family caregivers of older adults, hopefully you've found encouragement and information in its articles, as well as connections to helpful resources. *Care Connections* exists to let you and other caregivers know that we value your commitment to elder loved ones and that there's assistance to help make your work a little easier.

Care Connections is delivered to 2,150 subscribers, and another 1,100 copies are distributed to nearly 130 sites throughout Boulder County, in an effort to reach more caregivers. And it's just one of the services for family caregivers offered by Boulder County Area Agency on Aging. We also provide information and referral, free caregiver training courses, the annual Caregiving Symposium, respite resources, and more. We hope you've learned about and made good use of each of these programs. They're here for you and others like you.

If you've benefitted from receiving *Care Connections*—and perhaps from our other services for caregivers—we encourage you to contribute to help keep those services going. Thousands of Boulder County caregivers, just like you, need the support that we provide. A donation of \$25 is suggested, but a gift of any size is very welcome and will help. Here's how to give back:

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Thank you. Please don't hesitate to contact me for information and support.

Sincerely,



Emily Cooper
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Assistive Technology for Seniors: Today and Tomorrow *by Julia Beems, MA*

In today's rapidly growing market there are more than 50,000 assistive technology devices available for seniors and persons with disabilities that improve not only their functional capabilities, but also their safety and independence. Assistive Technology ranges from homemade devices and low-cost modifications to high-tech, high-cost solutions.

Low-tech, low-cost solutions could involve placing a checklist on the bathroom mirror to ensure completion of the morning grooming routine, labeling drawers and cabinets as reminders of what is inside, and writing appointments in a notebook. These solutions could make a significant difference in an individual's level of independence. High-tech solutions might include a wheelchair, remote controls to operate the lights, TV, and stereo, or a communication device.

Other solutions might include organizers, which are devices that assist in organizing either daily activities or a single multi-step activity, such as following a recipe. They are available in a variety of formats, ranging from reusable laminated checklists to smart phone apps and voice-operated electronic organizers.

Keeping track of different types of medications, their dosages, and when to take them is a major issue for many individuals, and many dispensing systems and alarm reminders are available to help. Dispensing systems include bubble-packaged medications from the local pharmacy, with just the right amount of medication in each bubble, and automated pill-dispensing devices. There are multiple devices and apps with alarms that beep or buzz when it is time to take medications, as well as talking alarms that indicate exactly which pill to take and when to take it.

For individuals who experience difficulties with reading and writing, picture cookbooks assist in following recipes and picture tutorials give directions for operating new devices. The Franklin Language Master and Quictionary Reading Pen are dictionaries that help with word definitions and spelling by "speaking" the information or providing it in print form. For computer users, special software can help organize thoughts (Inspiration) or aid with writing (CoWriter, TextHelp, Spellswell).

There also are many aids for daily living available for use by seniors. For personal care and grooming, a foam curler can be added to a toothbrush for easier gripping, or a denture brush can be attached to the counter with a suction cup for use with one hand. Choice of clothing becomes the most important factor when looking at dressing issues. For ease of manipulation, clothes should be roomy and stretchy with simple side or front closures, deep armholes, and elasticized waists. Velcro closures, snaps, or magnets instead of buttons, and cuff buttons sewn on with elastic thread, eliminate the need for maneuvering difficult buttons. Adding a small key ring to a zipper pull also assists with the manipulation of zippers. Cooking activities also can be easily adapted with the right equipment. Specialized cutting boards that suction to the counter and have prongs to secure different food types allow for use with one hand, and various jar openers and easy grip handles and knobs are available. There also are many reachers, writing aids, and book holders for general use around the house, along with amplified, large numbered, photo, hands-free telephones, or speakerphones and phone headsets.

For safety purposes, there are a variety of devices and smartphone apps that can alert individuals within or outside the home that assistance is needed or that there is an emergency. There also are specialized visual and audio alerting systems

(continued on page 9)



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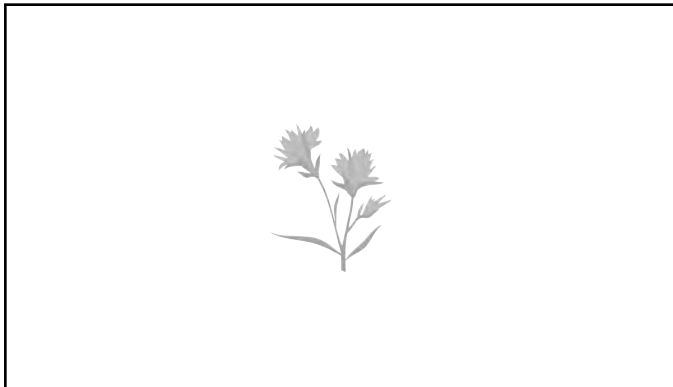
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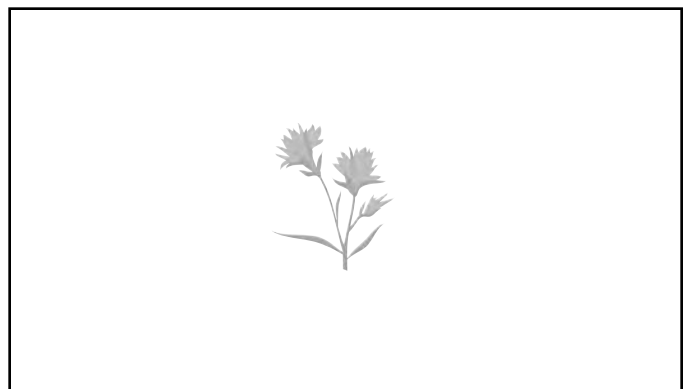


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In 2016, the ASF contributed over \$100,000 toward services for older adults and family caregivers in our community.

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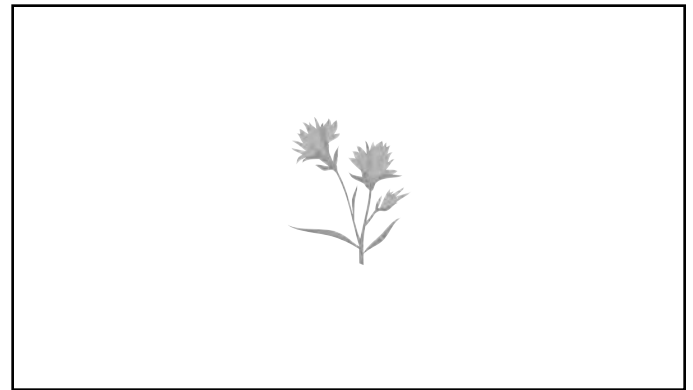
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Assistive Technology for Seniors: Today and Tomorrow (continued from page 8)

for individuals who have lost their sight and/or hearing.

What does the future hold?

New assistive devices are being developed every day, along with improving and updating those already in existence. There is an increase in the customization, flexibility, and portability of products to allow devices to be accessed by anyone, anywhere, regardless of their abilities. Examples include: e-book readers with text-to-speech (voice output) capabilities; GPS apps that can track someone who may have wandered off or provide verbal instructions to someone who is visually impaired; computer software that adjusts automatically to a person's individual requirements and environment rather than requiring the person to adjust to the device; and speech recognition that is becoming more mainstreamed and is increasingly incorporated into electronic products, providing a new way to integrate with technology.

Advances also are being made in touch, gesture, and optical tracking that will allow users to interact with computer products in the most accessible manner. Home appliances are being developed to operate through remote controls from computers, laptops, smart phones, or other mobile devices.

Progress also is being made in incorporating accessibility devices with mobile technology (GPS, radio frequency identification-RFID, text-to-speech, and Tag technology) that can be worn in clothing or in the ear, or can be attached to a mobility device (wheelchair, scooter, walker, cane). This technology will allow an individual to manipulate their environment (turn lights on and off, adjust the thermostat), will provide information about their environment, and will enable

interaction by their method of choice regardless of their abilities.

Julia Beems is Senior Instructor and Assistive Technology Program Outreach Coordinator and Emergency Preparedness Program Coordinator for Assistive Technology Partners, University of CO Denver Anschutz Medical Center. For more information about the devices discussed in this article, or how to fund them, contact her at 303-315-1284 or Julia.beems@ucdenver.edu, or visit www.assistivetechologypartners.org. This article first appeared in the Sept/Oct 2015 issue.

18 Years with Caregivers

by Emily Cooper



In November, I will retire from Boulder County Area Agency on Aging after 18 years of working with and on behalf of family caregivers, first as the coordinator of our Respite Volunteer Program, then as our Caregiver Initiative Coordinator, including editorship of *Care Connections*. In those years, I've had the privilege of meeting many extraordinary caregivers: ordinary people who've worked extraordinarily hard to help a loved one during a difficult time.

Many of those caregivers have not only provided care for their loved ones, but have also been inspired to write about their experiences, and we've frequently shared their stories in *Care Connections* over the years. Their heartfelt words have helped other caregivers find their way on their own journeys.

Many have upended their lives to move in with an elderly parent, or to have a parent move in with them, putting their previous life on hold to provide direct care. Or they've provided day in, day out care—often for years—for a spouse or partner at home. Though I've been a caregiver for various



family members, I've never done that work 24 hours a day, 7 days a week, and it's hard to imagine the commitment and determination it takes.

Hundreds of caregivers have provided support for a loved one who lives at a distance. They've tried to juggle work, family, and other responsibilities with frequent travel to their loved one's home, and they've worried about their loved one whenever they couldn't be with them. It's a balancing act that's difficult to maintain for long.

Many caregivers have skillfully navigated local resources to become expert care managers for their loved ones, finding and securing a wide variety of services that provide support. I applaud them for their wise and practical approach to caregiving, and I encourage every caregiver to follow their lead.

Many have had to make the hard decision to move their loved one to a long-term care home. They've continued to watch over their care, advocate on their behalf, provide loving visits, and keep their loved one connected to family and community. They've sometimes said they're no longer caregivers, but of course they are.

More than a few caregivers have "taken the high road" to care for parents or other family members who were particularly difficult, and they've provided that care without the usual rewards of closeness or gratitude. They could have turned away, but they didn't.

Virtually every caregiver has faced the tough emotions that come with caring for an elder loved one, which often can include watching them decline and die, and has courageously shown up in spite of those painful feelings. They have chosen love instead of fear, and I honor their choice.

And then there are the thousands of family caregivers who've just done the hard work that was required, quietly and often with little recognition. Some of them have contacted our program for assistance; many of them have not. Though our programs have served thousands of Boulder County

caregivers, we know there are thousands more who haven't reached out for help, and with whom we may not have connected. And yet, hopefully some of them have picked up a copy of *Care Connections* at a pharmacy or a clinic, or read one of our newspaper articles about caregiving, or gotten helpful advice from another caregiver who learned new skills or approaches through our programs. As with all good things, there's surely a wide ripple of benefit that has spread from one caregiver to another, across our county and beyond. We know that caregivers are particularly generous, not only with their loved ones but also by sharing what they've learned with others on the path.

It's been an honor to work with so many extraordinary caregivers, and to offer services that have benefitted them and others I'll never know. My successor is likely to be on board soon after this issue goes to print, and they'll be doing the same work that I have: providing information, referral, and support; coordinating training programs and other educational offerings; planning the annual Caregiving Symposium; editing *Care Connections*; and, in general, being one of the voices for the thousands of family caregivers in Boulder County. I hope they'll get as much satisfaction as I have from working with family caregivers, and with the amazing staff of Boulder County Area Agency on Aging and other agencies in the community.

To every caregiver who reads this: Thank you for the loving work you do, for the meaningful work you've allowed me to do, and for making this world a kinder place.

Emily Cooper is—until late November—Information & Referral Specialist for Caregiver Programs, and Editor of Care Connections, for Boulder County Area Agency on Aging.



COMMUNITY RESOURCES

This column provides information about events, classes, services, and other resources of interest to family caregivers in Boulder County. Please remember that it is each person's right and responsibility to research a service provider before taking action. See "Information and Assistance in Boulder County" on the back page for ways to learn more about these and other resources. (To share information about a resource for family caregivers, please email InfoCaregiver@bouldercounty.org or call 303-678-6116. The deadline for the January/February 2018 issue is November 20.)

Medicare Counselors with Boulder County Area Agency on Aging hold **Medicare Basics Classes** for anyone wanting to learn more about enrollment, benefits, costs, and choices under Medicare, on Thursdays, November 2 or December 7, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive, Boulder (call 303-441-1546 to register); on Monday, November 21 or December 18, 10 a.m. – 12 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont (call 303-651-8411 to register); on Friday, November 17, 1:30 – 3:30 p.m., at Lafayette Senior Center, 103 S. Iowa Avenue, Lafayette (call 303-665-9052 to register); and on Wednesday, December 13, 1:30 – 3:30 p.m., at Louisville Senior Center, 900 W. Via Appia, Louisville (call 303-666-7400 to register). There is no charge, but donations are appreciated. For more information, visit www.bouldercountyMedicarehelp.org.

Medicare Open Enrollment Period, the time to review and make changes to Medicare Part D (prescription drug) or Medicare Advantage/

Health Plans, continues through December 7. Call to schedule an appointment with a Boulder County Medicare Counselor for an individual review of your plan at clinics held in local communities, at West Boulder Senior Center, 909 Arapahoe Avenue, Boulder, on November 8 and 29, 9 a.m. – 12 p.m. (call 303-441-3148 to register); at East Boulder Senior Center, 5660 Sioux Drive, Boulder, on November 2, 16, and 30, all 9 a.m. – 12 p.m. (call 303-441-4388 to register); at Lafayette Senior Center, 103 S. Iowa Avenue, Lafayette, on November 3 and December 1, both 9 a.m. – 12 p.m. (call 303-661-1492 to register); at Longmont Senior Center, 910 Longs Peak Avenue, Longmont, on November 6, 13, 20, and 27, and December 4, all 9 a.m. – 12 p.m. (call 303-651-8411 to register); and at Louisville Senior Center, 900 W. Via Appia, Louisville, on November 2, 16, and 30, all 9 a.m. – 1 p.m. (call 303-666-7400 to register).

AgeWell – Longmont United Hospital holds **Advance Directives workshops**, about considering and clarifying one's wishes for medical treatment in the event of incapacitation, on Thursdays, November 9 or December 14, 9:30 – 11 a.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont. Pre-registration is required, at 303-651-8411 (\$5 fee for Longmont residents, \$6 for non-residents).

Alzheimer's Association of CO offers **The Basics: Memory Loss, Dementia, and Alzheimer's Disease**, on Thursday, November 16, and on Tuesday, December 5, both 10 – 11:30 a.m., at Natural Grocers (Vitamin Cottage), 2685 Pearl, Boulder; and on Tuesday, November 28, 10:30 a.m. – 12 p.m., at Golden West, 1055 Ad-

ams Circle, Boulder; **Know the 10 Signs: Early Detection Matters**, on Thursday, November 9, 10 – 11:30 a.m., at TRU PACE, 2593 Park Lane, Lafayette; **Transcending Dementia: Spirituality and the Self**, on Friday, November 10, 1 – 2:30 p.m., at First Evangelical Lutheran Church, 803 3rd Avenue, Longmont; and on Tuesday, December 12, 10 – 11:30 a.m., at Natural Grocers, 100 W. South Boulder Road, Lafayette; **Happy Holidays: Helpful Hints for Caregivers**, on Tuesday, December 19, 10 – 11:30 a.m., at Natural Grocers, 100 W. South Boulder Road, Lafayette; **Living with Alzheimer's for Caregivers: Late Stage (two-part)**, on Wednesdays, November 8 and 15, 3 – 5 p.m., at Broomfield Community Center, 280 Spader Way, Broomfield; **Legal and Financial Planning for Alzheimer's Disease**, on Thursday, November 2, 2 – 5 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont; and on Wednesday, December 6, 2 – 5 p.m., at Broomfield Community Center (address above); **Healthy Living for Your Brain and Body**, on Thursday, November 30, 2 – 4 p.m., at Longmont Senior Center (address above); and **Effective Communication Strategies**, on Wednesday, November 29, 12:30 – 2 p.m., at Walt Self Building, 432 5th Avenue, Lyons. See class descriptions at www.alz.org/co (Classes and Workshops / Classes / Boulder). Pre-registration is required at the website above, by calling the 24/7 Helpling at 1-800-272-3900, or by emailing hvolden@alz.org.

Longmont Senior Center presents **Continuum of Care ... What, Why, When, Where, How??**, about what exactly continuum of care is and what post-hospital help is available to you or your loved one, so that transitions out of the hospital are not so foreign and frightening, with nurses Renita Henson and Hopi Moore-Sargent,

on Thursday, November 16, 9:30 – 11 a.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont. There is no charge, but pre-registration is required, at 303-651-8411.

The Conversation Project in Boulder provides free coaching and education for individuals and families who want to talk about future healthcare decisions and end-of-life care. Visit www.theconversationprojectinboulder or call 303-442-0436, ext. 133 for more information.

Boulder County CareConnect provides no-cost services to Boulder County residents age 60 and over. All of the services are provided by volunteers and include escorted rides to and from medical appointments, escorted rides for veterans to VA facilities, grocery shopping and delivery, minor home repairs, yard cleanup, and snow shoveling. For more information, call 303-443-1933 or visit www.careconnectbc.org.

For a complete list of **caregiver support groups** that meet in Boulder County, call 303-678-6116 or email InfoCaregiver@bouldercounty.org.

“I just received my first copy of *Care Connections* (though my neighbor has shared some of her copies in the past). It came at a time when I needed to just sit and rest, so I read it from cover to cover. Though many things were not particularly new, it helped to be reminded so I could ‘reset’ some goals. ... Thank you. You really helped me today.”



Alzheimer's: We've Come a Long Way, with a Long Way Yet to Go

by *Ralph Patrick*

About ten years ago, I walked into the local Alzheimer's Association office. I was about six years into the Alzheimer's journey with my mother. It had taken a toll not only on her, but on me and my family as well. Initially my siblings and I had sat down together and agreed upon a plan for Mom's care. However, as the disease progressed in ways we couldn't imagine, that well-thought out plan began to unravel, and so did we. (Family conflict erupted, resulting in permanent damage among us and the dissolution of my marriage.) I was looking for help not only with my mom, but with my siblings as well.

It sounds cliché, but although it was over 10 years ago, I remember that day like it was yesterday. I was warmly welcomed by the receptionist and then met Emily Connor, the Northern Colorado Regional Director. Emily invited me into the conference room and took the time to talk a little and listen a lot. I told her about Mom's disease and symptoms and behaviors. I told her about the family dynamics. Her empathy and compassion were overwhelming and resulted in me sharing my own feelings and how I was—or wasn't—handling the disease.

There was nothing that Emily told me that day that provided a “magical cure,” but she did provide the support that I needed and connected me with essential resources like a support group and educational classes to help me navigate those troubled waters. Eventually, I began volunteering with the local chapter, which eventually led to the position I now hold.

In the past ten years, we've come a long way in the fight against Alzheimer's. More research is being done, much of it in our own backyard. More funds are being raised by the Alzheimer's

Association and appropriated by Congress to fuel that research. More services are being offered throughout the state of Colorado as well as the nation. Here in the greater Boulder region, we've expanded those services with the opening of the new office in Louisville in November 2016. This has allowed us to increase the number of educational classes, support groups, and early stage engagement programs such as Memory Cafés and SPARK. I'm also pleased to be the one who now takes the time to do with others what Emily did for me, namely sitting down in person or speaking with people on the phone in order to help assuage the fears and uncertainties that go hand-in-hand with this disease. And I'm pleased to say that all of these services and more are offered at no charge to those whom we serve.

And it's not only the Alzheimer's Association providing services. We are so fortunate to have ample resources in almost every arena imaginable being offered to caregivers and persons with a diagnosis of dementia. Those include respite care, music therapy, individual counseling, conferences, social engagement opportunities, online brain games and activities, and a host of other services too numerous to mention. I've had the privilege of meeting many of the wonderful professionals who provide these services, and they are an incredibly talented, knowledgeable, and dedicated group of people. Thanks to their caring commitment, individuals with dementia and their caregivers can be assured of having the support they need.

Yes, we've come a long way in the last ten years, but we still have a long way to go! We see rays of hope for a cure on the horizon, but there needs to be more funding for research. In addition, the cost of care continues to rise, and there need to be new methods put in place to make that cost more manageable for families. Professional caregivers, who are on the front line, need to be given more respect in addition to better wages. And, of course,

the public needs to be better educated about the disease. It's exciting to see the Dementia Friendly Community initiative that is being led by Boulder County Area Agency on Aging, which will help in providing education to our communities. However, much more education and awareness are necessary. We also need more volunteers to help provide the types of services that are so essential.

This is a long journey, but we're on it together. And that gives us the strength, hope, and encouragement that we so badly need.

Ralph Patrick is Boulder County Regional Director of the Alzheimer's Association of Colorado. For more information, visit www.alz.org/co or call 800-272-3900.

How Care Connections Began

by Rosemary Williams, MSW



It all began in 1989, when a few creative and caring people put their heads together to brainstorm ways to address an emerging concern. The Longmont Senior Center hosted a project called S.A.F.E. – Support and Advocacy for Elders. A team of trained volunteers and staff were working to increase community awareness of elder abuse and neglect. Together with other community organizations, the team made presentations throughout the county. We trained physicians, police officers, EMTs and first responders, bank tellers, Meals on Wheels volunteers, Special Transit drivers, and others to identify and report incidences of elder abuse, neglect, and exploitation.

The statistics were alarming. Incidences of elder abuse often went unreported; reports of abuse were sometimes ignored. And, most concerning to those of us who were working with S.A.F.E., family members who were caring for frail elders were often the perpetrators.

How could this be? How could someone who had taken on the responsibility of caring for a frail

elder family member abuse, neglect, or exploit that person? What was behind the alarming statistics that showed that most elder abuse involved a trusted family member or friend?

The S.A.F.E. team realized that families often found themselves caring for a frail elder without information about community resources that were available to help them. Families had little training or support for the role they had taken on. And, caregivers seldom understood the depth and duration of their caregiving responsibilities.

Caregivers sometimes became overwhelmed and exhausted. Caregiving could isolate them, even from other family members. Abuse, neglect, and exploitation could result.

Care Connections became one way to offer caregivers the information and support they needed. Articles by and for caregivers were aimed at normalizing the caregiving experience and reducing the isolation that can accompany it.

Care Connections became a voice for caregivers, offering them an opportunity to tell their stories. And, it became a way to educate the community about the important and valuable contributions that caregivers make.

Care Connections has grown over the years, and the number of caregivers receiving it continues to increase. But, one thing remains the same: *Care Connections* will always be a place to acknowledge, honor, and celebrate the heroic contributions of the many family members, neighbors, and friends who help elders remain a valued part of our communities.

Rosemary Williams helped create and was the first editor of Care Connections, at Longmont Senior Center. Care Connections transitioned to Boulder County Aging Services when Rosemary became the BCAS manager.

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INFORMATION AND ASSISTANCE IN BOULDER COUNTY

Within Boulder County, there are several ways to access information and assistance about resources and services for older adults and their family caregivers:

- Check out **Network of Care for Seniors and People with Disabilities**, a comprehensive online service directory, at www.BoulderCountyHelp.org.
- Call the **ADRC Help Line**, at 303-441-1617, and Boulder County Area Agency on Aging staff will respond to your message.
- Call the **resource specialist** in your community (numbers below). Services vary by community but include identifying needs, exploring options, finding solutions, and providing in-depth assistance.

Allenspark area	303-747-2592
City of Boulder	303-441-4388/303-413-7494 (bilingüe)
City of Lafayette	303-661-1499
City of Longmont	303-774-4372/303-651-8716 (bilingüe)
City of Louisville	303-335-4919
Erie	303-441-1617
Lyons area	303-823-9016
Nederland area	303-258-3068
Niwot area	303-441-1617
Superior	303-441-1617

