

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

July/Aug 2019

INSIDE

[1](#)

Preventing Caregiver Burnout

with Good Nutrition

[4](#)

Visit with a Caregiver

[6](#)

Working with Dementia:

Approaches to Improve

Nutrition and Hydration

[8](#)

Nutrition in End-of-Life Care

[10](#)

Community Resources

[12](#)

Secrets to Stress-Free

Meal Making

Dear Caregiver,

Being healthy and well is something that you deserve, *and* that can help protect you from the negative effects of stress, which caregivers can be prone to. It is also true that when taking care of someone else, working out how to supply your body with the good nutrition everyone out there recommends, may seem out of reach. And what about the person you care for? How do you tend to *their* nutritional needs, amidst challenges such as appetite or cognitive changes? In this issue of *Care Connections*, we aim to provide you with suggestions to keep you and your loved one as well supported by your meals as you can be, with as much ease as possible. I hope that you find something here that is of service to you.

Juliette Kershner, Editor

Preventing Caregiver Burnout with Good Nutrition

by Barbra Cohn

Whether you want to support your brain health, relieve stress and anxiety about caregiving responsibilities, or just want to rev up your energy, stamina, and immunity, here are some ways to protect your health and support your mood.

Start your day with an energizing breakfast to stabilize your blood sugar, so that your mood stays even and you can perform at your best. When blood sugar is too high or low, this signals your body to store calories, which adds fat around your middle. If you're nauseous in the morning this means your blood sugar is low.

Eat within one hour upon rising and by 10 a.m., and make sure your breakfast isn't coffee and a doughnut. Have some protein and a healthy fat, such as an omelet and avocado and a piece of whole grain or gluten-free toast. This will provide you with the energy you need to get through the morning, while maintaining a sense of equilibrium.





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Breakfast of Champions

- Top a bagel or slice of whole wheat bread with a fried egg, sliced tomato, avocado, and a slice of low-fat cheese
- Bagel topped with hummus, tomato, and goat cheese
- Spread a tablespoon of almond butter on a piece of bread or bagel
- Yogurt/granola parfait with fresh fruit
- Sautéed greens (kale or spinach) and onion, and a corn tortilla topped with eggs, beans, sprinkle of cheese, and salsa
- Oatmeal or multi-grain cereal with almonds or walnuts, prunes, cinnamon, flax seed meal, and Greek yogurt
- Spinach mushroom omelet with salsa, berries, and wheat toast
- Whole-grain mini-quiche with ½ cup of berries

Hydrate! Our body is 50-65% water. Drink plenty of water to stay hydrated and to flush out toxins. The brain, which is 70% water, gets dehydrated just like your body. When it is dehydrated, neurotransmission—which is heavily dependent on water—is impaired, resulting in poor memory, poor concentration, and impaired abstract thinking. The next time your mind is muddled, drink a tall glass of water and notice the difference. Choose smoothies, fresh juices, water, and herbal teas.

Neurotransmitters are the brain chemicals that communicate information throughout your brain and body. The brain uses neurotransmitters to tell your heart to beat, your lungs to breathe, and your stomach to digest. They can also affect mood, sleep, concentration, and weight, and can cause adverse symptoms when they are out of balance. Neurotransmitter levels can be depleted many ways. It is estimated that 86% of Americans have suboptimal neurotransmitter levels. Stress, poor diet, poor digestion, poor blood sugar control, drug (prescription and recreational), alcohol, and caffeine can all deplete them. (Emmons, *The Chemistry of Joy*, 2006).

Serotonin is necessary for a stable mood. A deficiency can result in depression, irritability, sudden tears, insomnia, anxiety or panic attacks, binge eating, carbohydrate craving, an overactive mind, and low tolerance to stress. When chronic stress is

combined with nutrient deficiencies because of poor eating habits, the risk of mood disorders can increase.

Foods that enhance serotonin: Salmon, Soy, turkey, cheese, eggs, spinach, cottage cheese, nuts, milk, avocado, meat, and chocolate.

Activities that enhance serotonin: cross crawl movement, as in swimming, hiking, and biking.

Dopamine keeps us focused and motivated.

Dopamine is sometimes referred to as a “gas pedal” neurotransmitter. A deficiency can result in depressed mood, excessive sleeping, weight gain, obesity, lack of energy, and addictions. When in balance, dopamine increases alertness, wakefulness, and energy. It is depleted by addictions, sugar, and cigarettes.

Foods that enhance dopamine: Meat, wild game, eggs, chocolate, blueberries, yoghurt, milk, soy, cheese, seeds and nuts, beans and legumes.

Activities than enhance dopamine: Deep breathing, weight bearing exercise and strength training.

GABA inhibits nerve cells from firing. Too many carbs and refined foods deplete GABA. Exercise, being outdoors, and paying attention to your personal needs are important. Passion flower, lemon balm, and valerian help support GABA, and especially helps you fall asleep.

How to boost your neurotransmitters

- Focus on complex carbohydrates (whole grains, fruits, and veggies) and eliminate junk foods or refined carbs
- Eat 3 balanced meals and 1-2 snacks/day. Include a high-quality protein with every meal
- Unlimited amounts of fresh veggies

- Eat a good breakfast

Do you lie awake at night? Lack of sleep triggers the body to increase production of cortisol, the stress hormone. This makes it harder to fall asleep and stay in a deep sleep, because on some level your body and brain think they need to stay alert for danger. Although insomnia isn’t considered a disease by itself, it can lead to numerous health problems. Lack of sleep may result in slower reflexes, irritability, fatigue, lack of motivation, and depression. Your health, motivation, productivity, mood, and energy all depend on getting quality sleep.

Foods that promote sleep: Although it’s not recommended to have a full meal close to bedtime, eating a snack helps maintain blood sugar levels, which helps promote restful sleep. A slice of cheese or turkey each contain tryptophan, an essential amino acid that promotes sleep. Other foods that might help include nuts, cottage cheese, chamomile tea with warm milk, complex carbs, a small serving of protein, and fruit.

Eat more healthy fats and skip the hydrogenated and trans fats found in doughnuts, potato chips, and other pastries and desserts. Omega-3 fatty acids are rich in DHA, the major unsaturated fat in the brain. This long-chain fatty acid provides the necessary fluid quality to the membranes of the nerve cells so that electrical nerve impulses can flow easily along the circuits of the brain. One study found that Alzheimer’s patients given an omega-3-rich supplement experienced a significant improvement in their quality of life. Eating fish such as wild-caught salmon, sardines, and other cold-water fish can protect you against Alzheimer’s disease and other forms of dementia.



Numerous studies have shown that elderly people who did not have dementia had high blood levels of docosahexaenoic acid (DHA), an essential fatty acid found in cold-water fish, in comparison to those with dementia, who had on average 30% to 40% lower blood levels of DHA.

Ways to increase your DHA intake: Eat cold-water fish such as wild-caught salmon, sardines, and mackerel, at least twice a week. Add flax meal to cereal and baked goods, sprinkle flax oil on your salad, and/or eat a small handful of walnuts at least several times a week.

Make Healthy Choices such as:

- Water, green tea, herbal teas
- Nuts & seeds
- Avocado, olive oil, omega-3 fatty acids
- Fresh fruits and veggies
- Fish, high-quality protein
- Whole grain crackers with nut butter
- Oatmeal
- Some fruits (oranges, bananas, tart cherries, kiwis) containing melatonin
- SOUL foods (seasonal, organic, unadulterated, local)
- Sugar alternatives: stevia, monk fruit, coconut sugar, maple syrup, agave, birch sugar, honey

Avoid these:

- Coffee, soda, artificial sweeteners
- Chips, cookies, pastries, candy
- Poor quality fats (hydrogenated)
- Processed lunch meats

Remember this: whether you're eating breakfast, lunch, dinner, or a snack, always

think protein! Build your meal around chicken, fish, tofu, cottage cheese, or eggs, and then add low-starch vegetables or fruits. The general rule is to eat 3-4 ounces of lean, dense meat or 6 ounces of fish. Women should aim for around 30 grams of protein. Men should aim for around 40 grams of protein. Another rule of thumb is to divide your plate in half. Fill half of the plate with veggies, one quarter with a protein, and the other quarter with a whole grain such as quinoa, rice, barley, etc.

Happy eating!

Barbra Cohn is a member of Care Connections' editorial board, and is the author of Calmer Waters: The Caregiver's Journey Through Alzheimer's and Dementia. She is also a certified nutrition educator.

VISIT WITH A CAREGIVER

Mary Kisseberth, of Boulder, cared for her husband Ed, who had brain cancer, until his death in early 2001. Mary, a former teacher, and Ed, who loved trucks, operated a bustling trucking business.

Care Connections: Mary, how did your caregiving start?

Mary: In 1995, Ed had a round of cancer and his spleen was removed. He was diagnosed with lymphoma. Then in 1999, he was diagnosed with brain cancer.

CC: What happened then?

Mary: The doctors said he had three weeks to three months to live, but he kept working 17 hours a day and was able to drive for another two



years. Finally, he couldn't work any longer, and I quit work to stay home and take care of him.

CC: This issue of Care Connections is about nutrition. Did you make any changes in your diet when Ed was diagnosed?

Mary: Yes, we'd both been fast foodaholics, but we switched to an organic, raw, vegan diet. I think McDonald's stock fell when Ed became a vegetarian! It took me about six months to work out the diet; I had to learn to read labels, and shopping took hours. We bought cases of organic fruit and vegetables and I made juices like crazy. When we were both still working, I'd get up at 4 a.m. to make all the juices and salads for the day, and we packed them in a cooler for work. I think the diet is why he did so well for so long. One of the nurses said she'd never seen a brain cancer patient who was so alert.

CC: How were you feeling during this time?

Mary: I can't remember feeling. I just did the laundry and changed the bed several times a day, took care of his diet, and walked him in his wheelchair.

CC: Were you and Ed able to spend some special time together?

Mary: We both loved to dance, and when he couldn't walk any more, I'd hold him up, so we could dance together. We had danced through life, and when life got unbearable we still danced. Really, the last year of our marriage was a delight. He'd greet me with, "Hello Sunshine," and he became the most caring husband. And we could still laugh. I remember one time when he fell down, and I couldn't get him up, and we just

laid on the floor together and laughed at these two adults who couldn't help each other.

CC: And how were things just before he died?

Mary: We used Hospice in the last days. And a week before he died, he said that he had "an application to sing in God's choir." He'd always dreamed of singing in the biggest choir in the world, and I guess he got his wish.

CC: How have you been since Ed died?

Mary: I couldn't think for three weeks after he died; I was so tired and busy. Ed had always gone 90 miles an hour, and I only had a 60 miles per hour engine to keep up with him! I went to Hospice for a few months after he died for grief support; it was very helpful. I'm still eating well: lots of organic juices, veggies, and raw foods, though I now eat fish and a little meat. I've started volunteering for Carry-Out Caravan. I do grocery shopping for people who are homebound. And I'm finally enjoying being out in the yard again; I spent all day out there on Sunday and loved it.

CC: Is there anything that you'd like to say to other caregivers?

Mary: When you're caring for someone, touching is the most important thing. If you can, get some help with laundry and other chores so that you can spend more time just being with and touching your loved one. Touch is magic. And when your loved one is gone, you don't get another chance.

This interview first appeared in the September/October 2003 issue of Care Connections.



Working with Dementia: Approaches to Improve Nutrition and Hydration



by Megan Carnarius, RN, NHA, LMT

Over time, dementia (Alzheimer's and other forms of memory loss) will affect how, when, what, and how much food and drink a person consumes. There are techniques for each phase, which can help the individual be independent for as long as possible, and to help them stay nourished and hydrated.

Hunting: Practical Support to Find Food & Beverages

Grocery shopping with someone who has memory loss is helped by having a grocery list. If that person is still able to read, they can read aloud what is next and you can find it together. Some elders participate by pushing the cart, which can provide a focus, helps with balance, and helps the person in a highly stimulating environment to feel more grounded.

At home, have healthy items visible to independently choose for snacking. Bowls of fruit, clear containers with nutrition bars, nuts, pretzels, and other favorite snacks can help maintain weight. Some families will assign a shelf in the cupboards, and the refrigerator, for the person with memory loss. These can be labeled with their loved one's name or with an indicator of the item, and used to encourage the elder to access these cupboards anytime (unless they move into eating without awareness of having just eaten, other approaches will be mentioned later).

Hydration becomes increasingly important, as elders may forget to drink, not know how to solve feeling thirsty, or even lose the sensation

of being thirsty. Try to anticipate the person's need to drink and provide small amounts frequently. To encourage independence, make beverages the person enjoys and put them in easily accessible containers (even in a hip/fanny pack they wear). Residential settings will have water with fruit in areas where people gather. This helps people with memory loss be attracted to this sustenance, and independent with getting a drink of these healthily flavored waters, as well as making it easy for staff to offer it frequently. Or offer the elder a drink as they walk, or are standing with no obvious surface in sight; it is harder to put down and they will often drink more than they would seated.

At mealtimes, serve water, juice or watered-down juice, prior to serving meals. Broth or tea are great options as well. As folks wait, they tend to drink.

As dementia progresses, families often must take over cooking, or use a service like Meals on Wheels to support good nutrition. After a certain point, the person will not respond to notes, phone calls, or meals placed in direct view. Using stoves, ovens, and microwaves can become dangerous. They will need support and assistance with meal preparation and eating.

Gathering: Social Support to Enjoy Mealtimes

Feeling Useful — We all like to feel useful, successful, and contributing, and it is no different for someone with memory loss. If we focus on strengths rather than deficits, we can help the elder feel included and helpful. Perhaps the person can contribute by setting the table, pouring water, doing part of the meal preparation, or helping to clean up afterwards.



Prepare Meal Companions — Food is a big part of our lives and making it enjoyable, social, and friendly can combat the potential for isolated feelings. Help friends and family understand positive approaches and topics of conversation to help everyone feel more comfortable. Ask them to say ‘remember when’ and tell their story, rather than asking the person with memory loss if they ‘remember when?’ This avoids putting them on the spot and they can enjoy the story whether or not they remember it. Please ask visitors not to speak about the person in front of them. This is difficult for the person with memory loss, as it makes them feel like something is wrong instead of being able to flow along in the camaraderie. Encourage family and friends to try to maintain one conversation at a time when visiting, as well as to remind each other when conversations break off to come back to one again. Ask everyone to observe how engaged the person is and to slow down, to keep including them. If the elder needs a break, take a walk or allow visits to be one-to-one in another area for a little bit, then you might come back for dessert or tea.

Make the space welcoming, speak in calm tones, don’t clank dishes. Use table cloths, placemats, and/or flowers to set the tone. If they wear hearing aids or glasses, make sure they are working, clean, and in place. Assure dentures are fitting and in good shape. Observe if there are any signs of pain or grimacing when trying to chew, and follow up with a dentist if needed

Eating: Optimizing Intake and Hydration

Restaurant meals can be fun, especially in earlier stages when the social aspects and menu

options can be enjoyed. However, if the elder has trouble with noise or overstimulation, find a quiet restaurant or sit in an area where a booth surrounds you on three sides and there is only one direction that activity is occurring. Check that there are unisex bathrooms if the caregiver needs to assist. With cities working on dementia-friendly initiatives, restaurants, entertainment venues, and other organizations are hoping to improve their abilities to be inclusive and host persons with memory loss in congenial ways. Some families find the outings slowly become more challenging; they may choose to use a drive-through, perhaps to get an ice cream, then drive to observe a mountain view, dog park, or kids playing area, making it a diversional outing — but not taxing for either party.

Meal Progression — Elders tend to eat more in the morning, less in the afternoon and much less in the evening. Therefore, adjust by serving more at breakfast, less at lunch, and providing a light dinner

Meal timing can be important. Try to have the elder’s food plated and any pre-cutting finished just before they sit down, so there is not a wait. Serving when someone arrives to sit down often supports better intake. It can be hard for the elder to wait, and it can be overwhelming and distracting to have someone leaning over you still fixing your food or adding condiments.

Utensils and Plating — When folks are in early stages, they can manage all the utensils and you can simplify slowly as needed, providing what should be used and get rid of the rest. Provide individual bowls for each portion. A table that is square is easier to understand for someone in middle stages, so it is clear for them where their



place is in the space, and which are their table settings.

Portions & Finger Foods — Later in the illness, fine motor skills will begin to deteriorate. Switch to foods that can be eaten with fingers, which allows the person to stay independent. Serve food more frequently in smaller portions with more frequent snacks to decrease overwhelm at meals.

Textures — Eventually textures and remembering to chew may become challenging. There are many soft foods that can be options. Getting support from a speech therapist can be helpful in learning techniques to support safe eating.

Overeating — When a person does not remember that they ate, leave their plate longer on the table as a visual reminder. Some families need to resort to hiding certain foods. During this phase, they make other choices easily available.

Restlessness — If the person with memory loss is restless, give them things they can walk with and eat — stuffed pita bread, melted sandwiches that don't easily fall apart, nutritious cookies, whole grain muffins and breads, vegetables, and fruit as part of their recipes. I worked with a woman whose staff hid things in her favorite areas — by her arm chair in the living room, on the hand rails for the stairs, by her bedside table. She was always finding delicious things to nibble on and did not lose weight.

Megan Carnarius is the owner of Memory Care Consulting, LLC, and is the author of [A Deeper Perspective on Alzheimer's and Other Dementias: Practical Tools with Spiritual Insights](#).

Nutrition in End-of-Life Care

by Ilona Steur-Smith, R.N.



Food is a very emotional subject because it carries so many meanings. In this article, I will explore the interplay of these meanings with the actual nutritional needs of persons with a life-limiting illness, and I will offer some strategies for caregivers, who often struggle with maintaining an optimal level of nutrition for their loved ones. I hope to provide a better understanding of why eating needs and patterns change in the last chapter of life.

Food carries many meanings. On the basic biological level, it means life. Throughout our lives we experience food as the fuel that gives us energy, supports growth, promotes healing, and maintains our health. Reflect on the lifetime of messages from home, books, and the media about eating nutritious food to promote a healthy body.

On the *emotional* level, food is love. From the time we are children, we associate food with love, reward, and caring. The whole idea of “comfort” or “soul” foods falls into this category. What foods in your life hold special comfort for you? How often do we eat to assuage emotional pain?

On a broader *social* level, food is hospitality and connection. Think about the special foods that are usually associated with celebrations such as holidays, birthdays, weddings, and funerals. Reflect on the fact that “hospitality” is commonly defined as generosity of spirit coupled with food! Think further of the connection that flows from families and friends gathered at the dinner table.

([continued on page 9](#))



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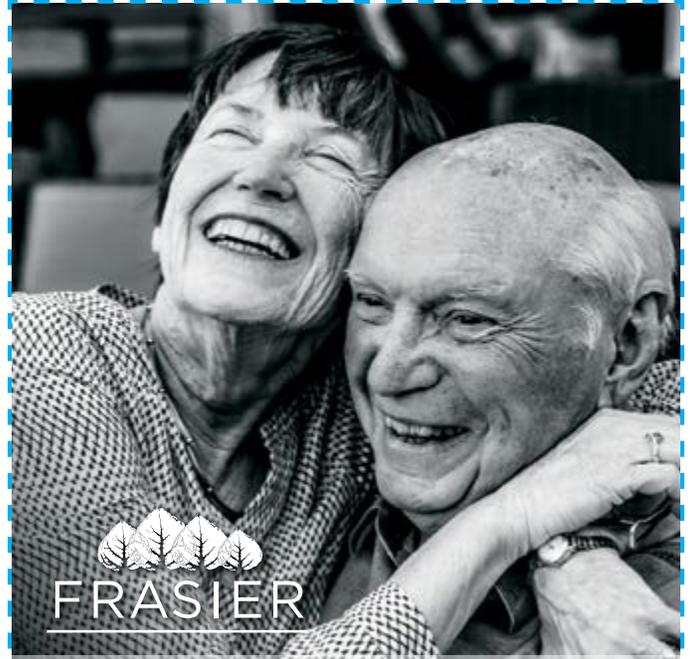
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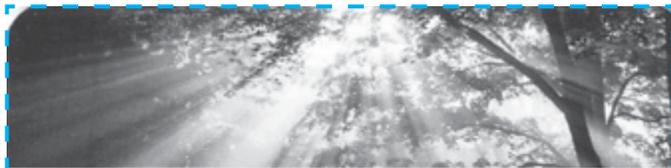
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([continued from page 8](#))

Nutritional requirements are determined by many factors: age, body size, metabolism, activity level, and change across time. We know that persons in the last chapter of life tend to have an altered metabolism and activity level. In general, the whole digestive system is slowing down. The peristalsis, or movement of the food and fluid through the gastrointestinal system, is more sluggish. So is the absorption of the food by the intestinal wall. Activity levels tend to diminish resulting in lower caloric requirements.

We therefore often see a decline in the amount of food consumed or desired. This is natural; it is to be expected. The person is “listening” to the needs of his/her body. Caregivers become concerned and sometimes alarmed by this change in eating patterns, subconsciously imposing past eating requirements on the current situation. After all, food and eating equate with life, love, and connection. We don’t want to lose that. Food and eating, then, can become a potential battleground between the declining person and the concerned caregiver.

As a person nears the end of life, nature first slows and then shuts down the swallowing reflex. The loved one goes from eating solids to soft foods to only fluids. At some point the swallowing reflex no longer functions. This is nature saying, “This body can no longer tolerate food or drink.” If we, as caregivers, “force” food and drink upon the person at this point, he or she may aspirate or choke. The food and fluid will go into the lungs instead of the digestive tract. This is an emotionally charged point in time when the caregiver often wants to explore the possible benefits of artificially

administered feeding and hydration. These options are best discussed with the patient’s physician. More often than not, the artificial nutrition and/or hydration are of limited benefit. In fact, they can often cause complications such as tissue swelling, abdominal cramping, and even breathing difficulties.

So what can the caregiver do to enhance and optimize the nutritional status of a loved one when he or she is still able to eat and drink? Here are some suggestions:

Consult with your physician about your loved one’s current eating capacity and nutritional requirements. He or she may refer you to a registered dietician.

Ask the dietician, who is a specialist in ascertaining caloric requirements, about developing a nutritional care plan for your loved one that will include food suggestions and tips for nutritional enhancement.

Offer small frequent meals. Most persons at the end of life are unable to eat three large meals.

Serve the smaller portions of food on small plates. This will help the person who is struggling to eat feel more successful. If you have the time and inclination, garnish the plate to make it look appealing — as with a sprig of parsley.

Offer foods that appeal to your loved one. If these foods are of low nutritional value, they often can be “enhanced.” Ask the dietician for suggestions.

As swallowing becomes more difficult, the ability to tolerate solid food declines. Soft foods and then liquid nutrition (sometimes with thickeners) are called for. Delicious shakes and

([continued on page 12](#))



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 September/October 2019 issue is July 22.)

Boulder County Area Agency on Aging offers **National Caregiver Training Program**, an 18-hour course, taught by a registered nurse, that helps family caregivers acquire the skills needed to provide hands on care for an older adult in need, on Tuesdays, September 10 – October 15, 1:30 – 4:30 p.m., in Longmont; and **Powerful Tools for Caregivers**, a 15-hour course that gives family caregivers the tools to help them take care of themselves, reduce their stress, communicate effectively, and thrive, rather than just survive, while caring for an older loved one, on Wednesdays, August 21 – September 25, 5:30 – 8 p.m., in Longmont. The courses are open to Boulder County residents who provide any level of care for a relative, partner, or friend who is 60 or over, or of any age if the person has dementia. There is no charge, but donations are appreciated. Financial assistance for respite care (substitute elder care during class periods) is available. Pre-registration is required, at 303-678-6116 or InfoCaregiver@bouldercounty.org.

Medicare Counselors with Boulder County

Area Agency on Aging hold **Medicare Basics Classes** for anyone wanting to learn about Original Medicare, Medicare Advantage, Medicare Supplement (Medigap) plans, prescription drug coverage, and available resources in Boulder County, on Thursdays, July 11, August 1, and September 5, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive, Boulder (call 303-441-4150 to pre-register); on Mondays, July 15 and August 19, 10 a.m. – 12 p.m., and on Wednesdays, July 31 and August 28, 5:30 – 7:30 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont (call 303-651-8411 to pre-register); and on Friday, August 16, 1:30 – 3:30 p.m., at Lafayette Senior Center, 775 Baseline Road (call 303-661-1492 to pre-register). There is no charge, but donations are appreciated.

Boulder County Area Agency on Aging, Boulder Jewish Family Services, and the City of Boulder Human Services come together to bring you **Caring for Your Aging Parent: A Support Group**, a monthly drop-in group for adult children who are caring for aging parents. Get the support you need to take care of yourself, share tips and challenges with others, and learn about resources that can lighten your load. Held the second Thursday of each month, 5:30 – 7 p.m., East Boulder Senior Center, 5660 Sioux Drive, Boulder. Facilitated by Andrew Bunin, LPC and Jodi Ansell, MSW. Refreshments provided by Homecare of the Rockies. There is no cost to attend. For more information call 303-415-1025.

The Alzheimer's Association of Colorado holds **Dementia Caregiver Support Groups** throughout Boulder County. The following new groups have recently been added:



Men's Caregiver Support (designed and led by men) at West Boulder Senior Center, 909 Arapahoe Avenue, Boulder, third Wednesday, 1 – 2:30 p.m.; and **Anticipatory Grief Support Group** at East Boulder Senior Center, 5660 Sioux Drive, Boulder, second Wednesday, 10 – 11:30 a.m. There is no cost to attend. For more information on these and other existing groups throughout the county, call 800-272-3900 or visit www.alz.org/co.

The Longmont Senior Center offers **Living with Alzheimer's: For Middle Stage Caregivers**, presented by the Alzheimer's Association, on Tuesdays, July 23 and 30, 3 – 5 p.m.; **Emotional Support Options for Older Adults**, on Thursday, August 1, 4 – 5 p.m.; **Adjusting to Life's Changes Support Group**, geared toward anyone working with the loss of a change related to aging and/or caregiving roles, on Thursdays, August 1 – September 19, 3:30 – 5 p.m., please call Brandi Queen at 303-651-8414 for registration and pre-group appointment; **Healthy Living for Your Brain & Body: Tips from the Latest Research**, Thursday, August 15, 9 – 10:30 a.m.; **When Relief is Part of Your Grief (and Other Surprises)**, Friday, August 23, 10 – 11 a.m. All programs free, but pre-registration is required, at 910 Longs Peak Ave, Longmont, call 303-651-8414, unless otherwise indicated, for more information and registration.

Boulder County Area Agency on Aging offers **A Matter of Balance**, an 8-week health education class addressing fall risk, fear reduction, and strengthening our bodies, Tuesdays, September 10 – October 29, 1 – 3 p.m., at Erie Senior Center, 450 Powers St, Erie, and on Thursdays, September 26 – November 14, 1 – 3 p.m., at Lafayette Senior Center, 103 S.

Iowa Avenue, Lafayette. Call 303-926-2995 to register; **Diabetes Prevention Program**, a year-long program for those who have been diagnosed with prediabetes to get the support they need, new classes starting in September in Boulder; and **Falls Prevention Week**, a week of educational and fun activities offered throughout the county. A full schedule will be available in September at www.bouldercountyhealthyaging.org and at local senior centers.

AgeWell – Longmont United Hospital holds **Advanced Directives workshops**, on Thursdays July 11 and August 8, 9:30 -11 a.m. (\$5 for residents, \$6 for non-residents); and **Explaining the Human Microbiome**, addressing the relationship between gut and brain health, and more, on Thursday, August 15, 9:30 – 11 a.m., no charge. Both at the Longmont Senior Center, 910 Longs Peak Avenue, Longmont. Pre-registration is required at 303-651-8411.

The Erie Community Center offers **Healthy Living for Your Brain and Body: Alzheimer's Latest Research**, on Friday, July 12, 11:30 a.m. – 1 p.m., no charge, call 303-813-1669 to register.

Via is a full-spectrum mobility manager offering [paratransit](#), [travel training](#) and [mobility options](#), **information and referral services**. Via also provides a wide range of community and group educational resources related to transportation for older adults, people with disabilities, and others living with mobility limitations. Call 303-447-2848 or <https://viacolorado.org> for more information.

For a full list of Boulder County caregiver support groups, email InfoCaregiver@bouldercounty.org or call 303-678-6116.



([continued from page 9](#))

pureed foods can be served successfully.

Remember to never force food. Offer it frequently and assist with feeding as needed. We need to separate our own individual meanings for food and eating from our loved one's ability to eat. Let's avoid the danger of creating a battleground around food and eating.

The most loving thing we can do for the person we are caring for is to honor them by seeking out and incorporating the best nutritional information and strategies, and respecting their wishes and abilities regarding eating. In the end, dignity is about choices and believing that our loved one is doing their very best.

This article first appeared in the September/October 2003 issue of CareConnections. Ilona Steur was then Director of Clinical Services for HospiceCare of Boulder and Broomfield Counties.

Secrets to Stress-Free Meal Making

by Mary Collette Rogers

The Power of Organization: According to 'The Universal Laws of the Kitchen,' the more challenges and circumstances you are juggling at mealtimes, the more you need organization to keep all the balls in the air.

Certainly, caregiving has plenty of challenges, which is why organization is so helpful to instill order, manageability, and calm into meal making. Doing so is a matter of exercising control over the six main cooking and kitchen areas:

1. Plan What to Make
2. Have Your Recipes at the Ready
3. Shop Smart

4. Keep a Helpful Pantry
5. Have the Right Equipment
6. Create a Supportive Space

Organizational Resistance: Are you thinking that these steps are almost too commonsensical—and simple? You're right! Eliminating meal-making chaos employs the same simple and familiar organizational skills we use all the time in other areas of our lives. The hard part lies in putting those strategies to work in a kitchen setting.

We often resist organizing around meals because it feels too rigid — like it would zap out all the spontaneity and fun. In fact, however, it is chaos that takes the fun and health success out of meal making.

Think about exactly how much fun, creativity, and spontaneity you experience when your cooking life is in chaos. Are you able to make the health-giving, stress-relieving meals, that are vital for caregivers? Likely as not, a chaotic cooking life means eating the same old boring things that do little to manage or relieve stress.

The 6 Kitchen Smart Strategies

So the first step in transitioning to a healthier, stress-reducing diet is inviting and welcoming organization into your kitchen. With a willing mindset, instilling order in the six main kitchen areas is just a step-by-step mechanical process:

1. *Think and Plan Ahead:* Get in the habit of figuring out what health-supporting meals you'll be making — *before heading to the kitchen to make them.* This means shifting from a reactive to a proactive mindset around mealtimes, i.e., ditching the Last-Minute Lucy approach for the think ahead and plan approach. To quickly come up with meal ideas, assign a theme to each night, e.g., Indian,



Mexican, stews, meal salads, stir fries — and don't forget to build in a couple of leftover nights, or healthy take out, to give yourself a break.

2. *Recipes at the Ready*: 5:30 p.m. is no time to be finding new, healthier recipes or tracking down one that's buried in your recipe heap. This part of meal making needs to be done when you have a calm period of time and can find several ideas that meet your needs and tastes. Then keep them organized, so at mealtimes they are at your fingertips. If you don't already have a go-to recipe collection, start with an "allpurpose" collection like Mark Bittman's *How to Cook Everything*, which includes lots of taste and health options. And it is perfectly fine to select super simple recipes!

3. *Shop Smart*: Who hasn't experienced the annoyance of finally deciding to make a dish and realizing you're missing one or more ingredients? And who doesn't dread tromping around the grocery store, aisle after aisle, figuring out what to buy that's healthy, fun, and tasty? The remedy is to get in the habit of using a simple, old-fashioned shopping list. When you get to the store, stick to the perimeter, where you'll find the healthiest choices.

4. *Keep a Helpful Pantry*: Create a healthy inventory of long-lasting foods in the frig, freezer and cupboards. Match your inventory to your meal ideas and then be surprised how you can "shop" for a meal just minutes from the stove, saving both time and money. Some good pantry stockers: Frozen vegetables and meats; long-lasting fresh vegetables like carrots, celery and cabbage; grains and beans; and canned tomatoes, artichoke hearts, and roasted peppers. To save time and money, buy several at a time

— and you're always set to make a quick meal.

5. *Right-Size Your Equipment*: Surprisingly, the danger with equipment is having too much rather than too little. Focus on buying a really high-quality chef's knife, cutting board, and sauté pan. Beyond that, get only what you need and de-clutter gadgets and tools that make it hard to find and extract needed equipment, in the rush of meal making.

6. *A Friendly and Supportive Space*: Do you find yourself balancing the cutting board on a sink corner because the counters are filled with stuff? Or is it dangerous to pull some ingredient or pan from a cupboard because everything else will come falling out with it? It's really supportive to create a hassle-free space with clear counters, as well as cupboards, where tools and ingredients are easy to find and extract.

As you invite organization into the kitchen and put the six KitchenSmart® strategies into place, watch for the magic to happen. Even as you put the smallest pieces into place, chaos is replaced with a refreshing sense of control, and meal making becomes less and less stressful.

As one expert discovered, putting structures and systems into place is "what creates the container for self-care to be possible." I hope you'll take time to create the organizational-container so you can make wonderfully nourishing meals, easefully and manageably!

Mary Collette Rogers is a Healthy Kitchen Companion, home cook instructor, and author of Take Control of Your Kitchen. To hear a conversation on low stress self-care for the caregiver, between Mary and Barbra Cohn (another of this month's writers) go to <https://vimeo.com/295083341>.

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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	303-926-2795
Lyons area	303-823-9016
Nederland area	303-258-3068
Niwot area	303-441-1617
Superior	303-441-1617

