

# CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

Sept/Oct 2019

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Remembering Gifts of

Communal Caring

### Dear Caregiver,

As the saying of the Igbo and Yoruba tribes tells us “It takes a village...” While the phrase goes on to speak of child rearing, this sentiment applies to any kind of family caring that is intensive. And as anyone who is a family/informal caregiver knows, when you take on the role of caring for an older adult who is experiencing decline — whether cognitive, physical, mental, or emotional – it is intensive, as well as important, and time consuming. If you seek to fill all their needs on your own, you are at risk of significant negative self impact, both physical and emotional. But the phrase at the start of this paragraph, likely with very ancient roots, points to the fact that we humans are not meant to “go it alone”. And luckily, particularly in Boulder County, a good deal of community support is available-in various forms. This support can result from phone calls to resource service programs, conversations with family and friends on how to sustain everyone, or sometimes using technology to find and implement solutions. The following articles address issues and solutions around community caring. If you have created community in ways not included here, we’d love to hear from you about what worked. And remember, when you reach out for help, you are not just helping yourself (which is plenty valuable enough) but you are also offering an enriching opportunity to give and connect, to someone else. I’m not sure what is more important than that.

*Juliette Kershner, Editor*

### Identifying as a Caregiver

*By Lynn Malkinson and Juliette Kershner*

**T**o benefit from community support, it is necessary to first speak to the reality that one is a caregiver. But often caregivers don’t identify as such until after a significant level of strain, due to their





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### **Care Connections**

Boulder County Area Agency  
on Aging

P. O. Box 471

Boulder, CO 80306

303-678-6116 (ph)

303-678-6285 (fax)

[InfoCaregiver@bouldercounty.org](mailto:InfoCaregiver@bouldercounty.org)

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changed role, has set in. There are a lot of reasons for this. Maybe the caregiver is the spouse or partner of someone whose health is declining...and their caregiving role has blended with what they see as the role of a wife, husband, or partner. Maybe an adult child, sibling, niece/nephew, or other relative has taken on a watchdog role, recognizing changes that call for this, but believes that the term caregiver only applies to those doing 24/7, hands-on, live-in care. Or perhaps the person being supported and cared for has their basic needs met by a professional, in their home or at a facility, so family sees the professionals as the only caregivers. But the truth is, in all of these situations, some (and likely many) aspects of the relationship between the person needing care and the person providing support, shift — when one moves into the role of helping the other navigate getting their needs met. (Though it is noteworthy that the roles are not absolute, as the care recipient may be of support to the “carer” in other ways: perhaps she/he is a good listener, helps others slow down, or helps them fulfill a sense of purpose and meaning.)

Sometimes...though change is clearly occurring, a lack of identification is driven by a desire, possibly unconscious, to keep the person as they have been. Even if only in our minds. Below, Lynn Malkinson shares valuable reflections she has gathered on this subject.

\* \* \*

Caregivers I have known, myself included, identify themselves as such only retrospectively. Here are some thoughts about identifying oneself as a caregiver. Probably too late. The language is often similar.

“I remember when I first noticed she wasn’t quite herself. She didn’t laugh at my jokes like she used to. Maybe I wasn’t as funny as I used to be,” *Note the subtlety of the observation. Note the common method of explaining the world around us, in this case, it was easier to blame oneself than to suspect a change in a life partner.*

“I remember when my father started to take longer to recognize my children. Seems natural for an older person to slow down. He doesn’t walk as fast as he used to. It’s a natural part of the aging process.” *Note the urge to normalize unfamiliar behavior.*

“I remember that he started to lose weight that summer. People always lose weight when it’s hot. Plus, his pot belly is disappearing. He looks great.” *Note again the urge toward normalcy.*

“I remember speaking to my father in the hospital. He told me that three doctors had just had a conference around his bed and I said (I’m embarrassed and sad to have said), “That’s great dad, the more attention you get the faster you’ll get better.” *Note the strong urge to not hear, not absorb, the in-your-face truth. This is normal denial that usually turns into acceptance and realistic understanding as the observable facts and medical information begins to accumulate.*

“I remember being afraid of accepting dinner party invitations because I couldn’t count on him saying reasonable things. I didn’t want people to think he was losing it. I didn’t want to have to explain what he was trying to say.” *Note the urge to cover up, to hide, to protect. If the truth is spoken, it will really be true.*

In general, the hard but liberating moment comes when the secret caregiver comes out of the shadows and admits to themselves that the person is changing, that something serious is

afoot. Often family members catch on first and the protective shell cracks open. At that moment, the now exposed caregiver, family, friends, and acquaintances can begin to deal with the situation in a more open and realistic way.

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*Lynn Malkinson is a former hospice social worker for Family Hospice and a member of Care Connections Editorial Advisory Committee. Juliette Kershner is the Caregiver Initiative Coordinator for Boulder County Area Agency on Aging and Editor of Care Connections.*

## Holding a Family Meeting

*By Lynn Malkinson*

**W**hen somebody gets sick — or sicker — and needs more — or different — care, a family meeting can be a good way to start making plans. Some families naturally gather together to solve problems, and often will meet informally. Other families find the prospect of a family meeting an “incendiary circumstance and better avoided”, as an RN friend put it. Where there is conflict or irreconcilable disagreement, you may opt to gather only those people who work well together and/or have been assigned decision-making roles such as power of attorney or guardian. It helps to find a professional to facilitate these meetings in a neutral place, if possible, such as a hospital, hospice, nursing home, or doctor’s office.

In any case, there are several ways to shape such a meeting and a few guidelines to remember. The most important is to let the meeting match the character, style, wishes, and rhythm



of the family: formal to informal, highly structured and agenda-driven to natural and evolving. This increases everyone's comfort level and leads to a more consensual outcome. It is important to include the person receiving care, if they desire, and to remember that the "family" is defined as the people closest and most committed to the patient, not necessarily those who are biologically related.

A meeting, even an informal one, works better if someone assumes the role of facilitator. This person moves the conversation along through the opening statements, the working middle, and on to the summary. Introducing the purpose of the meeting focuses subsequent conversation and allows people time to reflect on the situation and how they might contribute. The purpose can be as general as, "This is a time for everyone to ask questions, to say what they need, emotionally and practically, and to listen to everyone else". Or it can be as specific as, "Mother needs 24-hour care".

The "working meeting" begins when facts about the situation are presented. Sometimes a doctor or nurse explains medical issues and can forecast what will be needed. Often, the person most involved in the care, sometimes a family member, sometimes a close friend, describes their experience. Then, options for future care can be discussed: "Can any of us provide it, can we hire it, should we consider a nursing home?" Or if the care is to be shared at home, "Who will shop, cook, stay the night, and/or schedule caregivers?"

Finally, the facilitator summarizes the issues and any agreed-upon plans, and then points to

the future. Setting a time to reconvene and reassess, as well as devising a system for information exchange, reminds everyone that the situation isn't static and provides a structure for responding to the inevitable changes.

\* \* \*

If preparation, planning, good will, and diplomacy don't yield a reasonable solution, the group may choose to formulate a short-term plan to "buy time" while developing an acceptable long-term plan. Sometimes the plan has to be a "no plan" for the present if the patient is competent, denies the need for help, and chooses to go it alone. The question then becomes what to do if the "no plan" leads to a crisis, such as a bad fall. Many vulnerable people understand the dangers of living alone and their family's concerns but also have a strong need for independence that outweighs the need for safety. Caregivers often are uncomfortable with a "no plan" but should know that a competent person's choice legally overrides caregiver discomfort.

Sometimes, none of the options is appealing to anyone because there are no good options. In these cases, a family meeting may be a chance to mutually acknowledge that nothing more can be done at that time. The meeting's value may lie in sharing thoughts and feelings, agreeing that everyone has done their best, and acknowledging that everyone is dealing with strong emotions in a difficult situation.

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*Lynn Malkinson is a former hospice social worker for Family Hospice and a member of Care Connections Editorial Advisory Committee.*



## Accessing Community Support

**C**aregivers who thrive have found that bringing in various forms of help, ideally before serious self-depletion sets in, serves to sustain them. Below are descriptions of some of the programs and organizations that can make caregiving more of a community endeavor.

### **Respite & Companion Volunteer Program (RCVP)**

The Boulder County Area Agency on Aging Respite & Companion Volunteer Program matches screened, trained volunteers one on one with older adults who are experiencing isolation or compromised health, thereby providing a break for caregivers. Volunteers visit their program match for two hours once a week and focus on companionship (not hands-on care). For more information or to enroll, please contact your local senior services agency if you live in the cities of Boulder (303-441-4388), Lafayette (303-661-1499), Longmont (303-651-8716) or Louisville (303-335-4919). If you live in the mountains or unincorporated Niwot area, please contact the ADRC Resource Helpline at 303-441-1617. *(Submitted by Kari Middleton, Respite and Companion Volunteer Coordinator, Boulder County Area Agency on Aging.)*

### **Non-medical Home Care**

Caring for a loved one is tough to do alone. With the help of a professional caregiver, you don't have to. In non-medical home care, a caregiver comes to you to help your loved one with activities of daily living, household tasks, hygiene support, medication reminders, companionship, and other needs. Find agencies by

referral, or through listings for senior services. Call the agency to discuss your care needs, fees, caregiver training, services and to request a free assessment. Qualified caregivers can serve as another set of eyes and ears, helping to share the care and reduce the risks for the older adults you love. *(Submitted by Sandi McCann, President, Founder HomeCare of the Rockies, Developer of The HomeCare 100 Professional Caregiver Training Program.)*

### **Home and Community Based Services through Medicaid**

We tend to think of Medicaid as the way to pay for a long-term nursing facility stay once personal assets run out. But, if you are needing services and supports in a home setting to avoid a nursing home or hospital stay, Health First Colorado (Medicaid) can also help with care in the home! Long-term supports and services are available for those who qualify both financially (income at or within 300% of poverty level and assets within limits) and functionally (based on intensity of impairments). If age or disability are creating a need for long-term supports and/or direct care and financial resources are limited, Medicaid may be a way to keep someone at home with care. Care can be provided through certified Medicaid providers or via a consumer-directed model of caregiver choice and service delivery. Adult Care Management, Inc (ACMI) can help you with the choices and functional eligibility. Call our intake line at 303-439-7011. For more on the financial application: [www.healthfirstcolorado.com/apply-now](http://www.healthfirstcolorado.com/apply-now). *(Submitted by Barbara Wilkins-Crowder, Executive Director, Adult Care Management, Inc.)*



## Palliative Care

Serious medical conditions such as cancer, heart failure, pulmonary disease and dementia can greatly impair the quality of our lives. Fortunately, there is a medical specialty that focuses solely on helping us manage debilitating symptoms and resume the activities that give our lives meaning. Palliative Care focuses on relieving symptoms and the stress that often accompanies serious illnesses. And Palliative Care *also* supports loved ones. Palliative Care works with all of your current physicians and is a Medicare and Medicaid benefit. It's important to remember that Palliative Care is different from hospice care and is appropriate at any stage of your disease. Your physician can refer you to a Palliative provider. (Submitted by Grant Marylander, Palliative Coordinator at Boulder Community Hospital, Chaplain, and Attorney).

## Caregiver Classes

Boulder County Area Agency on Aging offers two caregiver training classes, at rotating locations. *Powerful Tools for Caregivers* shares tools to thrive, rather than just survive, as a caregiver. Topics covered include accessing community resources, prioritizing self-care, respite, stress management, and navigating communication with all involved. *National Caregiver Training Program* is taught by an experienced RN, who shares hands on skills for caring for an elder. Skills taught include medication management, taking vital signs, wheelchair use, care of a bedbound person, and safely transferring another. Both classes are 2.5 -3 hours long, and are held once a week, for six weeks. For more information call 303-678-6116 or email [infocaregiver@bouldercounty.org](mailto:infocaregiver@bouldercounty.org).

The Alzheimer's Association routinely holds classes on a myriad of topics including those on *Living with Alzheimers's* (each class is specific to a particular stage of the disease), *10 Warning Signs of Alzheimer's*, and *Understanding and Responding to Dementia-Related Behavior*. For more information and to register visit [alz.org/co](http://alz.org/co) or call 800-272-3900.

In addition, there are numerous classes available through the local senior centers within Boulder County, and many are relevant to family caregiving. To contact Boulder, Lafayette, Longmont, Louisville, Erie, or Nederland Senior Services, use the phone numbers listed on the back page of Care Connections under **resource specialists**. (Submitted by Juliette Kershner, Boulder County Area Agency on Aging Caregiving Initiative Coordinator and Care Connections Editor.)

## CaringBridge®

[www.caringbridge.org](http://www.caringbridge.org), provides you with the tools to set up a free, secure, and private website to share health updates, videos, and photos with family and friends who want to help. It is especially useful during a crisis or for end-of-life assistance with the coordination of tasks such as delivering meals, providing childcare, arranging transportation, emotional support, and other organizational help. It is an excellent place to share updates when you don't have time to answer the questions and phone calls that pile up. (Submitted by Barbra Cohn, Care Connections Editorial Committee member and author of *Calmer Waters*.)

## Meal Train®

<https://www.mealtrain.com/learn/> is a site that allows you to organize delivery of meals to a



person or family who can use help. Whether it's a new family, a person recovering from surgery, or a caregiver who is spending all day responding to the needs of a person who requires hands-on care, this platform removes the task of cooking and grocery shopping. It requires one person who is computer savvy to set up the meal train, which is fairly easy. In order to participate, the person who wants to join the meal train also must be computer literate. The site has clear instructions to make the process easy. *(Submitted by Barbra Cohn, Care Connections Editorial Committee member and author of Calmer Waters.)*

Please feel free to reach out at 303-678-6116 or [infocaregiver@bouldercounty.org](mailto:infocaregiver@bouldercounty.org) for more information on any of these programs.

### Spousal Care Vs Self Care?



*By Sharon Wegscheider-Cruse*

**T**his is a major inquiry — with a hard, but clear answer. If we don't take care of ourselves, we have very little left to give the person we love and for whom we accept, or feel obligated to provide, caregiving. My lofty ideas about how I would handle spousal care shattered when I became a 24/7 caregiver. Do I do everything that has to be done (physically, emotionally, mentally, socially) and make the majority of the decisions? Yes — *but* I have ultimate responsibility to organize this so that both of us are ok. What I am learning is that “it's always something” and “new normals” are for short periods of time. Today, I know I need to share the chores and day to day responsibilities. I could not function without a team approach. I ask for, and receive, help. (Paid help, family help, friend help, volunteer help). That still

makes me the primary caregiver, but I have accepted my limitations. It's the hardest thing I have ever done. And I am one of the fortunate caregivers whose care recipient is so cooperative when he can be.

It would be ideal if everyone was on the same page, if agencies had only the person they serve and the caregiver they serve, but they too are preoccupied dealing with shortage of staff, underpaid staff, and often-times, staff that are not trained to prevent, anticipate, and operate other than by crisis mode. This can lead to confusion for everyone — and takes some navigation and periodic reviews of what's working and what's not.

Families themselves are tired and sometimes don't understand. Some have had life-long sibling issues that stand in the way of everything working smoothly and easily. Some families have children of their own and/or grandchildren of their own who, for one reason or another, do not offer much care for their parents and grandparents. Other families have extensive children and grandchildren help.

All this is to share about “what is” in many cases. Let's move on to “what is working”. It has taken hours and days of my time (in many ways struggling) to learn to take advantage of living in Boulder County, Colorado. I have many things going for me that have allowed me to come this far. Knowledge about Technology is my limitation.

The good news: Our county really cares for us. I have had extensive information, support, and help through the Boulder County Area Agency on Aging — and the programs they have referred



me to. I think it is the model that is so important for all aging people. They have provided our family with services that have made it possible, so far, to age at home.

**The services that we use are:**

1. The driving program through **Cultivate** — a volunteer driver has been here for us over the past two years and has made our lives so much more manageable... and aging at home possible.
2. My care recipient is visited by another volunteer companion, through Boulder County Area Agency on Aging's **Respite & Companion Volunteer Program**, for two hours each week. She brings joy, Engagement, and support — and has become an important part of both of our lives.
3. Information, information and more information. It is how I stay linked to my community and possibilities. One can contact the **Aging and Disability Resources for Colorado**, or **ADRC** at 303-441-1617 or [infoADRC@bouldercounty.org](mailto:infoADRC@bouldercounty.org), or opt to peruse their online resource guide at [www.BoulderCountyHelp.org](http://www.BoulderCountyHelp.org). Also, the Area Agency on Aging provides the monthly E-Newsletters **Resources for Caregivers, Aging Well in Boulder County, and Rainbow Elders' Newsletter**. — and one can request a free subscription for any of these by emailing [infocaregiver@bouldercounty.org](mailto:infocaregiver@bouldercounty.org))
4. Technology. It is my opinion that every couple needs a technical assistant, just like they have a doctor, physical therapist, and lawyer. There are so many shortcuts on the com-

puter, plus everything from bill paying to photo storage to purchase of a plane ticket, is increasingly taking place online. Many people, including myself, just don't know what to do to manage the changing technological world. To insure longevity, we all need to have tech help. And it can't always be family.

The second piece I would recommend in self-care versus spousal care is a “team approach.” Any one member of a family (my own included) could not take on what my husband and I present in our “needs” category. Either create a team, or be at risk of perishing under the stress. (An oft-cited 1999 study found that caregivers have a 63 percent higher mortality rate than non-caregivers, and according to Stanford University, 40 percent of Alzheimer's caregivers died from stress-related disorders before the patient died.)

Duty is an irrelevant word. No one signed up for a duty the day they got married. They signed on to love and cherish. Maybe love and cherish comes down to two thoughts. One — I know that you love me. I will take care of myself, so you always remember who it was that you promised to love and cherish. I am going to take care of myself. That is my gift to you. Two — I love you. Your needs are complicated, and I will do the best I can to meet those needs personally, professionally, and medically — safely, and with love. It may be hard, but I will make the necessary decisions around our care, to the best of my ability.

Spousal love and parent/child love are often the most powerful of all relationships. Sibling love and friend love also matter in an impor-

*(continued on page 9)*



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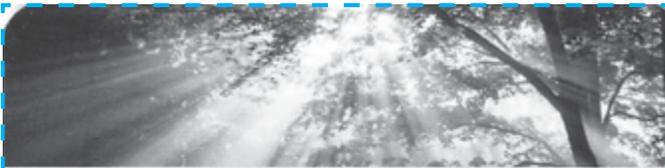
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Effective August 29, 2019, the Boulder office of the Alzheimer's Association: Colorado Chapter has a new address!

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**The Aging Services Foundation of Boulder County (ASF)** proudly supports this publication. Since 2000, the ASF has helped raise, steward, and distribute nearly \$2 million to the Area Agency on Aging and its programs, including the Caregiver Initiative.

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(continued from page 8)

tant way. The best news is that caregiving offers the chance for children, couples, and individual people to rectify and heal former experiences, to help, to understand, and to learn how to go forward. My family comes forth when, and how, each person cares and sees themselves able.

Each person that comes forward experiences the healing and the benefits that can then occur. The lucky ones, (from children to grandchildren to friends to both paid and unpaid caregivers) get to really know the person in their family who needs care. They write, they send e-mails and photos, make phone calls, and stay connected.

If you are a caregiver, may all the beliefs you have feed your soul right now. All needs must be fed: body, mind, spirit, and hands on — and in whatever way fits for you. This is the time to connect, support, show up, and love yourself. It will never be perfect. “It’s always something.” Lets hold hands and go down this caregiving path together.

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*Sharon Wegscheider-Cruse is a consultant, public speaker, and author of 20 books, including Caregiving-Hope and Health for Caregiving Families, co-authored by her son Pat Egan. They also share information on their website [caregivinghopeandhealth.com](http://caregivinghopeandhealth.com).*

## Stephen Ministries



*By Barbara Huner, Mary Jane Mees,  
and Karen Charles*

### **M**ission of Stephen Ministry

To help equip people for practical, Christ-centered, ministry in today’s world.

## What is Stephen Ministry?

Stephen Ministry is a way for congregations to provide high quality care and outreach to hurting people within their congregation and community.

## Who are Stephen Ministers?

Stephen Ministers are a variety of people interested in helping others in a Christ-centered setting. They are members of participating congregations who first take part in 50 hours of Christian caregiving training and then are matched with a person needing care. All care is strictly confidential, and men are paired with men, and women with women. The pair meet at a mutually determined location, which can be in the care receiver’s home. The trained Stephen Ministers provide encouragement and grace as they listen, care for, and pray for or with their Care Receivers on a weekly basis. Caring relationships last for as long as the need continues.

## Who needs care?

As we struggle with our fast-paced and fragmented world, the question is who, at times, doesn’t need caring, and a listening ear? People suffer crises and tragedies, but often don’t have other support they can count on. Family members and friends can be busy and preoccupied. They may also be scattered across the continent — or even the world! When a crisis or challenge hits, many people have no one to turn to and end up facing it alone. Stephen Ministry fills this void.

Here are a few reasons people seek care:

- Persons are homebound, convalescing or rehabilitating
- A family member or close friend is dying or needs long term care



## 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](mailto:InfoCaregiver@bouldercounty.org) or call 303-678-6116. The deadline for the November/December 2019 issue is September 17.)*

The Alzheimer's Association, Boulder County Area Agency on Aging, and Longmont Senior Services is offering **Living Well with Dementia**, an afternoon of programs providing hope and information for people living with dementia and their family care partners, with time between sessions for snacks, connecting, and checking out local resources, Thursday, November 21. Register for one, two, or all three programs: **The 10 Warning Signs of Alzheimer's Disease**, 1 – 2 p.m. about the difference between normal age-related memory loss and dementia; **Dementia Conversations: Q&A**, 2:20 – 3:40 p.m., highlighting some of the more challenging conversations surrounding Alzheimer's disease and related dementias, with break-out session for caregivers and people living with a diagnosis; and **Transcending Dementia**, 4 – 5 p.m., with a positive perspective on the value of looking more deeply at the person beyond the disease. There is no charge, but pre-registration is required at 303-651-8411.

The 10th Annual **Boulder County Senior Law Day**, providing education and legal resources

to seniors and those who care about them, is on Saturday, September 28, 9 a.m. – 1 p.m., at the Boulder Jewish Community Center, 6007 Oreg Avenue in Boulder. For more information, visit [www.bouldercountyseniorlawday.org](http://www.bouldercountyseniorlawday.org).

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 required 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 or Tuesdays November 5 – December 10, in Boulder; 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 Tuesdays, November 5 – December 10, in Boulder. 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. (The courses are not open to professional caregivers.) 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](mailto:InfoCaregiver@bouldercounty.org).

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 par-



ents. 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.

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, Thursdays, 1 -2 p.m., starting on September 19, 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](http://www.bouldercountyhealthyaging.org) and at local senior centers.

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 Thursday, September 5, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive, Boulder (call 303-441-4150 to pre-register); on Monday, September 16, 10 a.m. – 12 p.m., at

Longmont Senior Center, 910 Longs Peak Avenue, Longmont (call 303-651-8411 to pre-register); and on Wednesday, September 18, 1:30 – 3:30 p.m., at Louisville Senior Center, 900 W. Via Appia (call 303-666-7400 to pre-register). There is no charge, but donations are appreciated.

The Longmont Senior Center offers **Understanding Alzheimer's and Dementia**, presented by the Alzheimer's Association, Tuesday Sept 10, 3 - 4:30 p.m.; **Coping with Loss**, a conversation about the various types of loss, some ongoing, such as with physical or cognitive changes, relationship changes, and major life transitions, on Monday, September 23, 3 – 4 p.m.; **Accessibility and Adaptive Technology Fair**, Tuesday, September 24, 4:30 – 6 p.m., **Effective Communication Strategies**, presented by the Alzheimer's Association, on communication skills for interacting with people with dementia, Tuesday, September 24, 3 – 4:30 p.m.; **Preparing to be a Caregiver**, with a panel of family caregivers sharing what they wish they had known and where they turned for help along the way, Thursday, September 26, 4 – 5:30 p.m.; **Road Trip to PACE** a Program of All-inclusive Care for the Elderly, whose services are paid through Medicare and Medicaid, Friday, October 4, 8:15 – 11:30 a.m.; **Living with Alzheimer's: For People with Alzheimer's Disease**, presented by the Alzheimer's Association, Tuesdays, October 8 and 15, 3 – 5 p.m.; and **Long Term Financial Planning**, Thursday, October 17, 3 – 4:30 p.m. All programs free, but pre-registration is required, at 910 Longs Peak Ave, Longmont, call 303-651-8411, unless otherwise indicated, for more information and registration.



(continued from page 9)

- Hospitalization
- Fighting cancer or another debilitating illness
- Grief
- Loneliness or discouragement
- Spiritual crisis
- Break-ups, separations, or divorce
- Unemployment or job change
- Relocations and moving
- Children leaving home for college or career
- New or Single parents
- Victims of disasters

The list can go on and on.

Everyone faces periods of crisis, transition or difficulty. During these times, a confidential caring relationship with someone who will faithfully listen, console, encourage, and pray with, and for, another, can be a tremendous benefit. Visit [www.stephenministries.org/SM](http://www.stephenministries.org/SM) for stories, videos, and more information on who Stephen Ministers are and what they do. Longs Peak United Methodist Church in Longmont has an active Stephen Ministry program. We encourage anyone to call the church at 303-776-0399 to request a Stephen Minister and a referral coordinator will get in touch with the person seeking a Stephen Minister. To find a church with a Stephen Ministry program in other locations, visit the website noted above.

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*Barbara Huner, Mary Jane Mees, and Karen Charles all serve on the Longs Peak United Methodist Church Stephen Ministry team.*



## Remembering Gifts of Communal Caring

*By Susan Cooper*

**W**hat do we do when we are faced with our sister's struggle with ovarian cancer, or our friend's diagnosis of Alzheimer's Disease? We have heard the ancient African proverb "It takes a village to raise a child". The same is true when trying to care for someone with an acute or chronic illness. When we create a team, or offer our help as a team member, we alleviate some of the burden of the inherent challenges.

Ten years ago, as I was mindlessly wandering around in my house, I answered a call from my sister. She did not say hello, but rather "I'm going to need you". To my one-word response saying "Okay", she responded "I'll call you later". My "Okay" was a contingent-free pledge. Fifteen hundred miles away, she was headed into a surgeon's office for a post biopsy visit. She was diagnosed with Ovarian Cancer. For many years, she lived alone in a small town where she was well known and respected, not only as the owner of an independent bookstore, but as a vital member of the community. She volunteered on the rescue squad. She delivered Meals on Wheels. She hiked Kilimanjaro, ran the New York Marathon, rode her bike from New York to Boston to raise money for AIDS research. It was inconceivable, when in the aftermath of an eight-hour surgery, that this fiercely independent woman suffered all sorts of complications that sapped her strength. Very suddenly she could no longer live alone. She needed help. Lots of help, which is why the idea of "having a community" is so often a focus when pondering issues of aging.

Amazingly her friends came together forming



a team in which each person adopted a role that suited their individual skills. Gayle researched treatment options. Joan drove her to her chemotherapy treatments. Roz helped her sort out business decisions. I took a leave of absence from my job as a hospice nurse and moved in with her. Countless others stepped up to offer assistance. My sister, who thrived on reading and talking about books did not have the energy to focus on a single paragraph. Television was her escape. When the cable stopped working and the cable guy said it would be two weeks before a visit could be scheduled, word went out. That day a friend of a friend showed up and did the repair. Community at its finest.

Tasty, nutritious food arrived on a daily basis. She nibbled, I devoured. It was a constant reminder that despite being homebound, we were not forgotten. It nourished us at a time when an infusion of love and concern were as important as all the medical treatments. As Barbara Cohn points out in her lovely book *Calmer Waters*, “stress, lack of sleep, and worry can take a huge toll on a caregivers health”. The team offered me vital opportunities for respite.

After several weeks, Ellen regained her strength and I returned home, leaving her in the care of her capable community. That spring, after completing chemo, my hairless sister flew to Colorado to attend the college graduation of my daughter, with whom she had a special relationship. The chemo had been declared a success, so I in turn let myself believe that she was among the 5 percent of women who survive ovarian cancer. She was her old self, a feat that could never have occurred without the support of her community.

Five months later as I was standing in my drive-

way, I answered a call immediately aware of a fear in her voice. She said that she was having some bloating. I wonder if I will ever forget that moment, the wave of heaviness that invaded my heart. In April she passed away. In those many months the team regrouped and renegotiated their roles. I moved in with her as she did another round of chemo. Joan did the driving. Gayle coordinated appointments. Roz coordinated the food which appeared regularly, though now it was clearly for me. All were trusted listeners.

I was Ellen’s primary caregiver. It was among a handful of extraordinarily stressful experiences of my life. There were many, many difficult challenges. She hated losing her privacy. She was scared and angry. I was her safe place. It was also, without a doubt, among my most meaningful and rewarding endeavors. I could not have done it alone. Her friends are now my friends. The journey of caring for a terminally ill person eliminates triviality and fosters immediate intimacy.

Few of us have children or extended family nearby. In some cases, outreach programs of faith-based organizations attempt to fill the void. “Age in Place” retirement communities are designed to ease the challenges of seniors, offering strata of care dictated by individual needs. The Area Agency on Aging is a valuable resource for finding help with the challenge of creating community.

In the words of Mother Theresa “I can do things you cannot, you can do things I cannot; together we can do great things.”

---

*Susan Cooper is a registered nurse, former hospice nurse, community member, and sometimes a caregiver to loved ones.*

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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](http://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.

<b>Allenspark area</b>	303-747-2592
<b>City of Boulder</b>	303-441-4388/303-413-7494 (bilingüe)
<b>City of Lafayette</b>	303-661-1499
<b>City of Longmont</b>	303-774-4372/303-651-8716 (bilingüe)
<b>City of Louisville</b>	303-335-4919
<b>Erie</b>	303-926-2795
<b>Lyons area</b>	303-823-9016
<b>Nederland area</b>	303-258-3068
<b>Niwot area</b>	303-441-1617
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