

Caregiver's

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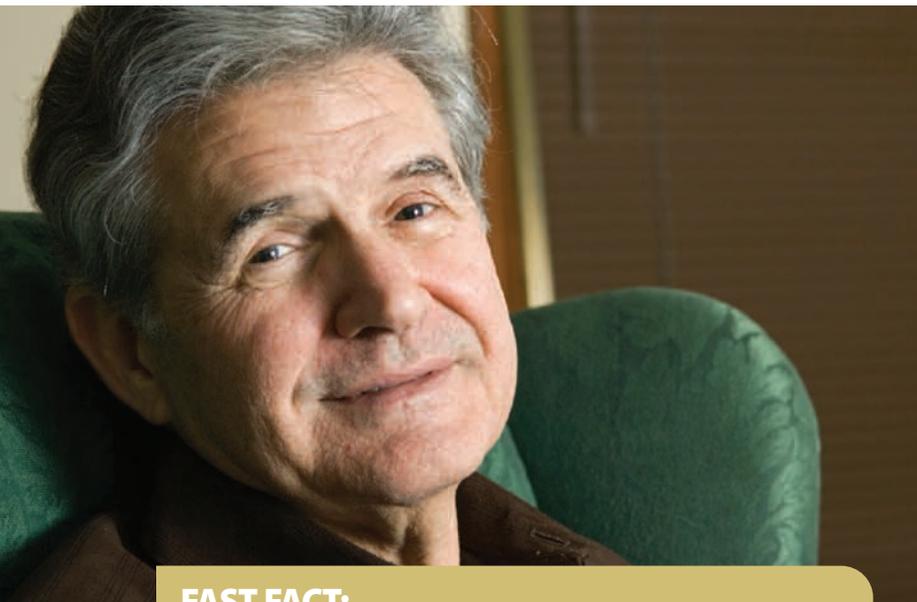
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H E L P I N G T H O S E W H O H E L P O T H E R S

Dealing with Telltale Signs

Gauging Whether Mom and Dad Can Continue Living on Their Own

By Melissa A. Goodwin



FAST FACT:

A University of Michigan study of 11,000 elderly participants found half of them have one or more conditions that can affect their ability to independently perform activities of daily life such as bathing or dressing.

Have you noticed that Mom's usually spotless home is starting to look more like your room when you were a teenager? Is Dad, who always took pride in his appearance, wearing wrinkled clothes and looking as though he hasn't shaved in days? Is there a pile of unopened mail on the table? When you open the refrigerator, do you see only an old piece of cheese and an outdated carton of orange juice?

These may be clues that your loved one is going through changes that are affecting his or her ability to perform the tasks of daily life that we all take for granted. But the cause of the problem may not always be what it first appears.

For example, you might think that Dad is depressed and losing interest in his appearance. Instead, it could be that his hands have started to shake, making it hard for him to hold his razor steady or to use the iron. You may think that Mom is ill and has lost her appetite, when in fact she just finds the grocery store confusing and difficult to navigate.

The fact that a loved one is experiencing physical, emotional, or psychological changes does not necessarily mean that a move to a nursing home is just around the corner. For example, finding someone ►

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Gauging Whether Mom and Dad Can Continue Living on Their Own *Continued from page 1*

to help Mom with her grocery shopping may be all she needs to keep her functioning independently at home. Dad may just need to switch to wrinkle-resistant clothes and an electric razor to keep himself looking well-groomed. The key is to understand what your loved one needs help with, so together you can come up with ways to prolong independence.

An objective way to evaluate the situation is to use the tools that healthcare and geriatric professionals use to determine a person's ability to function independently. These tools can give you an overall view of your loved one's situation and help you hone in appropriate solutions.

Activities of Daily Living (ADLs)

The Katz Index of Independence in Activities of Daily Living is the tool on which most professional assessments are based. The index focuses on a person's ability to perform the most basic and necessary activities of daily life.

Commonly called "ADLs," these activities are: bathing, dressing, eating, using the toilet, transferring in and out of bed or chairs, and continence. A person is observed performing these acts, and is assessed as being able to do them without assistance, with some assistance, or as being totally dependent on assistance.

ADLs also form the basis of evaluations used by insurance companies and Social Security to determine when a person is eligible to receive long-term care or disability payments.

Beyond ADLs

Over time, healthcare and geriatric professionals have expanded the Katz index to gain a more comprehensive view of a person's ability to live independently. These tools incorporate "Instrumental Activities," which include cleaning, shopping, cooking, taking medications, and other activities that are necessary for living a fully independent life.

Professionals use these tools to determine what type of home healthcare assistance is required, or if other types of services such as medical, financial and legal help are needed. The evaluation can also be used to determine if it is time to look into other living arrangements such as assisted living or nursing home care.

Doing Your Own Assessment

The Alzheimer's Association has developed a comprehensive and easy to use tool called the "Physician or Health Provider Assessment of Individual Needs," which can be an excellent

ACTIVITIES OF DAILY LIVING (ADLS)

Tools for Gauging Independence

Professionals use a variety of tools to assess the ability to function independently at home. Here is a listing of two common tools and their criteria:

Basic Self-Care Activities of Daily Living:

- Bathing – including the ability to get in and out of a shower or tub
- Eating – including the ability to cut food or butter bread
- Dressing – including the ability to choose appropriate attire
- Toileting – including the ability to transfer on and off the toilet
- Transferring – the ability to get in and out of bed or a chair

Instrumental Activities of Daily Living:

- Cleaning
- Preparing meals
- Taking medication
- Doing laundry
- Performing yard work
- Bill paying/banking
- Walking outside the home
- Driving
- Shopping
- Using the telephone

guide to follow when doing your own assessment. It includes three categories: Personal Care, which includes the basic ADLs; Daily Tasks (the same as Instrumental Activities); and a cognitive component that tests for memory lapses or a deterioration in the ability to form sound judgments or perform mental tasks.

It's best to approach your own assessment informally, rather than as though you are giving your loved one a test. Watch your loved one as he or she goes about activities around the home, and observe which ones can be performed easily without assistance, and which ones seem problematic. Offer assistance if needed, and ask questions in a non-confrontational manner. If he or she is defensive, back-off but see if you can probe enough to get to the bottom of the problem.

How to Use the Assessment

This process will identify those activities with which Mom or Dad needs assistance, and will

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Form and Functionality

When Medical Equipment Comes Home

By Kelly D. Morris

Betty Barnstable's bedroom on the first floor of her home in Blue Ash, Ohio, is a large, cheery room with large windows that look out on her shady backyard. The room is decorated with angel dolls that sit on shelves along one wall and lacy curtains at the windows. At first glance, it looks like any other bedroom.

If you look closely, however, you notice the bed is a hospital bed, complete with side rails and controls that raise and lower the bed. You notice the bedside table is on wheels. You see the wheelchair folded and waiting off to the side. You see the portable commode sitting discretely in one corner.

"She's not real mobile any more," Betty's daughter Jen explains about the medical equipment. "We wanted to keep her at home but needed the equipment they have in a nursing home or hospital."

"We often use durable medical equipment in the home," explains Jan Eckart, Betty's hospice nurse. "It makes caregiving easier. For instance, the bed can be raised for giving a bath. It's easier on the back. For meals, the bedside table can be moved over the bed so Betty doesn't have to get up. With the portable commode, Jen doesn't have to try to maneuver the wheelchair into the bathroom where it doesn't really fit."

Durable medical equipment (DME for short) is equipment that is used over and over again, such as hospital beds, wheelchairs, walkers, portable commodes, chairlifts, and the like, as opposed to disposable equipment like adult diapers, bandages, syringes, etc. Durable medical equipment is typically seen in hospitals and nursing facilities, but it can be purchased or rented for use at home. And as Jan Eckart explained, it can make caregiving easier.

Whether it's better to buy or rent depends on the particular piece of equip-

ment, how long you're likely to need it, and whether you have any special needs beyond standard functions. It may also depend on what your insurance covers.

Belinda Daniels had to have a wheelchair specially made for her daughter Tamara. Insurance covered most of the cost. "She's too small for standard adult wheelchairs, plus she needs a special kind of headrest with a strap on it because she can't hold her head up on her own," Belinda explains.

Sandra Kivkovich of Cincinnati, Ohio, bought a walker for her mother. "We knew Mom's balance wasn't going to get any better, and the cost wasn't over the top," she says.

On the other hand, when Greg Weber of Mason, Ohio, broke his hip, his wife, Marti, rented a hospital bed for him. "He wasn't going to be in it very long. It wouldn't have made sense to buy it," Marti explains. "We set it up in the living room, and we were glad to get rid of it as soon as we could."

While the cost of a walker may not be too high, what about things like hospital beds or specially made wheelchairs? Medicare Part A will pay 80% of the cost of durable medical equipment. Medicaid will usually cover the cost of DME. The Veteran's Administration will help cover the cost for those eligible for VA benefits. Other insurance carriers will likely cover some of the cost, as well. Check with your insurance company to learn whether they will cover rental or purchase of equipment. You can also purchase used equipment as long as it is in good condition.

Durable medical equipment can be purchased from any medical supply store. Specialized equipment, such as Tamara's wheelchair, will have to be special-ordered. Other equipment should be in

stock and can be picked up or delivered to you right away. If insurance covers the cost of the equipment, check with the carrier to find out where you can buy or rent it. You can look for used equipment in your local newspaper classified ads.

Your loved one's doctor, nurse, or physical therapist can help you make the decision about when your loved one needs durable medical equipment for use in the home and let you know what kind of equipment is needed. In order for insurance to cover the cost, a written prescription is required.

Some common types of equipment include:

- **Walkers** – used when your loved one needs something to hold on to for balance when on their feet and walking.
- **Wheelchairs** – used when your loved one is unable to walk. Sometimes a walker is used for short distances while a wheelchair is used for longer distances.
- **Hospital beds** – these have many purposes. They have side rails to protect loved ones from falling out of bed. They can be raised to facilitate bed baths (you don't have to bend over and risk getting a backache). They can be adjusted for your loved one's comfort and for your loved one to take meals and do other tasks in bed if necessary.
- **Special mattresses** – there are a number of special mattresses available to protect against bedsores if your loved one has to spend a lot of time in bed. These are designed to fit hospital beds.
- **Portable commodes** – these are useful if your loved one is unable to get into the bathroom easily for any reason.
- **Shower chairs** – these are chairs that sit in the shower or tub. They are great if

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Shifting Seasons

Making Sure Mom and Dad Are Safely Nestled for Winter

By Paula S. McCarron

The leaves are turning and beginning to fall in much of the country, and while some are lucky enough to live in year-round warmer climes without regard for winter's rigors, others of us must prepare for the onslaught of winter darkness, ice, and snow—and the potential hazards that go along with them.

And when caregiving is involved, the task of winter preparation is doubly important.

Here are some of the best ideas on how to make life at home comfy, cozy, and safe for an aging parent or care recipient—or even yourself.

Start Outdoors

Although life mostly moves indoors during winter, it's important to remember that home safety begins outdoors.

Falls are one of the biggest health risks facing older adults. To minimize the chance of a fall, check all outdoor lighting. Do porch lights need replacement bulbs? Are walkways well lit? Consider installation of motion sensitive lights to help lower electric bills and increase security.

Freezing water can cause pipes to burst. Avoid broken or frozen pipes by draining water from outdoor faucets. Disconnect and store garden hoses. Clean drain pipes and rain gutters. Turn downspouts away from the home and the foundation. Protect pipes against freezing by wrapping exposed pipes with heat tape.

Pour ice melt into empty plastic milk containers to make lifting and spreading easier for all. Keep a plastic scoop handy for needed refills.

Place strips of colorful electrical tape or paint a bright color across the edge of steps to help avoid a misstep or a fall.

Reduce Chances of a Fall

"Clear all clogged and cluttered pathways," says Dana Korey, founder of Away with Clutter located in San Diego, California. "Piles of clutter become a mine field for the elderly and their caregivers."

In the winter months, bags of trash and piles of newspapers may accumulate in hallways because an elder may be afraid of taking a fall on an icy walkway. Caregivers who help with trash removal will be helping to reduce falls inside and outside the home.

Korey says that another fall hazard is

on the electrical capacity of the lamp or wall fixture. Avoid the use of extension cords if possible. If extension cords are necessary, tack the cords along the sides of a wall. Or hire an electrician to provide additional electrical outlets if needed."

Bonus Tip: Alaska resident Donna Hyatt says it is helpful to install a second handrail along a stairway. The second railing helps to ensure safety both in going up and going down the stairs for anyone who may have weakness on one side of the body due to stroke, a bad knee or balance problems.



BONUS TIP: Arrange for help in clearing sidewalks and driveways. The expense of hiring for this service could be presented as a "gift certificate" during the upcoming holiday season.

the use of throw rugs and runners on tile or wood floors. These types of rugs may be helpful in warming a cold floor, but Korey advises that all rugs should be securely tacked down.

Poor lighting can lead to falls both because of poor visibility and the risk of tripping over extension cords. Korey says, "Replace low wattage bulbs with the highest wattage that can be used based

Winterize

All of the steps noted below will help make a home safer, and many will help to reduce electric and heating bills.

- Repair or install weather stripping around doors and windows.
- Install energy efficient windows. Consider window treatments to conserve heat.
- Seal off open areas around pipes that pass through exterior to interior walls with caulk or weatherstripping.
- Insulate the attic. Consider whether wall insulation would be helpful. Insulation helps maintain warmer temperatures through the winter and cooler temperatures in the summer.
- Check heating systems and perform needed maintenance. Replace furnace filters.
- Consider installation of programmable thermostats to regulate heat and conserve on heating bills.
- Have the chimney inspected and cleaned.

BONUS TIP: Assistance in paying for the cost of utilities or weatherization is available in all 50 states and the District of Columbia. Income criteria and the amount of assistance given varies from state-to-state. In addition to helping pay utility costs, repair or replacement of a heating system may be available. Contractors provide evaluation and perform for home weatherization. Locate help through your local senior center or Eldercare Locator at www.n4a.org/locator/.

Plan for Emergencies

One of the best “tools” in the event of an emergency is visible house signage. By having the number of a loved one’s residence clearly visible, emergency personnel can more quickly find and help your loved one. More and more communities are adopting universal practices in the style and placement of house numbers to ensure that emergency personnel have an easier time locating a home in an emergency.

These practices include use of reflective materials, placing signage above the height of mailboxes and making certain that house numbers can be seen from varying angles from the street. Contact the police department in the community where your loved one lives to learn more.

Elder services professional Linda DeNeault of Massachusetts suggests the creation of an Elder Survival Kit. Suggested contents include a flashlight, batteries, warm blanket, bottled water, granola bars, a discarded cell phone and charger so 911 can be contacted when regular phone service is unavailable.

Sally Farrell, a family caregiver residing in Washington, offers a list of handy devices to keep on hand in the event of a storm emergency. Among her favorite items: a wind up flashlight that doesn’t require batteries; a power pack that recharges from an AC outlet or car cigarette lighter and can be used to operate lamps or coffee pots; a lantern with radio to access NOAA weather channels, mini-television, and cell phone charger.

Staying ahead on medication refills will help avoid problems in the event that a car won’t start or roads are not plowed.

Installing and checking smoke detectors and carbon monoxide detectors can, of course, help avoid disastrous consequences.

Beyond Winter

While preparing for winter may require minor home modifications, the long-term goal of most homeowners is to “age in place.” The construction and remodeling industries are well aware that 80% of all Americans age 55 and older have the highest rate of homeownership of any group in the country. With this in mind, two trends are emerging in the building and remodeling of American homes.

The first trend is the movement toward what is known as universal design. Homes that incorporate universal design principles are built to be accessible and adaptable to changing needs. For example, lever door handles serve both able-bodied people whose arms are filled with packages as well as those with arthritis. Having no steps for entry reduces the risk of falls for children and adults while providing for wheelchair or walker accessibility.

The second trend comes from the desire of homeowners to adapt an existing home so that consumers can age-in-place in their own homes. With the help of Certified Aging-in-Place Specialists, homeowners can remodel their homes to meet current and future needs.

While some remodeling costs may be modest, some projects such as elevator installation or total bathroom remodels can be expensive. But Evelyn Grodan, owner of Design That Works in Southern California, points out, “The cost of even an expensive remodeling job is less than the cost of paying a realtor, financing and then decorating a new home.”

In conclusion, making a home comfy, cozy, and safe is not a series of tasks confined to a particular season but is fast becoming the goal of those who wish to “age-in-place” as well as those who wish to make their home a welcoming place for people of all ages. ■

Paula S. McCarron has more than 20 years of experience in health care, including nursing homes and hospice. She lives in Chelmsford, Massachusetts, and can be reached at paulamccarron@gmail.com.

BONUS TIP: Get to know at least two neighbors who are willing to make a “safety check” in the event of a power outage, major storm or other emergency. Exchange phone numbers and make copies of this list for all parties.

When Medical Equipment Comes Home

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your loved one is not able to stand long enough to take a shower.

How do you keep a room from looking like a hospital room with all this equipment? Betty has a red, white, and blue quilt on her hospital bed. She’s not at risk of falling out of bed, so the side rails are down. The wheelchair is folded and draped with a crocheted afghan. The commode sits in a corner, half hidden by the dresser. At first glance, it looks like any other bedroom.

While buying medical equipment for use at home can be confusing, your loved one’s doctor, nurse, or physical therapist can be great resources. Rely on their assistance. The staff at medical supply stores can help, too. Look for equipment that will help your loved one but will also help make caregiving easier for you. ■

Kelly Morris is a former social worker and home health and hospice worker whose writing has appeared in a number of health-related journals. She lives in Mansfield, Ohio, and can be reached at multihearts@hotmail.com.

COMING UP IN OCTOBER

- Among the legions of family elder-caregivers is a growing subset of children under age 18 who are caring for their elderly. A profile of the youngest of the young caring for the oldest of the old.
- Do you suffer from “caregiver syndrome”—a recognizable mental and physical condition that could be affecting your health?
- That our elderly want to grow old in their own home is no secret, but we’ll detail a grass-roots movement of seniors who are forming their own self-help networks and communities to age in place.
- If your loved one hasn’t had to deal with cataracts, the chances are strong that they—and you—soon will. Learn how lenses can now replace surgery in many cases.

Picking a Pet

Tips for Choosing Your Loved One's Companion

By Ursula Furi-Perry, J.D.

Thinking about bringing home Fido for Dad? That might be a great idea, under the right circumstances, but it also might bring an extra workload for you, the caregiver, if you make the wrong choice or your loved one can't manage the basic care that's required for a pet.

"If it's the right pet, the benefits are that the pet is content to be close to the elderly person," says Stephanie LaFarge, senior director of counseling for the American Society for the Prevention of Cruelty to Animals. That translates to friendly company, eager greetings, and mutual attention between your loved one and their pet.

"It's also something that the [loved one] can care for within their limits," says LaFarge. "It is something to touch. It can reduce loneliness, and if it's a pet that needed a home, the [loved one] can have the satisfaction of rescuing the pet."

But before you choose your pet, there are some basics to consider. First, think about your reasons behind getting the pet. Is your loved one yearning for companionship, or are you and the family pushing the pet idea, thinking that it will provide companionship?

"If the [loved ones] have never had a pet in their lives, this is not the time to start," LaFarge advises. Caring for a pet takes time, energy, and money—and ultimately, the caregiver is likely to inherit the pet once the loved one is unable to care for it. But if your loved one has positive feelings behind wanting a pet—a great childhood memory of pet ownership, for example—then an animal as companion may be a superb idea.

All animals need some kind of care, of course. Depending on a pet's breed,

habits, and mobility, you or your loved one can expect to feed, groom, exercise, and clean the pet and its habitat, so consider all of the tasks that need to be done in caring for the pet before you buy.

For example, you have to bend down to feed cats or dogs, says Charlotte Reed, a lifestyle pet expert and author of *The Miss*



Fido Manners Complete Book of Dog Etiquette, noting the difficulty this poses for some elderly. Younger animals may also need training: Dogs have to be housebroken and taught at least basic commands, such as "sit," Reed says.

Also consider cost since some breeds are higher-maintenance than others, even when it comes to cost, says Reed. A poodle, for example, needs to be groomed frequently, which adds to the list of expenses. Enlist help with care. "Don't be shy," says Reed. "Ask a neighbor or the super to see the dog, and arrange for a walker." An animal "day care" or paid caretaker (an animal "caregiver?") may be another option.

No matter which pet you ultimately decide on, be sure your loved one is actively involved with the decision, says

LaFarge. If possible, take your loved one to the shelter, breeder or pet store to pick out the pet, and do your research together—read books on various breeds, or visit websites that let you compare pets together. "Absolutely make sure that the [loved one] wants this," LaFarge says. "Many times, people try to impose something

they think might be a good idea," but the decision ultimately needs to come from your loved one.

Finally, consider the kinds of animals that make for great companions for the elderly who sometimes have limited mobility and are unable to care for high-maintenance pets. A Great Dane, for example, may not be the right walking companion for Dad at the park because of its sheer size and strength. LaFarge also cautions against some "pocket pets," such as gerbils, rabbits, or mice, which can be fast to escape, need a lot of care and cleaning, and can bite.

What types of pets are ideal for a loved one with limited mobility? Here are six friendly alternatives:

A small or mid-sized dog. Size and energy level are key, says Reed. "Make sure you have a dog that you can walk," she points out. "Size matters. What if you have to pick your dog up?" Reed recommends smaller or mid-sized, friendly and low-key breeds, such as pugs, Chihuahuas, or English spaniels. Do your research in books or online—Reed suggests going on the American Kennel Club's website to browse and compare breeds.

An older dog. "Sometimes, an elderly animal is a great match," says LaFarge. "It might be right in terms of energy level." Plus, many elderly animals aren't adopted as quickly as younger ones, or at all, so your loved one can take pride in

adopting a pet that otherwise may not have found a home.

A short-haired cat. Cats can be a good alternative to dogs because they generally don't need as much exercise and are content to sit on the couch next to their owners, says Reed. But before you choose a cat, "you have to find out whether there are any allergies," warns LaFarge. "Also, the skin of an elderly person is very thin, and cats, if they have their front claws, can scratch." The litter box also needs to be cleaned regularly, which can be difficult for a loved one who can't bend or lift easily, so allocate the task to someone who's able to perform it.

Fish. They don't need much in terms of maintenance and can provide hours of beautiful and aesthetic entertainment. "Fish are very lively to watch, [especially for] people who are lying in bed," says LaFarge. Feeding is easy, but the tank still needs to be cleaned regularly, so be sure to plan for the task.

A small bird, such as a parakeet can be nice because it sings and provides endless entertainment for the loved one, says Reed. Again, feeding is not a problem with birds, but cleaning the cage can be difficult.

A pet the family will want to inherit. You may choose to get a younger animal that will ultimately stay with your family after your loved one can no longer care for it — a small puppy, for instance, can make for a living legacy that will pass down from the loved one to the caregivers, says LaFarge. Be sure everyone is on board and willing to care for the animal, and choose a child-friendly breed if there are kids or grandkids in the picture. ■

RESOURCES:

American Society for the Prevention of Cruelty to Animals, www.aspc.org

American Kennel Club, www.akc.org

The Humane Society of the United States, www.hsus.org/

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Gauging Whether Mom and Dad Can Continue Living on Their Own

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steer you toward possible solutions. For example, Mom may be able to sweep the floor, but has difficulty maneuvering a vacuum cleaner. In this case, you could hire someone to do the heavier housework for her. Dad may be able to do the laundry, but has trouble navigating the stairs to the cellar where the washer and dryer are kept. Moving the washer and dryer to a first floor location could solve the problem.

You may identify a number of simple changes around the house that can make your loved one's life easier, such as removing trip hazards, installing grab bars, and improving lighting.

Many people can live independently for years, even though their ability to perform an important function independently has changed. For example, someone who has difficulty getting in and out of the shower can still live independently with the help of a home-care professional who comes in mornings and evenings to assist with bathing and dressing.

Doing your own assessment should not be a substitute for getting professional opinions and help. Instead, it can help you understand your loved one's situation so you can know what type of professional assistance to call upon, whether it is a home healthcare professional, doctor, psychologist, or a geriatric consultant.

Once you have a clear picture of the situation, you may come up with a variety of ways to prolong independence. Or, you may find that your loved ones are nearing or at the point where they need to move to a living situation that provides a higher level of assistance. In either case, you will be on the path to finding the best solutions to fit the situation. ■

RESOURCES:

Alzheimer's Association, "Physician or Health Provider Assessment of Individual Needs," www.alz.org/carefinder/careoptions/documents/assessment.pdf

AARP, "Talking to Older Parents about Independence," www.AARP.org

"Assessing Elderly Needs Check List," www.helpelderlyparents.com

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HELPING MOM STAY INDEPENDENT

Here's a list of ways you can help your loved one remain independent:

- Move major appliances such as washer and dryer from basement to main floor
- Limit the need to use stairs as much as possible
- Hire or provide help with cleaning, shopping, cooking, transportation, lawn care
- Sign up for home-delivered meals
- Hire home healthcare professionals to assist with morning and evening bathing and dressing
- Remove tripping hazards such as area rugs
- Install bright no-skid strips on steps
- Put all often-used dishes and pans within easy reach
- Purchase easy-to-put-on clothes and shoes; look for shoes with Velcro straps instead of laces, pull-on pants, and clothes with few buttons
- Improve lighting throughout the home; install nightlights
- Install grab bars in showers and tubs
- Familiarize yourself with bills and when they are due; schedule bill paying day

IS ASSESSMENT NEEDED?

This checklist should help you determine whether a formal needs assessment is needed:

- Has your loved one lost weight?
- Do they appear poorly groomed—unshaven, hair dirty or unkempt, or wearing dirty clothes?
- Does their breath smell or do they have body odor?
- Is there food in cabinets or the refrigerator?
- Are dishes piled in the sink, carpets dirty, furniture dusty?
- Is the house cluttered and the yard a mess?
- Have they lost interest in going out or taking part in activities they once enjoyed?
- Do they seem unsteady or afraid to use stairs?
- Have you noticed changes in their normal behavior or routine?



As We Age Getting the Mail Is Risky Business

By Molly Shomer, MSSW, LMSW

Remember how excited you were waking up as a child expecting to receive a surprise on your birthday or Christmas? That's exactly how many of our seniors feel about their daily trip to the mailbox.

As many of our older folks experiencing a shrinking world, with health issues and friends who have cut back on driving, their social contacts narrow. The mail becomes an eagerly anticipated package of daily surprises, even when it's all addressed to "occupant."

As long as they aren't participating in sweepstakes or other scams, this feeling is perfectly harmless. Perfectly harmless, that is, unless the trip to the mailbox itself is dangerous.

Now that the Postal Service has cut back on door to door delivery, preferring mailboxes that can be filled from a vehicle on the street and requiring our elders to walk to the mailbox. Whether it's steep

steps to the box on a suburban street or a long trek down the property drive, the act of visiting the mailbox can be risky for a frail elderly person.

Just like most other problems we face, there may be a solution we simply haven't heard about yet. For example, did you know the U.S. Postal Service provides "hardship delivery" if your elder qualifies, and if the local post office has the resources?

According to the astoundingly brief statement on the USPS.com website, your local post office will consider changing your mail delivery point if the existing method "imposes extreme physical hardship on the customer." There is no charge to the customer.

You must apply for hardship delivery. A final decision is made by the local post office serving your address. If they don't have the "resources," you may be declined. However, it certainly doesn't hurt to try.

Here's what you do:

1. Have your physician write a statement that details your elder's medical conditions and the specific reasons why hardship delivery is necessary. Better yet, write it yourself, describing your elder's medical condition and why he or she is unable to safely walk to the mailbox. Your physician will appreciate being relieved of the burden of composing yet another letter.

Most will be happy to simply copy your letter onto their letterhead, sign it, and give it to you to mail.

2. Submit this letter to your local Postmaster along with a letter signed by your elder that states in detail why he or she needs this assistance. You can write that too. ■

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