Resources on Caring for your Aging Relative or Friend

A Guide for Employers and Employees
How to Use this Guide

This booklet looks at a range of challenges faced by caregivers, with a focus on those balancing work and caregiving. It starts with common issues associated with caregiving, including emotional, physical, financial, and legal considerations, moves on to offer a brief list of the options available for in-home or alternative living support, a variety of resources for the well-being of the caregiver, and then concludes with the faces and voices of three Oregonians who share both their caregiving journey and lessons learned. This guide also offers a list of free AARP publications that may be especially helpful for caregivers.

Your willingness to care for a relative or friend is a gift of yourself. We hope this guide helps you to locate resources to make your own caregiving journey easier, with increased joy and minimal stress.
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couldn’t understand why we wanted to put her on a plane to Oregon when she was quite happy in Michigan. We realized then that, eventually, long-term Alzheimer’s care would be necessary and appropriate. My employment leave then became employment resignation because I realized that Mom would need more and more of my attention as time went on. Between us, John and I managed Mom’s finances, legal needs, and medications and doctor visits. We had promised Mom that one of us would visit her every day – a promise kept. We kept her engaged in our family lives and activities. We also strove to keep her engaged mentally with the help of Roger Anunsen, an expert in memory issues. Mom’s favorite activities—knitting and crossword puzzles—were precluded because of her poor eyesight. With Roger’s help, we devised other activities to keep Mom entertained and as mentally sharp as possible. At the very end of Mom’s life, we called on Willamette Valley Hospice to help us navigate the process of her dying. I could not have managed Mom’s care without the help and support of these people (especially John) and the caring staff at the long-term-care facility.

The hardest part of caring for Mom was watching her world grow smaller and smaller as her eyesight deteriorated and her Alzheimer’s progressed. She had been a very bright, very practical, very accomplished woman; her increasing disorientation often made caring for her frustrating, and sometimes scary. John and I frequently reminded ourselves – and each other – that our time spent with Mom was our last, best gift to her.

In my two years as Mom’s caregiver, I learned that long-term-care insurance is enormously important. My mother’s policy, which my parents had the foresight to purchase and maintain for 20 years, meant that Mom could live and die in comfort and with excellent, expert daily care. I also learned that Medicare and Medigap insurance are important in paying for doctor bills. And I learned that it’s important to rely on other family members, friends, and professionals for help and expertise: caregiving is not a solo act.

A year after my father died, my mother telephoned from Kentucky to announce that she thought she should move to Oregon to be closer to me and my brother, John. We jumped on her offer. It was Mom’s great gift to us to know that she needed our help. Her willingness to move to Oregon meant that we needn’t attempt “ caregiving from afar.”

I took a six-months’ leave of absence from my job as legal editor, and we packed Mom’s essentials and moved her to an assisted-living facility in Salem. She lived there for a year. One day, after an overnight visit to John’s home, Mom complained that she attention as time went on. Between us, John and I managed Mom’s finances, legal needs, and medications and doctor visits. We had promised Mom that one of us would visit her every day – a promise kept. We kept her engaged in our family lives and activities. We also strove to keep her engaged mentally with the help of Roger Anunsen, an expert in memory issues. Mom’s favorite activities—knitting and crossword puzzles—were precluded because of her poor eyesight. With Roger’s help, we devised other activities to keep Mom entertained and as mentally sharp as possible. At the very end of Mom’s life, we called on Willamette Valley Hospice to help us navigate the process of her dying. I could not have managed Mom’s care without the help and support of these people (especially John) and the caring staff at the long-term-care facility.

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Introduction

Working while helping out an elderly family member or friend can be both challenging and rewarding. I know. For the past 20 years, I’ve studied and taught about caregiving and the workplace and also cared for my father, 94, and my mother, 85.

For the first 10 years, I was a long-distance caregiver, as my parents still lived in our family home in Indianapolis. My caregiving resulted from a crisis. I received a call from my aunt, who informed me that I needed to come right away: My father had experienced a very serious fall while visiting relatives in Florida, and my mother seemed confused and unable to remember things. I took vacation time to travel to Florida, and subsequently tried to organize a trip “home” to Indianapolis whenever I traveled on business. I also telephoned my parents at least weekly and spent vacations with them.

When Dad was diagnosed with Parkinson’s disease, we started conversations about their moving to be near me in Oregon or my sister, who lived in Washington State. I lived in constant fear of “the telephone call” summoning me to my parents’ aid over 2,000 miles away. I felt guilty that I no longer lived nearby, and I worried that I wouldn’t be able to get to them in
time. I also was concerned about being away from work in order to travel to their home, and the airfare expense.

In 1996, my parents decided to leave their home of 46 years and move across the country to be near me so that I could help them. By this time, my sister had problems of her own, so I flew home to help my parents sort, discard, and pack belongings, sell the house, and move. Luckily, this was during my sabatical year, so the leave was partially paid, and I did not have to take vacation time. Also, I could work from a distance, which I did in the early mornings and late evenings.

My parents moved to a 2-bedroom apartment that allows pets and has an efficiency kitchen. All meals and weekly housekeeping service are provided so they could live with some degree of independence. Dad and Mom regularly spent Sunday afternoons with my husband and me at our house, topped off with Sunday dinner.

Then three years ago, Dad had a car accident - he did not see that the car in front of him had stopped. The police officer recommended that Dad’s license be revoked; ultimately, Dad relinquished his license. With my husband’s help, I do all of the shopping for my parents; take them to doctor, physical therapy, and other appointments, and drive them to and from our house for our regular weekend dinners. Also, due to increased confusion on the part of both parents, I now order and set up medications in pill dispensers each week for them. Recently, I began doing their laundry. This increase in care signals a probable change that will require me to take extended time off from work to find new living and care arrangements.

Despite these challenges, there also are rewards. For me, these include the opportunity to give something back to my parents, who sacrificed so much for me; the joy of getting something “right” every once in a while and giving them pleasure; the chance to spend time with my parents in their later years and getting to know them better; seeing my parents interact with their grandchildren and now, their great-grandchildren.

Although work-family balance issues have been my research focus for over 20 years, working and caring for my own parents has not been easy. However, the following has made the journey easier for me:

- Support of my husband, both in terms of tangible aid with caregiving and emotional support;
- Flexible work schedule and place so that I could leave work early or come in late in order to take my parents to doctor appointments or even work at home. (I, like most caregivers, more than make up the time, and I’m a very grateful and loyal employee);
• Sabbatical leave
• Understanding colleagues, both those who supervise me and now those whom I supervise;
• Working in gerontology, which gives me access to colleagues who provide advice at crucial times:
  - Noting, through my description of my father’s symptoms, Dad’s likely overmedication (he was indeed overmedicated);
  - Telling me of a retirement center about to open near my home and to which my parents then moved;
  - Recommending a geriatric care manager who could look in on my parents when I needed to travel for work or even vacation.

My own experience confirmed my research of working caregivers: to take care of ourselves so that we can take care of others; to preserve our relationship with our spouse or partner; to maintain social ties; and to have a supportive employer (Neal & Hammer, 2006). Savvy employers today recognize the costs of caregiving among employees, in the form of absenteeism, lost productivity, and turnover. In response, many, especially large employers, are beginning to offer elder care-related benefits. Companies that make this investment reduce productivity losses and enhance employee appreciation and loyalty – a win-win situation for employees and employers alike.

This guide for working caregivers, designed by AARP Oregon and provided to you by your employer, is intended to help you learn about resources for you and your elder, and the issues you may face as a caregiver and how you might consider dealing with them. I thank and applaud AARP, and your employer, for their efforts on behalf of working caregivers. I think you will find this guide to be an extremely useful resource that you will turn to again and again, both for concrete suggestions and to remind you that you are not alone. My best wishes to you on the journey.

Margaret B. Neal, Ph.D.
Director, Institute on Aging, Portland State University, and fellow working caregiver

Reference:
A Look at Caregiving

It will probably start with a phone call. You will hear that your mother or father fell, had an accident, has lost something or is in need of some other type of help. What starts as an episodic event, something you can easily “handle,” may soon become a chronic issue. What will the next phone call or visit bring? You never know when you will need to drop whatever you are doing and help your family, to be strong, to think through solutions, to figure it out, and to do it all without tears in front of your parents or family. Without experience in your new role to take care of a parent or other relative, somehow you must manage.

It’s normal to feel you are working on your own dealing with private family issues. But in fact, millions of Americans and hundreds of thousands of Oregonians are now dealing with the same issues. And there is help. That is why AARP Oregon and others developed this booklet. We want to give you short cuts to access the agencies, services and organizations that can make the work easier. There are even support networks that can help you on your journey.

When people think of the term “caregiver,” they often think the term applies only to professional caregivers – nurses, nursing assistants, and home health aides. In fact, most caregivers are family members or friends. A caregiver is anyone who provides assistance to another who is ill, disabled, or needs some help – the daughter who moves in with her ailing mother; the neighbor who stops by to check on an older friend; the man who drives his mother-in-law to her regular doctor visits.

The caregiver may live in the same house, in a nearby town, or even in another state. The care involved may range from modest tasks to heavy-duty, round-the-clock assistance. And, while each person’s experience is unique, the

If you are in a crisis situation and need immediate help, turn to page 48 for a resource list. Your local Area Agency on Aging is a good place to start for referrals to address specific issues.
following are common challenges that many caregivers face:

- Less time for personal and family life. Caregiving takes time. As a result, caregivers have less time to spend with other family members, and less leisure time for themselves.

- Need to balance job and caregiving responsibilities. Caregiving tasks such as taking your father to the doctor, or talking to a social worker about community services, usually must be done during work hours. This can present problems on the job.

- Financial hardships. The products and services associated with providing care can be costly, and those costs can add up quickly.

- Physical and emotional stress. Caregiving is often physically and emotionally stressful, especially for those providing intense levels of care for long periods of time.

Approximately 420,000 unpaid caregivers in Oregon provide an average 1,080 hours of care a year each.

This care is valued at $4.6 billion in Oregon alone. Nationally, family caregiving holds an estimated economic value of $350 billion.

Family caregivers provide by far the majority of long-term services and supports received by persons with disabilities of all ages. They are the foundation of the nation’s long-term care system, and significantly reduce costs to Medicare, Medicaid, and private insurance.

Source: June 2007 AARP Public Policy Institute study, “Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving.”

Employers

Now more than ever, as our population ages, supporting employees who are balancing work and caregiving is good business practice. Research released in a July 2006 study by the National Alliance for Caregiving and The MetLife Mature Market Institute reveals that many caregivers leave the workforce due to the demands of caregiving and the lack of support and/or flexible work environment. Replacing these employees is costly.

To help businesses estimate their own lost-productivity costs, MetLife and the alliance created an online calculator (eldercarecalculator.org). The site links to the report, which lists low-cost resources to help employers give caregivers job flexibility.
Partnering with Your Employer

Providing care to someone can be rewarding but also very demanding on top of responsibilities to your family and your job. Whether you live with or near the person you care for, travel long distances to coordinate care, or try to take care of things by phone, you should consider your employer a partner in meeting caregiving challenges.

AARP Oregon designed this guide especially for you, the working caregiver. Your employer may have made it available to help you. You’ll find sections that address many of the concerns that you may face.

Start with these tips:

- Look at your company’s personnel policies regarding caregivers, or ask a supervisor about benefits or services that could help. Some companies offer Employee Assistance Programs (EAPs) to help you.
- Ask your personnel or human resources department for information on the Family and Medical Leave Act. This federal law, which applies to companies with 50 or more employees, entitles working caregivers to a maximum of 12 weeks a year of unpaid leave for family caregiving, without loss of job security or health benefits. For elements specific to the State of Oregon, go to: www.oregon.gov/BOLI/CRD/C_Oflafacts.shtml or call 503-731-4874.
- Talk to your supervisor or human resources representative about your caregiving issues. It’s better for them to understand the reasons you are coming in late or seem preoccupied than to let them draw their own conclusions. Chances are your employer will appreciate your honesty and sense of responsibility toward your family and job. Caring for yourself improves your ability to care for others and improves your ability to do your job.
- Take advantage of work/life or flexibility policies. If there is no formal policy, consider asking for a flexible schedule; consider a job-share or part-time position.
- Find out if your company has a Resource & Referral Service.
- Learn about community resources that may be available to help you meet the added demands of caregiving while employed.
- Thank co-workers for their consideration and any help you receive.
- Take good care of yourself! Eat well, get enough sleep, and exercise regularly, to be at your best for your employer, the person you are caring for, and – most of all – yourself.
One Employer’s Experience – Intel Corporation

While there have been a number of national studies on caregiving, here’s a look at how one Oregon corporation examined the impact of caregiving issues on its own workforce, and how the company could better respond to the needs of its employees.

Intel conducted a caregiving survey in early 2006. The results were consistent with other national surveys and data the company had reviewed. The company found that among its employees:

- 76% are recent or current caregivers
- 10% expect to provide care for someone in next 3-5 years
- 81% are caring for a parent or parent-in-law
- 54% of current caregivers have children living at home

Intel Corporation developed policies and a work environment to help employees face these personal life challenges, including elder care and caregiving.

Intel offers a range of programs and resources to assist employees that include:

- Flexible work schedules
- Compressed work weeks and alternate work schedules
- Telecommuting
- Part-time or job-share positions
- Resource & Referral services
- Work/life seminars and training
- Onsite caregiver classes
- Employee Assistance Program (EAP)
- Elder care at Intel web site (links to numerous external resources)

Intel Oregon works closely with Washington County Disability, Aging & Veteran Services (DAVS), and Oregon State University Extension Services. These organizations have organized Community Elder Care Conferences at the Intel Jones Farm campus. The conferences are open to the community. For more information, call DAVS at 503-640-3489.
Caregiving 101

The process of aging brings physical changes. Many need some level of assistance to remain healthy and independent as they age, if only for safety reasons. Disease also affects many people as they grow older. The person you are caring for may be experiencing chronic disease(s), such as cancer, heart disease, or emphysema; chronic pain; broken bones; memory, hearing, or sight loss; loss of appetite; or trouble sleeping. He or she may be dealing with several physical changes at once – a challenge for both of you. You may both feel you are losing some of your independence or experiencing a reversal of previous roles.

Start with an assessment of the situation: it can be difficult to frankly review one’s family member and the home they are living in. An excellent resource is to find a geriatric social worker who can do a thorough assessment and make recommendations on next steps. That will take some of the burden off of family members to decide when it’s no longer safe for an elder to live without help.

Important considerations include:

- Is the immediate physical environment safe for the person you are caring for?
- Can your friend or relative maintain normal activities for daily living (ADLs), such as bathing, dressing, eating, grooming, toilet use, walking or other method of mobility?
- If there is perceived memory loss, is it simple forgetfulness or perhaps a form of dementia, such as Alzheimer’s disease?

Resources to help you answer these questions and more can be found throughout this guide.

Healthy Aging

Oregon is on the forefront of healthy aging and elder care. Encouraging and supporting healthy behaviors is one way caregivers can influence the lives of those for whom they care. Studies show that proper diet and even limited exercise can promote healthy aging. AARP has many publications that can help. Review the list on page 45 of this guide. There is also good information at Administration on Aging: You Can! Steps to Healthier Aging www.aoa.gov/youcan/youcan.asp.
Elder Care

As you begin your caregiving journey, finding the right service or support may take some time. The challenge is to keep the collected information handy and organized in such a way that you can easily retrieve it. The following tips will help.

Ten Tips for Navigating the Elder Care System

1. Keep a single notebook log of your contacts with agencies and health care personnel. Always keep the notebook in the same place, so you can find it when you need it.

2. Document dates and times called, phone numbers, and the names of persons to whom you speak in your notebook.

3. If you are not sure you understand something a professional says to you, ask him or her to repeat it. If you are still not clear about it, ask again. You have the right to be well informed.

4. Make several copies of a sheet with the elder’s basic health and insurance information. Bring copies with you to medical appointments or hospital visits to avoid having to repeat the same information over and over.

5. Keep your cool in dealing with bureaucrats and health professionals. You may need their help again in the not-too-distant future. Before making a telephone call that you know will be stressful, take a few deep breaths, compose yourself, and try to visualize a peaceful, positive outcome.

6. Know where the older person’s important legal, financial, and medical papers and information are kept. If they are scattered about, gather them in one place.

7. Know your loved one’s wishes before a crisis, especially his or her feelings about taking extraordinary measures to prolong life in critical situations. Discuss these issues with the older person while he or she is lucid and able to communicate. For help in talking about these matters, obtain a copy of these booklets: *Five Wishes* (Aging with Dignity, 1-888-5-WISHES, www.agingwithdignity.org) and *Caring Conversations* (The Center for Practical Bioethics 1-800-344-3829, www.practicalbioethics.org).

8. Ask for help from others – and accept help when it is offered.

9. Use the world of information available on the Internet. You can find out about service definitions and availability, as well as caregiver tips, by spending an hour or two online. If you do not own a computer, you can usually use one at the local public library. Librarians are happy to show you how to get started.

10. Take care of yourself. Take advantage of stress reduction workshops and other preventive health services offered by your health plan or community agencies.

Communication and Emotional Support

There is an emotional toll on both the aging person and the caregiver when the older person loses his or her independence. Loss of independence is so difficult for most people; often, they will resist asking for or accepting help. For instance, your aging relative or friend may have fears about finances or leaving home, yet feel uncomfortable talking to you about them.

It’s important to preserve the aging person’s right to be in charge as long as possible. Let him or her know that you want to be helpful, if and when needed, and try to discuss a situation before a crisis develops. Some examples of good communication tools including the following:

Express your feelings directly by using the “I” form of communication. For example, “Dad, I know you’ve always been very independent. I imagine it’s very difficult for you to ask for help. Is that right?” This approach is less threatening than “you” statements such as “You’re being foolish. You’re going to fall down those stairs!”

Listen for openings that the aging person gives, such as mentioning a need or a problem. If you have to step in, act firmly but with tenderness and compassion, weighing the aging person’s right to be in charge of his or her own life.

If the person you are caring for is uncomfortable jumping right into a conversation about sensitive topics, consider giving him or her a list of questions or concerns, and scheduling another time to sit down and talk.

Physical Concerns

Sight and Hearing Problems

Almost everyone experiences some decline in sight and hearing as they age.

Hearing loss is the most common, yet least recognized, physical ailment that affects people of all ages. In fact, more people have hearing disorders than heart disease, cancer, blindness, kidney disease, tuberculosis, and multiple sclerosis combined. If your relative or friend has trouble “understanding” what you are saying, a loss in hearing may be the reason.

Changes in eyesight may also be an underlying cause of some problems.
Confusion about medication may really be trouble with poor vision. Poor vision can also cause people to walk very slowly or trip and fall, because they aren’t sure about what is in front of them.

Because vision and hearing losses often occur very gradually, you may not think of them as the problems at first. Regular check-ups by an optometrist and an audiologist can help.

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**Sight And Hearing Resources**

- **Oregon Commission for the Blind**, 1-888-202-5463, www.cfb.state.or.us
- **Safe Net–A state referral line for home services for the blind**, 1-800-723-3638
- **Oregon Association of the Deaf, Inc.**, www.deaforegon.com
- **Oregon Association for Better Hearing**, 541-754-1377
- **Western Region Outreach Center & Consortia (WROCC)**, 503-838-8642, www.wou.edu/wrocc

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**Memory Loss**

Memory loss can affect all aspects of daily life. Forgetting to take medication, to go to a doctor’s appointment, to bathe, or to turn off the stove – all have an impact on safety and health.

If you wonder what is normal, ask the doctor who is caring for your family member for an opinion. Inquire about an assessment, which can help you and your relative or friend take an objective look at possible supports needed for safety. Complete simple assessments on your own using the AARP Tip Sheet listed below, or seek help from a professional.

If your relative or friend lives near a college or university, call to see if there is a geriatric assessment program. The local Alzheimer’s Association may also be able to help you find someone to do assessments. (The Alzheimer’s Association also has a Safe Return program that is designed to identify, locate, and safely return persons with dementia who have wandered away and become lost).
An assessment is a comprehensive review of a person’s physical and mental health; use of medications; ability to bathe, dress, get around, cook, etc.

### Chronic Disease Resources

- **Parkinsons Resources of Oregon**, 1-800-426-6806, www.parkinsonsresources.org
- **Pain Society of Oregon**, 1-541-345-7300
- **National Association of Mental Illness – Oregon (NAMI)**, 1-800-343-6264, www.nami.org
- **Substance Abuse and Mental Health Services Administrations (SAMHSA)**, www.mentalhealth.samhsa.gov/publications/allpubs/stateregsourceguides/oregon01.asp

### Chronic Disease

Aging increases the likelihood of contracting a chronic disease – one that lingers over a long period of time. Each person’s experience with a chronic disease is different. Go to the doctor with the person you care about to hear for yourself what is recommended. Ask about diet and medication, and remember to take notes during the visit.

Organizations that specialize in specific diseases generally have Internet sites with extensive information about symptoms, care, and resources. Such information will help you ask the doctor the right questions and will help when planning together for future needs. If you do not have a computer, go to the local library, and ask a librarian to help you use their computer system.
Helping to Manage Medicines

A key part of helping your loved one stay healthy is helping to manage prescription and over-the-counter drugs.

Three-fourths of people 45 and older take prescription drugs, an average of four prescriptions a day. With increased age, the likelihood of taking more than four daily prescriptions increases as well.

Medical students do not receive much education on older people and medications, even though the number of prescription drugs has exploded. What is more, most patients don’t know about possible risks or side effects of the drugs they may be taking.

In addition, many patients and caregivers assume health care professionals will have a record of all the drugs prescribed to the patient. However, with patients getting care from specialists as well as primary care providers, an accurate list of medicine is really up to the patient or the caregiver to maintain.

At Home with the Personal Medication Record

Prepare a list of all medications the elder is taking including over-the-counter drugs and creams, vitamins and supplements. Include the name of the medicine, the reason for use, form, use, dose, start and stop dates. It’s helpful to put the list in alphabetical order. Include the patient’s personal information including name and contact information. Also include emergency contact information on this list.

At the Doctor’s Office

1. When a new medication is prescribed, it’s OK to ask the name of the medication, what it is supposed to do and what are potential side effects.
2. Ask when the patient should start and stop taking the medication, and how to take it.
3. Inquire how the medication will interact with other medicine your friend or relative may be taking.
4. Find out if there is a non-drug therapy that would help with symptoms in addition to or instead of taking drug therapy.
5. Ask if there other medications that can be prescribed that may compare in safety, effectiveness and price.
At the Pharmacy
You may be surprised that pharmacists are more likely than physicians to have detailed answers to questions you may have about medicines and their likely side effects and interactions. Take advantage of pharmacy consulting that is offered. Here are some good questions to ask the pharmacist:

1. What are the drug interactions of each prescription with other medicine your friend or relative is taking?

2. Is the drug on a list that older people should not be taking?

3. Are there any red flags in the list of all the medicines the elder is taking, including over-the-counter drugs?

4. How should the medicine be taken (for example, with or without food) and what negative signs or symptoms should you watch out for?

Managing Medicine
It may sound simple, but it’s important for patients to take their medicine in the dose prescribed. The person you are caring for may take a different number of medicines each day, and the medicine may need to be taken at different times. He or she may need help keeping track.

When a new medicine is introduced, be sure to monitor how the drug is working. Pay attention to how your loved one feels. If there are problems, report this to the physician right away! The more medicines an elder takes, the higher the likelihood of a drug to drug interaction. Some medicines also interact with what the elder is eating or drinking. Watch out also for interactions with alcohol. Alcohol can interfere with the medicine doing what it is supposed to do. For example, alcohol can interfere with heart drugs, making the patient feel dizzy or faint.
Medicine can also make the patient feel sleepy or woozy, making driving a problem.

With any new drug, be sensitive to possible side effects. Be sure your friend’s or relative’s doctor or medical professional knows of any negative reactions or any changes that seem “off.”

**Safety Issues**

Poor lighting, narrow steps, and slippery surfaces increase the risk of falls. Falls are particularly dangerous for older people: 50% of older people who fall die within two years.

**Fall Facts**

- Half of all falls happen at home. Most falls occur during common, everyday activities.
- Up to half of all falls can be blamed on home design.
- Risk of falling increases with age. Weaker muscles, poor eyesight, or medication that causes dizziness can increase the chances of falling.
- Older adults are most likely to fall when they:
  - Fail to use handrails on stairs.
  - Lose their balance.
  - Reach for objects overhead.
  - Climb on chairs, stepstools, or ladders.
Checklist for Preventing Falls

Use this checklist to improve the safety of your friend’s or relative’s home and everyday life.

Floors

___ Clear pathways of furniture
___ Remove clutter from the floor
___ Remove low chairs that are difficult to sit in and get out of easily
___ Remove throw rugs
___ Coil cords and wires and tape to the wall
___ Secure carpet edges
___ Don’t use floor wax

Stairs and Steps

___ Remove all objects from the stairs
___ Fix broken or uneven steps
___ Secure carpet or tread on stairs
___ Install handrails on both sides of stairs that are as long as the stairs
___ Fix loose handrails
___ Install lights at top and bottom of stairs
___ Use reflecting tape at the top and bottom of stairs

Kitchen

___ Keep frequently used items on low shelves
___ Remove rugs
___ Keep a list of important healthcare information current and visible on your refrigerator

Bedrooms

___ Place an easy to use lamp close to the bed
___ Put in a night light on the way to the bathroom
___ Install handrails or place a sturdy piece of furniture next to the bed

Bathrooms

___ Use a non-slip rubber mat on the shower or tub floor
___ Install grab bars next to the tub and toilet
___ Install a raised toilet seat
___ Install a padded tub or shower seat

Outdoors

___ Repair cracked or uneven sidewalks
___ Trim shrubbery along the pathway to the door
___ Install adequate lighting by doors and along walkways

Clothing

___ Wear sturdy shoes with thin, non-slip soles
___ Avoid slippers and athletic shoes
___ Hem pants so that they don’t touch the floor in bare feet
___ Consider wearing an alarm device or a whistle that will bring help in case of a fall
___ Keep a list of important healthcare information in your purse or wallet

Physician Visit

___ Ask your doctor about beginning a regular exercise program
___ Take all medications to your doctor at each visit
___ Ask your doctor about appropriate nutritional supplementation
___ Have your vision checked annually

Telephones

___ Make sure the phone can be reached from the floor
___ Keep a telephone within reach of the bed
___ Consider a cordless or cellular phone for your pocket
___ Keep a list of emergency numbers next to each phone

San Diego County Elderly Falls Report, August 2005
Home Safety Resources

**Home Safety Resources – American Red Cross**, www.redcross-pdx.org/services/Safety_training_family_caregiving.htm

**Home Builders Association of Oregon – Certified Aging in Place Specialists**, www.homebuildersportland.org/CAPS.htm

Driving and Transportation

Personal vehicles may be the only way to get around when public transportation is not available. If you have concerns about safe driving, try to get an objective view of your relative’s driving ability. Ride with the person and observe. Talk about any problems you see, and suggest a driver refresher course if appropriate.

When an older driver can no longer drive safely and refuses to make changes or stop driving, you need to seek help. A doctor, a family friend, a trusted member of your faith community, or (as a last resort) the Department of Motor Vehicles are alternatives.

Transportation services are available for hire in some areas of the state. They are similar to a taxi service but are experienced with an older person’s needs. Call on them for transportation to and from medical appointments, shopping, senior centers, adult day centers, meal sites, or other personal errands.

You can also hire people to accompany an older person to and from the doctor or other needed services. Your local Area Agency on Aging can refer you to an appropriate escort service to help you. These escorts also provide transportation in most cases. In some areas, transportation assistance may be available through Faith In Action or your own faith group.

Driving And Transportation Resources

**Shifting Gears in Later Years**, 1-503-945-5223, www.oregonsafemobility.org/index.html


AARP Oregon and several partners are now offering two programs that may also be able to help. “**We Need to Talk**” uses trained facilitators to help family members and caregivers have effective conversations with loved ones about driving safety and find alternatives when it is time to give up the keys.

**CarFit** pairs trained professionals and drivers to review how well each driver and vehicle work together, and to find ways to improve the “fit.”

To get more information, or schedule a seminar for your group or community, call 1-866-554-5360 toll-free.
Legal and Financial Issues

Money is frequently a concern for aging individuals and their families. Many caregivers have questions such as:

- How can Mom make sure her money will be divided the way she wants when she dies?
- What planning should be done now, before a crisis occurs?
- Suppose Dad needs to live in a nursing home someday – how can we afford the cost?
- If my parents can no longer speak for themselves, how can I be sure I will follow their wishes?

Though these questions may explore sensitive and emotional areas, it’s still important to talk about them. While talking about end of life or the potential loss of ability to make decisions may be difficult, listen to what the older person has to say and share your concerns and questions, too.

Do your best to honor your relative’s or friend’s wishes and concerns – even when you don’t agree. Help him or her be part of the planning process as long as possible. As time goes by, if you need to assume more and more responsibility, make an extra effort to support your friend’s or relative’s self-esteem during the process.
Legal
Start by locating important documents and information such as a birth certificate, driver’s license, Social Security number, insurance policies, and health insurance coverage. As financial and legal plans are made, consider involving a lawyer.

Through a variety of legal documents, people can establish their preferences before problems occur. All these documents must be signed while a person is of sound mind. Ask your relative or friend if they have the following legal documents and where they are kept:

A will is a document that instructs how people want their property to pass on after death. If there is no will, the court will direct settlement of the estate based on Oregon’s laws, and the estate must go through probate.

Legal Resources

Oregon Legal Aid, 1-888-610-8764, www.osbar.org/public/ris/LowCostLegalHelp/LegalAid.html


Probate is the process by which some types of property are legally transferred from an estate to the will’s beneficiaries. This process occurs in the deceased’s city or county. It may take several months to several years to complete, and there are related taxes and fees that must be paid by the estate.

Durable or Springing Power of Attorney for Finances is a document that should be created while a person is still of sound mind. When that person is no longer able to handle his or her finances, the document names who has the power to make those financial decisions.

Advance Directives describe the following documents about health care wishes:

• Health Care Power of Attorney – allows someone to give another person the power to advocate and make decisions regarding medical treatment and other personal care issues. It goes into effect when that person is unable to communicate his or her wishes.

• Living Will – Directs family and doctors to withhold or withdraw artificial life-sustaining treatments according to a person’s wishes. A copy of the living will should be provided to the person’s doctor, hospital, and other health care professionals.
Financial

Often a challenge for both the older person and the caregiver is how to pay for additional care over a period of time. Planning ahead is very important. In 2005, the daily rate in Oregon nursing homes averaged $178 for a private room, and $161 for a semi-private room; assisted living averaged $2,640 monthly. In-home care from a home health aide averaged $19 per hour. Additionally, adult day care could cost over $50 a day.

To begin planning, make a list of:

- assets and debts
- a statement of net worth
- yearly income and expenses
- information on bank accounts or other financial holdings
- credit card information

Explore as many sources of income and insurance benefits as possible.

TIP – Try Benefits CheckUp at www.benefitscheckup.org to identify programs that may help pay for some essential services.

Financial Resources

Some sources of income and insurance benefits include:

Social Security, a federal program that provides monthly income to eligible persons who are disabled or have reached the age of 62+, and who have worked enough years and paid sufficient Social Security taxes to qualify for the program. Social Security also provides benefits to dependent family members. Widow(er)s under 62 may also qualify for benefits on the worker’s account.
Supplemental Security Income (SSI), which may be available for people who have not worked long enough to qualify for Social Security or whose Social Security benefit is small.

Social Security Resources

Social Security Administration, 1-800-772-1213, www.ssa.gov

Pension

Pensions are available to some retired workers through their former employer(s), based on work history.

Pension Resources


Other Income Sources.

For instance, if a person purchased catastrophic disease or disability insurance prior to a disability, he or she may be eligible for special payments. In addition, a person may have income from investments, IRAs, bonds, etc.

Reverse Mortgages

Loans that allow older homeowners to convert equity in their homes into cash to pay for current needs. No repayment is due until the borrower dies, sells the home, or permanently moves out of the home. There are several types of reverse mortgages.

Reverse mortgages are not a good choice for everyone and should be considered carefully. These loans are quite different from other forms of debt. Analyzing and comparing them can be very complicated. Even savvy financial professionals are often surprised to learn just how complex and expensive some of these loans can be. Do thorough homework before borrowing against home equity – no one can afford to make a mistake with the equity he or she has spent years building up in a home.
**DID YOU KNOW?**

- **Long-Term Care (LTC)** Insurance may be considered because neither employer health insurance nor Medicare pays in any significant way for long-term care. Several types of coverage are available for personal care services at home or in a personal care facility, even if medical care is not necessary. LTC insurance is expensive and is not for everyone. Eligibility at the time of purchase is based on the medical condition of the applicant; the younger the age of the applicant, the lower the premium may be. However, some experts suggest that people wait until they are older before purchasing LTC insurance because they will be more likely have a better sense of their long-term care needs.

- **Medicare** is a national insurance program for people age 65 and older and for some younger, disabled persons if they have received Social Security for two years. It is divided into two parts: Hospital (Part A) and Medical (Part B). Medicare has limits on what it pays, and there is a monthly premium for Part B. If the person you are caring for can’t afford to pay his or her share, contact the Centers for Medicare and Medicaid Services.

- **Medicare Prescription Drug Program (Part D)** is a partnership program between the government and private insurance companies. In Oregon, there are many plans from which to choose, depending on each individual’s prescription drug usage and financial situation. New Medicare beneficiaries are automatically enrolled unless they choose to opt out. Eligible individuals who did not enroll during the initial enrollment period may incur penalties when enrolling later on.

- **Medicare Supplemental Insurance (MediGap)** refers to private insurance purchased by an individual on Medicare. Since Medicare only pays a portion of the cost of approved medical treatment, this supplement pays toward the remainder of these charges. If the elder in your care has a comprehensive retiree health plan through a former employer, there might not be a need for a Medigap plan. Be sure to compare the retiree health plan benefits with Medigap insurance coverage before changing plans.
Medicare Resources

Senior Health Insurance Benefits Assistance (SHIBA), 1-800-722-4134

Medicare, 1-800-633-4227, www.medicare.gov (Information about Medicare is available 24 hours a day, including weekends.)


Medicaid

Medicaid is a state health insurance program for people with low income and limited assets. Eligibility is complex, and each case must be evaluated individually. Medicaid pays for many types of medical care, including drugs, home care, doctor visits, and nursing home care. In fact, Medicaid covers the costs for 75% of all people residing in nursing homes. However, not all nursing homes will accept Medicaid patients.

Spending down is a term that describes using up both income and assets in order to qualify for Medicaid. There are strict legal rules regarding spending down. Medicaid examines financial transactions for up to three years prior to qualification; anyone spending down improperly can suffer large penalties or possibly be ineligible for Medicaid. Seek expert advice before considering spending down.

Medicaid Resources


TIP - You and your loved one are likely eligible for the Oregon Prescription Drug Program (OPDP), a state Rx bulk purchasing pool that cuts medicine costs up to 60 percent. Any Oregonian without full prescription drug coverage is eligible (including those in the “donut hole” of Medicare Part D), regardless of age or income. It’s free to join, takes only minutes to apply, and just a week to get an OPDP identification card that’s accepted at most independent and chain pharmacies across Oregon. Call 800-913-4146 toll-free or visit www.opdp.org to get more information or sign up today.
Food Stamps

Food Stamps are coupons or an electronic benefit card that can be used like money to purchase food. Eligibility is based on family size, annual medical costs, and income.

Food Stamp Resources


Tax Information

You and/or the person you are caring for may benefit from the following:

• **Homestead Tax Credit** – A credit on tax assessed on a home owned by an older adult.

• **Working Caregiver Relief** – A tax credit that you may claim if you must pay someone else to care for your spouse or dependent so that you can continue to work. The credit can be up to 30% of your expenses. More information can be obtained from IRS Publication 503, or check with your tax advisor to see if you qualify.

• **Other Tax Benefit Resources** – including AARP Tax-Aide and Volunteer Income Tax Assistance (VITA). Both offer free assistance in preparing tax returns. Low Income Taxpayer Clinics (LITC) offer free assistance to lower-income taxpayers regarding disputes with the IRS.

Tax Resources

AARP Tax-Aide, 1-888-227-7669, www.aarp.org/taxaide


Internal Revenue Service (IRS), 1-877-777-4778 or TTY/TDD 1-800-829-4059, www.irs.gov
Care Options

Assistance at Home

People want to stay in their own homes as long as possible. Sometimes just a little help with housecleaning or help with other chores can make it possible. When more care is needed, home health aides can help with bathing, dressing, and medication reminders.

The availability of the care options listed on the following pages varies across Oregon and all other states. Find out what is available in your area by first checking with the Family Caregiver Coordinator at your local Area Agency on Aging. Oregon Department of Human Services – Seniors and People with Disabilities have several programs for bringing services into the home such as Project Independence, Client-employed Providers and Homecare Workers, Independent Choices, and Spousal Pay.

Some services are available at no charge, others are provided on a sliding scale based on ability to pay, and others may be covered by a long-term care insurance policy or Medicaid. Many, however, must be paid for out of pocket by the person, or the family of the person, needing services.

- **Oregon Project Independence** serves individuals who are 60 or older (or who have been diagnosed with Alzheimer’s disease or a related disorder), and meet the requirement of Oregon’s long-term care services priority rule. Additionally, eligible individuals must not be receiving Medicaid long-term care services other than Food Stamps, and/or Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Program benefits.

  - Allowable services include personal care, homemaker/home care services, chore services, assisted transportation, adult day care, respite, case management, registered nursing services and home delivered meals. These services are provided statewide through Area Agencies on Aging local offices. In 2006, individuals with net incomes between $9,800 and $19,600 were expected to pay a fee toward their service, based on a sliding fee schedule. Individuals with net incomes above $19,600 pay the full hourly rate of the service provided.
Senior Centers offer a variety of recreational, educational, and social activities for seniors. They are a good place to find information about providers of senior services. Their programs may include group meals, financial and insurance counseling, legal assistance, employment services, and health screenings. Services are usually free or low cost, and the fees are often waived if the person is unable to pay.

Telephone/Visitor Reassurance Programs make daily phone calls or regular visits to check on an older adult who can’t get out of the house. If the person does not answer the phone or needs help, the caller immediately notifies a designated person or agency who finds out if something is wrong. There is usually no fee associated with this program.

Emergency Response Systems are used to call for help when someone who is alone has an emergency. The person wears a small electronic device on a necklace or bracelet and presses it to signal for help. There is a one-time charge for installation and a monthly monitoring fee.

Home-Delivered Meals or Meals on Wheels provide nutritionally balanced and special diet meals (hot or frozen) daily or several times a week. These are usually delivered during lunchtime to homebound seniors who cannot prepare their own meals. There is a minimal cost which is waived if the person cannot afford it. Most of these programs are operated through the Area Agencies on Aging.

Home Care Services provide non-medical care in the home. You can get many home care services through the Area Agencies on Aging, but some have waiting lists. Most people must pay out of pocket for these services. The fees are usually charged by the hour and often based on a sliding scale. Medicaid in Oregon may pay for home care only if special requirements are met. Some of the most-used home care services are listed below:

- Companion Services/Sitters provide company, supervision, and minor assistance with household chores such as preparing meals. Companions may be volunteers, but generally are provided through a home care agency.

- Homemakers assist with daily living needs such as light housekeeping, laundry, linen changes, meal preparation, shopping, and errands.
Some provide personal care such as bathing and dressing.

- **Handyman/Chore Services** perform minor home repairs, home maintenance work (such as lawn care or window washing), and heavy housecleaning.

- **Personal Care Aides** assist with non-medical needs like bathing, dressing, and other hygiene needs. Personal care aides cannot give medications, but can remind someone to take medications.

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**Home Care Resources**

**ElderCare Locator**, 1-800-677-1116, www.eldercare.gov


**211 Information and Referral System**, 503-226-3099, www.211.org

**Caring Connections**, 800-658-8898, www.caringinfo.org

**Faith in Action**, 1-877-324-8411 toll-free or www.fiavolunteers.org

**Oregon Department of Human Services**
- **Seniors and People with Physical Disabilities–Home Help** (Independent Choices; Project Independence; Spousal Pay; Client-employed Providers and Homecare Workers), www.oregon.gov/DHS/spwpd/ltc/inhome.shtml

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**Home Health Services**

**Home Health Services** provide medical care in the home. Medicare, Medicaid, or private insurance will pay for these services only if they have been ordered by a physician and provided by a certified home health agency. Services are usually for homebound patients recovering from an acute illness or who have a debilitating condition. Home health services can include:

- Skilled nursing
- Home health aide
- Occupational, physical, and speech therapy
- Social work services
Home Health Resources

**PeaceHealth**, 541-461-7500, www.peacehealth.org/oregon

**National Association for Home Care**, 1-202-547-7424, www.nahc.org

**Oregon Department of Human Services (DHS)**, 1-800-282-8096, www.oregon.gov/DHS/spwpd/ltc/inhome.shtml#opi

Respite Care

Respite Care can be provided for a few hours a day or several weeks. The primary purpose of respite care is to give relief to families and caregivers from the extraordinary and intensive demands of providing ongoing care. This temporary care can be provided in an adult day center, a nursing home, or in the home (usually for short periods). Occasional relief for caregivers supports family stability and well-being. The length of respite care depends on the needs of the family and available resources. Costs vary, though some respite services use volunteers.

The Oregon Lifespan Respite Care Program

The Oregon Lifespan Respite Care Program helps counties develop and implement community-based lifespan respite care networks. The lifespan networks help families and caregivers locate respite care services in their communities.

**Oregon Lifespan Respite Care Program**

500 Summer St NE, E-10
Salem OR 97301-1076
Phone: 503-373-1842
Fax: 503-947-4245
www.oregon.gov/DHS/spd/caregiving/ls_respite.shtml

Respite Care Resources


**National Respite Locator Service**, www.respitelocator.org/index.htm

**National Alliance for Caregiving**, www.caregiving.org

**Family Caregiver Alliance**, www.caregiver.org

**Legacy Health System Caregiver Services, Information & Referral**, 503-413-7706, www.legacyhealth.org/body.cfm?id=767

**Network of Care**, www.networkofcare.org
Adult Day Centers

**Adult Day Centers** are for people who need supervised assistance. These centers offer many services in a group setting. Most centers bill by the day or by the hour for services, but financial assistance may be available. Services may include:

- Health care
- Recreation
- Meals
- Rehabilitative therapy

Adult Day Resources

**National Adult Day Services Association**, 1-800-558-5301, www.nadsa.org/findacenter.htm
**Housing Alternatives**

If your relative or friend can’t live in his or her own home any longer, several options may be available in the local community. Before exploring the options, become familiar with the terms Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs). These terms are used by professionals in the aging field when identifying needs of older adults.

**Housing Alternatives Resources**

- **Senior Transitions**, 1-866-353-5337, www.senior-community.net/oregon/index
- **Senior Housing Net**, www.seniorhousingnet.com
- **Association of Oregon Housing Authorities**, www.oraoha.org/members.htm
- **American Association of Homes and Services for the Aging**, (AAHSA), 1-202-783-2242, www.aahsa.org
- **Home & Communities** (US Dept of Housing & Urban Development), www.hud.gov/groups/seniors.cfm

**Assisted Living Residences** are a good choice for people who can’t live on their own but do not need a nursing home. These facilities may offer assistance with housekeeping, laundry, scheduled transportation, and monitoring of medications. Visit and compare choices; each property may offer a different menu of services and costs. The state of Oregon licenses all assisted living and residential care facilities and inspects them routinely to ensure State standards are met. Medicaid can be a funding source for individuals who meet certain financial and medical criteria. Contact your local Department of Human Services – Seniors and People with Disabilities office or Area Agency on Aging to explore programs and services for which the person you are caring for may qualify. Long-term care insurance may or may not cover this level of care.
**Assisted Living Resources**

**Oregon Alliance of Senior & Health Services**, 503-684-3788, www.oashs.org


**Assisted Living Federation of America**, 1-703-691-8100, www.alfa.org

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**Nursing Home Resources**


**Nursing Home Compare**, www.medicare.gov/nhcompare/home.asp

**Oregon Alliance of Senior & Health Services**, 503-684-3788, www.oashs.org


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**DID YOU KNOW?**

A Long-Term Care Ombudsman advocates for the rights of residents in nursing homes, personal care homes and family care homes. Ombudsmen take complaints and represent the interests of the residents. 1-800-522-2602, or www.oregon.gov/LTCO

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**Nursing Homes** are the right choice if your relative or friend has a serious medical condition or injury. Some nursing homes have different levels of care (skilled and intermediate). Placement is made according to medical care needs. Choosing a home can be difficult. Try to visit several, ask questions, and compare. Keep in mind that a nearby location may make it easier for you to visit your loved one. Some people are temporarily placed in nursing homes for rehabilitation after a hospital stay; for others, long-term placement is needed to ensure safety and health needs are being met. Nursing home care can be paid for privately or by Medicaid. Medicare only pays for nursing home care when a person is sent there directly from the hospital for skilled care, and only for a very limited period of time.

If the person has a long-term care insurance policy, it may cover nursing home care. Medicaid will cover this level of care only if the person meets financial and medical requirements, however, most people begin by paying privately.

**TIP**

Because of the high cost of nursing home care, many people use up their resources and end up qualifying for Medicaid later. It is important to ask the nursing home if the facility accepts Medicaid, and, if so, how many beds are certified for Medicaid payment.
Hospice Care
Hospice provides a range of care to patients during the end stages of their lives. Services are provided by a team of professionals that include a physician, nurse, social worker, chaplain, and home care aide. They coordinate services (including pain management, counseling, and bereavement) either at home, in a care facility, or in a 24-hour hospice unit. Medicare, or another type of insurance, usually covers hospice care.

Hospice Care Resources


**Hospice Foundation of America**, 1-800-854-3402, www.hospicefoundation.org

**National Hospice & Palliative Care Helpline**, 1-800-658-8898, www.nhpco.org

Caring for You, the Caregiver

Stress can affect your health, well-being, and ability to provide care, and can multiply as the level of care you provide increases over longer periods of time. For either the caregiver or the aging person, stress may increase to the point where there may be problems with sleeping, fatigue, or showing interest in anything.

You or the person for whom you are caring may show signs of anxiety, hostility, or depression. Symptoms of depression may include extreme sadness, trouble concentrating, hopelessness, and thoughts about death. If such conditions develop, you may want to consult your family physician or trusted member of your faith group.

Dealing with Stress

Caring for yourself improves your ability to care for others and improves your quality of life. Speak up if you need help – from family, friends, your faith community, or your employer – before you get to the breaking point.

Good nutrition, proper exercise, and social interaction are essential for good mental health. Having fun, laughing, and focusing on something besides your problems can help maintain emotional balance.
Counseling and other support services have definite positive effects for caregivers. Taking advantage of supportive services offered can help you remain a caregiver longer, with less stress and more satisfaction. With help, you can balance your life and caregiving responsibilities.

Try your best to think positively. Caregiving can give you a greater sense of personal growth, accomplishment, and purpose in life. Caring for yourself improves your ability to care for others and improves your ability to do your job.

### 10 Warning Signs of Caregiver Stress
Please remember these warning signs, and share them with those you love.

1. **Denial** – about the disease or condition and its effect on the person who’s been diagnosed. “I know Mom’s going to get better.”

2. **Anger** – at the person you’re caring for or others: that no effective treatments or cures may currently exist, and that people don’t understand what’s going on. “If he asks me that question one more time, I’ll scream.”

3. **Social Withdrawal** – from friends and activities that once brought pleasure. “I don’t care about getting together with the neighbors anymore.”

4. **Anxiety** – about facing another day and what the future holds. “What happens when he needs more care than I can provide?”

5. **Depression** – begins to break your spirit and affects your ability to cope. “I don’t care anymore.”

6. **Exhaustion** – makes it nearly impossible to complete necessary daily tasks. “I’m too tired for this.”

7. **Sleeplessness** – caused by never-ending list of concerns. “What if she wanders out of the house or falls and hurts herself?”

8. **Irritability** – leads to moodiness and triggers negative responses and reactions. “Leave me alone!”

9. **Lack of Concentration** – makes it difficult to perform familiar tasks. “I was so busy I forgot we had an appointment.”

10. **Health Problems** – begin to take their toll, both mentally and physically. “I can’t remember the last time I felt good.”

*Adapted from the Alzheimer’s Association, ©1995. Reproduced with permission.*
Caregiving Support Resources

Alzheimer’s Association, 1-800-272-3900, www.alz.org

Caregiver support groups by state can be found at www.caregiver.com/supportgroups


Oregon Psychological Association, www.opa.org (look for “Find a Psychologist”)

National Alliance for Caregiving, www.caregiving.org

National Mental Health Association, 1-800-969-6642, www.nmha.org


Oregon Network of Care, www.oregon.networkofcare.org

Spiritual Support

Lifting the spirit can be a great source of strength for both you and the one you are caring for. Do whatever it takes to improve your sense of well-being, whether it is focusing on your inner self, getting close to nature, or seeking help from a higher power.

Looking to a spiritual side brings comfort to many people. Review what is and has been important in your life and think about what brings you calmness. Take time to refresh your soul. For instance, some people need the quietness of time spent alone. If you are one of these people, try to take a few minutes each day to get in touch with the quiet within. Take a walk and enjoy the gifts of nature. If you can’t leave the house, try to go in your mind to a place that was relaxing and peaceful in the past. Spend a few minutes in that place to renew your spirit.

If your place of worship is or has been an important part of your life, take time to attend and be a part of the fellowship. It’s another way to share your concerns and needs with people. Counsel from your spiritual
leader may also help you. Some caregivers find that prayer and meditation can bring meaning and hope to their lives.

Find a way to draw from these spiritual resources. Look for strength in the ways that are right for you and that have given you support and guidance in the past.

**Long-Distance Caregiving Tips**

Long-distance caregivers have special challenges, given that they are unable to visit frequently and assist with care at home. Knowing when to act is one of the greatest challenges. When there is an emergency – for example a serious medical problem, fire, or accident – a trip is often needed. Other situations may be hard to evaluate over the telephone. It helps to keep in touch daily or weekly, either by phone, letter, or email.

The Family Caregiver Alliance offers a guide for long-distance caregivers. The Handbook for Long-Distance Caregivers provides a roadmap for families new to the challenges of caring for those affected by chronic or disabling health conditions that threaten their independence. This publication can be ordered, viewed, or downloaded online.

Here are several ideas that may help if you provide care from a distance:

- Make the most of your visits. Be observant while you are visiting. Is anything unusual? Are nutritious meals being eaten regularly? Are finances in good order? Are there any obvious health or safety problems? While you are there, gather as much information as you can about local community services. Talk to your relative or friend face to face about what assistance is needed.

- Work with the older person to identify people you can both call on. Find out which friends, neighbors, or members of the faith community are in regular contact with the elder. Introduce yourself to these people, and keep a list of their phone numbers and addresses. If for some reason you can’t reach the person you are caring for, or if you have concerns, call those on the list to ease your mind. Some of these people may also agree to help with shopping, transportation, or regular visits.
• Seek the help of Geriatric Care Managers or Case Managers who can be hired to help assess and manage the care of your relative or friend. These professionals create care plans for older people and their families based on the older person’s mental, physical, and financial conditions. They arrange for housing, medical, social, and other services. These services can be helpful for long-distance caregivers, but may be expensive.

Accept that it’s impossible for you to provide all the help and care for your relative or friend. Get counseling, attend a caregiver support group, and rely on your faith community for spiritual support. Most importantly, ask for help when you need it.

Long Distance Caregiving Resources

ElderCare Locator, 1-800-677-1116, www.eldercare.gov


The National Institutes of Health has a booklet with ideas and resources that can help make long-distance caregiving more manageable and satisfying. To view, download So Far Away: Twenty Questions for Long-Distance Caregivers, www.nia.nih.gov/HealthInformation/Publications/LongDistanceCaregiving

Oregon’s Family Caregiver Support Program

The Older Americans Act Amendments of 2000 established the National Family Caregiver Support Program (FCSP) to help families fulfill their roles as caregivers. The program is part of the U.S. Department of Health & Human Services – Administration on Aging.

In Oregon, the 18 Area Agencies on Aging (AAAs) receive funding from the Administration on Aging to help support the efforts of caregivers with information, respite, counseling, training, and other supplemental services within specific geographic areas. These services are designed to improve the quality of life for both the caregiver and the care recipient. The services available in each area may vary. To find the AAA for your county, see the listings below or call 1-800-232-3020 for information & referral (I&R/A).

In addition to the FCSP, AAAs offer home care assistance, case management, and other help with home- and community-based services. To find the FCSP through the AAAs in other states, use the ElderCare Locator: 1-800-677-1116; www.eldercare.gov
A Place to Start…

Oregon Area Agencies on Aging participate in the Network of Care, a community-based resource and web tool for seniors, people with disabilities, caregivers, and service providers. Services are listed by county or by services needed. www.networkofcare.org

Call the AAA that services your county and ask for the Family Caregiver Coordinator. In Oregon, the AAAs operate as a unit of the Department of Human Services division.

Area Agencies on Aging in Oregon

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<thead>
<tr>
<th>Area Served:</th>
<th>Clackamas County</th>
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<tbody>
<tr>
<td>Agency Name:</td>
<td>Clackamas County Area Agency on Aging</td>
</tr>
<tr>
<td>Telephone:</td>
<td>503-655-8640</td>
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<tr>
<td>Homepage:</td>
<td><a href="http://www.co.clackamas.or.us/socialservices/ads/main.htm">www.co.clackamas.or.us/socialservices/ads/main.htm</a></td>
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<tr>
<td>Elder Help Line:</td>
<td>I&amp;R/A 503-655-8861</td>
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<td>Other Information:</td>
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<tr>
<td>Columbia, Clatsop &amp; Tillamook Counties</td>
<td>Community Action Team</td>
<td>503-397-3511</td>
<td><a href="http://www.cat-team.org">www.cat-team.org</a></td>
<td>I&amp;R/A 800-469-8772</td>
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<tr>
<td>Multnomah County</td>
<td>Multnomah County Aging and Disability Services</td>
<td>503-988-3620</td>
<td><a href="http://www.co.multnomah.or.us/ads">www.co.multnomah.or.us/ads</a></td>
<td>I&amp;R/A 503-988-3646</td>
<td>TTY/TDD 503-988-3683</td>
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<tr>
<td>Washington County</td>
<td>Washington County Disability, Aging &amp; Veterans' Services</td>
<td>503-640-3489</td>
<td><a href="http://www.co.washington.or.us/aging">www.co.washington.or.us/aging</a></td>
<td>I&amp;R/A 503-640-3489</td>
<td>TTY/TDD 503-640-3489</td>
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<tr>
<td>Clatsop, Marion, Polk, Yamhill counties</td>
<td>NorthWest Senior and Disability Services</td>
<td>503-304-3400</td>
<td><a href="http://www.nwsds.org">www.nwsds.org</a></td>
<td>I&amp;R/A 800-469-8772</td>
<td></td>
</tr>
<tr>
<td>Tillamook County</td>
<td>NorthWest Senior and Disability Services</td>
<td>503-842-2770</td>
<td><a href="http://www.nwsds.org">www.nwsds.org</a></td>
<td></td>
<td></td>
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<tr>
<td>Linn, Benton &amp; Lincoln Counties</td>
<td>Oregon Cascades West Council of Governments</td>
<td>541-967-8630</td>
<td><a href="http://www.ocwcog.org">http://www.ocwcog.org</a></td>
<td>I&amp;R/A (in state) 800-638-0510</td>
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<tr>
<td>Lane County</td>
<td>Lane Council of Governments</td>
<td>541-682-4038 or 800-441-4038</td>
<td><a href="http://www.sdslane.org">www.sdslane.org</a></td>
<td>TTY/TDD 541-682-4567</td>
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Area Served: Douglas County
Agency Name: Douglas County Senior Services Division
Telephone: 541-440-3580
Homepage: www.co.douglas.or.us/dch
Elder Help Line: I&R/A 541-440-3580
Other Info: TTY/TDD 541-440-3548

Area Served: Coos and Curry Counties
Agency Name: South Coast Business Employment Consortium
Telephone: 541-269-2013
Homepage: www.scbec.org
Elder Help Line: I&R/A (in state) 800-858-5777
Other Info: TTY/TDD 541-267-4477

Area Served: Jackson and Josephine Counties
Agency Name: Rogue Valley Council of Governments
Telephone: 541-664-6674
Homepage: www.rvcog.org
Elder Help Line: I&R/A 541-776-6222
Other Info: TTY/TDD 541-664-6674

Area Served: Wasco, Hood River, Sherman, Gilliam, & Wheeler Counties
Agency Name: Mid-Columbia Council of Governments/Senior Services
Telephone: 541-298-4101
Homepage: www.mccog.com
Elder Help Line: I&R/A (in state) 888-316-1362

Area Served: Crook, Deschutes, and Jefferson Counties
Agency Name: Central Oregon Council on Aging
Telephone: 541-548-8817
Homepage: www.councilonaging.org
Elder Help Line: I&R/A 877-704-4567 or 541-504-0392

Area Served: Klamath and Lake Counties
Agency Name: Klamath Basin Senior Citizens Council
Telephone: 541-883-7171
Homepage: www.klamathcountyseniorservices.com
Elder Help Line: I&R/A 541-883-7171
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<tr>
<td>Agency Name</td>
<td>Community Action Program Area Agency on Aging</td>
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<tr>
<td>Telephone</td>
<td>541-276-1926 ext. 123</td>
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<tr>
<td>Homepage</td>
<td><a href="http://www.capeco-works.org">www.capeco-works.org</a></td>
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<tr>
<td>Elder Help Line</td>
<td>I&amp;R/A (in state) 800-752-1139</td>
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<td>Agency Name</td>
<td>Community Connection of Northeast Oregon, Inc.</td>
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<tr>
<td>Telephone</td>
<td>541-963-3186</td>
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<tr>
<td>Homepage</td>
<td><a href="http://www.ccno.org">www.ccno.org</a></td>
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<tr>
<td>Elder Help Line</td>
<td>I&amp;R/A 541-523-6591</td>
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<td>Agency Name</td>
<td>Malheur Council on Aging &amp; Community Services</td>
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<tr>
<td>Telephone</td>
<td>541-889-7651</td>
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<td>Elder Help Line</td>
<td>I&amp;R/A (nationwide) 866-889-7651</td>
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<tr>
<td>Agency Name</td>
<td>Harney County Senior &amp; Community Services Center</td>
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<tr>
<td>Telephone</td>
<td>503-573-6024</td>
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<tr>
<td>Elder Help Line</td>
<td>I&amp;R/A 503-573-6024</td>
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# Free Caregiving Publications

**AARP Membership Application**

**AARP Member Benefits Guide**

### Employers

- **When Employees Become Caregivers: A Manager's Workbook**

### Health & Wellness

- **Physical Activities Workbook**
- **Staying Sharp-Memory Loss and Aging**
- **Staying Sharp-Quality of Life**
- **Staying Sharp-Depression**
- **Staying Sharp-Chronic Health Issues**
- **Staying Sharp-Learning Throughout Life**
- **Steps to Success: Help at Home for Alzheimer’s Caregivers**
- **Taking Charge of Your Health**
- **The Pocket Guide to Saying Healthy at 50+**

### Caregiving

- **Family Conversations that Help Parents Stay Independent**
- **Tip Sheet: Talking About Independent Living**
- **Tip Sheet: Involving Others**
- **Tip Sheet: Assessing the Situation**
- **Navigating Your Way to a Quality Assisted Living Facility - combo English/Spanish**
- **Caring for Those You Care About (binder) - Forty-six (46) tip sheets on topics ranging from helping older relatives maintain their independence, to housing options to consider, to end of life issues in English. (Limit 1)**
- **Caring for Those You Care About CD - Contains all forty-six (46) tip sheets in English and in Spanish in a PDF format. (Limit 1)**
- **Caregiving in the U.S.**
- **Prepare to Care: A Planning Guide for Families**
- **Prepare to Care: The Business Case for Supporting Employed Caregivers**
- **Resources on Caring for your Aging Relative or Friend: A Guide for Employers and Employees**
Legal
- D 17865 Tip Sheet: Checking Legal Issues
- D 17875 Tip Sheet: Advance Directives Plans
- D 17737 Tip Sheet: Talking About Independent Living

Financial
- D 17855 Knowing Public Benefit Programs
- D 15601 Home Made Money

Medicare
- D 17739 Medicare & Other Health Insurance
- D 17428 Tip Sheet: Long-Term Care Insurance
- D 17717 Tip Sheet: Long-Term Care: Tips

Home Safety
- D 17857 Tip Sheet: How Well Does Your Home Meet Your Needs?
- D 17713 Tip Sheet: Home Repair & Universal Design

Driving and Transportation
- D 17863 Tip Sheet: Driving & Transportation

Home Health
- D 17869 Tip Sheet: Providing Care at Home

Assisted Living
- D 17703 Tip Sheet: Assisted Living: Asking the Right Questions
- D 17870 Tip Sheet: Assisted Living: Weighing the Options
- D 17703 Assisted Living: Asking the Right Questions

Nursing Homes
- D 17872 Tip Sheet: Choosing and Paying for Nursing Home Care
- D 17719 Tip Sheet: Nursing Homes: Asking the Right Questions
- D 17720 Tip Sheet: Nursing Homes: Learning the System

Hospice Care
- D 17873 Tip Sheet: Begin the Conversation: End of Life Care
- D 17862 Tip Sheet: Get the Facts about Hospice
- D 17878 Tip Sheet: Spiritual Concerns about End of Life

Long Distance Caregiving
- D 17850 Tip Sheet: Dealing with Long Distance Issues

Other language versions are also available in some publications. Contact the AARP Oregon State office for more information.
How to Order AARP Publications

All AARP Publications listed here are free.

To order, please copy and complete the order form (indicating on the line the number of copies desired) and either mail, fax (preferred), or scan and e-mail to the AARP Oregon office. Please allow two weeks for delivery.

AARP Oregon
9200 SE Sunnybrook Blvd, Suite 410
Clackamas, OR 97015-5762
Telephone: 1-866-554-5360 (toll-free)
Fax: 503-652-9933
E-mail: oraarp@aarp.org

Name: ____________________________________________________________
Company/Organization: ____________________________________________
Street Address & P.O. Box #: _________________________________________
City: _____________________________________________________________
State:________________________________ ZIP:_________________________
Phone: ___________________________ E-mail:_________________________

Fax to: AARP Oregon State Office
503-652-9933

Mail to: AARP Oregon State Office
9200 SE Sunnybrook Blvd, #410
Clackamas, OR 97015-9740

Phone: 1-866-554-5360 (toll free)
E-mail to: oraarp@aarp.org

AARP Oregon also publishes a free quarterly newsletter full of state and community-specific news, information and activities. To sign up, just e-mail oraarp@aarp.org or call 866-554-5360 toll-free.

You can also get AARP federal and state advocacy and legislative alerts, including on caregiving issues. Sign up at www.aarp.org/getinvolved.
State & National Organizations that can help

AARP has compiled this quick list in an effort to help you in your search for assistance and realizes there are other valuable sources of information.

**211 Information and Referral System**, 503-226-3099, www.211.org

**AARP Caregivers Circle**, www.aarp.org/life/caregiving
*(Look for the “Caring Circle” message board.)*


**AARP Legal Services Network**, 1-888-OUR-AARP (1-888-687-2277) www.aarp.org/lsn

**AARP Membership Services**, 1-888-OUR-AARP (1-888-687-2277) www.aarp.org/benefits


**Adult Abuse Hotline**, 1-800-752-6200

**Alzheimer’s Association**, 1-800-272-3900, www.alz.org

**Alzheimer’s Association, Oregon Chapter**, 1-800-733-0402, www.alzheimers-oregon.org


**American Association of Homes & Services for the Aging**

**American Cancer Society**, 1-800-227-2345, www.cancer.org


**American Heart Association**, 1-800-242-8721, www.americanheart.org

**American Lung Association**, 1-800-548-8252, 1-866-661-5864 (in Oregon) www.lungoregon.org

**American Parkinson Disease Association**, 1-888-400-2732, www.apdaparkinson.org

**Arthritis Foundation**, 1-800-283-7800, 1-888-845-5695 (in Oregon) www.arthritis.org

**Assisted Living Federation of America**, 1-703-691-8100, www.alfa.org

**Association of Oregon Housing Authorities**, www.oraoha.org/members.htm

**BenefitsCheckUp**, www.benefitscheckup.org

**Benefits Quicklink**, www.aarp.org/quicklink
Cancer Information Service, 1-800-422-6237, cis.nci.nih.gov
Chronic Pain Information
www.ninds.nih.gov/health_and_medical/disorders/chronic_pain.htm
Department of Veterans Affairs, 1-800-827-1000, www.va.gov
Elder Law Answers, www.elderlawanswers.com
ElderCare Locator, 1-800-677-1116, www.eldercare.gov
Family Caregiver Alliance, 1-800-445-8106, www.caregiver.org
Home Builders Association of Oregon – Certified Aging in Place Specialists,
www.homebuildersportland.org/CAPS.htm
Home Safety Resources – American Red Cross,
www.redcross-pdx.org/services/Safety_training_family_caregiving.htm
Hospice Foundation of America, 1-800-854-3402, www.hospicefoundation.org
Loaves and Fishes Centers, 503-736-6325, www.loavesandfishesonline.org
National Academy of Elder Law Attorneys, 1-520-881-4005,
www.naela.com/Applications/ConsumerDirectory/index.cfm
National Adult Day Services Association, 1-800-558-5301,
www.nadsa.org/findacenter.htm
National Alliance for Caregiving, www.caregiving.org
National Association for Home Care, 1-202-547-7424, www.nahc.org
National Association of Geriatric Care Managers, 1-520-881-8008,
www.caremanager.org
National Association of Mental Illness – Oregon (NAMI), 1-800-343-6264,
www.nami.org
National Family Caregiver Association (NFCA), 1-800-896-3650,
www.thefamilycaregiver.org

National Hospice & Palliative Care Helpline, 1-800-658-8898, www.nhpco.org

National Institute on Aging, Alzheimer’s Disease Education and Referral (ADEAR), www.nia.nih.gov/Alzheimers

National Mental Health Association, 1-800-969-6642, www.nmha.org

National Respite Locator Service www.respitelocator.org/index.htm

Network of Care, Oregon, www.oregon.networkofcare.com

Nursing Home Compare www.medicare.gov/nhcompare/home.asp

Oregon Alliance of Senior & Health Services, 503-684-3788, www.oashs.org


Oregon Department of Transportation - Trip Check, Transportation Options, www.tripcheck.com


Oregon Legal Aid, 1-888-610-8764, www.osbar.org/public/ris/LowCostLegalHelp/LegalAid.html

Oregon Commission for the Blind, 1-888-202-5463, www.cfb.state.or.us


Oregon Psychological Association, 1-800-541-9798, www.opa.org
(Look for “Find a Psychologist.”)


Oregon Death with Dignity Act, 1-971-673-0982egov.oregon.gov/DHS/ph/pas/

Oregon Health Science University – Geriatric Clinic, 1-503-494-8562
www.ohsuhealth.com/clinics/profile.cfm?clinicid=8082499B-D85C-B68E-F5CB4768A2B8E5C5

Pain Society of Oregon, 1-541-345-7300

Parkinsons Resources of Oregon, 1-800-426-6806, www.parkinsonsresources.org


Self Help for Hard of Hearing People (SHHH), 1-301-657-2248 (voice), 1-301-657-2249 (TTY), www.hearingloss.org

Senior Health Insurance Benefit Assistance (SHIBA), 1-800-722-4134

Senior Housing Net, www.seniorhousingnet.com

Senior Transitions, 1-866-353-5337, www.senior-community.net/oregon/index

Social Security Administration, 1-800-772-1213, www.ssa.gov

Substance Abuse and Mental Health Services Administrations (SAMHSA), www.mentalhealth.samhsa.gov/publications/allpubs/stateresourceguides/oregon01.asp


USDA Food & Nutrition Service (food stamp program), 1-800-221-5689, www.fns.usda.gov/fsp

The Prepared Caregiver, www.ohsu.edu/healthyaging/caregiving


Workforce Partners in Oregon, www.workforcepartnersinoregon.org
Jan Remund moved to Oregon to live with and care for her aging parents. She had triumphed over some health issues of her own and felt that her renewed health and stamina were a gift so that when her family needed her, she could be there for them.

Her move marked the beginning of many changes for Jan: a new state, a new job, and a new understanding of how much time caregiving requires. Although she attempted to work as a registered nurse while providing care, the job was not flexible enough to be available for her dad when he needed her. To solve the problem, she changed careers and went to work for the Bend Senior Center as the Kitchen Supervisor for the Meals-on-Wheels program. Her new job provided the emotional support and flexible work schedule that enabled her to balance work and her new role at home.

Jan’s training as an RN enabled her to provide skilled care for her stroke-afflicted father. Prior to Jan’s arrival, her father had a series of unsatisfactory stays at nursing homes, where he was often heavily medicated. Under Jan’s care, he was no longer sedated and could once again perform some activities of daily living. Jan’s mother benefited from seeing her husband improve as well.

Providing income and providing care at the same time has been most challenging for Jan. A flexible work schedule has been of utmost importance. “Caregiving is 24/7,” Jan emphasizes, as she has learned from first-hand experience. What helps, she finds, is keeping her main goal in mind – making it possible for her parents to have “the quality of life that every senior needs.”
Just nine months after the arrival of her daughter, Lori, a senior forms designer and programmer, never suspected that her 65-year-old mother would be diagnosed with Alzheimer’s and need to move in with her family.

Changes in her mother’s behavior had been significant enough that Lori and her husband moved back to Oregon to help, not realizing how big the problem was. When dementia was identified, Lori recalls thinking, “How could this happen to such a young woman?”

Lori now handles nearly everything for her mother – finances, medications, medical and other appointments, transportation, and meals (except breakfast, which her mother still enjoys preparing). Alzheimer’s has changed Lori’s mother’s personality; she is disoriented, easily agitated, and afraid of strangers – making caregiving by others or respite care difficult. Lori relies on the emotional support she receives from her husband, her father (who is divorced from Lori’s mother), and her monthly caregivers’ support group, where she can say things that “sound horrible, but... see nodding heads instead of puzzled looks.” Her brothers and their families also provide periodic assistance so Lori’s family can have some private time together.

An understanding employer has made the caregiving role possible, including telecommuting and flexible scheduling. Lori and her husband stagger their lunch breaks to take over after his stepmother leaves, and Lori begins work at 5:30 a.m. so her afternoons are free for her mother’s frequent medical appointments. Emotionally strained at the end of the day, Lori believes she’d be struggling even more if she didn’t have the mental stimulation and challenges of her job.

The hardest part of caregiving for Lori is not being able to connect more with her mother – “having this person who looks like my mom, sounds like my mom, but is not my mom.” She credits the Salem Senior Center’s Alzheimer’s team with helping her not only how to provide better care, but also how to deal with her own feelings. Lori has discovered the “strength to let go, strength to admit I need help, and strength to give myself permission to take care of me, too.”
Caring for her mother, who lives in Arizona, has been a challenge for Oregon-based Tara Taylor on many fronts. Her mother’s dementia has caused her to not recognize Tara. Her mother’s pets complicate Tara’s search for an assisted living facility, since so few – especially those that accept Medicare recipients – allow animals. Not having health care power of attorney for her mother has been difficult as well, because privacy laws hamper Tara’s ability to get information she needs to make effective decisions on her mother’s behalf.

In a sense, the effects of dementia have also made it hard for Tara to recognize her mother. A college-educated woman who worked for the State Department in the 1950s, Tara’s mom is no longer the autonomous, independent woman she once was. With her social skills affected by the disease, she is without a friendship support network and is leery of strangers.

Tara knew she had to set aside the parent-child relationship she once had with her mother, and view her instead as she would anyone else who needs care. “Caregivers need to let go that their parents will recognize them for the care they provide,” urges Tara. Her suggestion: Focus on the ultimate goal of providing a safe environment – and maintaining dignity – for your loved one. Tara has learned that service agencies have heavy case loads which creates time delays when working through the Aging Network. (Tara turned to the Pima County Council on Aging in Tucson, Arizona, where she received valuable assistance.)

“Follow-up is important,” Tara said, “It’s important to keep in regular contact with those who are assisting you.”

One area that has thankfully not been as challenging for Tara is the workplace. The flexibility of her employer (Oregon Public Broadcasting, where Tara is the Vice President of Marketing & Planning) has been “the biggest help” to Tara in attending to her mother’s needs.
Acknowledgements

AARP Oregon State Director Jerry Cohen and staff wish to acknowledge those who helped make this publication possible. First, we were inspired by our colleagues from AARP Kentucky and Patrice Blanchard. Intern Donna Delikat was the primary researcher and writer. Photography for profiles was by Robert Miller. Special thanks to volunteer Barbara Dibs for thoughtful editing and copywriting. We also want to acknowledge our community partners who made time to review this document including Dr. Margaret Neal from Portland State University’s Institute on Aging, Geriatric Case Manager (retired) Ruth Cohen, and Jill Getz from Washington County’s Lifespan Respite Program. We also appreciate Dana Vandecoevering for sharing Intel Corp’s research. “Ten Tips for Navigating the Elder Care System” used by permission from John Paul Marosy. Copyright 2003, Elder Care: A Six Step Guide to Balancing Work and Family by John Paul Marosy, Bringing Elder Care Home LLC, www.bringingeldercarehome.com

AARP Oregon
9200 SE Sunnybrook Blvd., Suite 410
Clackamas, OR 97015
866-554-5360 • oraarp@aarp.org
www.aarp.org/or
About AARP

AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. AARP does not endorse candidates for public office or make contributions to either political campaigns or candidates. We produce AARP The Magazine, published bimonthly; AARP Bulletin, our monthly newspaper; AARP Segunda Juventud, our bimonthly magazine in Spanish and English; NRTA Live & Learn, our quarterly newsletter for 50+ educators; the Oregon Update, our quarterly state newsletter; and our website, www.AARP.org. AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

There are more than 518,000 AARP members in Oregon, and 39 million nationally. AARP Oregon works on grassroots and advocacy issues, community service, and outreach and educational programs ranging from improving health and long-term care quality and access to ensuring strong consumer protections.

For more information, call or visit us online today.

AARP Oregon
9200 SE Sunnybrook Blvd., Suite 410
Clackamas, OR 97015
866-554-5360
oraarp@aarp.org
www.aarp.org/or