



Graceful Living
HOME CARE

The Senior's Choice Connection

www.GracefulLivingHomeCare.com

651-705-7212

CAREGIVER PROFILE



Our caregivers are totally committed, highly qualified and carefully selected individuals who are personally and thoroughly screened, bonded and insured.

Most importantly our caregivers are dependable and extraordinarily caring of others. In addition to their previous experience, our caregivers receive continuous training that includes a specialized curriculum exclusive to The Senior's Choice that results in them becoming Certified Companion Aides™. These highly qualified and trained caregivers are ready to help you and your loved ones with a variety of daily activities such as:

- * Caring companionship
- * Meal planning and preparation
- * Incidental transportation
- * Running errands
- * Light housekeeping
- * Medication reminders
- * Assistance with bathing and grooming
- * Assistance with bill paying
- * Information and referral services

Our personalized and affordable services are available 7 days a week and can range from a few hours a day to 24 hour and live in care.

Welcome to the Fall '08 Issue

We hope you enjoy our Fall 2008 issue.

We are proud to announce our "Caregiver of the Season," **Irene Taylor**.

"We'd like to share a lovely story about Irene Taylor, one of our great team members, and how she brought some joy to her client's lives in a very interesting way. Irene's caregiving experience was with her parents and working with a quadriplegic. She completed the CCA program soon after she joined our company.

Two of the clients she has recently worked with are quite ill. Louise is 90+ years old and suffering from lung cancer. Despite Louise's terminal status, she has maintained her witty nature. She hired us after she refused additional treatment for her cancer. Obviously, she knew she would be deteriorating.

Another of Irene's clients is 70-year-old Bill. He suffers from debilitating pain from complications caused by Glaucoma, as well as from neuropathy in his legs and a blood disorder that is similar to leukemia.

Both people are extremely intelligent and articulate. Irene has observed they have similar interests and given different circumstances, they would have been a great duo. She jokingly shared her feelings with both of them

and without using last names, she told both Louise and Bill they would make an outstanding couple. Both ask Irene how the other is doing and refer to each other as boyfriend and girlfriend.

Irene's assignment with Bill ended last Friday. To show his appreciation, Bill sent Irene flowers to show his gratitude for her assistance, but there was an additional arrangement delivered to Irene addressed to "Louise." The card read:

"Dear Louise, everyone needs a little romance in their lives. Love, Bill"

Irene promptly delivered the rose to Louise, whose face lit up with joy! Louise is quite ill and currently in the skilled nursing section of her independent living community. I doubt she has much time left. Irene brought happiness to the lives of two people who obviously have difficulty finding joy at this stage of their lives. It just doesn't get better than that!"

Terri,
Senior Assist of the Peninsula

Best wishes,
Steve Everhart,
President & CEO,
The Senior's Choice



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SENIOR HEALTH & LIFESTYLES

Navigating Online Health

After New York City graphic designer Beverly McClain, 52, received a diagnosis of breast cancer last fall, she went hunting for information. She bought books. She consulted with doctors and contacted friends who'd been there. And she plunged into an information source that didn't even exist twenty years ago: the Web.

"When I was first diagnosed," McClain recalls, "I googled images of [breast] reconstructions. It gave me a huge introduction as to what all this can and will look like. I needed to know." Later, she sifted through medical studies relating to the effectiveness and side effects of her chemotherapy drugs. McClain even used the Internet to find a short wig to replace one that tangled too easily.

The Internet has thrown open the doors to a whole new universe of information. And today, more Americans than ever—113 million adults, according to a 2006 study by the Pew Internet & American Life Project—say they've trolled that universe for answers to their health and medical questions.

Most commonly, these online researchers want to learn about a specific condition that affects them or a loved one, about anything from ways to soothe the effects of poison ivy to how to recognize stroke symptoms. In some cases, a patient or relative might "go to school on that topic and become enough of an expert to navigate New England Journal of Medicine abstracts," says Susannah Fox, author of the Pew study.

A big challenge of Web research is dealing with the sheer volume of information—and its wildly uneven quality. Pew's study shows that most "e-patients" start with search engines like Google or Yahoo, which toss up thousands of websites, ranked according to the appearance of key words. If you google "controlling asthma," for example, you'll get the website of the U.S. Food and Drug

Administration, as well as one called mamashealth.com, whose contact information is a link labeled "e-mail Mama," with no indication of who "Mama" is.

Navigating Online Health: For Successful Surfing

Here's the advice of the Medical Library Assoc. and other experts about how to surf for the most accurate, comprehensive and user-friendly health sites.

- **Consider the source.** Who sponsors the site and produces its material? Is it the American Cancer Society or some hobbyist posting from his basement? Click "About" or "About us" on the home page to find out who sponsors the site. A general rule of thumb is that sites with Web addresses ending with .edu are universities, .com sites are commercial enterprises, .org sites are nonprofits and .gov sites are, of course, the government.

- **Is the site trying to sell you something?** Some .com sites support excellent content, with advertising; some may be posted by a reputable health care provider, such as a

hospital. But other sites simply want to grab your attention to pitch products.

- **Check when the page was last updated**, which is often posted at the bottom. As scientific evidence emerges, a new study can contradict an earlier one. Mary L. Ryan, president-elect of the Medical Library Association, says some authors "throw up a site" and then neglect to keep it current.

- **Start on solid ground.** If you're doing a major search on a topic that's critically important to you, consider getting help from a medical librarian through the Medical Library Association's website. The National Library of Medicine, part of the National Institutes of Health, offers advice on surfing for health news.

- **Talk to your doctor.** Don't take what you find on the Internet as gospel—it may be unnecessarily scary, oversimplified or just plain wrong. And don't self-prescribe based on online revelations. Your doctor can put information you find in context.

By Katharine Greider
Excerpted from AARP Bulletin

http://bulletin.aarp.org/yourhealth/healthyliving/articles/navigating_online.html



ROTATING TOPIC:

Long Term Care Insurance

Long-term care refers to the many services beyond medical care and nursing care used by people who have disabilities or chronic (long-lasting) illnesses. Long-term care insurance helps you pay for these services, which can be very expensive. A policy also ensures that you can make your own choices about what long-term care services you receive and where you receive them.

Ordinary health insurance won't cover it. People are living longer these days. That's good news, but the flip side of that is there are more years in which there's a risk of serious health problems. And that could literally cost all of your remaining life's savings.

Unfortunately, ordinary health insurance policies and Medicare usually do not pay for long-term care expenses. Medicaid will only pay for long-term care if you've already spent most of your assets. So, there's long-term care insurance. Long-term care insurance typically covers:

- Help in your home with daily activities like bathing, dressing, eating and cleaning.
- Community programs, like adult day care.
- Assisted living services that are provided in a special residential setting other than your own home. These services may include meals,

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Paying House

Dennis and Katherine Hoyt, both 60, of Portland, Maine, are planning to retire in three years, but they still have \$50,000 left on their mortgage, which works out to about \$550 a month for the next 10 years. Sure, they have a good interest rate of 6 percent. But, they wonder, why pay any interest at all? Dennis, a landscaper, and Katherine, a photographer, who earn a combined \$60,000 a year, could use a chunk of their \$200,000 nest egg to pay down the mortgage and enjoy a debt-free retirement. Should they do it?

The Problem

The Hoyts' question is not as straightforward as it may seem. On the one hand, paying off your home and being able to live free and clear can be satisfying. On the other, for most homeowners it almost always makes sense to keep a mortgage, since the interest is tax-deductible.

The Hoyts, however, are nearing the end of their loan – which means they're paying increasingly more principal than interest. In fact, they're paying less than \$3,000 each year in interest, which isn't enough to push their deductible expenses above the standard deduction for couples (\$9,700

in 2004). That means their loan is actually costing them a lot.

The Plan

From a purely financial perspective, the Hoyts would benefit from a strategy that is growing in popularity as more folks retire with concerns about cash flow: borrow more. That's right. Some financial advisers are suggesting people bump up their mortgage and then invest the extra borrowed funds. The investment returns should more than offset the after-tax cost of the mortgage, so you profit from the loan, says Gibran Nicholas, president of Nicholas & Co. Mortgage Planning Solutions in Ann Arbor, Michigan, a mortgage-planning firm specializing in real estate issues.

Say the Hoyts took out a 10-year, interest-only mortgage for \$125,000, paid off the \$50,000, and invested the remaining \$75,000 in tax-free municipal bonds. While their monthly mortgage payments would go up from \$550 to \$625, their taxes would decrease, since they could deduct \$7,500 in interest payments, \$3,000 in property taxes, plus more for charitable contributions.

The \$75,000 investment also should provide a tidy sum each year in income.

If they earn 4.5 % on a municipal bond portfolio, which is a typical yield, they'll earn an annual \$3,375, or about \$281 a month. They could earn even more if they took out a bigger mortgage or invested in slightly riskier index or mutual funds.

Of course, going into more debt makes many people uneasy, says Harold Evensky, a certified financial planner at Evensky & Katz in Coral Gables, Florida. If you're one of them, you need to make the calculation in a different way. As a rule of thumb, if your mortgage interest is so low that it doesn't allow you to itemize your deductions, and your investments are earning less than the cost of the loan, then you should pay off the mortgage, Evensky says. "Ultimately" he adds, "you have to do what helps you sleep at night."

By Karen Hube
Excerpted from AARP Magazine

www.aarpmagazine.org/money/money/paying_house.html



(Long Term Care, continued from page 2)

health monitoring and help with daily activities.

- Visiting nurses.
- Care in a nursing home.

When is the right time to buy a policy?

Many people don't think about long-term care until they get into their 70s and 80s and their health begins to fail. At these ages, you may be too high a risk for an insurer to cover you; or if you do qualify, the premiums can be astronomical.

The best time to buy long-term care insurance may be middle-age. It's the time when you have the highest likelihood of being eligible for a policy and, just as important, when premiums costs should be lower.

Is a policy right for you? Long-term care

insurance is probably not for everyone, but – with soaring health care costs, insurers increasingly restricting coverage and eligibility, and people's need to stretch retirement savings through more years – it's a good idea to consider it seriously. Your goals should be to protect your assets, minimize your dependence on other family members, and control where and how you receive long-term care services.

Key Issues to Review. Be sure you consider each of these issues:

- **Coverage.** You can choose long-term care policies that pay only for nursing home care, or only for home care, or a mix of services that includes nursing home, assisted living, and adult day care or in-home care.
- **Daily or Monthly Benefit.** The daily or

monthly benefit is the amount of money the insurance company will pay for each day or month you are covered by a long-term care policy.

- **Benefit Period.** This determines the length of time you will receive benefits from your policy.
- **Elimination or Waiting Period.** During this period, you must pay all of your long-term care expenses out of your own pocket. This period is typically 20-100 days.
- **Inflation Protection.** There are two kinds of inflation protection: the right to add coverage at a later date; and automatic coverage increases.

Consumer Tips. Shop and compare policies. When you get your policy, review it right away to be sure it covers what you paid for.

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SPOTLIGHT ON CAREGIVERS

A Silent Crisis: Working Caregivers

Few companies realize the implications working caregivers have on their internal costs and their bottom line. Still fewer companies even know where to look for these hidden costs. The closest thing a company associates with the cost of caregiving to the company is the absenteeism reports. Absenteeism may be the most obvious cost to the workforce, but it is not the only cost or the most expensive cost. Other factors such as attrition, loss of good workers, increased health insurance coverage, overtime, and constant recruitment of new workers also cost the company and the workers.

The number of caregivers in the workforce has increased threefold in the last five years and will continue to increase in the next ten years. What we are seeing today is only the beginning, and unless companies begin to help their working caregivers they themselves will not be able to keep their competitive advantage in the global economy. This is no longer a problem that affects only women in the workforce or lower income workers, but is a problem that exists at the CEO level as well as the lower administrative levels of the company echelon. For

years the problem has been handled silently by the working caregiver who has given up promotions, careers and training opportunities to provide care to a family member.

The first sign of relief for working caregivers came with the passage of the Family Leave Act that allows workers to take time off to care for a frail family member. This law helps working caregivers by guaranteeing their jobs while they take unpaid leave to care for the family member. But it does nothing to educate, facilitate, support and provide the necessary assistance to working caregivers after the crisis situation ends. Many working caregivers have forfeited this unpaid leave option because of the unbearable financial burden giving up a paycheck represents to them. Many working caregivers are not even aware of the law, which protect them from losing their jobs.

Some progress has been made. Government can pass a law to financially support the Family Leave Act by mandating that employers with more than 50 workers offer at least a portion of the time off with pay. California is the first state in the nation that has passed such a law. On the other hand, companies are requesting that the Mandates of the Family Leave

Act be weakened in the form of less time off or plain dismissal. This will produce more absenteeism, loss of good workers and increases in health care coverage resulting from higher health claims by working caregivers.

The mutually beneficial solution is for companies to include in their benefit package a working caregiver assistance program. Companies that have done it have achieved a higher degree of worker satisfaction, reduced attrition of good workers, increased the quality of their products and services and kept the loyalty and goodwill of their workforce. For working caregivers this has been the answer to their prayers.

In my years helping working caregivers, I have found that a successful caregiver support program goes beyond information and provides intervention, services and ongoing support tailored to the needs of each individual caregiver. This is an investment that at the end will save money for companies and generate goodwill for all. It is up to the caregivers to make the corporate world aware of our needs and to support efforts that will alleviate our ongoing burden.

By Gema G. Hernandez, D.P.A.

Excerpted from:
www.caregiver.com/articles/caregiver/a_silent_crisis.htm