



Graceful Living
HOME CARE

The **Senior's Choice Connection** WINTER 2009

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 Winter '09 Senior's Choice Connection

Welcome to our Winter 2009 issue! Our Winter Caregiver of the Season is **Sandy Hawke, CCA CHCA**. Sandy is a caregiver with Hearts of Gold Caregivers, based in Hood River, OR.

I would like to share a recent experience I had with one of our caregivers, Sandy Hawke, that I found incredibly humbling.

A regular client had had an operation and needed extra care. The regular caregivers were unable to cover their shifts. In desperation I called Sandy. After I explained the situation, Sandy agreed to start at 6:30 the next morning to look after our client.

I then called another caregiver to see if she could cover the two hours before she started work at her regular hospital job. Heather begged off, confiding that her daughter-in-law had lost her brother that day, suddenly and unexpectedly, and she had been at her home all day comforting her. Now we are a small community, and several of our caregivers are actually related to one another. Heather and Sandy are related by marriage; Heather's son is married to Sandy's daughter. So we were shocked to hear it was Sandy's SON who had died that day. Heather was also shocked and asked that we not mention it until Sandy was ready to tell us herself.

I saw Sandy on Monday morning, and there she was at work, carrying on

with a smile as if nothing had happened. Sandy continued to work with her whole client base that week, as normal, without interruption and with the same constant attention to detail and genuine care and concern that she shows for everyone.

When her son's obituary appeared in the newspaper I was finally able to speak with her about this tragic loss. Sandy has a lot of experience in working with Hospice clients, and she applied her wisdom about death as a part of life to her own situation. She said she focuses on the blessings that have come to be because of her son's life, not on the loss of the life itself.

I am frequently in awe of our dedicated caregivers, who regularly set aside personal commitments and juggle their schedules in order to help out when an emergency comes up. But Sandy is a model for us all of the caring, compassion and wisdom that exemplifies those inspirational caregivers that our business has brought into our lives.

Faith Keolker
HEARTS OF GOLD CAREGIVERS

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



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SENIOR HEALTH & LIFESTYLES

CDC Says "Take 3" Actions to Fight the Flu

These actions will protect against 2009 H1N1 too!

Flu is a serious contagious disease. Each year in the United States, on average, more than 200,000 people are hospitalized and 36,000 people die from seasonal flu complications. This flu season could be worse because there is a new and very different influenza virus causing illness called 2009 H1N1. The Centers for Disease Control and Prevention (CDC) urges you to take the following actions to protect yourself and others from influenza (the flu):

1. Take time to get a flu vaccine.

- CDC recommends a yearly seasonal flu vaccine as the first and most important step in protecting against seasonal influenza.
- While there are many different flu viruses, the seasonal flu vaccine protects against the three seasonal viruses that research suggests will be most common.
- Vaccination is especially important for people at high risk of serious flu complications, including young children, pregnant women, people with chronic health conditions like asthma, diabetes or heart and lung disease and people 65 years and older.
- A seasonal vaccine will not protect you against 2009 H1N1.
- A new vaccine against 2009 H1N1 is being made.
- People at greatest risk for 2009 H1N1 infection include children, pregnant women, and people with chronic health conditions like asthma, diabetes or heart and lung disease.
- Ask your doctor if you should get a 2009 H1N1 vaccine.

2. Take everyday preventive actions.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.

- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities.
- While sick, limit contact with others as much as possible to keep from infecting them.
- Follow public health advice regarding school closures, avoiding crowds and other measures to lessen the spread of flu.

3. Take flu antiviral drugs if your doctor recommends them.

- If you get seasonal or 2009 H1N1 flu, antiviral drugs can treat the flu.
- Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu by keeping flu viruses from reproducing in your body.
- The priority use for antiviral drugs this season is to treat people who are very sick (hospitalized) or people who are

sick with flu-like symptoms and who are at increased risk of serious flu complications, such as pregnant women, young children, people 65 and older and people with chronic health conditions. (Most people have been able to recover at home from 2009 H1N1 and the seasonal flu without needing medical care.)

- Antiviral drugs can make illness milder and shorten the time you are sick.
- Antiviral drugs are not sold over-the-counter and are different from antibiotics.
- For treatment, antiviral drugs work best if started within the first 2 days of symptoms.
- Flu-like symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea. People may be infected with the flu, including 2009 H1N1 and have respiratory symptoms without a fever.
- Visit the CDC 2009 H1N1 website (<http://www.cdc.gov/h1n1flu/>) to find out what to do if you get sick with the flu and how to care for someone at home who is sick with the flu.

Reprinted from <http://www.cdc.gov/flu/protect/preventing.htm>



ROTATING TOPIC:

Health Care Reform Bills Would Offer Help with Long-Term Care

Americans could enroll in a new federal plan and receive cash benefits to help them age in place.

As lawmakers work out the details of health care reform, one sweeping new provision winning widespread support would set up a new national insurance program to help older adults and people with disabilities live in their homes and communities instead of in nursing homes.

The plan, paid for through employee payroll deductions, would offer Americans a choice to enroll and pay monthly premiums. In return, their coverage would provide cash payments of around \$75 a day when they need help with daily activities such as

bathing, dressing or eating. The money could also be spent on assistance such as a wheelchair ramp or other home modifications, even respite care—extra help to give caregivers a break.

Proponents of the idea say it will save taxpayers' money by reducing state and federal Medicaid spending on long-term care, since it provides older Americans and those with disabilities the dignity and independence of living in their homes or with relatives or in assisted living facilities.

"It will have a major transformational impact on the cost of long-term care in this country, which everyone agrees is

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Selecting an In-Home Caregiver

So the "Aha" moment arrives. Circumstances make you realize two things. 1) I'm not as young as I used to be, and 2.) "Old age ain't for sissies" as the great Bette Davis once said.

Gradually, or sometimes suddenly, it happens... we can't keep up with household chores, we can't see the street signs to drive safely, we give up cooking or we can't walk without holding on to the furniture. And it begins, a nagging fear that we're losing our independence. In fact, loss of independence is the biggest fear among seniors. So what is the typical senior response? Pull ourselves up by the bootstraps and keep on going, of course! Call in the kids to help out! Unfortunately, the kids have spouses and children of their own. And they have full time jobs, not to mention they live out of town. It's time for a new strategy.

Many seniors are finding the solution to remaining independent at home lies outside the family circle with paid caregivers. Steve Everhart, President of The Senior's Choice explains, "Most seniors find caregivers in two ways. The old way is to run a classified ad or hire through a temporary service. The senior bears all the "employer" responsibility for this kind of caregiver. These folks are usually less expensive but there's a lot of risk involved in hiring them," Everhart says. The downside is:

- It's difficult to find the right person.
- You are responsible for performing a criminal background check
- You are responsible for finding a replacement if the caregiver is absent

(Health Care Reform, continued from page 2)
out of control," says Larry Minnix, CEO of the American Association of Homes and Services for the Aging in Washington, a group of nonprofits that provide services to older adults. "The term no-brainer comes up again and again."

Opponents say that people most likely to need this kind of coverage will flock in disproportionate numbers to the plan, driving up the premium costs so much that healthier individuals won't participate, thus endangering the whole program.

- You bear the burden for withholding payroll taxes, and providing state mandated worker's compensation coverage.
- You bear the burden for liability problems like theft from or damage to your property.

The new way is to contract with a Companion Care Agency. These private agencies provide "in-home, non-medical care." The number of agencies is growing quickly to meet the demands of a fast-growing senior population. They provide a wide range of services including light housekeeping, meal preparation, laundry, transportation, shopping & errands, and in many states including California, assistance with personal care. These one on one services can continue should the senior move into assisted living or even a nursing facility or hospital."

Companion Care is usually available anywhere from a few hours up to 24 hours a day. Payment is private pay and may be covered by long term care insurance policies.

Some questions Everhart suggests you ask a Companion Care agency:

1. Do they have references from other clients?
2. What services do they provide?
3. What training/experience do the caregivers have?
4. How do they supervise their caregivers?
5. Are the caregivers bonded and covered by workers compensation insurance?

"It would not be right to set up a program that people expect a benefit from in the future ... [but] the program may not be there when people need it," says Whit Cornman, spokesman for the American Council of Life Insurers.

The Community Living Assistance Services and Supports (CLASS) program, as the long-term care insurance is dubbed, is included in the House bill that passed Nov. 7. The Senate's Health, Education, Labor and Pensions Committee has also included the measure. The Senate Finance Committee,

6. What is the schedule for service?
7. What if I have a problem with a caregiver?
8. Does the agency have an emergency or after-hours phone number?
9. What are the financial arrangements?
10. Who owns the agency? Is it part of a larger organization?
11. Are the caregivers employees held accountable by the agency or are they independent contractors accountable to no one?
12. Does the agency carry Professional Liability Insurance?

The Pros:

- Service is easily customized for each client's needs.
- Extensive hours available.
- Staff is screened and supervised.
- Agency is responsible for all employer tasks like payroll, taxes, liability insurance, workers compensation, bonding.
- Agency is responsible for providing a replacement should the assigned caregiver fail to arrive or need a day off.

Everhart says, "This service is more expensive than independent caregivers but the right agency will provide the most customizable, reliable, worry free, in-home service available."

*by AnNita Klimecka
The Senior's Choice, Inc.*



which did not have jurisdiction over the issue, did not include it. But lobbyists who favor the idea hope it will be included in the Senate's final bill when those two committees combine their efforts. The Obama administration also backs the idea.

By Tamara Lytle

Reprinted from bulletin.aarp.org

http://bulletin.aarp.org/yourhealth/policy/articles/little_known_provisions_in_health_care_reform_bills_offer_help_with_long_term_care.2.html



Graceful Living Home Care LLC
6043 Hudson Road, Suite 140K
Woodbury, MN 55125
651-705-7212
www.GracefulLivingHomeCare.com



SPOTLIGHT ON CAREGIVERS

Caregiving Stages: Stage 4

Over the past several issues we have run this series showing the challenges facing family caregivers at six different stages in the caregiving process. This issue we profile stage 4.

Stage 4: The Pragmatic Caregiver

Who are you?

You've been caregiver for an extended period of time. You've been through it all: hospital admission and discharges; short-term rehab stays in nursing homes; a vast array of community services. You may appear to doubt the advice given by health care professionals; you've been through the health care system long enough to know that sometimes health care professionals may not seem to have your best interest in mind.

Some family members and health care professionals worry about your ability to find humor in situations they find offensive. They view your attitude as "calloused" and "uncaring." Far from it, you have a very practical, very realistic

approach toward your caregiving role—and your sense of humor has been a critical tool for your survival. Without your sense of humor, you would have given up a long time ago.

Your Keyword: Welcome

- Welcome the joys of your relationship;
- Welcome forgiveness (of yourself, of your care recipient, of other family members and friends, of the health care system, of your community, of your Higher Power);
- Welcome shared activities.

Your Purpose:

To gain a better understanding of yourself and your care recipient. You've settled into your role and your routine; now is your opportunity to step back and reflect. The first three stages laid the groundwork for this stage, your period of personal growth.

As a "pragmatic caregiver," what can you do?

1. Work on finding joy in your relationship with your care recipient.

The biggest joy-killers may be your hands-on duties: bathing, dressing, incontinence care. But these duties bring you together, this is your time together.

Add some fun to your hands-on care: Sing songs, tell jokes, share goals and dreams.

2. Work on forgiving your care recipient for past hurts.

Resentment toward past wrong and injustices will make your present caregiving role very difficult. Let go of what was and concentrate on making what is healthy and productive.

3. Develop a habit of enjoying shared activities.

Develop a routine of time shared as husband-wife, mother-daughter, father-son rather than as just caregiver and care recipient. Releasing the roles of caregiver and care recipient allows you to enjoy each other.

4. Begin to think about your future.

What goals have you yet to achieve? How can you achieve them? Can your care recipient help you achieve them?

Excerpted from www.caregiving.com: The Caregiving Years, Six Stages to a Meaningful Journey, a handbook for family caregivers by Denise M. Brown.