

The Caregiver's Home Companion

"Helping Those Who Help Others"

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This Month Online

OK, it's time to boast for a minute - then get back to work.

Our website at www.caregivers-home.com celebrates its first anniversary this month, and we are proud of the accomplishments we've made online in your behalf.

Your website has grown from obscurity to the No. 1 most-trafficked site in the caregiving category and No. 2 overall in this space, behind only the Alzheimer's Association and ahead of the federal government's informational web for the Department of Health and Human Services.

This is not an easy accomplishment, especially within 12 months, but it indicates we are providing caregivers with much-needed credible information and advice, access to valuable caregiver resources, and an online harbor where they can safely develop a sense of community through our message board forums.

As subscribers to *The Caregiver's Home Companion*, you receive unrestricted access to all areas of the website through your logon and password. We hope you'll take full advantage of it as we strive to meet your needs to the best of our ability.

Please let us know at editor@caregivershome.com whenever you think we're missing a point or you would like to see something we don't yet provide. We'll do our best to meet your request.

Should Mom or Dad Live With You? Inside Tips on What You Should Know Before You Make that Critical Decision

By Paula Tchirkow, MSW, LSW, ACSW

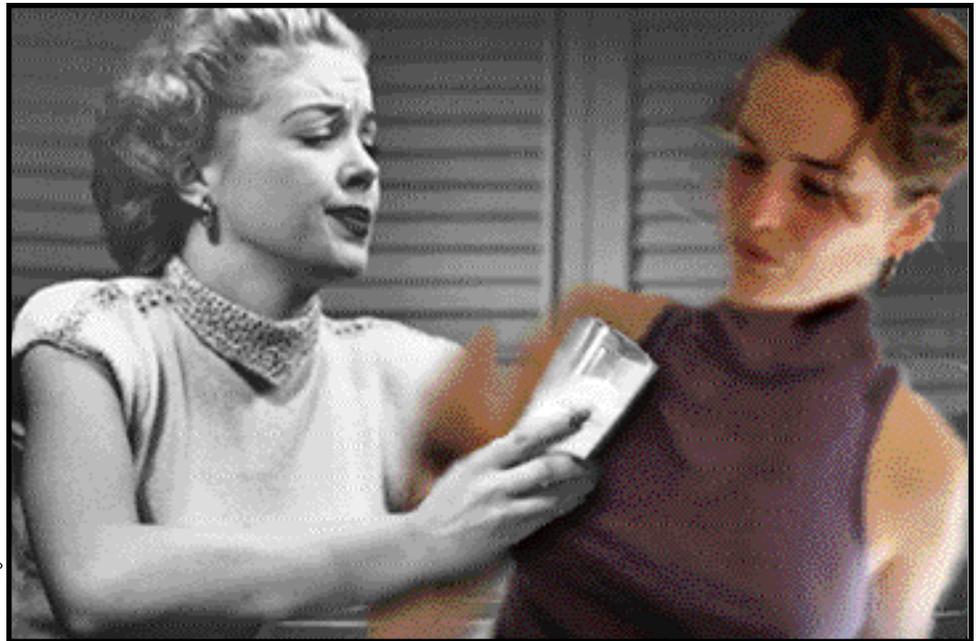


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The decision to have an elderly parent live with an adult child, and his or her family, is usually made during times of duress. The choice often results from an emergency situation – a fall, stroke or hospital stay – that convinces family members that the older person can no longer live alone. What's more, the decision is usually a knee-jerk reaction compelled by guilt, tradition or a sense of duty, and possibly agreed to without fully understanding the ramifications.

That's the danger caregivers must guard against.

While there are cases in which elderly parents and adult children co-exist under the same roof peacefully, it's not for everybody. In fact, more often than not, the disadvantages outweigh the advantages.

Take a look at the situation from a parent's point of view. Generally, elderly parents resist moving in with adult children, citing a loss of independence as the primary reason to stay in their own home. For one thing, the parent may be forced to move away from a familiar neighborhood and a support system of friends and peers. Such a move can create a debilitating feeling of isolation for the parent.

Even when a parent agrees to live with a son or daughter, their attempt to contribute to the household – which affords them a feeling of self reliance – is frequently not encouraged. That is, their money is refused, and their actions are considered more burdensome than helpful. Witness the well-meaning mother who insisted on peeling five pounds of potatoes before her

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The Caregiver's Home Companion

Subscriptions:
Print: \$29.95 per year (US)
Online: \$19.95 per year (US)

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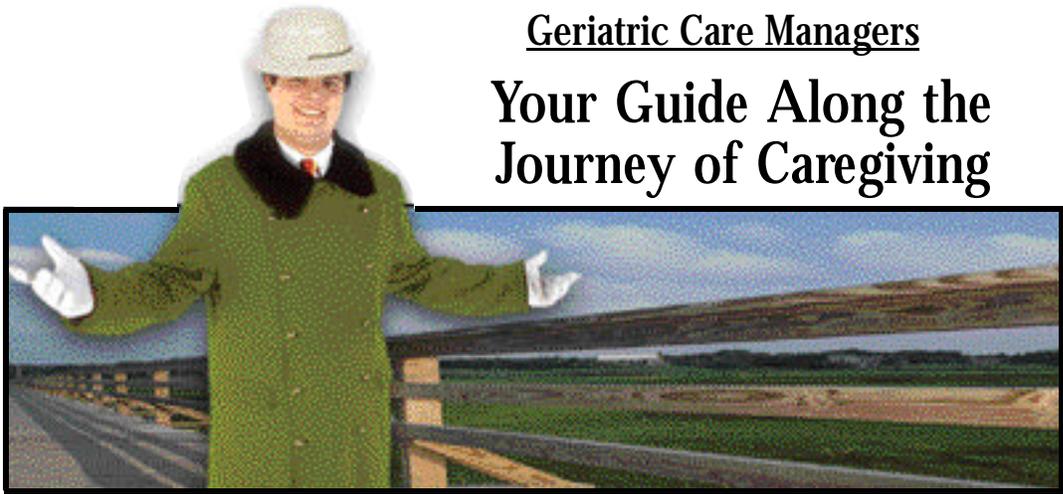
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Caregiver's Home Companion is published monthly by Pederson Publishing, Inc. P.O. Box 693, Southport, CT 06890-0693
www.caregivershome.com

The Caregiver's Home Companion is produced by caregivers and professional healthcare workers. While this publication is not intended as a substitute for professionally administered medical advice, the editorial suggestions, advice and tips included in this newsletter have been tested and reviewed by an individual or organization involved in caring for elderly other aged ones. The Caregiver's Home Companion also strives to obtain the input of educators and researchers in all branches of medical and scientific research. We welcome your comments and suggestions at editor@caregivershome.com.

Photo: College © David Robbins 2004



Geriatric Care Managers

Your Guide Along the Journey of Caregiving

By Paula Sanders McCarron

Have you ever been lost in an unfamiliar city? If so, you know how tough it is to decide which way to turn under the pressure of rush hour traffic. Or did you take a shortcut only to find a bridge was closed or the highway was under construction? Perhaps you took the suggestion of a well-meaning stranger only to discover you've gone hours out of your way — in the wrong direction. With frustration mounting, you may have wished you'd signed up for a tour guide rather than traveling solo.

Now, overlay these headaches into your caregiving odyssey. There are many similarities: Wouldn't it be great if you could find a "guide" to help you through this strange maze? The geriatric care manager is just such a guide — and often a caregiver's God-send.

Who are professional geriatric care managers?

Professional geriatric care managers — GCMs — are social workers, counselors, nurses or gerontologists who specialize in assisting older people and their family caregivers to attain the highest quality of life possible. Those using the title of Professional Geriatric Care Manager have met educational, supervision and other requirements set forth by the National Association of Professional Geriatric Care Managers.

Care managers work under a variety of titles, including care coordinators, eldercare specialists or patient advocates. Not all care managers are members of the National Association of Professional Geriatric Care Managers. Some states require the licensing of care managers but many do not. While many of these individuals are highly qualified and reputable, consumers should take the steps necessary to ensure they are working with a professional who is ethical, qualified and competent.

What services do Geriatric Care Managers provide?

GCMs may help with short-term tasks, such as reviewing finances or hiring in-home help.

They also can lend long-term guidance, maintaining close communication with long distance family members and making changes in care plans. They may be also asked to help in times of crisis such as when a loved one is hospitalized or needs to relocate to an assisted living home. In short, they can be a long-distance caregiver's eyes and ears.

"I focus on finding solutions which best serve the interests and needs of my client. It's about being an advocate. And my client is always the elder or care recipient," says Barbara McCampbell of Aging Advocates in Asheville, N.C.

When should you hire a care manager?

"Just like you wouldn't want to choose your doctor in a crisis, you want to line up an advocate well ahead of the time when one is necessary," says McCampbell. "Failure to recognize and accept limitations is one of the biggest reasons that people wait until a crisis occurs before seeking help."

McCampbell gives the example of a client who presently resides in her own home and provides for her own care needs. Because she lives alone and does not have children, the woman has developed a plan with McCampbell if she can no longer manage to live independently. "She knows under what circumstances she would want to stay in her own home and under what circumstances she would want to be admitted to an assisted living home. She's ready no matter what might happen and I'm ready to carry out her wishes."

How are care managers paid for their services?

It is important to know that most healthcare plans do not provide coverage for the services of a care manager. Some long-term care plans offer the help of a care manager or will provide reimbursement for families to independently hire a care manager.

In some states, individuals who are enrolled

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What On Earth Are You Eating?

Decoding the Strange Language of Food Labels

By Sharon Palmer, RD

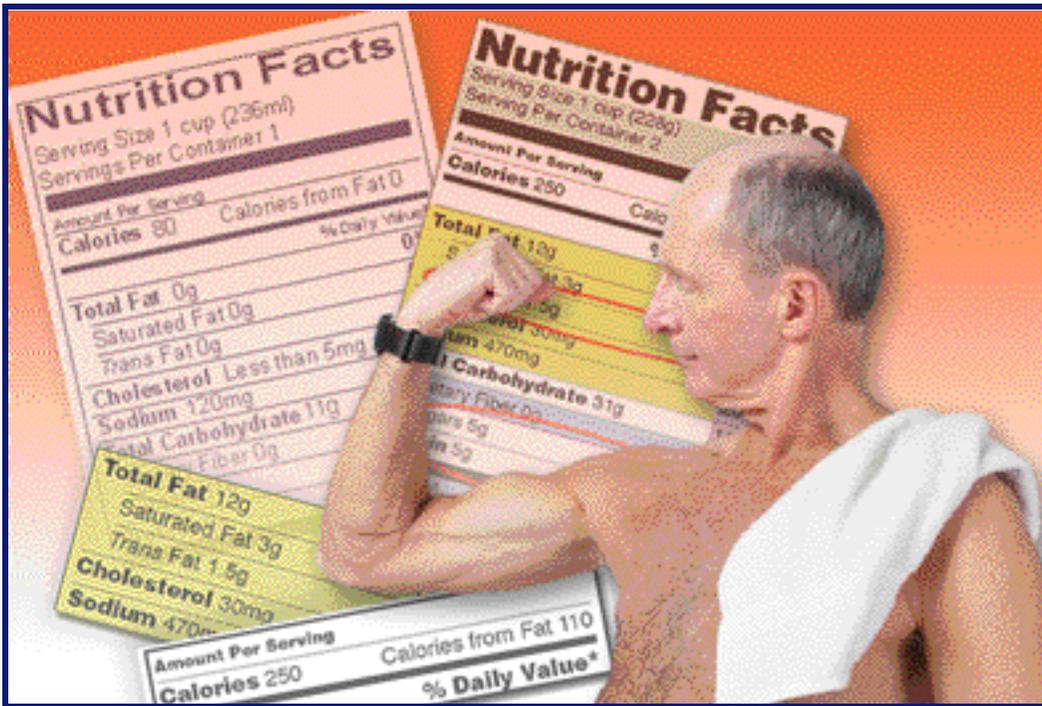


Photo Collage © David Robbins 2004

If the nutrition label on the back of your loved one's favorite package of crackers looks like Greek to you, you're not alone. It's enough to drive caregivers bats! Many have a hard time decoding the hieroglyphics that form today's nutrition labels, leaving these useful tools in making wise nutrition decisions often unread and definitely not understood.

But once you learn the language of food labels, you can put them to work for you in your daily grocery shopping. If you're concerned about sugar, carbohydrates, saturated fat, sodium and calorie levels in the foods that you purchase for you or the one you care for, food labels should become required reading on your shopping excursions.

Under regulation of the FDA and USDA, the food label offers more power-packed nutrition information today than ever before. These labels are found on nearly every item in the grocery store. Food labels provide information on amounts of nutrients like calories, protein, sodium, fat, and fiber per serving so consumers can see how a particular food fits into their overall diet. Food labels also provide uniform terms such as "light" and "low fat" and claims about the relationship of a food to a health condition — extremely important for caregivers.

If you're wondering how to learn the language of food labels (and you should!), here are some helpful steps.

Speaking the Language of Food Labels

1. Size Matters. When you turn to the "Nutrition Facts Label" on a food package, the first place your eyes should rest is on the serving size. This information makes practical suggestions for serving size, lending reference on how many of servings are in one package. So, if you're selecting a breakfast cereal that suggests a serving size of 1/4 cup that barely covers the bottom of a breakfast bowl, you may need to reconsider the amount of nutrients that might actually be consumed when you dish up breakfast. Your portion size might be double or triple the suggested serving size, thus providing double or triple the amount of calories, saturated fat, and sodium than the label calculates.

2. Calories Add Up. The next label line to focus on is "Calories." This provides calorie information per described serving size. If weight is a concern in your household, this is an important line to study, whether you're stockpiling calories for an elder who is experiencing

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In the News:

Police Unknowingly Shoot Alzheimer's Patient

Police in Indiana say they didn't realize an older man they subdued by shooting him with a stun gun was wandering in a busy South Bend street only because he had Alzheimer's disease.

The incident early in August led the son of the 65-year-old man, a resident of Zambia visiting family in Indiana, to criticize the police for overreacting.

According to the South Bend Tribune, a police officer shot Thompson Thewo with the Taser stun gun when he refused to come out of the street. Matthew Thewo says his father suffered deep facial cuts, a broken arm and dislocated elbow as a result.

The incident comes as an increasing number of police departments are being trained to recognize and deal effectively and harmlessly with Alzheimer's and dementia patients who wander or are frightened.

Timely Tip

The FDA offers these definitions to help us sort out the nutrient meaning on food labels:

- **Free.** Means a product contains no amount of, or only trivial amounts of, one or more of these: fat, saturated fat, cholesterol, sodium, sugars, and calories.

For example, "calorie-free" means fewer than 5 calories per serving, and "sugar-free" and "fat-free" both mean less than 0.5 g per serving.

Without, "no" and "zero" mean the same as "free," and "skim" means the same as "fat-free" milk.

- **Low.** Used on foods that can be eaten frequently without exceeding dietary guidelines for one or more of these: fat, saturated fat, cholesterol, sodium, and calories. Examples:

- **low-fat:** 3 g or less per serving
- **low-saturated fat:** 1 g or less per serving
- **low-sodium:** 140 mg or less per serving
- **very low sodium:** 35 mg or less per serving
- **low-cholesterol:** 20 mg or less and 2 g or less of saturated fat per serving
- **low-calorie:** 40 calories or less per serving.

What On Earth Are You Eating?

weight loss or limiting caloric intake due to undesired weight gain.

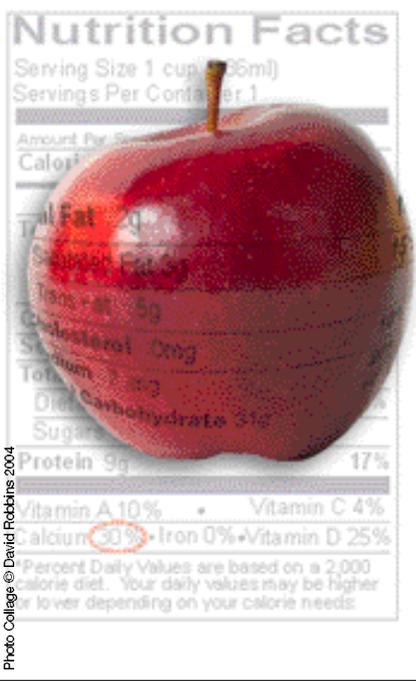
3. The Bad Guys. The next three lines on the Nutrition Facts Panel list nutrients that Americans of all ages consume too readily — Total Fat, Cholesterol and Sodium. Total Fat is broken into Saturated Fat, Polyunsaturated Fat and Monounsaturated Fat. Eating too much saturated fat, cholesterol and sodium has been related to chronic disease including heart disease, cancer and high blood pressure. Keep these amounts in your selected food products as low as possible.

4. Good Carbs, Bad Carbs. The next line on the nutrition label lists Total Carbohydrates, which is very useful for diabetics. Within Total Carbohydrates, readers will find Dietary Fiber, an important ingredient to bone up on, and Sugars, which many who watch their weight or blood glucose may want to limit.

5. Nutrient Push. The next four labeled items are nutrients that Americans often don't get enough of — Vitamin A, Vitamin C, Calcium and Iron. Properly read, food labels can help you get adequate amounts of vitamins and minerals. For example, food labels can be monitored for sources of calcium, which is important for bone health.

6. Doing the Math. The next label area notes "% Daily Value" (%DV). This important but obscure figure expresses the food you're buying in terms of nutrients it provides based on recommendations for a widely accepted 2,000 calorie daily diet. The %DV can help shape your overall diet into what health experts recommend. According to the Dietary Reference Intake, people should consume 45%-65% of their calories from carbohydrates, 20%-35% of their calories from fat, and 10%-

Americans often don't get enough Vitamin A, Vitamin C, Calcium and Iron. Properly read, food labels can help you get adequate amounts of vitamins and minerals. For example, food labels can be monitored for sources of calcium, which is important for bone health.



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35% of their calories from protein.

By looking at the %DV, you can measure the contribution of nutrients in foods. The %DV also tells you whether a product is high or low in a particular nutrient. A quick rule of thumb: if the %DV is 5% or less, it is low in a given nutrient. If the %DV is 20% or more, it is high in the nutrient. Also, the %DV can help you quickly compare one product to another to find the best nutritional choice. There is no %DV listed for trans fats, sugars and protein (unless a special label claim is made).

7. Below the Claims.

Read on. Other helpful information may be found in the label's nutrient content claims. For example, if the label says that the food is "free" of a nutrient, it must have none or an inconsequential amount of that nutrient in the product. There are also 10 approved health claims that are allowed on labels. These claims involve foods that are associated with a health-related condition. Calcium and osteoporosis is an example of an approved health claim that may legally appear

on food labels.

Searching the label for facts may help you make wise decisions about purchasing foods to meet your household's needs. The more reading you do, the more versed you will become in the language of food labels.

Sharon Palmer is a registered dietician who has managed healthcare food and nutrition departments for 16 years. She is a member of our Board of Experts in our Ask an Expert online section and can be reached at spalmer952@earthlink.net.

What Did You Say?

Caring for Your Loved One with Hearing Loss

By Ursula Furi-Perry



Photo Collage © David Robbins 2004

Your loved one almost certainly enjoys talking with you and others, but what if she has difficulty hearing the conversation? Hearing loss, however mild, can wreak havoc on the caregiver's communication with their loved one.

"Hearing loss affects roughly one in 10 Americans, and about one in three over the age of 65," says Larry Sivertson, co-creator of the Hearing Loss Web, an informational hearing loss website. "Hearing loss is 'officially' diagnosed using one of several hearing tests given by a doctor, audiologist, or hearing aid dispenser."

Hearing loss can affect people of any age and background, and it can range in gravity. "(Hearing loss) severity is determined by an audiologist, administering a hearing test which produces an audiogram," says David Myers, Hope College psychologist and author of *A Quiet World: Living with Hearing Loss* (Yale University Press). "(This) shows the amount of loss at different sound frequencies, from low to high pitch."

But a diagnosis is often preceded by the unofficial knowledge that the loved one is suffering from hearing loss. "The person with hearing loss, and the people in her life, are generally aware of the loss before an official diagnosis," says Sivertson. "Early signs of hearing loss include turning the TV up too loud, often asking for information to be repeated, or complaining that everyone mumbles."

And caring for one of the many people suffering from hearing loss isn't easy. "It's hard to imagine an area of a person's life that isn't affected by hearing loss. Unfortunately, people who have no personal experience with hearing loss often underestimate its impact," Sivertson says. "ALL communications become more difficult."

Not only is communication frustrating, it is even more frustrating when your loved one denies there is a problem. And this circumstance is not unusual. Often, elderly with hearing loss ignore or deny its signs, thereby making efforts at improvement nearly impossible. And such improvements in your loved one's hearing could greatly benefit the caregiving relationship. "Both the caregiver and the loved one must learn new behaviors that can help reduce the effects of hearing loss," urges Sivertson.

"Omnipresent Viagra ads showing radiant older couples dancing or walking hand in hand could, with even greater integrity, be recast as ads for hearing aids — or so the results of a new national survey of 2,304 hard of hearing people and 2,090 of their spouses, family members, or close friends suggest," Myers writes in his book.

"The survey, undertaken for the National Council on Aging, also asked those who got hearing aids whether they were experiencing

In The News

Brits OK Cell Phones in Hospitals

Are designated cell-phoning areas on the way to U.S. hospitals?

The ever-present cell phone has long been banned from hospitals, but Britain has opened up "reasonable" use of the phones in certain "safe" areas. The aim is to improve communication and patient care, according to the nation's Medicines & Healthcare Products Regulatory Agency.

Mobile phone bans were enacted because they can interfere with critical medical equipment, especially patient monitoring devices, and therefore endanger patients.

The British agency said improvements in mobile technology have lessened that risk while offering quick, efficient care and communication among hospital staff.

"Overly restrictive policies can act as obstacles to this beneficial technology, so this updated advice will help ensure that hospitals reap the benefits of mobile technology without compromising patient safety," the agency said.

There's no word yet on U.S. hospital reaction to this change.

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In The News

Who's in Charge Here!

It's anyone's guess who was more surprised when police in suburban Washington were called to an assisted living facility in the wee hours recently and found the entire home staff asleep.

A frustrated resident who needed help with a catheter phoned police from the Sunrise Senior Living facility in Alexandria, Virginia.

The Washington Post said police responded but couldn't gain entry. They rang the after-hours call button, phoned the front desk and even sounded police car sirens to no avail.

After finding an unlocked side door, officers found the staff asleep and residents in need of help, including a hospice patient who had fallen out of bed and was calling for help.

"The city is outraged," said town spokeswoman Barbara Gordon. An investigation is underway.

Your Guide Along the Journey of Caregiving

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with Medicaid Waiver programs may qualify for care management services. People age 60 or older may qualify for no cost or low cost services of a care manager through the local government Area Agency on Aging.

In many situations, care managers are hired and paid directly by family caregivers and care recipients. According to a survey conducted by AARP, the average fee for the services of a professional geriatric care manager is \$75 per hour. Fees vary according to the complexity of the services requested and the situation. An assessment, providing a comprehensive review of an individual's health, medical, legal and financial situation, runs from \$150 - \$200.

As McCampbell states on her website: "Private Care Management services are not inexpensive, but they may be a bargain when compared to the costs of not using them."

Where can I find a care manager?

The National Association of Professional Geriatric Care Managers located in Tucson, Arizona has a listing of GCMs throughout the country. Phone (520) 881-8008 or visit their website at www.caremanager.com.

The National Area Agency on Aging operates a free national helpline known as Eldercare Locator at (800) 677-116 or visit the website at www.n4a.org.

Elder care attorneys, hospital discharge planners, home care agencies, and senior service programs may also know of care managers in your community.

Some family caregivers may find that their employee assistance programs offer consultations with care managers. More employers are finding ways to help family caregivers remain on the job while also helping an aging parent who may require increasing levels of care.

What questions should I ask before hiring a care manager?

The National Association of Professional Geriatric Care Managers suggests caregivers ask questions such as: What are your professional credentials? Are you licensed in your profession? How will you communicate with me? Can you provide references? Are you available for emergencies?

Other good caregiver questions include: Can you provide a schedule of your fees in writing? What is included in an assessment? How do you communicate with other professionals such as physicians, home-care nurses or assisted living home staff? How long have you been in this profession? How many clients do you serve? What is your philosophy in respecting client wishes while also working on concerns of client safety?

When possible, attempt to interview at least two candidates. Prepare a list of questions and jot down responses to review later. Check references. Trust your instincts, but be also check out the details of contracts.

A final thought: The majority of family caregivers provide an average of five years of caregiving assistance to frail and aging loved ones. While the journey of caregiving may be an extended one, it doesn't need to be a lonely one.

Paula Sanders McCarron has more than 20 years of experience in healthcare, including nursing homes and hospice. She lives in Jacksonville, Florida, and can be reached at psm@wordbyword.net.

Caring for Your Loved One with Hearing Loss

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emotional and social benefits. A third reported improvements in their social life. Four in 10 reported improved self-confidence and better relationships with children and grandchildren. Fifty-six percent said 'relationships at home' had improved. And what did their family members perceive? In each of these cases, they were even more likely to detect improvement. For example, 66% reported improved relationships at home."

Consider these tips when caring for a loved one who's hard of hearing:

- **Face it.** And we don't just mean face the facts, although admitting that the loved one is hard of hearing can often be a task. "Face the light and face (the loved one)," recommends

Myers. "It helps to see your mouth ... so take the pencil or gum out, (and) keep your hands away from your face."

- **Speak slowly.** "Speak each word distinctly, with pauses between phrases and sentences," Myers says. "As many a grandparent has advised, 'Slow down and enunciate more clearly!'"

- **Be sure your loved one understands what you're trying to say.** "Ask (the loved one) if he has heard you," Myers says. "Remember, he hates to seem inept and embarrass both of you by volunteering that he could not hear."

- **Rephrase as needed** because many words can look similar to your loved one as

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Should Mom or Dad Live With You?

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daughter arrived home from work in an effort to “help” with dinner preparations. The family’s potato consumption never could keep pace with the mother’s rapid-fire peeling.

Furthermore, historical conflicts can bubble up as the tension of the role reversal – child caring for the parent –often uncovers long held dysfunctional patterns of behavior, including depression, stubbornness and misdirected anger. Indeed, negative personality traits seem to crystallize and surface when older adults feel that they have ceded all of their control to their children.

To be sure, the changing times also makes it more difficult to keep a failing parent at home. For example, the rise in the number of working women has created a serious problem

The rise in the number of working women has created a serious problem for daughters who want to care for their elderly mother or father.

for daughters who want to care for their elderly mother or father. Unlike decades ago, working women aren’t home to watch over a parent during the day. This means that if supervision or a high-level of care is needed, the family has to either hire in-home help, or someone has to quit their job. Both alternatives can create a heavy financial burden on a household.

In contrast, seniors who can no longer live alone have the option of moving into an assisted living or nursing home facility, something that many eldercare professionals recommend. Entering one of these facilities is not always the terrible ordeal that that people imagine it to be. Of course, it is important to select a reputable facility that offers quality care and a safe living environment. More important, the facility should be close to the primary caregiver because frequent visits ensure proper care.

At these facilities, elderly parents are reunited with peers, and if physically able, self-reliance is encouraged. Activities and trips are planned, and basic needs are taken care of without any parent feeling like a family burden.

However, despite describing the disadvantages of having a live-in parent, and highlighting the benefits of healthcare facilities, many families feel confident about inviting an elderly parent to live with them. For those who make that decision, it’s best to keep in mind three basic principles that will help keep the peace:

- **The topic should not be taboo.** Concerns may not remain unspoken. Adult children and their parents should discuss how they feel about assisted living and nursing home alternatives as well as the ramifications of living together. Everyone’s per-

spective should be considered including the children, who may have to deal with a grandparent who is frail, forgetful or acts inappropriately or in unpredictable ways. In some cases, children and teens may be uncomfortable bringing home friends. If room permits, you may want to designate an area of the house as the kid’s retreat.

While living with a grandparent often can be an enriching experience, it can also be a confusing and embarrassing one. All the cards need to be out on the table for this discussion.

- **If the parent is still capable of following guidelines, drawing up house rules will help head-off conflicts and avoid festering anger.** Again, involve the entire family and come up with a plan that will help create harmony. For instance, allow the parent to contribute to the household in ways that make sense. Or figure out schedules in advance to make sure the burden doesn’t fall on any one person.

- **Take time off.** Caregivers need a break if they ever hope to sustain a healthy mind and body -- and juggle the myriad responsibilities that come with middle-age. If you’re looking for a few hours away from the house, check out church and community groups. Many provide volunteers that can sit with elderly parents while you shop or go out on a date. Interestingly, one California nursing service runs a program that matches up older adults who have similar interests – the opera, baseball, or gardening, for example. Also, friends and neighbors usually are glad to pitch-in, so give them a ring.

Friends and neighbors truly want to help, but often don’t know where to begin. Ask for help with specific tasks, such as assistance with laundry, a home cooked meal or an afternoon “off” for the caregiver.

If you need a longer break, contact local assisted living facilities to find out if they have personal respite rooms available. These are empty rooms that the management is usually eager to fill, and therefore are made available to the public at very reasonable rates.

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In The News

Osteoporosis Surges 700%

The number of new cases of osteoporosis has surged 700% in the past decade, a trend researchers find coinciding with new drugs used to treat the bone-thinning disease.

Stanford University researchers, reporting in *The Archives of Internal Medicine*, said the disease, which typically strikes older women, has ballooned to 3.6 million cases from 500,000 in 1994.

This trend coincides with a decrease in the prescription of calcium to treat osteoporosis and the rise newly-developed drugs to tackle the brittle-bone condition.

“Physicians and patients may be so enamored of the new drugs that they are neglecting this important component of osteoporosis treatment,” said Dr. Randall Stafford, referring to the value of calcium. Stafford and his fellow Stanford researchers recommend maintaining calcium treatment at the same time as taking new drugs.

Caring for Your Loved One with Hearing Loss

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Timely Tip

Here is a safety checklist for caregivers looking into assisted living facilities:

- Is there a 24-hour emergency response system in each unit?
- Is the facility equipped with door alarms, hand rails, emergency pull cords and good lighting?
- Are exits clearly marked and accessible?
- Do doors lock on each housing unit?
- How many staff are on duty each shift?
- Are there wheelchair ramps?
- Where is the nearest hospital?
- Are there regular fire drills?
- What is the facility's emergency evacuation plan?

he's trying to read lips. "Got and cot look the same, because the difference is formed in the back of the throat," Myers explains. "Sip and zip also look the same, as do toe and doe — because s, z, t, and d are formed by the tongue inside the mouth. Pat, mat, and bat, too, look the same on the lips, though not on the invisible tongue. So try using different words to express the same concept. Restate 'Do you want anything from the store?' as 'Can I get you something at Safeway?'"

Speak slowly. "Speak each word distinctly, with pauses between phrases and sentences," Myers says. "As many a grandparent has advised, 'Slow down and enunciate more clearly!'"

• **"Create a context,"** says Myers. "Give a clue what the subject is. Have a printed agenda for the meeting, or use visual aids."

• **Look into new ways of treating hearing loss.** "Everyone knows that hearing aids can help, but almost no one knows about

things like assisted listening devices, visual alerting devices, special voice telephones, text telephones, communications strategies," Sivertson explains. Ask your loved one's physician or a hearing loss organization for help in your area.

• **Stay informed.** "Learn as much as possible about hearing loss and how it affects communications," recommends Sivertson. Use books, newsletters and online tutorials to help you understand the health condition and keep up-to-date on new methods of dealing with it. Also, consider joining a support group for hearing loss.

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The Caregiver's Home Companion

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Upcoming in September

- Navigating the Financial Black Hole of Old Age - An exclusive 3-part series for caregivers on protecting assets for loved ones and themselves. Part One: Living Longer and Digging a Deep Hole of Debt.
- Meeting the challenge of elder-caregiving in rural America, where distance is a factor and resources aren't as abundant.
- Protecting our elderly from the bombardment of junk mail and their own susceptibility to its siren song. A caregiver's guide.
- What caregivers can do to recognize, ease and control pain in their loved ones.