

# Caregiver's

## HOME COMPANION

Volume 4 Issue 8 | February, 2006

[www.caregivershome.com](http://www.caregivershome.com)

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

# Dealing with Culture Change

## The Changing Face of Long-Term Care in America



**Editor's Note:** The image of long-term care is changing rapidly—both literally and figuratively—from dreary and sterile to upbeat and engaging. The emphasis is on quality and fully responsive care. It's no longer a more dank institutional view of long-term facilities. In this first article of our series The Changing Face of Long-Term Care in America, we look at the swift and positive changes taking place in the midst of our elder-boom.

By Paula Sanders McCarron

The birthing movement literally opened the door for fathers to enter the delivery room at the start of life for their newest family members. The hospice movement brought pain relief and dignity to the terminally ill at the end of life. Now, the so-called “culture change movement” is in full swing, revolutionizing long-term care with quality of life and respectful care for those contending with their own aging and its related needs.

The culture change movement even has its own manifesto. It calls for the tearing down of institutional barriers to put “caring” back into the organization and delivery of quality long-term care services.

“Culture change is an attempt to move toward care that is more resident-directed,” says Doug Pace, Vice President of Culture Transformation with the American Association of Homes and Services for the Aging. “Culture change is applicable anywhere. It’s a concept which can be taken across the whole continuum of long-term care services from nursing homes to assisted living homes to adult day services.”

Others define this movement in more personal terms: “Culture change is relationship-based care,” says Linda Bump, a licensed nursing home administrator and consultant for Action Pact, an organization dedicated to helping long-term care

### INSIDE THIS ISSUE

**3** **A Caregiving Point of View**  
How the Deficit Reduction Act of 2005 Impacts You

**4** **Give Me a Break!**  
Community-Based Programs Provide Caregiver Relief

**6** **Lessons in Dental Diligence**  
A Daughter's Non-Stop Quest for Quality Dental Care

**8** **10 Tips for Brightening Your Loved One's World**  
Aiding Our Elderly's Vision

## Subscriptions

Print: \$29.95 per year (U.S.)  
Online: \$19.95 per year (U.S.)

Call toll-free to subscribe:  
**1-877-259-1977**

Editor and Publisher  
**Chris Pederson**

Senior Vice President, Sales & Marketing  
**Art Blumenthal**

Marketing Director  
**Shelly Harvey**

Strategic Business Development  
Director  
**Karen B. Knowles**

Custom Publishing & Operations  
Director  
**Robert G. Whitton**

Art Director  
**Laura D. Campbell**

General Manager,  
eCommerce & Online Services  
**Ed Cannon**

Chief Financial Officer  
**Ted Stone**

Webmaster  
**NOW Interactive Solutions**  
webmaster@caregivershome.com

**Mail**  
Caregiver's Home Companion  
P.O. Box 693  
Southport, CT 06890-0693

**Phones**  
Subscriptions & Customer Service:  
(877) 259-1977

Advertising & Sales: (203) 257-6684  
or (203) 254-0380 ext. 2

Administration & Editorial:  
(203) 254-3538

Custom Publishing: (203) 438-0810

**e-mail Inquiries:**  
editor@caregivershome.com

©Copyright 2006  
Pederson Publishing, Inc.  
All rights reserved.

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

Visit us at [www.caregivershome.com](http://www.caregivershome.com)

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 practical suggestions, advice and tips made in this newsletter have been tested or reviewed by an individual or organization involved in caring for elderly other loved ones. 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](mailto:editor@caregivershome.com).

---

**"True culture change is a journey, not a destination. There will always be something more or different that can be done to make life better."**

---

## The Changing Face of Long-Term Care in America *Continued from page 1*

providers bring culture change into their facilities and services. Although Bump has an extensive healthcare services background, she sees herself first and foremost as a family member and family caregiver.

Bump lives in rural Minnesota in a four generation household that includes her 92-year-old mother and two grandchildren. "My introduction to long-term care was through my daughter, Katie, who died last year in February. Though Katie was profoundly disabled since birth, she lived every day with dignity, opportunity and choice in a community residence with the help of caregivers on site 24 hours a day. That's the same type of care we ought to be able to give our elders."

As Bump and other advocates view it, culture change is about transforming a care facility into a true home. While many facilities have incorporated activities like pet therapy or baking into their activity schedules, culture change homes are much less structured and rely on knowledge of the resident's preferences in order to maintain a "home life" that is as much the same as the resident had prior to moving into the long-term care facility.

Bump explains, "If you like to have breakfast at seven in the morning then that's what you should be able to do, but if you want it later then you should have that choice. The three questions we want to answer are: What does the resident want? How was this done at home? How can we do it here?"

For example, if a resident has always made blueberry muffins on Saturday mornings to share with her church group, the question becomes: How can she have the same opportunity to continue to engage in the activities that have always given her pleasure, are a part of her identity, and which help keep her connected socially to her faith community?

For a care facility in the beginning stages of culture change, the solution might be to provide the resident with a dozen store bought muffins. But in a home steeped in culture change, she would be invited to make the muffins in a resident-use kitchen using her own recipe with staff providing assistance as needed.

"In culture change facilities, residents live the lives they've always lived. If they've always

hosted a Bible study or a bridge group at their own home, then there's no reason why they can't continue to do so while residing at this new home. The environment in a culture change home is constantly changing as it reflects the desires and preferences of those living there."

Dr. Bill Thomas, a geriatrician and founder of The Eden Alternative, is a leader in the culture change movement. The core principle of The Eden Alternative is that we must teach ourselves to see the long-term care facility as a habitat for human beings rather than a housing facility for the frail and elderly. Thomas has built his Eden concept on the foundation that our current approach to long-term care residence promotes loneliness, helplessness and boredom, all of which deaden the spirit, mind and body.

The foundation for the culture change movement can in part be traced to The Eden Alternative conceptualized by Thomas in the early 1990's. The basic principles of culture change are as follows:

- Care is person-centered. It revolves around residents and includes family members.
- Common sense prevails. Decision makers are often the front line staff, and the "life of the home" is determined by the needs and desires of residents rather than adherence to a listing

*continues on page 7*

## CULTURE CHANGE IN LTC

Check out these resources to learn more about the culture change under way in America's long-term care facilities.

**Almost Home**, a PBS-sponsored website providing exploration and explanation of the revolution occurring in long-term care. Glossaries, discussion guides, interviews and essays are available. Visit [www.almosthomedoc.org](http://www.almosthomedoc.org).

**The Pioneer Network**, a national coalition to promote LTC culture change. Their vision is a culture of aging that is life-affirming, satisfying, humane and meaningful. Write them at PO Box 18648, Rochester, NY 14618; phone (585) 271-7570 or visit [www.pioneernetwork.net](http://www.pioneernetwork.net).

**The Eden Alternative**, creating coalitions of people and organizations committed to creating better social and physical environments for people. Write them at 208 Leveritt's Loop, Wimberley, TX 78676, or visit [www.edenalt.com](http://www.edenalt.com).

# A Caregiving Point of View

## How the Deficit Reduction Act of 2005 Impacts You

By Valerie Van Booven, RN, BSN, PGCM



**T**he Deficit Reduction Act of 2005, which was signed into law at the beginning of February by President Bush, makes major changes to Medicaid law. We don't always have time to pay attention to legislative action, or to dissect it enough to really understand the consequences, so the following simplifies the language and gives you an idea of who is affected by these changes.

One of the first changes will involve the timing of a penalty period for someone who has gifted or transferred their assets away. This changes the start of the penalty period for someone who has transferred assets from the date when the transfer was made (current law) to the date when one applies for Medicaid.

States will benefit from this change. The date money is gifted within the look-back period is brought forward to the date the applicant requests benefits. (A look-back period is a time range used to determine one's eligibility for certain benefits.)

Nursing homes will likely not benefit from this change. In reality, the gifted funds will have been spent or the children will simply tell the facility they don't have them. Medicaid will not pay during the ineligibility period, leaving the facility the option of discharging the patient. Discharge may be impossible if the family will not take the individual home, but nursing homes can either sue the patient or write off the gifted funds.

### Guideline Period to Change

The look-back period will also change. Before this new law, the look-back period was three years for gifts made from individual to individual. Now, the period of time a state can "look-back" from the date of application is increased to five years.

---

*Valerie VanBooven is a registered nurse, professional geriatric care manager, author, and professional speaker. In addition to authoring our Professional Caregiving online column, she is a leading expert on long-term care planning and crisis management. Valerie is president of Senior Care Solutions, a private geriatric care management practice in the St. Louis area. Her website is [www.4seniorsathome.com](http://www.4seniorsathome.com), and she can be reached at [ASKvalerie@caregivershome.com](mailto:ASKvalerie@caregivershome.com).*

The states will likely benefit from this change as well. It's been difficult for families to find and organize a parent's finances to comply with the three-year look-back rule. It will now become next to impossible. Unfortunately, this gives Medicaid intake offices more opportunities to legitimately delay approval.

Nursing homes will be affected because it has very difficult to comply with the three-year look-back due to poor record keeping. With a five-year look-back, it now becomes a nightmare. As a result, eligibility can be delayed—just when it is needed most.

As it pertains to annuities, the applicant is required to disclose and produce any interest in annuities, all transfers within the past five years, and a statement as to the remainder beneficiary status.

### Planning Ahead is Critical

The state will again benefit as annuities will still work, but the state must be designated as the remainder beneficiary. There is now no incentive to purchase them. More long-term care insurance will be purchased as a result. Planning ahead will be encouraged, and will become the only way to effectively pay for long-term care. Waiting until a crisis develops will likely only result in financial devastation.

Nursing homes will find that with the elimination of this whole class of planning (annuities), families either have to pay privately or purchase long-term care insurance.

The new law now mandates the "Income First Rule." States were given the option in 1993 of determining how a community spouse (the person at home) is allowed to be brought up to a monthly federal stipend. The spouse at home could keep either her spouse's monthly income or set aside assets to generate the difference between her monthly income and the federal minimum. The first option, referred to as the income first rule, was potentially devastating because it called for spending down assets. The second, referred to as the resource first rule, could potentially protect hundreds of thousands of dollars to be used to generate

*continues on page 5*

# Give Me a Break!

## Community-Based Programs Provide Caregiver Relief

By Melissa A. Goodwin

“Caregivers have to take care of themselves.” We say it all the time. But many elder-caregivers hear those words and understandably ask, “How? How can I get to my own doctor’s appointment if I have to take care of my loved one? I feel guilty enough leaving the house to do the grocery shopping. How can I even think about taking two hours to go to the doctor?”

Most caregivers would roll their eyes at the suggestion that they get out of the house for a few hours of alone time, or to do something fun like go to a movie or have lunch with a friend. It just seems too far out.

But there is help. Community-based volunteer programs now operate in nearly all 50 states to offer support to caregivers and their homebound loved ones. These non-profit programs typically do not charge for their services, and anyone who is caring for a homebound person can receive services—there is no income limitation. Individual programs differ, but most offer a set of core services:

- Transportation to and from the doctor
- Friendly visiting (visiting in the home with a homebound individual)
- Grocery shopping (picking up and delivering groceries)
- Caregiver relief (visiting with a homebound person while the caregiver goes out)

### Relief for Caregivers

For caregivers, these services can be a real blessing. In the case of Caregiver relief, a volunteer is assigned to visit in



the home with the loved one while the caregiver goes out. The reason for the caregiver’s outing is irrelevant—it can be for a medical appointment, to go shopping or out to lunch and a movie with a friend, or just for a quiet walk in the park. The only purpose that matters is allowing the caregiver some free time.

Typically the service is provided once a week, from two to four hours. Most programs will assign one volunteer to help on a regular basis, so that the homebound person and the volunteer can form a comfortable ongoing relationship.

“Our clients tell us they don’t know what they would do without this service,” says Gail Simmons, director of the Foothills Caring Corps in Carefree, Arizona. “Caregivers often feel overwhelmed by their responsibility for another person. They need a break, but they don’t know where to turn to get

one. And, they don’t feel comfortable leaving their loved one alone with just anyone.”

She continues, “Programs like ours give caregivers real peace of mind because all of our volunteers live right here in the community. Many of them are retired professionals, people who feel their own lives have been blessed and who want to give something back. About half of them come from local houses of worship, the other half from the community. And, all volunteers have to go through an orientation and background check before they

can participate.”

The Foothills Caring Corps program has about 300 volunteers serving the same number of clients, which they call “neighbors.” “We’ve noticed a real surge in requests for caregiver relief over the past two years,” says Simmons. “At first the requests were primarily from spouses caring for spouses. More recently, the majority of calls are coming from children who have taken elderly parents into the home. Often they have children of their own, and need time to take care of other family needs. We’ve also helped a sister who cares for her Downs

---

*Melissa Goodwin is the assistant director of the Foothills Caring Corps program in Carefree, Arizona. She is also a freelance writer and photographer whose work has appeared in a number of children’s magazines and in Angels on Earth magazine. She can be reached at [cc.melissa@earthlink.net](mailto:cc.melissa@earthlink.net).*

---

## Community-based volunteer programs now operate in nearly all 50 states to offer support to caregivers and their homebound loved ones.

---

Syndrome brother, and a woman who cares for her paraplegic son. Our volunteers have been able to step in and give them the relief they need, with the peace of mind of knowing their loved one is with someone with whom they both feel comfortable.”

### More than Just a Volunteer

A significant side benefit of the program is the wonderful relationships that develop between the neighbors and volunteers. Volunteer Jerry Kempthorne, a retired doctor in the Arizona program, stays with an 86-year-old homebound man while the caregiving spouse runs errands.

“On my last visit,” says Jerry, “Roscoe entertained me with his World War II stories. His wife Doris came home later to find us laughing and shouting. She said, ‘My goodness, you two certainly are having a good time!’ And we were! My visits aren’t just good for Roscoe and Doris. They’re good for me too. I look forward to every visit.”

The neighbor agrees. “Doris knows that I am in good hands with Jerry,” says Roscoe. We talk away the time and it really flies. When Doris comes home, she makes us a snack and the three of us have a chance to chat. We’ve made a real friend in Jerry.”

### National Network of Programs

Independent programs like the Foothills Caring Corps connect through a national network of support called Faith in Action, which was created by the Robert Wood Johnson Foundation. The number of local caregiving programs has grown exponentially since the mid 1980’s.

According to Sarah Cheney of Faith in Action, “The Robert Wood Johnson Foundation began in 1984 by funding 25 programs. Now there are approximately 850 nationally. Our goal is to provide these programs with a network for sharing information so that they don’t feel as though they have to find all the answers on their own.”

Faith in Action has a toll free number and a website that makes finding a local program easy. Here’s how to find a program near you:

Log onto the Faith in Action website, [www.fiavolunteers.org](http://www.fiavolunteers.org), which allows you to quickly locate local programs by identifying your state. They can also be reached toll free by phone at (877) 324-8411.

Not all caregiving programs participate through Faith in Action. For additional programs in your area, call your state’s Area Agency on Aging, which has information about all types of services to help the elderly and their caregivers.

Local houses of worship are another source of information about programs, as many identify volunteerism as an outreach ministry. ■

## How the Deficit Reduction Act of 2005 Impacts You

*Continued from page 3*

the income. The new law mandates the income first approach.

For nursing homes, the new law means more private pay patients. Again, the new law also acts as a strong incentive to purchase long-term care insurance.

However, it is possible that professionals will now encourage people to stay at home longer. This increases the need for homecare services. Assisted living facilities may see an increase in census, but only if they increase staffing qualified to handle residents who previously would have been transferred to a nursing home. The law will also likely cause the states to revisit the issue of licensing these facilities.

This rule is devastating to community spouses with little income and modest assets. The latter will have to be spent down to a maximum of \$95,100 before she gets any of her spouse’s monthly income. When he dies, she may lose his pension if he did not take a survivorship option; and/or her Social Security if it is less than his. She is now faced with limited income and few assets.

The new law mandates that Medicaid deny benefits for applicants with homes that have greater than \$500,000 in equity. The measure was aimed at individuals that sought Medicaid benefits by sheltering assets in expensive homes.

Nursing homes may benefit from this part of the law as it appears that residents will have to take out home equity loans to pay for private care. Reverse mortgages will become more popular.

Homecare agencies will benefit as more people try to stay at home longer.

### Adult Children Lose Out

Children may be losers in this scenario. First, equity in excess of \$500,000 will have to be used thereby diminishing their inheritance. Second, even if the amount is less, the state will place a lien on the home for recovery of benefits. What remains to be seen is whether a lien will be placed if there is a community spouse.

With deposits in Continuing Care Retirement Communities (CCRC) previously exempt, the new law requires that applicants for Medicaid benefits use the entrance fees paid for a CCRC. It is too early to determine the affects here because there is sure to be litigation regarding who actually owns the fee and other difficult issues.

The states are required to put together rules that will waive any of the new provisions should they pose an undue hardship. Also, Congress has given states the right to create partnership programs.

Finally, it is no secret that for dozens of years, Medicaid has been thought of as an alternative way to pay for long-term care. Medicaid planners have been able to use the current rules to shelter assets and qualify even the wealthy for Medicaid benefits. Now, with the Act becoming law, it will be important for all us to educate ourselves and our communities about planning ahead for long-term care, as Medicaid will be reserved for the truly needy—the reason Medicaid was originally designed in the first place. ■



## Lessons in Dental Diligence

# A Daughter's Non-Stop Quest for Quality Dental Care

By Marilyn Michael

**D**ad could have been a poster boy for good dental care, always brushing and flossing religiously. That had undoubtedly helped him retain his original teeth at 80. This seemed admirable until Alzheimer's overtook him. It was then that his dental health and maintaining good dental care became unforeseen problems. Dental diligence became an unexpected area of my responsibility in helping him as his caregiver.

Even with all his good care, teeth age, and in his late 70's he'd needed some extensive dental work. One dentist proposed capping a number of teeth, which seemed excessive. With a second opinion, the decision was to repair some teeth and perform a couple root canals.

About a year after that, Dad's mental deterioration was evident and his attention to his teeth began to slip. In a retirement home, he stopped flossing and even began forgetting to brush. There were attempts at disinfectant mouthwashes and electric toothbrushes for better dental health, but if these aids aren't used, they don't help. Finally, extra morning and evening care services were arranged. The caregiver would make sure he brushed his teeth, but his quality of dental care still slipped.

This dental forgetfulness was part of a larger downhill slide for Dad, and within a year of moving to the retirement center, he needed fulltime nursing home care.

Dad had long-term care insurance that paid for an excellent facility, so I assumed he would be receiving the needed help with his dental care. Then, one day, I asked where the toothbrush and toothpaste were kept and found there were none in his room. I began to observe Dad's teeth, and the film build up didn't look healthy.

### Taking Over Dad's Care

From that point forward, every time I visited we did a teeth brushing, and I kept reminding staff and checking for the toothbrush and toothpaste. Though care seemed good in other areas, it seemed that his teeth suffered.

Despite my best efforts at pushing for dental diligence, after a year in the nursing home Dad had to have three teeth removed. Later, when Dad moved to another excellent nursing home, my urging of good dental care was still necessary. Though Dad, fortunately, had retained his pleasant nature, a staff member once complained that, "sometimes he resisted having his teeth brushed." This was undoubtedly part of his larger frustration about so many things being "done to them" by his custodial carers.

I kept pushing for Dad to be seen by the hygienist. When the visiting dentist saw him for the first time, his assessment was that several more teeth must be removed, and this time they were in such locations that Dad would no longer be

able to chew solid foods. This would have caused a major deterioration in quality of life for Dad.

Inquiring more of the dentist about his diagnosis, I discovered that he had taken no x-rays of Dad's teeth, saying that Dad wasn't able to cooperate with the x-ray process. Because this was of such major quality-of-life importance, I demanded that we attempt to get x-rays. I arranged to be there at the time to help Dad cooperate. I, also, had this dentist send his assessment to Dad's old dentist for a second opinion. He shared my concern about how such a major procedure could be asserted without the information from current x-rays.

### Staying Involved

I was there the day of the mobile x-ray procedure. A large apparatus was to be placed in Dad's mouth. After Dad resisted two attempts, I asked if there was anything else they could do. They then said they had one smaller apparatus they could try to use. It was certainly more comfortable, and with my assurances, Dad tolerated it and held it in his mouth with no resistance at all—small step; big ordeal.

With x-rays, the dentist saw in one area of concern that Dad had had an earlier root canal, precluding one projected removal. Another tooth had some decay that could be fixed and since the other projected problem area wasn't causing Dad pain, there was no immediate need

for action. It was only then that the dentist admitted his recommendation to remove the teeth was a preventative measure against future problems. The “preventative” part of the assessment had not been made clear to me. He had merely sent a written plan of dental action that he wanted me to OK.

### The Bottom Line

The bottom line lesson for me was that if I hadn't pushed for further investigation, the dentist would have removed three teeth and relegated Dad to soft foods unnecessarily.

In turn, my lesson for you is that if a loved one is growing older, especially if Alzheimer's or dementia is developing, consider major dental work for them early in the process. Such procedures as major teeth capping or dentures should be pursued earlier rather than later. Good dental care to maintain healthy teeth can become very difficult as mental faculties or physical conditions deteriorate and more custodial care is necessary.

In nursing homes, be diligent with staff about dental care for your loved one. If possible, continue to take your loved one to their original dentist for as long as possible. If Mom or Dad can't transfer easily to the examination chair in the dentist's office, you will have to rely on the home's visiting dentist, so make sure that dentist has all previous dental records.

Always be present when dental procedures are planned. You can help your loved one tolerate what is required and help the dentist or aides respond more appropriately to the needs of your loved one.

Make sure any suggested procedures are actually necessary. Preventative dental procedures are sometimes suggested or performed in nursing facilities to make overall patient care easier and preclude future infections. And, as you saw in my case, that's not always in the best interest of your loved one.

Healthy teeth and enjoyment of food are part of a good quality of life. With diligence in the area of dental care, you can help your loved one continue to enjoy their favorite foods and have as healthy a set of teeth as possible. ■

---

*Marilyn Michael has helped her father make transitions, as comfortably as possible, from his home to apartment living to a retirement center and, finally, to a nursing home. She lives in Seattle, and continues to try to find ways to make her father's quality of life as good as possible. She can be reached at neurother@aol.com..*

### The Changing Face of Long-Term Care in America *Continued from page 2*

of scheduled activities and tasks.

- Active and meaningful participation in the life of the community is encouraged by residents, family and staff alike.
- There is opportunity to grow relationships.
- There is an opportunity for all to give and receive care.

For those who may ask, “Does culture change really make much difference?” the Pioneer Network comes to mind. This national coalition of individuals and organizations advocating deep systemic culture change in LTC has evidence that culture change is working not only for the benefit of residents but also family members and staff. Research points to reduced resident depression, lower use of medications to treat depression and behavioral problems, lower rates of employee turnover and higher degrees of family satisfaction and involvement.

As Bump points out, “What family caregivers can offer in culture changed homes is what they've been providing for their loved ones all along. If a loved one has a diminished ability to communicate, then the family caregiver can be

an advocate. Caregivers can be involved in creating the care plans for a loved one by attending the care conference. They can have the courage to challenge the system. They can become volunteers and get involved in the life of the home or serve on advisory boards. They can look for opportunities to plant the seeds which will grow into culture change.”

Both Bump and Pace say that deep culture change takes time. It requires involvement, learning, flexibility and experimentation on the part of not only residents and staff but also family members who offer insight and assistance in helping to make a home-like environment into a true home.

As Pace says, “True culture change is a journey, not a destination. There will always be something more or different that can be done to make life better.” ■

---

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

**Next Month:** The Greenhouse Project, a close look inside one of the more radical examples of LTC culture change operating in America.

### COMING UP IN MARCH

■ **The Greenhouse Project.** We take you inside one of the more radical examples of long-term care culture change operating in America. Part 2 in our series The Changing Face of Long-Term Care in America.

■ **Nutritional supplements** are a helpful source of nourishment to fight low body weight in our elderly. We'll show you ways to zip up these sometimes taste-challenging concoctions to make your loved one look forward to them.

■ **High blood pressure and hypertension are sometimes called the silent killers in our seniors.** We'll tell you what every caregiver needs to know to guard against this danger and treat it effectively when it occurs.

■ **“Listen to your heart, not your head.”** Learn about this and other important techniques in effective dementia caregiving.

### Need Your Email Address

One of the benefits of being a subscriber to this newsletter is complete and unrestricted access to our website at [www.caregivershome.com](http://www.caregivershome.com), including all back issues of this publication. Another benefit is receiving at no cost the weekly news update *The Caregiver's Hotline*, which is sent to email in-boxes each Tuesday.

But we need your email address in order to pass along these important subscriber benefits. If you didn't provide us with your email address when you subscribed, please send it to us now at [Editor@CaregiversHome.com](mailto:Editor@CaregiversHome.com) and we'll get you signed up right away.

# 10 Tips for Brightening Your Loved One's World

By Paula Tchirkow, MSW, LSW, ACSW

**A**s we age, our vision generally dims, making what have been simple vision tasks difficult or worse. Far from the extreme yet common condition of age-related macular degeneration, our elderly—who need nearly three times as much light as younger adults—face a number of daily vision challenges.

As caregivers, we can literally help brighten their days and nights. Here are 10 tips to get you started:

1. Illuminate the entire house, especially stairways and the places where your elderly reads. Replace low wattage bulbs with brighter bulbs, experimenting with different intensities to see what works best. For easier reading, a light should be placed behind the shoulder on the same side as your parents' best eye.
2. Decrease glare from shiny surfaces, and avoid highly waxed floors. Aim light at a ceiling or wall to create indirect light. Add blinds or curtains to windows that are filled with bright, direct sunlight.
3. Put night lights in bedrooms, bathrooms and hallways.
4. Use reflector tape or colored tape on the edges on stairs to make steps more visible.
5. Make sure light switches are easily accessible at the entrance to every room.

6. Install lights that are triggered by dusk.
7. Have your parent use sunglasses with 100% ultraviolet protection to protect their eyes from outdoor glare.
8. Write notes in big, clear letters, with a black ink felt-tipped pen.
9. Review your parents' driving habits and urge them to avoid night time driving.
10. Finally, there are an amazing number of low-vision products now available to the elderly. These products—which include magnifying glasses, large print calculators, and talking computers—can be found in catalogs and in some medical supply stores.

As for resources to aid elderly reading, check out the Complete Directory of Large Print Books and Serials, found in most library reference sections. Also, the National Library Service to the Blind and Physically Disabled (800-424-8567), a part of the Library of Congress, offers a free lending service for taped books and magazines, as well as equipment to play them. ■

*Paula Tchirkow is a licensed and certified geriatric care manager and president of Pittsburgh-based Allegheny Geriatric Consultants. An author, speaker, and member of our Board of Experts, she can be reached at paula@caregivingadvice.com.*

## Give the Lasting Gift of Care

How you care to those around you who can benefit from the same information, tips, advice and how-to features you receive every month in *Caregiver's Home Companion*.

Give a gift subscription to the newsletter so the help and benefit you receive can be shared by others you care about.

Give the gift of help—a gift subscription to a family member, friend or co-worker.

Or donate an anonymous gift subscription which we will use to benefit an individual in need of the knowledge and support *Caregiver's Home Companion* provides, but may not be able to afford the few extra dollars to subscribe. We will see that your gift is properly assigned to a needy caregiver.\*

We all know the importance of "care." This is your chance to share your care with a gift subscription to help others.

Call NOW toll free at (877) 259-1977, or fill out the simple gift subscription form online at <https://www.caregivershome.com/subscriptions/giftsubscriptions.cfm>.

\* Note: anonymous subscription donations may only be submitted by using our toll free phone line.

