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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

Keeping Loved Ones Independent

Helping Mom and Dad Navigate the Bathroom

By **Melissa A. Goodwin**



Editor's Note: Safety and mobility go hand in hand in determining whether an elderly person can continue to live independently—the goal of almost every senior. But dangers lurk, and caregivers need to be alert to ways to protect loved ones along the way. In this feature series, Solutions for Keeping Loved Ones Independent, we outline what caregivers need to know to help keep their loved ones safe and independent.

For many caregivers, trying to understand why their loved one is reluctant to bathe becomes a constant source of frustration and mystery. And while in some cases the answer may stem from mental deterioration or depression, in many more cases it may actually be fear and discomfort that deters them.

Actually, our elderly's fears are well-grounded because the bathroom can be a dangerous place, with its cold, hard, wet and slippery surfaces. It makes sense,

then, that eliminating the fear-inducing obstacles your loved ones face every time they enter the bathroom may also eliminate much of their resistance to bathing.

Making the Bathroom Safe

The first step in making our parent's bathroom more elderly-friendly is to identify the most common hazards and present solutions that minimize the risks that may interfere with a loved one's ability to navigate safely in one of the most essential rooms in the house.

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Helping Mom and Dad Navigate the Bathroom

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Hazard : Rims of baths and showers are difficult to step over. Loved ones must attempt to balance while transferring, often using unstable supports such as towel bars or faucets to steady themselves.

Solutions : One good solution is a transfer bench, which allows your loved one to transition in a seated position from outside the tub to the inside. Options range from basic designs that sell for less than \$200, to more advanced designs that include seats that slide and swivel and sell for up to \$500. Benches can be found at local medical supply stores or from online vendors, including www.medicalproductsdirect.com, www.spinlife.com and www.medicalsupply4U.com.

In addition, walk-in and wheel-in showers and tubs completely eliminate the problem of stepping over the bathtub rim. They are excellent but more-costly solutions, with showers priced from \$1,200 and tubs priced from around \$5,000.

For those who prefer to keep their existing bathtub, door inserts can be installed, allowing the tub to be adapted for walk-in accessibility. You can view a variety of accessible showers and tubs online at www.premier-bathrooms.com, www.safetybath.com and www.accessible-walk-in-bathtubs.com.

Hazard: Wet, slippery bathroom surfaces increase the risk of falling.

Solutions: Purchase non-skid patches that glue permanently to the floor of the shower or tub. Removable non-skid mats are less desirable, because they tend to loosen over time and can slip underfoot. Non-skid patches are sold at hardware and bath supply stores.

Alternatively, look for a local company that specializes in refinishing tubs, and see if they can refinish your loved one's tub with a non-slip surface.

Outside the tub, avoid using throw rugs that can slide when stepped on. A better solution is wall-to-wall carpeting, or the same kind of non-skid surface that is used in tubs.

Hazard: Holding onto the bathroom door, sink, faucet or a walker while transferring to or from the toilet or the tub or shower promotes falling.

Solutions: Install grab bars wherever transferring or extra safety is needed. Make sure they are securely anchored into wall studs. Bars come in a variety of lengths and shapes, and can be mounted horizontally, vertically and diagonally. Some are even portable, able to be moved or adjusted as the need dictates. Grab bars with ridged and rough surfaces allow for better gripping and can be found at hardware and home supply stores, with prices starting around \$15. Prices can rise sharply, depending on design preferences.

Hazard: Standing while bathing makes balance tricky and often unsafe.

Solutions: A shower or bath seat allows your loved one to sit comfortably and safely while bathing. Add strategically placed grab bars and a hand-held shower head, and bathing becomes much easier. A variety of bathing products, such as bath mitts and long handled scrubbers with removable washcloth heads will allow your loved one to cleanse hard-to-reach areas without having to stand. Local or online bath supply and medical supply stores are sources for bath seats and bathing products.

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Unlocking Tangled Memories

Reaching People with Alzheimer's Through Music

By Barbara Jacobs, M.S.

A soothing sound, song lyrics or musical chords that rekindle a feeling or memory—these are wonderful musical sparks that can warm the heart in any of us. But for millions of elderly struggling to hold on in the darkening face of Alzheimer's or other dementias, these lyrical sounds can help connect

on to describe how familiar music is actually the key to eliciting emotions and unlocking words that have been silent.

Researchers have discovered that the early teen years, especially around the age of 14, are when musical preferences and memories are formed. Daniel Levitin, in his book *This is Your Brain on Music*, says, "We tend to remember things that have

an emotional component because our [brain] and neurotransmitters act in concert to tag as important the memories of these emotionally charged years of self-discovery."

That's why people with Alzheimer's disease can often sing the songs they heard during their teen years, even when they can no longer remember the names of their children. This behavior is

also well documented in people with advanced dementia.

Throughout my 12-year career as a therapeutic musician in nursing homes, I have witnessed the beneficial power of music for those with Alzheimer's disease. People in my classes who are virtually speechless and confused begin to sing, hum and sometimes dance once they are stimulated by music. The benefits of music and singing, including mood improvement and calmer behavior, often

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If you would like to add music to your loved one's day, here are some activities to consider:

1. Visit your local music store to find CDs from the 1930s through the 1950s. Songs should be familiar to your loved one, such as songs from their teen years. Favorite popular artists, Broadway shows such as "South Pacific" and "Oklahoma," and works of composers like George Gershwin are but a few possibilities.
2. There are a number of ready-made sing-along DVD and video resources available at Amazon and found in many of the free senior product catalogs such as S&S Worldwide (1-800-243-9232) and Sea Bay Games (1-800-568-0188).
3. Your public library is another wonderful resource for borrowing musical CDs or DVDs of an opera or Broadway show.
4. If you play an instrument and want to have a sing-along, play it at a slower pace and in a lower key. You can obtain lyrics from the Internet and print them out in an enlarged typeface.
5. Create a soothing atmosphere by tuning your radio to a classical music station. My students particularly enjoy works by composers such as Mozart and Chopin.
6. Add singing and humming to your daily activities, and encourage your loved one to join in and sing. Your participation in musical activities is bound to lift your spirits too.



Barbara Jacobs, at piano, with one of her music classes

yesterday and today, if even briefly.

Dr. Oliver Sacks, in his current best-selling book *Musicophilia*, writes about the amazing therapeutic effects of music on people with Alzheimer's disease and other dementias. "Music is no luxury to them but a necessity, and can have power beyond anything to restore them to themselves and to others at least for a while," writes Sacks, a professor of clinical neurology and psychiatry at Columbia University.

In this eye-opening book, Sacks goes

A First-Hand Account

Keeping Loved Ones Safe from Elderly Financial Abuse

By Judith Heft

It's all too common and simple for the elderly to become victims of financial abuse. After all, they may be losing—or already have lost—some of their cognitive ability, and their judgment may be clouded. And while the abuser is sometimes a stranger, it often is someone they know—a friend, caregiver, relative, or trusted financial advisor.

"As people grow older, they grow dependent on others for care, and part of that care means someone must help them with their finances," says Larry Pickard, who supervises the unit that deals with financial abuse of the elderly at San Francisco Adult Protective Services.

I have seen financial abuse in action during the course of my own work. Mr. Smith (all names in this article have been changed) was 101 years old and living independently in an upscale facility in Connecticut's Fairfield County. None of his children or relatives lived nearby. About three years ago, I started helping him with his bill-paying and financial organization, and visited him twice a month to sort through his mail and help him decide what was junk and what he needed to read. I also took all the bills back to my office to prepare the checks.

During the entire time I worked with him, Mr. Smith was very independent, but he was starting to slow down physically. A few months ago, he fell, and it became obvious that he needed 24/7 care



to stay out of assisted living. He gave in to having what he referred to as "24-hour surveillance."

The home health aide, Maria, came from an agency and was recommended by the facility. She took very good care of Mr. Smith, helping him bathe and dress, and staying constantly by his side. She won his trust and confidence. And when he fell again, Maria was the one to take excellent care of him.

But then things changed. Maria slowly started having Mr. Smith write checks payable to "Cash" for drug store supplies and the few groceries he needed. Maria also started paying some of the bills,

which is how I think she convinced him to sign the checks during his time of weakness. Maria then endorsed the checks with her own signature and deposited them to her own checking account.

Since I wasn't a signer on his checking account, I didn't notice this until it was too late. By the time the bank statement arrived, there was a total of \$16,000 in either forged checks or checks Mr. Smith had been coerced to sign.

I reported this to the police, and Maria was fired from the agency. Since the agency was bonded, it had to make good on the losses. But that's only part of the story: unfortunately, Mr. Smith was devastated to learn that someone he trusted took such advantage of his sweet, trusting, and generous nature, and just a few weeks later, Mr. Smith passed away. It was terrible for him to spend his last weeks knowing about this crime against him, especially by someone he trusted.

Financial abuse of the elderly knows no boundaries. It can occur when someone steals or embezzles money, Social Security checks, or other property from an older person. It can be as simple as taking money from a wallet or manipulating a victim to turn over or sell personal property or belongings. In many cases, the financial abuse is done by someone the victim knows and trusts. But make no mistake about it: this is a serious and shameful crime.

Sometimes the abuser has gambling, substance abuse, or financial problems. Mrs. Green's daughter passed away suddenly at age 50. Her teen-aged

Financial abuse of the elderly knows no boundaries. It can occur when someone steals or embezzles money, Social Security checks, or other property from an older person. It can be as simple as taking money from a wallet or manipulating a victim to turn over or sell personal property or belongings.

granddaughter stole her grandmother's credit cards and charged, with interest, more than \$20,000. Mrs. Green's surviving daughter took her mother's medications to feed her own substance abuse problem. This daughter also stole money, perhaps thinking it was "rightfully" hers. Mrs. Green could barely make ends meet, and the fact that her own relatives were stealing from her made it even worse.

Generally, the elderly are afraid to report this abuse, fearing that their children will consider them to be too demanding or unfit to handle their finances. The elderly naturally fear losing an important part of their independence and can be embarrassed that they can't handle the situation themselves. Mrs. Green did not want to report these crimes because she was afraid of alienating her only surviving daughter and didn't want to get her granddaughter into any more trouble. She was also depressed over the loss of her daughter.

Another client of mine, a wealthy man in his 80s, was rushed to the hospital with heart palpitations. Immediately, his children wrote gift checks to themselves in case their father didn't make it. That was a few years ago, and he is still going strong. This client also complained to me that his son, a co-signer on his safe deposit box, took his jewelry without asking. The client did not want to confront his son, because he was afraid of alienating him. Financial abuse affects the elderly in all financial, social, and cultural groups.

People over the age of 55 control 70% of the nation's wealth. Many of our elderly do not realize the value of their assets and how those assets make them vulnerable. An FBI investigation found that fraudulent telemarketers were directing nearly 80% of their calls to seniors; the elderly are often dependent on others for help, and a "helpful" voice at the end of the telephone line can exert significant influence. Still, sadly, family members

commit more than half of the financial abuse of the elderly.

For family caregivers, there are many signs to watch for in detecting financial abuse of their loved ones. Someone could force an elderly person to sell or give away property or to sign a power of attorney. Valuable objects may start to disappear. There may be unusual activity in bank accounts, such as sudden withdrawals of large amounts, many checks made out to cash, and low bank balances when there should be plenty of available funds. A new "best friend" or "sweet-heart" might appear on the scene. Signatures on checks might not resemble the older person's signature. Out of nowhere, a name may be added to an older person's bank account.

There are several ways to prevent this financial abuse. Have several family members be involved with the older person. Encourage the elderly to become involved with the community, senior centers, or religious groups, where they can enjoy a strong support system. Take advantage of direct deposit of income checks, including Social Security checks and dividend checks. Carefully screen and verify professional caregivers' references, and do a thorough background check.

The older people become, the more vulnerable they become. Anyone suspecting financial abuse should report it. (It is estimated that only one in six cases of financial abuse is reported.) When in doubt, err on the side of caution. Financial abuse too easily can continue and even escalate, if there is no intervention. Reporting the abuse and intervening in time can save the assets, health, and dignity of elderly loved ones. ■

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Reaching People with Alzheimer's Through Music *Continued from page 3*

persist for hours after the music has stopped. As a caregiving family member, joining your loved one in a musical activity can bring you both a sense of joy and well being.

Here's an example of this musical power at work, from a recent music class in an Alzheimer's community, when I had a thrilling interaction with Lou, a resident with moderate Alzheimer's, including aphasia (loss of speech).

I was playing a Judy Garland album, intending to reminisce with the residents before I played their favorite "oldies" on the piano for our sing-along. I randomly went into the audience and chose Lou to dance with me while Judy Garland was singing "Somewhere, Over the Rainbow." He joined me willingly, and before long held me in an appropriate dance position, stared into my eyes and clearly said the last few words of the song, "Why, Oh Why, Can't I?"

I was thrilled, but somewhat baffled when I saw staff running to get their cameras, because I knew nothing about him. The staff later told me that this was the first time they had seen Lou speak and show any semblance of his former self. Apparently, he had been a great dancer and music lover in his pre-Alzheimer's life.

My own formula for success, which can be replicated by caregivers at home, is a two-part music session. In the first part I play CDs of favorite recording artists such as Judy Garland and Nat King Cole. The second part consists of an old fashioned sing-along in which I accompany residents on the piano. Everyone is given large-print lyrics of each song so they can fully participate—and they do!

I have always known that music can open hearts. Through my teaching experience, reinforced by recent research, I have seen how it can also open minds. If you're willing to give it a try, you might share these same results with your own loved ones. ■

Barbara Jacobs, M.S. is a therapeutic musician who has produced a series of musical sing-along DVDs for Alzheimer's patients and seniors. She lives in northern California and can be reached at Barbara@customvideof.com. Her website is www.FrontRowSeatVideos.com.

Spirituality and the Elderly

Finding the Spirit of Better Health as We Age

By Mike Andrews

Cal Johnson's prognosis was grim. His doctor at University of Cincinnati hospital told him to expect eight to 10 months of slow, painful recovery and physical therapy following surgery on his lower back. Cal expressed his faith that God would help him through the process and later surprised his doctor by participating in a community walk-a-thon less than five months later.

How did Cal's belief in God impact his recovery? Was there a connection? Researchers aren't sure. Some credit the well-documented power of the mind to heal ourselves when spurred by a positive, optimistic outlook. Others identify the recuperative power of hope and determination they see in many patients. Still others suggest that having faith in God or some form of supernatural hereafter connects patients with a hidden source of strength we don't always perceive or understand.

Medical professionals have long appreciated the connection between their patients' spirituality and their improved physical health. A number of doctors say patients with a vibrant spiritual faith stay healthier, heal faster and experience less pain and other symptoms during illnesses. For example, epidemiologist Dr. Jeff Levin reports in his book *God, Faith and Health* that older adults who identified themselves as "religious" in his study had fewer health problems and functioned better than those who did not.

Matching Physical and Spiritual Needs

Caregivers are usually very conscientious about making sure their loved ones' physical needs, medications and daily quality-

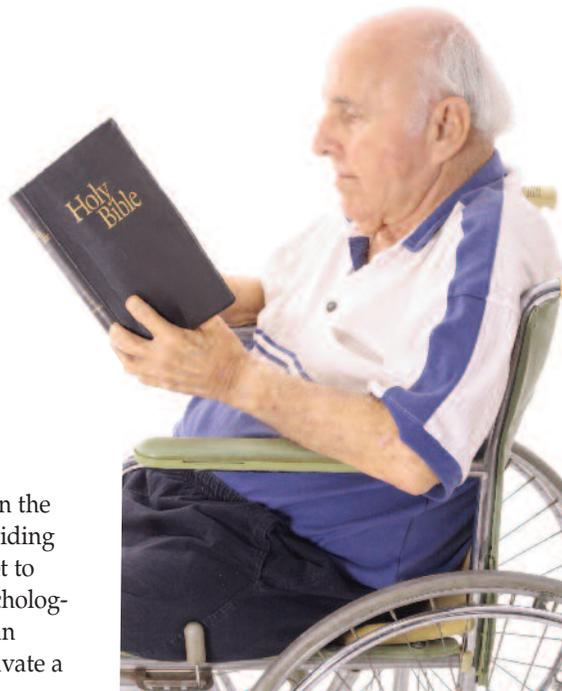
of-life care needs are well-met. But in the sometimes-challenging pace of providing consistent or constant care, we're apt to forget the physical, mental and psychological benefits our aging loved ones can experience when we help them cultivate a healthy spirituality as well.

Helping loved ones cultivate meaningful spirituality may seem like a daunting, unfamiliar caregiving process, but it doesn't have to be—nor does it have to follow a certain formula for what "spirituality" means.

Quite often, developing and maintaining a healthy spirituality is a journey that's unique to each individual or family. For some, it may mean regularly attending a church or temple, along with reading spiritual literature and praying. For others, it may mean listening to or watching religious programming at home. For still others, singing, meditating, listening to music or journaling may all be elements of a satisfying spirituality.

Each individual is unique and may find immense strength and comfort in a variety of "unusual" places, so helping our loved ones discover those places doesn't necessarily mean attending a specific church or following a "traditional" path.

Where Faith Matters Most



Although healthy spirituality seems to support healthier healing and better physical health generally, there are three other areas of our loved ones' lives where spiritual faith seems to matter most.

First, most loved ones who exercise some regular spirituality find a greater sense of hope, contentment and well-being in their day-to-day quality of life. The physical difficulties and lifestyle changes that so often accompany aging can have a depressing effect on mental health. But personal faith, or a sense of connection with God, helps loved ones accept and adjust to these changes as a natural part of life's design.

Further, faith also gives "common," day-to-day living a greater sense of meaning and purpose. By helping our elderly place their experiences in a more spiritual context, the resulting healthy spirituality often frees them from focusing on difficulties and enables them to enjoy life's daily rhythms more fully. ►

A second area where faith matters most as we all age is in providing and encouraging greater opportunities for social involvement and personal relationships. Being regularly involved in a local faith community helps seniors remain included in life outside the home. Houses of worship are often not only sources of spiritual inspiration, but also the center of many long-term friendships and relationships. A faith that's shared and enjoyed with others not only sustains our spiritual well-being, but also satisfies the need we all feel to be included, accepted and valued by others.

Even when loved ones can't go out to participate in public services, their need for community connection can be met with regular visits from clergy and other members of their faith family.

A final aspect of our loved ones' lives where faith matters most comes as they face the prospect of terminal illness and death.

The fear and uncertainty that usually accompanies death can feel both isolating and overwhelming. But a healthy personal faith in God can impart a restful, even optimistic sense of peace and assurance in the face of life's final transition. And feeling assured that life does extend beyond death helps many loved ones to emotionally prepare themselves for their journey as they give final gifts and say last goodbyes to family and friends.

How Caregivers Can Help

As caregivers, we can feel awkward or uneasy addressing spirituality or religious faith with loved ones. We worry that the subject will be uncomfortable, or that broaching it may be perceived as an unwelcome intrusion into a private area of life. But frequently, our loved ones welcome the opportunity to talk with someone about spirituality and their desire to feel peace or spiritual comfort in this phase of their lives.

So how can we, as caregivers, support our loved ones' spirituality without intruding or imposing our views or ideas?

First, we can simply invite our loved ones to express their spiritual interests or personal faith, and then listen attentively without passing judgment. While our loved ones' beliefs or practices may not always match our own, we can encourage their unique perspective and cele-

brate the areas that we share in common.

Second, we can gently offer elderly family opportunities to cultivate their spiritual well-being in ways that compliment their personal faith and interests. Subscribing to large-print devotional magazines (many of which are available at no charge), arranging transportation, and inviting the elderly to share in our own faith communities are all ways in which we can make ourselves available to encourage our loved ones' spirituality.

Finally, we must allow our loved ones to lead the process of spiritual discovery and respect their desire to pursue a healthy spirituality in their own way, at their own pace, or even not at all. In the end, our desire always should be to support their journey in whatever ways they feel most comfortable with. And in this, we can all succeed. ■

Mike Andrews is a former church pastor and currently works as a business consultant and writer. He lives in Mansfield, Ohio and can be reached at oholymike@hotmail.com.

COMING UP IN MAY

- What caregivers fear. From disease conditions passed along genetically to fearful late-night phone calls bringing the worst news, already-stressed caregivers have a litany of reasons to fear life.
- We look at new products to keep our loved ones safe and to relieve stress in the latest installment of our periodic feature on caregiving gadgets and gizmos.
- Excessive worry and repeated actions or thoughts can dot the daily landscape for our elderly. Learn what to look for and how to react when Mom exhibits what seems like OCD—obsessive compulsive disorder.
- Diabetes and dementia. A look at the dangerous intersection of these fast-growing diseases that are wracking our elderly population and further complicating our caregiving.

Helping Mom and Dad Navigate the Bathroom *Continued from page 2*

Hazard: Low toilet seats make transferring difficult.

Solutions: Medical supply stores sell raised and swivel toilet seats that make toilet transferring much easier. Securely fix grab bars on the wall so your loved one can use them to assist with rising and to steady themselves after toileting.

Comfort and Convenience in the Bath

Paying attention to minor changes or additions that make the bathroom more comfortable will also reduce the dread that bathing may hold for your loved one. Here are some small changes that can make a big difference:

- Keep the temperature in the bathroom warmer than you might think is necessary so your loved one is not cold when emerging from the bath. Or, buy a heat lamp that will keep them warm.
- Place a hook for a bathrobe near the tub or shower, and make sure your loved one has a nice warm robe to put on after getting out of the water.
- Create easy-to-reach open storage so the items your loved one needs for grooming are easily accessible and don't create a cluttered environment.
- Dim lighting can lead to falls, so ensure that bathroom lighting is adequate and that there are working nightlights. When in doubt, over-illuminate.

Many aspects of typical home design can become insurmountable obstacles for our elderly loved ones to navigate. To them, stepping over the rim of a tub may seem like an Olympic feat. But we can eliminate many of these obstacles by making changes that will keep them safer in the bathroom, encourage them to bathe, and prolong and enhance their independence. ■

Melissa A. Goodwin is a freelance writer and photographer living in Santa Fe, New Mexico. She has years of experience working with volunteer caregiving programs that help seniors and family caregivers. She can be reached at meesarj@msn.com.

Turning to Hospice

Asking the Right Questions to Select Care Providers at Life's End

WHEN A FAMILY MEMBER IS DYING, how can their loved ones provide the care and comfort needed?

Increasingly, Americans are turning to hospice for help. In fact, an estimated one-third of all deaths in the United States take place in hospice care. Hospice is a term that describes programs involving a team of individuals who work together to provide optimal supportive care for terminally ill individuals and their families. It begins when curative treatment has stopped and death is anticipated within six months.

Most hospice care is provided at home but it may be provided in a skilled-care facility or other residential settings.

The newsletter *Mayo Clinic Women's HealthSource* recently presented an overview of hospice care, including these questions to help evaluate available programs:

- What services are offered to the patient? Services should include management of

symptoms, including pain, insomnia, shortness of breath, depression, constipation, agitation and nausea.

- What services are offered to family members? Spiritual and emotional support should be part of the services offered to patients and families. Trained volunteers may support families by providing companionship or even running errands.
- What types of bereavement services are available? Guidance and support may be offered for a year after the death has occurred.
- Who makes up the hospice care team? How are they trained and screened? Team members could include doctors, nurses, home health aides, therapists, spiritual caregivers, social workers, volunteers and bereavement counselors.
- How involved is the doctor? Often, the hospice medical director oversees care in conjunction with the patient's

primary physician.

- How will the individual's pain and symptoms be managed? Effective methods exist to control even strong levels of pain. A goal of hospice is to ensure the patient's comfort without over-sedation.
- If circumstances change, can service be provided in different settings? Does the hospital have a contract with local nursing homes? Is residential hospice available?
- Is the program reviewed and licensed by the state? Is it certified some other way? Is the hospice Medicare certified?
- What costs are covered by insurance? Medicare, Medicaid and most private insurers cover hospice care.

Doctors, nurses and social workers are good sources of information on local hospice programs. The National Hospice and Palliative Care Organization offers information, including a provider directory, at www.caringinfo.org. ■

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