Section 4
Living at Home and In-Home Care
Check the level of function of each activity of daily living listed below. This will help you determine how much assistance an elder needs.

<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>INDEPENDENT</th>
<th>NEEDS HELP</th>
<th>DEPENDENT</th>
<th>DOES NOT DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Grooming</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Oral Care</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Transferring</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing Stairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Cooking</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Managing Medications</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Using the Phone</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Housework</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Doing Laundry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing Finances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**WARNING SIGNS FOR DRIVERS WITH DEMENTIA**

A diagnosis of mild dementia alone is not an automatic reason to stop driving. Families can use this list as an objective way to monitor any changes in driving skills over time. The signs are ranked from minor to serious. Written notes of observations can help you make informed decisions and may be useful in conversations with healthcare providers.

Consider the frequency and severity of incidents. Several minor incidents or an unusual, major incident may warrant action. Look for patterns of change over time. Isolated or minor incidents may not warrant drastic action. Avoid an alarming reaction. Take notes and have conversations at a later time, instead of during or right after an incident.

**Driving Behavior Warning Signs - When Noticed, How Often**

| 1. Decrease in confidence while driving | 16. Uses a “copilot” |
| 2. Difficulty turning to see when backing up | 17. Bad judgment on making left hand turns |
| 3. Riding the brake | 18. Near misses |
| 4. Easily distracted while driving | 19. Delayed response to unexpected situations |
| 5. Other drivers often honk horns | 20. Moving into wrong lane |
| 7. Difficulty parking within a defined space | 22. Confusion at exits |
| 8. Hitting curbs | 23. Ticketed moving violations or warnings |
| 9. Scratches or dents on the car, mailbox or garage | 24. Getting lost in familiar places |
| 10. Increased agitation or irritation when driving | 25. Car accident |
| 11. Failure to notice important activity on the side of the road | 26. Failure to stop at stop sign or red light |
| 12. Failure to notice traffic signs | 27. Confusing the gas and brake pedals* |
| 13. Trouble navigating turns | 28. Stopping in traffic for no apparent reason* |
| 14. Driving at inappropriate speeds | 29. Other signs: |
| 15. Not anticipating potential dangerous situations | |

* Stop driving immediately

Excerpted from "At the Crossroads: Family Conversations About Alzheimer’s Disease, Dementia & Driving." The Hartford Center for Mature Market Excellence. © December 2017. The Hartford Financial Services Group, Inc., Hartford CT 06155. All rights reserved. All information herein as of December 2017.
Driving Information and Contract

Driving requires the ability to react quickly to a variety of circumstances. Because of this, a person living with Alzheimer's will, at some point, be unable to drive. Planning ahead can help ease the transition.

Plan early for driving retirement

- Plan to discuss how retirement from driving will be handled before it becomes an issue.
- Be sympathetic as you address the topic because retiring from driving, and the perceived loss of independence is difficult for many.
- Visit the Alzheimer's Association® Dementia and Driving Resource Center (alz.org/driving), created with support from the National Highway Traffic Safety Administration, for helpful information and tools.
- Keep a written record of your observations to share with the person with Alzheimer's, family members and health care professionals.

Tips to help the person with dementia retire from driving

- Transition driving responsibilities to others. Tell the person you will drive, arrange for someone else to drive, or arrange a taxi service or special transportation services for older adults.
- Find ways to reduce the person's need to drive. Have prescription medicines, groceries or meals delivered.
- Solicit the support of others. Ask your physician to advise the person not to drive. Involving your physician in a family conference on driving may be more effective than trying to persuade the person not to drive by yourself. Ask the physician to write a letter or prescription stating that the person with Alzheimer's must not drive. You can then use the document to remind your family member what's been decided.
- Ask a respected family authority figure or your attorney to reinforce the message about not driving. When the person is still in the early stage of dementia, ask them to sign a driving contract (see page 3) that gives you his or her permission to help them stop driving when the time comes.

What if the person is reluctant to retire from driving?

- Experiment with ways to distract the person from driving. Mention that someone else should drive because the route has changed, driving conditions are dangerous, or you want to give him or her a chance to sit back, rest and enjoy the scenery.
- You may also want to arrange for another person to sit in the back seat to distract the person while someone else drives. If the disease is in an advanced stage or there is a history of anger and aggressiveness, it's best not to drive alone with the person.
- If the person with dementia wanders, he or she can also wander and get lost by car. Be prepared for a wandering incident and enroll the person in MedicAlert® + Alzheimer's Association Safe Return®, a 24-hour nationwide emergency response service.
service for individuals with Alzheimer's or other dementias who wander or have a medical emergency.

- In the later stages, when the person is no longer able to make decisions, substitute his or her driver's license with a photo identification card. However, do not assume that taking away a driver's license prevents driving. The person may not remember that he or she no longer has a license or even that a license is legally required to drive.

What if the person refuses to stop?

If the person insists on driving, consider the following steps as a last resort:

- Control access to the car keys. Designate one person who will do all of the driving and give that individual exclusive access to the car keys.
- Disable the car. Remove the distributor cap, battery or starter wire. Ask a mechanic to install a “kill wire” that will prevent the car from starting unless the switch is thrown. Or give the person a set of keys that looks like his or her old set, but does not work to start the car.
- Consider selling the car. This may allow you to save enough in insurance premiums, gas and maintenance costs to pay for public transportation, including taxicab rides.

Resources

- Alzheimer's Association Dementia and Driving Resource Center (alz.org/driving).
- Driving contract (see page ).
I, ___________________________________________________________________,
(name of person with Alzheimer's disease or dementia) understand that due to the nature of Alzheimer's disease or dementia, there will come a day when it is no longer safe for me to drive. The purpose of this document is for me to share my directions for what I would like to happen when I cannot drive anymore.

I am aware that due to Alzheimer's or dementia, I may not be able to recognize when I am no longer driving safely. In that case, I have asked the following person (people) to tell me that it is no longer safe for me to drive.

____________________________________________________________________
____________________________________________________________________

I understand that I may forget that I cannot drive anymore and may try to continue driving. If this happens, please know that I support all actions taken, including removing or disabling my car, to help ensure my safety and the safety of others.

Signature of person with Alzheimer's or dementia   Date

I, ___________________________________________________________________,
(person appointed above) commit to telling __________________________________________
(name of person with Alzheimer's disease or dementia) when it is no longer safe for him/her to drive. I commit to taking whatever actions are necessary from that time on to help ensure his/her safety and the safety of others, as he/she has requested.

Signature of person appointed above   Date

Signature of person with Alzheimer's or dementia   Date

TS-0022 | Updated April 2015
Falls

Falls are very common. One out of three older adults will fall each year. Falls can be very serious. They can cause broken bones, like hip fractures, bruises, and head injuries. A fall can also make it hard to walk or move, which can take away an older adult’s independence. People who fall are often afraid of falling again. Sometimes this fear can cause older adults to be less active, or to shuffle their feet when they walk. This can weaken muscles and make it more likely the older adult will fall again.

**Tips for Preventing Falls**

Most falls in older adults are caused by many things. These include some medications and balance problems. Most of the time it takes several changes to prevent falls. The table below lists some changes to prevent falls. These tips can help even if the older adult has not fallen in the past. You might not know if someone you care for has fallen. About half of older adults who fall don’t report it. Using these tips with everyone is best.

<table>
<thead>
<tr>
<th>Changes with Aging and What to Do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exercise</strong></td>
</tr>
<tr>
<td><strong>Strong Bones</strong></td>
</tr>
<tr>
<td><strong>Foot Care</strong></td>
</tr>
<tr>
<td><strong>Eye Care</strong></td>
</tr>
<tr>
<td><strong>Medications</strong></td>
</tr>
<tr>
<td><strong>Changing Positions</strong></td>
</tr>
</tbody>
</table>

This Care Partner Information page is part of a series on older adult caregiving tips. They are written to help family and community caregivers, direct care workers and community health representatives care for older adults. Available in English and Spanish at www.aging.arizona.edu
Care Partner Information

Change the environment

Making some changes at home will also help to reduce fall risk.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Improvements that can prevent falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lighting</td>
<td>Indoor and outdoor lighting should be bright. Use night lights in hallways and bathrooms, and light switches near chairs and beds.</td>
</tr>
<tr>
<td>Flooring</td>
<td>Remove or adjust loose rugs so they cannot bunch or slide. Check carpet to be sure it is installed correctly. Repair any cracks in the floor. Avoid shiny or slippery hard surfaces. Use surfaces with a rough finish.</td>
</tr>
<tr>
<td>Bathrooms</td>
<td>Put in handrails by the toilets and in bathtubs or showers. Place suction cup mats on bathtub or shower floors. Use floor mats that have a rubber backing. Consider using a shower seat.</td>
</tr>
<tr>
<td>Stairs</td>
<td>When possible, limit the older adult’s living to the main floor. If stairs are used, install weight-bearing hand rails on both sides of staircases just below elbow height. Also make sure all stairways are well lit and that any carpet is secure on every step.</td>
</tr>
<tr>
<td>Furniture</td>
<td>Bed handles can be installed on bed frames to assist older adults to get in and out of bed. Chairs should have arm rests that are sturdy and extend to the front of the seat cushion to be used as support when standing. Chairs should not be so low that hips are below the knees when sitting.</td>
</tr>
<tr>
<td>Canes and walkers</td>
<td>Many older adults use a cane or walker to help with balance, but do not use it properly. This can increase their fall risk. Older adults who fall while using a cane or walker are more likely to get hurt. Physical therapists can help with the selection of a cane or walker. They can assist with fit and provide education on proper use.</td>
</tr>
<tr>
<td>Clutter</td>
<td>Pick up clutter to ensure walkways are as wide as possible and no tripping hazards, especially in hallways and stairways.</td>
</tr>
</tbody>
</table>

Falls in older adults are common and serious. Older adults should talk with their primary care provider to learn about their risk of falling. Together they can make a plan to prevent falls and remain independent.

Useful Websites
Fall Prevention Center of Excellence: http://stopfalls.org/

Written by: Mindy J. Fain, MD, University of Arizona Center on Aging

Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28721, Arizona Geriatrics Workforce Enhancement Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Stay Independent
Learn more about fall prevention

In 2016 in Arizona unintentional falls were the leading cause of injury-related mortality among residents 65+ years of age.

1 in 4 people 65 years and older fall each year.

Falls can lead to a loss of independence, but they are preventable.

Stay Independent
Learn more about fall prevention

Four Things You Can Do to Prevent Falls:

1 **Speak up.**
   Talk openly with your healthcare provider about fall risks and prevention. Ask your doctor or pharmacist to review your medicines.

2 **Keep moving.**
   Begin an exercise program to improve your leg strength and balance.

3 **Get an annual eye exam.**
   Replace eyeglasses as needed.

4 **Make your home safer.**
   Remove clutter and tripping hazards.
# Checklist to find and fix hazards in your home.

## STAIRS & STEPS (INDOORS & OUTDOORS)

<table>
<thead>
<tr>
<th>Question</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there papers, shoes, books, or other objects on the stairs?</td>
<td>□ Always keep objects off the stairs.</td>
</tr>
<tr>
<td>Are some steps broken or uneven?</td>
<td>□ Fix loose or uneven steps.</td>
</tr>
<tr>
<td>Is there a light and light switch at the top and bottom of the stairs?</td>
<td>□ Have an electrician put in an overhead light and light switch at the top and bottom of the stairs. You can get light switches that glow.</td>
</tr>
<tr>
<td>Has a stairway light bulb burned out?</td>
<td>□ Have a friend or family member change the light bulb.</td>
</tr>
<tr>
<td>Is the carpet on the steps loose or torn?</td>
<td>□ Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.</td>
</tr>
<tr>
<td>Are the handrails loose or broken? Is there a handrail on only one side of the stairs?</td>
<td>□ Fix loose handrails, or put in new ones. Make sure handrails are on both sides of the stairs, and are as long as the stairs.</td>
</tr>
</tbody>
</table>

## FLOORS

<table>
<thead>
<tr>
<th>Question</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you walk through a room, do you have to walk around furniture?</td>
<td>□ Ask someone to move the furniture so your path is clear.</td>
</tr>
<tr>
<td>Do you have throw rugs on the floor?</td>
<td>□ Remove the rugs, or use double-sided tape or a non-slip backing so the rugs won't slip.</td>
</tr>
<tr>
<td>Are there papers, shoes, books, or other objects on the floor?</td>
<td>□ Pick up things that are on the floor. Always keep objects off the floor.</td>
</tr>
<tr>
<td>Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?</td>
<td>□ Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.</td>
</tr>
</tbody>
</table>

## BEDROOMS

<table>
<thead>
<tr>
<th>Question</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the light near the bed hard to reach?</td>
<td>□ Place a lamp close to the bed where it's easy to reach.</td>
</tr>
<tr>
<td>Is the path from your bed to the bathroom dark?</td>
<td>□ Put in a nightlight so you can see where you're walking. Some nightlights go on by themselves after dark.</td>
</tr>
</tbody>
</table>

## BATHROOMS

<table>
<thead>
<tr>
<th>Question</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the tub or shower floor slippery?</td>
<td>□ Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.</td>
</tr>
<tr>
<td>Do you need some support when you get in and out of the tub, or up from the toilet?</td>
<td>□ Have grab bars put in next to and inside the tub or toilet.</td>
</tr>
</tbody>
</table>

## KITCHEN

<table>
<thead>
<tr>
<th>Question</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the things you use often on high shelves?</td>
<td>□ Keep things you use often on the lower shelves (about waist high).</td>
</tr>
<tr>
<td>Is your step stool sturdy?</td>
<td>□ If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.</td>
</tr>
</tbody>
</table>
## Check Your Risk for Falling

Circle “Yes” or “No” for each statement below

<table>
<thead>
<tr>
<th>Yes (2)</th>
<th>No (0)</th>
<th>I have fallen in the past year.</th>
<th>People who have fallen once are likely to fall again.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>I use or have been advised to use a cane or walker to get around safely</td>
<td>People who have been advised to use a cane or walker may already be more likely to fall.</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>Sometimes I feel unsteady when I am walking.</td>
<td>Unsteadiness or needing support while walking are signs of poor balance.</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>I steady myself by holding onto furniture when walking at home.</td>
<td>This is also a sign of poor balance.</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>I am worried about falling.</td>
<td>People who are worried about falling are more likely to fall.</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>I need to push with my hands to stand up from a chair.</td>
<td>This is a sign of weak leg muscles, a major reason for falling.</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>I have some trouble stepping up onto a curb.</td>
<td>This is also a sign of weak leg muscles.</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>I often have to rush to the toilet.</td>
<td>Rushing to the bathroom, especially at night, increases your chance of falling.</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>I have lost some feeling in my feet.</td>
<td>Numbness in your feet can cause stumbles and lead to falls.</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>I take medicine that sometimes makes me feel light-headed or more tired than usual.</td>
<td>Side effects from medicines can sometimes increase your chance of falling.</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>I take medicine to help me sleep or improve my mood.</td>
<td>These medicines can sometimes increase your chance of falling.</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>I often feel sad or depressed.</td>
<td>Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.</td>
</tr>
</tbody>
</table>

### Total

Add up the number of points for each “yes” answer. If you scored 4 points or more, you may be at risk for falling.

Discuss this brochure with your doctor.

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011: 42(6)493-499). Adapted with permission of the authors.
Tips

By making changes you can lower your chances of falling.

• Wear well-fitting shoes with good support inside and outside the house.
• Watch your step around pets and children.
• Learn to use walking aids safely.
• Exercise to improve your balance and strength.
• Enroll in an evidence-based fall prevention program.
  – A Matter of Balance
  – Tai Chi for Health
  – EnhanceFitness
  – SHiM (Safety and Health in Motion)
• Identify and fix hazards in your home.
• Discuss your responses to the checklist with your doctor.

Learn More about fall prevention

For information on exercise, fall prevention programs, or options for improving home safety contact:

• Pima Council on Aging, Area Agency on Aging for Pima County 520-790-7262, pcoa.org
• Southeastern Arizona of Governments Organization, Area Agency on Aging for Santa Cruz, Cochise, Graham & Greenlee Counties 520-432-2528, seago.org

For additional information on fall prevention visit:

• Pima County Health Department HealthyPima.org
• Arizona Falls Prevention Coalition azstopfalls.org
• Centers for Disease Control and Prevention CDC Injury Center cdc.gov/steady
• National Council on Aging ncoa.org/healthy-aging/falls-prevention

For more information, visit www.cdc.gov/steadi

This brochure was produced in collaboration with the following organizations: VA Greater Los Angeles Healthcare System, Geriatric Research Education & Clinical Center (GRECC), and the Fall Prevention Center of Excellence

Centers for Disease Control and Prevention National Center for Injury Prevention and Control 2018
Living with Incontinence: Social and Emotional Challenges

By Family Caregiver Alliance

Most people who live with incontinence do not tell anyone about it, often not even their doctor(s) and especially not their friends. Family members might be the ones to bring up the subject, especially if the house is beginning to smell or furniture is soiled. It’s not an easy conversation to have. If you are faced with incontinence, know that you are not alone. One in 15 Americans are searching for ways to deal with this very personal issue. Here are typical feelings associated with continence issues and some coping strategies to consider:

**Embarrassment**

Since becoming toilet trained as a youngster, we never expected that there would ever be a time when we were not going to be able to get to the bathroom on time, or would leak when we sneezed, coughed, or laughed. Certain conditions can even cause you to stop paying attention to your body cues to urinate or have a bowel movement. But now, as an adult, those with continence problems face a negative stigma and too often offensive communication from others.

Coping: You can make it less embarrassing by admitting to it, making a joke, and understanding that this is very common. You have not failed. Your body is going through changes that you can’t control but can only manage the best way you know how.

**More Emotions**

Outside of embarrassment and shame, you may also feel a sense of impatience, frustration, annoyance, anger, fear, and/or disgust. Or you may sense others experiencing having these reactions. It can feel dehumanizing, as if the condition has robbed you of your quality of life. Grief is triggered when one feels the loss of control, loss of privacy, loss of dignity, or loss of independence. Who do you talk to about all of these feelings? Does keeping these feelings inside make you feel depressed?

Coping: It’s important for you to find someone you can talk to about your feelings. Consider confiding in your physician, a counselor, possibly an incontinence support group, maybe your hairdresser, your sister, or a best friend. Keeping these feelings inside can only lead to a sense of sadness and possibly depression. Admitting to your feelings helps to “take the charge off” and normalize the situation.

**Loss of Privacy**

The bathroom is the ultimate place of privacy. We can close the door to the bathroom so that no one invades our space when we are there. To have someone come with us into the bathroom can cause a loss of dignity, sense of dependence, and loss of self. Using a commode next to the bed or a urinal will require weighing your need for privacy with your capacity for independence.
You are not alone if you feel embarrassed about using products or needing help with these most basic of human functions. What if you need someone to help you wipe yourself? What if your bed partner wakes up to find the bed wet?

**Coping:** Think about what you find to be the hardest part(s) of needing help. Talk to your caregiver or others sharing your home about how this feels for you, and see what you can work out that will be more comfortable for those directly affected. For example, stashing pads and wipes in a bathroom cabinet and using an effective room deodorizer can help keep the issue private or at least from being ever-present for others who share the bathroom. Putting a drape over a commode and keeping the pot emptied can help normalize the environment.

**Anxiety and Isolation**
When you go out, do you think about how long you will be gone and where the bathrooms are along your route? Does cold weather make you more anxious about your ability to confidently leave home? Are you afraid to travel or make plans with friends for fear there won’t be a bathroom when you need one? Incontinence often leads to limiting activities, declining social invitations, and avoiding travel. The anxiety of trying to find a bathroom in a strange place or needing help from someone when you go to the bathroom may keep you from leaving the house. Always thinking about this issue is not only tremendously burdensome but can keep you from enjoying activities and companionship.

**Coping:** Carry extra protection with you, whether it’s pads, underwear, or both, to give yourself confidence knowing that you have extra security on-hand. Know that whatever happens can be dealt with. Let friends/family know that you have to stop frequently to use the bathroom. This allows everyone to plan accordingly. Coping by socially isolating yourself isn’t healthy. Isolation can lead to depression and increased risk for other illnesses. Allow others to help you search for solutions to help address this problem.

**Denial**
It’s not easy to be odor free when you are living with incontinence. You may not smell anything out of the ordinary, as our sense of smell adapts over time to a constant odor. It’s also true that sense of smell decreases with both age and many chronic illnesses including Alzheimer’s disease, Parkinson’s disease, and stroke. If someone else brings up the topic—hopefully in a respectful way—be open to reevaluating what you can do to manage odor better.

**Coping:** Denial happens when you don’t want to admit a problem. When someone else brings up the topic, be willing to discuss the problem and possible solutions. Talk with your physician, nurse, or an occupational therapist for more tips on managing and living well with incontinence.

**Equipment**
There are many products to help deal with incontinence. Different products help in different situations. What you use will depend on whether there is urinary incontinence only or also bowel incontinence, and whether you are dealing with a more advanced case
of incontinence or simply minor leakage. Available products include commodes, urinals, pads, adult incontinence underwear (wrap-arounds or pull-ups), and plastic covers for the bed and a favorite chair or couch. Urinary incontinence in early stages can be dealt with by using absorbent pads in underwear. Pads come in different sizes for mild to severe incontinence. If the condition worsens, protective underwear can be used. These undergarments are now available like regular underwear with elastic waistbands and are easy to put on and take off. For lighter leaks, underwear liners often work well and are the least intrusive.

Coping: Talk with your physician about products, or check out the options at your local pharmacy. Your physician can give you a referral to an occupational therapist who can evaluate what products would be best for your situation. Often people find it easier to accept wearing underwear liners or absorbent pads than protective underwear. It’s not “giving up” to use a product. Using a product can help keep you maintain dignity and independence.

When It’s More than Urinary Incontinence
Bowel (fecal) incontinence presents additional issues. There can be the issue of odor and the discomfort of having stool next to your body for any amount of time. There is the need to clean up after an accident, which might mean bathing or showering, and the problem of disposal of the underwear that is soiled. At some point you may not be able to handle these tasks independently, relying on help from someone else. Paid help can often assist with these tasks easily, but a family member or partner taking care of the same task might have more difficulty. A negative reaction can leave you feeling ashamed and vulnerable. If help is needed in the middle of the night, not only is there a higher risk for falling, but also you might find yourself reluctant to wake your care partner to help. But not doing so is uncomfortable and not good for your skin. What is the best thing to do?

Coping: Again, talk openly with those directly involved about your and their discomfort can make it easier on everyone. It’s important for you to state that this loss of incontinence is not intentional. Using language that is appropriate can also raise the conversation to a more mature level, for example not using indirect terms such as “ca-ca,” or “diapers,” but rather directly discussing a bowel problem. You may want to talk with your physician along with a family member or care partner so everyone is on the same page.

Finally, know your options. Sometimes there is nothing that can be done, and sometimes there is. Have your physician do a complete health check-up to rule out a urinary tract infection, prostate problems, and other treatable conditions. If you take diuretic medicine such as Lasix, or other medication that causes frequent urges, look for a way to time taking your dose to maximize the time when you don’t have to be close to a bathroom. Exercise generally helps overall and specific exercises such Kegels are designed to help—but be sure to check with your doctor for what will work best for your specific condition. Alcoholic beverages and caffeine will cause you to urinate more. Consider limiting or timing your intake of coffee, black or green tea, some soft drinks, energy drinks, and over-the-counter medications that include caffeine. Tomato and spicy foods, as well as citrus fruits and drinks, can be irritating to the bladder.
Keeping in mind that you are not less of a person because of incontinence helps you to maintain your sense of self. Recognize that you are not your health condition. Retaining a sense of acceptance and yes, even a sense of humor, may be your best defense to leading a more stress-free and satisfying life.

What Every Caregiver Needs to Know About Money

By Family Caregiver Alliance

It sometimes seems that people are more comfortable talking about sex than money. Every family has unspoken rules and expectations about how they deal with money: how to save, how to spend, who has control, how decisions are made. When you become a caregiver for someone, money plays an important part in the choices you make about their care. And without question, money can be a huge source of friction within the family.

Many older people were raised during the Depression or had parents who shared a “Depression mentality.” Saving was important. Having money for a “rainy day” was essential. Not wasting was important. Anxiety about running out of money was an issue. A nest egg that allowed parents to leave an inheritance to their children was a matter of pride. And many adult children expect to receive an inheritance and want to maximize the amount they will receive.

Once a person needs a caregiver, money has to be discussed. Many older adults are reluctant to let their adult children know about their financial situation. It’s hard to admit that this is the “rainy day” they have been saving for all their lives. Understandably, they are extremely reluctant to give up control of their finances. However—and particularly when someone shows evidence of cognitive decline—a caregiver has to oversee the finances to prevent mistakes—bills not paid, or paid more than once, investments not looked after, irrational spending, or just losing money in the house or on the street.

Talking About Money

Without a clear grasp of the financial situation of the person needing care, the caregiver will be hampered in his/her ability to make good long-term financial decisions. Starting the conversation can be the hardest part. Should you have the conversation one-on-one, or should it be a family meeting with siblings and other important people present? Maybe this conversation sounds familiar to you:

“Mom, we’re going to have to make some difficult decisions in the next few years. It would help if we could work together to understand the finances so we can make the best decisions for your care as your needs change.”

“Oh, dear, I don’t want to talk about that now. Things are fine and I’m handling all the bills without any problems.”

“I know things are good now, but what if you fell and broke your arm and couldn’t write a check? Then how would your bills get paid?”

This is a time to start the “what if” conversation. Suggest likely scenarios and ask “what would you want if …” and write down your parent’s responses. Some of these can be
about health care wishes or living arrangements, and some of these will be about money. The better you understand how your loved one thinks about money, as well as what his/her concrete wishes are, the better you’ll be able to carry out those wishes and feel good honoring them to the best of your ability.

This leads to a conversation about other aspects of aging that involve money:

- Is the home the best place for the care receiver to be?
- Is it more expensive to pay for assisted living, or is it more expensive to hire a caregiver at home?
- If I, as an adult child, provide the care, can I spend some of my parent’s money on hiring substitute or respite help so I can get a break from time to time?
- Would it be better for my parents to pay me to be the caregiver, or is it better to hire from outside?
- If we want to hire someone, should it be through an agency or should we hire privately?

Work and Eldercare

As an adult child caring for an aging parent, you are probably torn in many directions. You have a job with responsibilities and expectations. You may have a spouse and children to provide for.

And you need to take care of yourself. Taking care of yourself is supposed to include exercise, eating right, socializing with friends, and having down time. Somewhere in there you’re supposed to sleep. Now add caregiving to the mix and handling the finances for someone else. Balancing all of this becomes one more thing you have to do. It’s easy to become overwhelmed.

Many caregivers contemplate leaving their job so as to be more present and available to someone who now needs help on a daily basis. This is a complex decision to make, as it affects not only your finances (and your family’s), but also the finances of your parent and maybe even your siblings or other extended family members.

When you stop working, you immediately have to deal with changes in health insurance. Under COBRA you can pay privately for insurance for 18 months, or, under the current Affordable Care Act, you can buy health insurance on the open market (without penalty for pre-existing conditions). But this will cost money for you or for the family member you are responsible for.

Taking care of someone in the here and now is important, but planning for your own aging is also important. Not having a current income will compromise your income in the future. If you don’t pay into the Social Security system for a number of years, your income will be reduced when it comes time for you to collect your Social Security benefits. Pensions, retirement funds, IRAs, 401K employer matches, and other savings accounts can be similarly affected. Leaving a job may affect future job advancement, which will also effect later earnings. And work may also serve as your outlet, diversion, and social support.
One of the most frequent questions asked at Family Caregiver Alliance is, “How can I be paid to be a caregiver to my parent?” If you are going to be the primary caregiver, is there a way that your parent or the care receiver can pay you for the help you provide? The short answer is yes, as long as all parties agree. If the care receiver is eligible for Medicaid (MediCal in California), it might be possible for you to be paid through In-Home Supportive Services (IHSS).

Financial Aspects of Becoming a Caregiver

Questions to ask yourself and other family members:

- How will my rent/mortgage be paid if I move in with Mom or Dad?
- Are family members okay with having Mom/Dad reimburse me for the added expenses I will accrue in taking care of them? These might include living expenses, medical expenses, transportation, and food.
- If I am providing the primary care, will you (other family members) be able to help, or will I be expected to do it all? How can we divide up the responsibilities? If I am getting paid, should you get paid for the things you do?
- How will we, as a family, make decisions about Mom’s/Dad’s care? How do we decide how their money will be spent? Who will be in control of the finances?
- Where will I go for support? Will my friends or family help me get breaks? What hobbies or other things do I have that will engage me in my down time as a caregiver? How will I have the spending money to be able to go out with friends or buy things I want?
- If I am the primary caregiver, are you okay with my spending Mom’s/Dad’s money to help care for me, too? This will mean there might be less available in the inheritance. Should I get a different percentage of the inheritance if I have done all the work? If I don’t quit my job and do this, are you okay with hiring help to care for Mom/Dad? This, too, will effect your inheritance.
- If Mom or Dad needs to move into an assisted living community or nursing home, how will we make that decision, and how much will finances play a part in the decision-making?
- If Mom or Dad does run out of money, can any of us help pay their living expenses?
- What do we need to know about Medicaid and Medicare coverage to make good decisions about paying for care in the future?

Money Is an Emotional Issue

We all have emotional triggers when we talk about money. Is money equivalent to love? Does someone get more money because of need or because he or she is the “favorite”? Have the parents provided support for one sibling all these years? What will happen to him or her when parents are no longer able to help?

If a parent won’t let the family caregivers oversee finances, there can be feelings of not being trusted or being treated like a child. Should an inheritance be divided equally or given to whoever needs it most, or to whoever did the most work? If there is not a lot of
money, there can be feelings of anger and resentment over the feeling that the parents put the adult children in a difficult situation. If there is a lot of money, greed can become a motivating factor in making decisions.

Often families divide up who is handling the money and who is doing the caregiving. This puts the caregiver in the position of having to ask for money, and the person handling the money has control over how money is spent. This can lead to tension and family estrangement.

Frequent Comments and Questions

• “If only my parents had been more frugal.”
• “I have always been the responsible one, and now you’re getting the same amount of the inheritance as I am.”
• “Dad was so irresponsible, he didn’t plan for old age or illness and now I have to figure everything out.”
• “How do I respect Mom’s wish not to be in a nursing home when she has no money to hire extra help at home?”
• “If I move Dad in with us, can we charge rent to offset the added expenses? How will my siblings feel if we do this?”
• “How can I get Mom to spend her money on her care now, rather than thinking she needs to keep saving it for the future?”
• “Shouldn’t my wealthy sister pay more for Mom’s care than I do, since I don’t have as much?”
• “Can Mom and Dad gift us money now so they will qualify for a nursing home under Medicaid later? Can I trust you to not spend the money so it will be there if Mom and Dad need it in the future?”
• “Will you send us all the bank statements since you are overseeing their finances? We want to know where their money is going.”
• “I need a break from caregiving. Will you use some of their money to pay for someone to look after Mom for a weekend so I can get away?”
• “We are paying for a caregiver to be with Dad three days a week. Will you do a shift on one of the other days? If not, will you pay more to cover the caregiver’s costs?”
• “Mom had an investment worth $100,000. What happened to it?”

When Dementia Is a Factor

If the care receiver does not have dementia, he or she has the right to make decisions, including bad decisions. This means he/she can make seemingly irrational decisions about money and how to spend it or not spend it. This is very hard for caregivers to accept—we want to help do things “right” and make logical decisions. Also, we worry that we will have to pick up the pieces and solve problems that arise if money is not handled judiciously. Each family struggles with this in their own way. Bringing in an outside person, such as a minister, attorney, social worker, or physician might help.
Whether someone has dementia or not, elders can be subject to “undue influence.” People who befriend them may find a way into their hearts—and pocketbooks—in ways that can lead to the older person being “overly generous” with his or her funds. Keeping an eye on the finances can help you catch any extraordinary outflows of money.

If Mom or Dad does have dementia from a disorder such as Alzheimer’s disease, stroke, or another condition, they need more oversight to make sure the finances are handled appropriately. Help is needed now, because making logical, rational, and reasonable decisions might not be possible later. And since dementia gets worse with time, processes need to be put in place as soon as possible, so that someone can handle the finances down the road. It is easier to do this while the care receiver is still able to understand and sign the necessary documents to give the caregiver or a fiduciary the necessary powers. If it is not done in a timely manner, it may be necessary to apply for a conservatorship, which is expensive, emotionally wrenching, and time-consuming.

If legal planning has not been done, start with an estate planning or “elder law” attorney who can help with writing a will or trust, and also complete Power of Attorney for Finances, which can be activated when the time is right.

Money, Money, Money: It’s Always About the Money

Many family fights and tensions are centered on the issues of money—who has it; who doesn’t; how it is spent; how it is decided how it’s spent; what the family’s past issues were around money; what the issues are now. It is challenging to deal with the complexity of our emotions about parents, illness, aging, and death, and sometimes these emotions come out in conflicts about money. Holding a family meeting with a facilitator might help the family come together rather than be torn apart by these issues.

Hiring In-Home Help

By Family Caregiver Alliance

It is easy for family and friends, as well as professionals, to suggest finding someone to help with housekeeping tasks and care responsibilities. Having someone else take on some of your housekeeping or personal care tasks might sound appealing to you too. But what does it mean to have someone in your house “to help” you? Where do you begin to find someone? Can you afford it? How do you respond to your loved one who proclaims that they don’t want “a stranger” in the house? This fact sheet will help guide you through the process of hiring help at home.*

* Note: FCA refers to unpaid family, partner, friends, family members, and others as caregivers. For purposes of clarity, this fact sheet will refer to hired care providers as attendants. Other terms that are used are home care attendant, home care provider, care worker, and hired help.

Do I Need Assistance?

Long-Distance caregiving, working full-time and caregiving and/or caring for someone 24 hours a day/7 days a week will take a toll on anyone. With a loved one who needs personal care and who can’t be left alone, you must be vigilant and “on duty” day and night. With constant care and companionship responsibilities, you may have very little time to yourself. If you are caring for someone who needs to be transferred from bed to wheelchair or out of a chair when sitting, you may be at risk for injuring your back. For those caring for a family member living with dementia, you may be also be dealing with challenging behavior, wandering risks, or actions that might be harmful or dangerous such as leaving cooking burners on. If you don’t have time to do the shopping, banking, and taking care of your own medical needs, you are at risk for stress-related illness. Are housekeeping routines and cooking being done with great difficulty or being left undone?

Consider your needs as a caregiver and the needs of the person you are caring for. Here are the main areas to assess:

- **Personal care:** Bathing, eating, dressing, toileting, grooming
- **Household care:** Cooking, cleaning, laundry, shopping
- **Health care:** Medication management, physician’s appointments, physical therapy
- **Emotional care:** Companionship, meaningful activities, conversation

Hiring help can relieve you of some of the tasks you are responsible for, freeing you to have some time for yourself. Having trusted help can give you the opportunity to run errands, go to the doctor for yourself, catch up on sleep, and socialize with friends. For long-distance caregivers and working caregivers, help can provide the care and assistance needed when you can’t be there on a daily basis yourself. Interestingly, caregivers have found that in some instances the person receiving care can be more cooperative with someone other than the primary caregiver, so that, for example, taking a shower might not
be the battle that it can otherwise be. Engaging an attendant can help to preserve your relationship as daughter or partner, rather than always having to be the chore person or task master. Attendants come in fresh for a certain number of hours and therefore have the energy to be engaging and encouraging in a way you might be too exhausted to do around the clock.

Hiring help might not only be a necessity but a gift you can give yourself.

My Loved One Only Wants Me to Help
It can be hard for your loved one to accept help from a stranger. Initially, it will be important for you to be present to help the attendant and the care receiver to establish a successful relationship. You can show the attendant how you do things, so the help that is given will feel familiar and comfortable. Let your loved one know that YOU need help, and that this is something they can do to help you care for them. Reassure your loved one that hiring help does not signal that you are going to abandon them.

If your loved one lives alone, you might hear, “I don’t need any help.” Suggest that it will make YOU feel more comfortable knowing someone is there part of the day. You can also suggest that they “just try it for a week.” This will give your loved one some control in decision making and help them be open to having an attendant.

The transition to an attendant might be easier if the attendant shares a similar cultural background or language. The care receiver may have a preference for a male or female attendant. However, wonderful attendants come from all backgrounds, and being open to a caring, competent attendant from a different ethnicity or cultural background than your own can lead to rewarding bonds.

Sometimes the best way to get an attendant accepted is to hire a “housekeeper.” Care receivers are often more open to having someone come in and “help” with the housework before they are willing to accept someone to help with personal care. This gives your loved one time to become familiar with the attendant and build trust.

“I Don’t Want a Stranger in My House!”
We all react differently to interacting with someone we don’t know. For some people, meeting someone new is an enjoyable and interesting opportunity. But for others who are naturally more reticent or are feeling vulnerable due to their illness, there is great reluctance to exposing their private life and personal living space.

Hiring someone through an agency will give you some choice for attendant selection. Most agencies have done background checks and bonded the people who work for them—be sure to ask if this is the case. And if you feel uncomfortable with the person who is sent, you can always ask the agency to send someone else. But typically an agency will attempt to match the attendant to your specific needs and requests, so if you aren’t immediately comfortable with the attendant sent, consider giving it a day or two to warm up to them.

Caregivers and care receivers often worry that their belongings will be stolen. This does happen, but it is much rarer than you might be led to believe. Lock up or take out of the house any especially valuable belongings, such as heirloom jewelry, just to make yourself...
less anxious about this happening. Keep track of cash and checks/checkbooks/credit
cards. If hiring through a homecare agency report any concerns you might have. If hiring
privately, schedule a time to discuss the concerns directly with the caregiver. If your loved
one has dementia, they may report an item as “missing” when it is only misplaced or
stashed away.

**How Do I Find Help?**

There are formal and informal ways of finding an attendant. The formal way is to contact a
Home Care Agency located near to where your loved one lives. A long list of agencies will
be available in most urban and suburban communities. This can make it difficult to figure
out who to contact first. Far fewer agencies serve rural areas, limiting options for hiring
care. People who can help you select the right agency for your needs include your doctor
and their staff, your friends/family who have used an agency, and others in your
community whom you trust, such as your faith community, your local senior center, etc.
Also check for agency reviews from trusted online sources, and consider contacting your
local Area Agency on Aging to ask whom they hold contract(s) with for their clients.
(Contact PCOA for a list of Home Care Agencies (520) 790-7262.)

**Key questions to ask:**

- Is the agency licensed by the state? (Many but not all states require licensing to
  operate a Home Care Agency). Ask how long they have been in business.
- Are the workers licensed and insured? How does the agency train, supervise,
  and monitor their workers?
- Request that the agency send you a packet of information that describes their
  services, fees, and a list of references. This will give you an opportunity to review
  the information before sitting face to face with an agency representative.

**Home Care Agency Pros and Cons**

**Pros:**

- Screening, hiring/firing, pay, taxes are handled through the agency
  (Note: Some agencies work as “employment agencies,” and their workers are
  contractors, not employees of the agency. Be clear on what the agency covers, e.g.
  payroll, liability insurance, workmen’s compensation insurance, unemployment
  insurance. Ask for evidence of their insurance.
- Can offer attendants with a variety of skills and match you with a staff member
  who can provide the care or help that you need
- Able to accommodate variable schedules that might be inconsistent or
  unpredictable at times
- If worker is sick/goes on vacation, agency will provide a substitute
- If worker is not the right fit, can send an alternate choice
- Can help settle disputes with you/attendant
- Often covered by long-term care insurance
Cons:

- May schedule more than one attendant if work hours are not consistent, needing to separately orient and adjust to each new person
- May experience more staff turnover
- May limit or charge more for certain tasks
- Typically more expensive than private hire

The informal way of finding help is to hire an attendant privately. This entails your finding your own attendant and being responsible for hiring/firing/payroll taxes, and all aspects of being an employer. Attendants are most often found through word of mouth—friends, your community, and some non-profit senior organizations. Attendants available for work may also list their services on online listing services and on bulletin boards in Senior Centers and other places. Local colleges and in particular nursing programs, community college HHA (Home Health Aide)/CNA (Certified Nursing Assistant) programs are good sources of available talent. If you are hiring privately, it is essential that you do a background check. Check your home owners or apartment insurance for liability coverage. You may need to add it and also get workmen’s compensation insurance.

**Key questions to ask:**

- What are the aide's credentials? Check with the credentialing body to confirm.
- Where has the aide worked previously? Ask for two to three references from former or current employers.
- Always contact the references asking about the care competency, compassion, and reliability of the worker.
- Is the aide legally eligible to work in this country? Ask to see verification (passport, green card, etc.)

**Private Hire**

**Pros:**

- You choose the person you want from a pool you have screened, and you are the “boss”
- More flexibility in tasks that can be performed
- Typically less expensive than going through an agency
- Greater opportunity to build a long-term relationship with the attendant(s)

**Cons:**

- If worker is sick, it is your responsibility to find alternate help
- You are responsible for all aspects of being an employer: hiring/firing, payroll, taxes, insurance, and employee disputes
- May not be covered by long-term care insurance
What Will It Cost?

The rules for hired help vary from state to state, and sometimes city to city. Start with state Department of Labor. You will need to familiarize yourself with the regulations in the municipality where the help or care will be provided. First, find out what the minimum wage is in your area. Second, determine how many hours of help you require. In some states, if someone works more than 8 hours/day, they are eligible to be paid time and a half for 8–16 hours, and double time for 16–24 hours. If you have live-in help, some states require that the attendant get 5 hours of uninterrupted sleep. So, if you have a loved one who is up a lot at night, you might have to hire a nighttime attendant in order to give the daytime attendant a break. In other states you can hire someone for a “per diem” or “shift” rate, for example $250/day for someone to be there 24/7, instead of an hourly rate. Third, if you hire privately, you will need to set up a payroll (see above). Some attendants prefer to be paid with a 1099 at the end of the year. This means they will be responsible for their own taxes. Be sure that they meet the local requirements for an independent contractor. Finally, some attendants will accept payment only in cash.

If you hire a Home Care Agency, they will establish the pay rate. Agencies will charge a different amount, depending on the kind of care that is needed, e.g. personal care versus dementia care. Also, an agency might have a minimum number of hours, for example, only 4-hour shifts. Or they will do a 2-hour shift but charge more per hour. For people who need full-time care, the options are a “live-in” who does the full 24 hours, a live-in plus an 8-hour shift for someone who needs someone to be awake and available during the night, two 12-hour shifts for people who may need someone awake at night, or three 8-hour shifts for someone who may need extra help due to heavy care needs.

Caregivers often ask whether they should pay the attendant if they take a vacation. Or if they should give a monetary or physical gift at holidays. Are yearly bonuses expected? If the attendant is terminated, not for cause, should they pay severance? These are individual decisions but important things to think about so you are not burdened with trying to figure them out when the time comes.

How Can I Afford It?

Hiring in-home help can be expensive, particularly if you need full-time help. However, if you only need four hours once or twice a week, it can be more affordable—the hourly cost varies depending on where you live in the United States.

If the care receiver has a long-term care insurance policy and the service provided meets the policy criteria, the benefits can offset the cost. Check the policy for how many days of care are required before the policy will start to pay. Determine whether there is coverage for hiring someone privately, or only for hiring through an agency. Some policies require that the attendant be a HHA, LVN (licensed vocational nurse) or CNA, and others do not.

The cost of a hired attendant might be tax deductible if it is considered medically necessary. Check with your tax accountant to see if this is the case in your situation.

If the care receiver is low income and qualifies for Medicaid (Medi-Cal in California), they may be able to get help through an in-home program called In-Home Supportive Services
(IHSS). Check with your local Medicaid office to see what services are available in your area. Medicaid benefits differ by state.

This type of care is an appropriate expenditure for use of the care receivers’ personal savings. Often family will also contribute as needed to help cover the cost. Holding a family meeting to discuss the need for the home care service, the cost of the care, and the means available to cover the cost can help surface concerns from family members, and gain support to help cover the expense.

Some communities have sliding scale or low-cost home care through specialized funding. Contact your local Area Agency on Aging (AAA) to see what is available in your community. The Medicaid In-Home Supportive Services (IHSS) office may have a registry that is open to the public and can give you referrals for pre-screened attendants. Under Title IIIIE of the Older Americans Act, funding distributed through your local Area Agency on Aging (AAA) offers help paying for respite care (temporary relief) and other caregiver related services. Faith communities and some senior service agencies also might be able to help you find lower cost attendant care in your area.

**How Do I Find the Right Person?**

When hiring help, it is important to be clear about what it is you want the attendant to do. Write a job description that spells out the things you need help with and make a detailed list of the tasks you want done. Clarity is essential to effective communication and mutual understanding. For example, if you want help with housekeeping, list the kind of housekeeping duties that need to be performed—vacuuming, cleaning the bathroom, washing dishes, doing the laundry, etc. Be clear about any specific ways that you want these duties performed, e.g. wash white items and colors separately. If you want personal care, does the care receiver need help with dressing, grooming, bathing, toileting, transferring? If you want someone to just “be there,” does the care receiver like to take walks, watch TV (what shows?), talk, go out to lunch, play golf, read, be left alone (some people like chatty attendants and some people do not)? If there is a pet, does it need to be taken for a walk, do you want the poop in the backyard cleaned up, the kitty box cleaned out? (Check with the attendant for allergies to pets or fear of certain animals.). It is very important to find out the attendant’s experience with dementia if you are hiring someone to care for a loved one with cognitive impairment. Give examples of situations you face and ask how they would handle them. (See below: “Write a Job Description”)

Three general certifications exist for home care attendants. One is an HHA—home health aide, the second is a CNA—certified nursing assistant, and the third is an LVN—licensed vocational nurse. They are trained to provide most levels of care in the home except for care requiring a registered nurse, e.g. giving an injection. Each state has different laws on what attendants can and cannot do, such as dressing changes on a wound or giving medications. In most settings, an attendant can put the medications in the care receiver’s hand, but the care receiver must take the medications on their own. However, there might be rules on who can set up the medi-set with the pills in it, and whether or not the care receiver must take them out of the medi-set on their own.

*Always check references. Always do a background check.*
Write a Job Description

Once you have identified the types of help you need, write a job description. In addition to including the tasks you have identified, also be specific about:

- **Training desired:** CNA (certified nursing assistant), LVN (licensed vocational nurse), HHA (home health aide)
- **Driving:** Do you want help transporting care receiver? Their car or yours? Reimbursement for mileage? Check with the DMV to confirm their driving record.
- **Transferring skills:** Getting someone out of bed, chair, using Hoyer lift
- **Experience with people with memory or other cognitive impairments**
- **Language skills:** Especially for people who are hard of hearing, or whose primary language is not English.
- **Housekeeping:** What sort of housekeeping do you want in addition to care for the care receiver? Cooking? If so, what kind of foods? Can the attendant accommodate a special diet?
- **Pets:** What kind of care do they require, and what do you expect the attendant to do?
- **Smoking:** Does the care receiver smoke? Does the attendant smoke? If so, is this ok? Where is smoking permitted?
- **Hours:** What times/days are you hiring for?

If hiring privately, also consider:

- **Wages:** Hourly or shift payment? Holiday, vacation, or sick pay (most states now require three paid sick days/year)? How will the attendant be paid, including withholding and taxes (Social Security, Medicare, disability, unemployment)? Cash or check? Weekly, semi-monthly, monthly? Employee or contract worker (W-2 or 1099)? For a fee, an accountant or household employee payroll service provider can assume this responsibility.
- **Are you providing food** for meals, or does the attendant bring their own food?

**Interviewing**

If you are hiring through an agency, you can shorten this process. If you need help right away, always go through an agency, as hiring privately takes time and energy to secure the right person or team of people. Often an agency representative will come to the house and interview you to find out what type of help you are seeking and will try to match you with the person in their employee pool who best meets your needs. However, having your job description will still be helpful in working with the agency.

Initial interview/screening can be done by phone. Ask for a resume and references. With those who seem like they would be right for your situation, you can set up an in-person interview either at your loved one’s home or at a nearby coffee shop if you prefer. If appropriate, the care receiver should be present at the interview, as their input is important. Other family members or concerned individuals may also be present. Their
input can help you make a good decision. The job description can be emailed to the applicant as a way to start the conversation.

- Why are you interested in this position?

Here are some initial questions for the interview:

- Tell me a little about yourself.
- Where have you worked before?
- What were your duties? Here is the job description for this position.
- What is your favorite kind of client? What pushes your buttons?
- Is there anything in the job description that you are uncomfortable doing?
- How do you deal with someone living with memory problems? Give an example.
- Describe your experience making meals for other people.
- How do you handle people who are angry, stubborn and/or fearful?
- Do you have a car? Would you prefer to drive your own car or our car in transporting? I’ll need to see proof of insurance and a current driver’s license.
- What is your experience transferring someone out of bed or chair and into a wheelchair?
- What is your availability? Days? Hours?
- Can you give me two work-related and one personal reference I can contact?
- I’ll need personal identification that verifies that you can work in this country. Please bring it with you so that I can make a copy.

If the care receiver is present, watch the interactions between the attendant and the care receiver. Do they only respond to you, or do they include the care receiver in their answers? If the care receiver is not present, you might want to invite a top candidate back to meet the care receiver before making a final job offer.

Immediately after the interview, write down your impressions. Include input from the care receiver, if they were present, as well any other family/friends who were a part of the interview. Check your gut. How you feel about someone can go a long way in your finding the right person. Check the references. Have a list of questions to ask about their experience in working with this attendant.

If someone is looking for work, they are probably interviewing with others. Do not wait too long to make a job offer, as the person may have taken a different job. Arrange to meet to sign the contract and establish a start date.

**Writing a Contract for Hiring Help**

If hiring privately, you will need to develop a contract. Use the job description as the basis of the contract. Alternatively, contact an attorney to help draft a simple agreement. The contract formalizes the agreement between you, the employer, and the attendant, the employee. It is signed by both of you. If problems should arise, either party can refer back
to the written agreement to help negotiate solutions. In addition to the job description, the contract should have the following:

**Your name:** The employer

**Attendant’s name:** The employee

Include the employee’s address, phone number, Social Security number

**Wages:** (see job description)

- Also include criteria for reimbursement, e.g. is there a petty cash fund for incidentals that the attendant buys?
- If using their own car, will the attendant be paid mileage?
- Get a copy of driver’s license and car insurance

**What kind of paperwork do you want the attendant to keep?**

- Daily log?
- Medication administration list?

**Expectations for behavior:** Use of phone, smoking, being late

**Grounds for termination:** Notice with cause/notice without cause

**Date and sign the contract:** You and the attendant

**What Are the Employer’s Responsibilities?**

Significant legal and financial considerations exist for employers. (See also Resources at the end of this fact sheet.) Check your renter’s or homeowner’s insurance to see that it covers household employees. Be informed about your tax responsibilities if you have a hired employee. All U.S. employees must complete an Employment Eligibility Verification form I-9. This form verifies that the person is legally entitled to work in the United States. A W-9 form is also completed by the employee to set up payroll. You will also have to apply for an employer ID number.

Local services are often available to seniors who need assistance in filing tax statements for household employees, as well as help with doing the payroll. Check with your local Area Agency on Aging to find out what is available in your area.

**Communication**

Your relationship with the attendant, the care receiver’s relationship with the attendant, the attendant’s relationship with you, and the attendant’s relationship with the care receiver are all very important. Good communication is essential for a good relationship. Schedule regular times to meet and discuss concerns, problems, and/or changes. Changes in care needs are to be expected. If there are added responsibilities or changes in who is living in the house, for example, these need to be discussed with the attendant. It is important to make expectations clear and to provide adequate training to meet those expectations. If there are problems, write out what is not working and come together on solutions that both of you sign. Keep communication current; address problems as soon as
they arise. If you hire an attendant privately, it is important you feel comfortable both providing training and firing the worker if necessary. The higher the trust, the better the relationship. Trust comes through honest and open communication. If the attendant is doing a great job, be sure to tell them. A smile and well-deserved praise can make a big difference. None of us likes to feel our work is not appreciated. When you find the right person for your caregiving needs, they are worth their weight in gold. Wishing you success in finding the best help to match your caregiving situation and make your journey as a caregiver more manageable and fulfilling.

Questions to Ask a Home Care Agency

By: Pima Council on Aging

- How long has the agency been in the community?
- Is the agency bonded and insured?
- Who is responsible for paying payroll taxes, social security, unemployment, and workman’s compensation?
- How are caregivers screened? What background checks are done?
- What initial and continuing education is required of caregivers?
- How are their skills evaluated and their credentials checked?
- Have caregivers received specific training in dementia care?
- Are caregivers available with the physical strength and training necessary to perform safe transfers or whatever task is required?
- Are caregivers available with the cultural sensitivity and language skills I need?
- Are caregivers available to meet my specific requirements (e.g., non-smoking, fragrance free, etc.)?
- Does the agency have nondiscrimination policies and provide staff training on cultural competency issues including lesbian, gay, bisexual, and transgender (LGBT) concerns?
- Is the agency Medicare certified? Is my family member eligible for any Medicare covered services? (More information about agencies that are Medicare certified may be found at www.medicare.gov/hhcompare.)
- Will the agency do an assessment to determine required level of care? Is there a charge for this assessment?
- How often are supervisory visits made to the home and who makes them?
- Is someone on call 24 hours a day to respond to emergencies?
- What if my caregiver doesn’t arrive on schedule?
- What is the procedure for replacing a scheduled caregiver who is unable to work?
- Can I expect to see the same caregiver each time?
- What if I am not satisfied with the caregiver? Will the agency provide a replacement? How does the agency assess caregiver/client compatibility?
- If I have a complaint, whom do I call? How quickly can I expect a response?
- What is the minimum length of service required? What are the hourly costs?
- Are there different charges at night, on the weekend or for service in outlying areas?
- What could cause rates to increase? When will I be informed of increases?
- What different types of care do they offer: housekeeping, companionship, errands, overnight care, personal care (assistance with bathing)?
- Can caregivers transport clients either in the client’s car or their own vehicle? Does mileage cost extra?

What is Respite?

Respite Services are offered by the Pima Council on Aging

Do you serve as an unpaid family caregiver to an older adult age 60 or older or to a person with Alzheimer's disease or a related dementia regardless of age? Do you need time off to relax or take care of other responsibilities?

Respite care may give you some temporary relief. Respite is defined as a period of temporary rest or short-term relief. Respite will give you the break you need while ensuring that your loved one is still receiving the attention that he or she needs.

Caregiving may:

- Impact your health.
- Take time away from friends and other family members
- Impact your ability to work
- Be emotionally stressful
- Create financial challenges

Benefits of Respite:

- Alleviate caregiver stress
- Help caregivers maintain their own identity
- Prevent or delay expensive or unwanted out-of-home placement
- Improve physical and emotional health of the caregiver
- Improve the ability to continue providing care
- Provide comfort to the care recipients, knowing that their caregiver can take a break

Who Qualifies:

- Respite services are provided to any unpaid caregiver providing care to individuals 60 years or older when the person receiving care and the unpaid caregiver live together.
- Respite can be provided to unpaid caregivers of a person with Alzheimer's or related dementia, regardless of age.
- Respite can be provided to non-parent relative caregivers age 55+ raising children under age of 18.

How Services are Provided:

- Respite may be provided in the home or in an adult day center outside of the home.
- No one is denied services based on income.
- Respite services are prioritized based on need and finances and not provided on a first come, first served basis.
- A sliding fee scale is used to determine requested contribution based on care recipient’s household income. Contributions toward the cost of the service are requested so we can provide services to more caregivers needing a break. The PCOA representative meeting with you in your home will work with you to make the contribution amount manageable. Contact the PCOA Helpline at (520) 790-7262 to apply for respite.

Major funding for respite services is provided by: Federal Older Americans Act; State of Arizona Department of Economic Security; Division of Aging & Adult Services; Pima County; City of Tucson; United Way of Tucson & Southern Arizona.
Respite Resources

By: Pima Council on Aging

Pima Council on Aging
(520) 790-7262
www.pcoa.org
Call to see if you qualify for partially subsidized respite care at home or in a facility. PCOA can also provide consultations on care options and lists of local private pay home health agencies, assisted living, and skilled nursing facilities.

Arizona Caregiver Coalition
(888) 737-7494
www.azcaregiver.org
The Arizona Caregiver Coalition provides family caregivers with temporary respite from their full-time roles as caregivers. Call for program information and eligibility.

Adult Day Health Care
There are three adult day health care programs in Pima County. These programs provide stimulating, supportive environments for adults needing assistance with some activities of daily living. For eligible clients, Handmaker’s and Casa Community Services may be subsidized by the VA, Community Services System, or ALTCS.

- SandRuby Community Programs: (520) 547-6036
- Casa Community Services by La Posada in Green Valley (520) 393-6835
- Senior Moments Adult Daycare in Vail: (520) 561-0448
- Impact of Southern Arizona, Catalina (520) 825-0009

VA Respite for U.S. Veterans
For information about VA respite programs, call the Program Coordinator for Nursing Homes and Adult Day Respite (520) 792-1450 ext. 6272. To start an application for VA Pension with Aid and Attendance, a program that assists with the costs of care at home or in a facility, call (520) 207-4960.

ALTCS
(520) 205-8600
The Arizona Long Term Care System (ALTCS) is Arizona’s Medicaid program that provides long-term care services in private homes, assisted living facilities, and nursing homes. Eligibility is based on income, assets, and an applicant’s ability to care for themselves. PCOA offers a free workshop on ALTCS every month. Call for schedule and to register (520) 790-7262.
**Elder Shelter**
(520) 339-2801
http://arc-az.org
Short-term placement during an emergency or crisis that interferes with the caregiver continuing to provide care. Care recipients must be 60 or over. This service is provided by the Administration of Resources and Choices.

**Adventure Bus at Handmaker’s**
(520) 547-6007
www.handmaker.org
The Adventure Bus is for people experiencing early-stage memory loss. This is a bi-weekly social and cultural indoor program that provides day trips to various events and destinations in Tucson and the surrounding areas.

**Safe Travel Daytrips, LLC**
(520) 345-2585
http://safetraveldaytrips.com
Supervised day trips to destinations in and around Tucson that provide physical and social experiences for higher functioning older adults with early-stage Alzheimer’s and other cognitive limitations. Lunch is included.

**Interfaith Community Services**
(520) 297-6049 Ext. 223
www.icstucson.org
Call to register for Companion Sitting. This program provides volunteers who keep company with the care recipient while the primary caregiver leaves home to do errands or takes a needed break. Hands-on care is not provided.

**Neighbor’s Care Alliance**
(520) 258-5063
Volunteers may be available in some neighborhoods to provide caregiver relief visits. Hands-on care is not provided.

**Alzheimer’s Association**
(520) 322-6601
www.alz.org/dsw
The Alzheimer’s Association has resources for all types of dementia, not just Alzheimer’s. Call for short-term respite resources, long-term care planning and support.

**Multiple Sclerosis Foundation**
(888) 673-6287
www.msfocus.org
Respite care by trained individuals may be available on a short-term, temporary basis through the Homecare Grant Program of the MS Foundation. Call for eligibility.

*Source: Respite Resources, Pima Council on Aging; www.pcoa.org.*
How to Choose a Medical Alert System:

By Amy Goyer, AARP

There's a range of options in choosing a personal emergency response system. A medical alert system — often referred to as a personal emergency response system (PERS), medical emergency response system (MERS) or fall monitor — can provide increased independence for our loved ones and peace of mind for us as family caregivers.

But how to select the one that’s best for your situation?

It can be complicated: As technology advances, the range of options has grown from the basic, wearable device with a button to call a response center in case of emergency. Now systems may include fall detection or prevention, in-home health and well-being monitors, fitness trackers, movement sensors and more.

When selecting a medical alert system, start by evaluating your loved one’s specific needs and abilities — both now and how they might change in the future. For example, if she has dementia, would she understand how to operate a system? Or is something automatic, like a fall-detection device, more appropriate? Does she have a disorder, such as aphasia, that will make communicating with a call center difficult?

And note that for any of these devices, you might ask if a free trial period is offered so you and your loved one can see what works best.

Things to consider:

1. What you need the system to do

   • **Call for help.** Wearable devices with buttons to push for help may connect to a live person or directly to emergency services (fire department, police).

   • **Fall detection or prevention.** One in 3 people over age 65 fall every year — perhaps the most common motivator for obtaining a medical alert.

   • **Medical monitoring.** Including medication reminders and monitoring health vitals.

   • **GPS location detection and tracking.** Useful if your loved one is still driving and relatively independent.

   • **Activity monitoring.** Motion detectors and beacons that track movement in the home.

   • **Daily check-in services.** Via a live person or electronic check-in.

   • **Fitness tracking.** Including built-in step counters and tools offering information, health challenges and virtual family connections.

   • **Home security monitoring.** For fire, smoke and carbon monoxide.

2. What type of equipment would work best

   • **Is it wearable?** Is the device comfortable (beware of sharp edges or strap materials that may irritate fragile skin), and is it attractive or unobtrusive enough that your loved one will be willing to wear it?
• **How waterproof is it?** Can it be worn in the shower? Can it be fully immersed in water in the sink or bathtub? Many falls happen in the bathroom and kitchen, so this is vital.

• **What’s its range, mobility and connectivity?** Ask about the distance the device will operate from the base unit. Will it work in the yard or garage? Does it include GPS so that it works anywhere you go in the community? Does it connect to a smartphone or via Bluetooth?

• **Is it high quality?** Does the device have a good durability rating? Is the technology up to date?

• **How’s the battery life?** Also ask about the charging method and how you’ll know if the battery is low.

• **Will it need technology updates?** If so, ask how those are implemented (automatically or manually). Will you or your loved one have the ability to manage them?

• **What are the logistics for setting it up?** If there’s a base unit or console, will you need more than one to cover the entire home and yard? Should the unit sit on a table or be mounted on a wall? Does it require an electrical connection, or is it battery operated or backed up (in case electricity or phone service is lost). What type of phone service is required — cellular or landline, or both? Can you add stationary buttons around the home?

• **Is it mobile?** If your loved ones move, can the system move with them?

• **Does it include a lockbox?** Some companies offer to install a lockbox that emergency medical personnel can access if they need to enter the home when the resident is incapacitated.

• **Can family members connect with the device?** Can you check in using a smartphone, tablet or computer?

3. Details regarding response and monitoring

• **Response center.** Average response time should be a matter of seconds, not minutes. Does the company operate its own response center or contract externally? Is the response center certified? How are the dispatchers or operators trained, and are they able to communicate in your loved one’s preferred language? Will your loved one be able to talk with a live person via their wearable device, or do they need to be close to the base unit to be heard?

• **Call routing.** Can you designate how you want various types of alerts/calls (urgent, nonurgent, emergency) routed, including to a response center, family/friends or directly to emergency services (police, fire department)?

• **Customer service.** Quality customer relations are key. There should be a live person you can call 24/7 with questions about the service. Other options may include email, live chat, an easy-to-navigate website and a comprehensive FAQ section.

• **Cybersecurity.** How does the company protect private information and prevent hackers from accessing your system?

4. Cost

• **Fees.** Beware of complicated pricing plans and hidden fees. Look for a company with no extra fees related to equipment, shipping, installation, activation, or service and repair. Don’t fall for scams that offer free service or “donated or used” equipment.

• **Contracts.** You should not have to enter into a long-term contract. You should only have to pay ongoing monthly fees, which should range between $25 and $45 a month (about $1 a day). Be careful about paying for service in advance, since you never know when you’ll need to stop the service temporarily (due to a hospitalization, for instance) or permanently.
• **Guarantee and cancellation policies.** Look for a full money-back guarantee, or at least a trial period, in case you are not satisfied with the service. And you’ll want the ability to cancel at any time with no penalties (and a full refund if monthly fees have already been paid).

• **Discounts.** Ask about discounts for multiple people in the same household, as well as for veterans, membership organizations, medical insurance or via a hospital, medical or care organization. Ask if the company offers any discount options or a sliding fee scale for people with lower incomes.

• **Insurance.** For the most part, Medicare and private insurance companies will not cover the costs of a medical alert. In some states Medicaid may cover all or part of the cost. You can check with your private insurance company to see if it offers discounts or referrals.

• **Tax deductions.** Check with your tax professional to find out if the cost of a medical alert is tax deductible as a medically necessary expense.

5. **Availability in your area**

Many national companies offer medical alert services, but they may not all be available near you, so call and inquire about service areas. Local companies may be an option, as well. In addition to companies that have been in the medical alert business for decades, technology companies and home security companies are now increasingly offering these services, as well.

• **Do an online search.** Use keywords such as “medical alert systems,” “personal emergency response systems,” “fall detection devices” and “urgent response devices,” along with the name of your city or state to find companies that service your area.

• **Contact your local area agency on aging.** Ask if it has a list of companies offering medical alert services locally. (I contacted mine, and it immediately emailed me a list of 16 national and local companies, including one that is offered through the area agency on aging. Find yours at eldercare.gov.)

• **Check with your senior facility.** If you or your loved ones lives in a senior community or facility, it may offer an in-house or external medical alert system as part of its overall services. Beware of facilities that only have pull cords in a few places throughout the room or apartment. Too often people don’t fall or become ill within convenient reach of the pull cord.

• **Investigate other options.** Find out if there are any services or discounts offered through local or national membership organizations, veterans groups or the Department of Veterans Affairs, hospitals or community organizations.

• **See if you can add medical alert services to a current home security system.** Be sure to ask if there is an additional fee.

• **Research quality of services.** Investigate consumers’ responses and reactions to the various companies and service options. Check with the Better Business Bureau, local or national consumer reporting agencies and websites, the local Chamber of Commerce, your state attorney general and other organizations that monitor the quality of services and complaints.

• **Get referrals.** Ask friends and family members if they can recommend any medical alert systems they have used.

_Article by Amy Goyer, AARP.org.  Copyright 2017 AARP. All rights reserved._
Locating Devices for Older Adults

By: Pima Council on Aging

This is a sample of locating devices. There are a large number of companies throughout the United States offering similar devices. You can find other devices by doing an online search using the terms “locating devices for seniors” or “tracking devices for seniors.”

Most of the services listed below require the purchase of a monthly subscription or data plan in addition to the purchase of a device. There are a wide range of devices, features, and plans to choose from.

Monthly subscription fees typically run anywhere from $10 to $60 per month. The cost of the devices themselves can range from around $30 to $400, depending on their features and capabilities.

Web-based locating devices provide an advantage in that they offer real-time, on-demand location services and can be used to create a “geo-fence.” A geo-fence is an area defined by the caregiver—usually a house, yard, or neighborhood—within which the person being tracked is considered safe. If the person being tracked goes outside of the geo-fence, the device will send the caregiver an alert. A geo-fence can be as small or as large as needed.

Keep in mind that most of these devices need to be charged regularly or have batteries replaced periodically.

MedicAlert® + Alzheimer’s Association Safe Return
(800) 272-3900

How it works: The person who is at risk for wandering or getting lost wears either a pendant or bracelet that has the person’s identifying information and the emergency response on it.

The caregiver opens an account on the MedicAlert® website and keeps the account current with the loved one’s emergency contacts, medical information, and a photo.

In the event that the loved one gets lost or wanders, the caregiver can call the 24-hour emergency response line which will activate a local community support network which includes the local Alzheimer’s Association chapter and law enforcement agencies who will work to locate and reunite the caregiver with the person who wandered.

This is not a GPS-based service.

The cost to join is $55 plus shipping and $35 each year thereafter. For an additional $35, a caregiver can buy an ID bracelet that identifies him or her as a caregiver in case of a medical emergency. Financial assistance may be available for those unable to pay.
GreatCall® Splash with 5Star (from Jitterbug)
www.greatcall.com
(800) 650-5921
How it works: The person with dementia clips the waterproof, GPS-based device to a keychain, lanyard, etc., or carries it in a pocket. By pressing a button, the person can be connected to a Certified Response Agent who can provide help, contact the person’s caregiver(s) or call 911.

With the GreatCall Link, caregivers can access the device with a smartphone or computer to view the device status and check the wellbeing and location of the user.

This service does not have geo-fence capability.

The purchase price is $49.99 and there is a $35 activation fee. The monthly service fee starts at $19.99.

Desert Tracker GPS
www.deserttrackergps.com
(520) 838-1130
Desert Tracker is a local Tucson company that offers two types of locating devices for seniors. The GPS system works both indoors and outdoors. The prices below require a two-year contract. A month-to-month option is also available.

- **EZ Alert**
  This device can be worn around the neck or carried in a purse or pocket. A user presses the button to alert or be connected to up to 10 caregivers rather than a dispatcher.
  Provides real time location and geo-fence capability.
  Cost of the device is $67 plus $127 for activation. Cost is $39.77/month or $49.77/month if you want two-way voice capability.

- **EZ Alert Plus**
  This device works the same as the EZ Alert but includes a fall sensor and medication alerts.
  Cost of the device is $97 plus $127 for activation. Cost is $39.77/month or $49.77/month if you want two-way voice capability.

EcoTrack
http://ecotrackfleetmanagement.com
(520) 230-8093
Their GPS Personal Companion has a single emergency button that can be pressed to connect to a dispatcher or a caregiver. Has two-way voice, real time location, and geo-fence capability. Can be set up to send automatic e-mail or text messages.

Cost of the device is $169. Cost per month is $39.99.

*Source: Locating Devices for Older Adults, Pima Council on Aging; www.pcoa.org.*
**Seniors Home Visit Program**

| What is it? | A free volunteer-supported program that provides socialization to older adults living in the community. Once each week a volunteer, trained in communicating with older adults and active listening, visits for one hour or provides socialization over the phone. |
| Who can enroll? | Qualified participants are 55 or older and socially isolated in the community for any reason - health, transportation issues, etc. **Unfortunately, we cannot accept participants who have dementia.** |
| Volunteer info? | Volunteers in this program are 55 years of age or older, attend 8 hours of classroom training, complete a security check, have met the TB and MMR requirements, and participate in continuing education. |
| What happens? | Participants are referred by self, family, friends or agency staff. Once the referral is received we contact the person referring and the referral to obtain additional information. A home visit is then made to assure appropriateness for the program. Participants are paired with a volunteer and together they schedule regular weekly visits or phone calls. Volunteer & participant matches are based on geographic area, gender preferences and other factors. These visits can continue indefinitely with the same volunteer, until one of the parties decides to stop. |
| What our volunteers cannot do. | - **Volunteers are prohibited from providing any service other than a socialization visit.** They may not provide transportation, do housework, or perform any other task for the peer.  
- **Volunteers cannot stay alone with a participant who needs supervision or care.** If a participant needs supervision or full-time care for any reason a family member/care provider will have to be on-hand throughout the visit. |

For more information, contact TMC for Seniors at:  
(520) 324-1960 or SeniorServices@tmcaz.com
Food Safety and Nutrition

Some changes with age affect hunger and eating. Some of these changes are normal. Some of these changes are caused by diseases that are common with aging. The table below lists some of these changes.

<table>
<thead>
<tr>
<th>Less able to taste and smell</th>
<th>Dry mouth</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is hard to chew</td>
<td>It is hard to swallow</td>
</tr>
<tr>
<td>Heartburn</td>
<td>Less thirst</td>
</tr>
</tbody>
</table>

Some changes can be unsafe. If smell and taste are lower, it is hard to tell if food has spoiled. Eating spoiled food makes people sick. It is important to date and label foods, and check dates before eating. Throw out all old foods.

It is also unsafe when it is hard to chew and swallow. Choking is common for older adults. Dentures can make choking more likely. Older adults should take small bites and chew food slowly. If an older adult chokes, call 911. If trained, use the Heimlich maneuver when the choking person cannot speak or cough. Go to a doctor even after the person stops choking to make sure they are not hurt.

Many older adults also do not drink as much water as they need. This is because they do not feel thirsty. If the person drinks too little water they can feel dizzy and fall. It is important for older adults to drink water all day, even if they do not feel thirsty.

Quick Tips
- Be aware that some foods cannot be taken with some medications. Ask the doctor or pharmacist if the person should not eat some foods.
- Drink lots of water. Drink more water on hots days.
- Vitamin pills cannot replace healthy food. Eat lots of fresh fruits and vegetables.
- Take small bites and chew well to not choke.
Older adults should eat foods that are healthy, and are low in fat and sugar. An easy tip is to eat foods that have lots of natural color. These foods have more vitamins. For example, an orange yam has more vitamins than a white potato.

<table>
<thead>
<tr>
<th>Food</th>
<th>Examples</th>
<th>Best Choices</th>
<th>Tips</th>
</tr>
</thead>
</table>
| Fruit  | berries, apples        | fresh, when possible| • Try not to add sugar  
• Eat many types with different colors  
• Fresh is best. Frozen and canned in juice are okay.  
• If it is hard to chew, cook or blend fruits to make them soft. |
| Vegetables | kale, broccoli, carrots, beets | fresh, when possible | • Eat many types with different colors  
• Fresh is best. Frozen and canned are okay.  
• If it is hard to chew, cook or blend vegetables to make them soft. |
| Grains | rice, oatmeal, pasta, bread | whole grain         | • Try to eat cereals and grains that do not have added sugar. |
| Dairy  | milk, cheese, yogurt   | fat-free or low-fat  | • Try plain yogurt and add fresh fruit. This will have less sugar than flavored yogurt. |
| Protein | beans, nuts, tofu, meat, fish, eggs | lean cuts         | • Eat very little red meat or high fat meat.  
• Try more meals without meat. Use beans, lentils, nuts or tofu instead. |
| Fats   | oils, nuts, avocado    | unsaturated fats    | • Choose plant fats, like olive oil.  
• Eat less animal fats, like butter. |

Vitamins taken as pills, liquids, or gummies do not replace of a healthy diet. But some older adults need more vitamin D and calcium, even with a healthy diet. Ask a doctor if extra vitamin D or calcium is needed.

Useful Websites


Pima Meals on Wheels

By Pima Council on Aging

Home Delivered Meals
Pima Meals on Wheels is a program of Pima Council on Aging in collaboration with community subcontracted agencies: Catholic Social Services and Lutheran Social Services of the Southwest.

At least 70% of older Americans are living with one or more ongoing health conditions. Good nutrition can help manage, prevent, or even reverse common ailments. A year’s worth of home delivered meals costs less than one day in the hospital.

To get meals delivered you must:
• Live within Pima County (non-reservation)
• Be age 60 or over. Spouse of someone
• Be homebound
• Be unable to attend a Senior Center Congregate Meal Program
• Be unable to obtain or prepare adequate meals
• Be able to feed yourself
• Be able to safely store and heat meals
• Agree to be home when meals are delivered or to contact the program manager in advance

How the program works
If you meet the above eligibility guidelines, call the Pima Council on Aging Helpline at (520) 790-7262 and discuss your need and interest in receiving home delivered meals.

The Helpline worker will verify that you are eligible for home delivered meals and will refer you to the agency that delivers meals in your area (Catholic Social Services or Lutheran Social Services of the Southwest).

You will call the agency that delivers meals in your area so they can schedule an in-home visit. During this visit, the nutrition provider will explain how the program works and arrange to have meals delivered to your home.

A suggested donation of $2.00 per meal is requested, but no one is denied service due to an inability to donate. All contributions assist in covering the cost of providing the service.

Note: If you do not qualify for Pima Meals on Wheels, the Helpline worker will discuss other possible options.

Nutritional Information
These meals are designed to meet one-third of the Dietary Reference Intake (DRI) for older adults as established by the National Academy of Sciences. Nutritious foods approved by
participant input are included in a five-week menu cycle that provides required amounts of vitamins, minerals, calories, and fiber in every meal. Meals are prepared using low-fat, low-sodium, low-sugar, and high-fiber foods and provide a variety of fruits, vegetables, and entrees. Meals are appropriate for most diets.

Each home delivered meal includes:

- 2–3 ounces of protein (meat, fish, poultry and/or beans, eggs and cheese)
- 2½ cup servings of fresh fruits and/or vegetables (raw at least twice a week)
- 2½ cup servings of whole grain (rolls, pasta, rice, tortillas, corn bread, breads or cereals)
- 1 teaspoon butter or fortified margarine
- 1 dessert item (preferably fruit in season)
- ½ pint milk (2% or skim)

A complete monthly menu can be viewed at www.pcoa.org.

Sign up for Pima Meals on Wheels today

Call Pima Council on Aging at (520) 790-7262

This program is funded by Federal Older American Act dollars through the Arizona Department of Economic Security, the City of Tucson, Pima County, United Way of Tucson and Southern Arizona, and your individual contributions.

Home Delivered Meals for Pay

By Pima Council on Aging

Safeway Home Delivery
Online ordering only. Groceries delivered in the Tucson area in temperature-controlled trucks. Free delivery offers may be found under the “Online Savings” tab. One-hour delivery windows are available. Delivery hours are 9:00 A.M. to 10:00 P.M. seven days a week. A minimum purchase of $30 is required. You can register with your Club card or have a Club Card number automatically generated for you when you sign up.
(877) 505-4040 (for questions only—ordering must be done online)
www.safeway.com

Walmart Grocery Pickup
Online ordering only. Order groceries online and receive an e-mail when they are ready to be picked up. Drive to Walmart and park in the area designated for grocery pick up, call the number given in the e-mail, and a Walmart employee will bring out your groceries and load them in your car. (Some stores may have a different process.) There is no fee for this service, and the cost of items is the same as in-store. A minimum purchase is required. For questions about Walmart grocery pick up, call (800) 924-9206.
There are currently three Walmart locations offering this service:
7635 N. La Cholla Blvd.
8280 N. Cortaro Rd.
2565 E. Commerce Center Pl.
www.walmart.com/grocery

Lutheran Social Services
Lutheran Social Services will grocery shop for you. The cost is $25.00. Shopping days are based on the recipient’s ZIP code. Cash, checks and credit cards are accepted. They will come to your house first to pick up your food stamp card if needed.
(520) 514-7642 ext. 204
www.lss-sw.org

Honey Do Delivers
Will pick up and deliver groceries, dry cleaning, and mail and run other errands. Serves central Tucson from the foothills south to 22nd St., and Campbell east to Wilmot. Hours: Monday through Friday 10:00 A.M. – 5:00 P.M.
Serves Green Valley (Safeway, Fry’s, and Walgreens only) Tuesday and Wednesday from 10:00 A.M. – 1:00 P.M.
(520) 333-7595
www.honeydodelivers.com
Groceries 2 Your Door & More
Groceries 2 Your Door & More will pick up and deliver groceries, prescriptions, dry cleaning and other items from any local store of your choosing. There is no minimum order amount. They do not provide transportation or rides. Serves all of Pima County. Hours are Monday – Saturday from 7:00 A.M.–7:00 P.M. (520) 288-9310 http://groceries2yourdoor.weebly.com

A Culinary Affair
Personal Chef Service
Chef Tim Vogl will prepare gourmet meals and deliver them to your home in dated and labeled microwaveable containers with reheating instructions. There are several menus to choose from and meals can be customized to your taste. Dietary restrictions are okay. Cost for ten meals is $225 which includes the cost of groceries. Larger meal plans are available. (520) 797-2689 www.cheftimintucson.com

Meals by the Week—Food shopping and meal preparation
Service includes shopping, meal planning, and cooking your choice of meats, fruits and vegetables. Special diets okay. Prepared meals are delivered on Saturdays. Microwave for 3 minutes for a hot and nutritious meal. Cost is $45.00 for 7 meals and includes delivery. Owner: Rae Frantz: (520) 741-9020

Schwan’s
Frozen Meal and Dessert Deliveries
Order by phone, app, or online. Delivers frozen meals, meats, fruits, vegetables, desserts, appetizers, and ice cream to your door. Special diets offered include low-sodium, low-calorie, and gluten free. Single servings available. (888) 724-9267 www.schwans.com

Skarsgard Farms
Fresh Fruit and Vegetable Delivery
Order by phone or online. Organic seasonal fruits and vegetables delivered to your door. Prices start at $25 for a mini box. Cooler deposit is extra. No delivery fee. Orders are customizable and items can be ordered individually. (505) 681-4060 https://skarsgardfarms.deliverybizpro.com

Tucson to Go
Local Restaurant Delivery Service
Hours: Monday–Friday 8:00 A.M. - 9:00 P.M.; Saturday and Sunday 11:00 A.M. - 9:00 P.M. A minimum order of $15 is required; delivery charge starts at $4.99 which does not include driver gratuity. Delivery time is typically one hour. Service can be scheduled in advance.
Magic Kitchen—Chef-Prepared Meals
Frozen Meal and Dessert Deliveries
Order by phone or online. Different meal plans include senior-friendly, diabetic-friendly, low-sodium, low-cholesterol, dialysis-friendly, and other specialized menus for specific medical dietary needs. Entrées, appetizers, soups, and desserts are all available. Ships in a disposable cooler. Store meals in the freezer until needed.
(877) 516-2442
www.magickitchen.com

Mom’s Meals—Prepared Meals for Seniors
Fresh Meal Deliveries
Order by phone or online. They offer meal plans and recipes designed for seniors. Breakfast and lunch entrées available. Other special diets offered include heart-healthy, diabetic-friendly, pureed food, and low-sodium. Fresh meals are shipped in “Fresh-Lock” packaging. Meals can be stored in the refrigerator for up to 14 days.
(877) 508-6667
www.momsmeals.com

Home Bistro
Frozen Meal and Dessert Deliveries
Online orders only. Special diets offered include low-sodium, diabetic, low-carb, and vegetarian. Entrées, appetizers, soups, and desserts are all available. Meals are shipped in a disposable cooler. Store meals in the freezer until needed.
http://homebistro.dinewise.com

Nutritional Supplements
- Abbott Home Delivery
  Order cases of Ensure and Glucerna. Free shipping available on orders over $100.
  (800) 258-7677 Monday–Friday 9:00 A.M.–6:00 P.M. Eastern Time.
  www.abbottstore.com

- Active Forever
  Purchase cases of Ensure, Boost, and other nutritional supplements. Based in Peoria, AZ. Monday–Friday 7:00 A.M.–5:30 P.M.; Saturday 8:00 A.M.–4:00 P.M.
  (800) 377-8033
  www.activeforever.com

This information is updated periodically and may not be current. Pima Council on Aging assumes no responsibility by providing this information. This list is a community service and not an endorsement of any organization listed.

### Caregiver Help List

**Indoor**
- [ ] Provide Light Housecleaning
- [ ] Help with Laundry & Ironing
- [ ] Change Linens/make beds
- [ ] Plan, Prepare & clean-up meals
- [ ] Dust furniture
- [ ] Pet care (walking, cleaning)
- [ ] Fill Medication Weekly Minders
- [ ] Mail Bills and Letters
- [ ] Put together caregiver information book (medical, legal, etc)
- [ ] Home Maintenance tasks
- [ ] Help write letters/correspondence
- [ ] Care for house plants

### Personal Care
- [ ] Provide grooming
- [ ] Assist with Dressing
- [ ] Assist with eating
- [ ] Assist with restroom &/or incontinence
- [ ] Assist with bathing

### Legal/Housing/Resources
- [ ] Help with Alternative Housing
- [ ] Help with Medical/legal power of attn., &/or will, real estate, etc.
- [ ] Find community resource help for:

### Outdoor
- [ ] Mow Lawn
- [ ] Trim Shrubs
- [ ] Weed
- [ ] Water Plants
- [ ] Wash Car
- [ ] Rake Leaves and Bag
- [ ] Buy Magazines, Papers, Books
- [ ] Take out garbage

### Errands/transportation
- [ ] Pickup Prescriptions
- [ ] Grocery shopping
- [ ] Drive &/or escort to Appointments./mtgs
- [ ] Escort to religious services
- [ ] Plan Visits, Outings, & Trips
- [ ] Visit Neighbors & Friends

### Companionship
- [ ] Reminisce about the past
- [ ] Rent and Play Movies
- [ ] Read Religious Materials
- [ ] Provide Respite time
- [ ] Assist with walks
- [ ] Play games/cards/puzzle
- [ ] Do arts/crafts activity

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Thank you for offering!!!