Podcast Transcript: Resource for Family Caregivers – Our Conversation with eCaring

Barry: Welcome to Senior Care Corner. I'm Barry.

Kathy: And I'm Kathy. Thanks for joining us!

Barry: You'll find us online at SeniorCareCorner.com with solutions, tools and information for families and other caregivers of senior adults.

Well Kathy, today we've got a great interview with some information about a resource that we think a number of family caregivers will find to be of value. More about that in a few minutes though. I think you've got some news items for us today?

Kathy: I do as always. Our first news item today:

Mental Skills Decline Sharply for Women with Alzheimer's

A new study suggests that mental deterioration occurs more quickly in women with Alzheimer's disease compared to men. A meta-analysis of 15 published studies of Alzheimer's patients found that men consistently performed better than women in five tests of mental skills, even when both were at the same stage of the disease.

Verbal skills of the women studied were also worse than in men with the disease, which researchers found surprising. In the healthy population, women have an advantage over men in verbal skills.

The level of education, age or severity of dementia did not explain the difference in mental decline between the women and men.

It appears that women with Alzheimer's have a specific disadvantage and the decline seems to occur faster in the earlier stages.

Researcher's postulate that hormonal effects; possibly due to a decrease in estrogen in women may influence the change.

Overall women are more likely than men to develop Alzheimer's and the difference in prevalence only increases with age.

Barry: Hmm, very interesting. We keep learning more and more.

Kathy: We do. And here's some more to learn. Our second news item:

Many Senior Meds Unnecessarily Prescribed

According to a new multi-study analysis, one in five prescription medications taken by seniors are inappropriate either due to being mis-prescribed, overprescribed or under prescribed.

Many of these particular medications are considered to be high risk drugs that may cause an adverse drug event which is an injury caused by a prescription medication.

Medicare beneficiaries are estimated to have over 530,000 preventable drug reactions each year according to the Institute of Medicine. One of the primary causes is inappropriate prescriptions.

This analysis points to the need to better manage prescription drugs for the elderly as many take between five and twelve different medications for their chronic conditions.

Barry: Well that comes back to again, as we've said before, family members getting involved in helping make sure that when you go to the doctor or to the pharmacist, you have a list of everything that you're taking.

Kathy: That's right. And take it according to the directions. Alright, our third news item today:

Less chronic disease in store for fit 50-year-olds

Fit 50-year olds are less likely to get chronic disease as they age than are those who are couch potatoes according to a new study.

What this study points to is the link between fitness and healthy aging.

We have known for some time that being fit will help us live longer. Now we're learning that being fit can also help us live a better quality of life and age better during those years.

The study indicates that it is thought that being more fit may delay the onset of chronic illness but this may not be the case. It may actually be that instead of delaying the onset we may actually be able to prevent the illness altogether.

More than 18,600 healthy men and women were studied who had a treadmill test for cardiopulmonary fitness around the age 50. Medicare claims for those individuals spanning 26 years were reviewed for the prevalence of eight chronic diseases.

Those men who scored the lowest on the fitness test were found to have a rate of chronic disease 28% per year while those who scored the best on the fitness test only had a 16% per year rate of illness. For women, the lowest scorers were 20% per year while the best were 11% per year.

This is not considered proof but researchers feel that people who are more fit eat healthier foods. Taken into account were smoking, obesity, blood pressure and cholesterol levels. Researchers echo the national recommendations for 150 minutes of exercise every week.

Barry: Well Kathy, is it just coincidence you seem to be able to find one news item each episode that talks about the virtues of being active?

Kathy: Right well I like the thought that it's not just DELAYING illness, but I may be able to PREVENT it if I stay fit. And that's quality of life in the years that I live. Good news.

Alright, our fourth and last news item today:

Lonely and Living Less

A recent study states that older people who feel lonely may have shorter and less healthful lives.

The University of California San Francisco researcher Carla Perissinotto reviewed data on 1,600 people with an average age of 71 years.

Those seniors who reported that they feel lonely were 60 percent more likely to lose the ability to do activities needed for daily living and were 45 percent more likely to die.

Researchers offer this advice: "examine what is going on in their life, think about the quality of relationships that they have, and focus on increasing social connectivity."

Barry: Very good information. Thanks again for those news items Kathy.

Today we've got an interview with Robert Herzog, the founder and CEO of eCaring. We've learned about eCaring through social media and some interactions there. We went out and found out more about what they had to offer and really think it's something that a number of family caregivers would find useful.

Rather than tell you about it, why don't we jump right in because Robert does that himself. Here we go.

Recording:

Barry: We're joined today by Robert Herzog, the Chief Executive Officer and Founder of eCaring. Robert, welcome to Senior Care Corner.

Robert: Thank you. Thanks for having me on.

Barry: We're glad you could join us and we're very pleased to be able to talk with you today.

Robert: Great!

Barry: You've got a very extensive business and public service background which doesn't seem to feed naturally into something like eCaring and we've found that people often have a personal reason for getting into something having to do with caring as a business. Is that the case for you?

Robert: Yes, I would say very much so actually. I'm not a "professional healthcare person". It's not where I came to this from. My background is much more in digital media, creative work, internet startup companies and business. But a number of years ago, my mother who was quite a story. She worked until she was 79 years old in a law firm. She was retired and had a few good years and then started having a few tough years as it happens to people. So many of us know and go through.

I spent a lot of time dealing with my mother's life the rest of those years. And it ended up as these things end up, she ended up in a nursing home and then passing away. And one of the things that I noticed during that process was how really frustrating it was when you face that terrible transitional moment, which I don't think anybody is prepared for, when somebody you love starts needing additional—serious additional services like home care.

Its draining financially at times, but it's daunting logistically; it's difficult emotionally just to cope with all that. And yet, people come in, you turn the keys to mom's house over to a stranger to generally a well-meaning stranger, we really liked the aides that we worked with. They were terrific people. One of them introduced my Jewish mother to jerk chicken. You know so, they're good experiences.

But nonetheless, when the door closed, that house became a black box. We just couldn't find out. You know you really couldn't find out in real time what's was going on. There were paper reporting forms, you know, every week or two you'd see something. I think the agencies really use them much more for, you know purposes of billing and reimbursement.

So I went through this experience and at the end of it I thought, "Gee how strange. I learned all these lessons that I'll never use again." And then I saw other people, my friends really, colleagues; going through very similar experiences. And it struck me that they, as I, really deserve better, NEEDED more and that if we could solve this problem; it could be helping a lot of people and frankly could be a good business.

And so that's really what led me into this in the first place. Coming at it from the perspective of a son taking care of and paying for care, along with my family; I was lucky I had a lot of support; of my mother. And as I got developed, and as I got into the healthcare industry, I saw that this was really a systemic problem.

And so I tried to create a solution to that problem that would be useful to people; and that's really what got me into it.

Kathy: I think it's so true what you described your mother being alone in the house and no one's there and you don't know what's going on. It's something where we've all been when we have elders at home alone. Even as wonderful as the homecare agencies are, there's still that measure of helplessness.

I think that eCaring is one way that we can kind of get over that and get a little more information. Can you explain a little bit to everyone about what eCaring is and what it does for them?

Robert: I'd be happy to! First, taking from the lessons that I learned as an individual that I saw systemically was that. And when we started eCaring the notion of electronic health records and stuff didn't even exist and so on. But as it's evolved with today's world, you know a patient or a family member might spend a few hours with the doctor, a lot of which is in the waiting room.

You might spend some days in the hospital. But they spend the rest of their years in their home. And that's really where the critical events take place, that really matter for the quality of their lives and it's where they want to stay.

And yet you can get electronic records from the doctor's office in increasing numbers. You can get them from a hospital. But there's no source of good timely up to date information about what's going on in the home.

So we looked at that situation and thought, "Well, okay, who's in the home?" It could be a home aide, very frequently, or it could be a family and friend members. And people have very varied skills. Certainly home aides, may not, I mean English may not be their first language, so they have limited computer skills. Many elderly who are taking care of themselves have limited computer skills.

So we wanted to design a system that ANYBODY regardless of their language or computer illiteracy could use to enter enormous amounts of vital, critical information about the care, the condition, the status, and the activity of that homecare recipient. So we built eCaring and that's exactly what it does. We invented, really, an icon based language that uses symbols so that you can enter all kinds of information about what's going on in the home. And that information may be about the personal care of the person. You know, are the bathing? Are they brushing their teeth? Taking care of their skin, or their eyes? It could be are they eating properly or not? Are the refusing meals? Are they eating on time? Drinking enough water, et cetera?

It could be about their health. Are they taking their medications or not? Are they in pain? Do they have some kind of sickness? Like, you know diarrhea or fever, something you might really want to know about.

Or what's their mental state? We're the only system really around in the world that collects very good detailed information about somebody's mental state. So it's extremely useful for Alzheimer's and dementia patients. For families taking care of them to keep them up, to what's going on.

So we created this system where you can enter, on a very timely basis, whether it's a patient themselves; whether it's a family member, a caregiver for the family, or a paid home healthcare; or a combination because often you get that, of people who are in the home providing this comprehensive behavioral information. And what we've added to that is a very simple way in which you can enter clinical data.

So that if you have somebody who has a heart condition; you want to be tracking their weight. If it's a diabetic; you want to be tracking their sugar is. You know you want to track temperature or blood pressure for people.

So we've created these sliders, again they are very visual and very easy to use. And so what we can do, it's the only system that does this; we've created this comprehensive integrated data base, that's clinical and behavioral information. It comes out of the home. It comes out in real time.

And it can be viewed through the internet, God bless the internet for this ability. It can be viewed by any of the family members, whether they are around the block or a thousand miles away. There are seven million families taking care of somebody more than a thousand miles away. There are thirty million caregivers taking care of somebody they don't live with.

So it can be viewed by family members and caregivers wherever they are, whenever they want to, 24/7. But it can also be viewed by the other healthcare providers, if you have a geriatric care manager, if you have a geriatrician or a nurse practitioner, or somebody else involved, or any kind of therapist et cetera. They can all get this information in real time and you can be looking at this information.

And what does this information give you? It says well, okay here's the baseline. Here's what normal for mom or dad in the home. Now we're seeing trends. They're sleeping more or less in the afternoon. They're starting to refuse meals or eat differently. They're skipping medications. They've become combative. Their mood is now more angry than it is content; et cetera.

So you can spot these trends and you can respond to them before they become really serious. The same with conditions, like if somebody falls or has a loss of consciousness, you know or slurred vision---speech. All these things can be generated in real time and then you can preset this system to generate an alert; so that you can get through either the system itself or through an SMS text message or an email. You have the comfort of knowing that you're going to be alerted immediately when something requires immediate attention.

And the whole point of the system then is to keep people at home longer, more comfortably with dignity and at less cost. You can do that if you can intervene early and keep small problems in the home from becoming big ones at the hospital. And that's really what the system is designed to do.

Kathy: Right Robert, I'm excited to hear that there's a link to the healthcare provider, a doctor can actually see, as you mentioned a heart failure patient when their weight does tend to inch up and maybe be able to prevent a hospitalization with this type of information, getting it so quickly.

Robert: The best prevention for a hospital readmission is to not have an admission in the first place. And so we are actually working on a trial with Beth Israel Medical Center in New York to help manage post discharge cardiac heart failure (CHS) patients with a goal of reducing their readmission rates.

And the way you do that, the way we plan on doing that is by taking the critical data points.

Kathy: Mhm.

Robert: Track both behavioral and clinical because that's what we do, we integrate both so that you can see whether a person is had gained two pounds in the last twenty four hours and is retaining water or it's a bad signal. Or increasing shortness of breath or their blood pressure has gone up or they're having a chest pain or swelling. So you combine these different sources with the human side of plan of care adherence; and are they taking their medications or not. Are they keeping their appointments?

All the critical things that are, go into maintaining a person's health status and if you do that, then you can set up alert levels you know if the pulse ox is at a certain level, you know maybe the nurse gives them a call. If it's a worse level then perhaps it requires a home visit or get them into a doctor's office. If it's worse then you say, "Hey get them to the ER right away". But you're still preventing a full hospital readmission.

So you can establish protocols and responses based upon different levels for both behavioral and clinical data. And if you can do that then you can manage in the first instance the person from going to the hospital, but if they've gone to the hospital then you can keep them from going BACK into the hospital when it gets much much worse.

Kathy: Right. That's a great application for hospitals.

Robert: Yes.

Barry: We could see, we've talked about, you can see on your website; a lot of data items that you can collect. Do you have to collect the same information for everyone or is it something that can be customized?

Robert: It can be customized. So you might want to be collecting different information for somebody, just a senior person where you're focused on activities of daily living and basics. On the other hand, you know a lot of people have chronic conditions so there is certain data points you might want to be checking for; heart patients that are different from a diabetic.

And so we can customize this, we're working for example on an upcoming trial with Maimonides Hospital in Brooklyn with their geriatric faculty practice. So with them, we're establishing what are the data points they want in general; and then focus now for particular patients and you can customize the alerts for a given patient.

You know, for somebody who doesn't have heart failure, gaining a couple pounds might not be a fabulous thing for them, but nonetheless it's not a critical health factor. Somebody who's got a heart condition, you really want to know about it. So you can customize the alerts, customize the data that you collect; in general, by conditions, certainly by facility and by the patient in order to

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make determinations as to, you know, what you really want to focus on. Now right now we have a system that generates, as you said a lot of data in a lot of different categories. And as my barber used to say, "You can always take some off but you can't add it back on".

So we have a system that's comprehensive; and then you can select an organization. For example they can select those things they really want to track. And then they can produce customized reports. We have, there are several components to the system. We have what's called Care Tracker, and that's the way that family members, patients, or home aides enter information using that symbols and the icon based language with the sliders for critical data.

Then we have Care Journal, which is a comprehensive use for all that information. You can view it by the day, by the week or by the month; it's a very sophisticated data base that we put a pretty skin on to make it really easy and intuitive to use so you can check, just look at what they're eating or what their mental state is or frankly what their toileting practices have been; or when they're sleeping or awake. Are they getting up at night or not? So you can track that.

And then we have Care Portrait which is customized views. So you can grab, you know, what their sleeping pattern is or you can grab what blood sugar has been over time or weight and so on. So you have the ability as a family member or as a care provider you can go into the system and you can look and say, "Okay what's going on with this diabetic's blood sugar over the last seven, fourteen, or thirty days?" But you can also correlate because we enter data, information in sequence over time so one of the reasons, for example, the head of geriatrics at Maimonides is very big, very fond of our system, is as she said "If somebody falls, I know not just that they fell but I know what they were doing before they fell." That they … from the neck; did they take or miss a meal? You know, what happened with their medication? And so you can get this kind of sequential data.

My niece is a doctor in a community health clinic and she said, "You know when somebody's blood sugar spikes you want to know what caused it to spike so you can work with them to keep that from happening." Did they exercise too much? Did they miss a meal? Did they take too much or too little of the wrong kind of insulin? So if you can collect all this data in one place and make it really easy to see, because it has to be EASIER for people to use not more difficult which I believe pretty firmly that our system does. And then you can really create a much better interaction with that patient, with that person that you love and make sure that they are getting the best possible care.

Kathy: Right, I think we should make mention here that not just for the healthcare field, that connection with your healthcare providers but also for long distance providers, long distance family members. They may just want to know if Mom is up and moving and eating. They're really not interested in the diabetic blood sugar reading and those kind of more clinical values. They just want to know that there is someone in there doing the job that they think they are doing.

Robert: I…that's exactly right. You know, as I said, there are a lot of families that are just, that have relatives, son may be living in New York, daughter in California, Mom may be in Florida.

Kathy: Mhm.

Robert: The home aide there or care manager or just Mom herself is entering information. But it's a way in which you can all be sharing the vital information at the same time and in real time about what's going on in that home, something you can't do today.

Barry: You've got it set up so it looks like it's very easy to use and that may be the most difficult thing about the whole process is forming the habit. How long does that usually take until someone is comfortable that the person in the home is made the habit of keeping up with it?

Robert: Well, you know, there is a lot of evidence that if you feel that somebody is kind of paying attention to you, you perform better. There's even a placebo effect from hospital discharge, et cetera and so on. I think that's going to vary a lot from person to person but I think with encouragement; I trained a lot of home maids in how to use this and the aides really really like it.

First of all it's almost like, well you've seen the system, so it's almost like a game. It's very easy and quick to learn. We've trained aides who had no computer skills and English was their second language. A lot of aides get it within minutes, that particular person took about an hour. She went from being very apprehensive about it to really really enjoying using it. And if you enjoy using it, you know, caregiving shouldn't be about check marks on a piece of paper that's never looked at. Caregiving should be about good communications.

And that's what we provide. So there's better compliance, because the aides or the family members, they feel empowered. When somebody comes out of the hospital, when somebody is first asked to be given home care, who spends the most time with them? Well, it's the family members and it's the home aides and of course, the patient themselves, with themself. But if you get into these care coordinations and care management situations, you may have a whole lot of specialists and people sitting around a table talking about the patient. But who's not there?

Well, the family caregiver, the family member, and its' the home aide. And where's the patient there? So we're giving a voice to people who really know the most about what's going on in that home but making it really easy for that voice to be listened to. By providing information and formats, it's just really quick and easy to use. This is not a complicated electronic health record that's very complex and takes weeks to learn and everybody is a little bit befuddled by it. Most people aren't that happy with them and of course they're critical. But nonetheless, they're very difficult to use and primarily being used by skilled professionals, trained just for that purpose. This is a system that a family member can install in a PC, a MAC, or an Android, or iPad tablet in their loved one's home. And in a matter of minutes people can be up and running on it.

We're running, in fact, a free trial on our website right now to give people the experience of doing that. So it's really quick to learn how to use it. And because it's so easy and kind of fun, you know most people, certainly most of the home health aides particularly, they use it. And also I might add for home health aides, you know, it's part of their reimbursement so it's part of their professional duties to fill in something. And it's a lot better to fill in something where you know it's going to be used, the eCaring system than it is to fill out a paper form that you know will be ignored. So I'd say that you get really good compliance rates pretty quickly.

Kathy: And when you have a lot of home workers that come in, one day could be Susie and the next day could be Julie.

Robert: Right.

Kathy: They can look at that journal and actually see what Susie did the day before and kind of keep building on that. I think the journal is a good place to have a wide variety of useful information on how to best really care for that senior.

Robert: Yeah, you know it's interesting you say that. One of the aides said, "I'd like to know what the emotional affect was for the person, you know, the shift before." And particularly if there was a substitute or a new person coming in. It gives you a very quick guide as to what the person was doing whether they were bad.

Of course, if you were a family member, you know, you may be trading time with each other. And this is a very quick easy way; it replaces very long and laborious phone calls. At the end of it, you know, there's always something that you forgot to ask or talk about. This is a systematic codified way in which you know you're tracking all the information that's critical; and you're right, you can look back and see that we've learned a lot from caregivers, you know, the kinds of things; the symbols that we use the kinds for information that we collect. It's always a work in progress and we learn from the people who use the system. They're great helpers for us.

And on our website, you know, if you're using the system, you can then give us feedback and tell us what you think about what ought to be there. We added crying because a home aide said, you know, they wanted to know if somebody was doing that. We added turning or positioning, you know, for people who are bedridden and they want to make sure that they are getting turned so they don't get bed sores. These are things that we learned from our users. So it's a constant back and forth progress—process.

Barry: Well it's nice too that the icons are standardized so when you go from one caregiver to the next, you know, if I'm a family member looking in from a distance; it says the same thing, you said crying—each time there's crying, I don't have to rely on the words that the caregiver wrote down or told me to describe it.

Robert: That's right and you may have one caregiver who speaks English, another who speaks Spanish, another who speaks French or Tagalog, and so this is a universal system; it's inherently multi-lingual. So that the language barriers go away with regards to communications here.

Barry: Well this clearly is a great system and I think it's fantastic that you've made it available. How would a family go about getting it and setting it up for a loved one?

Robert: You can go to eCaring.com right now and sign up for a free trial. If you want any help and guidance, in terms of support for doing that; we have a wonderful woman, our social media program coordinator, Melody Wilding. There's an "Ask Melody" button on the sign up page, you can communicate with her. If you have any questions about, you know, how to sign up, how to use it, how to implement it, put it on the system in your loved ones home and how to use the information you get, if you're using an aide, how to train the aide. Or go to the agency or geriatric care managers providing them and tell them about it so that they can learn how to use it. We try to make it as easy as possible.

We're very--we really built from the ground up with our users in mind, whether that's home aides or whether it's family members. We want to make this really a positive experience for them because if we can do that, then I think we help the people that they love stay at home longer at lower cost and they can stay connected with them.

So you go to eCaring.com, you can sign up for it right away or if you have any questions about it, hit the "Ask Melody" button on our page and you can discuss with her what more you need to know.

Barry: Well we'll go ahead and put the web address, not only is it here, but we'll put it in the notes that go along on our site when people see this. But looking through your website, there is a great deal of information there that people will find very helpful and almost like the icons, I mean, it's in a language that everybody can understand. You don't have to be a medical expert to understand what it does and how we can benefit from it.

Robert: Well that's very nice of you to say. We certainly try to design like that. We are always interested in feedback for how we're doing.

Kathy: And basically you've already stated I believe that, you really don't need any special gadgets. All you need is a computer with internet access.

Robert: That's exactly right. You know, you can get access to that through that. And we're working on; we have actually a tablet system as well. So you can, you know, if there's a tablet in the home you can use that.

Barry: Darn, I was just going to ask you if there's an app for that.

Robert: Well we don't really call it an app; you can access it through your browser. So it's not an app, we'll be developing some version down the road that are for smartphones, and a little more focus and so on. Right now you know, it's not really an app, we call a client based system. So that all you have is just a simple software package that gets put onto your computer or into your tablet and you can use it. And then on the other side, and again if you're talking about families at a distance, whether you're around the corner or, you know, around the country, or you're traveling; anywhere you can get a computer and internet access, you can log into your account and you can see what's going on at home in real time, you can respond to things. You can, you know, add users, people to, you know maybe additional aides or family members who want to help in the home providing information or want to help you view the information and respond to it, et cetera.

So it's on both ends, from entering information to viewing and using information. It can be viewed any computer, you know, tablet, or anywhere you are at any time.

Barry: The flip side of that, as easy as it is to use and access, is how secure is the information? Can we keep out others we don't want to see it from getting to it?

Robert: When you sign up for this as a family member you become in a sense the eCaring manager, and then you're the person who can allow other people to view what information you want them to view. So you can let some people view just the care information. Some other people, maybe the aides just to see the information that they're entering but they don't see the full view. Or we have a payroll function so that if you're paying people, you can track their hours and manage like that. Or maybe you want some people to view that and not others. All the information is encrypted, its password protected and it's in the cloud behind Amazon servers. So it's very secure.

Barry: Oh, that's good! So if there is something for example, that you don't want to go into a senior's official medical record, you can make sure that that access is limited only to family members for example if you want to.

Robert: Oh, sure yeah! There's no…we're our own system in a sense so you control who sees what.

Barry: That's fantastic! You've actually answered all of the questions we had here to ask. This is an easy conversation for us. We really love what you have to offer here. And we want to make sure that more people know about it and benefit from it.

Robert: Well, I appreciate the opportunity to tell people. We put this through a lot of tests. We've had very interesting results. Family members who've seen a mother who starts getting up more in the middle of the night, maybe it's just going to the bathroom; but that means an increased risk of fall. Or maybe it means that they've changed the medication and now they're

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dehydrating and they're a greater risk for a urinary tract infection or loss of potassium and hallucinations. So you can intervene early.

We had one data site where a woman's mother was getting up and she was very agitated at night and wanted to talk, watch TV, go outside and it turned out that those were nights that she was having sort of mini-strokes. And you know with current paper recording keeping, what have you, you wouldn't know about it for weeks, and so on. With this system, the next day you could have Mom talking to her in the doctor's office to be adjusting medications or dealing with a different diet or exercise program regiment or plan of care. So that you can make adjustments immediately and you can really again, keep your small problems from becoming big ones and minimize serious deterioration. And that's just better for everybody. You know, it reduces the stress on the family caregivers who pay a big price for doing that. It eases the burden on them and often the financial cost because your problems stay small and it certainly makes the care recipient or loved one whatever their status, it makes their lives a lot better and that's kind of what we're trying to do.

Barry: And well we're all about helping people let their senior loved ones live in their homes safely and comfortably as long as they want to, so this is certainly a great tool for that purpose.

Robert: Oh I think the information that you provide really, you know, I hope we can be supplemental and complimentary to that. But I think that its information is empowering here. And what you do and providing people with those resources is great and I think that we have a system that you know enables communication between the family members, the patient, the care providers, coming out of the home and integrating if necessary with other care settings so that you can have a consistent data base of information over time, you know wherever that person is. And that's just the best way to take care of somebody.

Kathy: Yeah we agree.

Robert: Thanks!

Barry: Thank you very much for joining us here today. We appreciate you taking some time out of your busy day to explain everything to us and have this little chat.

Robert: Well, I'm very appreciative of your time. Thank you very much.

Kathy: Thank you!

Barry: And again, thank you for visiting us here at Senior Care Corner. And we hope the rest of your day is terrific.

Robert: Thank you, yours too. Bye-bye.

End Recording

Barry: We really appreciate Robert joining us and ask we said during the discussion, we have a link to eCaring in our show notes. And if you're interested, we hope you go out there and check it out.

Kathy, you want to wrap us up with a quick tip?

Kathy: I do indeed. Today's quick tip:

Tips for fitting in fiber

Seniors need to include fiber in their diet to maintain their bowel health. About 20-30 grams of fiber per day is recommended which requires some planning.

Here are some ideas for high-fiber meals and snacks:

1. Start your day. For breakfast choose a high-fiber breakfast cereal — 5 or more grams of fiber per serving. Add a few tablespoons of unprocessed wheat bran to your favorite cereal to really bulk it up.

2. Switch to whole grains. Look for breads that list whole wheat or whole-wheat flour as the first ingredient on the label and then have at least 2 grams of dietary fiber a serving per slice. Experiment with brown rice, wild rice, barley, and whole-wheat pasta too.

3. Bulk up your baked goods. Try adding crushed bran cereal or unprocessed wheat bran to muffins, cakes and cookies when you make them.

4. Mix fiber in. Add pre-cut fresh or frozen vegetables to soups and sauces. For example, mix chopped frozen broccoli into prepared spaghetti sauce or toss fresh baby carrots into stews.

5. Include some legumes. Eat more beans, peas and lentils. Add kidney beans to canned soup or even a green salad.

6. Eat fruit at every meal. Pretty easy to do. Apples, bananas, oranges, pears and blueberries are good sources of fiber.

7. Make snacks count. Fresh and dried fruit, raw vegetables, nuts and low-fat popcorn are all good choices.

High-fiber foods are good for your health. Try to include some of these items in your senior's diet every day.

Barry: Thank you Kathy that was another great quick tip. That brings us to the end of this episode. We know it was a little longer than usual but we wanted to share with you our entire conversation with Robert Herzog of eCaring and all of the information that he provided.

We hope you will visit us on the web at SeniorCareCorner.com and on Facebook at Senior Care Corner. While on our site, if you click on the box and visit the Senior Care Corner bookstore, you'll find many more great resources for family caregivers. Until we see you again, we hope you have a great day!