

Podcast Transcript: Holiday Family Discussions

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

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

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 another interesting episode, or at least I hope people will find it that way. I think it's very timely as people are starting to plan their holiday family get-togethers; what we're going to be talking about isn't something they normally plan into those get-togethers but I think it's something that everybody ought to consider, at least those who have senior adults and those close to transitions in their lives. Now that I've laid that little tease out there... Before we go to that; how about if you share your news items?

Kathy: Okay, my first news item today:

Medicare Open Enrollment Begins

Medicare open enrollment has begun and will run through December 7. It's the time for seniors who are eligible to review all the available options and select one that's best. If your senior is currently enrolled, this is the time to make any changes to that plan based on their current needs.

This year, officials report that there are more highly rated plans from which to choose.

Seniors will have a wider range of plans including more four and five star plans than ever before according to the Secretary of Human Services.

This year there will be 127 four and five star plans versus 106 last year.

Additionally, there will be more prescription drug plans offered, 23 this year compared to 13 last year.

The health plans are rated from one to five and can be used to compare plans. A five star is the highest rating.

According to the Secretary, now is the time to switch to a higher rated plan which may provide more services for your senior's particular needs. Many seniors currently are enrolled in three star plans and may want to re-evaluate their options.

Five star plans were allowed to recruit current and potential beneficiaries throughout the year so your senior may have already been contacted by some plans.

Under the Medicare improvements made possible by the Affordable Care Act, the donut hole is being phased out.

We'll have a link in our show notes for you and your senior to explore your options and compare the plans.

Barry: Well, I'm glad there's a rating system in there Kathy, but more options isn't always better. Remember the confusion when they first came out with options, so it's going to be harder and probably a bigger role for family members in helping decisions get made.

Kathy: Definitely. And especially with the prescription drug Part D plans, there is quite a few to choose from and that can be confusing.

Our second news item today:

More Men Caring for Aging Parents, Study Finds

Most people believe that the person who primarily cares for aging family members is usually a female.

According to a recent Pew Research Center report, that trend is changing. Currently 45% of family caregivers are now men.

As the social norms shift, men are increasingly adding caregiving duties and are even the primary caregiver.

Because there are more people aging, there are more older family members that need our care. Families are more geographically dispersed which leads to changes in caregiving simply based on location instead of gender.

Men who are caregivers seem to seek out help less often than female caregivers according to the research.

Men taking over the responsibilities of family caregiving are beginning to lose wages and benefits when they take time from work which women have been experiencing for decades.

Barry I think we'll learn more in the near future about how men who are stepping into primary caregiving roles begin to face different challenges than they have yet experienced. It will be an interesting topic to follow.

Barry: Well I think it's also going to be interesting to see if the business world looks at it differently now that it's not JUST women doing it but men as well.

Kathy: Very true! Alright our third news item:

NIH funded study to test pneumococcal vaccine in older adults

In an effort to elicit a higher immune response with a higher dosage of vaccine, researchers are comparing two dosages of pneumococcal vaccines. The trial will involve over 880 men and women ranging in age 55-74.

More than 300,000 people are hospitalized each year with pneumonia according to the Centers for Disease Control and Prevention. In 2009 it ranked 8th among the top 15 causes of death. Of those deaths, adults over 55 accounted for 92% that year. Older adults who contract pneumonia are highly likely to become re-infected.

In this study, one group who have never been vaccinated will receive the PPSV23 vaccine or Pneumovax 23. The second group who had received the Pneumovax 23 in the past three to five years will receive the newer vaccine PCV13 called Prevnar. The participants' response will be tracked via blood sampling at intervals post injection.

It is hoped that the newer vaccine will improve the immune response in older adults and prevent more cases of pneumonia over time even for those who have already received a prior immunization.

Barry, we'll be on the lookout for the study conclusions and availability of a better vaccine.

Barry: That's true! I like those news items there Kathy, if for no other reason than to see you struggle through pneumococcal.

Kathy: Aww, thank you. Our fourth and final news item:

Eye Docs Must Do More to Spot Unsafe Older Drivers: Study

According to a new study, most eye doctors feel it is their responsibility to ask older patients about their driving problems, but this approach may not be enough to get unsafe elderly drivers off the road.

Older drivers can have reduced vision, declining mobility and even cloudy thinking which may pose a serious health risk to the public.

Researchers asked eye doctors how they handle patients over 65. They were asked their views on whether they ask about driving skills, how they decide if an older patient's vision is inadequate for driving and if they referred these impaired adults to their primary care physicians.

Because age-related changes in eyesight coupled with diminished mental and physical abilities can hinder driving ability, some states require eye exams for older people when renewing driver's licenses. However, there are no testing criteria for people who have arthritis which could limit driving range of motion.

15% of all licensed drivers in 2007 were over 65 according to the National Highway Traffic Safety Administration. Auto accidents are a leading cause of injury related death in people 65-74 years.

Researchers were pleased to find a high number of doctors, 87%, did ask about driving skills if they did poorly on a vision test and 2/3 said they asked all older patients; but they did not usually

refer these impaired older adults to their primary care physicians who could better be able to assess thinking and physical ability necessary for safe driving.

Few doctors, only 10%, asked about common problems such as making a left turn or backing up that could indicate trouble with driving skills. However, most said they asked about night driving, glare, and reading signs. Only 36% referred seniors to their doctors and 28% referred them to driving rehab programs. These rehab programs can help by adding mirrors when limited neck movement is present or teach seniors drivers safe techniques which may help them stay on the road safely a bit longer.

Researchers also reported that doctors could improve their assessments of safe driving by using a contrast test for visual acuity and test for vision within the licensing requirements in that state. One driver rehab therapist stated "you don't need to be able to read the license plate in front of you, you need to be able to tell if it's a car in front of you or a shadow or some other object."

Barry: Well, that's definitely a hot button issue there Kathy. And I think something that we've got to get a hold of as a nation as we get more people who are getting older and just as likely as their predecessors to hold onto those car keys as long as possible.

Kathy: I think having the eye doctors be a link to that discussion is very important link in the chain.

Barry: Well thank you for those news items there Kathy, those were great; as always!

We want to move onto our feature segment here:

And as I said, holiday time means many families are coming together from far-flung areas, and for many it's the only time in the year or even in years that they'll be getting together. Sure, the reasons for coming together typically include celebration and simply getting to see loved ones not seen in a while, but for families with members in their elder years this get together may present a not-to-be missed opportunity to have some discussions that, well, probably aren't too easy but very much needed.

When we were planning this topic we realized it would be tough for us as well, because we want to stress the importance of the discussions and decisions that are needed without sounding preachy or like we're prescribing a one-size-fits-all solution.

Kathy: That's a big point, Barry, because each family's situation and needs are different. For that reason we're going to try and stick to laying out the different areas of potential discussion – or even action – so that each family can choose those areas that fit them best. We urge you to choose honestly, though, and not leave off a topic just because it's tough or you know there will be disagreement among the family members.

Barry: That's so true, Kathy. Those tough topics may be the most important to discuss simply BECAUSE they're tough. No, we don't want to take away the joy of the holiday but these tough

discussions, and maybe especially the disagreements family members have, are better to have when there's time to give situations some thought - - before a crisis forces quick decisions or one family member is put on the spot to make a decision without having a chance to get the thoughts of everyone in the family.

The areas we want to discuss today are

- Aging in place – if your senior loved ones want to live independently in their own home, is it something that is practical for them; will their home accommodate the needs of aging adults as-is or will accommodations and modifications be needed, or will they even need to change their residence?
- Transition to a senior living facility – if that is needed or desired by your loved one, what will you do, where will they go and who will help them make it happen?
- Family caregiving – what roles will family members take in meeting the needs of your loved ones that they can't meet themselves or doing the things they need assistance accomplishing

Kathy: Barry, I think it's important to say right here that there may be a role for everyone in the family, regardless of age and especially regardless of the miles that separate you.

Barry: Good point Kathy, thanks for adding that.

- The next topic goes hand in hand with family caregiving is Caring for the caregivers – making sure there is a support network in place, especially for those family members from whom the most is expected.
- After that we will talk a little about Financial Considerations for both senior loved ones and those family members providing care. That's also a tough, surprisingly tough area of discussion.
- We are going to talk about Contingencies – what to do if there is a sudden change in the health or ability of your elder loved one or of one of their family caregivers.
- Then we're going to talk about End of life decisions and their documentation. And why that is so important, of course we've talked about this before, but it really is a big part of the family discussion.
- And last and certainly not least, we're going to talk about Communication and making that part of the meeting – how will the family keep in touch and stay up to date?

Yes, this sounds like a lot and it is.

Kathy: And we'll probably think of more as we go along.

Barry: Isn't that always the way, Kathy?

We could spend all day here going through ALL the detailed considerations and discussions you might have but that's not our point - - nor do I imagine for a moment ANYONE wants to sit and listen to ME all day. Think of what we're doing here as giving you suggestions for the top level of the outline for your meeting and some topics that might come under the top lines. It's really up to you to fill in the rest based on the needs and circumstances of your family.

Kathy: One point we should make up front, Barry, after your list of loaded topics and before we dive into each one, is that the family doesn't have to make all their decisions in the first meeting. Yes, you've probably thought and even talked about a lot of it already, but you might just want to take the thoughts of your family members with you when you leave and get together later, maybe by phone - - you know a Skype video call might be great for this - - and finish your discussion.

Barry: Great clarification there, Kathy. I guess we should also say family discussions probably work best when they include the senior members who are the topics of the discussion. Sure, some of this is going to be difficult to discuss with the people who cared for US for so long, but it's ideal if those most affected not only agree with what's discussed but are part of – and probably actually leading a good bit of -- that discussion. We know there are situations in which family members have to make decisions on their own, but it seems those can be even more painful and hopefully can be the exception rather than the rule because you've had the decision up front.

Okay, let's stop setting the table here and get onto the meal.

The top of our list is probably a good place to start – aging in place. We've heard that term used with slightly different definitions by various people but we like it because it is really to the point – talking about living your elder years where you are, independently. We think the “independent” part is the key, which is really what we hear a lot of people saying they want to do. The first question is probably whether your senior loved ones want to do this. If not, then you have a whole different path for your discussion.

Kathy: Of course, just because they might want to age in place doesn't mean they can or should, at least not without some assistance. Many in poor health or with physical limitations and memory issues may not be well suited to living independently unless they can get significant help from family or professional caregivers. If that's your situation, your discussion might turn to whether those needs can be met and, if so, how you will do it.

Barry: For those with the desire and ability to age in place, the discussion might turn to “the place.” Where do they want to live? Many seniors decide to uproot late in life to a different climate, for some new scenery, to be closer to distant family or maybe just because they want a smaller house. All of the changes in the real estate market and in the financial situation of seniors could, if it doesn't make it impractical for them, make more complex decisions and implementation.

One area where family members may have a hands-on role is the home itself. Are there changes that need to be made to make it more livable – and maybe even safe – for someone with an aging body and mind?

Kathy: You know, Barry, we have at least a couple of posts with lists and suggestions along those lines that people might find helpful.

Barry: And I looked back at them in preparing my notes for this. I get your point, though. Rather than list a number of those now, I'll just put the links into the show notes. One key, though, is to go around the house and look for things that might be difficult to reach without straining or are tailor made for falling. Preventing falls and other physical issues is essential in helping loved ones live independently.

That should give you some starting considerations for that part of our discussion. Kathy, you talk a lot with seniors making the transition to long term care, as well as their family members. How do you see this part of the family discussion going?

Kathy: Well, I think you laid out the first part well in your outline, Barry. Is the transition from home into long term care something that is needed for the senior loved one or something they want to do? The answer to that question can take the family on two very different implementation paths.

First, when we talk long term care it doesn't necessarily mean a nursing home. That term covers many types of living arrangements, such as assisted living facilities, CCRC, NORC, elder apartments, personal care homes and more different types of options.

There are some seniors, especially those living alone, who don't like the idea of being isolated from others and would rather live in a facility with people their own age that they can talk to and be with all the time and do activities with. If it is a desired move, then you should discuss wants and needs in a new living place to narrow down the choices - - though it's often the case that seniors already know where they want to go because friends are already there or they've heard some very good things. It's also likely they know where they DON'T want to go for the very same reason.

Keep in mind when discussing the transition that many facilities, especially the most popular of course, will have waiting lists. That means it's important to make a decision before the move is wanted or needed to reduce the delay.

Barry: What if the move to a long term care facility ISN'T what the senior wants?

Kathy: That's a whole different discussion, of course. If living at home is no longer possible or practical and a move to long term care is needed, there are going to be specific drivers of the senior's situation behind that. It may be a need for constant specialized care, physical limitations

such as might be experienced after a fall, health and safety issues caused by Alzheimer's or other individual factors.

In those situations it might be better for all to start with a discussion of what COULD be done to avoid the need for a move to long term care. Often that will be painfully clear to all that there is no alternative. At a minimum you are taking into account the desire of your senior loved one to stay at home - - consideration we probably all hope we get if that time comes.

Once you're all on the same page, you're back to the same steps in picking the right new home as the other branch of this discussion.

Barry: I like your suggested approach there, Kathy. That discussion is one of the hardest many families face, in part because family members feel guilt about the decision. Hopefully doing it together and in advance will make it at least somewhat less difficult and help overcome the guilt because there is agreement about what is best for your senior loved one.

Kathy: That's what we hope, anyway.

Barry: When your senior loved one's living situation is established, you can move onto the role that each family member will fill in providing care. Some needs will be different if the senior is in a long term care facility vs. aging in place independently, of course, but there are still roles for everyone. Keep in mind that "caregiving" takes many forms. If you want to get some ideas you might want to take a look at our video, You Might Be a Family Caregiver. We'll put a link to the background post and video in our show notes.

You know Kathy, that reminds me, we still want to make a follow up video based on the feedback we've gotten, don't we?

Kathy: Hey, I'm ready - - I'm just waiting for you!

Barry: Moving right along...

Determining roles has benefits both to your senior loved one, whose needs are met, and to the family members who know they are contributing in a meaningful way and their contributions are truly needed by the other family members to make it work.

The first step is making a list of what your senior needs. The video might give you some ideas that are a bit out of the box, you might not otherwise think about yourselves. Needs can range from cooking meals and housekeeping to doing things such as doing the shopping, driving them to doctor's appointments, and making sure bills are paid, caring for their pets, getting the yard work done and, yeah so much more. Oh, and don't forget about setting them up on Facebook and showing them how to use it to connect to others if they aren't already.

Kathy: I was wondering how you were going to slip that into this discussion.

Barry: Once you've got the list done, you noticed I neatly bypassed your comment there, but each family member can go through and identify where they have time and talent to fill the needs. Keep in mind, though, that there might be more than the family can handle so outside help from friends – or even paid assistance – may be needed.

Kathy: Once the roles of caregivers are set, Barry, it's important to move to how the NEEDS of those caregivers will be met. This might be the most overlooked area in family discussions. Most family members already have their own responsibilities, especially those who are parents themselves taking care of their own children...

Barry: What we refer to as those in the middle of the triple decker sandwich.

Kathy: Right, but it isn't limited to them, because adults living on their own and teens and young adults in school typically have calendars that are strained even before committing to meet some of the needs of senior loved ones.

It's important for each family member to understand how THEIR OWN needs are impacted by caregiving, as well as the needs of other family members. In addition to watching out for the senior's needs, figure out how you can support each other and make sure that everyone feels comfortable in speaking up for their own needs and taking time to make sure their needs are met. Supporting a family member's needs could mean stepping in to provide a break for a day or weekend, but that's just one way.

To make sure you're all giving the best you can to your senior loved one and your own family - - not to mention yourself - - be sure to discuss how you can support each other.

Barry: Great comments, Kathy. As you were going through that I was thinking about posts we've done getting into more on the caring for the caregiver idea and I made a mental note to get those links in the show notes with the others.

Another topic for the family to discuss is the financial situation of your senior loved one. This is typically another difficult area because our parents and grandparents – and maybe we ourselves – have often considered personal money issues to be off limits for family discussion. Still, it's important to know that our elder family members have the resources to live their lives and, if not, to know that and help them figure out how to bridge any gaps.

Another touchy subject in the financial area is a discussion of protecting what they have. That's especially important when the loved one has dementia or otherwise needs assistance or even a loved one to step in and make sure resources are protected and financial obligations met.

Kathy, you suggested the contingencies item. What did you have in mind?

Kathy: Well you laid it out well when covering our outline; it's a lot like any other plan. The most successful plans don't just look at what's desired to happen but what COULD happen and considers steps for those "coulds." We've seen far too many times when an otherwise healthy

senior can no longer live independently because of a fall or other trauma that limits their mobility or even leaves them bedridden. The family is then left to scramble to provide for care or find them a new home.

Contingencies just don't include the senior, though. What happens if a family member providing a key aspect of care is taken ill – or worse? The family may be left finding an alternative for meeting the senior's needs at the same time the needs of the caregiver and their family are urgent.

The answer isn't necessarily having backup arrangements as knowing in advance where you would turn if something happens. Doing research on caregivers and long term care facilities BEFORE you need them can make life much easier if a contingency strikes and may help avoid making a second change if a decision made in haste without preparation ends up being wrong.

Barry: Related to contingencies Kathy are the end of life decisions that we are all going to face at some point. It can take a load off the family during very stressful situations if loved ones have already indicated what kind of care they want to receive in certain situations and quite frankly, how they want to die. It's also important to have that documented to make it easier to enforce those wishes when the need arises. Rather than get too far into that discussion, I suggest reading our post and listening to our podcast from a while back on the Five Wishes. There is a transcript of that podcast if you'd rather read what we had to say. I'll get links to those in the show notes as well.

Kathy: Barry, let's not forget that end of life decisions, documentation and 5 wishes should be done for all the family caregivers in addition to the senior.

Barry: Well thanks for that reminder, Kathy. That's a good one.

The last family meeting topic we want to discuss today is communication, which, when it comes right down to it, is what the family meeting is about to begin with. Don't let your communication end with that meeting but plan how you will keep each other up to date on what's happening. Who will touch base with your senior loved one, and how often? Social media is a way many families are doing it in a manner that is informal and even fun. Besides finding out if there is a sudden change or an event that needs immediate action, regular communications can provide signs of gradual change that likewise may require attention.

Kathy: Many living facilities ask that you have just one family representative serve as the conduit for information. This person should be selected in advance and have a means of keeping everyone else informed. A way for family members to ask questions should also be established. Social media or a family website might be a good solution.

Barry: I agree the web offers a solution for many communication needs, Kathy, but we should keep in mind, and remind everyone, that some of the discussion is going to be private and, quite frankly, maybe not suitable for social media unless you're comfortable that all participants know

about privacy settings and limit what they say and do to what is suitable for others to see, just in case. Because you never know what's going to happen when you get something out there on the web.

Your family communication plan should address touching base with each other in addition to the elder members of the family to make sure that the needs of caregivers are being met as well.

Wow, Kathy, this is even more of a discussion than I imagined when we started and certainly a lot for the family to dive into during a holiday get-together isn't it?

Kathy: Yes, but many families don't do it at all, or at least put it off until urgent action is needed, which often limits the options available. Let's not forget that when one person is left to make a quick decision, family unity can be hurt, which is something we want to avoid.

Barry: That sure points to the need to at least start the discussion when you have everyone together but make sure it doesn't end when everyone goes home after the holiday, but go all the way through those items that fit your family's situation - - and PLEASE do it sooner rather than later.

Well now that we've left our listeners with all that to think about, Kathy, what's your quick tip for today?

Kathy: Okay! Today's quick tip:

What You Should Know and Do this Flu Season If You Are 65 Years and Older: CDC Tips

It is that time of year again when we all need to get our flu shot especially our senior loved ones who are more vulnerable to contracting the flu.

It's estimated that 90 percent of seasonal flu-related deaths and more than 60 percent of seasonal flu-related hospitalizations in the United States each year occur in people 65 years and older.

Because they are more susceptible and devastating complications may result, we have some tips for action:

1. Get a flu shot! Encourage your senior and all who come in contact with them including home caregivers and family members, too, to get one.
2. Take precautions to prevent the spread of illness such as covering your mouth during a cough, wash your hands frequently, and avoiding people and places that may expose your senior.
3. If you think you or your senior are developing flu symptoms, contact the doctor quickly for treatment-the earlier the better.

The flu can make chronic health problems worse especially in older adults, so locate a provider near your senior to get the flu shot today. By the way, Medicare covers immunizations as a preventive care benefit. AND it could take two weeks after the shot to have full immunity so experts agree that the time is now before the main flu season hits!

Barry: Thanks Kathy and it's so convenient to get flu shots now since it seems like everybody's offering them. There's almost no excuse not to do it!

Kathy: You're right.

Barry: Thanks for that quick tip Kathy. That wraps up our discussion for this episode.

We really appreciate everyone joining us. If you have any questions, shoot us a comment through the website or on our Facebook wall at Senior Care Corner, right there on Facebook or of course, SeniorCareCorner.com.

I did mention a transcript of one of our earlier podcasts; we realize that not everybody wants to listen to what we have to say in the podcast but would rather read it. We've made an effort to get transcripts out there for all of our podcasts episodes; so if you come across one you're interested in reading about, you'll probably find a link to the transcript right at the bottom there.

Again, appreciate everybody joining us for this episode, and until we get together next time; we hope you have a great day!