Plan today for long-term care

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The risk of changing health and independence, or the risk of needing long-term care, can affect a family’s ability to achieve or maintain financial security. Begin today to make informed decisions about managing these risks. Share your wishes, expectations, realities, and concerns with family members who may also be affected.

What is the risk of needing long-term care?

Long-term care is a risk across the life-cycle. Of those receiving long-term care today, 43 percent are below the age of 65, and 57 percent are over age 65.

There is greater risk of needing long-term care than many other life events that we tend to protect ourselves against. For example, in a lifetime, the chance of losing a home to fire is 1 in 1200, and having a car accident is 1 in 240. On the other hand, 1 in 2 people will need some type of long-term care; 1 in 5 will need care for more than five years.

How do you define long-term care?

Because of old age, mental or physical illness, or injury, some people find themselves in need of help with Activities of Daily Living (ADLs) like eating, bathing, dressing, toileting or continence, and/or transferring (e.g., getting out of a chair or out of bed). In general, if you can’t do two or more of these activities, or if you have a cognitive impairment, you are said to need “long-term care.”

Long-term care may be provided in a nursing home, an adult day care center, or an assisted living facility, but most is provided at home. Some people who need ADL services might need them only for a few months or less.

Assistance with ADLs, called “custodial care,” may be provided in the same place as (and therefore is sometimes confused with) “skilled care.” Skilled care means medical, nursing, or rehabilitative services, including help taking medicine, undergoing testing (e.g. blood pressure), or other similar services. This distinction is important because Medicare and most private health insurance pay only for skilled care—not custodial care.

Who pays for long-term care?

Be aware what options will, or will not, cover long-term care costs.

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Eating is a pleasure to enjoy throughout life, helping us survive and even thrive. However, eating can sometimes become less of a pleasure as people get older due to changes that may occur normally with age. If eating loses its appeal, health can suffer.

**Hearing.** After age 60, it is common for hearing sensitivity to decline by 10 decibels with each decade. Hearing loss may mean elders have more difficulty understanding speech, especially when there are competing background noises, such as in a restaurant or other social setting. Going out to eat or getting together with friends for a meal may lose appeal. As a result, the older person may become more socially isolated, depressed and eat more poorly.

**Vision.** Eye changes affect color perception as well as ability to see clearly. Lighting is especially critical, with both low levels of light and glare causing difficulty. It may be a problem to read labels, shop for food, or cook.

**Smell, taste and touch.** By age 80, the sense of smell is reduced by about half for most people. The lack of ability to smell spoiled food can lead to indigestion and food poisoning.

Many older adults complain that foods don’t taste as good as they used to. While it is normal for some loss of taste sensations to occur with age, poorly fitting dentures and reduction in saliva production can also be at fault. Also, some medications change flavor perception.

Touch receptors in the skin decrease with age, reducing the sense of touch and sensitivity to pain. Older adults are more likely to suffer from burns because they don’t feel temperature changes as acutely as when younger.

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**Eating can sometimes become less of a pleasure as people get older due to changes that may occur normally with age. If eating loses its appeal, health can suffer.**

Here are some tips for preserving the pleasure of eating:

- **A quiet, calm atmosphere is more pleasant for dining.** In restaurants or at large family gatherings, it might be helpful to sit in a relatively quiet spot or where it will be easy to see verbal cues. For a hearing-impaired person, smaller groups where only one conversation is going on will be more pleasant than large groups.

- **Use bright colors for table settings.** Create a contrast between dishes and table covering.

- **Keep color in mind when planning meals.** Remember: We eat with our eyes first. Think about how food will look on the plate. Borrow some tricks of plating and garnishing food from restaurants to make it look even more appealing.

- **Warm foods tend to have more aroma than cold or room temperature.** This may add to their appeal. Be careful of hot spots in microwaved foods, which could burn.

- **Check refrigerator, freezer and pantry for outdated foods.** Label and date leftovers clearly so it is easy to see when to discard for safety’s sake.

- **Season food well.** Use herbs, spices, lemon juice, wine and vinegars. Blah is bland at any age!

- **Take care of denture or dental problems, which may cause pain or difficulty with chewing and eating.**

- **Eat outdoors or where there is a view of the outdoors for a pleasant change, especially if there is a bird feeder to attract wildlife.**

- **Ask health care providers about effect of medications on taste, smell or appetite.** Other options are often available to try.

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Grandparenting: Hugs, cookies and chocolate for breakfast

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Many of my friends and co-workers are growing old. They must be, even though they appear youthful in looks and ability. After all, they are becoming, or have recently become, grandparents.

Do you remember as a child how old your grandparents seemed to be? Could you even imagine being that old yourself? Pam Brown has stated, “Becoming a grandmother is wonderful. One moment you’re just a mother. The next you are all wise and prehistoric.”

I’m not sure about the wise or prehistoric part, but from experience I can tell you that becoming a grandparent is, indeed, wonderful.

“Grandchildren are the dots that connect the lines from generation to generation,” says Lois Wyse. There is barely any success more rewarding than watching our children parent their own children with love and skill. Certainly, our relationship changes a bit as we figure out issues that revolve around adult children who now have children.

When my first granddaughter Ryleigh was barely a week old, I was pushing her stroller with pride around the mall for our first shopping excursion. I leaned over and whispered that I could envision great times ahead that featured chocolate for breakfast.

Amazing how differently we think when it comes to our grandchildren in comparison to our children. Unless we are raising our grandchildren, we are free from the responsibility of managing their intake of fruits, vegetables and vitamins. We can instead focus on the finer things in life.

Grandparents say “yes” more than no because we can. Grandkids figure this out pretty quickly. They’re more likely to ask us for anything they feel has only a 50/50 chance with parents—like cookies, soda and whatever else has forbidden likelihood at home.

I was eating dinner with my son, daughter-in-law and three children a few weeks ago. Morgan asked me if she could do something she knew her parents would refuse. Even I had the sense to say the decision was mommy’s or daddy’s to make.

When the inevitable pouting began, everyone was grateful when I suggested a trip to the playground with sister Hannah. The simple act of blowing dandelion seeds (in already infested areas, of course) releases much tension in 5- and 8-year-olds. And grandparents have lots of experience in dandelion-seed blowing.

In fact, grandparents excel in numerous things that can be tailored to individual children. With 5-year-old Tyler, it’s putting together difficult puzzles. Lucas prefers capturing in-house bugs to be released outdoors, but 3-year-old Emma insists I ride the small, low horse, while she bounces on the one with springs. Brynn and Elijah prefer to be carried from place to place with an occasional “boo” eliciting paroxysms of laughter. They have yet to master mobility on two feet.

Sam Levison once said: “The simplest toy, one which even the youngest child can operate, is called a grandparent.” Sam Levison was absolutely right!

Phil and I are now grandparents of eight. We revel in each one. Any “wisdom” we have to share with those of you new to the joy of grandparenting comes from lessons learned from our grandchildren.

• Be thrilled to see them. Let them know their importance to you.

• Get them sometimes without parents. They (and you) act differently with no parents around.

• Do something with them individually. We plan an activity around each child’s birthday involving only that child. It’s enormously gratifying for us all.

• Create atmospheres. Time with grandparents does not have to cost money. Children love taking walks, weeding gardens, baking cookies, making dinner.

• Realize how quickly they grow. You have experience in this already.

This is your time to create memories that last a lifetime. Enjoy!
Plan today for long-term care
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Financing long-term care may take a combination of alternatives.

- **Personal assets**
  
- **Medicaid**, a needs-based government program, pays the medical and long-term care expenses of poor people. Income/asset rules apply; you may have to spend down to qualify. Be aware of transfer rules and other possible penalties. Spouses are protected from poverty.

- **Long-term care insurance**

- **Medicare** is a federal program that pays for some short-term, health-related costs, but not long-term care.

- **Medicare supplement insurance** is designed to cover only the gaps in short-term health care needs.

- Very few existing **health insurance** policies will pay if you need long-term care.

- **Disability insurance** protects against the loss of income, not the costs of care.

**How do you decide what to do?**

Understanding financing alternatives and consequences can be overwhelming. However, there are trustworthy resources.


- **State-specific information**: [www.financinglongtermcare.umn.edu](http://www.financinglongtermcare.umn.edu)

- **Medicare’s Long-Term Care Planning Tool**: [www.medicare.gov/LTCPlanning](http://www.medicare.gov/LTCPlanning).

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Healthy eating
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- **Stay physically active** to promote a healthy appetite, retain strength and mobility and lift the spirits.

- **Stay in touch with family and friends**; keep up social contacts. Social isolation may lead to depression and poor eating habits. Most communities and many houses of worship have centers where older adults gather for meals and opportunities to socialize.

- **Use the DETERMINE checklist as a screening tool to find out if someone is at nutrition risk**. The warning signs of poor nutritional health can be overlooked. Find this checklist at [www.co.monroe.wi.us/pub/files/200603100839450.Nutrition%20Checklist.pdf](http://www.co.monroe.wi.us/pub/files/200603100839450.Nutrition%20Checklist.pdf). Or send a self-addressed, stamped envelope to: DETERMINE Checklist, University of Missouri Extension, 260 Brown Road, St. Peters, MO 63376.