


LifeTimes



A quarterly publication to enhance the quality of life of individuals, families, and communities

**Family Caregiver
Edition**

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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."

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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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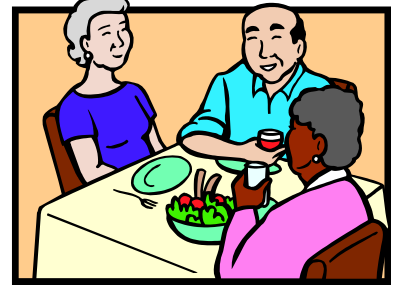
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Healthy eating: Preserving one of life's pleasures

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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.

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. Bland 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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Update your home for safety and convenience

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Most families experience temporary or permanent physical problems, from a sprained ankle to natural aging, that make it difficult for loved ones to live safely and conveniently in their home. There are easy and inexpensive ways you can update and arrange your home to make life easier for all ages and abilities. Your options increase when you discuss and plan for changing housing needs before a crisis develops.

Changing housing needs

Talking with your family about changing needs can be challenging. According to an AARP survey, over two-thirds of aging parents believed they would be able to stay in their home with only minimum assistance from family and friends. In reality, most homes are not designed to allow the elderly to successfully age in place. To plan for changing housing needs:

- Ask questions and listen.
- Observe which activities and chores are becoming difficult or unsafe to do.
- Problem-solve together to identify one or two major problems on which to focus.
- Remember to put safety first.

Universal design features

Universal design features and products help make your home safer and more convenient for everyone, even when needs and abilities change. Evaluate your home to see if it provides the basic features of universal design:

1. **One no-step entrance with level landing**
5-ft. x 5-ft. minimum

2. **Spaces for eating, bathing and sleeping on an accessible level.**
3. **Wide doorways**
36 in.; 32-in. minimum on accessible level
4. **Wide halls and pathways**
42 in.; 36-in. minimum on accessible level
5. **Extra floor space**
60-in. turning radius in the accessible bath and activity areas

According to an AARP survey, over two-thirds of aging parents believed they would be able to stay in their home with only minimum assistance from family and friends.

It is less costly to include universal design features during building or remodeling, but they can be added to your existing home. An attractive, no-step entry, providing easy access for strollers or wheelchairs, can be made by carefully grading and landscaping instead of building a ramp. If larger-scale modifications are needed, an occupational therapist can help assess the situation and match abilities to their physical environment. Check local permits before any home modification project.



Simple solutions for safety

Inexpensive universal design products can prevent home accidents and are convenient for everyone to use:

- Handrails on both sides of stairs with light switches at top and bottom.
- Lever door handles (easier for a child or when hands are full).
- Reinforced grab bars at tub, shower, and commode (new grab bars match any décor).
- Single-control lever faucets (easier to use and adjust temperature).
- Hand-held shower head on adjustable slide.
- Non-slip flooring (with no throw rugs).

References:

Mary H. Yearns, *A Home for All Ages: Convenient, comfortable and attractive*. (March 1997).

HDSS-H-294. Iowa State University Extension, Ames, Iowa.

AARP. (May 2003). *These four walls . . . Americans 45+ talk about home and community*. A report prepared by Mathew Greenwald & Associates, Inc.

For more information:

Universal design information is available from several sources including: Iowa State University, www.extension.iastate.edu/housing/elderly/universal-design; The Center for Universal Design, North Carolina State University, www.design.ncsu.edu:8120/cud; AARP, www.aarp.org; and University of Missouri Extension, www.extension.missouri.edu.

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.

- **Free Long-Term Care Planning Kit**, National Clearinghouse for Long-Term Care Information: www.longtermcare.gov. In Missouri, 1-800-390-3330; www.ownyourfuture.mo.gov.
- **State-specific information**: www.financinglongtermcare.umn.edu
- **Medicare's Long-Term Care Planning Tool**: 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. Or send a self-addressed, stamped envelope to: DETERMINE Checklist, University of Missouri Extension, 260 Brown Road, St. Peters, MO 63376.

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