ELDER CARE
HANDBOOK

Contents

Some General Thoughts About Caregiving

Caring for an older adult is a powerful emotional experience. You will experience highs and lows as you move through the caregiving process. If the older adult is a parent, it can be especially stressful to find yourself caring for the person who guided and supported you throughout your life. You may experience feelings of isolation; it is important to remember that you are not alone. As a caregiver, you are one of 12 million Americans who spend all or part of their day assisting 5 million family members or friends who need help to remain at home.

Many caregivers have multiple responsibilities. The majority of caregivers (55 percent) are women. A quarter of those care for both older parents and children. Half of all caregivers also work outside the home and 40 percent are also caring for children under 18. It is no wonder that caregivers—whether they are full or part-time—need respite and support. Otherwise, the demands and constraints of caregiving can become overwhelming.

Many working caregivers find that the demands of their job and caregiving responsibilities conflict. When this happens, it is important to discuss your needs with your supervisor. Flextime, job sharing or rearranging your schedule may help minimize your stress. Increasingly, companies are also offering resource materials, counseling, and training programs to help caregivers.

You can also encourage your older children to become involved in the care of a family member. Such responsibility, provided it is not overburdensome, can help young people become more empathetic, responsible and self-confident while giving you needed support.

Do not hesitate to ask other family members to share in the responsibility of caregiving as well. Your siblings, if they live nearby, have just as much reason as you do to assist their aging parent. If you are a caregiving spouse with siblings and/or adult children, make your needs known to them. A family conference can often help sort out the tasks and schedules that other family members are able to assume. And don't forget neighbors and friends who may be willing to provide transportation or respite care, and help with shopping, household chores and repair tasks.

When To Step In

You may have noticed that your elderly loved one is exhibiting troublesome differences in his or her daily living skills. Perhaps you would like to talk with your loved one about what his or her wishes may be before you see the signs of aging. How do you bring up such an unpleasant subject? In a perfect world, if your parents needed help, they would ask for it. Unfortunately, that rarely happens. Often it takes a medical emergency before we have a clear sign that our loved one needs help, and it is often hard to decide when to offer help and how much is appropriate. It is best to have this conversation with your loved one before the emergency happens.

It is likely that your loved one has noticed more of the signs of aging then you have; yet he or she is still unlikely to bring up the topic. It is difficult to adjust to the changes in lifestyle and abilities. He or she may be feeling embarrassment, regret, or shame even though the changes are a normal part of the aging process. This can often explain the resistance to discussing these very important decisions, however, it does not change the importance of the conversation. You will find less resistance to the care decisions if you involve your loved one in the decision-making process. We all feel more comfortable when we have a feeling of control over our situation. Including them in decisions will return the sense of control they are seeking. You may even find that your loved one was just waiting for someone else to bring up the topic.

Your loved one's situation may change gradually or suddenly, and there are some key behaviors which may indicate your need to step in:

- Diminished ability to perform daily activities such as personal grooming, simple home maintenance or cooking tasks
- Forgetfulness affecting both short-term and long-term memory
- Noticeable changes in eating or sleeping habits
- Changes in personal grooming or continence

If you are wondering if this is the appropriate time to step in, ask yourself if the current situation is a risk to your loved one's health or safety. If the answer is yes, then take action immediately. If you find the answer is no, take a step back. If you are too close to the situation, it will be difficult to make an objective decision. While you are assessing the situation, take the following into consideration:

- Make a list of all of the concerns you have
- Involve as many family members, friends, and neighbors as possible
- Talk to legal, financial, and medical professionals for their opinions
- Call your consultation and referral service to see what additional resources they can provide

After you have adequately assessed the situation, it is time to think about the conversation you will have with your loved one. The more prepared you are, the better chance you have of a successful conversation.

Conversation Strategies To Use With Older Adults

It is sometimes a challenge to discuss difficult issues that involve change. Often, family members have concerns regarding the health and safety of an older relative which the older relative does not share. Be aware of the possible reaction to the role reversal, that is, taking care of someone who has always taken care of you. It is important to respect and honor your loved one's dignity in all conversations. Also, they may not be at the point of asking for or admitting the need for help, so the concern is one-sided. Effective communication strategies include honoring the value and independence of the elder.

Modify Your Style

When you talk to an older relative, you may find that your long-standing style of communication isn't working (or working as well) anymore. Here are some tips that may help:

- Think about the purpose of the conversation. Do you want to go over a schedule? Talk about a social or financial issue? The topic will affect how you approach the conversation. For example, if you'd like your relative to start going to activities at a senior citizen's center, you might get a calendar of events and review the activities together in order for your relative to select those of greatest interest.
- If you need to have more than a routine "check-in " conversation with your relative, say so. Let your relative know the purpose of the conversation. If you're concerned about the stack of unpaid bills you saw during your last visit, and want to offer to help with the checkbook, say so. Being direct about your concerns will help your relative understand how important the subject is to you.
- Consider your relationship with your relative. Have you always been close? Are you able to talk easily? If not, you might ask another family member or friend to join you to help break the ice.

Talking With Your Older Relative

- Listen to your relative at least as much as you talk. Remember, conversation is a two-way street.
- Be positive. Try to make constructive suggestions instead of negative or accusatory statements. "Let's try having a housekeeper do the heavier work so you can keep things the way you like them," will probably work better than, "You know you can't keep the place clean any more."
- Speak to your relative with respect. Instead of saying, "Why didn't you take your medicine?" you might say, "There are the same number of pills in your medicine bottle as last week. Are your pills in a place you can reach?" " How can I help you organize your pills to make it easier on you?"
- Remember that your relative still needs to make personal life decisions. Maintaining someone's sense of independence and dignity may be as important adequate medical care. When they sense they are losing control, they may resist suggestions regarding change.
- Be patient. Allow enough time for your relative to complete his or her thoughts without interruption. Some older people need additional time to express themselves.
- Try to set aside a time and place to talk. If possible, talk during the time of day when your relative is feeling his or her best. Choose a setting that is quiet in order to avoid distractions.
- Be honest. A close relative will probably be able to tell when you're holding something back, and might start to worry that the truth is actually worse than it is.
- From time to time in your conversation, repeat what you think you heard your relative say. This will show him or her that you've been listening and will help you make sure you've understood.
- Remember that part of feeling secure is feeling needed. Sometimes it can help to talk about your own feelings and let your relative offer some comfort.
- If your relative is feeling afraid or anxious, don't diminish the importance of these emotions. Show that you understand how he or she is feeling and want to help. For instance, you might say, "We'll work something out together."
- Try to avoid arguing. Try to talk about differences without criticizing each other.
- If you're really having problems discussing something, slow down. Leave it for another day when you aren't angry or upset.
- Remember to think about the expression on your face while you're speaking. Does it match your words? When you're trying to sound reassuring, do you look worried?
- Stay calm and focused. Keep your tone of voice steady and look at your relative when you talk. An angry tone or nervous hand gestures can contradict comforting words.
- Touching can have a soothing effect—as long as both of you are comfortable with it. A soft touch on the hand can often be better than patting someone's arm.
- Try not to appear rushed. Let your relative know that you have enough time for the conversation.
- Show that you're paying attention. Make clear that you're listening by nodding, looking in your relative's eyes, or saying things that show you understand what he or she is saying. Your relative may find it reassuring to hear you say, "Yes, I see. You're right, that must have been hard."

If Your Relative Doesn't Seem To Understand You

Even if your relative has difficulty understanding or paying attention, there may still be things you can communicate to him or her.

- Speak as you would to any other responsible adult. Try not to sound demeaning or patronizing.
- Don't shut your relative out of all conversations. Occasionally, try to include your loved one in a conversation, and encourage other people to do the same.
- Sit next to your relative, and look at him or her. Sitting across from your relative may seem threatening.
- Let your relative reminisce. If he or she does not seem to be aware of the present, it's OK to occasionally allow him or her the real pleasure of recalling the past with you.

If Your Relative Has Trouble Seeing, Hearing, Or Speaking

You may have some additional concerns if your relative has trouble seeing, hearing, or speaking clearly. Here are some ways to deal with problems in these areas:

- If your relative can't see well, your tone of voice is particularly important. Someone who can't make eye contact or see your facial expressions needs cues to understand what you are trying to say. Show your emotions—happy, concerned, or curious—in your tone of voice. When speaking, try to stand or sit directly in your relative's line of sight.
- If your relative wears a hearing aid or has other hearing problems, speak in a clear, loud, low-pitched voice. Use short sentences, and speak without eating, drinking, smoking, or covering your mouth. If you need to repeat something, rephrase the sentence—don't say the same words again. Different words might be easier for your relative to hear.
- If your relative has trouble speaking, be patient. Try to understand how frustrating the difficulty can be for him or her. Don't try to finish his or her sentences—this may make your relative feel that you are rushing or becoming impatient. Instead, speak as slowly and clearly as you can. This gives your relative permission to speak slowly, too.

When You Need A Family Meeting

Coming together as a family to discuss options is an important part of the process. Regular informal meetings will help manage the routine care issues and help to proactively manage your caregiving responsibilities. There are other times when a more formal meeting will be required. Often a doctor or social worker will recommend a family meeting to help you understand an illness and its progression, discuss how your family will divide the tasks and responsibilities of caring for your relative, or resolve conflicts. Having a professional guide the meeting can be very helpful.

Using A Moderator

The role of a moderator is to keep the conversation focused on the current situation. Secondly, a moderator will ensure that everyone has a chance to contribute to the discussion and that all participants listen to one another.

Begin the first meeting by presenting a factual assessment of the elder's condition and the outlook for the future. Assess the daily living situation including financial, medical, emotional and social aspects. Look at the decisions that need to be made in the short term as well as the longer term.

Here are some suggestions for a simple family meeting.

- Include your older relative in the process to the extent that they are mentally capable. If this does not occur at the first meeting, try it at the next one.
- Think of your 'family' in broad terms. Include anyone who cares about or feels responsible for your relative—a friend or neighbor, or even a religious leader, social worker, or health professional.
- Begin the meeting by talking about the specific concerns that have brought you together. It might be deciding if your relative needs some household help, discussing a hospitalization or health concern, or preparing to move to a nursing home.
- Create an agenda by asking all participants to contribute questions or items for discussion.
- Set your priorities. Decide what you need to talk about right away. It's generally best not to try to solve everything at your first meeting.
- Focus on the present. It can be easy for any family to revisit old conflicts. Keep in mind that you've called the meeting for a specific purpose, and, if necessary, remind people of it.
- Make sure that everyone at the meeting has a chance to talk about his or her ideas and solutions. Try to be honest about what each person in the family can or cannot do. Talk openly about what everyone can reasonably offer.
- Agree that one person will be the family contact with doctors and others who provide care.
- Write down any plans that you've agreed to, and set some limits. If you'd like your relative to try adult day care, you might say, "OK, let's try adult day care for two weeks, and if you don't like it, we'll try something else."
- Schedule a date to meet again. Choose a time when you will talk together about how successful your plans have been, and what else you may need to do.
- Above all, be sure to listen to your relative's wishes and plans. Let your relative know that the family is involved because everybody cares and wants to work together to carry out those wishes and plans in the best way possible.

Talking On The Telephone

You and your relative may live far apart. Here are a few ideas that you can use for important long-distance conversations:

- Make a list of the things that you want to discuss before you call. If some are more important than others, list them by priority.
- Be realistic in your expectations. Plan to cover just one or two things in each telephone conversation.
- Speak calmly and clearly. Lowering the pitch of your voice can often make you sound calmer (and can make it easier for someone with hearing loss to understand you).
- Make sure you understand what's really being said. Don't assume things or read into your relative's words. Words can take on a different meaning over the phone when there's no "body language" to help you understand.

Finding Help

The help provided by you, other family members, friends and neighbors may still not be enough to enable an older person to remain independent. In this case, you will need to look for other avenues of support. One of the first places you should contact is your Area Agency on Aging (AAA). If your family member has a limited income, he or she may be eligible for services provided through the AAA including homemaker and home health aide services, transportation, home-delivered meals, chores, home repair, and legal assistance.

Area Agencies on Aging can direct you to other sources of help for older persons with limited incomes such as subsidized housing, food stamps, Supplemental Security Income, Medicaid or the Qualified Medicare Beneficiary program which covers the cost of the Part A and B insurance premiums for low-income elderly.

While your Area Agency on Aging may not be able to provide supportive in-home services for older people who have higher incomes, the agency may be able to make suggestions about locating home care workers whom you can hire directly. The agency also has information on home care agencies and volunteer groups that provide such services as transportation, chore assistance, respite, yard work and home repair services. In addition to these information and referral services, many AAAs also will provide an assessment of the older person's needs.

AAAs can direct you to senior center programs suitable for older persons who have minor problems with mobility and activities of daily living. It can also recommend adult day care programs serving older persons who have serious limitations with mobility, dementia, or medical conditions which require daily attention.

In addition to your Area Agency on Aging, good sources for referrals to individual home care workers and home care agencies include the hospital or nursing home discharge planner or social worker, if your older relative has been hospitalized.

If you decide to hire a home care worker, you will need to determine how much help your older relative needs. Will several hours a day be enough, does he or she need help all day until the family returns home, or does your relative live alone and need around-the-clock care? You also need to decide what type of home care worker your relative needs. Following are descriptions of the types of home care personnel available:

- A housekeeper or chore worker is supervised by the person hiring them and performs basic household tasks and light cleaning.
- A homemaker or personal care worker is supervised by family members or an agency and provides personal care, meal planning, household management, and medication reminders.
- A companion or live-in is supervised by family members or an agency and provides personal care, light housework, exercise, companionship, and medication reminders.
- A home health aide, certified nurse assistant, or nurse's aide is supervised by an agency's registered nurse and provides personal care; helps with transfers, walking, and exercise; provides household services that are essential to health care; assists with medications; reports changes in the patient's condition to the RN or therapist; and completes appropriate records.

Nonprofit and for-profit home care agencies recruit, train, and pay the worker. You pay the agency. Social service agencies, in addition to home care services, may provide an assessment of the client's needs by a nurse or social worker, and help with the adjustment or coordination of the care plan.

Skilled nursing agencies focus on the medical aspects of care and provide trained personnel, such as nurses and physical therapists. Their services may be paid for by Medicare, if they are ordered by a physician.

When calling an agency be sure to ask:

- What type of employee screening is done?
- Is the employee paid by the agency or the employer?
- Who supervises the worker?
- What types of general and specialized training have the workers received?
- Whom do you call if the worker does not arrive?
- What are the fees and what do they cover?
- Is there a sliding fee scale?
- What are the minimum and maximum allowable hours of service?
- Are there limitations in services performed or times of the day when services are furnished?

Unless your older relative needs care for a limited number of hours each day, the rates charged by private home care agencies for homemaker/home health aide services and transportation are often beyond the means of middle-income families. There are ways to obtain competent help at lower rates, however.

If an older person is discharged from a hospital and receives skilled health care services at home, such as nursing or physical therapy, they are usually eligible for homemaker and home health aide services from home care agencies paid for under Medicare. When Medicare coverage ends, it is often possible to hire these same aides privately for a half to two-thirds of the cost charged by the home care agency.

Other avenues for finding aides who charge lower fees include churches, senior employment services, and agencies that assist displaced homemakers.

If you advertise in the papers for help, screen the applicants carefully. Ask for identification and check their references. Regardless of who cares for your elderly relative, protect their private papers and valuables, make arrangements to pick up the mail yourself, and check the phone bill for unauthorized calls. Stealing and fraud are on the rise among caregivers for the elderly so it is best to be cautious.

When hiring the worker yourself, be sure that the home care worker has the necessary qualifications and/or training. Ask to see training certificates, particularly if the older person has special medical needs such as insulin injections. If the older person needs to be transferred from a wheelchair, make certain that the aide knows how to do this safely. If the prospective aide does not know how to give a bed bath or transfer but seems to be otherwise qualified, he or she can be trained in these and other necessary procedures.

If your older relative needs a considerable amount of help or around-the-clock care, consider hiring live-in help. In exchange for room and board, these home care aides will usually work for a salary that is far lower than that charged by aides who come in for a few hours, or during the day.

Check with your insurance company about coverage for a full-time home care worker, and contact the appropriate agencies concerning Social Security taxes, unemployment insurance, and workman's compensation. If you do not want to deal with these somewhat complicated withholdings from the employee's salary, accountants and companies that specialize in doing payrolls will issue the employee's check with the necessary withholdings.

If public transportation is not available and the older person is not eligible for free or low-cost transportation, try to hire someone who drives, since this can save you substantial amounts of money in taxi or commercial van ride fares. If the home care worker is going to drive the family car, be sure to check with your insurance company concerning any limitations on your policy.

Your interview with the prospective home care worker should include a full discussion of the client's needs and limitations, as well as the home care worker's experience in caregiving and her expectations. Also ask for the names, addresses, and phone numbers of people who have previously employed the home care worker and be certain to contact them.

Once you have hired a home care worker, make sure that the lines of communication are fully open and that both you and the worker have a clear understanding of your responsibilities to the older person and to each other. Explain what you want done and how you would like it done, keeping in mind that the home care worker is there to care for the older person and not the rest of the family. If the home care worker lives in, try to ensure that he or she has living quarters that give you, the older person and the worker the maximum amount of privacy possible. Be clear about the worker's salary, when he or she will be paid, and about reimbursement for money the worker may spend out of pocket for gas, groceries, etc. If the home care worker has a car, discuss use of the worker's car on the job, insurance coverage for the worker's car or other travel arrangements.

Be certain to discuss the subject of vacations, holidays, absences and lateness as well as the amount of time either of you should allow if the employment is terminated. If you work and are heavily dependent on the home care worker, emphasize the importance of being informed as soon as possible if the home care worker is going to be late or absent so that you can make other arrangements. You should have a list of home care agencies, neighbors, or family members who can step in should the home care worker be late or absent from work.

Finally, inform the worker about the older person's dietary restrictions, provide a list of contacts in case of an emergency, review security precautions and keys, and discuss the medication requirements of the older person.

Once the home care worker is on the job, periodic and/or ad hoc meetings can be held to discuss any problems the home care worker or the older person may have with the arrangement, and to find ways to resolve them. Be positive and open in your approach to resolving difficulties. In most cases, they can be corrected.

If, after repeated attempts, you find that problems are not resolved satisfactorily, it may be best to terminate the relationship and seek another home care worker. During this time, it may be necessary for your older relative to temporarily reside in a long-term care facility or for you to hire a worker through an agency. Thus, it is best to have reserve funds on hand should such an emergency arise.

Another possible avenue of temporary help is respite care. As applied to home care, respite refers to care that provides a needed break for the primary caregiver, ranging from a few hours to days or weeks. Respite care services can be arranged through your Area Agency on Aging. The service offers assistance with meal preparation, dressing, grooming, feeding and light housekeeping, and may include some personal care. A four-hour session is usually the minimum, with an 80-hour annual maximum.

While home care may not necessarily be less expensive than nursing home care or assisted living, it offers older people and their families the opportunity to remain at home and together. Also, it affords a degree of flexibility and choice for at-risk elderly that few other living arrangements can offer.

Making The Most Of Each Day

As caregivers, we sometimes become so involved in the day-to-day efforts to keep things going that we forget that each day can be an opportunity to try new approaches. We can participate in activities that will make a positive difference in our life and the lives of those we care for.

Some things that can bring about positive changes include:

- Assessing your situation—what is working well and what isn't—and identifying ways to improve situations that aren't working well
- Establishing routines that effectively meet your loved one's needs
- Improving your physical surroundings
- Physical, speech and occupational therapy and/or exercise
- Assistive devices, which range from special eating utensils to specially equipped telephones, that increase independence and safety
- Improved nutrition
- Carefully monitoring medications and their interactions
- Intellectual stimulation
- Social interaction
- Spiritual renewal
- Employing home and/or health care personnel who demonstrate that they care and who will work to foster independence
- Finding ways to economize on your workload
- Filling each day with activities to which you can both look forward

Hands-on Caregiving

If your older relative or friend needs considerable help, a well-planned routine can make the more demanding parts of the day go more smoothly, take less time and help to ensure that your loved one does not develop problems that could be prevented.

- Make a list of all the things you need for morning and bedtime routines. Buy several of these items and have them close at hand, such as bathing items, medications, and clothing. This saves time and keeps you from having to search for them when you are helping your older family member. If you use items in several different places, have duplicate items stored in these rooms, such as the bathroom and bedroom.

- Because getting up and going to bed often are the most challenging events of the day, try to have someone help you with morning and bedtime routines.

- Practice good oral hygiene that includes tooth brushing, denture cleaning, and cleaning around the gums, preferably after every meal. Good oral hygiene helps prevent tooth decay, tooth loss, gum diseases and secondary infections that can result from poor dental care. Persons with disabilities or medical problems may need special care in addition to daily hygiene routines.

- If your older family member is disabled, has poor eyesight or cognitive impairments, you may need to remind them about personal hygiene and/or assist them. If your care receiver is incontinent, it is especially important to ensure that he or she is clean at all times, to use protective (barrier) creams, and to change incontinence aids and clothing as often as needed. Poor hygiene can result in diaper rash, blistering of the skin, and other problems that cause pain, discomfort and serious infections. Tight-fitting clothing and diapers also can lead to yeast infections in older women.

- There are new commercial products that make incontinence much less of a problem than it once was by keeping clothes and bed linens clean and dry. You also can discuss ways in which your care receiver's incontinence may be corrected with your health care provider, including exercises and surgical procedures.

- Older persons with limited movement should be turned in bed on a regular basis to prevent pressure sores. Correct bedding, such as sheepskin or egg carton bed coverings and/or an air mattress, help prevent pressure sores. It is important to move older persons with disabilities at least once an hour, even if it's just to reposition them, do a few range of motion exercises, and have them sit in various chairs that offer sufficient support.

- Make lists of:

  Morning and bedtime routines

  Medical personnel and their areas of expertise, addresses and telephone numbers

  Professional resources including home health agencies, lawyers and financial advisors

  Other people who can fill in if you need additional help

  The location of needed items such as thermometers and blood pressure monitors

  Medications—when they are to be taken, and where they are stored

  Exercise schedules and directions

  Emergency contacts in addition to 911

These lists and other needed information can be put into a clearly marked notebook and kept where others can easily find them in your older relative's room. This book should be complete enough for someone filling in for you to know exactly what is needed and what to do.

Entertainment, Entertaining And Travel

Boredom can sap our intellect and spirit, but you can change this by creating activities that you and your relative look forward to and can share with others. There are many activities that frail and disabled older people can enjoy. You can:

- Check the TV listings and choose your favorite programs to watch each day, rather than having the televisions on nonstop.
- Get large-print and talking books from the library and read together.
- Check for special events that are low-cost or free. Invite a friend or family member to join you, preferably one who can drive or help you if your care receiver has a disability.
- Go out to lunch or the early-bird specials at restaurants.
- Visit an art/hobby store and see what arts or crafts projects you and your relative can enjoy.
- Invite family or friends over for dinner or lunch. If you have limited funds to entertain or do not have time to prepare food, ask each guest to bring something, or chip in on a carryout meal.
- Plan day trips to local places of interest. Invite a friend or family member to join you.
- If you can afford to do so, go on a vacation. You can share the adventure and expense with other family members or friends. Many places offer senior discounts. Make sure that they can accommodate your needs, especially if your care receiver is disabled. Large hotel and motel chains are often able to help, if you make your needs known to them. In addition, there are organizations that plan trips for persons with limitations in mobility. Many travel books have special sections on accommodations, travel, and activities for those with limited mobility.
- If you have the room, invite friends or family members to stay with you in your home.
- Check colleges, churches, and community centers for free courses and other activities.
- Visit museums, galleries, botanical and zoological parks, or a petting zoo.
- If appropriate, get a pet. Your local shelter or humane society has many suitable pets available for adoption.
- Get a computer with Internet access so that you can e-mail friends, join in chat rooms, learn about things that are of interest to you, and enjoy computer games.
- Ask your local Area Agency on Aging about friendly visitor, volunteer, and telephone reassurance programs.
- Many fraternal, religious, and social organizations have activities specifically for older people. This can be a great way to extend your circle of friends and supportive network.

Improving The Quality Of Life

Older Americans and their caregivers sometimes fall victim to myths that become self-fulfilling prophecies, such as that being old means being sick. Another is that old age and dementia go hand in hand. The truth is far more positive. In fact, the fastest growing demographic group are centenarians.

Truth: Old age and sickness are not synonymous. The majority of older people are healthy, and, if they are not, many chronic conditions and illnesses can be controlled and or corrected.

Truth: While the incidence of dementia does increase as people age, the majority of older people score well on tests of mental functioning. Those who do not often have underlying medical problems which account for decreases in mental functioning.

Maximizing Your Care Receiver's Independence And Health

Keeping or restoring health in the later years often requires more effort and determination than when we are younger. It includes:

- A healthy diet. If your relative or friend has medical problems, you can ask the physician if changes in diet should be made and whether you should consult a registered dietician for additional information.
- Supplements of certain vitamins and minerals, if advised by the physician or dietician. Always remember that more is not always better, that nothing takes the place of a healthy diet, and that some vitamins and herbs can be dangerous if taken in excess or in the presence of certain medical conditions.
- Exercise. If your older relative or friend is reasonably healthy, he or she can begin a regular program of exercise including stretching, weight training, and low-impact aerobics after discussing it with his or her physician. Exercise can help to avoid accidents, improve strength and mobility, lower blood pressure, and help to prevent or control some diseases. If your care receiver is frail or ill, you can ask the physician about what exercises may be appropriate. Your older relative or friend may want to begin an exercise program under a physical therapist's supervision. The physical therapist can demonstrate how to do range of motion, stretching, and strengthening exercises. Over time, these exercises can help to increase strength and mobility.
- Monitoring, in consultation with your relative's primary care physician and pharmacist, both over-the-counter drugs and prescription medications to ensure that there are no adverse drug reactions. Make sure that all medications are appropriate for your relative's individual needs, and that the rules for safely taking drugs are being followed.
- Involvement with family and friends.
- Taking part in community activities, such as those offered at senior centers.
- Keeping an active mind with activities ranging from reading to card and board games, as well as using a computer.
- Learning about assistive devices that can enhance your older relative or friend's independence and safety.
- Ensuring home safety with such modifications as ramps and low thresholds, better lighting, and non-skid rugs to enhance your care receiver's safety and independence.

The Organized Care Giver

Being informed about the multiple needs of an older family member can be overwhelming. Learning about the services available in your community and being organized are the keys to your success. Being organized will save you frustration, time, and money. Below are some ideas that can help you become more organized. A good place to start is with your own filing system. In a filing system, you can keep any resources that you develop, a record of any phone or in-person conversations that you have, and any pieces of information that relate to your relative. Keeping your older adult's medication records and care plan updated is helpful to everyone assisting in his or her care.

Personal Care Plan

Organize your older adult's care needs and those responsible for each need.

	Daily	Weekly	Monthly	As Needed
Meal Schedule				
Meal Preparation				
Grocery Shopping				
Bathing Assistance				
Wash Hair				
Comb Hair				
Shave				
Dental				
Dressing				
Help To/In Bathroom				
Toileting				
Transferring				
Exercise				
Laundry				
Visiting				
Transportation				
Medical Appointments				
Housecleaning				

Personal Files

Primary Physician	Phone Number
Address	
Specialist Physician	Phone Number
Address	
Hospital	Phone Number
Address	
Personal Care Attendant	Phone Number
Address	

Insurance Agents

Legal Professionals

File Management

To stay organized and to locate important documents quickly, set up files for the following:

Bills and receipts

- Organize all bills and receipts into categories, such as operations and hospital stays.
- Include a bill-paying master flow sheet for filing and quick review. To fit everything, tape two sheets together. Headings across the top can include such items as: date, service provided, provider, institution of provider, amount of bill, how bill was paid, date of payment, date Medicare reimbursement arrived, date private insurance arrived, notes, amount paid out of pocket, and date transaction completed.

Health insurance

- Include Medicare card and any hospital or clinic cards.
- Put together all private insurance policies, including major medical and Medigap policies.

Legal documents

- The Will
- Power of Attorney or durable Power of Attorney

Managing Medications

Make sure your care recipient adheres to the following important Dos and Don'ts:

DO take the proper dosage as prescribed.

DO call your physician if you experience unpleasant or unusual reactions to a medicine.

DO tell your physician about past problems or reactions to medications.

DO keep a daily record of medications, especially if your treatment schedule is complicated or you are taking more than one drug at a time.

DO make sure you understand the directions printed on the container and that the name of the medicine is clearly printed. Ask your pharmacist to use large type if necessary.

DO store medicines properly. Always read the label for storage instructions.

DO keep medicines away from children - out of sight and out of reach.

DO consult your physician regularly to see whether there are any medicines you can cut back on or stop taking altogether.

DO throw away old or expired medicines by dumping them in the toilet.

DO post phone numbers of your emergency medical service, hospital, pharmacy, and physician in your home.

DON'T discontinue your medication or change the dosage without consulting your physician, even if you're feeling better.

DON'T transfer medicines to other containers, unless approved by your pharmacist or physician.

DON'T use someone else's medication or give yours to another person.

DON'T take medicines in the dark - turn on the lights to avoid taking the wrong medicine.

DON'T keep medicines that have lost their labels, medicines that have passed their expiration dates, or those that look changed or decayed.

DON'T take medicines unless you understand all the instructions for using them safely.

DON'T mix medications with alcohol. Drinking alcohol while on certain medications can be dangerous. Of the 100 medicines prescribed most often, over half contain at least one substance that reacts badly with alcohol.

To help organize the many medications that your loved one is probably taking, talk with him or her about filling out the charts on the following pages. The medication calendar will help track the days and times that each medication should be taken. This chart should be posted in an obvious location, such as the refrigerator. The current medication chart should be used to document all of the medications your loved one is currently taking. You may wish to make two copies of this chart so that you will have a record as well.

Medication Calendar

Keep track of which medications need to be taken and how many times each day.

	Morning	Lunchtime	Afternoon	Bedtime
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Medication Lists

Record information about each prescription.

Medication	Refill #
Dosage	Times/Day
Pharmacy	Pharmacy #

Medication	Refill #
Dosage	Times/Day
Pharmacy	Pharmacy #

Medication	Refill #
Dosage	Times/Day
Pharmacy	Pharmacy #

Medication	Refill #
Dosage	Times/Day
Pharmacy	Pharmacy #

Medication	Refill #
Dosage	Times/Day
Pharmacy	Pharmacy #

Medication	Refill #
Dosage	Times/Day
Pharmacy	Pharmacy #

Long Distance Caregiving

Caring for an elderly relative who lives in another city or state can be stressful and often overwhelming. In addition to the information on the previous pages, below are some suggestions for making the most of the visits that you have with your long-distance relative.

- Make the most of your time together.
- Allow yourself enough time to accomplish necessary tasks for or with your relative.
- During your visit, be observant. Do you notice anything different in the setting where they live? Is your relative eating properly? Are finances being handled properly? Is the environment in which they live safe? Do they have contact with other people?
- Take notes on every call. Any information may be relevant later.

Geriatric Care Managers

A Geriatric Care Manager (GCM) is an individual who specializes in assisting the elderly and their families in making long-term care decisions. GCMs usually have training in gerontology, social work, nursing, or counseling.

Geriatric Care Managers can help your family in many ways. A GCM will do a complete assessment of the elderly loved one to determine which services might be appropriate. Once a decision is reached about what services are needed, a GCM will provide all of the screening, arranging, and monitoring of the agency or facilities as well as reviewing financial, legal or medical issues. A GCM will act as a liaison to families at a distance and alert families to problems. They can also provide consumer education, advocacy, counseling, support, and crisis intervention.

There are many benefits of care management services. GCMs can provide short- or long-term assistance for long-distance caregivers, as well as personalized service to meet your needs. They also provide you with continual care that will help to keep a control on costs and quality.

Care management fees are billed on a fee-for-service basis and are not covered by Medicare, Medicaid or most health insurance policies.

When choosing a GCM, you should personally interview the individual and check references and credentials. If possible, ask to speak with other clients. Good communication with a care manager will help create a positive experience for all involved.

Choosing The Right Care Manager

Because of the rapid growth of private management of care for aging parents, standards for the quality of service have only recently been set by the National Association of Professional Geriatric Care Managers. Before hiring one of these new professionals, the association suggests asking the following questions:

What are your credentials? A care manager should have a Master's or higher degree in social work, psychology, or gerontology, or should be a registered nurse with public health experiences.

How long have you worked with the frail and elderly? How long in private practice? The longer the better, though many private firms are only three to five years old. Public agency experience working with the frail and elderly further qualifies these professionals.

What professional activities are you involved in? Do you belong to a professional group such as the National Association of Professional Geriatric Care Managers or the National Association of Social Workers? These groups have codes of ethics and standards for membership.

Are you available 24 hours a day, seven days a week? If you get sick or go out of town, who fills in? Care managers should have qualified associates to back them up, just as physicians do.

How do you charge? If by the hour, do you charge for telephone calls? Travel time? What else? Care managers do much of their business by phone and legitimately charge for that time. Most care managers charge half their usual fee for travel. Charges for other services should be spelled out in contracts or fee schedules.

May I have a list of references? A reputable care manager should have no problem providing names and contact information for at least three references.

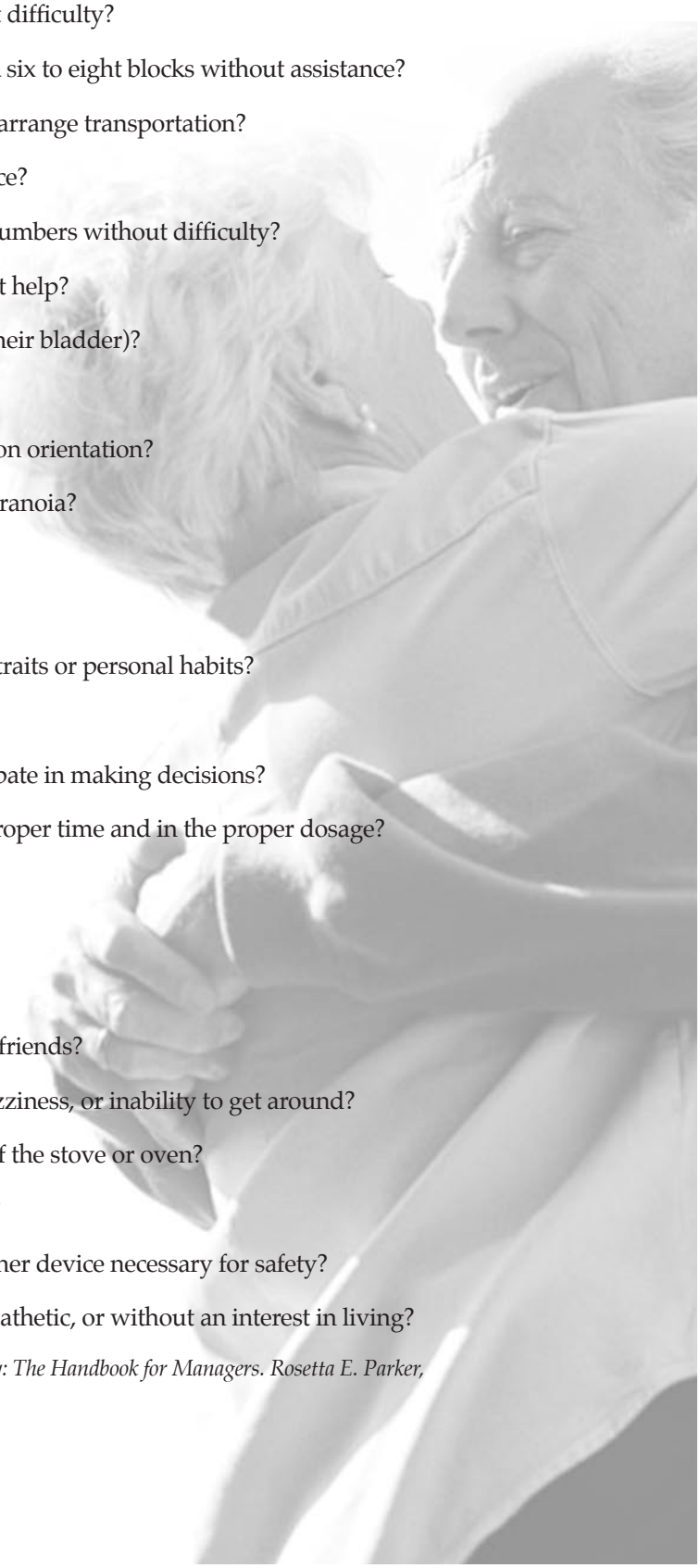
Finally, avoid managers who offer to act as conservators, a legal term for people designated to make financial decisions for those who cannot. A person who handles both the money and the services can be tempted to write their own check.

Can My Elder Still Live Alone?

The following are suggested questions to ask yourself when determining whether your elderly relative can still live alone in his/her own home or apartment. These questions were formed with input from senior housing professionals, housing authorities, and seminar attendees.

- Is he/she able to speak, hear, read, and write without difficulty?
- Does he/she have the ability to climb stairs and walk six to eight blocks without assistance?
- Can he/she use public transportation, drive a car, or arrange transportation?
- Can he/she maintain his/her home without assistance?
- Can he/she dial and talk on the telephone; look up numbers without difficulty?
- Does he/she prepare adequate meals and eat without help?
- Is he/she continent (does he/she have control over their bladder)?
- Can he/she bathe without assistance?
- Does he/she have difficulty with time, place, or person orientation?
- Is he/she free of anxiety, depression, phobias, and paranoia?
- Can he/she dress without assistance?
- Is he/she neatly groomed?
- Does he/she show disturbing or disabling character traits or personal habits?
- Can he/she manage financial matters?
- Is he/she able to exercise good judgment and participate in making decisions?
- Is he/she responsible for taking medications at the proper time and in the proper dosage?
- Can he/she shop for his/her own groceries?
- Does he/she practice routine safety measures?
- Does he/she abuse drugs or alcohol?
- Does he/she maintain relationships with family and friends?
- Does he/she have accidents because of weakness, dizziness, or inability to get around?
- Does he/she have a problem remembering to turn off the stove or oven?
- Is his/her bathroom and bedroom on the same floor?
- Does he/she refuse to use a wheelchair, walker, or other device necessary for safety?
- Does he/she talk about dying, or seem depressed, apathetic, or without an interest in living?

Source: St. Paul (Minn.) Housing Authority: Housing for the Elderly: The Handbook for Managers. Rosetta E. Parker, Institute of Real Estate Management, 1984.



Can My Aging Relative Live With Me?

Many contemplate the idea of bringing their aging relative into their home to care for them instead of putting them into a facility. Others have had their relatives in their home for some period of time and may be thinking that they can no longer adequately care for them. Some questions to ask that may help you decide what is best for your elderly relative are:

- Would your home require major modifications to provide an adequate environment for your relative (heating, plumbing, laundry facilities, accessible bathrooms, etc.)?
- Would it be necessary to modify your home to increase safety or allow mobility?
- Does your relative require nursing services that are too physically difficult or demanding?
- Is your relative likely to regularly disturb the sleep of others by calling out, requiring care, or wandering?
- Is your relative likely to wander away from you or the house if left alone or unsupervised?
- Is your relative likely to create safety hazards for other family members because of forgetfulness or carelessness (falling asleep while smoking, misuse of appliances, etc.)?
- Does your relative require someone to be available at all times to provide personal care?
- Must clothing and bed linens be changed and laundered so frequently that this becomes an excessive physical demand?
- Do you have other family responsibilities that could result in split loyalties and/or overload?
- Has your relative become emotionally explosive or verbally abusive?
- Has your relative accused you or others of trying to kill him/her or of stealing money?
- Have you become cut off from friends and other family members because of the demands of caring for your relative?
- Have you given up activities and interests that are important to you because of the demands of caring for your relative?
- Does your relative interfere with the running of your household?
- Has loss of privacy become a problem for the adult members of the household?
- Is there conflict with younger adults and adolescent family members because of the presence of your relative?
- Is it necessary for the family to change homes or move to another community, making continued care unrealistic?
- Has financial demand made continued employment or longer work hours necessary?
- Has a helping, supportive family member moved out of the household, increasing the burden for remaining caregivers?

Adapted from Elder Services. Phoenix, Arizona: Oryx Press, 1992.

Home Health Care

Home health care is a good alternative to nursing home placement for older people who need support services, but do not require 24-hour supervision. It is ideal for elders who want to maintain their independence at home, but need help either temporarily or on a long-term basis. Home health aides assist with tasks such as personal care, mobility and dressing, while homemakers typically help with laundry, shopping, light housekeeping and meal preparation. Both can also provide companionship for clients and respite for caregivers.

Some things to consider about in-home care:

- Find out if the agency is licensed or certified by the state or other organization.
- Ask for a written statement of its policies and procedures.
- Ask for references from hospitals or social workers who have referred clients to the agency.
- Make sure you have a clear understanding of what services will be provided.
- Many agencies have a nurse or social worker evaluate the situation and write up a care plan. You can request a copy of this plan.
- Are home care personnel trained or licensed?
- What provisions are made for back-up care and how are emergencies handled?
- Always try to involve the person who will be receiving the care in the decision-making process as much as possible, and let them know what to expect when care begins.

Adult Day Care

Adult day care is for older or mentally and physically challenged people who are still able to live at home but need some supervision during the day. Such programs offer a life-enhancing as well as cost-effective alternative to nursing home placement. Adult day care provides supervision and social stimulation for the older person and respite for the caregiver.

What to look for in a program:

- Ask if the program is licensed or approved by the state.
- Are they funded by the government or other subsidies to help with payment?
- Is there a minimum number of hours or days a person must attend? Most programs run six to eight hours on weekdays. Some require a minimum attendance of two days per week.
- A hot, nutritious noon meal and an afternoon snack are usually served.
- Transportation may be provided, sometimes for a moderate additional fee.

Caregivers find that adult day care often reduces the time they need to spend away from their work on elder care responsibilities. Job performance may improve because the caregiver is less worried about the care and safety of his/her older relative.

Housing Options For Older Adults

Many older people find it necessary or more convenient to move to housing where housekeeping, recreational and other services are available. Fortunately, housing options abound. Among the choices these days are independent living facilities, continuing care retirement communities (CCRCs), supportive housing and congregate care. Some facilities are privately owned; others are government supported or sponsored by religious or other non-profit groups. The distinctions among facilities aren't always clear cut; the way a facility describes itself may provide little or no indication of the services it offers.

Here are some general guidelines to help you explore housing options with someone you love. Independent living facilities offer recreational and social programs, but few services. However, an independent living facility might be found within a continuing care retirement community, where housing options vary by need. A CCRC lets seniors enter while they're still active and independent, knowing that if their health condition changes, appropriate services are available to meet their needs.

Housing options that fall between independent living facilities and nursing homes include supportive housing, congregate care, board and care, personal care and assisted living facilities. All provide housing and varying levels of health or supportive services. For example, assisted living may refer to a single-family home that provides shelter and care to a small group of residents or a large complex that houses hundreds of people.

What programs are called, and the care and services they provide, vary by state - sometimes even within a state. Some facilities offer at least one meal a day and light housekeeping; others include transportation to shopping and medical appointments. Some have staff that administer medication and coordinate residents' health care; in others, staff provide skilled nursing care. Add federally subsidized apartments to the mix. While these facilities for low-income seniors don't provide services, they may have a service coordinator to help residents obtain services.

The federal government regulates nursing homes and federally subsidized housing. By contrast, state governments are responsible for regulating and licensing assisted living and other housing programs for older people, but the laws that apply and the agencies that are responsible vary by state. However, every state has a long-term care ombudsman program to investigate issues involving nursing homes, board and care homes and other long-term care facilities. Some long-term care ombudsman programs also help residents of assisted living facilities.

The state or local Area Agency on Aging can help you explore housing options. Many agencies distribute directories or guides to housing options for older people and people with disabilities in their service areas. Area Agencies on Aging also can direct you to the long-term care ombudsman program, which in turn can supply information about a particular facility. In addition, your parents may have friends and relatives living in senior housing facilities who can provide suggestions and recommendations.

When you consider alternative housing arrangements, think about the older person's needs and preferences. Start with the basics:

- What living conditions does a housing program offer?
- What services are provided?
- How much will it cost?
- Will the program meet this person's current and anticipated health and safety needs?
- Who will decide the services the person receives?
- How much independence will he or she have?
- What are the older person's legal rights if he or she disagrees with the facility?

Choosing The Right Facility

Before deciding on a facility, visit the premises and talk with staff, residents, and family members - theirs and yours. Before you sign a contract, read it carefully and ask a lawyer to review it. Following are more detailed descriptions of senior housing options.

Accessory Apartments—Accessory Apartments are living units that are designed to accommodate the needs of the older person. They include such modifications as bathtub handrails, easy-open cabinets, emergency buzzers, wide doorways and lowered shelves and sinks.

Adult Foster Care—An older person may be placed with a foster family who provides housing, meals, companionship and minimal assistance (medication reminders, transportation to appointments, etc.) in return for a fee.

Congregate Housing—Sometimes called "assisted living," this option may be either a large freestanding house or a smaller apartment-style arrangement in an existing elder-housing complex. Both options usually provide a small private living unit with bathroom. Residents share some areas, such as kitchen, dining room and community room. One or two meals a day may be served in a central dining room. Activities may be offered on-site.

Continuing Care Retirement Community—These are often called "life care" communities because they provide care on a continuum from independent living to skilled nursing. CCRCs agree to provide this care in exchange for a substantial entry fee (which may be partly refundable) and subsequent monthly fees. Because a variety of support services and activities are offered, continuing care facilities may also be referred to as "assisted living."

Federal and State Subsidized Housing—Federal and state governments sponsor housing in many communities for limited-income elders. The majority of these apartments are for ambulatory individuals, although some have handicapped accessibility.

Home Equity Conversion—This option allows people to use the equity in their homes to pay for a variety of services including long-term care. Through monthly payments or a line of credit from a lending institution, elderly borrowers can purchase long-term care insurance or in-home care.

Retirement Communities—These are self-contained complexes for older people who prefer to live with others their age. Minimal services and amenities are provided such as security, recreation, and a communal dining room. Living units are either for sale or rent, and prices vary from place to place.

Share-a-Home/Communal Living/Group Homes—This alternative, usually sponsored by social service agencies, enables people to live together in one household while sharing meals, chores, and common areas. Each resident has his or her own private sleeping quarters. These cost-effective programs (some subsidized by the United States Department of Housing and Urban Development) may be intergenerational as well as specific to one age group.

Nursing Homes—There are three main types of homes offering supervised care. Skilled nursing facilities (SNF) provide 24-hour supervision and treatment by nursing staff. Intermediate care facilities (ICF) are for patients who do not require round-the-clock skilled nursing care, although a nurse is always on duty. Residential care facilities (RCF) provide minimum basic care, services with supervised living, and support services for ambulatory elderly.

Source: Federal Trade Commission A/PACT Guide

Choosing A Skilled Nursing Facility

Choosing a nursing home is an important decision. It's important to plan ahead in order to find one that best meets the needs required by your relative, and also provides high quality care. Finding the right skilled nursing facility is also important because it may be your loved one's home for a period of time. You want to know that he or she will be comfortable, secure, and cared for properly.

The steps to choosing a nursing home may include:

1. Determining what the nursing homes are in the care recipient's area

2. Determining how area nursing homes compare in quality

3. Visiting the nursing homes you are interested in, or having someone visit for you

4. Choosing the nursing home that best meets your loved one's needs

Comparing The Quality Of Nursing Homes

Quality care involves doing the right thing, at the right time, in the right way for the right person, and having the best possible results. Nursing homes are certified to make sure they meet certain federal health and safety requirements. To find out how nursing homes compare in quality in your area, visit www.medicare.gov on the web. Select "Nursing Home Compare." You can compare the state inspection reports of the nursing homes in an area and obtain other information including like resident characteristics and staffing levels. Starting in spring 2002 on "Nursing Home Compare," information is provided for nursing homes in the states of Maryland, Ohio, Colorado, Rhode Island, Washington, and Florida including comparisons of the following:

- The percentage of residents who need more help doing daily activities than when their need for help was last assessed, such as 1) feeding oneself, 2) moving from one chair to another, 3) changing positions while in bed, and 4) going to the bathroom alone.
- The percentage of residents with pressure (bed) sores. These are usually caused by constant pressure such as lying or sitting in one position for a very long time.
- The percentage of residents who lost too much weight, which might be unhealthy.
- The percentage of residents with moderate to intense pain over the last 7 days.
- The percentage of residents with infections including pneumonia, wound infections and urinary tract or bladder infections.
- The percentage of residents in physical restraints. Physical restraints are any device that keeps a resident from moving freely, like ankle restraints, special types of vests, or chairs with lap trays.
- The percentage of short-stay residents (residents who stay for less than 90 days)
- Who improved in walking. Improvement in walking is an increase in a resident's ability to walk with little or no help at all.
- The percentage of short-stay residents with pain.
- The percentage of short-stay residents with delirium, which is a mix of short-term problems with focusing or shifting attention, being confused and not being aware of one's surroundings. These symptoms may appear suddenly and can be reversible. (Note that delirium is not "senility," which involves learning and memory problems.)

Other ways to find out about nursing home quality:

- Ask friends and other people you know if they are or were satisfied with the quality of care.
- Call the local office of consumer affairs for your state. Ask if they have information on the quality of nursing homes (look in the blue pages of your telephone book for their telephone number).
- Call your state health department. Ask if they have information on the quality of nursing homes (look in the blue pages of your telephone book for their telephone number).
- Call your Long-Term Care Ombudsman. The Ombudsman program helps residents of nursing homes solve problems by acting on their behalf. Ombudsmen visit nursing homes and speak with residents throughout the year to make sure residents' rights are protected. They are a very good source of general information about nursing homes, and can work to solve problems with nursing home care, including financial issues. They may be able to help you compare the nursing home's strengths and weaknesses. Ask questions about how many complaints they have received about a nursing home, what kind they were, and if they were resolved.

Looking Into Area Homes

- Use the Elder Care Locators under the Family and Caregiving Modules of your EAP's website or contact your EAP service directly..
- Medicare offers a Nursing Home Compare service that can be accessed through the Internet (www.medicare.gov/NHCompare/home.asp) You can find detailed information on nursing homes in your area.
- Ask the hospital's discharge planner or social worker for a list of local nursing homes, if you are in the hospital. They may help you find an available bed. Some nursing homes work together with hospitals, while some are independent.
- Visit or call your local social service agency or hospital. Ask to speak to a social worker or case manager who can help you find a nursing home in your area.
- Ask people you trust, such as your doctor, family, friends, neighbors, or clergy if they have had personal experience with nursing homes. They may be able to give you the name of a nursing home where they had a good experience.
- Call your Area Agency on Aging. Their telephone number should be listed in your local telephone directory. This agency can give you information about the nursing homes in your area. You can get the telephone number of your local Area Agency on Aging by looking at www.aoa.gov on the web. Select "About AoA and the Aging Network." Then select "Area Agencies on Aging."

If you can't visit the nursing home yourself, you may want to get a family member or friend to visit for you. If a family member or friend can't visit for you, you can call for information. However, a visit offers you a better way to see the quality of care given to the residents.

Nursing Home Checklist

Using a checklist can help you compare the nursing homes that you visit. Look at the following checklist before you go on your nursing home visit or tour. This will give you an idea about the kinds of questions to ask and what you should look for as you tour the facility and meet the staff and the residents. Some of these questions may be more personally important to you and your family, and some are more important for finding out about the quality of care. Use a new checklist for each nursing home you visit.

Nursing Home: _____

Date of Visit: _____

Basic Information	**Y**	**N**	**Comments**
The nursing home is Medicare-certified.			
The nursing home is Medicaid-certified.			
The nursing home has the level of care you need (e.g. skilled, custodial), and a bed is available.			
The nursing home has special services if needed in a separate unit (e.g. dementia, ventilator, or rehabilitation), and a bed is available.			
The nursing home is located close enough for friends and family to visit.			
Residents are clean, appropriately dressed for the season or time of day, and well groomed.			
Nursing Home Living Spaces			
The nursing home is free from overwhelming unpleasant odors.			
The nursing home appears clean and well-kept. The temperature in the nursing home is comfortable for residents.			
The nursing home has good lighting. Noise levels in the dining room and other common areas are comfortable.			
Smoking is not allowed or may be restricted to certain areas of the nursing home. Furnishings are sturdy, yet comfortable and attractive.			

Staff	Y	N	Comments
Relationship between staff and residents appears to be warm, polite, and respectful.			
All staff wear name tags.			
Staff knock before entering a resident's room and refer to residents by name.			
The nursing home offers a training and continuing education program for all staff.			
All staff have had background checks.			
Your tour guide knows the residents by name.			
There is a full-time Registered Nurse (RN) in the nursing home at all times, other than the Administrator or Director of Nursing.			
The same team of nurses and Certified Nursing Assistants (CNAs) work with the same resident 4 to 5 days per week.			
CNAs work with a reasonable number of residents. CNAs are involved in care planning meetings.			
There is a full-time social worker on staff.			
There is a licensed doctor on staff. Is he or she there daily? Can he or she be reached at all times?			
The nursing home's management team has worked together for at least one year.			
Residents' Rooms			
Residents may have personal belongings and/or furniture in their rooms.			
Each resident has storage space (closet and drawers) in his or her room.			
Each resident has a window in his or her bedroom. Residents have access to a personal telephone and television.			
Residents have a choice of roommates.			
Water pitchers can be reached by resident. There are policies and procedures to protect residents' possessions.			
Common Areas			
Exits are clearly marked.			
There are quiet areas where residents can visit with friends and family.			
There are smoke detectors and sprinklers.			
All areas allow for wheelchair use.			
There are handrails in the hallways and grab bars in the bathrooms.			

Menus and Food	Y	N	Comments
Residents have a choice of food items at each meal. (Ask if your favorite foods are served.)			
Nutritious snacks are available upon request.			
Staff help residents eat and drink at mealtimes if help is needed.			
Activities			
Residents, including those who are unable to leave their rooms, may choose to take part in a variety of activities.			
The nursing home has outdoor areas for resident use, and staff help residents go outside.			
The nursing home has an active volunteer program.			
Safety and Care			
The nursing home has an emergency evacuation plan and holds regular fire drills.			
Residents get preventive care, such as a yearly flu shot, to help keep them healthy. Residents may still see their personal doctors.			
The nursing home has an arrangement with a nearby hospital for emergencies.			
Care plan meetings are held at times that are convenient for residents and family members to attend whenever possible.			
The nursing home has corrected all deficiencies (failure to meet one or more Federal or State requirements) on its last state inspection report.			
Additional Comments:			

Source: Guide to Choosing a Nursing Home, Centers for Medicare & Medicaid Services

Medicare, Medigap And Medicaid

Medicare is the national health insurance program for Social Security recipients who are over 65 or permanently disabled. It is administered by the federal Health Care Financing Administration. Private insurance companies contract with the government to make payments to medical providers.

Medicare is not a welfare program. That is, personal income and assets are not considered in determining an individual's eligibility or benefits. Medicare coverage is similar to what private insurance companies offer—Medicare pays a portion of the cost of some medical care and the beneficiary (the patient) assumes the cost of deductibles and co-payments to healthcare providers.

Medicare has two coverage components—Part A and Part B. Part A covers in-patient hospital care, hospice care, in-patient care in a skilled nursing facility, and home health care services. Part B covers medical care and services provided by doctors and other medical practitioners, durable medical equipment and some outpatient care and home health care services. Part A is financed mostly through federal payroll taxes; the majority of beneficiaries do not pay a premium for this coverage. Part B is financed through monthly premiums paid by beneficiaries who choose this coverage and by general revenues from the federal government. Beneficiaries may be required to pay deductibles and make co-payments under both Part A and Part B.

Medicare recipients can choose to receive their health care services through Medicare's traditional fee-for-service system or through managed care plans. The fee-for-service system lets patients see any physician who participates in Medicare. Although generally less expensive, managed care plans limit patients to certain doctors and generally require patients to get referrals to specialists from their managed care plan physicians, who may be known as gatekeepers. Some Medicare managed care plans let beneficiaries see a specialist without prior approval, but they charge a premium for that. Generally, beneficiaries who choose a managed care Medicare plan must get all their care through the plan to receive coverage.

Beginning January 1, 1999, Medicare recipients will have additional options for financing their health care coverage under a new Part C of Medicare. Also known as Medicare+Choice, Part C options will include coordinated-care plans, Medical Savings Accounts, and private fee-for-service plans. Beneficiaries will not have to change their current Medicare arrangement, however, and should do so only after study and thought.

Medicare Supplemental Insurance—also known as Medigap—can help beneficiaries pay for medical care that Medicare does not cover, including deductibles and co-payments. While all Medigap policies must contain basic or "core" benefits, beneficiaries can add benefits for higher premiums.

In deciding whether Medigap or supplemental insurance makes sense, consider your relative's current health status and likely future medical needs (as best you can) as well as the policy's cost and any restrictions, such as benefit restrictions for pre-existing conditions. Also check for restrictions on the policyholder's ability to switch from one policy to another. Before enrolling in any insurance company, check with the insurance commissioner in your loved one's home state to see if there are unresolved complaints against the company on file.

Medicaid is different. Based on need, it helps pay the medical care for low-income older or disabled people and other individuals, including some with moderate incomes but high health care expenses. Eligibility for Medicaid is based on an applicant's income and assets. Medicaid is financed jointly by federal and state governments and, while each state must follow basic eligibility and benefit requirements, significant details vary among states.

Medicaid covers far more nursing home care than Medicare, and pays for custodial and skilled care. It doesn't limit the time a beneficiary can stay in a nursing home or other care facility.

Both Medicare and Medicaid can be a source of funding for long-term home health care, but Medicare covers home health care only if the person is homebound and needs skilled nursing or therapy services.

Focus On Medicare

Who Is Eligible For Medicare?

Generally, you are eligible for Medicare if you or your spouse worked for at least 10 years in Medicare-covered employment and you are 65 years old and a citizen or permanent resident of the United States. You might also qualify for coverage if you are a younger person with a disability or with chronic kidney disease. Following are some simple guidelines.

You can get Part A at age 65 without having to pay premiums if:

- You are already receiving retirement benefits from Social Security or the Railroad Retirement Board.
- You are eligible to receive Social Security or Railroad benefits but have not yet filed for them.
- You or your spouse had Medicare-covered government employment.

If you are under 65, you can get Part A without having to pay premiums if:

- You have received Social Security or Railroad Retirement Board disability benefits for 24 months.
- You are a kidney dialysis or kidney transplant patient.

While you do not have to pay a premium for Part A if you meet one of these conditions, you must pay for Part B if you want it. The Part B monthly premium in 2001 is $50.00. It is deducted from your Social Security, Railroad Retirement, or Civil Service Retirement check. If you do not get any of the above payments, Medicare sends you a bill for your Part B premium every three months.

If you have questions about your eligibility for Medicare Part A or Part B, or if you want to apply for Medicare, call the Social Security Administration. The toll-free telephone number is 1-800-772-1213. The TTY-TDD number for the hearing and speech impaired is 1-800-325-0778. You can also get information about buying Part A as well as part B if you do not qualify for premium-free part A.

Medicare Health Plans

Medicare offers you different ways to get your Medicare benefits. These different options are called Medicare health plans. One option is the Original Medicare Plan. Some private companies contract with the Medicare program to offer Medicare health plans. These are called Medicare + Choice ("Medicare plus Choice") plans. How you get your health care in the Medicare program depends on which plan you choose. Depending on where you live, you may have more than one option.

Currently, Medicare offers the following types of Medicare health plans:

- The Original Medicare Plan (sometimes called fee-for-service) -- Everyone with Medicare can join the Original Medicare Plan. This plan is available nationwide. Many people in the Original Medicare Plan also have a Medigap (Medicare Supplemental Insurance) policy or supplemental coverage provided by their former employer to help pay costs that this plan does not cover.
- Medicare + Choice (pronounced "Medicare plus Choice") plans that include: Medicare-managed care plans (like HMOs), and Medicare Private Fee-for-Service plans.

Medicare + Choice plans provide care under contract to Medicare. They may provide benefits like coordination of care or reducing out-of-pocket expenses. Some plans may offer additional benefits, such as prescription drugs. There are two types of Medicare + Choice plans. They are available in many parts of the country.

Making The Best Choice For You

How you get your Medicare health benefits affects many things, like cost, extra benefits, doctor choice, convenience, and quality. They are all important, but some may be more important to you than others. You need to look at what plans are available in your area, what each plan offers, and make the best choice for you. Your choice will affect:

- Cost:—What will my out-of-pocket costs be?
- Benefits—Do I need extra benefits and services, like prescription drugs, eye exams, hearing aids, or routine physical exams?
- Doctor Choice—Can I see the doctor(s) I want to see? Do I need a referral to see a specialist?
- Convenience—Where are the doctors' offices and what are their hours? Is there paperwork? Do I have to file claims myself? Is there a telephone hotline for medical advice from a nurse or other medical staff?

Think about what is most important to you in a health plan. Then look at the following chart. It can help you determine which types of plans offer the things that are most important to you.

		Medicare + Choice Plans	
	Original Medicare	Managed Care (like an HMO)	Private Fee-for-Service
Total Out-of-Pocket Costs	High	Low to Medium	Medium to high
Added Benefits	None	Most—Like prescription drugs, eye exams, hearing aids, or routine physical exams.	Some—Like foreign travel or extra days in the hospital.
Doctor Choice	Widest—Choose any doctor or specialist who accepts Medicare.	Some—Usually must see a doctor or specialist who belongs in your plan.	Wide—Choose any doctor or specialist who accepts the plan's payment.
Convenience	Varies—Available nationwide.	Varies—Available in some areas. May require less paperwork and have phone hotline for medical advice.	Varies—Available in some areas. May require less paperwork and have phone hotline for medical advice.

Skilled Nursing Facility Care

In order to receive care in a skilled nursing facility (SNF)—or nursing home— under Medicare, the following requirements must be met:

- Three-day prior hospital stay
- Must be admitted to the SNF within 30 days of release from the hospital
- Must enter SNF for treatment for the same condition hospitalized for
- Must need skilled care on a daily basis (once daily skilled care ends, Medicare no longer pays)
- The condition must be able to be improved
- The SNF must be Medicare-certified
- Physician must write a care plan and that plan must be carried out

Home Health Care

In order to receive home health care under Medicare, the following requirements must be met:

- Must be homebound
- Physician must write a care plan
- Care must be needed on an intermittent basis only and cannot exceed 35 hours/week or eight hours/day
- No restrictions on the number of days or hours per week of physical or speech therapy, but must be provided on a "necessary and reasonable" basis

A person qualified for home health care is also entitled to a home health aide for some personal care. Because care is intermittent, home health care requires no deductible and no hospital stay. On average, patients receive 23 home health visits. In addition, home health care under Medicare pays for patient recovery from acute illness or injury, but generally not for chronic conditions.

About Medicaid

Medicaid is a program that provides medical assistance to needy persons. It is not a program directed primarily to the elderly (like Medicare), but rather to low-income Americans. It depends on financial need, low income, and low assets. Following are some general statements about Medicaid.

- Medicaid is not available to individuals under 65 unless they are blind or disabled.
- If someone over 65 lives with an adult child, the child's income and assets do not count in determining eligibility. Only the senior's income assets are counted.
- In determining whether a senior qualifies, Medicaid does not look at how much your rent, car payments, or food payments are. Medicaid only looks at medical expenses.
- Medical expenses include:

  Care from hospitals, doctors, clinics, nurses, dentists, podiatrists and chiropractors

  Drugs, medical supplies, and equipment

  Health insurance premiums

  Transportation to receive medical care

- Currently, there are two ways to receive Medicaid:

  Supplemental Security Income eligibility may provide Medicaid

  Medicaid Spend-down

- Similar to a deductible, you must pay before you can receive Medicaid. You must meet the spend-down every month. Once you meet your spend-down, you are eligible for Medicaid for the remainder of the month.

Eligibility Requirements

There are four eligibility categories you must meet in order to qualify for Medicaid:

- Categorical Eligibility—65 or older; or under 65 and blind or disabled
- Non-Financial Eligibility—United States residency/citizenship
- Financial Eligibility—Income, assets
- Procedural Requirements—A completed application form and proof of eligibility

About Medigap Insurance

A Medigap policy is a health insurance policy sold by private insurance companies to fill the "gaps" in Original Medicare Plan coverage.

There are 10 standardized Medigap plans called "A" through "J." The front of a Medigap policy must clearly identify it as "Medicare Supplement Insurance." Each plan A through J has a different set of benefits. Plan A covers only the basic (core) benefits. These basic benefits are included in all the Plans A through J. Plan J offers the most benefits. If you live in Massachusetts, Minnesota, or Wisconsin, different types of standardized Medigap plans are sold in your state.

When you buy a Medigap policy, you pay a premium to the insurance company. This premium is different than the Medicare Part B premium you must also pay. As long as you pay your premium, your policy is guaranteed renewable, which means it is automatically renewed each year. Your coverage will continue year after year as long as you pay your premium. If you buy a Medigap policy, it only covers your health care costs. It doesn't cover any health care costs for your spouse.

Important: In some states, insurance companies may refuse to renew a Medigap policy bought before 1990. At the time these policies were sold, state law was not required to say the Medigap policies had to be renewed automatically each year.

Medigap policies only help pay health care costs if you have the Original Medicare Plan. You don't need to buy a Medigap policy if you are in a Medicare + Choice Plan. In fact, it is illegal for anyone to sell you a Medigap policy if they know you are in one of these plans.

It is also illegal for an insurance company to sell you a Medigap policy if you have Medicaid except in certain situations.

A Medigap policy is not:

- Coverage you get from your employer or union,
- A Medicare + Choice Plan,
- Medicare Part B, and
- Medicaid

Buying A Medigap Policy

To buy a Medigap policy, you generally must have Medicare Part A and Part B. If you are under age 65 and you are disabled or have End-Stage Renal Disease (ESRD), you may not be able to buy a Medigap policy until you turn 65.

Source: Centers for Medicare and Medicaid Services

Economic Security

Saving For Retirement

Everyone hopes to lead an active, independent, worry-free life in retirement. But achieving these dreams takes money, and one message comes across loud and clear in research studies and forums on retirement savings: Most Americans are NOT saving enough for their retirement.

Many authorities suggest that in your retirement years you need 70 to 80 percent of your pre-retirement income just to maintain your current lifestyle. But too many Americans, including large percentages of people in their 40s and 50s, have saved little or nothing for their retirement.

"Experts say that time is running out for many Baby Boomers who will soon reach retirement age," adds Don Blandin, president of the American Savings Education Council (ASEC), a Washington-based coalition of private- and public-sector institutions. "If they do not dramatically change their spending, saving, and investing habits, millions of Boomers will face financial hardships in what are supposed to be the best years of their lives."

The need for more retirement savings has been highlighted recently as stock market losses and lower yields on savings accounts have cut into many families' retirement programs. That's why we are offering this latest summary of tips to help you build and protect your nest egg.

Make Saving For Retirement A Priority

Start by figuring out how much you need to set aside, perhaps by using one of the many interactive worksheets available on personal finance Web sites (one being the ASEC's "Ballpark Estimate"). Among the other steps you should consider: Contribute as much as you can to 401(k) savings programs at work and Individual Retirement Accounts (IRAs) through your bank or brokerage firm. Arrange for automatic, direct deposit of funds into 401(k)s and IRAs. Also, plan to increase your retirement savings with each pay raise.

The sooner you start saving for retirement, the more money you'll have because of the compounding of interest year after year. Sachie Tanaka, an FDIC community affairs specialist, provides this example: Two people want to have $1 million in retirement savings by age 60. One starts saving at age 20, the other at age 40. Assuming a five-percent interest rate that's compounded daily, the 20 year-old needs to set aside $651 a month to reach the million-dollar goal, but the 40 year-old must do a lot of catching up by saving about $2,422 each month.

Diversify Among A Mix Of Investments

The news media has been filled recently with stories about thousands of Enron employees who loaded their 401(k) retirement accounts with the company's stock and then saw their savings disintegrate when Enron filed for bankruptcy and the stock's value plummeted.

Experts suggest a mix of investments and savings programs, typically including IRAs and Keogh accounts (for the self-employed); 401(k)s and pensions offered by employers; bank certificates of deposit (CDs); a good variety of stocks and bonds (individual or in mutual funds); and real estate. If you're in your 20s or 30s, and depending on your tolerance for risk, you probably can afford to be moderately aggressive with your investments. If you're in your early 60s and close to retirement, you'll want to be more conservative, with more in CDs and bonds and less in stocks or stock mutual funds than you had in the past.

Also, make sure you have enough life, health and disability insurance, which are investments that can protect your family's finances from a major setback.

Take Advantage Of Tax Breaks

Try to contribute all you can to 401(k)s because the earnings are tax-deferred, certain contributions may reduce your taxable income, and many employers even add money to your account as an extra incentive. Also, the Economic Growth and Tax Relief Reconciliation Act of 2001 includes special incentives for putting more money into IRAs, 401(k) plans and other retirement programs. For example, contribution limits for traditional IRAs and the relatively new Roth IRAs (where the earnings may be tax-free) are rising from $2,000 last year to $3,000 this year, $4,000 in 2005, and $5,000 in 2008.

Give Your Retirement Accounts A Periodic Checkup

Monitor your retirement accounts at least once or twice a year. Perhaps you'll want to "rebalance" your portfolio if, because of market fluctuations, your holdings have become too heavy or too light in a certain type of investment. Or, maybe you'll decide to increase your retirement contributions if the accounts aren't growing as you expected.

Review your "Personal Earnings and Benefit Statement" from the Social Security Administration, which is mailed automatically each year to current and former workers aged 25 or older and is otherwise available upon request. The statement shows your lifetime earnings and an estimate of your Social Security benefits. Among the things to look for: possible mistakes in your earnings report that can reduce your retirement benefits in the future. Also, contact current and former employers about your pension benefits and try to resolve any problems as soon as possible.

Plan A Strategy For When And How To Tap Your Retirement Funds

It's important to know when you are eligible to withdraw from retirement savings and collect Social Security benefits, how much you can withdraw and collect, and the tax implications. This kind of information can help you make smart decisions about such matters as where to put most of your retirement savings and when you can expect to retire.

For example, new IRS rules substantially reduce the minimum amount you must withdraw each year from a traditional IRA, 401(k) and certain other retirement savings plans after age 70½. That's a money-saving change for many consumers because it means you can keep more money growing longer tax-deferred, says FDIC tax specialist Rick Cywinski. But he also notes that, because some people don't take as much from their retirement savings as the law requires, the IRS has adopted new procedures to more closely monitor retirement account distributions each year. That's also important, Cywinski says, "because the penalty for not taking minimum withdrawals after age 70½ is huge—50 percent of what you were supposed to take out but didn't."

Professional Financial Advisors Can Be Helpful, But Choose One Carefully

Many professionals (perhaps even your banker, broker, accountant or insurance agent) call themselves "financial planners" even though their qualifications and services may differ significantly. Start your search by asking family or friends to recommend a reliable professional. "Find someone knowledgeable and reputable who will take the time to make recommendations that are suitable for your needs," says Ed Silberhorn, an FDIC consumer affairs specialist.

The Securities and Exchange Commission also says that before you hire any financial professional, you should know what services you're paying for, how much those services cost, and how the advisor or planner gets paid. Example: Some financial planners only charge for their advice-they do not get paid more if you purchase the financial products they recommend. Other financial planners, though, may earn commissions if you purchase products they suggest.

Try to interview more than one planner and ask for a written description of the services offered. And, independently check the credentials and reputation of a prospective investment advisor. A good place to begin is your state government's consumer protection office or state Attorney General's office, as listed in your phone book.

Know If Your Retirement Deposits Are Fully Insured By The FDIC

You don't have to worry if you have less than $100,000 in retirement funds at the same bank-it is all federally insured. But if you've got more than $100,000 in retirement accounts at the same bank, some of your money may be uninsured. In general, your IRAs and any other "self-directed" retirement deposits at the same FDIC-insured institution are added together and insured up to $100,000. (Self-directed means that you, not your employer, decide where to place the money.) IRAs and other self-directed retirement funds, however, are insured separately from other types of deposits you have at the same institution, including pension funds deposited by your employer (and not self-directed). For more information, check www.fdic.gov or contact the FDIC at the addresses and phone numbers on our "For More Information" page.

Federal Government Help For Your Golden Years

- The FDIC and other federal banking agencies (see "For More Information") can answer questions about retirement accounts and your rights. The FDIC also can help you understand how retirement accounts at banks and savings institutions are insured.
- The Internal Revenue Service can assist with tax-related questions about your retirement savings, such as when you can withdraw funds from a retirement account without a penalty. Call toll-free (800) 829-1040 or visit the website.
- The Social Security Administration can provide information about your Social Security benefits or about how to file a benefit claim. Call toll-free at (800) 772-1213 or visit the website.
- The Pension and Welfare Benefits Administration, part of the U.S. Department of Labor, responds to inquiries about pension rights and publishes brochures about retirement savings. Call toll-free (866) 275-7922 or visit the website.
- The Federal Consumer Information Center is a clearinghouse for free and low-cost booklets published by various federal agencies. For a free catalog, call toll-free (888) 878-3256 or, read or order the publications online.

Social Security—A Foundation For A Secure Retirement

A secure, comfortable retirement is every worker's dream. And now because we're living longer, healthier lives, we can expect to spend more time in retirement than our ancestors did. Achieving the dream of a secure, comfortable retirement is much easier when you plan your finances.

Your Social Security benefits are the foundation on which you can build a secure retirement. You'll need to supplement your benefits with a pension, savings, or investments.

Most financial advisors say you'll need about 70 percent of your pre-retirement earnings to comfortably maintain your pre-retirement standard of living. If you have average earnings, your Social Security retirement benefits will replace only about 40 percent.

Will Social Security be there when you retire? Of course it will. But changes will be needed to meet the demands of the times. Most people are living longer, healthier lives: 76 million "baby boomers" will start retiring in about 2010; and, in about 30 years, there will be nearly twice as many older Americans as there are today.

Social Security now takes in more in taxes than it pays out in benefits. The excess funds are credited to Social Security's trust funds, which are expected to grow to over $4 trillion before we need to use them to pay benefits. In 2015, we will begin to pay out more in benefits than we collect in taxes. By 2037, the trust funds will be exhausted and the payroll taxes collected will be enough to pay only about 72 percent of benefits owed. We're working to resolve these issues.

Frequently Asked Questions About Social Security Retirement Benefits

Q. Are my benefits figured on my last five years of earnings?

A. No. Retirement benefit calculations are based on your average earnings during a lifetime of work under the Social Security system. For most current and future retirees, we will average your 35 highest years of earnings. Years in which you have low earnings or no earnings may be counted to bring the total years of earnings up to 35.

Q. I stopped work at the end of last year at age 52. I don't expect to work again before I start my Social Security benefits when I turn 62. Will I still get the same benefit amount you showed for age 62 on the Social Security Statement that you recently sent me?

A. Probably not. When we averaged out your 35 highest years of earnings to estimate your benefits on your statement, we assumed you would continue to work up to age 62, making the same earnings you made last year. If, instead, you have $0 earnings each year over the next 10 years, your average earnings will probably be less and so will your benefit.

Q. Will my retirement pension from my job reduce the amount of my Social Security benefit?

A. If your pension is from work where you also paid Social Security taxes, it will not affect your Social Security benefit. However, pensions based on work that is not covered by Social Security (for example, the federal civil service and some state, local, or foreign government systems) probably will reduce the amount of your Social Security benefit.

Q. My wife and I both worked under Social Security. Her Social Security statement says she can get $850 a month at full retirement age and mine says I would get $1450. Do we each get our own amount? Someone told me we could only get my amount, plus one-half of that amount for my wife.

A. Since your wife's own benefit is more than one-half of your amount, you will each get your own benefit. If your wife's own benefit were less than half of yours (that is, less than $725), she would receive her amount plus enough on your record to bring it up to the $725 amount.

Q. If I work after I start receiving Social Security retirement benefits, will I still have to pay Social Security and Medicare taxes on my earnings?

A. Yes. Any time you work in a job that is covered by Social Security—even if you are already receiving Social Security benefits—you and your employer must pay the Social Security and Medicare taxes on your earnings. The same is true if you are self-employed; you are still subject to the Social Security and Medicare taxes on your net profit.

Q. I was looking at Social Security's website and couldn't find much information about Medicare. Where can I get information about Medicare?

A. Although Social Security determines entitlement to Medicare benefits, the Medicare program is administered by the Health Care Financing Administration (HCFA). HCFA can be reached via e-mail at www.hcfa.gov. There also is a Medicare website at www.medicare.gov.

Q. Someone told me that Social Security has a financial planning service. I don't understand the connection between financial planning and Social Security.

A. Social Security is not in the financial planning business. However, Social Security can offer you a free Social Security statement to help you in assessing your financial planning needs. The statement gives you a breakdown of all the wages reported under your social security number as well as estimates of what Social Security benefits you and your family would be eligible for. Once you know what to expect from Social Security, you can plan your other financial needs. We encourage you to visit the Ball Park Estimate calculator of the American Savings Education Council and study your other retirement income options, and to the Access America for Seniors website to learn more about retirement planning. They offer comprehensive information on Savings, Investment, Pensions, Medical Insurance, and Housing at their Seniors Retirement Planner.

Q. What benefits does social security provide?

A. Social Security is part of almost everyone's life. Social Security protects more than 149 million workers and pays benefits to 44 million people. You and your family are probably protected by Social Security and you probably pay taxes that help make the system work. But you may also be unsure about what Social Security does, who it helps and how much it costs. This article gives you some basic facts about Social Security and tells you how to get more information if you want it.

Social Security Is More Than Retirement

It provides survivors protection worth $313,000 to an average family. Younger Americans face roughly a one-in-five chance of dying before reaching retirement age. Survivors benefits, which are paid to a deceased worker's family, can help with financial problems that sometimes follow a worker's death by providing a continuing cash income.

The value of Social Security survivors benefits for a young average wage earner who dies and leaves a spouse and two children is equivalent to a $330,000 life insurance policy. Of course, Social Security benefits are paid monthly and not in a lump-sum payment.

The average monthly payment for a family consisting of a widow(er) with two children is about $1,500 per month. Social Security payments increase based on the annual cost-of-living index-something few private insurance plans offer.

Social Security Survivors' Benefits

Who, exactly, can get survivors benefits? Children under age 18 can get Social Security survivors benefits, and so can a child who is under age 19 but still in high school... or a child who is age 18 or older but who becomes disabled before age 22. A widow(er) who is caring for children under age 16 or disabled may receive benefits. A widow(er) age 60 or older, or a widow(er) age 50 or older who is disabled, may receive benefits.

Today, Social Security pays monthly survivors benefits to 7.1 million Americans, almost 2 million of whom are children. Social Security also provides Disability Protection worth almost $200,00. While people usually think of retirement benefits when they think of Social Security, the program also protects a worker who becomes severely disabled. It's important protection.

Studies show that a 20-year-old worker stands nearly a three-in-10 chance of becoming disabled before reaching retirement age. Few workers have private, long-term disability insurance. But nearly all workers have Social Security disability protection, which is equivalent to a $212,000 disability policy for an average income earner with a spouse and two children.

Under Social Security, workers are considered disabled if they have a severe physical or mental condition that prevents them from working. The condition must be expected to last for at least 12 months or to result in death. Once benefits begin, they continue for as long as the worker is disabled and can't work. The disabled worker and his or her eligible family members receive checks monthly.

Social Security Disability Benefits

More than 4 million disabled workers under the age of 65 and 1.6 million dependents (including more than a million children) receive Social Security. The average monthly payment to a disabled worker is about $730; for a disabled worker with a spouse and one or more children, the average payment is about $1,200. Also, a worker who receives disability payments for two years becomes eligible for Medicare.

Social Security And SSI Are Different Programs

When people talk about disability benefits, there is often confusion about Social Security and SSI (Supplemental Security Income). This is understandable because the Social Security Administration administers both programs. But the programs are different.

Social Security disability insurance is a program that workers, employers and the self-employed pay for with their Social Security taxes. You qualify for these benefits based on your work history, and the amount of your benefit is based on your earnings.

SSI is a program financed through general tax revenues-not through Social Security trust funds. SSI disability benefits are paid to people who have a disability and who don't have many assets or a great deal of income.

Social Security is funded through taxes paid by workers, employers and self-employed people. Benefits are based on earnings.

SSI is financed through general tax revenues. Benefits are based on need.

Almost Every Retiree Gets Social Security Benefits

Social Security pays monthly retirement benefits to more than 30 million retired workers and their family members. More than nine out of 10 Americans who are 65 or older get Social Security benefits.

Full retirement benefits are now payable at age 65, with reduced benefits available as early as age 62. The age for full benefits will gradually rise in the next century, until it reaches age 67 in 2027 for people born in 1960 or later. (Reduced benefits will still be available at age 62.)

Social Security Is A Foundation For Building A Comfortable Retirement

A recent national poll found that three out of four workers "worry that they won't have enough money to live comfortably in retirement." Often the difference between retirees who enjoy retirement and those who struggle is financial planning.

Social Security has always been part of a "three-legged stool" that could solidly support a comfortable retirement. The other two legs of the stool are pension income and savings/investments.

Financial advisers often tell people that when they stop working, they'll need about 70 percent of pre-retirement income to live comfortably. By itself, Social Security replaces about 42 percent of an average wage earner's salary.

You Can Get an Estimate Of Your Social Security Benefits

You can find out how much you can expect to get from Social Security, based on your own earnings record, by asking for a Personal Earnings and Benefit Estimate Statement (PEBES) request form. To order the statement request form, you can call the toll-free number: 1-800-772-1213. Lines are busiest early in the week and early in the month, so, if your business can wait, it's best to call at other times. You also can call at night, on weekends and on holidays, 365 days a year. Or if you prefer, you can request a statement form from the Internet address: www.ssa.gov/pebes.

Social Security: Your Number And Card

Many of us received our Social Security number around the time we got our first job. It was a symbol of our right to work and our responsibility to pay taxes. And, like getting a driver's license, it was symbolic of becoming an adult. Today, many parents apply for a number for their newborns even before they leave the hospital!

Just as having a Social Security number is no longer a symbol of adulthood, the number's use is no longer confined to working and paying taxes. In ever increasing numbers, government agencies, schools, and businesses rely on Social Security numbers to identify people in their computer systems. Everyone seems to want your Social Security number.

The Social Security Administration (SSA) is aware of concerns about the increasing uses of the Social Security number for client identification and record keeping purposes. You should not use your Social Security card as an identification card. However, several other government agencies are permitted by law to use Social Security numbers, but there is no law either authorizing or prohibiting their use. Banks and other financial institutions use the numbers to report interest earned on accounts to the Internal Revenue Service (IRS). Other government agencies use Social Security numbers in computer matching operations to stop fraud and abuse. For example, using Social Security numbers, some state death records are matched to Medicare records to uncover Medicare and Social Security fraud.

Financial Management For Older Adults

Caregivers or other family members may find themselves assisting elderly relatives with the management of their finances. The first step in financial planning for and with older family members is to determine their financial needs and goals.

Where Do I Begin?

If your elder family member's financial situation is complex, you may want to consult a financial advisor. However, if you plan to take charge of it yourself, a personal financial statement will help you determine what their financial priorities should be. Here are some points to consider:

- Be aware of the latest IRS rules for retirement plans to avoid costly penalties.
- Familiarize yourself with Powers of Attorney and advance medical directives, such as living wills and health care proxies.
- Learn all that you can about long-term care insurance, and be knowledgeable about any coverage your older relatives may already have.

Although we cannot always predict the financial needs of our elders, becoming familiar with their finances and planning ahead will help them avoid future problems and maintain financial stability.

In addition to the above suggestions, complete the charts below with your loved one. After completion, you will have a better idea of his or her finances.

Bank Accounts: Checking, Savings, and Money Market Accounts:		
Account #	Organization Name	Contact Person & Phone #
List Name & Phone # of Financial Advisors, Accountants, and Social Workers:		

Income and Expenses Tracking—put together a Monthly Income Statement, with any of the following that apply:		
Category	**You**	**Your Spouse**
Salary / Wages		
Social Security		
Pension		
Annuities		
Stock Dividends		
Royalties or IRAs		
Bonds		
Mutual Funds		
Other Income		
Total		

Estimate a Monthly Expenses Statement, with any of the following that apply:			
Expenses	**Amount**	**Expenses**	**Amount**
Rent/Mortgage		Utilities	
Telephone		Maintenance/Repairs	
Out-of Pocket Medical or Dental		Medicines	
Gifts		Paid Housekeeping	
Legal		Accounting	
Equipment Rental		Insurance Premiums	
Food		Clothes	
Transportation		Miscellaneous	
Total Income		**Total Expense**	
Estimate Net Worth			

Programs For Persons With Limited Incomes And Assets

Meals And In-Home Services

If the person for whom you are caring has limited income and resources, there are programs that can help. You may want to find out about the Food Stamp program that provides coupons for purchasing food. The person may be able to participate in a group or home-delivered meals program and receive supportive in-home services through an Area Agency on Aging.

Benefit Programs

In addition to the Old Age and Survivors Benefit program, commonly called Social Security, the Supplemental Security Income program provides benefits to persons with limited incomes and assets who are blind, disabled, or 65 or older. To find out about these programs, contact your Area Agency on Aging or the Department of Social Services where your older relative lives. If your older relative served in the armed forces during wartime or has a service-connected disability, you should inquire about Veterans benefits and services.

Housing Programs

There are housing programs for older persons with limited incomes who do not own their own homes. These programs include public housing and Section 8 rental certificates that are available to low-income persons regardless of age and Section 202 housing for older persons. These are programs of the Federal Department of Housing and Urban Development, but you can contact your local housing authority for information about these rental housing options in your older relative's community.

There also are a number of U.S. Department of Agriculture Rural Housing Service programs for persons living in rural areas. These range from loans to buy homes to home-improvement and rent subsidy programs.

Health Benefits

Finally, you may want to check out federal Health Care Financing Administration programs, such as the Qualified Medicare Beneficiary program, that assist low-income Medicare beneficiaries. These programs help low-income seniors pay all or part of the premiums for Medicare. The Medicaid program covers many of the medical expenses not covered by Medicare, such as prescription medications, and, in some cases, long-term home and in-home personal care. Each state sets its own income and asset eligibility requirements for Medicaid benefits.

Most states now have programs that pay family caregivers to provide homemaker, chore, and personal care services. Most use state funds to compensate families, while 13 states use Medicaid waiver funds. Contact your Area Agency on Aging or your Department of Social Services for more information.

You also may want to explore the possibility of purchasing Medigap and/or long-term care insurance. Medigap insurance is private insurance which usually covers health care not covered by Medicare as well as Medicare deductibles. Long-term care insurance generally pays a set amount or a percentage of costs for long-term care both at home and in long-term care facilities. However, long-term care insurance may:

- Be quite expensive for persons aged 70 or older
- Unavailable to persons of advanced ages
- Not pay in the case of pre-existing conditions

Most experts recommend buying long-term care insurance when you are in your fifties and in reasonably good health.

Tax Deductions And Credits

Out-of-pocket expenses associated with long-term care, including custodial care, long-term care insurance premiums, prescription and nonprescription drugs, and items such as diapers, are tax deductible as medical expenses. The expenses must be for the care of a chronically ill individual who needs help with at least two activities of daily living or requires "substantial supervision to protect against threats to health and safety due to severe cognitive impairment." Tax credits generally benefit low-income taxpayers, and usually require the caregiver to live with the care recipient and be employed outside the home.

Information about income tax deductions and credits is available in the U.S. Senate Special Committee on Aging's informational document "Protecting Older Americans Against Overpayment of Income Taxes."

Covering Long-Term Care Costs

Many caregivers and care receivers cannot qualify for public-funded assistance because they have substantial income and assets but do not have the financial resources to pay for needed services for extended periods of time without impoverishing themselves. In caregiving, many families deplete the resources they accumulated over a lifetime. If this happens, caregivers may try to provide all of the needed care. This can be difficult for spouses who are frail or have medical problems, as well as for family members who work and/or have children. In these instances, you and your older relative should consider asking other family members to contribute to the cost of care and/or to provide some of the care on a regular basis.

If formal part-time care and informal help from families is insufficient, the older person can enter a skilled nursing or other long-term care facility that is certified to accept Medicaid patients. In some communities, however, such facilities have waiting lists.

Ways To Maximize Your Assets

Most caregivers need to budget wisely and maximize their relative's assets. There are several ways to do this:

- If your older relative wants to remain at home, he or she could live on one floor and rent out rooms in the rest of the house through a house-sharing arrangement. This arrangement can bring in a substantial amount of income where housing is relatively expensive or in short supply.
- Another option is to rent out his or her residence, and move to a smaller home, an apartment, your residence, or other housing option. Renting out a residence and house-sharing both provide income that will usually keep pace with inflation and offer tax advantages. Improvements, repairs, and all or part of the house can be depreciated. If your older relative lives in the house, he or she can claim some of the utilities as a tax exemption.
- If the house is in an unsafe area, or in a neighborhood or community that is declining in value, it may be best to sell. A federal tax exemption of up to $250,000 is available for a person 55 or older who sells his or her home, or $500,000 for a couple.
- Another possibility is to provide room and board to someone in exchange for caregiving and/or other needed services. There are several drawbacks to this arrangement, however. The following may be difficult: to prove to the IRS that your older family member has received home health services in exchange for room and board; to depreciate the room for tax purposes; and to ensure that the home care employee honors his or her part of the arrangement providing services in exchange for room and board.
- The better arrangement is to rent out the room(s) and pay a home care worker. Some home care employees prefer to work as independent contractors. This arrangement frees you from dealing with Social Security, Workers Compensation (domestic workers in private homes often are not required to be covered by workman's compensation; check with your state to find out), and withholding taxes—all of which can be complex and time-consuming. In this case, the contractor is responsible for paying Social Security and other taxes. There are rules that must be followed for a person to be a contractor rather than an employee. Thus, be sure to consult an income tax preparer, lawyer, or financial planner before considering this arrangement.
- Contact your insurance company to be sure you are covered against possible liability should property be stolen, damaged, or destroyed, or if a renter or home care employee suffers injury. If you pay the home care worker as an employee, there are companies, listed in the yellow pages under payroll preparation services, that issue salary checks and arrange for withholdings for a fairly nominal fee.
- Reverse Equity Mortgages are another option if an older person wants to remain at home and receive monthly payments from a lending institution. The upfront costs for negotiating this type of loan can be considerable, however. Before making a decision, talk to your lawyer and, if possible, a home equity conversion counselor.
- Sale-lease back arrangements allow older people to sell their homes and remain as life-time tenants. However, this arrangement is legally complex, can impact on an older person's eligibility for Medicaid and similar benefits, and precludes benefiting from any future gains in the value of the property.

Other ways to save money include:

- Checking to see if there is property tax relief for older home owners, and what the eligibility requirements are.
- Joining clubs or organizations that offer group supplemental health and car insurance plans and discounts on other items and services.
- Buying at discount and thrift stores, during sales and with coupons.
- Checking with mass transit and taxi companies about senior discounts, non-peak hour ride discounts, and free ride services for persons with low-incomes.
- Asking plumbers, trash pick-up services, restaurants, etc., if they offer discounts to older customers. You may be able to save 10 to 75 percent on some items and services if you inquire about it.
- Lastly and probably most importantly, be sure your relative's assets and your assets are carefully reviewed, if you are helping with expenses. Are you getting the best return on your investments without risking your principle? Are you aware of all of your older relatives' bank accounts, stocks, bonds or other assets? What about pension plans? Some older persons are not getting the money to which they are entitled from pension plans that they contributed to years ago.

Personal Health And Safety

Fitness And Exercise

Both younger and older adults can help stop a major public health enemy: lack of physical activity, which contributes to disease and disability. Here are the facts:

- Exercise can help older people feel better and enjoy life, even those who think they're too old or too out of shape.
- Most older adults don't get enough physical activity.
- Lack of physical activity and poor diet, taken together, are the second largest underlying cause of death in the United States. Smoking is the primary cause.
- Regular exercise can improve some diseases and disabilities in older people. It can improve mood and relieve depression, too.
- Staying physically active on a regular, permanent basis can help prevent or delay certain diseases (like some types of cancer, heart disease, or diabetes) and disabilities as people grow older.

How We Can Maintain Fitness At Any Age

Plan on making physical activity a part of your daily life. Do things you enjoy. Go for brisk walks. Ride a bike. Dance. And don't stop doing physical tasks around the house and in the yard. Trim your hedges without a power tool. Climb stairs. Rake leaves.

The first step is to get at least 30 minutes of activity that makes you breathe harder, on most or all days of the week. That's called "endurance activity," because it builds your stamina. That way you can keep doing the things you need and like to do. If you can't be active for 30 minutes at once, get at least 10 minutes of endurance activity at a time. If you choose to do 10-minute sessions, make sure that they add up to a total of 30 minutes at the end of the day.

Even a moderate level of sustained activity helps. One doctor describes the right level of effort this way: If you can talk without any trouble at all, your activity is probably too easy. If you can't talk at all, it's too hard.

Studies show that endurance activities help prevent or delay many diseases that seem to come with age. In some cases, endurance activity can also improve chronic diseases or their symptoms.

Step two is to keep using your muscles. People lose 20 to 40 percent of their muscle and strength as they age. Scientists have found that a major reason people lose muscle is because they stop doing everyday activities that use muscle power, not just because they grow older. Lack of use contributes to muscle deterioration.

When you have enough muscle, it can mean the difference between being able to get up from a chair by yourself and having to wait for assistance. That's true for younger adults as well as for people ages 90 and older. Very small changes in muscle size—changes that you can't even see—can make a big difference in your being able to live and do things on your own.

You can combine activities. For example, walking uphill and raking leaves both build both endurance and some of your muscles at the same time. Or you can start an exercise program that includes the right types of activities. One good reason to start an exercise program is that you will probably work muscles that you may have stopped using without even realizing it. Another is that exercise programs are likely increase—not just maintain—your endurance and strength.

Keeping your muscles in shape can help prevent another serious problem in older people: falls that cause broken hips or other disabilities. When the leg and hip muscles that support you are strong, you're less likely to fall. And using your muscles may make your bones stronger, too.

Step three is to do things to help with balance. For example, stand on one foot, then the other, without holding onto anything for support. Stand up from sitting in a chair without using your hands or arms. Every now and then, walk heel-to-toe, whereby the toes of the foot in back should almost touch the heel of the foot.

Step four is to stretch. Stretching won't build endurance or muscles, but it helps keep one limber.

Who Should Exercise?

Almost anyone, at any age, can do some type of activity to improve his or her health. Even if you have a chronic disease (cardiovascular disease or diabetes are just two examples) you can still exercise. In fact, physical activity may help your condition, but only if it's done during times when your condition is under control. During flare-ups, exercise could be harmful. You should talk to your doctor for guidance.

Check with your doctor if you are a man over 40 or a woman over 50 and you plan to do vigorous activity instead of moderate activity. Your doctor might be able to provide approval over the phone, or he or she might ask you to schedule a visit.

If you have any of the following problems, it's important to check with your doctor before increasing your physical activity:

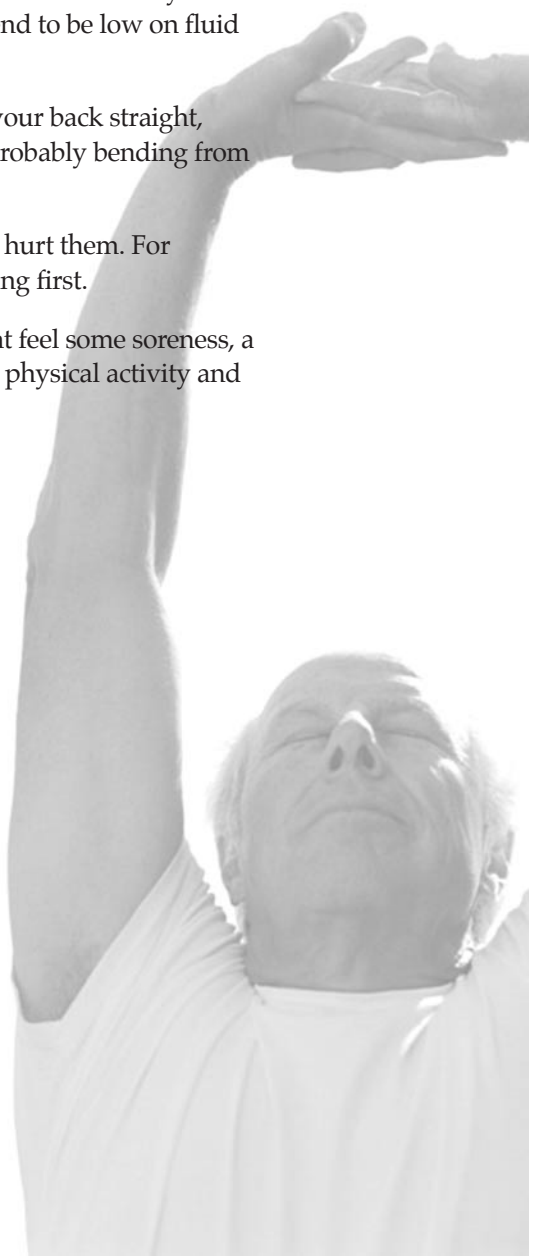
- A chronic disease, or a high risk of developing one—for example, if you smoke, if you are obese, or if you have a family history of a chronic disease
- Any new, undiagnosed symptom
- Chest pain
- Shortness of breath
- The feeling that your heart is skipping, racing, or fluttering
- Blood clots
- Infections or fever
- Undiagnosed weight loss
- Foot or ankle sores that won't heal
- Joint swelling
- Pain or an irregular walking gait after you've fallen
- A bleeding or detached retina; eye surgery or laser treatment
- A hernia
- Hip surgery

Safety Tips

The following are some things you can do to make sure you are exercising safely:

- Start slowly. Build up your activities and your level of effort gradually. Doing too much too soon, can hurt you, especially if you have been inactive.
- Avoid holding your breath while straining —when using your muscles, for example. If you have high blood pressure, pay special attention to this tip. It may seem strange at first, but the rule is to exhale during muscle exertion; inhale during relaxation. For example, if you are lifting something, breathe out on the lift; breathe in on the release.
- If you are on any medicines or have any conditions that change your natural heart rate, don't use your pulse rate as a way of judging how hard you should exercise. "Beta blockers," a type of blood pressure drug, are an example of this kind of medicine.
- Use safety equipment, such as helmets, knee and elbow pads, and eye protection, to keep you from getting hurt.
- Unless your doctor has asked you to limit fluids, be sure to drink plenty of water when you are doing endurance activities that cause you to sweat. Many older people tend to be low on fluid much of the time, even when not exercising.
- When you bend forward, bend from the hips, not the waist. If you keep your back straight, you're probably bending correctly. If you let your back "hump," you're probably bending from the waist, which is the wrong way.
- Make sure your muscles are warmed up before you stretch, or you could hurt them. For example, you can do a little easy biking, or walking and light arm pumping first.

None of the exercises should hurt or make you feel extremely tired. You might feel some soreness, a slight discomfort, or a bit weary, but you should not feel pain. In many ways, physical activity and exercise should make you feel better.



Good Nutrition

Nutrition, Health, And Disease

As we grow older, there are life choices that we can make to increase the likelihood that we will remain healthy and independent. Scientific studies have established that lifestyle choices, more than heredity, determine health, functioning, and vitality in later life. The 1988 Surgeon General's Report on Nutrition and Health noted that two-thirds of all deaths are due to diseases associated with poor diets and dietary habits. Thus, what we eat significantly affects our health, our quality of life, and our longevity. Good nutrition is essential to maintaining cognitive and physical functioning. It plays an essential role in the prevention or management of many chronic diseases such as heart disease, cancer, stroke, diabetes, and osteoporosis. For minority older Americans who tend to have a higher incidence of chronic disease, this information is even more important to heed.

According to studies published in the Journal of the American Medical Association (JAMA), unhealthful eating in combination with physical inactivity are risk behaviors that are responsible for at least 300,000, or 14%, of preventable deaths per year (JAMA, 1993, McGinnis). Only tobacco use causes more preventable deaths in the United States. Recent evidence indicates that good health may be extended and disability delayed by at least seven years if we stop smoking, maintain a weight appropriate for our height and body frame, and remain physically active.

The good news from all of these studies is that it is never too late for you to begin to make the right life course choices-to adopt a lifestyle that will promote a long, healthy, and independent life. There are many nutritious foods and many different physical activities from which you can choose. In fact, research indicates that as we age, we tend to make better food choices.

United States Dietary Guidelines

To help us make healthful food choices, the U.S. Departments of Health and Human Services and Agriculture recommend that we follow these guidelines:

- Eat a variety of foods.
- Balance the food you eat with physical activity to maintain or improve your weight.
- Choose a diet with plenty of grain products, vegetables, and fruits.
- Choose a diet low in fat, saturated fat, and cholesterol.
- Choose a diet moderate in sugars.
- Choose a diet moderate in salt and sodium.
- If you drink alcoholic beverages, do so in moderation.

The Food Guide Pyramid

The U.S. Department of Agriculture has developed the Food Guide Pyramid to show us what foods we need to eat for a healthful diet. To benefit from the Food Pyramid, follow these guidelines:

- Choose more foods from the lower part of the pyramid and fewer foods from the top of the pyramid.
- Choose at least six servings of grain products a day, preferably whole grain. A serving is a slice of bread or a half cup of rice.
- Choose five servings of fruits and vegetables, especially those that are deeply or brightly colored. A serving is one small piece of fruit or a half cup of cooked vegetable.
- Drink at least three eight-ounce glasses of milk or equivalents such as fortified soy milk per day. Choose about four to six ounces of lean meat, fish, or poultry.
- Substitute a half cup of cooked dried beans for one ounce of meat. Choose fewer high-fat foods and avoid too many sweets.

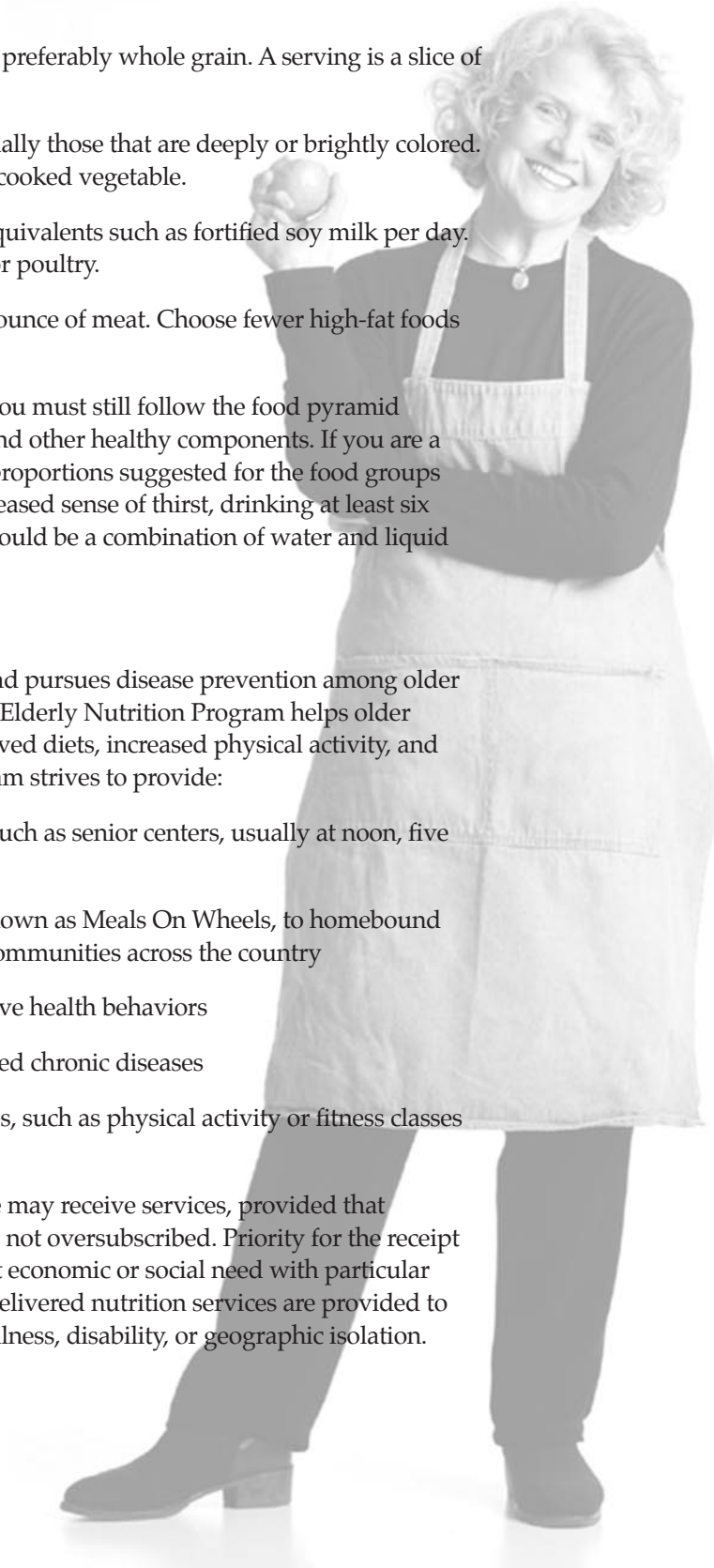
Although many older adults may need fewer calories, you must still follow the food pyramid and eat foods that are rich in vitamins, minerals, fiber, and other healthy components. If you are a minority elder, you can eat familiar ethnic foods in the proportions suggested for the food groups by the pyramid. Because many older adults have a decreased sense of thirst, drinking at least six to eight glasses of liquid a day is important. The total should be a combination of water and liquid foods such as soup, milk, or juices.

The Elderly Nutrition Program

The Administration on Aging (AoA) promotes health and pursues disease prevention among older Americans through the Elderly Nutrition Program. The Elderly Nutrition Program helps older Americans build a foundation for health through improved diets, increased physical activity, and improved lifestyle choices. The Elderly Nutrition Program strives to provide:

- Nutritious satisfying meals in community settings such as senior centers, usually at noon, five days a week, in communities across the country
- Nutritious satisfying home-delivered meals, also known as Meals On Wheels, to homebound older adults, usually at noon, five days a week, in communities across the country
- Nutrition and health promotion education to improve health behaviors
- Nutrition counseling to help manage nutrition-related chronic diseases
- Links to other supportive and health-related services, such as physical activity or fitness classes and health screenings

All adults ages 60 and over and their spouses of any age may receive services, provided that adequate funding for services exists and the services are not oversubscribed. Priority for the receipt of nutrition services is given to those who are in greatest economic or social need with particular attention to low-income, minority older adults. Home-delivered nutrition services are provided to persons ages 60 and older who are homebound due to illness, disability, or geographic isolation.



Elder Abuse

Elder abuse, like other types of domestic violence, is extremely complex. Generally a combination of psychological, social, and economic factors, along with the mental and physical conditions of the victim and the perpetrator, contribute to the occurrence of elder maltreatment. Although the factors listed below cannot explain all types of elder maltreatment because it is likely that different types (as well as each single incident) involve different casual factors, they are some of the causes researchers say are important.

- Caregiver Stress—Caring for frail older people is a very difficult and stress-provoking task. This is particularly true when older people are mentally or physically impaired, when the caregiver is ill-prepared for the task, or when the needed resources are lacking. Under these circumstances, the increased stress and frustration of a caregiver may lead to abuse or willful neglect.

- Impairment of Dependent Elder —Some researchers have found that elders in poor health are more likely to be abused than those in good health. They have also found that abuse tends to occur when the stress level of the caregiver is heightened as a result of a worsening of the elder's impairment.

- Cycle of Violence—Some families are more prone to violence than others because violence is a learned behavior and is transmitted from one generation to another. In these families, abusive behavior is the normal response to tension or conflict because they have not learned any other ways to respond.

- Personal Problems of Abusers —Researchers have found that abusers of the elderly (typically adult children) tend to have more personal problems than do non-abusers. Adult children who abuse their parents frequently suffer from such problems as mental and emotional disorders, alcoholism, drug addiction, and financial difficulty. Because of these problems, these adult children are often dependent on the elders for their support. Abuse in these cases may be an inappropriate response by the children to the sense of their own inadequacies.

How To Get Help

Depending on the statute of a given state, the punishment for elder abuse will vary. In addition, depending on the type of the perpetrator's conduct and its consequences for the victims, certain emotional abuse and neglect cases are subject to criminal prosecution. However, self-neglect is not a crime in all jurisdictions. In fact, elder abuse laws of some states do not address self-neglect.

When domestic elder abuse occurs, it can be addressed if it is reported to authorities. Although each state has a different system to address elder abuse, the following are some of the agencies that have been established by federal, state and local governments to help:

Which State And Local Agencies Help Victims And Their Families?

In most states, the APS (Adult Protective Services) agency, typically located within the human service agency, is the principal public agency responsible for both investigating reported cases of elder abuse and for providing victims and their families with treatment and protective services. In most jurisdictions, the county Departments of Social Services maintain an APS unit that serves the need of local communities.

However, many other public and private agencies and organizations are actively involved in efforts to protect vulnerable older persons from abuse, neglect, and exploitation. Some of these agencies include: the state unit on aging; the law enforcement agency (e.g., the police department, the district attorney's office, the court system, the sheriff's department); the medical examiner/coroner's office; hospitals and medical clinics; the state long-term care ombudsman's office; the public health agency; the area agency on aging; the mental health agency; and the facility licensing/certification agency. Depending on the state law governing elder abuse, the exact roles and functions of these agencies vary widely from one jurisdiction to another.

Although most APS agencies also handle adult abuse cases (where clients are between 18 and 59 years of age), nearly 70 percent of their caseloads involve elder abuse. The APS community is relatively small compared with the groups working for other human service programs, but it is composed of a few thousand professionals, nationwide.

Contact your Employee Assistance Program for help in addressing suspected elder abuse situations. In addition, know that the following agencies are available to help:

- Adult Protective Services—In most jurisdictions, either APS, the Area Agency on Aging, or the county Department of Social Services is designated as the agency to receive and investigate allegations of elder abuse and neglect. If the investigators find abuse or neglect, they make arrangements for services to help protect the victim.

- State Elder Abuse Hotlines —Many states have instituted a 24-hour toll-free number for receiving reports of abuse. Calls are confidential.

- Law Enforcement—Local police, sheriff's offices, and prosecuting attorneys may investigate and prosecute abuse, particularly in cases involving sexual abuse or assault. In states whose statutes make elder abuse a crime, there may be a requirement to report suspected abuse to a law enforcement agency.

- Long-Term Care Ombudsman Program—Since passage of the 1975 Older Americans Act, every state has had a long-term care ombudsman program to investigate and resolve nursing home complaints. The program has also been working toward extension of services to board and care facilities and, in some areas, to those who receive professional care at home. Check with your State Unit on Aging or Area Agency on Aging to see if the long-term care ombudsman program in your area can help in any given instance.

- Information and Referral—Every Area Agency on Aging operates an information and referral (I & R) line that can refer people to a wide range of services for people 60 and older. I & R services can be particularly helpful in locating services that can help prevent abuse and neglect.

- Elder care Locator number (1-800-677-1116) locates services in the community in which the elder lives. In addition, some states have established a statewide toll-free number to provide centralized aging services information for residents of their states.

- Medicaid Fraud Control Units (MFCU)—Every State Attorney General's Office is required by Federal law to have a MFCU to investigate and prosecute Medicaid provider fraud and patient abuse or neglect in health care programs which participate in Medicaid, including home health care services.

Physical Safety

Preventing Falls

Falls are not just the result of getting older. Many falls can be prevented. You can reduce the chances of falling by doing the following:

- Begin a regular exercise program. Exercise is one of the most important ways to reduce your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination (like Tai Chi) are the most helpful. Lack of exercise leads to weakness and increases your chances of falling. Ask your doctor or health care worker about the best type of exercise program for you.
- Make your home safer. About half of all falls happen at home; decrease the risk by doing the following:

  Remove things you can trip over (such as papers, books, clothes, and shoes) from stairs and places where you walk.

  Remove small throw rugs or use double-sided tape to keep the rugs from slipping.

  Keep often-used items cabinets you can reach easily without using a step stool.

  Have grab bars installed next to your toilet and in the tub or shower.

  Use non-slip mats in the bathtub and on shower floors.

  Improve the lighting in your home. As you get older, you need brighter lights to see well. Lamp shades or frosted bulbs can reduce glare.

  Have handrails and lights put in on all staircases.

  Wear shoes that give good support and have thin non-slip soles. Avoid wearing slippers and athletic shoes with deep treads.

- Have your doctor or pharmacist review all the medicines you take (including ones that don't need prescriptions such as cold medicines). As you get older, the way some medicines work in your body can change. Some medicines, or combinations of medicines, can make you drowsy or light-headed which can lead to a fall.
- Have your vision checked by an eye doctor. You may be wearing the wrong glasses or have a condition such as glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.

Personal Emergency Response Systems

A Personal Emergency Response System (PERS) is an electronic device designed to let you summon help in an emergency. If you are disabled or an older person living alone, you may be thinking about buying a PERS (also called a Medical Emergency Response System).

A PERS works with three components: a small radio transmitter (a help button carried or worn by the user); a console connected to the user's telephone; and an emergency response center that monitors calls. These three components are described in more detail below:

- Transmitters are lightweight, battery-powered devices that are activated by pressing one or two buttons. They can be worn on a chain around the neck or on a wristband, or they can be carried on a belt or in a pocket. Because the transmitter is battery-powered, the batteries must be checked periodically to ensure they work. Some units have an indicator that informs you when batteries need replacing.

- The console acts as an automatic dialing machine and sends the emergency alert through the phone lines. It works with any private telephone line and generally does not require rewiring. If you have more than one phone extension, a special jack or wiring may be required to enable the console to seize the line.

- There are two types of emergency response centers—provider-based and manufacturer-based. Provider-based centers usually are located in the user's local area and are operated by hospitals or social service agencies. Manufacturer-based operations usually have one national center. Sometimes, consumers who purchase systems can choose between provider-based and manufacturer-based centers, but consumers who rent systems from a PERS manufacturer usually must use its national center.

When emergency help (medical, fire, or police) is needed, the PERS user presses the transmitter's help button. It sends a radio signal to the console. The console automatically dials one or more pre-selected emergency telephone numbers. Most systems can dial out even if the phone is in use or off the hook. (This is called "seizing the line.") Most PERS are programmed to telephone an emergency response center where the caller is identified. The center will try to determine the nature of the emergency. Center staff also may review your medical history and see who should be notified.

If the center cannot contact you or determine whether an emergency exists, it will alert emergency service providers to go to your home. With most systems, the center will monitor the situation until the crisis is resolved.

Purchasing, Renting, Or Leasing A PERS

A PERS can be purchased, rented, or leased. Neither Medicare nor Medicaid, in most states, will pay for the purchase of equipment, nor will most insurance companies. The few insurance companies that do pay require a doctor's recommendation. Some hospitals and social service agencies may subsidize fees for low-income users. Purchase prices for a PERS normally range from $200 to more than $1,500. However, some consumers have reported paying $4,000 to $5,000 for a PERS. You also will have to pay an installation fee and a monthly monitoring charge that may cost from $10 to $30.

Rentals are available through national manufacturers, local distributors, hospitals, and social service agencies. Monthly fees may range from $15 to $50 and usually include the monitoring service.

Lease agreements can be long-term or lease-to-purchase. If you lease, review the contract carefully before signing. Make special note of cancellation clauses, which may require you to pay a cancellation fee or other charges.

Before purchasing, renting, or leasing a system, check the unit for defects. Ask to see the warranty and service contract and get any questions resolved. Ask about the repair policy. Find out how to arrange for a replacement or repair if a malfunction occurs.

If a PERS salesperson solicits you by phone and you are interested in the device, ask for information about prices, system features, and services. You can then use the information to comparison shop among other PERS providers. If the salesperson is reluctant to provide information except through an in-home visit, you may want to consider doing business with another company. In-home sales visits can be high pressure, and the salesperson may urge you to buy before you have had adequate time to make a decision.

Before doing business with companies selling PERS, you may want to contact your local consumer protection agency, state Attorney General's Office, and Better Business Bureau (BBB). Ask if any complaints have been filed against the companies you are considering. You also may want to get recommendations from friends, neighbors, or relatives who use emergency response systems.

To help you shop for a PERS that meets your needs, consider the following suggestions:

- Inquire into several systems before making a decision.
- Find out if you can use the system with other response centers. For example, can you use the same system if you move?
- Ask about the pricing, features, and servicing of each system and compare costs.
- Make sure the system is easy to use.
- Test the system to make sure it works from every point in and around your home. Make sure nothing interferes with transmissions.
- Read your purchase, rental, or lease agreement carefully before signing.

Questions To Ask The Response Center

You also may want to ask questions about the response center:

- Is the monitoring center available 24 hours a day, 7 days a week?
- What is the average response time?
- What kind of training does the center staff receive?
- What procedures does the center use to test systems in your home? How often are tests conducted?

Driving And Independence

Almost any adult with a driver's license can remember that first trip alone in the family car, feeling completely free and independent. Those same emotions complicate the decision faced daily by many older Americans. They must decide whether to keep driving or give up their car.

Some people may cease driving at night because they have trouble seeing. Others might avoid driving on interstate highways. For many older drivers, these are the first signs that driving has become problematic.

But driving is necessary for many. Gone are the days when most people could walk a few blocks to the grocer or doctor. Transportation is a problem for the millions of older people who live in the suburbs or rural areas. In cities, there are taxis and public transportation such as buses and subways. However, buses and subways may be hard to use for someone suffering from arthritis or using a cane. Taxis may cost too much.

In 1983, one out of every 15 licensed drivers in America was over the age of 70. By 1995 this had risen to one out of every 11 drivers. By 2020, one out of every five Americans will be over 65 years of age, and most of them will probably be licensed to drive.

As a group, older drivers are some of the country's safest drivers. Fewer speed or drive after drinking alcohol than at any other age. However, compared to young and middle-age adults, people over 70 are more likely to be involved in a crash while driving and more likely to die in that crash. There are many reasons for this—some can be changed, but others cannot.

How Does Age Affect Driving?

As we grow older some people have changes in their ability to handle a car safely. These include: changes in our bodies, changes in the way we think, health problems, and medications.

- Changes in your bodies—As you age, your joints may stiffen, and muscles weaken. Turning your head to look back or steering and braking the car may become hard to do. Movements are slower and may not be as accurate. Your senses of smell, hearing, sight, touch, and taste might grow weaker.

- Vision is a vital part of driving, but age brings changes in the lens of the eye. Eyes need more light in order to see and are more sensitive to glare. Your ability to see things on the edge of the viewing area, peripheral vision, narrows. Vision problems include cataracts, macular degeneration, and glaucoma. In cataracts, the lens of the eye becomes cloudy, causing problems with the ability to see.

- Macular degeneration is a breakdown of material inside the eye that leads to a loss of vision in the central part of the viewing area. The rise in pressure inside the eye that develops in glaucoma may limit the ability to see things on the edge of the viewing area.

- Changes in the way you think—You probably know that your body may change with age, but you may not be aware of changes in the way your mind works as you age. Some find that reflexes are slower. Others may have trouble maintaining attention or difficulty doing more than one thing at a time. Driving requires processing information from many sources and then reacting appropriately.

These are all normal changes in how your brain works as you age. There are, however, two forms of mental problems that can also affect your ability to drive.

- Depression may affect many older people, but it is not normal to be depressed for long periods of time. It can, and should, be treated. The attention and sleep problems depressed people of any age sometimes suffer can interfere with safe driving. So can the medicine sometimes used to treat depression.

- Dementia causes serious memory, personality, and behavioral problems that the person cannot recognize. Someone with dementia may at first remember how to operate an automobile and how to travel to familiar places. However, as the disease progresses, their driving abilities do become impaired. Unfortunately, people with dementia often cannot recognize at what point they should cease driving.

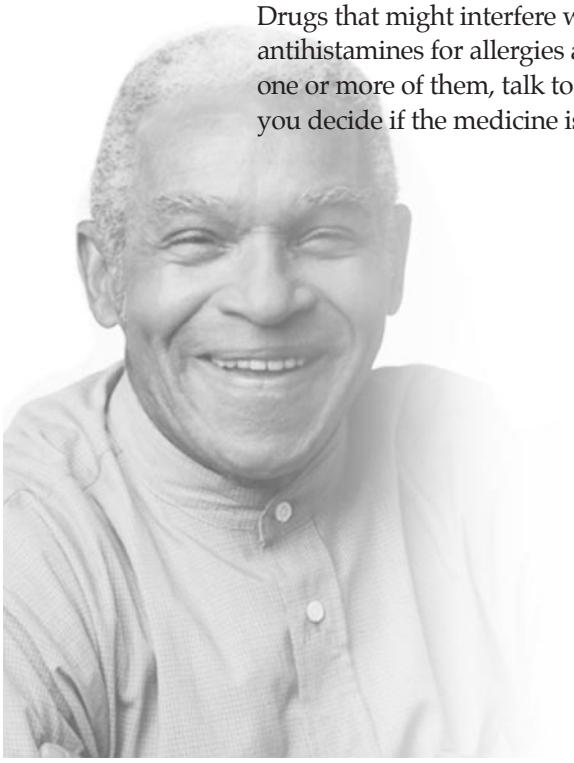
Health Problems

Other illnesses common among older people can affect your ability to drive safely. For example, having arthritis, Parkinson's disease, or stroke, makes it harder to handle a car safely. Sleep problems or fainting make you less alert at an age when you may already have a hard time focusing your attention. If you have an automatic defibrillator or pacemaker, your doctor might suggest that you stop driving. There is a chance that the device might cause an irregular heartbeat or dizziness while driving. Diabetes may cause nerve damage in your hands, legs, or eyes. The eye damage in diabetes is known as diabetic retinopathy. If you also have trouble controlling your blood sugar level and might be in danger of losing consciousness, you should consider not driving.

Medications

Older Americans take more prescription medicines than any other age group. They often have one or more long-term illnesses such as arthritis, diabetes, high blood pressure, and heart disease and may be taking several different drugs. Their bodies may be more sensitive to the effects of medicine on their central nervous systems. The older body may not use up a drug as quickly as a younger body does, so the drug can be active for a longer time. Sometimes a combination of medicines increases the effects of each drug on the body.

Several types of medication can make driving harder because they affect the central nervous system. Drugs that might interfere with your driving include sleep aids, medicine to treat depression, antihistamines for allergies and colds, strong painkillers, and diabetes medications. If you are taking one or more of them, talk to your doctor. Perhaps he or she could change your prescription, or help you decide if the medicine is affecting your driving.



Can I Be A Better Driver?

Perhaps you already know some driving situations that are challenging—darkness, highways, rush hour, and bad weather. You might avoid these types of driving and limit your trips to shopping and visits to the doctor in order to lower your risk of having an accident.

While driving, older drivers are most at risk while yielding right of way, turning, especially left turns, lane changing, passing, and using expressway ramps. Pay extra attention at those times. If there is not a left-turn light, look for alternate routes that provide such lights.

Most advice for older drivers is helpful for all drivers. Plan your trips ahead of time. Stick to streets you know. Don't drive under stress. Avoid distractions. Leave space between your car and the one in front of you. Don't drive when you are tired.

Think about taking a driving refresher class. Some car insurance companies reduce your payment if you pass such a class. The AARP (American Association of Retired Persons) sponsors "55 ALIVE/ Mature Driving." Call 1-888-227-7669 (1-888-AARP NOW) for details about courses in your area. The AAA (American Automobile Association) has a similar class called "Safe Driving for Mature Operators." Contact your local AAA's office for class information. These are eight-hour classroom courses that talk about the aging process and help drivers adjust. You might also check with a local private driving school. Ask if they have an instructor who teaches older drivers. You might want to take such a review every few years.

Certain features on your car can make driving easier. Power steering, power brakes, automatic transmission, and larger mirrors are all helpful. Keeping the headlights on at all times and having a light-colored car helps other drivers see you. Hand controls for the accelerator and brakes might be of use to someone with leg problems. Keep the headlights clean and aligned, and check the windshield wiper blades often. A rear-window defroster is a good way to keep the back window clear at all times.

Air bags have saved many lives. Advanced age is not a reason for disconnecting an air bag. However, the National Highway Traffic Safety Administration suggests that air bags may not be as effective in preventing serious injury or death in people over 70 years of age as they are in younger people. Older people are more likely to be injured in a traffic accident. Their bones and blood vessels may be rigid. They might break easily. If the accident is minor, emergency personnel may not realize the possibility of internal bleeding in time. People of any age should push their seats as far back as possible from the air bags in both the steering wheel and the passenger side. Of course, everyone in the car should always wear his or her seat belt.

Should I Stop Driving?

What if you are doing all you can to be a safe driver and still question your driving ability. This is a difficult situation to assess. The following questions should be considered:

- Do other drivers often honk at you?
- Have you had some accidents, even "fender benders"?
- Are you getting lost, even on well-known roads?
- Do cars or pedestrians seem to appear out of nowhere?
- Have family, friends, or your doctor said they were worried about your driving?
- Do you drive less because you are not as confident about your ability as you once were?

If you answered yes to any of these, you probably should think seriously about whether or not you are still a safe driver.

There are books that may help you make this decision. Single copies of the AARP guide, "The Older Driver Skill Assessment and Resource Guide: Creating Mobility Choices," are available free by writing AARP Fulfillment, 601 E Street, NW, Washington, DC 20049, and asking for publication D14957. The AAA Foundation for Traffic Safety has videos and books, including "Drivers 55-Plus: Test Your Own Performance" and "Guide for Families or Friends Concerned About an Older Driver," that may be ordered by calling 1-800-305-SAFE. Some, but not all, are free.

There are currently no upper age limits for driving. Because people age at different rates, it is not possible to choose one age as the limit. Setting an age limit would leave some drivers on the road too long, while others would be stopped too soon. Heredity, general health, your way of life, and surroundings all influence how you age.

The difficult question is whether older drivers should be tested differently and more often. A second question is what would those tests be. The usual road and written tests do not examine the problem areas for older drivers. The useful-field-of-view test is being studied as one possibility. This looks at the amount of viewing area in which someone can absorb information from two different sources and how quickly they respond to it. This area becomes smaller as we age. The smaller the area, the more likely one is to crash. Fortunately, this is a problem that can be improved by training. A doctor who could then certify the driver to the Department of Motor Vehicles would best perform this test.

The Mini Mental Status Exam is also a possible test used to decide if a person is no longer able to drive. This test evaluates your ability to perform certain mental tasks including those performed while driving. You might be asked to copy a particular design or to count backwards from 100 by sevens. Like the useful-field-of-view test, this is not currently used for testing drivers.

The aim of these tests is not remove older drivers from the road. Instead, if problem drivers can be identified, some of them could then receive training to improve their driving skills. Unfortunately, others cannot be helped by training and will have to stop driving.

How Will I Get Around?

When planning for retirement, consider transportation options in the event that driving is no longer reasonable. Some communities provide low-cost bus or taxi service for older people. Some offer carpools or transportation on request. Religious groups sometimes have volunteers who take seniors where they need to go.

If such services are not available in your community, taxis may seem too expensive to use often. Remember that you won't have a car to maintain any longer. In fact, the AAA estimates that the cost of owning and running the average car is over $6,500 a year. By not having a car, you might have as much as $125 a week that could be used for taxis, public transportation, or buying gas for friends and relatives who can drive you places. You can contact your local Agency on Aging to learn about transportation services available in your area.