YOUR ROADMAP TO CAREGIVING:
BEING THERE FOR ADULT LOVED ONES

EVENT ID: 4611047
EVENT STARTED: 2/10/2021 1:00 PM ET

> *****Note that transcriptions are provided uncorrected and therefore may not reflect exact spoken words and may have misspellings.*****

Hello everyone. Thank you all for joining us today for our presentation of *Your Roadmap to Caregiving: Being There for Adult Loved Ones*. I'd like to introduce our presenter, Jane Gurganious. Jane is a licensed clinical social worker with 26 years of experience in the behavioral health field. She has worked in the hospital setting, private practice, and now as an EAP consultant and care manager for Federal Occupational Health. Her specialties include geriatrics, ADD, trauma, depression, anxiety, and grief treatment. Along with her work with supervisors, Ms. Gurganious has experience in coaching CEOs and business leaders, and currently provides management skills consultation to federal supervisors. She assists with anything from developing increased self-awareness and goals clarification, to the development of effective communication and conflict resolution skills. Jane, we are looking forward to hearing what you have to share with us today. And with that, I'll turn it over to Jane to begin the presentation.

Good afternoon and welcome to Your Roadmap to Caregiving: Being There for Adult Loved Ones. Next slide. Providing care for our aging loved ones, we all know it is a labor of love. It is one that is filled with twists and turns, joys and frustration. It can be difficult to know where to begin in this arduous journey. Much less determine an appropriate plan. We start asking ourselves questions like how will we pay for care? Who will provide care? Can we trust agencies or facilities to treat my loved one with respect that they deserve? While this presentation will not be able to answer all of the questions related to your specific eldercare situation, it will provide a foundational roadmap. And show you when and where to begin your eldercare journey. What options exist, and how to find them. What is your current caregiving situation? I love this graphic. It's from the Alzheimer's Association. I think it is the cutest. as you come to this presentation are you about to embark on a caregiving journey? Are you currently on that journey? Are you not providing care at this moment but want to be prepared when the time comes? If you will, please answer that poll.

I am about to share the results. Just one second.

A vast majority of us are either currently caring for an aging loved one or want to get prepared. A few of us are at the beginning stages of their journey. Most of you are in the midst. Our objectives today are to first find caregiving. We will go over basic statistics. We will touch on cultural views. Those views influence our choices and how we feel about eldercare. We will consider when and how to begin our caregiving conversations with our loved ones. We will talk about elements involved in making an effective plan. Factors that will impact your choices. We will talk about a lot of enlisting help. Preparing for emergencies and we will touch on addressing the changing relationship between you and your loved one. We will go over tips for tending to your own needs. Caregiving is a catchall term. It encompasses various ways of providing care to others. For the purpose of this webinar caregiving will refer to eldercare. Eldercare is defined as providing unpaid care to someone aged 65 or older who needs help. Because of a condition related to aging. The care can be provided to a householder non-household member as well as persons living in retirement homes or assisted living facilities. Eldercare can enrage involve a range of activities. Grooming, providing transportation and preparing meals. It can also assist with providing companionship, or simply being available to assist whenever help is needed. Eldercare can literally be associated with almost any activity. It has a very broad definition. The Bureau of Labor Statistics collected wonderful information. Here we have it. Between the years of 2017-2018. 10.4 million people ages 15 and up. That age shocked me. More providing unpaid care at any given time. Caregivers would provide on average three and half hours of assistance daily. The value of their work comes in at a whopping $470 billion. Those are big numbers. As we venture into this journey, we come from a unique culture. We know that attitudes about caregiving will vary by culture. Hispanic, African and Asian Americans report seeing caregiving activities in their own home growing up. They are more likely to see that in the early years. In their formative years. European Americans, however, tend not to see caregiving activities in their home growing up. These two differences, we are certain shape how we view eldercare. Hispanic Americans tend to portray caregiving as an instrumental in defining aspect of the family experience. So much so that not only were other alternatives for formal care outside of the family not considered, they also were not even known to exist. They did not think to reach out to get up because they did not know that help was there. African Americans tend to depict caregiving as part of a cultural family history. That has been passed down for generations. Therefore caregiving as natural and nothing new. Asian Americans described caregiving as just a normal thing to do. Where as European Americans tend to see it differently. Undoubtedly because they did not see it in their home growing up. Regardless of where you fall in this cultural landscape, as you venture on your journey consider your own cultural history. And the influences. Ask yourself the following questions. What are my reactions and feelings about being a caregiver. Am I able to provide care to an aging member in my family? What am I willing to do where caregiving is concerned? As you imagine yourself in that role of a caregiver ask your self what is that going to look like? What might it look like? When does the need for caregiving begin? Eldercare, or the need for eldercare usually begins with a crisis. It demands a specific response due to the nature of a crisis. It will last for a length of time until your loved one either returns to independence or continues to decline until they sadly passed away. We know that the onset of the eldercare need is really preplanned. Right? We also know that caregiving usually falls on the shoulder of one person. Which is not advisable. That is the tendency. Who ends up being the caregiver is frequently shaped and influenced by pre-existing relationships. Sometimes gender roles. Norms and expectations. And geographic proximity. There are many other influences too. They are just too numerous to list on the slide. The typical caregiver is a 49-year-old female. Caring for a 69-year-old relative due to a long-term physical condition. Virginia Morris, who wrote the book how to care for aging parents, this bibliographic information is in your resources. If you don't have it I highly recommend you buy it. It is considered to be the Bible of eldercare. She puts it this way. The transition into eldercare can come with a jolt after a fall, stroke or a diagnosis. More often than not the demands of eldercare slide slowly into our lives. All the while we cling to the notion that our loved one will get better. With time, housing issues and many problems, medical complications and questions like how do we stop her from driving? Is he eating properly? Can she be left alone? Who will take him to his doctors appointments? Is that a new symptom? Will insurance cover this? Most of us will slide into this journey. We will not enter it with a jolt. That also happens. Most of us only think of eldercare as assistance that we provide at the very end stages of a loved one's life. As Virginia Morris illuminates, very often it can start much earlier. Caregiving will begin whenever a loved one starts to require assistance for any activity that they used to be able to complete independently. The example I would like to give is let's say your father loved to put up holiday lights. This was his passion every year. He puts on a grand display. For the neighborhood children. He just loves doing that. One year in the fall you are visiting God and he looks at you and says son or daughter could you please help me put up the holiday lights this year? I am not feeling solid on the latter by myself. That might not seem like an eldercare moment, but it actually is. He is to be able to do them independently and now he requires assistance. The way that you respond to that cry for help, that cry for assistance, in that moment, will be influenced by your loved ones wishes, their medical needs or necessity, the resources available to them, financial and health insurance. Access to support from the family and also access to support in the community. As you look over this slide these are the foundational components of your roadmap. When in doubt this is where you want to return. When you don't know what to do, or you don't know what the next step should be returned to this idea. Remind your self what does my loved one want, what do they need, and what resources do they have to make that happen and what supports are in place? It is never too early to start the eldercare conversation. If there was ever a time frame in our lives where preparation reigned supreme it is this time period. In an ideal world you want to start talking to your loved one before they start showing signs of decline. That is easier said than done. Often when we start to try to open a conversation with our loved ones we experience resistance. Not just from them but from us. These are touchy conversations to have. Who wants to think about dying? Who wants to think about what happens to all of my stuff if I am no longer here? That is kind of uncomfortable. Sometimes when we try to start the conversation early our loved one might turn to us and say something like what? You want to talk about when I am dead? What are you trying to push me to an early grave. I am healthy and strong. You immediately throw your hands up and back up. Internally are thinking to your self I am so glad they do not want to talk about it either. We can push that down the road. Crisis averted. That would be a mistake. You want to remind your loved one that by planning ahead for that time period they will ensure they have choice regarding how they decide to age and eventually pass. And for you planning ahead will mean far less stress, and far less work. I'm about to show you why. Let's talk about examples of conversation starters. If you expect you will get resistance from your loved one here are a few little tricks you might be able to use. If your loved one is currently ill and they have had a downturn in their health you can use that as a springboard. Given what has recently happened, you have had a stroke and you are in the hospital, maybe we need to talk about some plans. If you are preplanning and your loved ones are healthy, well and strong in retirement you could approach them like this. Mom, dad, grandmother, we are working on our retirement planning. I remember you went through a phase where you had to help grandma and granddad. What was that like for you? How did you provide care for them as they aged? You could talk about someone else's family situation. To remember Mr. Jones who lives three houses down? What happened to him? He moved to one of those, what are they? Ericson Centers. It is like this one stop retirement community. You start in a townhome and they have assisted living and nursing homes. It's a one-stop shop for caregiving or what have you. While wow that's really fascinating. What you think about that? You can use a TV show or a news article as a way to springboard into a conversation. So mom I was reading this interesting article. In the the New York Times the other day. It is all on this new technology called aging in place. Have you heard anything about them? See what they say. Breaking the silence can be tricky. If you follow basic guidelines you will increase the chances that you will have a productive outcome. It might not be the outcome that you want but it will be productive. Before starting you take time to consider what it might be like to be in your loved ones shoes. What might it be like to have your adult child come to you and want to start a conversation about your final years? This will help you frame your thoughts and also slow you down. Pick a time when both of you are well rested. On your part spend more time listening than talking. Avoid at all costs having this conversation during a holiday or special family celebration. Resist the urge to make decisions for your loved one. Give them the space and time to think about these issues, and come up with their own thoughts. Please don't show up with legal paperwork during the very first conversation. You are trying to break the silence here. You will not be able to solve all potential questions. Related to their eldercare. Number one it is a huge topic. There are many issues that need to be covered. Number two the way you provide care for your loved one will change based on their medical needs. Once you start breaking the silence, then as you go about continuing this conversation because you will not just have it once. You will have this conversation many times. Caregiving is an ever changing way of being. You want to start by asking your loved one what their needs and goals are. How do they want to age? We want to honor our loved ones sense of agency. Another way of thinking about that are their wishes and their independence. No one ever wants to forfeit their independence, right? How do they want to retire? What is most important to them? The ability to travel, volunteer or staying in their home? Be without pain or as pain-free as possible? How are they doing now? Asked them how they are managing in their current living circumstances. Are they able to get up and down out of the bed and in the chair. Are they managing taking care of their home? Are they eating well? Does there current housing set up suit them or are there too many physical barriers? How is there current medical care? Do they have an ongoing relationship with a primary care physician? If they don't it's time to establish a relationship. What kind of health insurance do they have? Do they have classic Medicare with a supplement? Do they have a Medicare advantage plan? What might they want during their end of life care? Do they want a do not resuscitate order? Do they want to be put on a ventilator? If they were vented with they want food? What they want hydration? If you are not sure how to handle the very delicate topic of end-of-life treatment options, one thing you could do is ask your loved one if you can go to an appointment with them. To their primary care physician. The doctor can give them more medical sounding terminology. To is your loved one have an updated and valid will? What about advanced directives. That is an umbrella term that covers living wills and durable powers of attorney for health care. Power of attorney is known as a health care proxy. It is free to set this up. There are lots of places you could go online to set it up. Including the EAP websites. In that document your loved one would appoint someone to make health care decisions for them. Living will is a document that details exactly what they want and would not want in the event of the tail end of their life. Especially if they are unable to make decisions for themselves. Finally, there is a durable power of attorney for finances. One quick word about advanced directives, it is very important for all of us to have advanced directives. If you have a loved one who let's say they are in the hospital and they are unresponsive and they do not have a living will or health care proxy. Surviving family members, the closest relatives can still make health care decisions for their loved one, but if there is more than one individual who is a surviving close family member, let's say it is your father who is in the hospital and it is you and two siblings. there are no advanced directives on file. What ever it is you have to decide about, all three of you will have to agree. When you are not in the middle of a crisis it is easy to assume that you will all agree. It doesn't always happen that way. Some of us have difficult relationships and baggage. We have a point we want to make in that moment. Some of us have a harder time dealing with grief and letting go. A whole factor can influence our decision. When that happened someone will need to petition the court to be a guardian. Until a Guardian is appointed the hospital is left to take all measures necessary to keep your loved one alive. Not having advanced directives can come at a very high cost. Please do that. You have started the conversation, and you have found out whether or not mom dad or grandma or whomever have advanced directives. You are taking notes feverishly. I think we need to draw up documents. Now it's time to gather these documents. You want to gather the living wills and the burial trusts if anything. Powers of attorney. Know where the bank statements are. You want to collect them and put them in one spot. Where you know they are located. There is an exhaustive list. Regarding what documents you want to collect. In your resources, no, it's in the appendix. This will help you. When you are in the middle of an emergency. Want to have collected all of these documents and you know where they are, and by doing that you now have a sense of what you might need to get in terms of advanced directives. You will have a sense of what their financial resources are like. It's time to have a family meeting. If you're doing advance planning you want to sit down, please keep your loved one involved in the meeting. As long as they are able to make decisions for themselves they should be allowed to do so. Legally they make those decisions anyway. In this meeting and your family you want to identify a likely in person caretaker. Who is the most likely person and why? Are they available are they ready and willing? Are they able? During this conversation you want to make sure it is understood that regardless of where other family members live it is an expectation that all of you will participate in caring for your loved one in some fashion. They might not be able to do in person activities, but there are other activities they can do from afar. We will talk about those in a little bit. Once you have established this person in the family will be the primary caregiver and you want to identify a backup caregiver. Primary caregivers slip and fall and break bones and get sick. Who will care for your loved one? Right? Then you will talk about what is the plan now, and potentially what would you do if? What is the current plan and what are some of our potential backup plans or future plans. This is where you will pull out the roadmap essentials. What are their needs and what are their wants? What are their resources and what are their supports? You will reevaluate. You will use those pillars and roadmap essentials to guide you regarding your caregiving choices every time their health makes a shift. Okay? You will look at that. If you're not sure where to go at that point ask yourselves maybe we need to reach out to our local Department of aging and get some advice. There are also these folks called geriatric care managers. Talk about them a little bit more in a moment. Do we all agree with this plan as well as the backup plan and the backup to the backup? It really is a very important discussion to have. If you can appoint someone in the family other than the caregiver to keep track of money caregiving in and of itself is sort of an all-encompassing sometimes overwhelming activity. It can be difficult to do both that and financial tracking. From the community you can look into home health assistance. If that is necessary. Also look at this. Try to access help from technology. To keep everybody in the loop regarding the loved ones status and care. Set up an online sharing site through caring bridge. Were family members all across wherever can walk in and see how mom and dad are doing or grandma and grandpa. You can create a shared calendar so everyone in the family knows when your loved one has doctors appointments or physical therapy appointments. Care zone is an app you can use to track medications. Dosages and schedules. If your loved one says look the thing I want the most is I want to age at home. I don't want to go anywhere. Then you will be coordinating a lot of providers. You will need someone to take care of the lawn and to bring groceries and clean the house. All kinds of things. There is a great website that can help you do that. It's called lots of helping hands.com. This will be on your resource list. If you want to go the extra mile you can create a mission statement for your self. You want to make the mission statement positive and reasonable. The one I have on the screen is kind of generic. In this mission statement you want to make sure that you do not make promises that you cannot be certain that you can fill. Many of us would like to say to our loved ones I promise I will never ever let anyone put you into a nursing home. The problem with that, while well intended is that we never really know how our loved ones needs will change. Sometimes their physical needs are far more than you or your entire family can handle. When you find yourself in that situation you will need outside help. You have identified a caregiver. Back up a little bit. You have had your conversation and you have an idea of what your loved one wants in terms of the end part of their lives. You have started collecting documents. You have identified a caregiver. What is next? Next you will prepare for an emergency. For an emergency you want to be aware of your loved ones important information. Like their medications and their doctors names and contact information. Current health conditions and their medical history. Living wills and DNR statements. You want to make sure you collect those documents. And you put them in a Ziploc bag and you put them on display either on the back of the front door, or on the refrigerator. Emergency medical personnel have been trained to look for these packets of information to help them in a crisis. You might be saying what do we need to do that for Jane? My loved one has a cell phone. All of that information is in the cell phone. That is grand. Cell phones can get lost. They can break and they can run out of juice. Sometimes low tech can be the best tech possible. Consider getting an emergency alert device for your loved one. If they live completely alone or especially if they are at risk for falling. This is the point that everyone really tends to like to hear about. This is the supplemental care options that are out there. This is the how do I get help portion of the presentation? I mentioned earlier during one of the slides that aging in place technologies have become a real thing. The CDC defines aging in place as the ability to live in one's home and own community. Safely and independently and comfortably. Regardless of age, income or [indiscernible] ability level. This is a recent movement in the eldercare industry. When I first started working with senior citizens and folks started experiencing a decline in their health they had two options. They were well enough to stay in their home or they had to go into a nursing home. This was back in the early 90s. An assisted living facilities were just starting to sprout up. Now they are everywhere. This has taken hold so much so that Medicaid has actually started to pay for some services to enable people to stay in their home. Now I say that cautiously. Medicaid is great. First you have to qualify. In the state of Maryland if the funds and that particular Medicaid category have run out, even if you qualify you cannot get the service. It always helps to apply and to check. Here is a list of some of the community supports that you can obtain. Telephone reassurance programs. These are staffed by volunteers. What they do is call your loved one and they check on them. How are you doing today? They might even say did you take your medication? They cannot provide medical advice. It is a friendly reminder telephone companionship. Low-cost housecleaning services and senior centers. Seniors like to gather and do activities when they are still ambulatory. Meals on wheels. Sometimes we reach a point in our life where we might be able to make our own food we just don't feel like it. Meals on Wheels is a great service in that respect. Taxi vouchers at a reduced cost. Loan closets are storehouses for used durable medical equipment. Like wheelchairs and walkers and crutches and the such. You can go to the closet and either for no-cost or low-cost borrow some medical equipment. Local counties will often times have them. And faith-based organizations have them as well. We talked about medical alert devices. What I did not touch on was the geriatric care managers. Geriatric care managers are these roaming privately paid social workers who are familiar with the eldercare landscape. They are a fee for service personnel. You can reach out to your local Department of aging and get a list of some of the ones they have on file. They will go into your loved ones home and make sure it is a safe place. They can help you locate home health aides. They can help you look for a long-term care facility. If your loved one is currently in a facility they can go in and check on them. If your loved one wants to age at home they can help you coordinate all of the providers. All for a fee. If you are providing eldercare and working full time a geriatric care manager can be an invaluable tool. For some of you whose agencies purchase worklife for you benefits, if you have that benefit you can obtain three hours of free geriatric care management services every year. It resets each year. You have listened to this presentation thus far. Lots of resources and lots of information. Let's say it is a year down the road and you find your self providing care. You think oh gosh what do I do and where do I start? Where do I begin? If you forget everything in this presentation remember these two things. Number one if you are still a federal employee you can call EAP. Number two go to the eldercare locator. When you land on their other webpage they will ask you for a ZIP Code. That will then take you to a list of contact information for the local Department of aging. Which is another storehouse of information as well as senior centers and a host of other things. You can also reach out to local faith-based organizations. This is particularly helpful if your loved one is part of a faith-based community. Very often churches and synagogues and mosques have whole ministries designed to help senior citizens for everything from mowing their lawn and changing their oil, housekeeping and companionship. It's a great place to start. If your loved one has a specific illness you can find great resources on their respective webpages. Like Alzheimer's Association, Parkinson's and the national caregiving alliance. You can dial 911 to find information and referrals in your local community. As I mentioned before, you can call EAP at any time. Let's say you have been at this eldercare journey for a while, and it has become obvious that you and your family members have been working well together as a team. Maybe you are burned-out. Maybe your loved ones needs are beyond you at this point. You need to look at the next level of care. The next step would be assisted living. Assisted living as a place where your loved one would stay. They would get 24 hour supervision, help with their meals and help with their medications.

In general it is not for individuals who are bedbound. And for those who cannot independently transfer from bed to chair and from sit to stand. They might need a little bit of assistance and it varies from facility to facility. In general you have to be ambulatory to qualify for assisted living. Average monthly cost is $45,000. I know that is a big ticket. It is generally not covered by Medicare. Some assisted living facilities will accept the Medicare waiver. Again, your loved one has to qualify in there has to be enough funds in the Medicare plan in that state to pay for that care. This option is best if your loved one requires the skilled care of a nurse, a physical therapist or an occupational therapist. Many people go to a nursing home on a short-term basis. After being in the hospital. Some Medicare plans will pay for a short stay. At a nursing facility. The length of time they will cover and for which conditions can be specific to the plan. You want to make sure you look into your loved ones Medicare plan. It does not include custodial care. Things like feeding, dressing and bathing. You may say to yourself wait a minute my loved one cannot even walk. How can you say this doesn't qualify. That is what they say. That is their rule. Hospice, many are well familiar with hospice care. It's available in the prognosis and bald six months or less to live. And his decision has been made not to use aggressive treatment that will prolong life. Payment varies. You want to check with the insurance plan. If you are someone who has been involved in caregiving you have sensed your relationship with your loved one has shifted and changed. That is because the relationship waxes and wanes. It can be equal parts. Wonderful and frustrating at the same time. You flip flop back and forth. The first thing you want to ask yourself when you notice these shifts is do I believe I am the parent who is now parenting my parent? If that makes sense. Do you believe you have taken on the role of the parent? A lot of us look at ourselves that way. When we look at the role as I am now the parent, it tends to lead to frustration because our parents know we are not their parents. You will be frustrated because you undoubtedly experience resistance from your loved one. It can be more helpful to look at yourself as more of a guide on the side. Or a safety consultant. Rather than a parent. A parent is someone who gives orders. A guide on the side makes suggestions. A guide on the side with a loved one is a relationship that rests on mutual respect and honoring one another's wishes and needs. It will take time for your loved one to adjust to their declining health. And their lack of independence. You will want to give them as much space as you can to adjust to this. As frequently as you can make sure you get them choices. Even if it is just between choosing having a cup of tea versus a cup of coffee. Choice matters. If your loved one is in denial and they do not want to talk about it be patient. If you really need to talk about serious issues you might need to get someone else in the family to broach the subject with them. I know in my family and my cultural background when my grandmother was aging, my mother and the sisters, the girls in the family did all the hands on caring. When it came time to making financial choices my grandmother would not talk to her girls. The girls would know about it. She would not take their advice and she would only talk to the oldest son. Of course that irritated the girls in the family to know and. That was a cultural issue for my grandmother. That was how they were able to move the ball forward. Caregiving is not a Sprint. It is a long distance run. It is going to be critical for you to take care of your self. Think of being in an airplane and doing the drill with the oxygen mask. What did the flight attendants tell us? If you have a child or a disabled loved one with you put on the oxygen mask first, and then take care of them. You are the only you that you have. you need to take care of your instrument. Which is your body. So you can survive and endure this long distance run. Obviously the first thing we talk about when it comes to self-care is staying physical. This does not have to be elaborate. You can get 20 minutes of a moderate walking in the sun. Whenever the sun is out. The Parkinson's foundation has fitness Friday's online. Which will step you through different gentle exercises you can do with your loved one. Emotionally check in with yourself. How are you feeling about this new role? Maybe you need to talk to a counselor or someone to vent to? Maybe you need to do journaling or reading to help support your self. Caregiving is a very important job. it is not intellectually complicated. It can be frustrating. It is not intellectually complicated. If you are someone who had significant intellectual pursuits and now you are a full-time caregiver you will feel and balanced and like there is a part of you that is not getting fed. Pull out journals and great -- the New Yorker in the Wall Street Journal. Whatever it is you used to do to stimulate your self intellectually. Tried to give yourself brief moments. Or you can reconnect with that. Reconnect with your spirituality. Whatever that means for you. This might mean that you get a sitter so you can go to a religious service. Maybe you get close to nature for an afternoon. Maybe you pray or meditate. Whatever that means for you, do that. It does not have to be done for a lengthy period of time. It can be done in five or 10 minute increments. You do not have to block off an entire day. Engage all of your senses when you can. If you like candles and sends an ambience continue to do that in your house. I'm sure your loved one will probably enjoy it just as much as you do. Stay connected with others as best as you can and get support when you need it. If you can get a lot of support from your family that is a great ready source. Families are not always as supportive as we would like them to be. Another great resource caregiving support groups. There's a whole host of them online. You can go to the caregiving alliance.com. You can explore some of them there. If you're not sure where to begin please call EAP. If caregiving weren't difficult enough now we have our wonderful pandemic. What do you do and how do you provide care in a pandemic? Step one take care of your personal health. I will not go over that again. You know what to do. When it comes to your loved one practice physical distancing, but not isolation. You do not have to bolt the door. If you are going to have visitors keep them, keep the numbers down and make sure whoever comes to the house they are masked up and you keep six feet apart. Your loved one needs to have a mask on as well. When you can use technology to stay connected with extended family members and friends. Show your loved one how to video chat and face time. You might have to sit there with them. It is okay. Another thing you can do is ask your loved ones to please send cards or simply to call them on the phone. It means a lot to an aging loved one. Try to do your best to keep your loved one involved in the comings and goings in your life. Some really great activities could include handing your loved one old photographs. Have them go through and either sort them or maybe set up, put some aside for an album or even identify faces in the photographs that maybe they know but you don't. Maybe they could talk you through fixing a favorite family dish. That they had when they were growing up. My favorite suggestions is to have different family members ask your loved one questions about what was it like growing up during their era? If they cannot write or they don't want to write you can use your cell phone to record them talking and then transcribe it later. We have been doing that with some of our family members. It is extraordinary. Some of the stories that we have heard and it brings a smile to my face. If you are a federal employee you have additional resources to help you. You can get a free 60 minute legal consultation. You can get a free 30 minute financial consultation through EAP. You can use this to help decide what to do with finances as well as get legal powers of attorney and living wills drawn up. If your agency prepurchase worklife services for you, you have this whole team of people who can help you locate Home Healthcare aids, if you are not sure which medical alert device is the best one to buy you can call and asked them to do the research. You can also access three hours of geriatric care and management through work life for you. In summary eldercare is a long distance run. I have said it before. Taking care of yourself will be very important. Being connected to a caregiving in your support group is also important. Don't forget EAP is here to help you. I don't know why but my computer -- okay. Here is a list of resources you will get after this webinar. The various websites that you can parade. The book that I mentioned and the apps. One resource I did not mentioned earlier is the podcast called parents are hard to raise. That was really fascinating. Perez them at will. And I want to thank you for coming to this webinar today. I am wondering if anyone has any questions?

Thank you Jane, we have quite a few questions. As you can imagine. Before we get to those I want to remind everyone as Jane mentioned you will be receiving an email after this slide session. Includes a copy of the slides today. You will be receiving that. An entire list of resources. It has more than what was on the slide. As well as a checklist handout for putting together a caregiving binder. I also want to remind you that you will see a satisfaction survey after you leave today. Let us know how we did today and provide any additional feedback you may have. We will get to some of these questions. The first one is what of my loved one refuses to consider their end of life issues?

This happens a lot. Some of our loved ones are highly resistant. The way to handle this is to be patient. To remind them, look refusing to talk about this time in your life will not make it go away. Talking about it will not make the worst case scenario happened. By talking about it you get to choose how you want to leave this world. Everybody is born and everybody eventually passes. If you want to have the ultimate control then we need to talk about this. Sometimes even after saying that they resist. When that happens that is when you allow circumstances to drive the ship. Whenever our loved ones have a health event and they are placed in the hospital, the hospital has to ensure they have a safe discharge plan. At that point you will have a team of doctors, nurses and social workers who can assist you in developing the plan. That can be very helpful.

Great, thank you. The next question, a couple people asked a question similar to this. What of their family is spread across the country? You have several siblings. and assigning tasks for each of them. Have you get everyone involved in providing care for an aging loved one?

If you have a larger family it is really great to appoint one person to be the communications person. Let's say you have four or five siblings and you are sitting in the hospital and mom has fallen and broken her hip. You will go crazy dealing with all the phone calls from everyone asking how is mom. Issue better or worse, what is happening now? It will drive you bonkers. You can assign someone who is halfway around the world if necessary to be the communications person. Never you have a health event and there is an update you notify the communication person and that communications person shares the information with everyone else. Someone who manages finances can do that remotely. That does not have to be in person. You can encourage people to call in. Ask family members to take turns when they have vacation time. Swing by and give you a break. So you can go out and maybe have a vacation or a day away. If they have vacation time they can come and visit. They have just as much obligation to support your loved one as you do.

Great advice.

Is there a rating system for nursing home quality? If so, where can people find it?

Absolutely. You can go to Medicare.gov and the Department of Health goes in and does an evaluation of all of the nursing home facilities. You can look at everything they find. Down to the last jot. From the serious to the picky. Medicare does have a rating system for nursing homes. That information is publicly available.

Great, thank you. A couple people were asking about the difference between an eldercare manager and a geriatric care manager.

They Are one in the same. Geriatric care manager eldercare manager they are people who help you organize and providing care for your loved one.

Great. Thank you. I am going to the questions here. Someone wanted to, how do you define ambulatory versus non-ambulatory again?

Ambulatory means you can walk. Non-ambulatory means you cannot walk. If your loved one is bedbound and they cannot get out of bed independently, and they cannot get themselves up and out they are non-ambulatory.

Great. Thank you for answering those questions. We are at the top of the hour. If we did not get to your question today, you can call the EAP 24 hours a day. It's confidential to ask questions about your specific situation. EAP consultant can help you deal with that. I guess we will go ahead and close it out for today. I want to thank Jane for the wonderful presentation, and all of you for taking the time to participate. I hope you have a wonderful rest of your day.

Bye-bye everyone. [Event concluded]