Message from the Coordinator

November is National Family Caregiver’s Month. Family caregivers provide care to family, friends, neighbors, and loved ones. According to 2015 AARP National Caregiving survey, more than 42 million family caregivers each year provide unpaid care so loved ones can live independently at home, where they want to be. These family caregivers assist with daily tasks—such as eating, dressing, bathing and transportation as well as medical/nursing tasks.

Family caregivers put their time and energy in caring for others and fail to take care of themselves. During the month of November, celebrate who you are and the importance of what you are doing.

While November may be the official month to recognize your acts as a family caregiver, every month — and every day — is one in which you make a difference.

Empower yourself, first, by recognizing how great you are, and the honor in what you are doing.

Health Care Costs for Dementia Found Greater Than for any Other Disease

In the last five years of life, total health care spending for people with dementia was more than a quarter-million dollars per person, some 57 percent greater than costs associated with death from other disease, including cancer and heart disease. The new analysis, appearing in the online issue of the Annals of Internal Medicine, estimates that total health care spending was $287,000 for those with probable dementia and $183,000 for other Medicare beneficiaries in the study.

The analysis was funded primarily by the National Institute on Aging (NIA), part of the National Institutes of Health. Additional support was provided by the American Federation for Aging Research.

Amy S. Kelley, M.D., of the Icahn School of Medicine at Mount Sinai, and colleagues analyzed data from the Health and Retirement Study, a nationally representative longitudinal study supported by the NIA and the Social Security Administration, as well as linked Medicare and Medicaid records and other data. They calculated the “social” costs of all types of care for 1,702 Medicare fee-for-service beneficiaries age 70 and older who died between 2005 and 2007. Patients were divided into four groups: those with a high probability of dementia; those with either cancer or heart disease; or those with another cause of death.

The researchers calculated costs from Medicare, Medicaid, private insurance, out-of-pocket, and informal care over the last five years of life. Specific categories of spending included insurance, hospital, physician, medication, nursing home, hired helpers, in-home medical care and other expenses. The investigators also measured out-of-pocket spending as a proportion of household wealth.

“This complex analysis lays out the significant health care costs to society and individuals in the last five years of life,” said NIA Director Richard J. Hodes, M.D. “It provides an important picture of the risks that families face, particularly those with dementia and those who may be least able to bear major financial risk. Such insights are critically important as we examine how best to support the aging of the U.S. population.”

While average Medicare expenditures across all four disease categories were similar, almost all other costs were consistently higher for people with dementia. Medicaid—the federal/state program that supports medical and long-term care for people with limited funds & expenditures for people who died with dementia averaged $35,346 vs. $4,552 for those without dementia. The dementia group had significantly higher enrollment in Medicaid at the start of the five-year study period (21 percent) than those who died from cancer (8 percent), heart disease (8 percent), or other causes (13 percent). Enrollment in Medicaid during the last five years of life also increased for those with dementia (27 percent) compared to those with cancer, heart disease and other causes (12 percent, 15 percent and 15 percent, respectively).

For families, out-of-pocket spending for those with dementia was $61,522 compared to $34,068 for those without dementia. Informal care costs were estimated to be $83,022 for people with dementia vs. $38,272 for those without dementia. In addition, out-of-pocket spending as a proportion of total household wealth five years before death was significantly higher—median of 32 percent for dementia and 11 percent for other diseases. For African-American households the median out-of-pocket expenditure was 84 percent of household wealth for those with probable dementia.

The gap in the financial burden between those with and without dementia was larger among those who were unmarried, African American, and had less than high school education. Single women with dementia also incurred more out-of-pocket costs than married women with dementia.

Source: National Institutes of Health (www.nih.gov/)
Starting the Conversation:
Approaches for Helping Your Loved Ones
By: Chris Cremeans, LSW (Ohio Licensed Social Worker)

Caregivers need all the help they can get. One of the most difficult barriers to helping a loved one is knowing the best approaches to addressing the issues that need to be addressed. It all comes down to building, or in some cases, rebuilding relationships with those loved ones. There are three areas that need to be tackled: communication, planning, and family dynamics.

Communication
There is the direct approach to communication: “You NEED to do this,” “You SHOULD make out a will or plan your funeral arrangements.” The problem with this approach is that most people don’t want people TELLING them what to do. They will be more apt to tune them out and not pursue the thing you are trying to get them to do.

A more effective approach is the indirect one. Don’t be confrontational. Make suggestions that the person look into the subject or point out experiences that others had with the area of concern and how it worked out (or didn’t) in their case. “Cousin Ned sure was glad that Aunt Mable made out that advanced directive in deciding how to handle Uncle Fred’s stroke.” This will place the idea in the person’s head and sometimes they will bring it up themselves at a time when they are ready to deal with it.

The most important thing in communication is to keep doing it, communicating. Think of it as an ongoing discussion and not a “We have to get this done and move on.” Most decisions are for something in the future.

Planning
Timing is everything. Remember the indirect communication approach? Crisis can be avoided by planning for the future. Always remember whom the planning is for. Each of us wants to have the final say in any decision that affects us directly. Your role is to help bring the information to the person so they can make an informed decision. You will also know what’s what by doing this.

Be aware that government benefits have a bias towards institutional care, not the place of choice—home. Finances will dictate options at various points in the life journey; income, resources, insurance, benefit programs.

Family Dynamics
To a parent, you will ALWAYS be the child. Look around and see what supports are there. Reach out to siblings, relatives, friends and service providers. The most successful people to deal with caregiving situations are those who build a strong team of support and don’t try to go it alone. This will also allow for all those involved to keep from getting stressed out.

Above all, remember—
BE THERE AND BE SUPPORTIVE
Respite: Care for Caregivers

Respite—the chance to take a breather, the opportunity to re-energize—is as important as any other item on your caregiver's to-do list. People think of respite as a luxury, but considering caregivers’ increased risk for health issues from chronic stress, those risks are a lot costlier than some time away to recharge. Respite is the key to your own well-being. Respite protects your own health, strengthens family relationships, prevents burn-out and allows your loved one to stay home up to three times longer. No wonder respite is one of the most frequently requested support services for family caregivers.

R is for “Rest and Relaxation”
Everyone needs a little “R and R” - especially family caregivers. Relaxing is the best way to return refreshed to handle your many responsibilities as a caregiver.

E as in “Energize”
Caregiving is often round-the-clock 24/7. Respite isn’t simply “getting a few hours off.” It’s necessary to help you reenergize, reduce stress and provide care for your loved one.

S as in “Sleep”
Caregivers often have sleep problems. Address sleep problems and insomnia before they take too great a toll on your health.

P is for “Programs that can help you”
Respite—which can be in the home or out of the home—can be hard to find but there are programs available to help you.

I as in “Imagination”
Let your mind run free; read a book; see a movie. You have been so occupied with the nuts-and-bolts of caregiving that refreshing your mind will actually help you be a better caregiver.

T as in “Take Five”
...or better yet, take ten. Do you find yourself saying, “I wish I had just ten minutes to myself? Don’t feel guilty. You need a reprieve—a few minutes to temporarily disengage.

E is for “Exhale”
A simple breath in and then a long exhale can help you focus and increase your vitality. A few deep breaths can give you more energy, reduce stress, and lift your mood.

Source: http://nfca.typepad.com/nfc_month_2015/

Upcoming Events

Abby Parish, Geriatric Nurse Practitioner with Vanderbilt University School of Nursing will discuss self-care tips for family caregivers. She will discuss the importance of self-care for family caregivers and how you can fit self-care into your hectic schedule. This month’s Boomers, Elders, and More Lunchtime session will be held on Wednesday, November 18, 2015 from 12 p.m. to 1 p.m. in Light Hall Room 433. Please feel free to bring your lunch.

Gretchen Funk, Master Level Social Worker, with FiftyForward Care Team will discuss conservatorship in Middle Tennessee. She will give an overview of conservatorship, why it can become necessary and how families can avoid ever needing it. This month’s Boomers, Elders, and More Lunchtime session will be held on Wednesday, December 2, 2015 from 12 p.m. to 1 p.m. in Light Hall Room 433. Please feel free to bring your lunch.

Vanderbilt Family Resource Center’s Caregiver Support group will be held on Wednesday, December 9, 2015 from 12 p.m. to 1 p.m. in Medical Center East Room 8380A. The caregiver support group is a time to share information and openly discuss your problems without judgment, to process your feelings, and to hear others talk about their experiences.

If you need information or resources to assist you in your caregiving role, contact Stacey Bonner, Family Services Coordinator, at stacey.l.bonner@vanderbilt.edu or 936-1990.