

September 2020

# Boomers, Elders, & More E-Newsletter

A Monthly Elder Care Newsletter of Vanderbilt Child & Family Center

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Child and Family Center

## A Message from the Wellbeing Manager

National Preparedness Month is recognized each September to promote planning now and throughout the year. There is no better time to prepare for uncertainties while caring for your aging loved one. As a family caregiver, you can plan for the unknowns by starting the conversation, forming your team, making a plan, finding support, and caring for yourself.

**Start the conversation** – a lot of uncertainty can be avoided if you talk with your loved one before something happens. You may be surprised to find your loved one has been meaning to have the talk, too.

**Form your team** – no one should try to approach the responsibilities of caregiving alone. While other family members are likely sources of support, don't overlook friends, colleagues, clubs, or religious and other organizational affiliations as resources too.

**Make a plan** – putting together a family caregiving plan now will help you respond more quickly and effectively should the need arise. It can also provide some peace of mind.

**Find support** – many issues arise during your caregiving experience that require additional information and resources. Don't hesitate to reach out to organizations and professionals with experience in helping family caregivers.

**Care for yourself** – as a family caregiver, it's easy to forget about your own needs. Keeping up your energy and maintaining your health are critical in order to care for others.

Download AARP's guide to help you care for your aging loved one. The practical tool has information, resources and checklists to help you get organized and find the support that you might need (<https://www.aarp.org/content/dam/aarp/home-and-family/caregiving/2012-10/PrepareToCare-Guide-FINAL.pdf>).

## Baby boomers show concerning decline in cognitive functioning



*In a reversal of trends, American baby boomers scored lower on a test of cognitive functioning than did members of previous generations, according to a new nationwide study.*

Findings showed that average cognition scores of adults aged 50 and older increased from generation to generation, beginning with the greatest generation (born 1890-1923) and peaking among war babies (born 1942-1947). Scores began to decline in the early baby boomers (born 1948-1935) and decreased further in the mid baby boomers (born 1954-1959).

While the prevalence of dementia has declined recently in the United States, these results suggest those trends may reverse in the coming decades, according to study author Hui Zheng,

professor of sociology at The Ohio State University.

“It is shocking to see this decline in cognitive functioning among baby boomers after generations of increases in test scores,” Zheng said.

“But what was most surprising to me is that this decline is seen in all groups: men and women, across all races and ethnicities and across all education, income and wealth levels.”

Results showed lower cognitive functioning in baby boomers was linked to less wealth, along with higher levels of loneliness, depression, inactivity and obesity, and less likelihood of being married.

Zheng analyzed data on 30,191 Americans who participated in the 1996 to 2014 Health and Retirement Survey,

conducted by the University of Michigan. People over 51 years old were surveyed every two years.

As part of the study, participants completed a cognitive test in which they had to recall words they had heard earlier, count down from 100 by 7s, name objects they were shown and perform other tasks.

Other research has shown that overall rates of mortality and illness have increased in baby boomers, but generally found that the highly educated and wealthiest were mostly spared.

“That’s why it was so surprising to me to see cognitive declines in all groups in this study,” Zheng said. “The declines were only slightly lower among the wealthiest and most highly educated.”

Zheng also compared cognition scores within each age group across generations so that scores are not skewed by older people who tend to have poorer cognition. Even in this analysis, the baby boomers came out on the bottom.

“Baby boomers already start having lower cognition scores than earlier generations at age 50 to 54,” he said.

Baby boomers’ childhood health was as good as or better than previous generations and they came from families that had higher socioeconomic status. They also had higher levels of education and better occupations.

“The decline in cognitive functioning that we’re seeing does not come from poorer childhood conditions,” Zheng said.

The biggest factors linked to lower cognition scores among baby boomers in the study were lower wealth, higher levels of self-reported loneliness and depression, lack of physical activity and obesity.

Living without a spouse, being married more than once in their lives, having psychiatric problems and cardiovascular risk factors including strokes, hypertension, heart disease and diabetes were also associated with lower cognitive functioning among people in this generation.

“If it weren’t for their better childhood health, more favorable family background, more years of education and higher likelihood of having a white-collar occupation, baby boomers would have even worse cognitive functioning,” Zheng said.

While many problems linked to lower cognitive functioning are symptoms of modern life, like less connection with friends and family and growing economic inequality, other problems found in this study are unique to the United States, Zheng said. One example would be the lack of universal access and high cost of health care.

One of the biggest concerns is that cognitive functioning when people are in their 50s and 60s is related to their likelihood of having dementia when they are older.

“With the aging population in the United States, we were already likely to see an increase in the number of people with dementia,” Zheng said.

Find the full article at: <https://www.sciencedaily.com/releases/2020/08/200803092125.htm>

# When Being a Family Caregiver Is No Longer an Option

Barry J. Jacobs | March 2019 | AARP



Margaret loved caring for her father in her home in the months after a stroke left his balance poor and strength weak. But then the other love of her life – her husband of 30 years – suddenly needed her time and attention after being diagnosed with prostate cancer and facing surgery and radiation therapy. Could she really take care of the two of them without spreading herself too thin and doing an inadequate job with both? But could she possibly care for one and not the other?

She did, though. Or, rather, she took it upon herself to call a meeting of her four siblings to see who might be willing to care for their father next. One of her older sisters stepped up. Then, with anxious and guilty feelings, Margaret told her father that she had to opt out of being his primary caregiver because of her husband's medical needs. He listened carefully, put his hand on hers and said, "He's your husband. He comes first." She immediately felt relief, although some guilt lingered.

There are many situational, emotional and financial reasons why family caregivers opt out of caregiving. There are those who, like Margaret, must pivot toward another medical crisis or serious problem with another family member. There are those who become worn down over time by the mounting work and stress, which harm their own

physical and emotional well-being. And there are those who are told by physicians that the care recipient's condition has deteriorated so markedly that he now requires the round-the-clock supports of a skilled nursing facility.

None of these decisions and transitions are easy. Many family caregivers avoid them, refusing to give in or give up, until some major crisis – for instance, a loved one's broken hip due to a fall or escalating confusion and agitation – forces some sweeping change. Even then, some family caregivers are slow to react because they are wracked with guilt or feel bound to keep unrealistic promises to be the main care provider indefinitely.

How can family caregivers approach the decision to opt out with their own and their loved one's best interests in mind – and live with whatever follows? Here are some ideas:

**A change of mind is not a change of heart:** Except in those uncommon instances in which the caregiver and care recipient so antagonize one another during caregiving that they need a kind of divorce, most caregivers continue to care and remain connected. The caregiver's role may shift from daily hands-on chores to weekly backup duty, but they still contribute as much as they can. Even if their loved one enters a nursing home, they visit often, advocate for them with the staff, and bring treats.

**A relay race, not a marathon:** The frequently used metaphor of caregiving-as-marathon conjures a romantic image: the lonely caregiver/marathoner pushing on until the end by force of love and will. For some families, however, caregiving is more akin to an extended relay race in which the baton or major responsibility is carried forward by one family member or another at different times. In these instances, no one caregiver hogs the glory or feels guilty about passing the baton to someone willing and fresher. When the finish line is finally crossed, all participating team members win the race.










**Oaths often break; commitments bend:** Effective family caregiving is not about rigidly hewing to hand-over-heart, solemn oaths, regardless of the potential negative consequences for the family caregiver or other family members, such as spouses. It is about assessing the complex balance between needs and resources on an ongoing basis and then flexibility changing as the care receiver's and family conditions change. One's commitment isn't to a specific plan; it's to a desired result. Even opting out entirely is a good idea if it best serves the needs of all family members.

Find the full article at: <https://www.aarp.org/caregiving/life-balance/info-2019/opting-out.html>

Self-care is the most important way to boost and maintain both emotional and physical health. Many people today neglect it due to a lack of time, and this negatively impacts the lives of those who do not make sure they are putting themselves first.

Self-care should always come first and should never be a reward. As a family caregiver, you need to accept that some things may need to be put on hold so that you can properly care for yourself.

# SELF-CARE MENU

-  take a few deep breaths ..... **5 MINS**
-  stretch your body ..... **5 MINS**
-  listen to your favourite song ..... **5 MINS**
  
-  meditate on your purpose ..... **15 MINS**
-  read a chapter of a book ..... **15 MINS**
-  journal out your thoughts ..... **15 MINS**
  
-  take a walk outside ..... **30 MINS**
-  get crafty ..... **30 MINS**
-  cook a new recipe ..... **30 MINS**

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## Upcoming Events

### **FAMILY CAREGIVER SUPPORT GROUP**

The Caregiver Support Group is a monthly group that offers a safe place to discuss the stresses, challenges, and rewards of providing care for an aging loved one. The meetings will be held virtually for the foreseeable future from noon to 1 p.m.

September's session will be held on Thursday, September 10, 2020 from noon to 1 p.m. Please RSVP ([stacey.l.bonner@vanderbilt.edu](mailto:stacey.l.bonner@vanderbilt.edu)) for Zoom details by Wednesday, September 9.



### **LUNCHTIME SESSION**

The Lunchtime Session is a monthly educational session to receive valuable information while providing care to your loved one.

Courtney Robinson, Program Manager with FiftyForward, will speak regarding meaningful activities that can be implemented in the home setting for your aging loved one. Courtney will engage your aging loved one in a fun activity the last 30 minutes of the session. This will be a great 30-minute respite break for you, the family caregiver.

September's lunchtime session will be held virtually on Wednesday, September 16, 2020 from 2 p.m. to 3 p.m. Please RSVP ([stacey.l.bonner@vanderbilt.edu](mailto:stacey.l.bonner@vanderbilt.edu)) for Zoom details by Tuesday, September 15.

