Message from the Coordinator

Vanderbilt Child and Family Center is partnering with Senior Helpers to bring the Virtual Dementia Tour to the Vanderbilt community. The Virtual Dementia Tour gives individuals an opportunity to walk in the shoes of a person with dementia by altering senses and simulating the day-to-day experiences of people with dementia.

“Embracing those with dementia into the fabric of our communities requires us to take a moment to walk in their shoes” said inventor of the Virtual Dementia Tour. “In an effort to do this, the Mobile Virtual Dementia Tour gives everyone an opportunity to join those with dementia on a personal journey to understanding. When this happens, awareness is ignited moving us from fear of the disease to inclusion of those with the disease.”

The Virtual Dementia Tour is a scientifically proven method that builds sensitivity and awareness of the individuals caring for those with dementia by temporarily altering participants’ physical and sensory abilities with props and circumstances to simulate changes associated with physical as well as cognitive impairments of aging. Participants are then placed in a “normal living situation” and asked to perform simple tasks. Within seconds of receiving instruction, the participants experience and react with evident, dementia-like behaviors.

This event will take place on Wednesday, April 22, 2015 from 9 a.m. to 3 p.m. The camper will be located in the alley between Langford and Eskind Library. To register go to http://form.jotform.us/form/50084398350153.

If you have questions, contact Stacey Bonner, at 936-1990 or stacey.l.bonner@vanderbilt.edu.

It only takes 10 minutes!

AARP Finds A Huge Gap Among States In Long-Term Services Quality and Access

The quality and accessibility of long-term supports and services depends in large part on where you live, according to a report by AARP, The Commonwealth Fund, and the SCAN Foundation.

Eight states—Minnesota, Washington, Oregon, Colorado, Alaska, Hawaii, Vermont, and Wisconsin—provide the best care by nearly all of AARP’s measures. Kentucky, Alabama, Mississippi, Tennessee, West Virginia, and Indiana provide the worst, pretty much across each of the five main indicators in the survey.

The study looks at nearly two dozen measures—from access to Medicaid’s home-based care programs to private long-term care insurance coverage to the quality and cost of nursing homes and home care. It divides those measures into five main categories—affordability and access of care, choice of setting and provider, quality of life and quality of care, support for family caregivers, and effective transitions in and out of nursing homes.

Two main trends jumped out: The first was the consistency within the best and worst states. Those eight top-ranked states did well across the board. And the bottom six were consistently below average across all of AARP’s indicators.

The other was the tremendous variation among states. The best states were far better than the worst. The gap was, in fact, enormous.

Here are two examples: Among the top-ranked states, an average of about 7 percent of long-stay nursing home residents are hospitalized within a six month period. But among the lowest-ranked states, the percentage soared to nearly 19 percent—almost one in five. Similarly, the highest-ranked states spent an average of about two-thirds of their Medicaid long-term care dollars on home and community based care, twice what the lowest rank states spent.

Variation is important because it says that states can do better if they want to. If there is a secret sauce for keeping nursing home residents out of hospitals, some states have found it. The others could if they’d just look a little harder. Or committed the resources to fixing the problem.

If you compare the AARP study with another state survey published by the United Health Foundation, the story is remarkably similar: States such as Minnesota, Hawaii, Colorado, and Oregon score in the top in both studies. States such as Kentucky, Mississippi, West Virginia, and Alabama land in the bottom 10.

The studies were not identical. AARP targeted only long-term supports and services among the states, both for seniors and other adults with disabilities. United Health looked more broadly at quality of life issues, but only for seniors.

Of course, these studies measure only certain objective service-based indicators. They did not include more subjective factors that can be critical for frail elders and other adults with disabilities. For instance, Minnesota may have a top-rated system for long-term supports and services, but it also has its winters.

And neither AARP nor United attempted to measure what may be the single most important factor in determining someone’s quality of life in frail old age: Do they have a caring, competent family caregiver?

AARP and United Health are not advising people to buy snow boots and move to Minnesota. They are suggesting that many states can do better when it comes to supporting high-quality services for frail elders and adults with disabilities.

Understand the Three Main Levels of Senior Care
Published by Alex Milzer with Senior Directory

As you begin to age, it is very important to start thinking about what types of services and care are required to stay active, safe and healthy. It is no secret that the older you get, the more difficult activities are to perform. The goal, after all, is to remain independent as possible so you can continue about your life. The problem is that accomplishing this goal can be unclear and confusing with so many different options to choose from, especially if deciding on care is a new experience for you. In the following article we will summarize the three most common levels of care in the senior healthcare industry, most commonly known as retirement living, assisted living and skilled nursing.

Lowest Level of Care
What does it mean when a senior citizen lives independently? It could mean they are living in the comfort of their own home or it could mean they are living in a retirement home with other people their age. Both are good options, and both provide nearly the same level of service, though there are some differences. In either case, the main point is that when a senior lives independently they are living without any kind of assistance. Many people have the misconception that by moving into a retirement home they will be receiving increased care and help. Yes, typically there are social activities and recreational dining, but if assistance is required such as dressing, grooming, feeding, bathing, and going to the bathroom, or if medical attention is called for, then a high level of care is going to be needed.

There are virtues to both living at home and in a retirement community, so it is important to decide what is best for you or a loved one. Living at home has the benefit of retaining a familiar and comfortable setting, while moving into a retirement home guarantees a social community with people of the same age, and therefore, removes the risk of social isolation. The decision really comes down to comfort and style of living.

Mid-Level of Care
One of the hardest realities to accept is when you or a loved one cannot perform everyday tasks that used to be instinctual and trivial, like doing laundry or cooking dinner. At this point we’re not referring to medical or rehabilitative care, but rather only to assistance with activities of daily living (ADL’s). When this incapacity becomes a norm, it is time to raise the level of care.

If you or a loved one is living independently and help can be performed without having to relocate, then deciding to hire a non-medical homecare provider is going to be your best option. On the other hand, when living alone becomes unsafe then it is probably best to relocate into an assisted living facility.

Assisted living facilities are designed specifically to cater to the needs of those who require assistance with ADL’s. Transitioning from independent living to assisted living is a very natural progression, so do not be ashamed if this is happening to you. Think of assisted living simply as living in a retirement home, but with many of your everyday tasks like cooking and cleaning done for you, as well as a 24-hour staff member on-call in case of emergencies. The biggest misconception about assisted living is that you will receive medical and rehabilitation services, which often leaves those who move into an assisted living facility disappointed, as they expect that these services are going to be provided.

Highest Level of Care
What if your loved one needs medical care or rehabilitation services? As expected, these situations are always going to be more complicated than those that do not require medical attention. Deciding on how to treat a person’s instability from preventing another fall is naturally more sensitive, complicated and emotionally taxing than deciding if they need help cooking dinner or grooming. The big question is where do you start?

First off, you should always ask yourself whether the situation can be resolved without having to remove the individual from the comfort of their own home. If you can hire a medical home health agency to come in and provide assistance then it is usually your best option.

But what if the situation is more serious and cannot be treated at home? The first step is to assess the degree of the problem. If the individual needs to go the hospital, then call 911 immediately, even if you are unsure if it is the right thing to do. When you are working with elderly individuals, certain situations can be unpredictable; therefore, getting them to the hospital is usually the safest route. If the individual needs rehabilitation care, then determining if they need short-term or long-term rehabilitation is pertinent. If short-term rehabilitation (sub-acute care) is required, then the patient will need to temporarily move into a nursing home or sub-acute rehabilitation facility. The key is to get them in and out of rehabilitation as quickly as possible, so they can return home. If the individual requires long-term rehabilitation then they will probably need to move into a nursing home, or skilled nursing facility, on a full-time basis in order to receive the appropriate ongoing and daily medical attention.

To Sum it all Up
Deciding on what level of care you or a loved one needs is a very serious matter. It is very common for seniors to transition from one level of care to another based off what is required to keep them healthy, active and safe. It is important to be educated as much as possible, so you are better prepared to make sensible adjustments and informed decisions in unexpected situations. Not only will you be more at ease, but you will save time and money in the process.

source: http://seniordirectory.com/articles/info/understand-the-three-main-levels-of-senior-care
The Good-Enough Caregiver

Do you ever feel that no matter what you do, you just can’t be the kind of good daughter or son you want to be? Do you think you have let your parents down by continuing to work rather than quitting your job to take care of them full time? Do you wish you could smooth over all the points of conflict? Take away their frailty or pain?

Sometimes we have unrealistic expectations for ourselves, which come from a drive for perfectionism and from our culture’s idealized notions of family life. We also may have wishful thinking about how much of life we can control. No matter what you do, or how well you do it, there will continue to be frustrations as situations change. No matter how hard you try, it is hard to live up to the ideal of the ever-sacrificing, ever efficient, always available good son or daughter. Sometimes all you can do is “good enough.”

A good-enough caregiver strives to give the best care he or she can give without sacrificing his or her own physical or mental health in the process. The good-enough caregiver recognizes that trying to be perfect every day and in everything will lead to “burnout.” The good-enough caregiver takes time out for herself. She is like a long-distance runner, pacing herself, holding back some reserve energy for later sprints. The good-enough caregiver, refreshed and ready, rather than raw and resentful—might just be a great caregiver after all.


Upcoming Events

Successful Aging is something everyone seems to talk about, but what exactly does that mean? Denial, like ostriches with our heads in the sand, is how most people and families age. It is convenient that we are so busy, because none of us really want to talk about how we are getting older or how our loved ones are getting older. So most of us simply don’t, until there is a crisis. When we don’t face aging head on, we are more likely to get manipulated by our own guilt and the guilt of others. There is another way! Join Gretchen Geagan, Certified Professional Geriatric Care Manager and CEO of Life-Links Care Management and Advocacy, as she provides specific ways you may choose to age successfully through information and communication. This month’s Boomers, Elders, and More Lunchtime Session will be held on Wednesday, February 18, 2015 from 12 p.m. to 1 p.m. in Light Hall Room 437. Please feel free to bring your lunch.

Vanderbilt Family Resource Center’s Caregiver Support group will be held on March 11, 2015 from 12 p.m. to 1:00 p.m. in Medical Center East 8349. 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.