

# Cary Senior Center “Live Strong and Eat Well at Home Panel” September 29, 2017



## Panelists:

- **Home Care (Personal/Companion Care & Nursing Services)**  
**Aware Senior Care.** Gina Murray RN and Director  
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- **Physical & Occupational Therapy – Katie Stephens PT, NCS, Steps for Recovery** <http://www.stepsforrecovery.com/>. (P) 919-535-3930
- **Yoga** - Brenda Schnable, Owner QI Infused Yoga. [www.qi-infused-yoga.com](http://www.qi-infused-yoga.com) [brenda@qiinfusedyoga.com](mailto:brenda@qiinfusedyoga.com) (P) 919-228-9642
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## Home Care (In-home personal and companion care)

Gina Murray, RN and Director Aware Senior Care

### Q. There are many home care agencies what makes you different?

A.

- **Personal Experience.** *Tim and Gina, the owners, have been through what you're likely going through right now – researching and finding the best options for an aging loved one and we have been caregivers to our own parents.*
- **Medical references.** *We are one of the few Home Care agencies that I've seen who have active MD references that will both refer and be a reference for the care that Gina Murray has provided for the elderly, chronically ill and disabled. Gina is a registered nurse and a graduate of the Villanova University School of Nursing. Gina has spent more than 30 years in the field of gerontology. She spent over 15 years at one of the top skilled nursing facilities in our region, serving as a supervisor, Nurse Manager, and Assistant Director of Nursing. She also worked for Hospice of Wake County and was instrumental in the opening and management of the first inpatient hospice facility in our area (now Transitions LifeCare).*
- **Family References.** *We have families who will talk to prospective families about our services and our wonderful caregivers. See [www.awareseniorcare.com/testimonials](http://www.awareseniorcare.com/testimonials)*
- **Highly trained staff.** *During initial hiring all caregivers go through our one-day caregiver orientation training. At least quarterly we do in-service training and we will be offering advance training on care for people with chronic illnesses. Training is a key part of who we are.*
- **Extensive caregiver screening.** *We background check all of our caregivers using state of the art background web-based software from Talentwise.com. Through TalentWise, we automatically check US wide criminal database, sex offender and DMV. We drug screen and TB test all of our candidates and we do a thorough review of the NC Registry for CNAs. All caregivers are personally interviewed and screened. If hired, all caregivers go through one-day orientation and we schedule at least quarterly in-service training. All training is done by our RN staff.*

### Q. Can your caregivers provide transportation?

A. *Yes. Caregivers drive to doctors' appointments, senior centers, etc. If driving your vehicle, there is no extra charge. A standard per-mileage rate applies if using the caregiver's vehicle.*

### Q. What areas do you serve?

A. *Cary, Raleigh and parts of Apex in Wake County, North Carolina.*

### Q. Will my Long Term Care Insurance cover your services?

In most cases, Long Term Care Insurance does reimburse for services. We are happy to help determine eligibility requirements for your insurance company. For former US service personnel, the Veterans Administration offers the "Aid & Attendance" pension homecare benefit.

## Nutrition – Meredith Ebersohl WakeMed

### 1. I'm not thirsty, so why should I drink more water?

Our fluid needs don't change much as we age, yet we may not feel as thirsty. It's common to feel sluggish and tired instead of thirsty and opt for a nap rather than a glass of water or cup of tea. The aging process influences thirst, as do many medications. Medications can pack a one-two punch by increasing urination and decreasing appetite or thirst.

Do a color check to determine your hydration: aim for clear or pale-yellow urine. If it's dark yellow, reach for a drink. If you don't like plain water, flavor it with slices of citrus fruits, berries, mint, or even cucumber. Get creative! Sparkling water, hot tea, and milk are also good choices.

People may try to drink less water to avoid trips to the bathroom. However, it's possible to weaken bladder muscles by putting off urination and holding urine in your bladder; this can also increase the likelihood of a bladder infection. Try pelvic muscle exercises and "timed voiding", which is going to the restroom at the same times, to help combat this common complaint. Always make sure you can safely get to the bathroom.

Read more at John Muir Health and the National Institute on Aging:

[https://www.johnmuirhealth.com/health-education/health-wellness/senior\\_health/dehydration-aging.html](https://www.johnmuirhealth.com/health-education/health-wellness/senior_health/dehydration-aging.html)

<https://www.nia.nih.gov/health/urinary-incontinence-older-adults>

### 2. I'm not that hungry. Do I really need to eat 3 meals a day?

While calorie needs decrease as we age, specific nutrient requirements may actually increase. This makes for a challenge if we don't feel as hungry. Our digestive system changes as we age; we might feel like some parts are moving more slowly and some much more quickly! Medications can also impact our digestive system and food may stay in our stomach a little longer, both of which may reduce appetite. However, we don't absorb some nutrients as well, so eating nutritious foods become even more important.

- Try to have some protein and at least 1 or 2 fruits and vegetables at each meal.
- Dairy is a great source of protein, calcium, vitamin D, and vitamin A.
- Choose whole grain foods like oatmeal over refined grains like white flour whenever possible.

If you're not feeling hungry, but it's been more than 4 or 5 hours since you've eaten last, try for something light like a smoothie, yogurt and berries, or half a banana with peanut butter. 3 meals a day is fine if you have the appetite, but 4 or 5 smaller meals may better suit your needs.

Ask your doctor or dietitian if you should consider taking a vitamin or mineral supplement.

Read more about healthy weight and proper nutrition for older adults from The Academy of Nutrition and Dietetics:

<http://www.eatright.org/resource/food/nutrition/dietary-guidelines-and-myplate/healthy-weights-for-healthy-older-adults>

<http://www.eatright.org/resource/health/wellness/healthy-aging/special-nutrient-needs-of-older-adults>

3. I don't enjoy the same foods that I used to. Nothing tastes the same!

Many factors are at play here: our senses change as we age, so food may smell and taste different. Older adults may find that they enjoy sweets more than they used to. This may lead to more candies or desserts and less fruits and vegetables. Use the natural sweetness of produce to satisfy your sweet tooth and get in some fiber and antioxidants:

- snack on fruits, pair them with nuts, or try them for dessert
- roast or bake vegetables to bring out their natural sweetness
- add cut-up grapes to chicken salad, cranberries to winter squash, or fruit to plain yogurt

Experiment with different herbs, spices, and vinegars to enhance the flavor of foods. Try these salt-free seasoning blends. Combine ingredients and store in a tightly covered container or freeze. Rub or sprinkle them on food for added flavor. 1 tablespoon fresh = 1 teaspoon dried

**Mixed herb blend:** 1/4 cup dried parsley flakes, 2 tablespoons dried tarragon and 1 tablespoon each of dried oregano, dill weed and celery flakes.

**Italian blend:** 2 tablespoons each of dried basil and dried marjoram, 1 tablespoon each of garlic powder and dried oregano and 2 teaspoons each of thyme, crushed dried rosemary and crushed red pepper.

**Mexican blend:** 1/4 cup chili powder, 1 tablespoon each of ground cumin and onion powder, 1 teaspoon each of dried oregano, garlic powder and ground red pepper and 1/2 teaspoon cinnamon.

4. I live alone and don't find the joy in cooking for one as I did when I was cooking for a family.

There are many resources with recipes and nutrition tips for older adults, specifically cooking for 1 or 2:

Cooking classes and recipes for older adults: <http://www.seniorchef.co.nz/recipes>

Med Instead of Meds: <http://medinsteadofmeds.com/category/recipes/>

Kansas State University – Cooking for 1 or 2:  
<https://www.ksre.k-state.edu/humannutrition/nutrition-topics/eatingwell-budget/cookingfor1or2.html>

Canned Food Alliance: <http://www.mealtime.org>

Fruits & Veggies More Matters: <http://www.morematters.org>

National Institute on Aging: <https://www.nia.nih.gov/health/healthy-eating>

National Council on Aging:

<https://www.ncoa.org/economic-security/benefits/food-and-nutrition/senior-nutrition/>

Medline: [medlineplus.gov/seniorshealth.html](https://pubmed.ncbi.nlm.nih.gov/medlineplus.gov/seniorshealth.html)

Use this guide if you would like to half a recipe:

**Making half a recipe**

1/4 cup	2 tablespoons
1/3 cup	2 tablespoons + 2 teaspoons
1/2 cup	1/4 cup
2/3 cup	1/3 cup
3/4 cup	6 tablespoons
1 tablespoon	1 1/2 teaspoons
1 teaspoon	1/2 teaspoon
1/2 teaspoon	1/4 teaspoon

You don't have to cook a big breakfast, but try to start your day with a healthy one. Here are some ideas to get you going:

<p><b>Fruit and Yogurt Parfait</b> 6-8 ounces of yogurt 1/2-1 cup berries or cut fruit 1/4 cup nuts, seeds, granola, or cereal</p> <p><i>Layer ingredients and enjoy! Nuts and seeds have heart-healthy fat and fruits have fiber and antioxidants.</i></p>	<p><b>Powerhouse Oatmeal</b> 1/2 cup dry oats 1/2 cup milk 1/2 cup fresh or frozen berries 1/4 cup walnuts or other nuts 1/2 tsp cinnamon</p> <p><i>Combine ingredients, cover, and refrigerate overnight. May eat cold or microwaved.</i></p>	<p><b>Peanut Butter Waffle</b> 1 whole grain waffle 1-2 tbsp peanut butter (or nuts) 1/2-1 cup berries or cut fruit</p> <p><i>Spread peanut butter on warm waffle and serve with fruit on top. Look for peanut butter without hydrogenated oils.</i></p>
<p><b>Enjoy cereal with milk and fruit. Look for cereal with:</b></p> <ul style="list-style-type: none"> <li>• <b>Whole</b> grain in the first ingredient</li> <li>• Little or no added sugar (read ingredients list or nutrition facts)</li> <li>• At least 3 grams of fiber and 3 grams of protein per serving</li> </ul>	<p><b>Muffin tin eggs</b> 6-12 eggs, 1/2-1 cup veggies, 1/2-1 cup cheese, salt &amp; pepper</p> <p><i>Whisk ingredients in a bowl and pour into sprayed muffin tin. Cook through at 350, cool, then wrap and freeze eggs or refrigerate and eat within a week. Make breakfast burritos or sandwiches.</i></p>	<p><b>Nutrition Tips for breakfast:</b></p> <ul style="list-style-type: none"> <li>• Include protein. Some at each meal is important for healing and maintaining muscle.</li> <li>• Have 1-2 fruits or vegetables at each meal for fiber and antioxidants.</li> </ul>

5. I feel as healthy as I ever did. Why do I have to be extra careful about food safety?

From the FDA:

“By 65, many of us have been diagnosed with one or more chronic conditions. The side effects of some medications or the chronic disease process may weaken the immune system, causing older adults to be more susceptible to contracting a foodborne illness. As you age, your immunity to infection naturally is weakened. After 75, many adults have a weakened immune system and are at an increased risk for contracting a foodborne illness. Should older adults contract a foodborne illness, they are more likely to have a lengthier illness, undergo hospitalization, or even die. Be especially vigilant when handling, preparing, and consuming foods.”

Use this guide for foods that may pose increased risk of causing foodborne illness and read more at these websites:

<https://www.fda.gov/downloads/Food/FoodborneIllnessContaminants/UCM312790.pdf>

FDA: <https://www.fda.gov>

USDA Food Safety and Inspection Service: [fsis.usda.gov](https://www.fsis.usda.gov)

[foodsafety.gov](https://www.foodsafety.gov)

## Smart Menu Choices

<b>Higher Risk:</b>	<b>Lower Risk:</b>
✗ Soft cheese made from unpasteurized (raw) milk.	✓ <b>Hard or processed cheeses.</b> Soft cheeses only if they are made from pasteurized milk.
✗ Refrigerated smoked seafood and raw or undercooked seafood.	✓ <b>Fully cooked fish or seafood.</b>
✗ Cold or improperly heated hot dogs.	✓ <b>Hot dogs reheated to steaming hot.</b> If the hot dogs are served cold or lukewarm, ask to have them reheated until steaming, or else choose something else.
✗ Sandwiches with cold deli or luncheon meat.	✓ <b>Grilled sandwiches</b> in which the meat or poultry is heated until steaming.
✗ Raw or undercooked fish, such as sashimi, non-vegetarian sushi, or cerviche.	✓ <b>Fully cooked fish</b> that is firm and flaky
✗ Soft-boiled or “over-easy” eggs, as the yolks are not fully cooked.	✓ <b>Fully cooked eggs</b> with firm yolk and whites.
✗ Salads, wraps, or sandwiches containing raw (uncooked) or lightly cooked sprouts	✓ Salads, wraps, or sandwiches containing <b>cooked sprouts.</b>

*Ask questions about how your food is cooked.*

For more resources on healthy aging:

National Institute on Aging

[nia.nih.gov](http://nia.nih.gov)

<https://www.nia.nih.gov/health/healthy-eating>

USDA Food and Nutrition Information Center

National Agricultural Library

[www.nal.usda.gov/fnic](http://www.nal.usda.gov/fnic)

Eldercare Locator

1-800-677-1116 (toll-free)

[www.eldercare.gov](http://www.eldercare.gov)

BenefitsCheckUp

1-571-527-3900

[www.benefitscheckup.org](http://www.benefitscheckup.org)

National Association of Nutrition and Aging Services Programs

1-202-682-6899

[www.nanasp.org](http://www.nanasp.org)



## **Exercise (Physical and Occupational Therapy) Katie Stephens, PT, NCS Steps for Recovery**

1. What type of therapy do you provide at STEPS for Recovery?

We provide out-patient physical, occupational and speech therapy services. We specialize in the treatment of neurologic conditions, especially stroke, brain injury and spinal cord injury. We also see clients with more traditional PT issues like back pain or hip pain, but we address this issues with a whole-body, neuro-based approach called Postural Restoration. In addition, we have a wheelchair/seating clinic for individuals needing a new or replacement wheelchair. We are also excited to announce that we have a new therapist joining our team who specializes in the treatment of vestibular issues, dizziness, impaired balance and falls.

2. How is the stroke/brain injury therapy at STEPS for Recovery different from other therapy I've had during my recovery?

At STEPS for Recovery, we understand that rehabilitation means more than just being able to walk to the bathroom, the ability to get dressed or answering yes/no questions to express basic needs. We believe that reaching these functional milestones are critical to safety and promoting independence, but for most individuals these are just the first steps on the journey to recovery. We have a passion for promoting life participation, not just survival. We work to help you meet the goals that are relevant and important for you, whether that means preparing a meal, returning to work, riding a bike or being able to get down on the floor to play with grandchildren. Our therapists have all participated in extensive post-graduate training in treatment approaches related to neurologic recovery, and each therapist offers a unique specialty or certification. Because of our collaborative teamwork, you can be assured that we will draw on each therapists' talents and skills to meet your needs and maximize your recovery.

3. How is Postural Restoration different from regular Physical Therapy?

Postural Restoration IS Physical Therapy! While the thought process of the therapist and the types of exercises and activities you will participate in is very different from what you experience at most "traditional" or sports/orthopedic therapy centers, the rationale behind the approach is solidly rooted in long standing scientific principles of normal biomechanics, taking into account the body's inherent asymmetries. Using a Postural Restoration approach, your therapist will assess the effects of many parts and systems of your body and how they impact your movement, pain, strength and susceptibility to injury. For example, your therapist may talk to you about the types of shoes that you wear, the alignment of your teeth and how your vision may be impacting your movement.

4. Will my insurance cover my therapy?



If you have out-patient benefits for rehabilitation services under your health insurance then there is a good chance that your therapy will be covered. We are participating providers with Blue Cross Blue Shield, Medicare and Tricare. We accept other insurances (i.e. Aetna, UnitedHealthcare) as an out-of-network provider. For these other insurances, please verify with your insurance company that you are eligible to use out of network benefits for therapy under your plan. Some plans do not allow this. Typically, you will have higher co-pays and deductibles using out of network benefits.

Regardless of your insurance carrier, you should call your insurance company prior to making your first appointment to verify the extent of your benefits. Some questions to ask include:

**How many visits am I allowed for PT, OT and/or speech in a plan year?** Some plans have a visit limit per discipline and some plans allow a total visit limit for all disciplines (i.e. 30 visits per year for PT, 30 visits for OT, 30 visits for speech versus 30 visits per year for all PT/OT/speech).

**When does my plan year start?** Some plans follow a calendar year and some plans start at other times during the year. This will be important to know so that you know when your visits for the year re-set.

**What will I have to pay out of pocket for my visits?** You may have a co-payment, co-insurance and/or deductible that you must meet and this will need to be paid at the time of service. Some carriers require only one co-payment per day if multiple therapies are received on the same day (i.e. PT, OT and speech all on the same day) and some carriers require a co-payment for every session, regardless of when the service is provided.

**Is there a limit to the number of minutes or modalities that are covered in a session?** Some carriers limit each discipline to 60 minutes or 4 modalities in a day and some have other limits or sometimes no limits.

**Do I need a prescription or referral?** If you have Medicare, a prescription IS required for all therapy services, as well as periodic recertification of your therapy plan. For commercial carriers, some require prescriptions but most do not. The requirements may be different based on each discipline – PT, OT, Speech.

5. [What insurances do you accept?](#)

We are participating providers with Blue Cross Blue Shield, Medicare and Tricare. We accept other insurances as an out-of-network provider. Please check with your carrier prior to your first appointment to verify that you are eligible for out of network benefits if

you have insurance other than BCBS, Medicare or Tricare. We can not accept Medicaid.

6. Do I need to have a prescription or a referral?

If you have Medicare, a prescription IS required for all therapy services, as well as periodic recertification of your therapy plan. For commercial carriers, some require a prescription for PT services, but most do not. Occupational Therapy Services ALWAYS require a prescription.

If you are coming for a wheelchair / seating evaluation, you will need a specific prescription from your doctor ordering, "Wheelchair / seating evaluation".

7. How long do visits usually last?

PT and OT visits are typically scheduled for one hour per discipline and speech therapy sessions are typically 45 minutes, however we have the flexibility to adjust treatment time based on the needs of the client. Some clients may only need 30-45 minutes, others may need more time. We offer one-hour (or less), multi-hour, and coordinated therapy times for individuals receiving multi-disciplinary treatment. Please check with your insurance carrier to verify your benefits as some carriers have a limit of 60 minutes (or 4 modalities) per discipline per day. We are happy to accept fee for service payment for any non-covered services.

8. How will I be billed for therapy services?

As a courtesy to you, we will file a claim with your insurance company. You will be responsible for any co-pay, co-insurance or deductible at the time of service. Any fee-for-service payments are required at the time of service unless other arrangements are made in advance. Payments for denied claims will be billed to you as allowed by your insurance company.

9. I have been to therapy before and did the same exercises every time I was there. Will this be the same approach?

We believe that your time in therapy is best spent by progressing your program not practicing your homework. If it is necessary to review your home program or follow up on an issue, we will be happy to do this, but our goal is to keep you always moving forward.

10. How many times per week will I need to come?

Your therapist will discuss recommendations for frequency and duration of therapy with you over your first few visits. Intensity of therapy is individualized to the needs of each person and will vary from person to person and may vary during your course of treatment.

## Yoga - Brenda Schnable, QI Infused Yoga

### 1. QUESTION:

Can I do yoga if I'm not flexible?

### ANSWER:

Absolutely! That's one of the reasons to do yoga. When you're born you don't start running on day one. You lie around for a while, then roll over, crawl, walk, and then run. The same is with yoga. If you do it consistently, you will become more flexible and that's the goal. The goal is not to become a pretzel.

### 2. QUESTION:

The doctor says I need cardio. In yoga all you do is stretch. Why should I need yoga?

### ANSWER:

To be healthy, you need to take care of you. That includes all aspects of you – your physical health, mental health, emotional health, social health, and spiritual health. Yoga works on all of these health aspects. In regards to physical health, yoga can be quite physically challenging depending on the type of yoga practiced. You can build strength, endurance, flexibility as well as get your heart rate up.

### 3. QUESTION:

I'm a Christian. So, then what's this about spirituality?

### ANSWER:

That's the biggest misconception about yoga. It is not a religion. Just because yoga originated in India you don't have to be Hindu. If you think about it in reverse, that's like saying people outside the U.S. can't do aerobics. Yoga is a tool to tap into your spirituality with meditation etc.

### 4. QUESTION:

My doctor says I should do yoga. There are so many kinds? What's the right type? Where do I start?

**ANSWER:**

First thing I'd suggest is to ask your doctor why he/she is recommending yoga. Then I'd look for a class in the catalog that fits. At the Cary Senior Center we offer a variety of types a skill levels. I personally teach Yoga Stretch, Qi Infused Yoga, Yoga for Stress Relief and Yoga Back Basics but there's a ton more – Yoga with Weights, Gentle, Meditation, Pranayama. In January there'll be yet another class Restorative Yoga added.

**5. QUESTION:**

Why is yoga good for stress reduction?

**ANSWER:**

It is not only calms the nervous system, which helps reduce stress but gets us to calm down and relax. Besides the nervous system, yoga also helps the other systems of the body such as the digestive/ elimination system, endocrine, cardio/vascular, and muscular/skeletal systems too.

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**Q:** What is the difference between a senior center and adult day care center?

**A:** A senior center is designed to meet the social needs of fully independent seniors. An adult day care center is a place where senior adults with cognitive and physical challenges may come to for supervised activities, socialization and nursing care needs. Individuals attending adult day care centers are typically in need on direct supervision and/or personal care needs that are typically provided by a family in the individuals' home.

**Q:** Who attends ADC centers?

**A:** Senior adults who have been diagnosed with a form of dementia, Parkinson's disease, stroke recovery and other senior related health concerns attend adult day care centers. They are often

living at home with a spouse or adult child and can benefit from socialization and activities outside of their homes.

**Q:** What is a typical day like at an ADC center?

**A:** A typical day at an adult day care center usually starts with a light breakfast, exercise programs, activities such as arts and crafts, table games, trivia, gardening and walking programs are offered throughout the morning followed by a well-balanced lunch. Such activities and socialization continues into the afternoon. All programs and activities are designed specifically for senior adults with cognitive and physical challenges.

**Q:** Are ADC centers a new care option for eldercare?

**A:** Adult day care centers have been in existence for over 30 years. They originated mostly in church basements or synagogues but have emerged into standalone centers and offer a wide range of services to meet the needs of the individual. They are a great alternative to institutional care and the most affordable way to care for a senior adult.

**Q:** How can someone with dementia benefit from ADC centers?

**A:** There are many reasons why a person with dementia benefits from attending an adult day care center, but the biggest benefit is the activities and socialization that play a vital role in slowing the progression of the dementia. Isolation is a large reason many senior adults begin to decline both cognitively and physically. It does not matter if a person is an introvert or an extrovert, social engagement is necessary for all individuals. Placing an individual with dementia into an environment that is set up to meet the individual where they are both cognitive and physically can increase self-esteem, and can allow the person to focus on many activities that they can do, rather than what they can no longer do.

**Q:** What types of medical conditions can someone have while attending an ADC center?

**A:** A person who is attending a combination health/social model adult day care program can have a diagnosed of many medical conditions that require supervision and nursing care. Typically, adult day care centers have either a LPN or an RN on staff and if the medical condition can be managed under the scope of an LPN or RN license, then the care for that medical condition can be received at the center.

**Q:** How much does it cost? Are there funding sources or insurance coverage?

**A:** Adult day care centers are primarily paid for in a private manner. Medicare and health insurance does not cover the cost of care. If an individual has a long term care insurance plan that covers community based programs, adult day care may be covered. In addition, some centers are VA providers and coverage may be covered through VA benefits.

**Q:** Are ADC centers regulated like an NH or ALF?

**A:** Adult day care centers are licensed by the State of North Carolina and must complete an annual re-certification process. In addition, monthly unannounced inspections are conducted.

**Q:** What types of services are available at an ADC besides activities and nursing services?

**A:** Some centers offer services beyond activities and nursing services such as transportation, PT/OT/ST, podiatry services, bathing services and barber and beauty salon services.

**Q:** How can an ADC benefit the caregiver?

**A:** As a caregiver, there is often no time for themselves. The caregiver can have a much needed and deserved break from caregiving and can find time to care for themselves. The amount of stress that caregivers carry is enormous and if they can have just a little bit of break

from the responsibilities during the day, it may be just what they need to keep caring for their loved one.

## **Elder Law and Estate Planning**

**Jackie Bedard** - Attorney, Helping Families & Business Owners, Wills, Trusts, Business Law, Estate Administration, MIT alum, Runner, Dog lover!

**Carolina Estate Family Planning** <http://www.carolinafep.com/>

919-443-3035

### **Q1. If we already need care, what are some options for paying for care?**

**A1)** Long Term Care Insurance, Financial Products with Long Term Care Riders, Reverse Mortgages, Veterans Benefits and Life Care Funding. Veteran Benefits include VA Aid and Attendance for wartime veterans or their surviving spouse. It's a non-service connected disability benefit. Covered wars: WWII, Korea, Vietnam, & Gulf War. Veteran must have 90+ days of active duty, 1 day during war dates. There are income/asset rules to qualify for VA Aid and Attendance. You can download e-book on our website: <http://vip.carolinafep.com/vabook>

### **Q2. I'm a veteran or surviving spouse of a veteran, can I get help from the VA to help pay for in-home care?**

**A2)** VA Aid & Attendance is non-service connected disability benefit for wartime veterans or their surviving spouse. Maximum benefits for VA A&A: Married Veteran \$2120/month, Single Veteran \$1788/month, Surviving Spouse of Veteran \$1149/month.

### **Q3. What is Life Care Funding, and how can it be used to pay for in-home care?**

**A3:** Life Care Funding is conversion of life insurance policy into benefit account that can be disbursed to pay for LTC costs. Life Care Funding is not long-term care insurance or a policy loan of any type. All health conditions are accepted. You can download a brochure about Life Care Funding via our website at <http://vip.carolinafep.com/lifecare>. Most forms of Life Ins qualify, including term, universal, whole, & group life. No cash value required

### **Q4: What are long-term care insurance options and how do they work for paying for in-home care?**

**A4:** There are lots of options available. Best options will depend on the applicant's age, health, and finances. Traditional long-term care insurance (LTCI) usually involves some health screening. You pay premiums each year. An example of a traditional LTCI policy might be that it will cover \$175/day for up to 3 years, or a total of \$191,625. Usual trigger for receiving LTC coverage is that you need assistance with 2 or more Activities of Daily Living (ADLs). Age and health will be big factor in figuring out right options. For traditional LTCI, the earlier the better. Usually 50s or 60s. We do have a couple other options to review if you are beyond your 60s. We've had clients in their 70s still qualify for the life insurance with LTC rider option.

### **Q5. What is a reverse mortgage and how can it be used to pay for in-home care?**

**A5)** Reverse mortgage: your home is used as collateral to get cash from the equity in your home without incurring monthly expenses. Unlike regular mortgage or home equity loan where you make monthly payments, w/ a reverse mortgage there's no monthly payments.

It's a method of turning the equity in your home into cash to pay for expenses, such as in-home care.

To qualify, you must be 62 or older and the property being mortgaged must be your principal residence. When you die, the house is sold and the proceeds go towards paying off the mortgage (and any remainder goes to your estate). Some potential downsides: closing costs, servicing fees, children don't inherit your home.

Philips Lifeline- Medical Alert Provider and Medication Management

Todd Vecellio-Key Account Manager, NC

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## **Can you tell me a little about the Philips Company?**

You may know our name from lighting and electronics to personal grooming items like Norelco and Sonicare toothbrushes and probably unaware that many of the large machinery and equipment in the hospital are all Philips products.

We recently separated the company into 2 companies, Philips Lighting and Philips Health Tech to better concentrate our efforts on producing the best possible products. Philips Lifeline is part of the Philips Health Tech organization and has been provide Medical Alert Services for over 40 years and have saved more lives than any other company. Simply put, we are the # 1 provider in the United States.

### **Q: Can you use the Medical Alert for more than just falls?**

**A:** This device was created so people could live longer and more independently in their homes. The device can be used or the “button pushed” anytime that a subscriber needs help in and away from their home. We actually know that about 50% of the calls for help are actually falls. Many reach out for help when they are having other troubles or concerns. (Anxiety, breathing, strangers, loneliness).

### **Q: If I push my button, does Emergency Medical Services team arrive?**

**A:** Absolutely not! When you reach out for help, a Personal Care Adviser will come over you communicator to address your needs. If you are unable to solve you issue or get yourself up, in the case of a fall, we will notify one of your “responders” listed on your account. These are family, friends or neighbors who live within 5-10 minutes that can assist you with you issue. We also with your consent, provide Third Party notification to medical providers to advise them of your issues that caused you to seek help. This may help them address some of your medical needs.

### **Q: What if “I fall and I cannot get up” or “push my button”?**

**A:** We at Philips know that 3 out of 10 subscribers are unable to push their pendant after a fall. We invented a product feature name “Auto Alert” which can alert us when a patient has fallen and has not pushed their pendant. With the ability to detect 96.5% of all falls, this product is the only proven fall detection in the market. As we know that “time matters” after a fall, we will reach out to you after 30 seconds of the fall if you have not or cannot respond to our call, we will the call from EMS. (Statistics to address)

### **Q: Are there any other products that you provide to help Seniors live independently longer in their homes?**

**A:** Yes, we offer PMD or Philips Medication Dispensing services. This machine allows you or your caregiver to “fill” the dispensing machine and programs dosage times as well as some non-dosing instructions throughout the day. This will allow you or your loved one to be compliant with the many medications they may need to take. When it is time for you medicine, the machine will send an audio and verbal alert that it “is time to take your medicine”. The user then can simply go to the machine and hit the button and the medicine cup will dispense for usage. This messaging will alert every minute for 90 minutes until the dosage is requested. After 90 minutes, the machine will automatically “call out” to a pre-authorized family member to alert them that the dosage was missed. We also provide reporting to the physician or home health, upon request, that details the adherence rates of an individual or a group of patients under their care.

**Q: I see many similar products advertised and wonder how pricing compares?**

**A:** There are many “like” products on the market and honestly some of them are less expensive. We at Philips believe we have the most innovative products with proven results and we have serviced over 7 million subscribers over 40 years. Some questions you need to ask other providers about include the following:

- Contracts
- Activation Fees
- Proven Falls Detection
- Wireless Options
- Mobile Options with locating technology (all use GPS only)
- Call Center (owned or “outsourced” (US or Foreign))
- Expertise and Longevity in the sector

## **Pharmacy Home Delivery**

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The following is an excerpt from our Blog on Medication Management that Steve influenced. <http://www.awareseniorcare.com/blog-posts/medication-management-help-your-loved-one-get-organized>

### **Medication Management - Help Your Loved One Get Organized**

Why is managing medications so important? Personally, we had never thought about whether or not our parents were taking their medications as ordered. After his stepdad Jack's first stroke, Tim and I stayed with his Mom during those first frightening days. During this time, I noticed that there were a numerous medication bottles throughout their home. With Mom's permission, I collected all the medication bottles and sorted through them. There were over five dozen medications- over half of them were expired. The oldest medication was 15 years old! We realized that Jack had not been taking his medication correctly which was a major factor that led to his stroke.

Where do you start if you want to help a loved one get organized?

With permission:

1. Do a clean sweep - collect medications from all parts of the home. Remember to check kitchen and bathroom cabinets and drawers, pockets of clothes (especially robes), purses, the car, etc.
2. Check the expiration date for each medicine. Place expired medications off to the side or into a box to keep them separate.
3. Review the current medication list or create one if there isn't one. Include the person's drug allergies and today's date on the list.
4. Review the medication list and compare it to those medicines you have collected. Start with the prescription medicines.
5. For each prescribed medicine: Check the pharmacy label on each prescribed medicine on this list. Each should include: the name of the medicine, the dose prescribed, how many tablets/capsules/ml to take, how often to take it, the reason the medicine was prescribed, and special instruction, if any. Is a refill needed? When was the last refill? (This can help determine if too many or too few are being taken).
6. Add over the counter medications and supplements that are taken on a routine basis to the list. Are there enough on hand?
7. Use one pharmacy for your medicines. If some medicines are mail ordered, be sure to let your local pharmacist know about them. Pharmacists will watch for medication interactions.
8. Consider the use of a pillbox(es). There are various size boxes, some have alarms you can set as a reminder to take the medicines. The pillboxes keep the medicines organized. It also makes it simple to see if doses were missed.
9. Consider using a pharmacy that will prepackage the medicines into blister packs- at no additional charge. Some pharmacies will deliver the medicines to the home, at no charge as well including Health Park Pharmacy and Hayes Barton Pharmacy. Check out

[www.healthparkpharmacy.com](http://www.healthparkpharmacy.com) and [www.hayesbartonpharmacy.com](http://www.hayesbartonpharmacy.com) for more information on these services.

10. Help your loved one fill the pillboxes each week or buy more than one so you can do more weeks at the same time.
11. Check each week- are the medicines being taken? Are the same doses being missed each day? Consider the use of timers or other reminders if needed.

Taking medicines as they are prescribed is essential for good health. Talk to your healthcare professional if there are concerns or questions about any medicine.

Have you been able to help a loved one organize their medicines? What did you do? Please share your experiences and what worked for you and your loved one.

**Cary Senior Center**

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The Cary Senior Center is a recreation facility for people ages 55+ (including some for 50+!) where we provide opportunities for Creating Active Retirement Years through a variety of wellness programs for all interests!

**Link to the Cary Senior Center Brochure** <http://townofcary.uberflip.com/i/705198-creating-active-retirement-years-fall-2016>

**Resources for Seniors Guide** <http://www.resourcesforseniors.com/directory.php>

Council for Ageless Residential Environments  
[www.hbacare.com](http://www.hbacare.com)  
919-233-2033

The C.A.R.E. Council is a primary resource for ageless design in home construction for HBA members, building industry professionals and the general public.

The Council brings together expertise & focus on ageless/ barrier-free design by businesses that are HBA members with longevity and experience in the area.

The goals of the council are:

- To educate the general public about ageless design by participation in such events as the Southern Ideal Home Show C.A.R.E Pavilion.
- To schedule classes, seminars and webinars for our council members, HBA members, and the general public on topics dealing with ageless design.
- To serve as a resource for developers, contractors and REALTORS™ who provide ageless design products and services.
- To increase business for our council members through the promotion of ageless design.