

AggingCare[®]

WWW.AGINGCARE.COM

Spring 2015

CONNECTING CAREGIVERS

→ Susan Collins

AGING AMERICA'S
ALLY ON THE HILL

The newly-appointed
Chairman of the Senate
Special Committee on Aging
reaches across the aisle
to help aging adults



**A New
Nursing
Home
Alternative
for Aging
Veterans**

**LESSONS
FROM THE
HOSPICE
WARD**

A 4-day ordeal
leads to a
life-altering
revelation

**Expert
Q&A:
Dental
Health
for
Aging
Adults**

**The
Miracle
of 'Finding'
Lost Memories**

LOOK INSIDE: HOW TO GET YOUR FREE CAREGIVING GUIDES

Implicit nocturnal check-ins for the person who will not or can not use a PERs pendant call system.

The Safe-nTouch™ alerts a responder if something appears amiss



For more information contact:
www.SafePresence.com Tel 402-476-2858.



PRESIDENT

Joe Buckheit

EDITOR IN CHIEF

Anne-Marie Botek

CREATIVE DIRECTOR

Maria Breston

MARKETING DIRECTOR

Christina Hardy

CONTRIBUTING DESIGNER

Dena Verdesca

CONTRIBUTING WRITERS

David Hilfiker

Carol Bradley Bursack

Anna Keizer

—

FOLLOW

AgingCare.com

TWITTER

@AgingCare

FACEBOOK

Facebook.com/AgingCare

—

INTERESTED IN ADVERTISING

Call Melissa Roman:
(239) 594-3221

©2015 AgingCare, LLC.

All rights reserved.

No part of this publication may be reproduced in any form by any electronic or mechanical means without the publisher's prior written permission.

Opinions expressed by contributors and advertisers are not necessarily those of the publisher.

Aging in America



We've all heard the statistic: each year, about four million baby boomers turn 65. But age—and age-related statistics—truly are just numbers. Numbers tell us nothing of the quality of life experienced by these individuals and their families, or what the true impact on our country's culture will be as the age of the average American creeps upward.

I recently attended the 2015 Aging in America Conference in Chicago to give a seminar on how to support families who are dealing with Alzheimer's disease. There were many memorable presentations with titles like "Disruptive Aging" and "The Upside of Aging." But attendees and presenters alike seemed torn between feelings of optimism at the prospect of an older, wiser population, and worry over how to properly support America's aging adults; a complex problem that must be attacked on all fronts—social, legislative and cultural.

The role that the government plays in overhauling what it means to grow old in America is massive, which is why this issue's cover features the newly-appointed Chairman of the Senate Special Committee on Aging, Maine Senator, Susan Collins. Her efforts to galvanize government policy in favor of assisting America's aging population represent a positive push towards increasing support for family caregivers and their loved ones.

With special sections on the benefits of hospice care, the VA program that's keeping veterans out of nursing homes, and tips for taking care of older adults' everyday needs, this issue highlights some of the key components that are necessary to make America a better country to grow old in.

Keep caring and sharing,

Anne-Marie Botek
Editor In Chief

INSIDE OUR SPRING 2015 ISSUE



COVER IMAGE: Courtesy of The Office of Senator Susan Collins



A Lesson Learned in Hospice

BY ANNA KEIZER

Less than four days passed between the afternoon dad entered the facility and the morning he drew his last breath. In that short time, I learned much about this extraordinary world.

Hospitals typically fight for life, but hospice is extraordinary because death is normal—not an enemy to be fought. The first time I walked through those doors, though, I could feel the terror rising in my chest. The brick and mortar reality of the situation made me realize that I was not ready to confront the inevitability of my father's death. Ready or not, though, there I was.

As I entered the facility, I remarked how different it looked from a hospital. More like a hotel, really. Nicely upholstered furniture. Beautiful wall prints. It even had a conference room and outdoor patio. The normalness, as well as the overwhelming silence, left me anxious. I had grown accustomed to the hustle and bustle of the hospital—the hurried nurses, the PA announcements, the purring

machines—that I had come to associate with life.

So, when dad went into hospice, I sought out familiarity and routine. For us, that meant watching television. Though he was increasingly passing in and out of consciousness, he would still perk up when I announced that “Jeopardy!” was on. A mere 36 hours before he died, my father beat me at the popular game show quiz, as he had done so many times before.

Except for their check-ins to monitor Dad's condition, the staff gave us complete privacy. That mostly meant letting us watch our shows in peace. I eventually relaxed, knowing that I could cry or sleep without strangers barging in at any moment, unlike the continuous flow of doctors, nurses and aides that came in and out of my dad's hospital room.

Another difference: the social worker. Within minutes, he intro-

duced himself and said that his door was always open. I thanked him for the offer, but being the buttoned-up type, I assumed that I wouldn't use his services. To be honest, I didn't want to share my feelings with a stranger who probably sees hundreds of people walk in and out of his office each year. If I needed to talk, I would call a friend.

But he was persistent. We again crossed paths, and he asked, “So how are you doing?” I diverted his question, answering, “I'm just sad you can't know my dad for who he really is.” He prompted me to explain, and I suddenly found myself telling story after story about the intelligent, clever and kind man my dad was, the man who was now too weak to open his eyes. The social worker then asked if I had ever told my dad the stories I just told him. The short answer, no.

And that is yet another reason

Caregiver to Caregiver

AgingCare.com/Caregiver-Forum

The subject of hospice care is a mystery to new caregivers. Long-time caregivers offer their thoughts on hospice on AgingCare.com:

“I was so frightened of hospice until I actually had my mom moved there. The first day she arrived and I saw finally how peaceful she was, I cried.”

“Hospice was a wonderful place. They were all so caring and giving, I shall not forget them. My dad only made it one day and night, but they were all unbelievably wonderful!”

“In hospice, we were able to rest and not be bothered like the hospital, and we all came in and out as we pleased. We slept there and it was so nice and quiet. We were able to sit and talk and laugh. Hopefully Mommy heard all of us sharing our fun stories and things from the past about our lives.”

why hospice can be extraordinary. If ever there is a time to seize the moment, it is when a loved one is in hospice. That social worker helped me realize it was time to share the treasure trove of memories and anecdotes about my dad, with my dad.

Though my father wasn't one to reminisce, I didn't want the regret of not telling him why he meant so much to me. What was said remains between my dad and me, but I will always be grateful to that persistent social worker for his gentle push. You don't always get second chances—that afternoon turned out to be my dad's last—so don't wait for tomorrow. 

That social worker helped me realize it was time to share the treasure trove of memories and anecdotes about my dad, with my dad.



About the author Anna Keizer was the caregiver to her father with stage IV lung cancer. A writer by profession, she has written extensively on a variety of health topics, including cancer, heart disease and stroke. Follow her blog on AgingCare.com/Blogger/Anna-Keizer



Hospice begins with a conversation

VITAS[®]
Healthcare

VITAS.com • 800.723.3233  

There is so much to talk about, so much to learn.

What would you want at the end of life? What do the people you love want? It's never too soon to talk about comfort, peace, dignity- hospice.

Take the first step:

Download “Considering Hospice Care: A Discussion Guide for Families” at HospiceCanHelp.com

Read it, save it, print it, email it to someone you love.

Start the conversation.

As Seen
On TV!

Ease of Use, Peace of Mind

PAYMENTS
AS LOW AS
\$150
PER MONTH*



Be able to bathe safely and worry-free with a Premier Care in Bathing Walk-In Bath.

Independence and security are only a phone call away. If you or a loved one struggle taking a bath, talk to us at Premier Care in Bathing about our extensive range of Walk-In Baths.

- Enjoy a relaxing bath again, without the fear of slipping or falling
- The walk-in door feature allows easy access and exiting
- **Hydrovescent** air jets soothe away your aches and pains
- Our fully licensed installers can do most any install, and in most cases in just one to two days
- Easy installation with white glove treatment

*Limited time only. Subject to approved credit. Example: Based on 9.9% APR, a down payment equal to 1/3 of contract amount, and a monthly payment of \$150 for 120 months. By submitting this request, I agree that Premier Care in Bathing may contact me by telephone using automated technology at the telephone number provided. I understand this consent is not a condition of purchase.

**Limited Lifetime Warranty subject to terms and conditions.



Yes! Please send me a FREE COLOR BROCHURE about Premier Care in Bathing Walk-In Baths.

21040

Name _____

Telephone (_____) _____ Email _____

(Required for Processing)

Address _____

City _____ State _____ ZIP _____

Send to: Premier Care in Bathing, 2330 South Nova Road, South Daytona, Florida 32119



Premier Care in Bathing

CALL NOW • TOLL FREE

1-800-346-8614

PROMO CODE 21040

www.GoToPremierBath.com

Keeping Aging Veterans Out of Nursing Homes

BY ANNE-MARIE BOTEK



The term “foster home” may conjure up images of troubled orphans and exploitative adult caretakers, but for aging military veterans, a foster home may mean the difference between aging in their community and going to a nursing home.

Run by the Veteran’s Administration (VA), the Medical Foster Home program, allows older veterans who can no longer live on their own to have care of in a private home, close to their community.

The program pairs ex-military personnel with people in the community who have agreed to open their homes and be caregivers to people who need assistance with daily tasks. Veterans are matched with homes and caregivers based on their physical, social and emotional needs.

Some fast facts on medical foster homes from the Department of Veteran’s Affairs:

Who receives care: The VA helps provide care for veterans of all ages, from people in their early 20s, to those nearing the 100-year mark. The average age of a person being cared for in a medical foster home is 70.

A team effort: While living in a medical foster home, a veteran’s care will be

overseen by a VA-regulated group of physicians, nurses, social workers, mental health professionals, pharmacists, and rehabilitation therapists, as well as the caregivers themselves.

Professional care: Every medical foster home has a trained caregiver on duty, 24 hours a day. A caregiver can prepare meals, help with daily tasks (such as bathing, dressing and grooming), provide transportation and dispense medications.

Activities and engagement: Older veterans and caregivers collaborate on what kinds of activities and outings they want to participate in. The care team provides input based on the aging person’s condition and capabilities.

“Part of a family:” Medical foster homes allow vets to remain in the community and be cared for in a family-like setting. Adults being cared for in these homes enjoy the benefits of living in a private residence (as opposed to an institutional care facility), having independence and being treated as family members as opposed to patients. This environment can increase well-being.

Eligibility and payment: To qualify for care in a medical foster home, a vet must be registered for Home Based Primary Care—a special care program for older adults who require complex care services. While the VA regulates and oversees medical foster homes, a vet must pay for their care out of their own pocket or by using another form of insurance. Monthly costs can vary (generally between \$1,500 and \$3,000) and are determined on an individual basis.

A nursing home alternative: According to the VA, all of the veterans being cared for in medical foster homes require nursing home-level care, yet fewer than 10 percent of seniors living in medical foster homes have entered a nursing home.

Medicare expansion: While some medical foster homes serve a mix of veterans and civilians, only ex-military personnel are currently eligible to have their care overseen by the VA. However, Medicare is currently in the process of implementing a program entitled, “Independence at Home,” that seeks to open up medical foster homes geared towards serving all senior beneficiaries. 

Aging. America's

★ ALLY ON THE HILL ★



“S” stands for Senator, not Superwoman, but Susan Collins is known for taking heroic action on behalf of America’s 43 million older adults. The Republican politician was recently appointed Chairman of the Senate Special Committee on Aging, a group she’s been a member of for nearly two decades.

BY ANNE-MARIE BOTEK

CARING FOR THOSE WHO CARE FOR OTHERS

Family caregivers couldn’t ask for a better advocate than Collins, who is currently in her third Senate term. Her native state of Maine boasts the oldest population by median age in the country.

“As our nation’s older population expands significantly, new challenges are emerging,” she says, “including ensuring that our family caregivers have the resources and support needed.”

In an era of broken promises and political scandals that have hit older adults especially hard, it’s reassuring to know that aging Americans and their caregivers have at least one advocate on the Hill. “Caring for an older family member can be a series of ‘36-hour’ days that are physically, emotionally and financially draining,” says Collins. “There is very little ‘time off’ for someone who is caring for an older loved one.”

Collins’ legislative record is refreshingly balanced. She adheres to the core values of her party, but refuses to stray into the realm of extremism, and her penchant for promoting cross-aisle compromises is a welcome change of pace in politics.

Topping Collins’ to-do list as the new Chairman: increasing funding, support and awareness for Alzheimer’s disease; easier access to home care services for older adults; and better care for older veterans.

A PLAN OF ACTION FOR ALZHEIMER’S

Collins’ Alzheimer’s advocacy has deeply personal roots; several of her relatives have grappled with the condition. “Far too many families have experienced the pain of Alzheimer’s and know the helpless feeling of watching the progression of this terrible disease,” she says.

As co-author of the legislation that created the National Alzheimer’s Project Act (NAPA), Collins has been part of the core group of legislators urging the government to adopt a more coordinated offensive against Alzheimer’s. Particularly as it pertains to developing a cure.

Recently, she helped fight for the \$72 million that was set aside for Alzheimer’s research and caregiver support programs in the Fiscal Year 2015 federal funding bill.

“Despite the enormous amount of money our nation spends caring for individuals with Alzheimer’s and other forms of dementia, we are spending just roughly one quarter of one percent of that amount on research,” Collins laments. “Finding better treatments will not only save lives, it will save money.”

Avoiding political gridlock is key to keeping the NAPA on track to achieve its goal of developing an effective treatment for Alzheimer’s by 2025. As a member of the Bipartisan Congressional Task Force on Alzheimer’s Disease, Collins is used to extending a friendly hand across the aisle to craft policies that protect families affected by Alzheimer’s. Her most recent efforts in this arena call upon Congress to double the amount of funding allotted to Alzheimer’s research in 2015.

A LONG-TERM CARE REVOLUTION

Since becoming a senator, Collins has put her political muscle behind the informal aging-in-place initiative that’s transforming long-term care in America. Her efforts have been repeatedly recognized by the National Association for Home Care and Hospice. For Collins, increasing older adults’ access to home care services is a win-win for both American citizens and the government. “Home care



Senator Collins with President Barack Obama in the Oval Office.



Susan Collins uses her political power to make America a better place to grow old.

is not just the preferred choice for most patients, it is also the most cost-effective," she says.

For instance, Medicare must shell out approximately \$2,000 each day for a beneficiary to stay in a hospital and \$559 each day they are in a nursing home. By contrast, the typical cost to Medicare for home care services is just \$44 per beneficiary, per day.

One of the biggest barriers to wider adoption of home care services is the fact that a doctor is required to prescribe them in order for an older adult to receive financial assistance from Medicare. Collins' Home Health Care Planning Improvement Act calls for a revision to this policy that would allow physician assistants and registered nurses to make these decisions as well, enabling a greater number of older adults to have access to Medicare reimbursement for home care.

IMPROVED CARE FOR AGING VETS

The VA healthcare system had a rough 2014. Rocked by a waiting list scandal

that continues to draw legal scrutiny, the program is in the midst of a major overhaul.

But one often overlooked area of need within the VA is how to provide effective healthcare services to the more than nine million veterans who are 65 and older. Collins argues that allowing veterans to receive care at non-VA hospitals and providing them with better telehealth alternatives would go a long way towards improving their well-being.

Mental health conditions such as depression and post-traumatic stress disorder (PTSD) are another major area of concern for the growing population of aging American veterans.

"We are only beginning to understand how previous traumatic experiences, in the military or otherwise, affect mental health in later life," says Collins, "but it is clear that more must be done to provide veterans the access they need to mental health services."

A PERSONAL QUEST

Another notable political figure, Rosalynn Carter, is famous for declaring, "There are

only four kinds of people in the world: those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers."

Collins' personal experiences have made her well aware of the truth of this statement, which is why she's so passionate about addressing issues affecting family caregivers. "There are likely very few families that have not been affected in some way by an older loved one who required long-term care. My family is no exception," she says. "We can do more for family caregivers by identifying their support needs, giving them information they need, particularly in crisis situations, and assisting them in maintaining their own health and well-being."

With legislators like Collins, always looking for ways to "do more" for family caregivers, things are beginning to look a bit brighter for our aging America. 

Protect The Ones You Love

Did you know that **1 in 3 Americans** over the age of 65 experience a near fatal fall every year?

Medical Guardian can help!

- ✓ 24/7 live medical alert monitoring service
- ✓ Waterproof pendant for use in the shower
- ✓ Protection at home and on the go
- ✓ Automatic fall detection technology



Speak with our Safety Consultants today!

1-800-347-5800

OR VISIT: WWW.MEDICALGUARDIAN.COM

LIMITED TIME SPECIAL OFFER INCLUDES:

- ✓ **NO** Long Term Contract
- ✓ **FREE** Activation
- ✓ **FREE** Shipping
- ✓ **FREE** Equipment
- ✓ **NO** Home Phone Necessary
(with Mobile Alert and Fall Alert™)

HELP IN ANY EMERGENCY

-  **FIRE**
-  **HOME INTRUSIONS**
-  **SLIPS AND FALLS**
-  **ACCIDENTS**

CALL NOW FOR SPECIAL OFFER!
1-800-347-5800

WWW.MEDICALGUARDIAN.COM

Caregiver to Caregiver

AgingCare.com/Caregiver-Forum

RELATIONSHIPS MATTER

Caring for a loved one can strain even the most solid relationships. Caregivers share their solutions to these problems on AgingCare.com:

How do I control my temper with mom?

“If you do snap occasionally, forgive yourself, you are an imperfect person in a most imperfect situation.”

“There are times when I blow up over these small things, but when it becomes a regular routine it can try your patience. I know I need to ignore the silly things, and count to 10 before saying anything.”

“One of the best ways to keep myself in check is to come to this site and read about what others are doing. I’ve learned so much and realized that I am not alone.”

Why won’t my siblings help me care for mom?

“Often what happens is that the closest sibling, or the one who first becomes aware of the parent’s needs, is the one who steps up to help. Then the other siblings view that as a choice and as the arrangement that has been made between the parent and that child. The other children are reluctant to disturb it.”

“I have to ask for what I need from my brother, even though it seems obvious

to me. I finally told him I needed him to call mom one day a week, so I could have one ‘down’ day where I didn’t do anything for her. He kept forgetting to do it at first, but after a big blow-up from me, he’s been better.”

“It is too late for would of, should of, could of. You just have to let go of the resentment. Believe me, I know it isn’t easy and it may help to talk to a counselor about these issues. You might try honestly talking to them and letting them know you can no longer care for Mom as you do now and other options need to be explored.”

How can I help my kids understand what’s happening to grandma?

“I would tell them the truth in words that a child can understand. Older folks are mysterious to young children. Our job is to humanize older people.”

“Each child will have a different emotional experience depending on the child’s personality: some will be fearful, some won’t care, maybe a sensitive one will be traumatized.”

“Just teach by example, it’ll be fine.”

“I have taught my kids 17 and younger it’s not about words but actions. My kids keep it simple; sometimes just a hug and an ‘I love you grandma.’”

How do I help my husband who is caring for his father?

“Providing a listening ear and giving him space if he needs it is a good idea. Let him know that you are there to hear about his ordeal, but don’t require much from him. He is doing all that he can.”

“I have found it valuable to create a ‘safe space’ to listen when conversing with friends under stress. Listening patiently, perhaps asking how you

can help him, may help him open and release some of his feelings. Be real with him as a friend, because true friendship is very healing.”

“I suggest you ask him exactly what he needs. It is a roller coaster ride. Let him guide the way. There are no right or wrong answers.”

“Sometimes we feel like we are helping by being there all the time for our loved ones who are grieving or are in pain, but they will usually let us know what they need in their own way. Just listen and wait. Your husband will tell you what he needs.”

How do I maintain friendships while caregiving?

“What works for me is using the computer daily to keep in touch with friends. Learn to be assertive. When you talk or write to friends thank them for being in touch and let them know that you couldn’t go through this without their love and support.”

“Making friends with others who are currently caregiving is great.”

“If I had to do it all again, I’d ask my top seven friends if they could handle calling me once a week, but on a specific day. That way, I’d know that the phone would ring at least once a day, instead of feeling alone without calls for days on end--and then seven calls in one day!”

“This issue ends up being more of a challenge than we realize. Of course, we have little time to give it much thought, except to feel abandoned by people we’ve supported over the years in other ways. It helps to remember that it is difficult for a person to render support for something they don’t understand.”

DOWNLOAD THESE EBOOKS FOR FREE

www.AgingCare.com/Guides



Family Caring for Family

This guide, also known as, *The Caregivers’ Survival Guide* will help you prepare for your role as a caregiver.



Home is Where the Help Is

This guide will assist you in setting up the ideal in-home care situation for your loved one.



Life as an Alzheimer’s Caregiver

The most thorough guide on caring for someone with Alzheimer’s. Learn from experts, caregivers and patients.

Dental Health Q&A for Caregivers

BY CAROL BRADLEY BURSACK



A cracked tooth here, a root canal there, we start to worry about eventually needing dentures like our parents or grandparents. Dr. Jean-Max Jean-Pierre, DDS, MDS, President of the Tennessee Society of Periodontists, answers some questions about oral health and aging:

Q: Why does oral care matter as we age?

A: Oral health was once a priority mainly for those entering the golden years, but current research is making strong connections between poor oral health and impaired health overall. Oral and general wellness are closely connected because oral health can influence the onset, strength and persistence of

many degenerative diseases.

Inflammation, for example, is one of the top five reasons many degenerative diseases worsen. These include heart disease, stroke, diabetes and neurological problems such as Alzheimer's. New research has found that gum disease, which results in chronic inflammation, may lead to more severe Alzheimer's later in life. Though oral disor-

ders are not a direct cause of conditions such as Alzheimer's, researchers believe there is a strong association between gum disease and Alzheimer's risk.

Q: What about people who have only a few teeth left? Should they be pulled, even if it's unrealistic to think dentures would be viable for them?

A: People who only have a few teeth

left should maintain a regular dental cleaning schedule with their dentist or periodontist. These essential periodic cleanings should include a screening for new signs of periodontal infection and treatment, if necessary. If any remaining teeth have an active infection and the patient also faces deteriorating health, those teeth must be extracted.

Q: How can a caregiver clean the teeth of a person who can't brush on their own?

A: The best way to help those who cannot brush on their own is to wipe the

remaining teeth and gums with gauze dipped in prescription Peridex, an oral antiseptic that treats gum swelling, gingivitis, periodontitis and other oral issues.

Q: What do you suggest when it's obvious an adult needs—but resists—vital oral care?

A: I recommend sedating elderly patients to help doctors and hygienists provide the necessary care without upsetting the patient. There are also companies that offer mobile dental care units that can visit community homes or your house.

Q: Are there any further tips you'd like to add?

A: Caregivers should wear disposable gloves when helping the elderly with daily dental cleaning and care. Should you notice any wounds, sores, or abnormalities in the mouth, make an appointment with a dental professional to have it checked out. Talk to your dental care provider to find out

There's more to periodontal disease than just the threat of tooth decay.

which tools, such as special toothbrushes, are best for the patient. Single tuft brushes, interdental brushes, floss holders, or gauze may be appropriate, depending on the patient.

Additionally, a lot of people don't re-

alize that preventive measures can be taken when it comes to dental health. As we age our bone health impacts many different aspects of life, including dental. I recommend my patients use Osteostrom or a similar product. 



About the author *Over the span of two decades, author, columnist, consultant and speaker Carol Bradley Bursack cared for a neighbor and six elderly family members. Follow her blog on AgingCare.com/Experts/Carol-Bradley-Bursack*

Caregiver to Caregiver

AgingCare.com/Caregiver-Forum

Keeping a loved one's teeth clean can be challenging—especially if they have dementia. Caregivers offer their tips for oral care and dentist trips on AgingCare.com:

“We found that getting mom a very simple electric toothbrush makes it much easier for her to brush.”

“Call the pediatric dentists in your area and ask if they can do special needs dentistry for your loved one. Even if they don't, they may be able to make a recommendation of a dentist who does.”

“Warn the dentist ahead of time and maybe ask for a very small dose of a sedative to give before you go.”

Is it Time to Consider Assisted Living?

Whether the change is sudden or gradual, there are certain signs you can look for that indicate it may be time for your loved one to move into assisted living.

What to Look For:

- Spoiled food that doesn't get thrown away
- Missing important appointments
- Difficulty with walking, balance and mobility
- Forgetful or confused performing familiar tasks
- Infrequent showering and bathing
- Noticeable decline in personal care
- Strong smell of urine
- Dirty house, extreme clutter and laundry piling up
- Unexplained bruising
- Unopened mail, late payment notices, and bounced checks
- Loss of interest in hobbies and activities
- Extreme mood swings
- Forgetting to take medications, or taking incorrect dosages
- Diagnosis of dementia or Alzheimer's
- Unexplained dents and scratches on a car



START YOUR SEARCH TODAY

- 1 Speak with a Senior Living Advisor
- 2 Learn about services and costs in your area
- 3 Visit communities at your own pace

**FREE GUIDANCE
NO OBLIGATION**

Call Now and Speak to a Senior Living Advisor (888) 719-6607



The Miracle of **BY DAVID HILFIKER** *'Finding' Lost Memories*

Dozens of people crowded into a friend's house for my wife Marja's surprise 70th birthday party. She had no idea it was coming and was flabbergasted when we walked in. It was lovely, even for me, who seldom enjoys parties.

The number of people was staggering. Marja means so much to so many people. Both of us are still basking in the joy of that gathering, and Marja mentions it at least daily.

In the two days before the party, we also surprised Marja with the arrival of our two children who live far away. Laurel flew in from California and Kai from Seattle. Our younger daughter, Karin, had returned earlier in the week, and we were still elated by that. It was delightful to have our little nuclear family together again for a few days.

But the most beautiful aspect of the party for me was the several weeks before, as I combed through our photo albums and loose stacks of pictures to find photos of Marja from different phases of her life.

Especially wonderful for me were

the pictures from her adolescence and early adulthood. I'd forgotten how beautiful she was. A gentle yet powerful spirit emanates from those pictures. I kept thinking: How could a woman so beautiful have been interested in me? I don't remember realizing at that time the depth of her spirit, so the pictures were my own surprise party.

I scanned the pictures into digital images and sent the files to Laurel. She created a beautiful slide show that looped continuously throughout the party. Every time I looked, there was a cluster of people gathered around the monitor.

Marja and I have been together almost forty-five years, and so often I forget the beauty between us.

Every once in a while, though, it will suddenly break through. Each time it comes as a wonderful surprise, although never so powerfully as when I was selecting those pictures for the show.

My ongoing wonder reminded me again how much my cognitive decline has opened me up emotionally. I doubt that this depth of joy could have broken through to me before.

Oh, I'd been intermittently aware of and grateful for the gifts I've been given. Intellectually I would have known the importance of the party and recognized its joy. I would not, however, have experienced it so intensely. The depth of joy has been a miracle. 



About the author David was diagnosed with Mild Cognitive Impairment in 2012. His doctor thought he had Alzheimer's, but additional testing ruled out the disease. David blogs about his day-to-day experiences. Follow his journey at AgingCare.com/Blogger/David-Hilfiker



Only from EZ-ACCESS®

The PASSPORT® Vertical Platform Lift brings innovative technologies to your door.

The PASSPORT Vertical Platform Lift is the perfect solution for any difficult accessibility challenge, including pathways, porches or platforms.



Designed with the user in mind, the PASSPORT is a perfect choice for individuals with limited mobility. Its features include:

- Platform safety rail, top landing gate, optional call/send box, and wireless remote control
- Diagnostic indicator lights for easy troubleshooting that can help reduce service calls
- DC-power, with on-board smart charger to extend battery life, allows the PASSPORT to function even when the power is out
- Undercarriage safety pan with obstruction detector

The PASSPORT is known as the lightest residential platform lift available and weighs in at less than 400 pounds. It also features an individually prewired platform lift tower and gate for easy installation.

The PASSPORT is ETL-certified (independently tested and approved for product safety).



For complete product specifications and information,
visit www.ezaccess.com/agingcare

Contact us today for more information!
customerservice@ezaccess.com | 1.800.451.1903



Text and images © Homecare Products, Inc. All rights reserved.

2064



the forgotten kettle

a sign your aging parent needs help

 Home
Instead
SENIOR CARE®
To us, it's personal.®



You can't always be there. But we can.

With Home Instead Senior Care, caring for an aging loved one doesn't have to be a struggle. It's why we offer everything from individualized help around the house to advanced Alzheimer's care—to keep them safe and sound at home, instead of anywhere else.

Take the first step.
Call us at 888.839.5724 or visit
HomeInstead.com/agingcare.