

# California Aging Issues

July, 2003



Editor's Comments: "California Aging Issues" provides information on aging issues to Cooperative Extension advisors and supervisors and their constituents. The lead article this month is about the "ups" and "downs" of caring for a relative who lives far away. The last page of the news bulletin provides ideas on managing care from a distance. Anyone wishing to submit articles or request formation on specific topics should contact Diane Gilmer at:

[dfgilmer@ucdavis.edu](mailto:dfgilmer@ucdavis.edu).

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## **Feature: Caregiving at a Distance:** **Dad Lived in Texas**

--Diane F. Gilmer, PhD, RN

In our mobile society, we are often concerned about elderly relatives who live far away. We want them to lead healthy, content, and independent lives, and when problems come up, we struggle with how to provide help.

After my mother's death, my father married a woman ten years his junior. They had many happy years together, and it was a total surprise to

everyone when this wonderful woman became ill and died. She had been my father's caregiver, so I was worried about how he would fare after her death.

My dad (pictured with me to the right – both at much younger ages) had multiple health care problems including heart failure, macular degeneration, and osteoarthritis. Further, he lived in Texas, far from my home in California. I am a nurse practitioner, who has worked with elderly people in the past. This should be easy, right? Let me share how I how cared for my dad, although he lived 2,000 miles away.



First of all, Dad and I needed to talk, so I traveled to Texas to spend some time with him. My first task was to determine if he wanted to remain in Texas or move closer to me in California; he chose to stay in Texas.

Although far from family, some elderly people wish to stay in a place familiar to them, and where they have friends. They are happier knowing where the grocery store is located, as well as the bank and church. On the other hand, some elders want to be closer to family, and this may be more convenient for both the older person and the caregiver. If possible, the older person should make these decisions.

One of my first goals was to find good health care for dad. I visited his

heart specialist to ask for a referral to a geriatrician, a physician trained to assess the physical, social and psychological needs of the older person. I was quite surprised to find there were no geriatricians working in that part of Texas. I settled for working with the heart specialist, who turned out to be quite helpful.

The next goal was to determine what Dad needed to live comfortably in Texas. The two of us decided he needed three meals a day and someone to help with medications and housework, but not constant care or supervision. Shopping on occasion and trips to the bank and into the country would be helpful and weekly visits to a dairy queen be great.



Every individual and situation is different. Sometimes the person needs just a little help to remain where they are. Homes can be adapted to accommodate losses, such as raised toilet seats or a ramp to get into the house. If living at home is no longer an option, there are a number of options available, including assisted living, board and care, etc.

Finding the help my dad needed was next. Although it can be difficult to find resources in unfamiliar areas, Senior Centers provide a wealth of knowledge, information on home repair, in-home assistance, or telephone reassurance (see Volunteer Activities). Area Agencies on Aging and the Eldercare Locator are also excellent resources. (Information on these agencies can be found on the last page of the news bulletin).

However, even the best plans do not always work. There was a long waiting list for Meals on Wheels in my dad's town, and finding someone who could clean house the house and help

with medications also proved unwieldy. A different strategy would have to be developed. Dad and I talked, and he agreed to sell his house and move to an apartment complex for seniors, where he would have three meals a day and someone to clean his apartment weekly.

The next goal was to find someone to take him shopping and oversee his medications. My father was an independent man who resented outside assistance. However, his beloved professional career was in teaching, and he was always at his best around students. Therefore, I went to the local community college and hired a young student to visit him daily, take him shopping in her little red truck, manage his medications, read his mail, and take him to the Dairy Queen. I



knew he would accept help from this young pre-med student, although he would resist the same from an older person. When he left Texas to go to his summer home in Minnesota, they hugged and cried.

Dad and I agreed that a family member would call him daily – at 3:30 in the afternoon. We chose a specific time because he did not want to answer the phone if it was “just those people trying to sell me something.” The daily call made sure his needs were being met.



Distance caregiving is possible if needs are identified and personality of the individual considered. Finding resources can be tricky, but possible if you are creative. The question is, always, what works best for the individual.

## Focus on Dorothy Mae Hensley

-- Referred by Dr. Gillogly, Professor,  
American River College

*"I can't walk, but I can talk, so I call homebound seniors each day to check on them."* - Mrs. Dorothy Mae Hensley

Dr. Barbara Gillogly met **Mrs. Dorothy Mae Hensley** at an Eskaton volunteer recognition dinner. She was so impressed with Mrs. Hensley that she asked us to interview her for "California Aging Issues."

Mrs. Hensley, 81, has always been a very active person. She worked for Sacramento County for 24 years and volunteered numerous hours caring for the homeless. Although a stroke several years ago resulted in some speech and mobility problems, Mrs. Hensley wanted to continue to help others. She found a position at Eskaton, working as a telephone reassurance person. Every weekday morning, Mrs. Hensley calls two people, a 92-year-old woman and an 82-year-old man, both of whom live alone (she adds two more people to her list on weekends). She chats with these people about different topics – the weather, their daily schedules, etc. Most importantly, however, if one of her contacts does not answer the phone, she immediately notifies personnel at Eskaton, who determine if that person needs assistance.

I asked Mrs. Hensley if she had advice for handicapped people, and she did. "Keep your mind busy, help someone else, go to church, and visit people who are shut-in." Mrs. Hensley lives with her disabled husband who helps in her care - a remarkable couple.



## [Aging in the 21<sup>st</sup> Century](#)

Videoconference broadcasting was the technique used to provide aging programs to nine cooperative extension offices in Florida.



Experts in the field of aging presented this 'training the trainer' program. Subject areas included "Persons with Alzheimer's Disease" and "Fall Prevention." The Institute of Food and Agricultural Sciences and the Institute of Aging supported the project.

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## [Older Men and Cooking](#)

There have been a number of responses to the article, "Cooking and the Older Man," found in April's California Aging Issue. This described a class taught in Broomfield, New York, aimed specifically at teaching older men how to cook. The Office for Aging in the county provided the publicity, promotion, and registration and Cornell Cooperative Extension hired the teacher and paid for the food.

Locally, Lila Shelton, a nutritionist for the Area 4 Agency on Aging, is offering a meal preparation workshop for older men this coming fall. There will be four two-hour sessions in a kitchen, and one two-hour grocery store tour. The goal is to improve nutrition by teaching older men caregivers how to purchase, prepare, and present meals that are attractive and nutritious. A plus to the program is that participants will have time to socialize with one another. Lila can be reached at (916)486-1876 or at [lshelton@a4aa.com](mailto:lshelton@a4aa.com).



## Another Grandparenting Challenge

Cassie Pierson works for the “Legal Services for Prisoners with Children” agency. In light of last month’s article on grandparenting, I asked Cassie to tell us about the extra challenges of caregiving to a child who has a father or mother incarcerated. One of the difficulties, Cassie reported, is that the family has to contend with the stigma of having a loved one in prison. Other problems are the ongoing issues of custody, legal guardianship, school-related issues, and financial difficulties. Visiting regulations are an ongoing challenge (although the children need to see their parents), including having to prove that the grandparent is the legal guardian, restrictions on what can be worn, and the cost of transportation to the facility for a visit.

Cassie can be contacted at [www.prisonerswithchildren.org](http://www.prisonerswithchildren.org) or at 415-255-7036, ext. 310.

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## Myths and Truths

- Myth:** Older people are not sexually active.



**Truth:** There is no age limit to the desire for affection and love. Although health

problems, use of medications, or depression can affect sexual activity, for many couples sexual intercourse, continues into very later life. The popular use of medications, such as Viagra, confirms the desire for continued sexual expression.

## What’s New at the State Legislature

-- Betty Perry, Public Policy Director, Older Women’s League of California (excerpts).

A look at the federal bills on Medicare and prescription drugs indicates that the House and the Senate have different versions. Both will give some help with drug pricing, but neither really solves the problem of high cost of prescription drugs. The House bill favors the HMOs (and Californians know what happens to HMOs in rural counties) more than the Senate bill. We know that women have the most to gain or to lose because we take more drugs. Some congressional representatives have been returning to their districts to talk with their constituents about the consequences of this legislation.

We continue to wait for definitive action on the state budget. One side wants no more taxes on upper income citizens and wants to cut the programs helping schools and programs for those with health and economic problems. The other side feels the state must fund these programs with tax money. So far, the so-called compromises have been in care for the needy and the creation of debt.

Bills must pass the legislature and go to the Governor. Action is slow due to fiscal restraints. Budget threats to eliminate services, including the Commission on the Status of Women, are still significant concerns.

(UPDATE). The Senate passed the budget on July 27<sup>th</sup>. For ongoing information, contact Sarah Sutro-Steenhausen, Consultant, Senate Subcommittee on Aging and Long Term Care at [Sarah.Sutro@SEN.CA.GOV](mailto:Sarah.Sutro@SEN.CA.GOV)

## Resources on Aging



Where to get help?

- A national all-around source of excellent information:  
<http://www.aoa.dhhs.gov/elderpage.html>
- National Institute of Aging:  
<http://www.nia.nih.gov>
- The WEB cite for California Department of Aging is:  
<http://www.aging.state.ca.us/>
- DANR Aging Workgroup site:  
<http://groups.ucanr.org/elderly/>

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### Mark your calendars: “Annual Alzheimer’s Workshop”



**Saturday, November 1st, 2003  
American River College,  
Sacramento CA.**

**Guest Speaker: Dr. Andrew Duxbury**

**Topics include: psycho/social health, legal issues, caregiving, and issues of early diagnosis.**

**Eight hours of CEU credit are available if you are an RN, LVN, CNA, RCFE admin., LCSW, or LMFT.**

**For more information, call 916-448-7001**

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### Announcements:

Drs. Carolyn M. Aldwin and Diane F. Gilmer, are pleased that their book, “Health, Illness, and Optimal Aging: Biological and Psychosocial Perspectives” is in print (Sage, 2004).

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Dr. Barbara Gillogly, a member of the Aging Workgroup Advisory Board and a Professor at American River College, announces that American River College offers short and long-term courses on aging and caregiving, most of which qualify for continuing education. For more information, contact Dr. Gillogly at 916-484-8512.

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**This aging fact sheet** has been sponsored by the University of California Cooperative Extension, as well as the CE Workgroup on Aging Californians in Rural and Urban Settings and its Advisory Board.

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### **Workgroup members:**

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Mary Tucker, AARP Volunteer Specialist  
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Kelly Patterson – Consultant to Senator Ortiz  
George Xakellis, MD, Professor, UC Davis  
Mark Robinson, Family and Community Med., UCD  
Linda Jackson, Senior Benefits Advisor,  
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# “Long Distance Caregiving”



## (1) Determine what the person needs.

This can be as simple as a daily telephone call or as complicated as 24 hour care.

An assessment by a health professional will help:  
geriatrician, geriatric nurse specialist, home health nurse.

## (2) Look for resources in the area.

To find a Senior Center in the area, call 1-800-510-2020.

Eldercare Hotline: 1-800-677-1116. They will direct you to  
an Area Agency on Aging.

## (3) Try and maintain the person’s lifestyle.

**(Not every house needs to be as clean as yours)**

Respect the desires of the older person and, if possible, let  
them make their own decisions.

## (4) Know and consider the personality of the person.

What works for one person may not work for another.

Figure out what your relative will accept – **Be Creative\*\***

## (5) Stay in contact.

Program your telephone number into your relative’s phone.

Have phone numbers of neighbors, friends, etc.