

>>> Good evening, everyone. I'm Bill Buckmaster. Welcome to this special, one-hour edition of "Arizona Illustrated, "Caring for Parents." We'll be looking at some of the special challenges there are caring for aging parents here in Southern Arizona. Before we meet our care-giving experts who will answer your questions submitted by phone or email, let's look at the scope of the care-giving challenge here in Southern Arizona. Here's Channel 6's Kimberly Craft.

>> Most Southern Arizona residents were not born here. But this is where many end up spending their golden years. Florence and Randall Davis took a circuitous route to Tucson, they liked what they found here and decided to stay. With grown children raising families of their own, the Davises downsized living arrangements and moved into an apartment in the center of the city. Florence recalls when her 85-year-old husband received a diagnosis of Alzheimer's a year ago, she felt relief.

>> I got -- yeah, angry or annoyed. That's probably more accurate. I thought he just wasn't paying attention. Once I got -- we got the diagnosis, then I realized that that's not my husband who is getting under my skin, that's this damn disease.

>> As care-giver for her husband, Florence finds very little time for her own interests. The couple talks about the future and though she admits she has her down days, they're grateful for the independence.

>> It is possible to do this in your home. You don't have to immediately send mom or dad to the nursing home. But there is help available.

>> Carl and Hertha Snider had the same idea to live into their old age independently. 10 years ago, the couple moved to Tucson to be near their daughters. Carl became the primary care-giver for his wife who suffers from Parkinson's disease. But the daughter, Shelley Simpson says her parents never talked about getting old.

>> I didn't think about it much either. Until my dad called one day and said that their house was eating them alive.

>> Carl Snyder died suddenly of a heart attack in 2007. That left the disposal of the estate and the care of her mother in Simpson's hands.

>> It was overwhelming because older ones, especially with Parkinson's disease move very slowly. All the paperwork that had to be done after dad died was the first of the fog.

>> Simpson had to make hundreds of decisions in dissolving her parents' household, caring for her mother when she fell and broke a hip and finding her a care facility. She lives by lists, attending to her mother and her family and has tried to keep her life as simple as possible.

>> You are like an octopus. You are pulled on the rack with your husband and your kids and family and your mom and your house work -- and -- and just being pulled. I wasn't going to go through that stress that I have seen some people do.

>> In Arizona, an estimated 490,000 people provide 523 million hours of care giving every year. Because most older adults need custodial rather than nursing care, insurance companies rarely pick up the cost. So the vast major of care-givers, 80% are unpaid and care for dependent adults 7 days a week.

>> I am calling to go over the results of the last blood test you had.

>> This geriatrician says he sees a huge demand for more training.

>> Most of the care-giving that needs to be done is by non-professionals even people who have left their families. We have a reasonable number of older people with relatives who may not be a daughter or a son. It might be a niece or a neighbor. We need to provide more care-giving education for these people who are not professional care-givers.

>> As all discover, Simpson found no manual for directions and turned to a support group for help. The most important message is to remember to take care of themselves.

>> Inevitably, every care-giver knows there are 36-hour days and they will see problems in their health, they don't have time to eat properly, relax, exercise. We need to emphasize maintaining the health of the care-givers to be more adequately involved in the care-giving of their loved one.

>> Simpson made a vow at the beginning of 2008 that she would find a way to live with the hand she was dealt.

>> I went -- got a reference to a psychologist who is trained in care giving and I told her I wanted to put my life back together because I just totally lost me, lost my directives, everything.

>> Even though Simpson said some days she feels like she is swimming in glue, caring for her mother has its rewards. She does it because it's the right thing to do and she has enjoyed the opportunity to reminisce with her mother.

>> There was the reward of just the togetherness that you have to realize. Some day, I'll be there, God willing. We want people to do to us like we do to them.

>> That has Simpson pondering her own mortality and considering new plans for her future. For KUAT, Kimberly Craft.

>> Joining us, Jan Sturgis, Care-giving Coordinator at the Life and Work Connections. Anne Morrisson is the Education Director for the Arizona Center on Aging. Mary Ellen Berain is the Supervisor of the Services Team at the Pima Council on Aging and Judy Clinko is the Director of the Tucson Direct Care-giver Association. Thank you, ladies, for being here.

>> Jan, let's start with you. How do you evaluate the scope of the problem here, the care-giving problem? It's huge, isn't it?

>> It's very huge. There are a couple of things we have to look at. First of all, are there adults who need care with children who are out of state or is it in reverse? Do you have care-givers who either are in town or out of town and where does the adult live? I think it is important to know whether or not the care-giver's taking care of children. Some are talking about competing interests. What are the scope -- what are the resources that both the older adult and the care-givers have to provide care, in terms of people, in terms of finances, in terms of community support? And for me, having worked in the field for quite a long time, I think the thing that is most difficult and frustrating is to help people who really are providing care recognize that this is more than just taking care of mom and dad. That's what they are supposed to do. But in fact, this is a very difficult task emotionally, physically, spiritually, in many ways and cognitively. How do we help people acknowledge that they are care-givers so they can reach out and get the resources that they need?

>> Mary Ellen, how many care-giving questions do you field every day? It has to be of paramount concern?

>> It really is, Bill. The Council on Aging, when we look at the numbers, even in any one month, we probably are having 3- to 400 first-time callers of sons, daughter, husbands, wives, neighbors calling to try to think their way through some of the very problems that I think, Jan, you really laid them out really well. People, you know, it is just in the community, there are many services and there are many gaps in services too. So people are calling us to try to very creatively tell their story, what they have tried and brainstorm, leading them to potential services, including -- and I'm really wanting to underscore the services for themselves so they can remain involved to the extent that they are hoping to.

>> Anne Morrisson, your thoughts on care-giving? Some might say this is a crisis we are facing.

>> Right. I think one of the biggest problems we are dealing with today is that the care-givers don't really identify, Jan alluded to this, the care-givers don't identify themselves as care-givers. They identify themselves as sons or daughters caring for a family member. There is a lot of assistance for care-givers, but you have to know you are a care-giver first. You start to do something little like paying a bill for a mom or dad. You may make a doctor's

appointment. Then you take them to the doctor's. And then you are doing everything. Before you realize, wait a minute, I'm a care-giver. That's what we are trying to get through to people.

>> Judy, this is your business, care-giving. Give us your thoughts. How do you see the scope of the problem here in Southern Arizona?

>> I see the problem as even growing more with the aging of the baby-boomers, 77 million of us. According to the most recent data from the Alzheimer's Association, 10 million will have Alzheimer's. So that's very significant. We as a community are going to need to look at how we are going to put resources into assuring that there will be services available now and in the future for the population of very frail individuals who need a lot of care and nurturing.

>> Okay. We have plenty of questions for you. My colleague, Christopher Conover from Arizona Illustrated is standing by in Studio B. He has been getting calls and the questions have been coming in by email as well. Christopher, take it away.

>> Good evening, Bill. Good evening, everyone. We have been getting calls and questions via email. The first is from Deborah in Tucson. She's caring for her 79-year-old mother. What she is asking about is respite care for her as well as some support. Her family is not helping her care for her mother and she seems to be kind of at wits' end, needing help herself and also needing to find where resources are for help.

>> We are going to put that to Mary Ellen. What about the respite care?

>> Thanks, Bill. Thanks, Deborah, for calling in because you are speaking on behalf of many people who are committed and trying very hard to care for someone. But the whole concept of respite, of being able to have someone trustworthy come in and take care of your family member while you step away, whether it is to do shopping, to go to the library, to sleep in another room, I think it is vital for people to be able to do that so they can renew themselves and get a fresh perspective sometimes. Respite services are available in this community, including some of the respite programs that we have and if you call the Council on Aging, we can describe which are publicly funded and which are on a sliding fee scale. Also in that conversation, I don't want to miss the comment of her fatigue and support for herself because there is very good support groups and training classes in this town that might be of help.

>> Jan, here's a question from email from a woman who says her husband is showing signs of early Alzheimer's and the husband is refusing to acknowledge it or be evaluated and it is creating all sorts of problems, especially for the wife and the 14-year-old son. Any suggestions for this couple?

>> Well, this is a very common, I think, and very difficult situation because I would say that, first of all, it is important for the family to try to bring someone else besides the family who is trying to help this man understand that he may have early Alzheimer's because that will be a threat to his dignity. Getting a physician involved, getting another professional involved to help him maybe think about things that he could go see. But I think the other thing that is important is to really be with that individual and try to find out what the person's fears are. I think a lot of time resistance comes because people are frightened and they need to have their fears acknowledged to reduce the resistance to seeing a professional.

>> All right. Let's go back to Christopher Conover.

>> Thanks, Bill. The phones are ringing. There are plenty of people calling. We want to get to more questions. Rick from Tucson is caring for his 81-year-old mother and complicating things is the fact that he's disabled and on a fixed income. So he is looking for suggestions to get help to care for his mother.

>> Mary Ellen, again?

>> Rick, we would welcome a call to the Council on Aging. Our helpline would be the first point of entry when you call. They will be listening. In Rick's situation, it affects many people who may have their own health challenges

themselves and the needs of the person they are caring for are starting to expand beyond the capacity of what they can do. So we would be wanting to hear more of that individual's story to see what services he may or may not even be getting for himself already. We would definitely review those service options.

>> Judy, this is an email that came in earlier tonight. What is the benefit for putting an elderly person with dementia into a care facility earlier rather than later? That's a tough one, isn't it?

>> I think it depends on the individual situation. If the family can afford or they are eligible to have services come into the home and the person is living by themselves and is safe, that's the most important thing. You know, if they are living with family or living by themselves and it is no longer a safe situation or the person who is providing the care is really burned -- I mean, you have to be realistic that caring for someone with Alzheimer's can take 4 to 8 years off your life. That's very significant. Although we love our parents, although we care for our spouses, there may come a time when you say, this is no longer healthy for me. Having the person who needs the care in a care environment very often is more stimulating for them. You know, there is more people to interact with. There is more activities. So, you know, you have to weigh it -- you have to weigh it. It is the financial cost of keeping them in a care facility, versus caring for someone at home. But we are an excellent resource to call and to be able to tell individual stories and be guided through the maze and come up with what is best for them.

>> The phone has been really ringing in Studio B. I know Christopher, along with my colleagues from Arizona Illustrated have been fielding a lot of questions that have been coming in. Back to Christopher.

>> Thank you to everyone who is calling in. An interesting question. An 81-year-old woman living here on her own, her family lives out of state. She knows she is beginning to slow down. How can she help herself? She's the only one here.

>> Terrific questions tonight. Anne Morrisson?

>> You know, if there is not a relative here living close by, there are care managers in all cities that can help people. They can do as much as you would like them to do or as little as you would like them to do. They can be involved with relatives from out of state and keep in touch with them to make sure they know what is going on and can advise them when they need advice. I would suggest a care manager.

>> Let's go back to Studio B. Christopher, do you have another one for the panel?

>> We have plenty of questions. The phones are ringing almost nonstop, which is a wonderful thing. We have a difficult question here for many family members, some folks taking care of elderly parents. How do you begin the discussion of taking away the car keys?

>> Our panelists are chuckling. Driving is a huge issue, isn't it?

>> You are taking away a person's freedom, or it can be perceived that way. I can tell you what I did in my own situation.

>> Please.

>> After two car accidents that my father was in, he continued to want to drive. He had been an executive all of his life. One day I said, "You know, dad, all of your life, you have driven us around. How about giving us a chance to take you around? How about we drive you as you have done for us?" My purpose was not to remove the dignity of having his independence but was to say, you have helped us, now it is our turn and it would be our honor and pleasure to do so. Give us a chance. Maybe you just want to go to the grocery store. But for longer distances - we negotiated and I got the keys away.

>> Mary Ellen, you were shaking your head saying, "this is really a big issue."

>> As a social worker who worked in aging, when I faced it personally with my own mother and we did the loving conversation, I was the out-of-state daughter. So I was the person chosen by the family. Some of the tough questions: who might

be the one able to handle that problem? In my situation and my dear mother and the family worked on this, talked about this. You know, it seemed to go well. And two days later, the reality is, it was so emotional, she was very angry. Many people are very angry sometimes, you know. Again I want to say, personally, you are having to live with hard things that will break your heart, too. And you have to get a lot of loving support when you are doing something in the best of interest for someone.

>> Good advice. Judy?

>> Yeah. You can also send a letter to the Department of Motor Vehicles, outlining what your concerns are and they will have the older person come in and go through a driving test. Very often, at that point, they don't pass the driving test. Then it is not the family that is imposing the no driving, you know, it is the Department of Motor Vehicles.

>> All right. Now back to Christopher in Studio B with our colleagues from Arizona Illustrated who are being put to the test tonight, taking lots of questions, aren't they?

>> Yes, Bill. There are plenty of calls coming in. If you do call and the phone is busy, you can also email us at [caring@kuat.org](mailto:caring@kuat.org). This one is an 81-year-old woman, the sole care-giver for her 82-year-old husband. Frankly, she needs a break. Emotionally, she needs a break. A lot of people are calling in and they are very emotional. They are having a tough time. She is having trouble getting out of the house to run errands. She needs help.

>> Boy, that is really a difficult position for that person.

>> You know, it really is. And when you think of two people in their 80s, the complexities of what you as the primary care-giver may be going through of concern about your own health, of doing it right, if this is a long-term relationship. We would very respectfully want to talk with the wife and, you know, the first thoughts are respite again. If that could be of some help, some support group for her, if she is able to while she is having respite.

>> There are resources, though, to help?

>> Actually, there are in this category. There very much are.

>> Anne?

>> I want to say, not everyone can afford to do this, but if you can afford to do this and many people can, there are wonderful home health agencies. Judy is with Catalina Home Health, and they will give you the time you need and do whatever needs to be done.

>> I was going to say, when you start this process, I think the fear of the person who is dependent is that the loved one leaves the house, they are alone or they are not safe. To reassure that individual that maybe just coming in for two hours and negotiate. Are you willing to try this? So the person feels they have a choice?

>> Start very slow.

>> Start very, very slowly and build from there.

>> As we have been discussing, the aging of the baby-boomer generation is going to have a tremendous impact on health care in this country. Our special concern has been the rapid rise in the cases of Alzheimer's disease. Channel 6's Tony Paniagua has the report on the care-giving challenges associated with this mind-robbing disease.

>> Experts say a new patient is diagnosed with Alzheimer's in the United States every 72 seconds. Every minute and 12 seconds, people's lives can change forever. That's what happened to Lou Baker. Baker moved here from Florida last year to become her mother's care-giver. Her father had been handling the responsibilities, but he suffered a stroke and passed away.

>> The most hard thing, one minute you can be having a conversation, the next minute, you are talking to someone else. It's a bad dream. You are not going to wake up. It's a nightmare. You don't wake up from this one. It's my mother. I'm now her mother. It's very hard to reverse the roles.

>> Baker is one of hundreds of care-givers, participating in an education and outreach conference about the disease and related dementia, organized by the Desert Southwest Chapter of the Alzheimer's Organization, a nonprofit organization.

>> The Alzheimer's Association has a vision of a world without this devastating disease. But until that time comes, our purpose is about helping families with the devastating journey of the disease of taking care of their loved ones.

>> Here's 2007 figures from the Association. Approximately 10 million people in the country are unpaid care-givers for patients with Alzheimer's or related dementias providing 8.4 billion hours of care every year, worth an estimated \$89 billion if they were receiving compensation. While this may seem impressive, it can be exhausting and debilitating. Heidi Hess's husband had Alzheimer's for 12 years before he died. She took care of him for 7 years, then he was hospitalized.

>> It was very difficult. It was life threatening. But I came to the conclusion I'm not a super religious person, but my church did help me. I would say, God, whatever will be, let it be. And that calmed me down from the inside out. And I seemed to handle it better. But it was very challenging.

>> You are pretty much on call 24/7, you know? She has her bad nights. Before she fell recently, and before she fell, she was roaming through the house and getting into things. I have to lock my door. All the medicine and all the important papers are in my room.

>> The Desert Southwest Chapter of the Alzheimer's Association covers Arizona and Southern Nevada, where they estimate more than 100,000 people have Alzheimer's. They are providing services to 15,000 people. So if you or someone you know is a care-giver to someone with Alzheimer's, they recommend you get in touch with them. They have various services and they are free.

>> It is about coming up with creative interventions and the skills and the supports needed. You know, care-giver stress is very real. That needs to be addressed for that care-giver to be able to provide the best quality of care for a loved one with Alzheimer's.

>> Currently, 5 million Americans have Alzheimer's. It kills 100,000 of them every year. While there is no cure for this disorder, medication may help in some cases. Experts believe you can make lifestyle changes to reduce your chances of developing this disease. The author of "The Alzheimer's Answer" is a speaker at the conference.

>> Diet high in green tea, lower in saturated fats, higher in fish. Certain supplements can reduce risk, certain mentally stimulating activities, physical activities. If you have high blood pressure, rigidly controlling that. If you have diabetes, get control.

>> Despite the research and information, this disease is expected to strike 14 million Americans by the year 2050.

>> At the age of 65, about 1 in 8 of us statistically will have Alzheimer's disease. If we live to be age 85, almost half of us will have Alzheimer's disease. We have been seeing a growth and the prevalence as the population is aging.

>> The numbers don't look good, but the Alzheimer's Association says we can make a difference with education, services and compassion.

>> Okay. Panel, this brings up interesting questions, this piece from Tony on Alzheimer's. Jan, what about the role reversal?

>> You know, we talk about role reversal because the person is becoming more dependent. That's how we can make sense of that. You never reverse a role with someone, ever. I think the challenge of care-giving is to preserve the dignity of the loved one who needs care, particularly with someone who is now going into Alzheimer's. You want to stay connected to them in a way that they can understand. Part of that is to try to foster the roles that you originally had in the relationship, whether that is a parent or a spouse or a sibling or

another loved one, a friend. So however you can create relationship and stay in the present moment, I think that's the best way to try to keep connected so that you can help someone to keep sense of things.

>> Judy, what about a promise that is made? I promise, "I'll never put you in a facility," "I'll always be here by your side"?

>> I think people need to realize when they made the promise, the circumstances of their lives were very different. And that when the promise was made, the intent was to be able to keep people at home and provide the care they need. But if it gets to the point where the well being of the care-giver or the safety of the client themselves, the person who is being cared for, is at jeopardy, you can revoke a promise. You really have to look out for your own well being. When it is all said and done. If you are not there to be the advocate, the person really then has no one in the future at all.

>> The response to the program has been unbelievable. So many questions here. Let's try to get a few of these really quickly. This is a good one: Any legal ways to insist that siblings can help out taking care of mom or dad?

>> No. No legal way to force the sibling. But you might want to be thinking of involving some legal support for you. Sometimes families who are the one who for whatever reasons are able to step to the plate, they may because of their own situation financially, their competing demands may need to benefit by getting paid for their care. But I would be thorough. If you are coming from a family with turmoil, be honest with yourself and get that real clear.

>> Go ahead.

>> Also, you know, you want to make sure that the care recipient has the best care possible. By forcing to care for them, they are not going to get good care. That's what's going to work.

>> One quick one before we throw it back to Christopher. It is back to Mary Ellen about the Council on Aging, perhaps helping a 74-year-old woman living alone, wondering what is next? Where can this person look ahead? She will need care, perhaps, in the future?

>> You know, I really compliment this woman. So many times we run into a situation in the midst of crisis when we are not able to maybe even make the decision for ourselves. So to be able to have that conversation now is very wise for her. The Council on Aging in the care-giver department, even though it is not what she describes as a family care-giver involved, we can tell her what the landscape of Tucson looks like, the assisted living services and the retirement communities. All of those pieces of information that are unique to Tucson, we can help.

>> We will put up your web site on our web site, linking so folks will be able to go to our web site. Let's go to Studio B and a very busy Christopher Conover.

>> Thank you so much, Bill. A reminder, as Bill mentioned, not only will we have links to all of our panelists on our web site, we will try to answer some of the questions on our web site. I have a pair of questions. The first is a caller from Tucson who had to move his mother out of her home that she lived in for 54 years. He wants to know, is it wrong to take her back there every once in a while, just for a little bit of remembrance? And the second question is, where can people find information about services in Santa Cruz County?

>> Okay, Christopher, two very good questions. The first one with Anne Morrisson.

>> I can speak from experience. I moved my parents out of a home they were in for a very long time. I think it depends on whether it is going to help the person to go back there and see it again or whether it is going to make them sad. You need to follow along with what your loved one is feeling, going back. I don't think it's a bad thing to go back and reminisce.

>> We have a powerful television signal here that goes beyond the county. People are watching down in Santa Cruz and all the way to the white mountains. What about the specific situation about services in Santa Cruz?

>> The Santa Cruz County. If they call Pima Council, we are part of a national network. So in Arizona, there are 8 area agencies on aging. We are the one for Pima. We would be able to give them the 1-800 number for Santa Cruz, in southeastern Arizona governmental organization. We give that -- actually, for anywhere in the United States.

>> It is a problem for people who live in rural area, isn't it?

>> And exactly. When we talk with individuals and what the person may hear may not be the same service spectrum available in rural communities because it's a very different challenge. Transportation, getting workers in rural areas, driving the distance to homes and all is a much different challenge.

>> Let's see if we handle this one. From Keith, my sister and I have an 88-year-old mother who at times does not want to drink water or eat. She may sleep 12 to 18 hours a day. Is there anything that they can do to kind of get this -- stimulate this person, to get her involved?

>> Well, I guess I would start by saying, in a sense, she obviously needs structure that she doesn't have in her living situation. So whether that means bringing someone else in, whether that means creating a schedule, a regular schedule for her so she has something to look forward to. And starting with a relationship. Finding out what her needs are, trying to acknowledge her situation, finding out if she is perhaps depressed and needed to have an evaluation to see if depression is an issue.

>> Okay. We are going to go back to Christopher because I can hear the phones ringing here in Studio A. It's busy in Studio B.

>> Thanks so much, Bill. Interesting question here on insurance. We have a caller who would like the panel to discuss the validity of long-term care insurance and how successful it is?

>> Okay, we were just discussing that before we went on tonight. Judy, what about this long-term health insurance issue? When should someone get it? Who should get it?

>> It's relatively new. It has been around 15 years. It's called long-term care insurance. It is different from Medicare. It is different from Medicaid. It's a separate insurance policy that an individual can buy at any age. Then you pay a monthly premium for the policy. You have to qualify based on your health status. So once you have had cancer or you have been diagnosed with Parkinson's disease, you may not be eligible to be able to get a policy. You pay a monthly premium. based on the money that you are interested or have available to pay, if -- there is a benefit for you. Sometimes it's a daily benefit amount. Other times it's a lump sum of money that can be used over your lifetime. Long-term care insurance policies are -- there are a number of long-term care insurance policies that are now -- would require a 90-day elimination period. You have to wait 90 days before you can activate the policy. But there is a very small tax benefit to buying those policies. And there are policies that don't qualify for tax benefits that you can still buy that have no elimination period. The question is, now, the state governments are offering long-term care insurance to employees, the federal government is. So I think we are going to see more initiative by the federal government to encourage people who have resources to buy policies. The question is, when we are ready to bring our chips to the window, will the insurance be able to fulfill on their promise to provide the care? And will there be a qualified workforce in place to be able to meet the demand?

>> We had another question, Jan, on Alzheimer's. This one hits close to home for me. I am going through this with my mother. As her Alzheimer's is going along, my mother would no longer recognize me as her loving son. But I found that a friendship developed there. And she saw me as a friend. This person was wondering, how do you deal with that?

>> I think a couple of things. First of all, we need to go -- we need to enter the relationship and stay in the relationship in the way the person with

Alzheimer's can relate. That's how you stay connected to that person. I think enough studies show that people will at some level sense familiarity, even if they can't articulate what that is. That's the first thing. I think the second thing is getting back to the support. We have to find people, if we are dealing with someone with Alzheimer's, we have to have people near us who can hear our story, from whom we can get support. There are wonderful Alzheimer's support groups and care-giver support program here in Tucson. I think that's the two pieces I would focus on.

>> We are going to go back to Christopher.

>> Bill, an interesting question and a difficult one. An 84-year-old gentleman called in and said, what about people who want to end their life?

>> That's a difficult one for our panel, I'm sure. Mary Ellen?

>> It is very difficult. We have in this community, in fact, very recently done a lot more work trying to pay attention to the behavioral health concerns. I want to come right out and say that I admire this person calling in because as we approach later life, certainly not everyone but the suicide rate for instance for older adults is one of the highest in the country in Arizona.

>> That's not talked about.

>> It is not talked about. And it really needs to be. Those individual who is are at risk, if they have a chance to have someone to talk to during that time, someone who really will listen. We are doing a new program, training the community. I mean, everyone, we are trying to get to so individuals can have someone to listen to them, what are their reasons that they are holding on for living? It is complex when you are aging and going through so many losses. Some days, it feels like they converge. But there is hope, there is treatment. There is care. I appreciate so much that this person called in.

>> Thank you so much for tackling a very difficult question. Christopher?

>> Thank you. Here's an interesting situation. Husband and wife caring for one of their mothers. While the woman is at home at the moment, they both have jobs. The husband and wife do. They want to know, how do they know if they are doing enough? When do they know it's time to bring in professional help?

>> Judy, what should they do? when is it time to call organizations like you represent?

>> Tight. I think look and make sure that, you know, someone knows the person is at home by themselves, you would want a life line. You would want them to have an emergency device that in the event of a fall or in an emergency, they would be able to be in communication with you directly. You can judge -- I think family members know whether they feel comfortable in leaving an older person in their home by themselves. If they begin to feel uncomfortable, they are concerned whether someone is eating or taking medication and whether they need help with personal care it may be time to call in a professional home care service that would be able to send a home care worker to the home who could be able to assist with those tasks and be able to provide companionship and transportation in the community.

>> This might be a case, Judy, get an evaluation. And look at the situation. rather than waiting too long?

>> Many home care companies will come out and do the evaluation and be able to work with you in terms of hours and days that you might need services. And there is no obligation to actually sign on board and have the services, but you can get a lot of information by calling.

>> Okay. Let's pause for just a moment from your questions and take a look at the conclusion of reporter Kimberly Craft's special report on "Caring for Parents."

>> Suddenly thrust into the role of a family care-giver after the death of her father, Shelley Simpson faces the daily tasks of caring for her 81-year-old mother who suffers from Parkinson's disease. The responsibility often overwhelms her. But also gives more urgency to planning for her own end-of-life issues.

>> It is more with you now. That's probably part of - even our age group, being the baby-boomers. We don't like to think of ourselves as growing older.

>> In fact, many of our elders bristle at the notion of being considered old. They are finding that by living healthier lives, they will live longer and postpone the need for dependent care. A model of healthy living, former surgeon general says that bad knees and poor health don't always accompany aging.

>> Staying physically involved staves off diseases, many of which are preventable. You don't have to get heart disease or diabetes or other problems. If you work at it, stay physically fit, eat healthy, reduce the risk in your life, you can prevent many chronic diseases.

>> With the combination of an aging population and a depressed economy, the demand for senior services has severely strained the Pima Council on Aging, helping seniors with everything from meal delivery to one-time emergency cash payments.

>> Each year, Medicare costs go up. And the cost of living increases and social security goes up very little. So people on social security have less money. So the core services in trying to help individuals is growing and growing. And we are having a very difficult time meeting the need.

>> Couple that with the fact so many retirees leave families to live the outdoor lifestyle. They find one day their support network has evaporated. This geriatrician sees a tremendous demand for care managers to coordinate the transition for seniors.

>> The demand is placed on primary care practitioners or geriatricians like myself, who have growing numbers of calls from children from out of town and even from friends of older people who are aging and placed in difficulties to establish care. Those in the business suggest that we all take the time to have the conversation about end-of-life issues. That never happy happen for Simpson and her family. Now she struggles to sort out her new direction. Florence and Randall Davis have made their wishes clear to their family. Florence cares for Randall, who suffers from Alzheimer's. She expects that the couple will eventually look for assisted living. But for now, she lives one day at a time.

>> I think it is too early to look into places now because we don't need them and who knows what -- what this recession or whatever it is that we are in is going to do.

>> She sees a need to increase the supply of doctors experienced in senior issues and to reform Medicare to make reimbursement less cumbersome. On the upside, people are living independently well into their 80s and gradually, a care-giver system is evolving in Tucson that will allow more seniors to age in place at home.

>> People can go through agencies right now. But the cost tends to be prohibitive for most people. So they need to come up with a way of training professionals and non-professionals, having perhaps subsidies that allows individuals that are on a fixed level of income to be able to afford living at home.

>> Long-term, the community needs to work together to develop more living-at-home programs and look at the environment, structures and transportation systems as we face mobility challenges.

>> We are failing in regard to helping our seniors who have, you know, laid down for us, who have given us today what we have in this country. In this hour of need, we are not always taking care of them.

>> Tucson has engaged in the dialogue, but we have a distance to go to provide our elders with no less than they deserve, a safe and comfortable environment where they know their lives matter. Kimberly Craft.

>> Jan, this viewer wants to know -- this is a viewer, an adult child, how do you deal with the fact that your parents have changed so dramatically, and in this case, they are suspecting that the person has dementia and Alzheimer's?

>> I think that's a challenge to any of us looking at our own grief. We are beginning to see a loss occur. So, we have to look at how we become aware of that. And how we help that other person to look at some of their losses and a way to do that, again, is to find support in the community and find friends who will listen and begin to process that. And also to be with that individual as they move through the aging years. I can remember the first time I saw my parents arm in arm kind of bent over and thought, oh, my goodness, this is where it begins.

>> Question for you, Anne Morrisson, if this person has a living trust in California, does it transfer to Arizona?

>> You know, any legal document, it makes perfect sense for them to check it out with an elder law attorney. They can contact one by looking in the phonebook. The Council on Aging has lists of elder law attorneys and clinics there.

>> Clinics.

>> We haven't talked about power of attorney. This is really important with someone who is beginning to have dementia. Correct? They need --

>> Before!

>> Before they get into the dementia. There is a complex of legal documents to have, would be living will, medical power of attorney, I believe is the most important. Durable power of attorney for finances. And mental health care power of attorney in some cases, and do not resuscitate is in the lists. You can go online to the attorney general's office and download the documents or go to the Council on Aging and get them.

>> Go ahead, Judy.

>> I think it is really important for older people to note that it is a gift that they give their children. It is like putting your business in order and giving yourself peace of mind, knowing that, god forbid does happen, someone you know and trust has been designated to step in and manage your financial affairs and make decisions regarding your health care. And the decisions you make today will be followed through in the future by that person who has been given that responsibility.

>> Mary Ellen, the two questions pertain to your organization, how would this person get help for the 92-year-old mother in Benson, Arizona? She appears to be getting dementia, lives alone. And how does someone find a case manager? Was I correct --

>> Right, right, right. Well, we will do our best. The woman who has her mother in Benson, while she can absolutely connect her with the area agency there, there will be questions and concerns she may want to talk to our office because it brings to the forefront, the potential of is mom willing and interested in moving? Is that something they are discussing or need to? And the other question, Bill?

>> Was the case manager - and while we have you, Mary Ellen, any volunteer groups to help with errands and such?

>> I will try to be quick. The case management. There are a number of case management groups and folks and we do have a list to send out with names and phone numbers. The neighbor's question is a very timely one because in the last few years, TCOA and other groups has developed neighbors care alliances in partnership with interfaith community services. There are many neighborhood groups that are forming that are neighbors helping neighbors, driving neighbors to doctors appointments. They are developing all over town. If you are either representing a neighborhood and would like to become one, call our office and we'll help. It's a wonderful opportunity.

>> Time to go back to Christopher to try to wrap up some of the questions in the remaining 6 or 7 minutes. I know you have had a lot of them.

>> A lot of questions. We do have one interesting one here. The caller wants to know about elder abuse. If you suspect that a family member is abusing an elder or a care-giver's abusing an elder, what do you do?

>> Judy, what do you do about the elder abuse?  
>> Call Adult Protective Services. They will come out and do an investigation. Elders are vulnerable and can be exploited, abused and neglected. We as community partners need to be alert and aware. We need to take action in the event that we have any suspicion or concern that an older person is not being treated correctly.  
>> Anyone else want to weigh in?  
>> I do want to say, if it's an emergency situation, you can call the police. Make it happen right away.  
>> Christopher, back to you now for another question?  
>> Bill, during the program, hospice care was mentioned, but only once. Our caller wants to know what are the services available from hospice care, in-patient and in the home?  
>> Good question about hospice care?  
>> Hospice is a Medicare benefit. So if you are on the traditional Medicare program or you have confined your Medicare benefits to an HMO, you are eligible for a hospice. Hospice is a home-based program. They come into the home. They provide palliative care. They are there to assure that people don't have pain. There is a clergy that are available to come and visit, social workers, home care aides can help with bathing. It can be very, very supportive for the person who is dying and also for the family. Usually, there is no fee for the family at all for hospice care. People can be on hospice for up to 6 months and then can be renewed, even beyond 6 months. Unfortunately, a lot of people -- a lot of families don't call hospice until the very end. Though, again, when you receive a diagnosis that they are terminal, that is the time to be in communication with hospice. They will send someone out. They will be able to give you all the information about the program, how it works, so you can decide when it is right for your family member to go on the hospice program. But getting information when you have a terminal diagnosis is very good. And the program is excellent. Hospice does a wonderful, wonderful job. It is under utilized in our community.  
>> Good advice here. Here's an interesting question from Lori. Is there a handbook on patient transfer mechanics? Her 88-year-old mother is having all sorts of difficulty getting in and out of bed, going to the toilet -- is there anything -- where does Lori look for help?  
>> Lori might want to call PCOA because what we have set up is a care-giver education and support program. There is more than a handbook. They have training classes for family care-givers and one of them in the curriculum is about safety mechanics and back care because family care-givers put their own back out or drop their loved one. It is a scary task when you are trying to do it right and keep the other person safe. We probably have printed materials. But I would sure toss her over.  
>> Let's see if we can get questions from Studio B. Christopher?  
>> Tanks so much, Bll. Ad a reminder, I have plenty of questions. We will put these up on our web site with answers in the coming days. We had a World War II veteran call in and he wanted to know, does the V.A. offer services for senior vets?  
>> Judy, does the V.A. offer any services?  
>> If you have 50% or greater service-related disability, the V.A. will provide home and community-based care up to 8 hours a week. You would contact the V.A. and be able to get information to see if you qualify and then the V.A. coordinates that care with home-care providers in the community and there is no cost to the individual.  
>> Okay. We will -- go ahead.  
>> They provide two weeks of respite care a year.  
>> Two weeks. Christopher, give us a couple. I know you have so many. Give us two and we will see if we can handle them in the remaining 2 minutes.

>> Certainly. The first is a difficult situation. It is a neighbor that called in. The elderly female neighbor has Alzheimer's. It appears that her husband has started to drink and may be an alcoholic. She wants to know what she can do to make sure that the couple is taken care of. And also the paid care-giver is a family member paid through AHCCCS, the caller wants to know, is that a good idea and conflict of interest?

>> What about the intervention question with the alcohol problem? Mary Ellen? Less than a minute to go. Jan, I know it's a difficult area. Quick.

>> I think if this is an elder abuse, call Adult Protective services and bring in professionals trying to get assistance right away for the individuals.

>> On the AHCCCS question?

>> Under AHCCCS, family members can get paid to be care-givers and some family members, in fact, are quitting jobs and doing that care so if the family -- it is a tough question, not necessarily conflict of interest, but is it the best plan, even for the family member who maybe needs a break themselves. So not a simple question, a common one we talk about all the time.

>> Thank you all very much and everyone who called. "There is a bridge between the living and the dead and that bridge is love." We will end it right there. That concludes our special "Tucson's Conversation about Caring." For more information on any of the topics from the program, go to our web site, click on TV for the links to the care giving organizations represented on tonight's panel. I'm Bill Buckmaster. On behalf of our panel and everyone here at Channel 6, please, have a great evening.