



For the Lifespan: The Caregiver Guide

Module 3A

Caring for Older Adults With Chronic Health Issues

Participant Guide

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Caring for Older Adults

With Chronic Health Issues

PURPOSE

Module 3A will provide you with information about how to support an older adult with chronic health issues.

WHAT YOU WILL LEARN

After completing this module, you will be able to:

- Understand the common chronic health issues for older American adults.
- Understand the importance and difficulty of managing pain.
- Handle changes in relationships and roles.
- Develop and access family, community, and/or professional supports.
- Access community, state, and federal resources.

ONE FAMILY'S STORY



When Carol came home from college over Christmas break, she headed over to Grandma's house to make the traditional Christmas cookies they'd made since she was a little girl. This year, in particular, Carol was very excited because she hadn't seen Grandma Jean for the past two years since she'd been an exchange student in Spain. When she rang Grandma Jean's doorbell, there was no response, but the door was always open so she went inside calling for Grandma. Throughout the house there were signs of disarray and confusion. Clothes were piled on the dining room table instead

of Christmas cookie supplies. Dirty dishes flowed out of the kitchen sink. It looked like the bathroom hadn't been cleaned in several weeks. Carol found her Grandma slumped in her bedroom chair, partially dressed, and dozing. She'd never seen Grandma like this before, so she was very surprised and concerned. "Oh, Carol, I'm so glad you're here. I tried to get up early to get ready, but I have so much trouble seeing anymore. Then I just ran out of energy and couldn't finish getting dressed, so I sat down for a nap. My hands hurt so much and my fingers are quite stiff. Once you get me out of this chair and finish getting me dressed, you'll have to do all the work to make the cookies this year. I'm sorry, honey. I guess I got old while you were away."

Aging is an Individual Process

Sometimes an aging older adult slowly changes before our eyes, and other times chronic illness can bring about sudden and swift changes requiring family and friends to step in to help. When we assist the person we care for, sometimes we're eager to help and sometimes we have trouble facing the health and aging predicament. As Americans are living longer, more of us will be faced with providing support for a chronically ill elderly person.



Reflection and/or Discussion

What is the current situation you are involved with and how are you feeling about it?

COMMON CHRONIC HEALTH ISSUES FOR OLDER ADULTS

Life expectancy for all ethnic groups in the United States has been steadily increasing. The Centers for Disease Control (2008) provide

detailed average life expectancy with the percent in each group who live beyond the average as shown below:

- Hispanic females: Average is 83.3 years, 48.5% live to age 87
- White females: Average is 80.7 years, 50% live to age 84
- Hispanic males: Average is 78.4 years, 50% live to age 82
- African-American females: Average is 76.9 years, 38.3% live to age 85
- White males: Average is 75.9 years, 33% live to age 85
- African-American males: Average is 70.2 years, 21.7% live to age 85
- Less than 1% of all males and slightly more than 2% of all females live to age 100



As the Baby Boomer generation moves into advanced aging, our cultural emphasis has moved to healthy aging; however, our society is still beset with chronic health issues. There are many resources for learning about current chronic health issues facing aging Americans. Some of these resources include:

- The University of Pittsburgh Aging Institute
<http://www.aging.pitt.edu/seniors/diseases-conditions.asp>
- WebMd.com
<http://www.webmd.com/healthy-aging/features/aging-health-challenges>
- The National Institute of Health (NIH)
<http://nihseniorhealth.gov>
- Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/chronicdisease/index.htm>

Chronic health issues are defined as an illness that is ongoing or recurring but is not caused by infection and is not passed by contact. Chronic health issues include, but are not limited to:

- Aging teeth
- Alzheimer's
- Anxiety
- Arthritis
- Cancer
- Cardiovascular disease including high blood pressure
- Chronic pain
- Eye disease
- Falls
- Hip fractures or other broken bones
- Kidney disease
- Mental health (including depression, memory, and emotional well-being)
- Osteoporosis
- Parkinson's
- Prescription and illicit drug abuse
- Problems with smell and taste
- Shingles
- Stroke
- Vision and hearing loss
- And many others too numerous to list



Having a chronic condition does not mean life as we know it must change completely. The goal is for someone with a chronic condition to learn to manage their condition rather than let it manage them. There are programs available to help individuals

learn to do this, especially if they are concerned with a new diagnosis.



Check with your local health department to see if they offer Stanford University's Chronic Disease Self-Management Program (known as Living Well with Chronic Conditions in Utah). It is a six-week workshop that teaches individuals who have a chronic condition, or live with someone with a chronic condition, how to cope with some of the challenges chronic conditions may present. It does not replace existing treatments, it complements them. This workshop is also available online through Stanford University, if it is difficult to get out of the house, but there are benefits to going out to attend a workshop, such as preventing isolation and developing a support network of others with chronic conditions.

You can find more information online at:

<http://health.utah.gov/arthritis/classes>

<http://www.restartliving.org/findAWorkshop.php>

<http://www.utahcountyonline.org/Dept2/Health/Health%20Promotion/Chronic%20Disease/LivingWell.asp>

The companion book for this series is, Living a Healthy Life with Chronic Conditions, 4th Edition. More information can be found at:

<https://www.bullpub.com>

Reflection and/or Discussion

Which health condition(s) is the person you are caring for experiencing? Are you and the person you are caring for highly satisfied with the healthcare he/she receives? If not, what can you do to improve their health services?

MEDICAL CARE



The person you are caring for may have been relatively healthy, dodging catastrophes and making fairly good choices, until recently. The person you are caring for may have been very health conscious and now has a very hard disease. Perhaps the person you are caring for never took good care of themselves and their current health circumstance is a culmination of previous health problems. For the most part, their general approach to life is a good indicator of how they will fare through this maze of ill health.

As you step into the role of providing more support, consider these questions:

- How has he/she handled their medical care in the past?
- How have they responded to difficult illness?
- Have they been a cooperative patient who followed the doctor's orders?
- Have they been a difficult patient ignoring medical advice given for their own good?
- Is their primary care doctor trained to work well with older people? If not, are you considering finding a geriatric specialist for the person you are caring for?
- In addition to the primary doctor, what other specialists does your care recipient need?
- Does their primary doctor have a good track record in treating the diseases or conditions your care recipient is facing?

A solid and honest relationship with their physician is very important, so the best possible medical care is experienced with the goal of reaching the best possible outcomes for their health.

Regular doctor visits are very important for monitoring medications and any changes in their condition. Between visits it's important to have open communication between the person you are caring for, yourself, and the doctor's office. Many medical practices offer online medical records that only you and your doctor can access. Email communication is sometimes available for low-level concerns. Of course, calling the office is a great idea. The main point is to be clear about their needs, and to work with a health care team that will provide the best care available.

You and the person you are caring for are the best health advocates. Regardless of the diseases or conditions currently present (or anticipated in the future), don't hesitate to ask your health care team for the level of care, along with the details or explanation that you need, in order to feel completely comfortable with the medical care being given.

Reflection and/or Discussion

Are you 100% satisfied with the medical care the person you are caring for is receiving? If not, what needs to be changed and how can you make it happen?

HANDLING CHANGES IN RELATIONSHIPS AND ROLES



It is important to delegate new roles. As with every new challenge in life, we draw from our tool bag of skills, abilities, education, memories, experience, and concern for the person we care for as we begin the process of caregiving. Your relationship with the person you are caring for is the foundation of going forward. For example, in the previous family story the relationship between Carol and her Grandma was strong and loving. Grandma had hoped to continue their family tradition as she always had, so she didn't ask for help in

advance. But when Carol arrived, it was clear Grandma needed help and because of their long healthy history together Grandma was able to say, “Please help me today.”



However, sometimes our family histories and relationships aren't as positive and strong as we would like. Unavoidable and/or difficult family events often test the fabric of communication and adaptation. Whatever has occurred prior to the illness of the person being cared for may or may not impact how the caregiver/family come together to help. It will also impact how the person being cared for denies the need for help or acknowledges failing capacities. If the person being cared for is a family member, it is important to ask yourself and those involved in this process how you want to look back on this time, how you want to remember coming together as a family to support one another in the caregiving process.

Reflection and/or Discussion

At this time, what strengths and weaknesses are impacting the care of the person you are caring for? How can you increase the strengths and decrease or minimize the weaknesses?

MANAGING CHRONIC PAIN AND MENTAL HEALTH CHALLENGES



Chronic pain may also be present with many long-term illnesses. This can make it difficult for you to watch your care recipient suffer and feel like you are providing adequate care. Learn all that you can about pain management and do what you can to help manage the pain. Different techniques of pain management include massage, physical therapy, medications, acupuncture, and Tai Chi. Discuss pain management with your healthcare provider. Ask for a pain assessment and treatment plan. It's easy to think their health issues

are the norm and not pay much attention to any changes or their basic needs, because it seems like they are always in need.

Pain is easier to prevent than to treat. The earlier you go in, the better. It will be helpful if you can keep track of the level of pain (0 to 10 scale) every few hours during the day and night. It will also be good to note where the pain is located, when it started, any treatments tried, and how the pain affects quality of life. Ask which words best describe the pain: stabbing, throbbing, aching, or something else. Is it constant or does it come and go? If the doctor doesn't address the pain to your satisfaction, find another doctor or a pain specialist.

Those with chronic pain often have to deal with difficult emotions. Those emotions can include depression, anxiety, irritability, and frustration. Learning techniques to help diminish these difficult emotions is very important. Many of these techniques are listed in Module 6, Caring for Those with Depression, Anxiety, Stress, or Mental Health Issues.

One technique that is always helpful is to learn to breathe deeply or meditate when feeling overwhelmed, stressed, or anxious. Deep breathing can help relax the tension in your body. Try to reduce stress both for your care recipient and for yourself. Stress, depression, and anxiety can intensify the body's sensitivity to pain. Listening to enjoyable music, relaxation CDs, or engaging in progressive muscle relaxation may be helpful. Getting a massage can also reduce stress and relieve tension. Exercise also provides chronic pain relief through natural endorphins that block pain signals. Joining a support group may also prove helpful. Providing

distractions or engaging in enjoyable activities takes the focus away from the pain.



The AARP website lists several foods or spices that may provide pain relief. AARP reports that adding two to three teaspoons of ginger daily to tea, soups, or a stir fry can reduce pain. Soy also has been found to reduce pain, but it takes around three weeks to take effect. Turmeric and salmon have been found to reduce the pain of rheumatoid arthritis. Bing cherries may reduce inflammation levels. More information can be found at: <http://www.aarp.org/food/diet-nutrition/info-03-2011/pain-fighting-foods.html>

It is also important to accept that as a caregiver, you will need to ask for additional help and assistance. For many, the most difficult part is also learning to accept the help that is offered. Provide specific tasks or things for people to do, that may include food, running errands, or watching your care recipient.

FAMILY, COMMUNITY, AND PROFESSIONAL SUPPORTS

When it becomes obvious that chronic illness is impacting the quality of life of the person you are caring for, it's time to have a conversation with family members and friends to figure out what's needed and who can provide help. A caregiving team should be created to help the person you are caring for "Age in Place", (i.e., remain at home for as long as possible). The caregiving team can include the person you are caring for, yourself, other family members, friends, healthcare providers, religious representatives, etc. The team has to look at the entire picture of the chronically ill person, available resources, and the person's safety/well-being when deciding if he/she should remain at home. As a team, consider these questions:

- Does the person you are caring for have the mental capacity and emotional stability to safely remain at home? (If the person lives alone and has received a diagnosis of Alzheimer’s or any other form of dementia, then the caregiving team should consider someone living with the person or moving him/her to a facility).
- Has the person you are caring for designated someone to handle his/her legal, financial, and medical decisions in the event of a catastrophic health event? If this hasn’t been done yet, and the person isn’t mentally incapacitated, it would be a good idea to do it now. More information about this can be found in Module 12, Legal and Financial Matters: What You Need to Know.
- If the person you are caring for stays at home, what will he/she need help doing? (See the Task and Delegation Sheet below).

Create a list of caregiving tasks you need help with, are willing to allow others to do while you take time for yourself. **Ask for help** from family, friends, and neighbors. Access community resources that may be available to help you. **Share your list** so they will know what type of help you need and can choose which task they feel comfortable doing.

Care Need	Is Help Needed?	Frequency	Current Helper	Who Else Can Assist or Complete this Task
Caregiver Respite	__yes __no			
Bathing Assistive devices	__yes __no __yes __no			
Dressing/Grooming	__yes __no			
Eating/Feeding Assistive devices	__yes __no __yes __no			
Toileting Assistive devices	__yes __no __yes __no			
Continence Incontinence supplies	__yes __no __yes __no			

Walking/ Transferring Assistive devices	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no			
Meal Preparation Meals on Wheels Congregate Meals Ensure, Boost, Etc.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no			
Housework/ Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no			
Medication Assistive devices	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no			
Transportation	<input type="checkbox"/> yes <input type="checkbox"/> no			
Shopping	<input type="checkbox"/> yes <input type="checkbox"/> no			
Telephone Assistive devices	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no			
Vision Assistive devices	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no			
Safety Equipment ERS System Safe Return Med Alert Bracelet Alarms door window Other equipment	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no			
Home Mods/Repairs Yard Care	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no			
Money Management	<input type="checkbox"/> yes <input type="checkbox"/> no			

Once you have a solid list of the daily needs for the person you are caring for, next determine who is available and able to meet the needs. For example, delegate someone to come by the house each day to make sure the medication dispenser has been filled properly and to check if the person is taking the medication correctly.

Delegate someone else to take the person grocery shopping each Saturday or do the shopping for the person. Delegate someone to provide housekeeping and personal care support. Consider whether it would be better to hire a non-medical support service to help with these tasks (Senior Companions can be a big help). Is Medical

Home Health care required to address the symptoms of their illness? (This requires a physician's written order and is covered by Medicare Part A.) Depending on the daily health condition of the person you are caring for, it might be helpful to place the complete list of tasks to be done with the name/phone number of the person responsible on the refrigerator.



What happens when neighbors, church members, family, or friends can no longer provide support and help for the care recipient? Asking for significant assistance on a long-term basis is often too much to ask someone to do. Short-term needs are often more appropriate. Sometimes it is hard for friends and neighbors to provide long-term assistance, but when the care required becomes long-term, then decisions need to be made on how the needs can be met in a different manner.

When family and friends are unable to provide complete care, there are private agencies with paid caregivers who come into the home to assist. Professional caregivers are sometimes Certified Nursing Assistants, but not always. The caregiving agency typically has a list of services they can provide (i.e., meal preparation, housekeeping, running errands, laundry, companionship, etc.) and you will be asked to sign an agreement prior to them coming to the home.

Make sure the agency is licensed and bonded with good references before you let them provide services for the person you are caring for.

If the care recipient has a medical emergency and 911 is called, it's important to have a completed and signed POLST form on the refrigerator for paramedics to access and use. The Physician Order for Life Sustaining Treatment (POLST) form is completed by the



person you care for and his/her doctor. It's signed by both parties and contains information pertaining to the use of different treatment options, antibiotics, a feeding tube, and other possible lifesaving measures. Essentially, it instructs Emergency Medical Service (EMS) on what type and level of life sustaining measures the care recipient has requested in advance. When it's on the refrigerator, it's very easy for EMS to locate. Utah law requires a POLST form for all residents of healthcare facilities. The form can be downloaded from <http://health.utah.gov/ems/polst>

A medication list is also extremely important to have readily available. Some insurance companies offer forms you can use, or you can create your own. The free medicine record form, from the Food and Drug Administration, can be filled out online and printed: <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM095018.pdf>

There are other free medication forms available as well, including the following from the Institute for Safe Medication Practices: http://www.ismp.org/tools/personal_med_form/default.asp

AARP also offers a free medication record form you can use at: http://assets.aarp.org/www.aarp.org/_articles/learntech/wellbeing/medication-record.pdf

The caregiver should have a copy as well as the person for whom they are caring. A medication list should include:

- Medication name
- Name of prescribing doctor
- Reason for taking medication
- Dosage

- Date started



All medications should be included, even over-the-counter medications like topical ointments, eye drops, and herbal supplements. All of these can affect how medications react. Also, include any medication allergies on this list.

In the event that private agency caregivers are hired to provide services in the care recipients home, please relocate all important legal, financial, medical, and historical documents; checkbooks, jewelry, credit cards, bank debit cards, computer passwords, and any weapons (guns, kitchen knives, etc.), to another family member's home for safekeeping. More information on this topic is offered in Module 8, Working Effectively With In-Home Service Providers.

Reflection and/or Discussion

How does this section pertain to your current caregiving situation? Do you have a caregiving team helping you? If not, how can you change this situation so you are not the only caregiver? Has your care recipient completed all the necessary paperwork, including a POLST form?

MOVING TO A CARE COMMUNITY

Many reasons go into the decision to move a chronically ill person from their home to another type of care. Often their health and safety have been compromised by falling, failure to take medications properly, poor eating, isolation, etc., and/or the disease progression has accelerated along with their daily medical needs. Recent statistics show that 70% of Americans over the age of 65 receive informal care by family and friends who help them stay

in their own homes or age in place. For most people, this is the primary choice; however, family circumstances and the illness progression may not allow the ill person to remain at home until they die.

Types of Placement



The Utah Department of Human Services Licensing, per state law, requires that all types be licensed. They can be reached at 801-538-4242 or go to www.hslic.utah.gov for more information.

Adult Day Care – This type of care is non-residential and it supports the health, nutritional, social, and daily living needs of adults in a professionally staffed, group setting. Most centers operate 10-12 hours per day with good meals, meaningful activities, and general supervision. Across the country, staffing varies from having a nurse, social worker, or a direct care worker. Nearly 5,000 adult day care centers were in operation in the United States in 2012. A list of licensed adult day centers can be obtained by calling the Utah Department of Human Services. The list is not on their website.

Home Health – Services must be ordered by a doctor and provided at a residence. Services can include a nurse, therapist (Speech, OT, PT), home health aide; might include help with activities of daily living (ADLs); can be short or long-term duration, not 24 hours; Plan of Care written by RN. This care level is covered by Medicare Part A.

Assisted Living Type I – Resident lives in a licensed facility and is able to evacuate on his/her own; may receive home health care through an agency; 24 hour monitoring provided; RN on staff

might provide medication assistance; resident has stable health; resident participates in developing plan of care. This level of care is not covered by Medicare, but might be covered by a supplemental policy or a long-term care policy.



Assisted Living Type II – Resident lives in a licensed facility which permits aging in place; may receive assistance with all ADLs; resident may be semi-dependent and require one person transfer assistance; nursing staff provide medication assistance and general nursing; resident may receive home health care services and participate in care planning; resident receives 24 hour individualized personal and health-related services 7 days/week. Home health care services will be covered by Medicare Part A, but cost of living in the facility may be covered similarly to Type I facility noted above. The Veterans Aid and Attendance Benefit may contribute substantially to the cost of an Assisted Living Community, given the prospective resident served at least one day during a designated war time. The prospective resident may also be the spouse or widow of the Veteran whom served.

Small Health Care – Type N (Also known as a Residential Care Home) – Licensed home setting occupied by owner/operator; limited to three residents; supervised nursing care via a written plan; resident receives assistance with medications, may be dependent, receives total assist with ADLs; 24 hour nursing supervision; can receive rehab home health services. Coverage is similar to the facilities types noted above.

Intermediate Care /Nursing – Resident lives in a licensed nursing facility that provides 24 hour inpatient care and supervision; resident doesn't need continuous nursing care, may be semi-

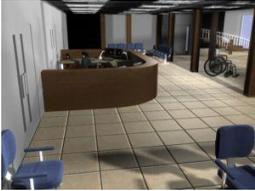
independent or dependent, may receive full assist with ADLs and transfers; receives medications from a nurse per doctor orders; 8 hours of nursing coverage per day for facilities with fewer than 35 beds and 16 hours per day for 35 beds or more. May have RN consultant and coverage is similar to above.

Skilled Nursing Facility – Resident lives in licensed facility that provides 24 hour licensed nursing services which include 8 RN hours; may be dependent and require total ADL assist; receives medications by a nurse according to doctor orders; facility provides required rehab services. Medicare Part A covers skilled nursing facilities.



Hospital – Patient is admitted to a licensed facility for a short-term to treat a specific condition; receives 24 hour RN care; may receive rehab services, either inpatient or outpatient; may be dependent and receive full ADL assist; receives medications from RN by doctor's order. Medicare Part A covers inpatient care and Part B covers physician services, ambulance, equipment, and therapies.

Hospice – Patient may receive service in place of residence or inpatient setting; provided by a health care agency or facility that offers palliative and supportive services including physical, psychological, social, and spiritual care for dying persons and their families. Family and patient participate in plan of care, developed by an interdisciplinary team, which includes at a minimum the patient, patient's family or primary caregiver, nurse, social worker, volunteer, and clergy. Services ordered by a doctor may include nursing, social work, clergy, volunteer, physical therapy, speech therapy, nutritional therapy, and home health aides. Medicare Part A covers hospice.



There are professionals available to help you make the right choice for your care recipient. If your care recipient has been hospitalized and is unable to return home, the hospital discharge planner should be able to explain the community options. In some cases they may need to move directly from home to a facility. In either situation, take the necessary time to visit every possible facility with a good list of questions, (i.e., ask to see the past five licensing reviews, ask residents how they like it there, how long they have lived there, note smells, residents looking bored or unattended, etc.). You should contact the state licensing office to find out about any corrective actions or concerns about each facility. Also, make sure to read their contract very closely before signing.

Placing your care recipient in a residential care is a difficult decision to make; however, it's for their long-term safety and well-being. This decision should also be made out of consideration for the care, stamina, and abilities of the family in the area. Ideally, one family member should live close enough to the facility to drop in anytime for a visit and to also check conditions. Residents with frequent visitors often receive better care than those who go without visits from concerned family or friends.

Reflection and/or Discussion

How does your care recipients' current living situation fit into those described above? If you anticipate a future change, which one are you considering?

MEDICARE, MEDICAID, AND SUPPLEMENTAL INSURANCE POLICIES

In 2013 the annual average cost of a private room in a nursing home in the U.S. was \$83,950 and in an assisted living facility it was \$41,400. A semi-private room is not much less, at an average



cost of \$75,405 per year. Long-term care policies, Medicaid, and private funding can help defray costs, but it's important to realize that Medicare does not cover round-the-clock care except for in-patient hospital stays.

Families are frequently shocked by the cost of care and sometimes assets need to be liquidated in order to qualify for assistance. These can be difficult and painful decisions to make. The caregiving team should make sure that your care recipient's Durable Power of Attorney (DPOA) has the legal paperwork (i.e., Social Security card, Birth Certificate, Advance Directive, Legal Will, Trust documents, DPOA documents), complete list of the person's financial accounts, tax records, assets, debts, insurance coverage, and funeral policies. The DPOA may need to seek counsel from your care recipient's attorney and/or accountant.

There is detailed information in Module 12 about the legal, medical, and financial aspects that should be considered.

Reflection and/or Discussion

What are your care recipient's financial resources at this time? Do you have a good understanding of Medicare and other coverage? What do you need to do to improve the financial situation?

RESOURCES AND SUPPORTS

Federal Information

Centers for Medicare and Medicaid Services: www.cms.hhs.gov

Federal Medicare information: www.medicare.gov, 800-633-4227

Federal Medicaid information: www.medicaid.gov, 800-662-9651

For Medicare enrollment determination and information:

<http://www.socialsecurity.gov/medicareonly>, 1-800-772-1213

(National office)

Health information on medications and diseases from the National Library of Medicine at the National Institute of Health is Medline.

Free email subscription available for updates:

www.Medlineplus.gov

National Institute of Health Senior Health:

<http://nihseniorhealth.gov/category/diseasesandconditions.html>

Silver Book: Almanac of facts, statistics, graphs, and data from hundreds of agencies and updated by the Alliance for Aging

Research: <http://www.silverbook.org>

Administration for Community Living, Resources for Older Adults, U.S. Department of Health and Human Services:

http://acl.gov/Get_Help/Help_Older_Adults

Veteran's Administration: www.va.gov

State of Utah Information

Utah Senior Health Insurance Information Program (SHIP):

www.shiptalk.org

Utah Division of Aging and Adult Services: www.hsdaas.utah.gov, provides link to list of Area Agencies on Aging (AAA) for each county

Local Veteran's Administration: 550 Foothill Dr., 2nd Floor, SLC, UT 84113; 801-524-5960, 800-827-1000, www.va.gov

Utah Medicaid Information: 1-800-662-9651, 1-801-538-6155;
www.health.utah.gov/medicaid, includes information on state
waivers

Utah Insurance Department with information about Medicare
Advantage plans, Life Insurance, Annuities, Medicare, Medigap
insurance, www.utah.gov/seniors

For information on the status of licensed facilities in Utah:
Health Facility Licensing Certification and Resident Assessment
<http://health.utah.gov/hflcra>
<http://health.utah.gov/hflcra/reportcard/reportcard.php>

Utah Department of Human Services Licensing, 801-538-4242,
www.hslic.utah.gov

Utah Department of Health Services, Division of Aging and Adult
Services, List of Senior Citizen Centers by counties in Utah:
http://www.careutah.com/list11_senior_centers.htm

Information and toolkit for Utah Advance Directives:
[http://aging.utah.edu/documents/utah-coa/directives/tool-kit-
2012.pdf](http://aging.utah.edu/documents/utah-coa/directives/tool-kit-2012.pdf)

Caregiver support information: www.hsdaas.utah.gov

For help with Medicare: Senior Medicare Patrol, 195 N. 1950 W.,
SLC, UT 84116; 877-824-6598, www.smpresource.org

Health Insurance Information Program:
[https://www.shiptalk.org/shiptalk/shiptalkinfolib/PromotionalPro
files/UtahStateProfile.pdf](https://www.shiptalk.org/shiptalk/shiptalkinfolib/PromotionalProfiles/UtahStateProfile.pdf)

800-541-7735

<http://health.utah.gov/disparities/healthcareinutah.htm>

801-538-6003

Health Insurance Information Program

www.brag.utah.gov – Cache, Rich, Box Elder Counties

Local health department six week class: Stanford University's Chronic Disease Self-Management Program known as Living Well with Chronic Conditions:

<http://health.utah.gov/arthritis/classes>

It is also available as an online class:

<http://www.restartliving.org/findAWorkshop.php>

Non-governmental Support

Alzheimer's Association local support group information:

www.alz.org

Aging Institute of the University of Pittsburgh Medical Center Senior Services and the University of Pittsburgh:

<http://www.aging.pitt.edu/seniors/diseases-conditions.asp>

Institute on Disability at the University of New Hampshire, Information on "Apps for Aging", how to use iPads to help older adults with low vision, hearing loss, memory issues, locating missing items, etc., www.iod.unh.edu

Centers for Independent Living:

<http://www.usor.utah.gov/division-of-rehabilitation-services/vocational-rehabilitation/independent-living-il/centers-for-independent-living>

<http://assets.aarp.org/www.aarp.org/articles/learntech/wellbeing/medication-record.pdf> or www.uilc.org

UCARE MODULE TOPICS

1. Providing Personal Care
2. Dementia and Memory Loss
3. A) Caring for Older Adults with Chronic Health Issues
3. B) Caring for Children with Special Health Care Needs
4. The Accessible Home
5. Taking Care of the Caregiver
6. Caring for those with Depression, Anxiety, Stress, or Mental Health Issues
7. Community Supports for Remaining at Home
8. Working Effectively with In-Home Service Providers
9. Keeping Your Home and the Person You Care for Safe
10. Eating Healthy for Life
11. Assistive Devices: Tools to Help You
12. Legal and Financial Matters: What You Need to Know

For more information, please visit: <http://www.ucare.utah.gov>

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Marilyn Hammond, Ph.D., Utah State University

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Alma Burgess, M.S., Utah State University

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Sherry Castro, Utah State University

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Sonnie Yudell, Program Manager, Utah Caregiver Support Program,
Utah Division of Aging and Adult Services

Utah Coalition for Caregiver Support Project Management Team

Lynn Long

Maurice Wells

Clara McClane

Margene Luke

Nick Zullo

Terresa Newport

Simone Black

Elizabeth Squires

Laura Owen Keirstead

Rhonda Hypio

Megan Forbush

Kathy Nelson

Carrie Schonlaw

Paula Ledford

Geri Lehnardt

Stacy Wardwell

Diane Allen

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Connie B. Panter, Utah State University

Lynelle Chenn, Utah State University

For more information, please visit: <http://www.ucare.utah.gov>,
or email: ucare@utah.gov

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