

According to Pew Research Center, as the year 2012 began on Jan. 1, the oldest members of the Baby Boom generation celebrated their 66th birthday. In fact, on that day, today, and for every day for the next 19 years, 10,000 baby boomers will reach age 65. Statistics show that 26% of the total U.S. population are Baby Boomers.

But, instead of thinking of retirement, traveling, and kicking back and enjoying the good life, many Boomers have a more daunting life ahead of them: Taking care of aging parents. More and more, the role of primary caregiver is being bestowed upon many unsuspecting children of elderly parents, just as they are beginning to see some “light at the end of the tunnel”. Yes, many Boomers are now faced with life-altering changes that require most, if not all of each day, to be devoted to some aspect of being “the parent to the parent”. The nation’s 77 million baby boomers are not the first adults to care for their aging parents. But they are the first generation to care for parents who are living longer but with more chronic medical conditions — and often far from their grown children.

AARP has estimated that 34 million Americans serve as unpaid caregivers for other adults, usually elderly relatives, and that they spend an average 21 hours a week helping out. And this is not a “walk in the park”, so to speak. The physical toll of this responsibility can be severe as well. Caregivers for aging parents are found to typically have one or more chronic conditions, such as high blood pressure, at nearly twice the rate of all Americans. Caring for elderly parents also can threaten the emotional health of caregivers and their families. In addition, 91% of those who say their own health has worsened because of caregiving report depression.

Being the “parent of your parent” can unlock your family’s hidden dysfunctions. You find yourself arguing with your siblings, arguing with your spouse, arguing with your parents, and even arguing with yourself. Often, in many families, it can reopen old sibling rivalries and conflicts. Then, the dynamics between siblings, and other family members comes into play. If you never really got along with your parents or your siblings, it can be even more stressful. Elder care can exhaust and sometimes demoralize the caregiver who’s on the front line. And it can frighten and confuse the elderly parents.

The duties of a caregiver for an aged parent can range from trying to persuade a parent to turn over the financial control, to seeing a doctor, to accepting help with cooking or bathing, or give up the powerful symbols of adult independence, the car keys. How effective the caregiver is at accomplishing these goals can be the determining factor in whether there are car accidents, hip fractures, house fires and even financial ruin.

Like most Boomers, or soon to be Boomers, many are thinking about getting some “outside care” to handle this “problem”. Not so fast: the average annual cost for a semiprivate room in a nursing home is nearly \$67,000. In some parts of the country, it’s much higher. Only if a senior citizen exhausts all her assets, Medicaid will cover her nursing-home care.

Not so with other types of long-term care. Except in isolated instances, Medicaid doesn’t cover assisted living or home-based health care. That means families often have to pay those costs. The average cost for an assisted-living facility is upwards of \$35,000 a year, and the average cost for a home health aide is id="mce_marker"9 an hour. As you can see, this column could easily turn into a book (in fact it is a major focus of my next book), but in consideration of space limitations, let’s look at some practical considerations:

Adult children should be aware of any changes in their parents’ attitudes or behavior— changes which are often undetectable over the telephone. There are however, clear warning signs that some type of intervention is needed:

1. Mail and bills are left to pile up.
2. The house is cluttered or unkempt.
3. Food in the refrigerator is uneaten or spoiled.
4. Signs of scorching on the bottoms of pots and pans.
5. Declining personal hygiene as indicated by unkempt hair, dirty or lengthy nails, poor oral hygiene, body or urine odor, unshaven, and wearing same clothes over and over.

6. Missed doctor's appointments.
7. Getting up and down stairs and in and out of home becoming difficult.
8. Forgetting to take medication.
9. Inappropriate behaviors, clothing or speech.
10. Not recognizing need for, arranging, or scheduling necessary household repairs and maintenance.

Once you and/or your siblings decide that your parent(s) needs help or assistance, the next step is determining what kind: adult day care, home safety modifications, meal delivery, psychiatric counseling, in home care services, interaction at a senior center, installing a medical alert service device...these are just a few things that can make a big difference to an older adult living alone- especially ones who want to remain at home as long as possible.

PLEASE be mindful that resistance to any kind of change is common, especially among the senior population. After all, no one is looking forward to losing their lifelong sense of independence; especially to the very people who they raised. So, make every effort to be kind and compassionate.

If you're fortunate enough to have a situation with your elderly loved one that does not require you to either move in, or have them move in with you, an objective third party involved can be helpful. Geriatric Care Managers can make this time of transition easier for everyone. Even if you live out of the area, a care manager can be their eyes and ears so a parent's everyday well-being is less of a worry.

Glenn's Strategies for Well-Being: Becoming a Parent for Your Parent

Written by Forward Times Staff
Sunday, 17 June 2012 21:18

It is beneficial for families to know what resources are available to them, how much they would cost, how to access these resources and what options are available. Some of the key points to consider are:

- Information about home care services. What kind of care and how much care can be provided at home?
- Who pays for what services? This is key, because a common misconception is that Medicare pays for long-term care.
- What is the difference between Medicare and Medicaid?
- What does insurance, either medical or long-term care, actually pay for?
- What happens at the end of a hospitalization when discharge is imminent? Time is of the essence, because it is often Medicare or the insurance company's determination as to how quickly things related to discharge must happen.
- Is the health care proxy in place, appropriately witnessed and current? Is there a power of attorney?

Does your state recognize other documents, such as a living will?

- Has the conversation about the wishes stated in the health care proxy been discussed with the individual who has been nominated proxy? Does the physician have a copy of the document?
- What resources are available to pay for services? How much can the family afford? And who is going to pay for what?

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None of this is pleasant, nor welcomed, but, it is reality for many. It happens if you and your loved one lives long enough. Let me leave you with one of my favorite quotes from George Washington Carver, **“How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong. Because someday in your life you will have been all of these.”**

Remember, I'm not a doctor. I just sound like one. Take good care of yourself and live the best life possible!

The information included in this column is for educational purposes only. It is not intended nor implied to be a substitute for professional medical advice.

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For more good health information, visit: www.glennellis.com