

# AASCC's Monthly News and Notes



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## Independence

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*December 2014 Issue*



*The AASCC Board and Staff*

*Wishes You a Wonderful Holiday Season!*

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### Volunteer Spotlight

Carolyn Paul has been a volunteer with AARP Experience Corps – Greater New Haven for the past 5 years. As a literacy tutor at Ridge Hill School in Hamden, Carolyn brings great enthusiasm and her lifelong love of learning. Last school year, when Carolyn learned that both one of her classes and her grandson's class in Ohio were reading the same book, she suggested that the two classes collaborate. As the teacher said, "Mrs. Paul shared a Flat Stanley [book] activity from her grandson in Ohio. The whole class loved his letter and we wrote to his class. This

### Caregiver Corner

#### **Men and Caregiving**

Family caregiving is provided predominantly by women. However, in the past five years, the distribution of people providing care to family members has seen an increase in care given by men rise from 25% to 40%. Is the care provided different from the care provided by women? Maybe, it depends upon the man and his skills and style,

prompted our own Flat Stanley adventure that we all loved!" Carolyn always goes above and beyond – while tutoring her students, helping with events (even loaning her barn to store books to give out at events!), and mentoring new Experience Corps tutors. A resident of Hamden, Experience Corps is not the only benefit of Carolyn's community involvement; she is also active in her church (Spring Glen) and helps at polls on election days.

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## Focusing on Excellence

One outcome that is important to all of us is maintaining/obtaining optimal health outcomes. There are many factors to consider in pursuing this goal. This month's article will be devoted to hints to help successfully transition home after a hospitalization. While hospital staff work diligently to assure a successful transition, we all need to be our own best advocates to assure success. If you or a family member is hospitalized, following are some things to consider before the return to home:

- When being given instructions regarding post hospital care, ask questions about anything that is not clear. Hospital staff will provide you with written instructions. However, a verbal review should also be completed to provide the opportunity for questions and to clarify any instructions. If possible, consider having a trusted family member or friend present during the discussion especially if they are available to assist after the return home.
- Ask questions about the follow-up for treatment post hospitalization. Are there specific symptoms/ issues that should be reported to the MD? What medication changes have been made and what are the instructions for administration? Has the hospital team been made fully aware of all the medications taken pre-hospitalization? Have any of the pre-hospital medications been discontinued? Is help needed in sorting out these medication changes once you return home? Are there specific diet instructions?
- Assure that a post-hospital medical appointment is made with your own physician in a timely manner. Some hospitals now arrange this appointment on behalf of the patient. It is important that your own doctor is aware that

but the weight of the work is no different whether the caregiving is provided by sons or daughters, grandmothers or grandfathers, sisters or brothers. The impact of providing care takes a toll on both genders, even if the particular issues are slightly different.

If you are a male caregiver, what should you know to make your caregiving tasks easier?

Know that you are not alone. Sixty-five million people provide care to a family member, twenty-six million of these caregivers are men.

Prepare yourself for the role. Get as much information as you can about the specific needs of the person for whom you provide care. Talk with the doctors and therapists who provide health care for your relative. Talk with your family about the other needs of your loved one, and talk with the person you care for to learn their preferences. It isn't easy to provide care, but remember, it isn't easy to receive care either. Being in a dependent position is hard for all of us.

Once you know what needs to be done, ask for help to get it all done. You don't have to provide all the care, you need to be the person in charge who makes certain it all gets done. If there are things you must do, get the training you need to perform the tasks.

Remember to take care of yourself. If you find yourself eating or drinking more than usual it might be a sign that you feel stressed. Don't allow caregiving to jeopardize your health. It's important to eat a healthy diet, exercise regularly and keep your doctor appointments. You can't take care of anyone else if you don't care for yourself first.

you have been hospitalized and if there have been any changes made in your medication regime or other treatments.

- Is a referral being made to a home health agency? If so what agency and when will the first home visit occur? If you have a preference for a home health agency, be certain hospital staff is aware.
- Often, after a hospital stay, there is a period of re-adjustment to being home. Is there a family member or friend who can be of assistance in addition to any formal homecare services? Is there someone to pick up medications, grocery shop etc.? Is someone needed to prepare meals, at least initially?
- Share concerns you may have about the return to home if there are barriers to a successful transition. It is better to problem-solve while you are still in the hospital when additional options can be considered.

**Upcoming Events**  
**[View Our Full Calendar](#)**

[Interagency Council](#)  
December 18

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## CHOICES Corner

On June 12, 2014, Governor Dannel P. Malloy signed into law a requirement that effective October 1, 2014, Connecticut hospitals must give oral or written notice to patients placed on "observation status" for 24 hours or more. This statement informs patient that he/she is not an admission.

"Observation status" could affect insurance cover, and patients should contact their health insurance provider or Office of Healthcare Advocate for further understanding of "observation status" implications.

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## In the Community

*AASCC provides grants to community organizations through Federal Older Americans Act funding to provide services for individuals 60 years of age or older.*

There are many older adults who are vulnerable for a variety of reasons: isolation, inadequate financial support, lack of family/social connections, physical limitations. The Franciscan Home Care and Hospice Care in Meriden receives funding for its Promoting Independence for Elders (PIE) Program whose purpose is to assist low income and minority elders in achieving and/or maintaining maximum independence and productivity while living in their own homes as long as possible. Personal in-home visits are the backbone this program. Through these relationships, the caregivers are able to continually assess needs and connect individuals with community services, while giving them a sense of support. This support is shown to help these individuals remain independent with better health.

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## Did You Know: Isolation among Older Adults

Socially isolated adults may or may not express feelings of loneliness. Regardless, research indicates that isolation can have a serious impact on the well-being of older adults. "Older people without adequate social interaction are twice as likely to die prematurely. The mortality risk is comparable to that from smoking 15 cigarettes a day or drinking 6 alcoholic beverages a day. It is twice as dangerous as obesity." ([National Council on Aging Report](#)).

Identified risk factors for isolation are as follows:

- Living Alone
- Having Impaired Mobility (physical, poor sensory functions)
- Experiencing a Major Life Transition (loss of partner/spouse or other primary network members, employment, or resources in general)
- Having Low Income (limited resources)
- Being a Caregiver (for someone with a severe chronic disability or illness)
- Having Psychological or Cognitive Vulnerabilities (depression, low self esteem, compromised self-efficacy, addiction)
- Living in a Rural Location
- Having Neighborhood/Community Limitations (inaccessible, lacking meaningful events, and/or unsafe)
- Having a Small Social Network and/or Inadequate Social Support
- Speaking a Language Other Than English
- Belonging to a Minority Group (an ethnic and/or racial minority group, the LGBTQ community, or a religious or other cultural minority group)

List compiled by AARP: [Framework for Isolation in Adults Over 50](#)

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Agency on Aging of South Central Connecticut.

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