

SUPPORTING
OUR CAREGIVERS

3 ONLINE RESOURCES
FOR CAREGIVERS

AMERICA'S INVISIBLE
HEALTH CARE WORKFORCE

Holly Robinson Peete is a superstar as an actress, TV talk show host, singer, author and advocate, but she shines brightest as a caregiver.

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and aging

Taking the pledge
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Tips for caregivers
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Preparing for
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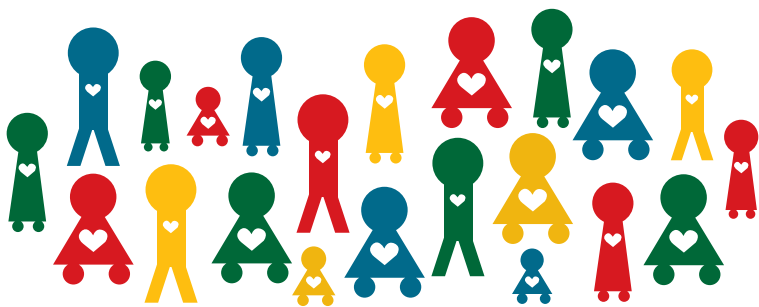


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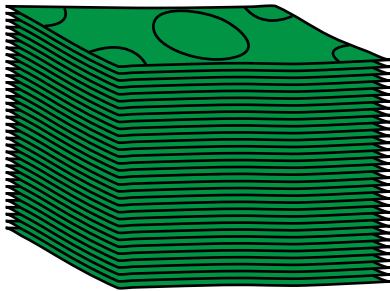
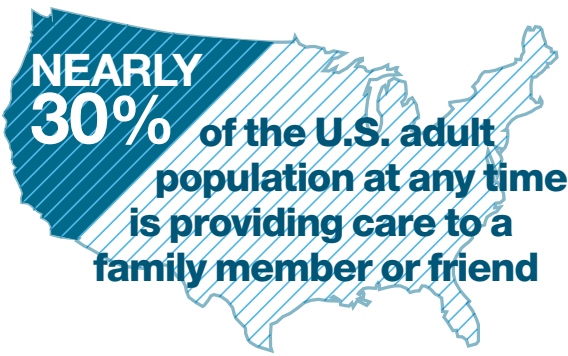
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CHALLENGES



At any time, there are an estimated **65.7 MILLION CAREGIVERS** in the U.S.



\$450 BILLION is spent out of pocket annually by family caregivers to help provide care to a loved one



78% of caregivers want more help or info about caregiving topics, but don't know where to turn

SOURCE: NATIONAL ALLIANCE FOR CAREGIVING

Regardless of the nature of the care needed, all of these caregivers selflessly bring comfort, social engagement, and stability to those they love, putting the wellbeing of others before their own. Which leads to the question: **Who is caring for the caregivers?**

You are not alone

Are you helping your parent or spouse who is struggling with the frailties of old age? Or caring for a loved one who has a chronic condition or illness? If so, then you are a family caregiver.

And you are not alone. There are 65 million family caregivers across the country. Nearly one-third of the U.S. adult population are caregivers, providing an average of 20 hours of care per week — and some around the clock.

It can be anyone

Most people think of family caregiving as taking care of an elderly person — maybe your mother with Alzheimer's disease or your husband who has had a heart attack.

But family caregiving actually occurs in all kinds of life situations: from the parents of children with special needs, to the families and friends of wounded soldiers; from a partner coping with cancer, to a young couple dealing with a diagnosis of MS.

Some caregivers are in the "sandwich generation" — caring for their

elderly parents while they have children of their own at home. Some are in the workforce, trying to juggle their full-time job responsibilities with their caregiving responsibilities. And some are even trying to help care for their loved ones who live in a different part of the country.

Whatever it takes

It truly is remarkable what family caregivers accomplish. They provide daily assistance to manage health care and personal care. They enable their loved ones to live at home longer. They handle any number of important tasks: making sure medications are taken on time, seeing to it that doctor appointments are kept, and providing transportation, to name just a few. And all the while, keeping their loved ones' spirits up.

Caregiving may be one of the most important roles you will ever take on in your life. It is not an easy one, and most of us are never prepared for it. You may have become a caregiver suddenly and without warning, or perhaps your role evolved slowly over time. Either way, caregiving can take its toll: on



John Schall
CEO, Caregiver Action Network

DON'T MISS

5 tips for family caregivers

- Seek support from other caregivers. You are not alone!
- Take care of your own health so that you can be strong enough to take care of your loved one.
- Learn how to communicate effectively with doctors.
- Be open to new technologies that can help you care for your loved one.
- Give yourself credit for doing the best you can in one of the toughest jobs there is!

your health, on your finances, on your state of mind.

Key to long-term care

Family caregiving may not be easy, but it is tremendously important.

Family caregiving reduces the nation's health care costs. Family caregivers provide the lion's share of care and support for those with chronic care needs — approximately \$450 billion of unpaid care each year. Make no mistake, family caregivers are the unacknowledged backbone of the nation's long-term care system.

Family caregivers are the best advocates for their loved ones. Whether in the doctor's office or at home, in the hospital or at the pharmacy, family caregivers are the only people who are consistently present with their loved ones across all care settings. Family caregivers are there as full partners with their loved ones through it all.

Reach out for the help and resources you need to do the important job you face every day as a family caregiver.

JOHN SCHALL
editorial@mediaplanet.com



WE RECOMMEND



Sherri Snelling
Author of A Cast of Caregivers, CEO of the Caregiving Club

PAGE 17

"Visualization is a powerful tool to help caregivers find calm. I recommend you visualize a seesaw. One end is all your responsibilities in life — children, career, caregiving. The other end is you. Neither end can tip or teeter too far."

Reverse mortgages What they are and how they can help **p. 13**

Caregiving and Alzheimer's Ensuring safety and security for those affected **p. 14**

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Are you a family caregiver?
If not now, you probably will be.

If you often provide help to an aging, ill or disabled family member or friend with their personal or healthcare needs, then you are a family caregiver. Welcome to the club.



National Alliance for Caregiving
Advancing Family Caregiving Through Research, Innovation & Advocacy

www.caregiving.org



*Mom's getting more confused.
She forgot to eat again."*

*"What if she wanders off?
That would be horrible."*

*"We need to keep her safe at home.
We need more help."*

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INSIGHT

1

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MEDICARE 101

According to the Caregiver Action Network, more than 65 million Americans provide care or support for loved ones with chronic illnesses, disabilities and frailty. Among these caregivers' many responsibilities, one of the most important is helping manage their loved one's health care. This can be especially difficult when it comes to the complexities of Medicare. Caregivers of Medicare beneficiaries can take comfort in knowing that by doing some research and relying on trusted resources, they can feel confident about helping their loved one with health care coverage decisions.

Learn your ABCs

Start by learning the ABCs of Medicare. Caregivers should know that there are two ways to get Medi-

care: Original Medicare or Medicare Advantage. Original Medicare includes Part A (hospital insurance) and Part B (medical insurance) and is offered through the federal government. Part C, also called



Dr. Rhonda Randall
Geriatrician, Chief Medical Officer of UnitedHealthcare Medicare & Retirement

Medicare Advantage, includes all the coverage of Original Medicare plus additional benefits, which may include hearing, dental and vision coverage. Medicare Advantage plans are offered through private insurance companies approved by the government.

Medicare Part D is prescription drug coverage. It is also offered through private insurance companies approved by the government. Part D is often included in Medicare Advantage plans but can be pur-

chased separately for those with Original Medicare.

Consider the costs

Next, caregivers should understand Medicare costs as they are an important factor when choosing the right coverage for their care recipient. When comparing Medicare coverage options, consider the premium, deductible, copayment and coinsurance of each plan. Also, consider the plan's network and formulary, or list of covered medications. Choosing to access care from an out-of-network doctor or hospital could cost more money out of pocket, depending on the plan's network. The same goes for prescriptions. Look for a plan that includes your loved one's medications on its formulary.

Some beneficiaries who have Original Medicare choose to enroll in a Medicare supplement plan, sometimes called Medigap, which

covers some or all of the costs not covered by Parts A and B.

Ask for help

For many caregivers, understanding Medicare is just one of many challenges. Fortunately, assistance is available to help ease the burden of caregiving. "Solutions for Caregivers" provides care planning and care coordination services designed to support the overall well-being of the care recipient and help alleviate stress for caregivers.

Services are available in all 50 states and can be tailored to meet the needs of each caregiver or family.

The family of UnitedHealthcare® Medicare Solutions plans are insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor.

DR. RHONDA RANDALL
editorial@mediaplanet.com

ADDITIONAL RESOURCES

Medicare can be confusing to navigate, but there are plenty of resources to help.

- To learn more about Medicare, visit MedicareMadeClear.com or call 1-877-619-5582 (TTY 711), 8 a.m. – 8 p.m. local time, seven days a week.
- Information is also available at Medicare.gov or 1-800-MEDICARE (TTY: 1-877-486-2048), available 24 hours a day, seven days a week.
- To learn about Solutions for Caregivers, visit WhatIsSolutionsForCaregivers.com or call 1-877-765-4473 (TTY 711).

Planning to retire? Plan some more.

The nature of retirement has fundamentally changed over the past decade. People are living longer, markets are highly volatile, and interest rates are at record lows — and look as though they will remain so for the foreseeable future.

a good standard of living in retirement" is their most important financial goal, yet most feel unprepared to live through retirement, according to recent research from Northwestern Mutual. Slightly more than half of respondents (56 percent) say they feel financially prepared to live past the age of 75, even less

Although factors like asset allocation and withdrawal rates are important considerations for retirement planning, a credentialed financial professional can help individuals assess and protect against unforeseen risks in retirement.

Northwestern Mutual has identified six

For example, if an individual becomes disabled during their peak earning years, and is unable to work to earn an income, the impact on their nest egg can be catastrophic. No amount of asset allocation can offset this risk. Planning for it requires risk protection.

By the same token, an individual who has saved diligently but whose portfolio is negatively impacted by a severe market downturn just as they retire, finds him or herself with eroding financial security — and limited time and options for recovery.

What's more, with health and long term care costs continuing to rise, and people living longer, the risk of needing long term care at some point during retirement is increasingly relevant. In concrete terms, a person needing three years of in-home care, eight hours a day, could find themselves tapping their retirement nest egg to the tune of \$200,000 or more, according to our research.

Given these examples, it's clear why navigating today's retirement landscape can be overwhelming for people who feel uncertain about their financial preparedness. The best way to get started is with the help of an experienced financial professional. By making retirement planning a lifelong journey, one can minimize risk and uncertainty, and enjoy the rewards of financial security.

JOHN M. GROGAN
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John M. Grogan
Senior Vice President, Planning and Sales, Northwestern Mutual

“By making retirement planning a lifelong journey — you can take uncertainty out of the equation and give your money the resources to grow.”

What does all this mean? The responsibility of planning for retirement has shifted to individuals. And having a comprehensive plan — that both protects assets and accumulates wealth — is the difference between thriving and merely surviving in retirement.

A majority of Americans say that “having

(46 percent) are ready to live past 85, and only 36 percent feel financially secure enough to live past 95.

What they might not know is that the first step to financial preparedness is simply realizing what risks need to be addressed and planning for them.

key risk factors that people should consider: longevity, health care costs, market volatility, inflation and taxes, potential long-term care needs, and the desire to leave behind a legacy. Failure to address any one of these items can leave retirees with unexpected gaps in their plans.



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YOU CAN HELP MAKE THE CHOICE EASIER

If you're turning 65, or are caring for someone who is, understanding Medicare may be important when making health care decisions. At UnitedHealthcare, our goal is to make health care work for you and your loved ones. We've designed our products and programs around what you've told us is important. And we surround you with people who are there for you. Our mission is to help people live healthier lives, and our dedication has led to *Fortune* magazine naming us the "Most Admired" health insurer for the last two years.⁵

HERE'S HOW YOU CAN LEARN MORE



Simply go online to www.UHCCaregiver.com to get more informed about Medicare.



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Sources: ¹May 2007, AHA.org | ²Federal Interagency Forum on Aging-Related Statistics. Older Americans 2008: Key Indicators of Well-Being. ³National Alliance of Caregiving 2004. Miles away: The MetLife study of long-distance caregiving. | ⁴November 2009, Caregiving in the United States; National Alliance for Caregiving in collaboration with AARP. | ⁵UnitedHealth Group was named the "Most Admired Company" for health care insurance and managed care by *Fortune* magazine in its "Most Admired Companies" list, March 21, 2011, and March 19, 2012.

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INSIGHT

Catching up with technology

Captioned telephone service gives people with hearing loss something to talk about

More than 33 million Americans experience significant hearing loss.

In fact, hearing loss is one of the most common experiences affecting older adults. One in three people over age 60, and half of those over 85, report increased difficulty hearing. Some have dealt with hearing loss all their lives while others have noticed their hearing ability decrease with age.

■ **Mediaplanet:** Let's talk about this exciting technology that you have to offer our readers. What is it and who really benefits from it?

■ **Chameen Stratton:** With

the growing population of baby boomers and veterans returning from war, we've found that many individuals out there are just not comfortable communicating on the telephone anymore. There is such a big difference between hearing and understanding a conversation on the phone. The Captioned Telephone, or CapTel, is designed to allow a person with hearing loss to listen to their caller (hear the emotions and inflections of their voice) with their residual hearing and at the same time read everything that the person is saying on the built-in display screen. With this technology, people are reconnecting with their families, friends and becoming



"With this technology, people are reconnecting with their families, friends and becoming more independent, thus living a much more fulfilling life."

ing more independent, thus living a much more fulfilling life.

■ **MP:** That's exciting. How does this technology work?

■ **CS:** The way it works is when you pick up the handset and begin dialing, first making sure the captions button on the phone is on, the system automatically connects to a call center where an agent transcribes everything the other person

is saying using an enhanced speech recognition technology! The captioning service is transparent during the call allowing people with hearing loss to feel more comfortable with the natural flow of the conversation.

■ **MP:** That's wonderful. Does the phone only require a phone line?

■ **CS:** The CapTel phone requires three things: power, a telephone

line (analog, digital or cable) AND a high speed internet line. The telephone line and internet line can be serviced from any company.

■ **MP:** That sounds so simple. Is there a cost for the captioning service?

■ **CS:** This service is entirely FREE to individuals with hearing loss and is funded by the FCC. A portion of all telephone bill surcharges is dedicated to services for people who have difficulty hearing.

CHAMEEN STRATTON,
SPRINT CAPTEL
editorial@mediaplanet.com

Be proactive about your hearing health

Have you found yourself having trouble hearing the television? Do you have difficulty understanding someone from across the table in a crowded restaurant or meeting? According to the latest research studies, you're not alone.

Over 31.5 million Americans experience hearing loss, which equates to approximately 10 percent of the U.S. population. That number is poised to grow to over 50 million by 2030. According to a study conducted by the Centers for Disease Control, hearing loss is the third most prevalent chronic condition, after arthritis and high blood pressure.

And despite common thinking, hearing loss is not an "old age" phenomenon — we are all at risk,



Craig Kasper
Au.D., FAAA
Chief Audiology
Officer, New York
Hearing Doctors

even children. In fact, 65 percent of those with hearing loss are under the age of 65.

Not just about age

The primary preventable cause of hearing loss is noise exposure, occupational and recreational. Chronic ailments such as diabetes, high cholesterol, and high blood pressure should all be kept in check as they have been linked to processes that accelerate hearing loss. Certain medications, including chemotherapeutic drugs, diuretics, and over-the-

counter pain medications, have been shown to increase hearing loss. In addition, certain viruses and autoimmune processes can cause hearing loss.

Not to be underestimated

For most, hearing loss occurs gradually over the course of a lifetime. Despite a typically gradual onset, the significant impact of hearing loss should not be underestimated. I frequently explain to my patients that if their hearing loss happened overnight, they might find themselves in the emergency room in a panic. But because it has happened over time, their brain has slowly adapted to the new "normal" of hearing loss.

Studies have linked untreated hearing loss to feelings of isolation, anxiety, and depression.

Untreated hearing loss has also been connected with reduced job performance and decreased earning potential. Recently published studies have even demonstrated a link between untreated hearing loss and dementia and Alzheimer's.

Hope is available

Despite this, there is hope. Researchers have shown that treated hearing loss, through the use of properly fit hearing aids, has resulted in positive personal, emotional, and physical well-being.

What's more, hearing aids have changed dramatically over the years. In the past, technologies were bulky and prone to feedback. Today, hearing instruments are highly sophisticated microcomputers that are available in increasingly subtle, customizable styles.

In addition, modern hearing aid technologies have the ability to wirelessly receive sound from mobile phones, MP3 players, televisions, and GPS systems. This level of connectivity has never been experienced before.

If you or a loved one are experiencing hearing loss, the first step is to visit your local independent hearing professional for a full assessment and technology recommendations. With the advances in diagnostic hearing testing, as well as hearing technologies, there is no reason to miss all of the precious moments life has to offer.

CRAIG KASPER, AU.D., FAAA
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1 in 5 Americans experience hearing loss.



80 percent do nothing about it.

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* CapTel Captioning Service funded through FCC provisions. CapTel callers are responsible for their own long distance call charges.



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CAST OF CAREGIVERS



PHOTO: CHRISTOPHER VOLKER / VOELKERSTUDIO.COM

HOLLY ROBINSON PEETE

Superstar as an actress, TV talk show host, singer, author and advocate but she shines brightest as a caregiver. She stepped into the caregiving spotlight as a college student caring for a father with Parkinson’s disease. A few years later she became a mom only to find that one of her three-year-old twins, her son R.J., had autism.

■ **Question:** Caregivers often say they feel “all alone” while caregiving even though they may have a spouse, siblings, friends or adult children there seems to be a sense of isolation — did you feel alone while caregiving?

■ **Answer:** When my dad was diagnosed with Parkinson’s disease, it was the ‘80s and there was no Internet to find out more information, so I went to the library and the two words that kept leaping out at me were: neurological and incurable. I remember feeling helpless and being in a dark, lonely place. A few years later when I married my husband, Rodney (former NFL quarterback) became “my rock” in helping me care for my dad.

When my son, R.J., was diagnosed with autism, it was a different type of isolation. The diagnosis did not make me feel alone in caring for a special needs child, but many of my friends did not know how to cope and surprisingly fell away from spending time with me. There were few exceptions but the two supporters I could always count on were my mom and my best friend, Terri Ellis. I knew they were always there for me and for R.J.

■ **Q:** If there is one piece of advice you would pass along to future caregivers what would it be?

■ **A:** First of all, don’t neglect yourself. It is so easy to put yourself last when you are caring for everyone else. Also, became an advocate. People are uneducated when it comes to various diseases and disorders and it is part of your job as a caregiver to help open their eyes. Once you do, you will find many people want to help.

And let go of the guilt. I found that I took my guilt, especially about my dad, and turned it into gratitude.

SHERRI SNELLING, CAST OF CAREGIVERS
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MERYL COMER

Emmy award-winning reporter, producer, moderator and talk show host with more than 30 years of broadcast journalism experience. She is President of the Geoffrey Beene Foundation Alzheimer’s Initiative and organized Rock Stars of Science initiative. Comer has spent the past 16 years as the at-home caregiver for her physician/researcher husband who was diagnosed with early-onset Alzheimer’s disease at the age of 57.

■ **Question:** How did your husband’s early Alzheimer’s diagnosis affect you financially?

■ **Answer:** My physician husband was 57 years old when diagnosed, and I was forced to leave my career to care for him. Right then and there, you have two adults in their prime, out of work, and forced to draw down on their personal savings. Medicare pays for acute, not long-term chronic disease, so all costs are out of pocket. The average life span from AD diagnosis to death is eight years. We’re into year 18 and his care is 24/7. Now my 85-year-old mother has it, too. Run the numbers; it’s bankrupting.

■ **Q:** How can people prepare for long-term illness?

■ **A:** We Baby Boomers like to think of ourselves as ageless, but we are ALL at risk. Most are already strapped financially because they haven’t planned for their future, and long-term chronic diseases are six times as costly to treat. My husband had no long-term care insurance when he got sick. He said our portfolio gave us a cushion. Wrong! I tell women everywhere to protect themselves by buying long-term care insurance. Buy it young and never cash out.

■ **Q:** How do you balance your husband’s needs with your own?

■ **A:** What balance? Seventy percent of the 15 million unpaid caregivers are women; and many will say the same thing. “What happens to them if something happens to me?” My women friends take me out to “breathe.” My grandchildren are my “anti-depressant of choice,” and I’ve flipped the pain by becoming an advocate. Alzheimer’s is the biggest women’s issue since breast cancer. We outlive men statistically, are more prone to get it, and we are the caregivers.

JILL SMITS
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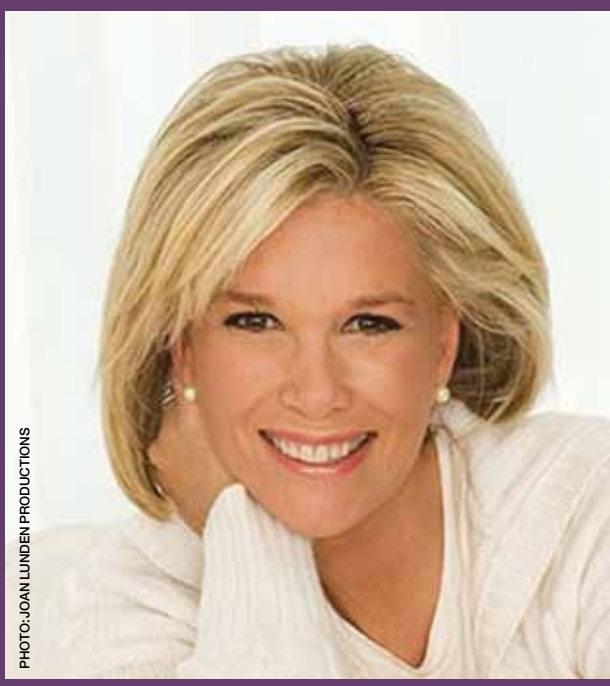


PHOTO: JOAN LUNDEN PRODUCTIONS

JOAN LUNDEN

TV’s Good Morning America host for 17 years and now a healthy living advocate, author and spokesperson, she is one of the 24 million Americans representing the Sandwich Generation — those caregivers sandwiched between caring for two generations: children and older parents.

■ **Question:** Caregivers often face a range of emotional challenges including stress, depression, guilt and burn-out. Did you feel any of these emotions and how did you cope?

■ **Answer:** I never realized until I wrote the introduction for *Chicken Soup for the Soul — Family Caregivers* that I had been a caregiver for 30 years. I had been caring for my brother, who suffered from type 2 diabetes most of his adult life and I cared for my mom who had suffered a series of mini strokes and was starting to show signs of dementia.

It was only after my brother passed away a few years ago, that I realized my mother’s dementia was worse than I knew. So often, long-distance caregivers don’t see the daily signs and everyone puts on a happy face when you get together.

I did and still do deal with guilt. I always believed the best caregivers were those daughters and sons who had their parent come live with them or at least near them. What is best for my mom is to be where she is today. That is what gets my past the guilt — my mom is really happy in her new “home.”

■ **Q:** If there is one piece of advice you would pass along to future caregivers what would it be?

■ **A:** The best advice I have is to start the family conversation about caregiving early. Use a video camera to ask your parents about their childhood — document their history — this is a tremendous gift for them and you. Ask them about family health history, ask them where and when they were married, what their parents’ names and birthplaces were. This becomes a family bonding time to not only learn more about your parents which is important to them but also it can become a way to learn more about the important things you will need to know later on to be the best caregiver you can be.

SHERRI SNELLING, CAST OF CAREGIVERS
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Comfort

INSIGHT



AGING IN PLACE
Ninety percent of seniors want to age in the comfort of their own home. But are they prepared to do so safely?
PHOTO: ISTOCKPHOTO.COM

THE CAREGIVER (RE)EVOLUTION

Like everyone born around 1900, your grandma had a life expectancy of 50. But likely, she beat the odds. And you grew up seeing her embrace a caregiver role.

Then there was Mom. She had to choose between idols like June Cleaver and Rosie the Riveter. Work and caregiving was an either-or decision to make. Now there is you. With a longer life expectancy than Grandma, and more work opportunity than Mom, comes a larger obligation of

caregiving and less time. You are what we call “sandwiched” between the needs of kids and aging parents.



Jody Gastfriend, LICSW
Vice President, Senior Care Services, Care.com

Not to mention your own personal goals. And you aren’t necessarily a woman. You likely have a job. And your company may be unaware how one phone call starting with “Mom fell and broke

her hip” could leave you physically or mentally absent for days. Innovative companies are stepping up, defraying the cost of care or providing free services to help employees navigate the complex world of caregiving. The result? Peace of mind among more engaged employees, lower absenteeism, higher productivity, and help for those of us in the trenches. Talk to your employer about offering a caregiving support program. It’s a win/win for everyone. JODY GASTFRIEND, LICSW
editorial@mediaplanet.com

TIPS

Keeping your home safe

➔ Encourage independence

Modifying your living space and adjusting daily habits to accommodate capabilities will not only benefit your loved one by ensuring a sense of dignity, but even their completion of relatively simple tasks will lessen the likelihood of caregiver burn-out.

➔ Create a safe environment

High-risk areas such as the bathroom pose the greatest threat of falling to both the caregiver and their loved ones. Low entries provided by walk in baths and showers lower the barrier posed, therefore lessening the exertion of the caregiver in helping the bather in and out of the bath or shower.

➔ Gather information

The more familiar you are with the ailments of your loved one and possible solutions or remedies, the more confident you will be as the primary caregiver. With such a wealth of information to be found on the internet, finding resources is now more accessible than ever! New techniques and advice are shared constantly, and you will find support in the guidance knowledge provides.

Lynn Brunner
SVP Marketing,
Premier Care
in Bathing

➔ Get organized

Being prepared with pertinent medical documents and records will alleviate the stress of everyday and emergency medical situations. Be sure to include medication dosages and a history of surgeries so dangerous prescription combinations can be avoided. Having physician and pharmacy contact information handy may seem simple, but will prevent a frantic search in the event of an unexpected emergency.

➔ Make time for yourself

Don’t forget to take a break and allow yourself time to relax or take part in activities or hobbies you love. Caregivers report having difficulty finding time for one’s self (35 percent), managing emotional and physical stress (29 percent), and balancing work and family responsibilities (29 percent) (NAC, 2004). Be proactive in preserving your personal wellbeing, both physically and emotionally. This will allow you to provide the best care possible, which is ultimately the goal each caregiver holds dear.

LYNN BRUNNER
editorial@mediaplanet.com

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Ever wonder who’s on the other end of the Personal Emergency Response System?

If you’re a caregiver, you’ve likely heard of a Personal Emergency Response System or PERS. In an emergency, your loved one presses a button on the PERS device, which connects to a call center representative. Have you ever thought about who’s on the other end of the call? Are they experienced and specially trained? Do they understand the urgency? Thankfully, there’s ADT. With ADT® Companion Service® from ADT Home Health Security Services, you can have peace of mind.

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Home Health Security Services

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NEWS

QUESTION & ANSWER



Susan Bratton
Founder and Chief
Executive Officer
Meals to Heal

Importance of nutrition in cancer treatment

■ What role does nutrition play in cancer treatment?

Research has shown that nutrition can play a very important role in cancer treatment in improving clinical and quality of life outcomes. For example, research has shown that proper nutrition strengthens the immune system, reduces treatment related side effects, increases energy levels, prevents treatment suspensions and prevents weight loss and malnutrition, all of which lead to poor outcomes.

■ Is there a perfect cancer fighting diet?

There is no "magic bullet" or perfect diet. What is important is that patients eat a diet providing a balance of micro- and macronutrients including lean proteins, vegetables, fruits, grains and legumes as well as the calories required for their body (which would be determined by a registered dietitian).

■ Does sugar make cancer cells grow and is sugar bad in the diet?

Sugar, or glucose, is a necessary component in all cell growth and cancer cells are no exception. But there is no evidence that eating sugar "feeds" cancer cells. However, a diet with a lot of sugar in it, such as cookies and soda, is not healthy because it is high in calories and low in nutrients (nutrient sparse).

The belief that sugar in the diet somehow preferentially "feeds" cancer is very common, but the truth is more complicated. All cells, including cancer cells, in the body use sugar (glucose) from the bloodstream for fuel. Blood glucose comes from foods containing carbohydrates, including healthful vegetables, fruits, whole grains and low-fat dairy products.

Highly refined foods and foods with added sugars such as sugary drinks and sweets are also low in fiber and low in nutrients — adding little to the diet except calories. It is excess body fat that has been convincingly linked to greater risk of several types of cancer.

editorial@mediaplanet.com

Putting a stop to senior hunger

Fun fact: 10,000 Baby Boomers are turning 65 each and every day.
Not-so-fun fact: 1 in 7 seniors is threatened by hunger.

While the risk of hunger has declined for most Americans since 2009, food insecurity has increased among the 60-and-older population.

"Senior hunger is on the rise because the senior population is growing at a record rate," says Ellie Hollander, president and CEO of the Meals on Wheels Association of America. In addition, she says "the recession was especially hard on seniors," and 8.3 million face the threat of hunger today, amounting to 34 percent more than before the recession started.

Who's at risk?

Though unplanned, unfortunate circumstances can make hunger a concern for almost anyone. Seniors are at greater risk of hunger if they are female, younger than 70, African American or Hispanic, live in a rural area, or are divorced, separated or live with a grandchild.

"Hunger among older individuals occurs within all ethnic groups in both urban and rural

areas," says Dr. Thom Reilly, executive director of Caesars Foundation. "Unless we take the time to get to know the elderly in

and Hollander says, "The effect of being marginally food insecure is over twice as large than a move in income from one-to-times below

14 years older."

But, Hollander says, senior hunger will ultimately be costly to all Americans because of issues associated with inevitable hunger-related health problems. "Keeping seniors healthy, in their homes and out of hospitals and nursing homes reduces Medicare and Medicaid costs."

How to help

There are many signs that your friend, neighbor or loved one is at risk of going hungry. Hollander says, "At-risk seniors are often homebound, unable to go to a store, or even prepare food for themselves. They may be recovering from a recent hospitalization or otherwise have limited mobility."

But to recognize the signs, someone has to be watching for them. Reilly says, "Members of the community can get involved by getting to know their elderly neighbors."

Supporting hunger-relief programs like Meals on Wheels is also an essential and proactive way to help.

JILL SMITS

editorial@mediaplanet.com



our community, we don't know if they are being impacted by hunger, poor nutrition or isolation."

The impact

Food insecurity has strong effects on the seniors who suffer from it,

the poverty line."

In terms of daily life, Hollander says hunger so significantly affects a person's ability to take care of basic activities like bathing, grooming and dressing that it is "roughly equivalent to being

CAESAR'S FOUNDATION TACKLES SENIOR HUNGER

Hunger among the elderly is not a new phenomenon. While the circumstances contributing to the causes of hunger are many, the end result is always the same — food will cure the symptom, temporarily... but how do we cure the disease of hunger?

■ Why is senior hunger such an important issue?

As the senior demographic grows, hunger affects an increasing portion of the population creating higher demand for services targeting older individuals. Poverty, food insecurity, and the ability to respond quickly and effectively to emergencies are all important factors surrounding the issue of senior hunger.

There is a need for greater collaboration among service providers to create a more holistic and systemic approach to eradicating senior hunger. The efforts of Caesars Foundation and our longtime support for the Meals on Wheels Association of America, the AARP Foundation and



Dr. Thom Reilly
Executive Director,
Caesar's
Foundation

the National Association for Area Agencies on Aging are examples of unified efforts centered on aligned missions working to bridge gaps.

■ What is the foundation's overall goal?

Globally, Caesars Foundation seeks to support advocacy and service-deliver organizations dedicated to helping older individuals live independently, maintain optimal health and proper nutrition, avoid social isolation, and enjoy mental and physical vitality through every stage of the aging process.

At the regional level, the Foundation works to identify projects and organizations that bring Caesars Entertainment colleagues together to tackle projects with important environmental and educational benefits for our communities.

On a local level, we support civic organizations, charitable organiza-

tions and faith-based groups that help address vital, unmet needs in cities and towns where our colleagues live and work.

■ How do you measure your success?

Caesars Foundation prioritizes innovative programming that brings together a wide variety of key stakeholders to tackle complex social issues. Our success is measured largely by collecting stories from beneficiaries and maintaining close communication with the organizations. These organizations provide results-oriented interventions in their required annual reports detailing how the Foundation's support has furthered their mission. Success is also measured by the level of involvement that Caesars Entertainment employees have in volunteer activities, which bring our employees and customers together around common issues.

■ Do you believe it is possible to end senior hunger in the U.S.?

Senior hunger can be eradicated by leveraging resources, engaging diverse stakeholders and working

with policymakers to prioritize the issue. It is an issue that affects everyone. Whether it's caring for aging parents or planning for one's own retirement, the issue of food security — for the most vulnerable populations — has a ripple effect on other social issues.

■ How can readers contribute to the fight to end senior hunger in their own communities?

They should first identify what resources are available (i.e. local chapter of MOWAA or food pantry) in their community and make a commitment to get involved. Financial support, while always needed, is only one way readers can be engaged in solving the issue of senior hunger. Donations of time through volunteerism and advocacy efforts are oftentimes equally important to furthering progress on this issue.

JILL SMITS

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Is your loved one with cancer struggling to eat right and get the proper calories and nutrients to prevent weight loss, fight fatigue and stay strong? Proper nutrition during cancer treatment is essential for building up the patient's immune system before, during and after treatment.

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SENIOR HUNGER IS IN OUR HANDS

Older individuals who are going hungry are not just the ones you don't see. They're our neighbors, our friends, and our family. They need our help. That's why, since 2002, the Caesars Foundation has emphasized its support of nonprofit advocacy and service-delivery organizations dedicated to helping older individuals live independently, maintain optimal health and proper nutrition, avoid social isolation, and enjoy mental and physical vitality through every stage of the aging process. To date more than \$5 million in direct support and food delivery vehicles for organizations such as Meals On Wheels Association of America and AARP have been gifted across the nation to provide meals to thousands of older individuals.

This month the 50th donated vehicle will be given to MOWAA in a Las Vegas star studded event hosted by Caesars Entertainment and Catholic Charities of Southern Nevada. Learn more at www.caesarsfoundation.com.

 Join the conversation at facebook.com/caesarsfoundation.



NEWS

LIVE LONG, PROSPEROUSLY



According to a recent Society of Actuaries report, nearly half of Americans underestimate how long they will live by five or more years. Another 20 percent underestimate life expectancy by two to four years.

That extra time at the party may be great news for those who adequately prepared for retirement, but it might be a shock for most Americans, who may not have saved enough for their last, extended hurrah.

“Why is everyone talking about retirement? It’s the perfect storm. Planning is on the shoulders of the individual, and people are living longer so their money has to last,” says Rebekah Barsch, vice president of retirement strategy for Northwestern Mutual.

The longevity factor

What people often forget is that life spans are steadily increasing. For example, there is a 50 percent chance that a 65-year-old man today will live beyond age 85 and that a 65-year-old woman will live beyond age 88.

Depending on variables like diet, exercise, safe driving, stress level and marriage status, a person is likely to live even longer.

“There is a one in 10 chance that one member of a married couple will live past 100,” says Barsch. But there’s a far smaller chance that the lucky couple has planned for such a long retirement.

Retirement risks

In addition to longevity, Barsch says there are five other primary risks to effective retirement planning, none of which have to be fatal.

■ **Health care:** The elderly are society’s biggest users of the health care system, so it’s important to project how much money you will spend on retirement. **Tip:** Account for

health care’s inflation rate, which outpaces normal inflation.

■ **Stock market volatility:** Even in early retirement, you do not have the luxury of time to help you restore savings lost if the markets turn. **Tip:** Plan to have a cash reserve account that will allow you to liquidate your investments only when the time is right.

■ **Long-term care:** Health care and long-term care are not the same thing, and a chronic or lengthy health event can devastate retirement savings. **Tip:** Consider buying long-term care insurance.

■ **Inflation and taxes:** Inflation affects purchasing power; taxes affect spending levels. **Tip:** Since you don’t know when inflation may spike, stress test your retirement plan against high inflation.

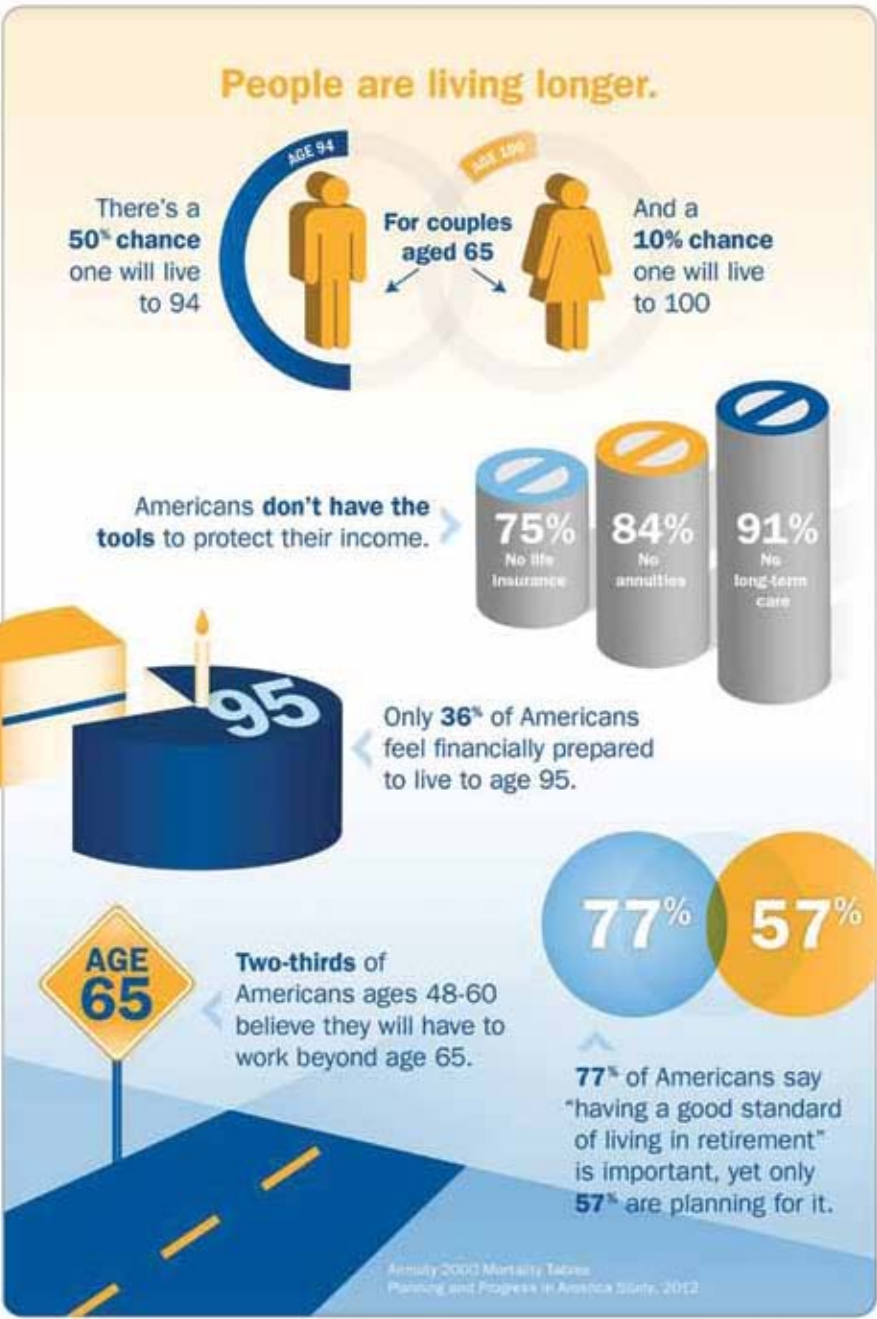
■ **Legacy:** Though you may not consider a legacy a risk, you should decide whether you want a carefully planned legacy, or if you’re happy leaving it to chance. **Tip:** If you are certain you want to leave an inheritance, set up the legacy apart from your personal retirement budget.

It’s never too late

Northwestern Mutual recently conducted a study that found about 34 percent of Americans over 60 feel financially unprepared to live to age 85. If you count yourself among that group, Barsch says there’s no time like the present to take heart, take action and find a financial advisor “to help you develop a comprehensive plan that optimizes income and manages risks that can blow up a plan.”

Doing so may be the difference between living long and living long, prosperously.

JILL SMITS
editorial@mediaplanet.com



SOURCE: NORTHWESTERN MUTUAL

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INSIGHT

PREPARING FOR THE FUTURE
In order to navigate the retirement landscape successfully, one must have a plan in place.
PHOTO: ISTOCKPHOTO.COM



Opening the door

Reverse Mortgages offer a new option for homeowners 62+

To effectively age in place, homeowners must understand and consider all available options. A reverse mortgage can help.

■ **Question:** When is a reverse mortgage a good option for retirees?
■ **Answer:** For different reasons, a reverse mortgage can benefit three types of clients.
The first category has equity in his home, but may not have much saved. He is having a hard time living on his retirement income whether it's social security or a pension, and being able to access his home equity will allow him to live more comfortably. A reverse mortgage can put him in a better situation.
The second category may not be struggling, but she doesn't have an enormous retirement fund saved and is looking for a way to travel, help her grandchild with college, or donate to her favorite charity. She's doing okay, but if a few things go



awry, her savings may be depleted.
The third category worked with a planner and did a good job with retirement savings. He looks at a reverse mortgage as he would any other tool, and it may allow him to delay using other funds and preserve assets if the timing isn't right to liquidate. It can provide a means of accessing funds that won't bur-

den him with a heavy mortgage payment.
■ **Q:** When is it a bad option?
■ **A:** A reverse mortgage doesn't make a lot of sense for someone who only plans to stay in her home for a few years. Nor does it make sense for someone who can't afford the property taxes, insurance, or maintenance on the home.
■ **Q:** What are some common misconceptions about reverse mortgages?
■ **A:** The lender takes the title. The homeowner continues to own their home.
They are expensive. Costs have come down in recent years, so a reverse mortgage is much more in line with a traditional one.
You have to have good credit. It's the one loan program that doesn't have strict credit requirements.
You'll owe more than the home is worth. Because it's a non-recourse loan, neither the homeowner or his heirs will have to pay more than the mortgage value

when the loan is repaid.
There are restrictions on how you can spend the loan. There are no restrictions.
Reverse mortgages are for low-income seniors. A large number of our clients have a solid retirement plan and think this is a good way to help with an overall plan.
■ **Q:** Is there a right age to take out a reverse mortgage?
■ **A:** No specific age is the right time. There is another misconception that taking out a reverse mortgage too young can hurt in some way. The reality is that it depends upon the situation. For example, I know a couple in their mid 60s who didn't think they could retire until their mid 70s, but a reverse mortgage enabled them to take ten years off their work life. But the timing may be better for others later in life, because that's when the need is presented.

JILL SMITS
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KNOW THE FACTS

There are many myths when it comes to Reverse Mortgages so it's important to educate yourself with the right information.

- **Fact #1:** YOU continue to own YOUR home! Title on a reverse mortgage is no different than any other mortgage — YOU remain the title holder.
- **Fact #2:** A reverse mortgage is a “non-recourse” loan which means you will never be personally liable for more than the value of the home.
- **Fact #3:** Another benefit of being a “non-recourse” loan is that your children or heirs are NOT responsible for the repayment of the loan. If you decide to leave the home or pass away, the property is sold and the reverse mortgage is paid off.
- **Fact #4:** There are NO LIMITATIONS to how you spend the money you receive from a reverse mortgage. It can be used for ANYTHING!
- **Fact #5:** You DO NOT have to have good credit to get a reverse mortgage. Currently, there are no credit score or income requirements.
- **Fact #6:** Many seniors take advantage of all a reverse mortgage offers. This program is NOT just for low-income seniors. Some use it to eliminate their monthly mortgage payment. Some use it to defer accessing social security (the longer you wait to access, the more social security you receive). Some use it to pay off bills. Some use it to simply live a better retirement. It is a government-insured program designed for any homeowner age 62 or older that qualifies.

RICHARD MANDELL
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INSIGHT



Louis Burns
CEO, Intel-GE
Care Innovations

■ **What technology is available today to help the millions of family caregivers in America?**

■ Caregivers want the best care for their loved ones, as well as the ability to stay connected with them over long distances — and technology is an enabler for both. This ranges from well-established technologies like personal emergency response systems, to simple consumer electronics and social media sites that can be harnessed to eliminate the barriers of distance and isolation. Using technology to stay connected and active can give loved ones and caregivers alike the most precious gift of all: confidence.

■ **What are the challenges that seniors face when trying to live independently in their own homes?**

■ One of the most overlooked challenges is social isolation. Loneliness, as a health risk factor, is twice as detrimental as being obese, and equal to the risk of smoking cigarettes and alcoholism. Other challenges include safety and lack of access to care providers.

■ **What other innovations are available right now to help people stay healthy and independent?**

■ Care delivery must move from the expensive hospital setting into homes and communities, where costs are lower and quality of life higher. People must be enabled to understand, access, and transform their own health. There are a variety of remote health management and smart sensor technologies that are making this a reality already.

■ **What is your vision of the future? How can technology transform the family caregiving experience?**

■ Imagine a world where care for individuals—including health care, aging care, and social care — is a unified endeavor and interconnected whole. Technology can help enable a seamless circle of care where information is shared between the care recipient, family caregiver, clinicians, doctors, and social services providers. The technology is there, and nothing less should be acceptable.

editorial@mediaplanet.com

To keep those with Alzheimer’s safe, evaluate their environment

INSIGHT

If you are a family facing Alzheimer’s disease, the most common form of dementia, safety at home is likely an important aspect of your overall care management plan.

According to the Alzheimer’s Disease Facts & Figures report, an estimated 70 percent of Americans living with Alzheimer’s are doing so at home and it is critical to take proactive steps to keep them safe in their environment.

“As the person with dementia travels through the different stages of the disease, their needs and abilities will change, including their ability to stay safe,” said Beth Kallmyer, vice president, constituent services, Alzheimer’s Association. “Friends, family members and caregivers can help by thinking ahead about potential risks and taking proactive steps to protect the person with the disease.”

Home safety is key

A person with dementia can be at risk in certain areas of the home or outdoors. Common appliances and tools, especially those that have sharp edges or changing temperatures, can pose harm if used inappropriately. Be aware that as the disease progresses, a person with dementia will need supervision while using these devices.

A frequent symptom of dementia is trouble understanding visual



PREPAREDNESS IS KEY
Six out of 10 people with Alzheimer’s will wander. Steps must be taken to prevent this from happening.
PHOTO: ISTOCKPHOTO.COM

images and spatial relationships, making it easier for the person with the disease to fall or trip. Remove rugs and place loose objects on shelves to eliminate them as a potential hazard.

You may have many types of medication, especially for the person with dementia, accessible in your home. Taken on the wrong schedule or in the incorrect amount, any

drug can cause a medical issue. Keep track of dosages and daily administration with a pill organizer (available at drugstores). A designated family member and friend can help by calling the person with dementia to remind them about daily medication.

Prevent wandering

As many as six in 10 people with dementia will wander — a safety

issue that is of particular concern during the cold winter months. This can occur during any stage of the disease. Take simple steps around the home to help prevent wandering, especially during the night, by locking doors and installing alarms.

When wandering, a person with Alzheimer’s may not remember his or her name or address and can become disoriented, even in familiar places. Enroll the person with dementia in MedicAlert® + Alzheimer’s Association Safe Return®, a 24-hour nationwide emergency response service for individuals with Alzheimer’s or a related dementia who wander or have a medical emergency.

Plan ahead

You may also want to consider Alzheimer’s Association Comfort Zone®, a Web-based service powered by Omnilink. Family members can monitor a person’s location while the individual with Alzheimer’s maintains their independence and enjoys the emotional security of familiar routines and surroundings.

Families who are unsure where to start should visit the Alzheimer’s Association Alzheimer’s Navigator™, an online tool that asks a series of questions in order to deliver a customized step-by-step action plan. Navigator offers specific action steps to help keep those with the disease safe.

BRETT ARMSTRONG,
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CHALLENGES OF CAREGIVING

Gail Hunt, CEO of the National Alliance for Caregiving, summarizes the three most daunting stressors caregivers face.

1. Managing financial liability

Eighty percent of long-term care is provided for free. On average, America’s unpaid caregivers spend more than \$5,500 annually out of pocket on their loved one’s needs. Medicare only goes so far even in best-case situations, and the financial responsibility of providing long-term necessities such as a ramp, ongoing therapy, a special



Gail Hunt
CEO, National Alliance for Caregiving

“America’s unpaid caregivers spend more than \$5,500 annually out of pocket on their loved one’s needs.”

bed and medication often lands solely on the caregiver’s shoulders.

2. Balancing work and family

Sixty percent of caregivers are also employed, and they often have to make workplace accommodations like arriving late, leaving early, or using vacation or unpaid time off to care for their loved one. It is not uncommon for a person to be forced to quit their job or retire early in order to be a full-time caregiver. It’s an exhausting balance trying to do a good job at work while taking care of themselves and their children, as well as the special care recipient.

3. Navigating the systems

Learning the ins and outs of health-care is no simple task. First, a caregiver must figure out how to get the quality medical care their loved one needs. Second, they must also fill the non-medical but equally essential needs such as arranging transportation to and from an appointment. While the system can be overwhelming, the National Family Caregiver Support Program and the Eldercare Locator (1-800-677-1116) are good places to start.

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NEWS

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Jacob Nelson
Director, Traffic
Safety Advocacy &
Research, AAA

Prescription for
safe driving

As wiser drivers, seniors know to never drink and drive, but what about drugged driving? Some prescription and over-the-counter (OTC) drugs may seriously impair our ability to drive safely, yet most of us don't think twice about this dangerous combination.

With the number of drivers 55 years of age and older expected to increase by more than half by 2030, this issue may continue to grow.

According to a recent AAA study, 78 percent of people ages 55 and older use one or more medications to treat various medical conditions, yet only one out of every four is aware of the potential impact those medications might have on driving performance. The effects of some common medications may include sleepiness, blurred vision, slowed movement and fainting, to name just a few.

If you take prescription or OTC medications, talk to a pharmacist or health care provider to ensure your safety while driving. And don't forget to share the names and dosages of other prescription and OTC medications you might be taking. Sometimes it's the interaction between one or more medications that can create a serious problem.

■ **How can I find alternative transportation resources in my mother/father's community?**

■ Supplemental transportation programs (STPs) are community-based programs designed to complement public transit so seniors may get where they need to go.

■ **What are some signs I should look for that indicate my parent's driving skills may be weakening?**

■ A few signs that may indicate diminished driving skills may include decreased reaction time, getting lost on familiar roads, difficulty working the pedals and trouble merging or changing lanes, to name just a few.

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3 Seek out options for aging in place



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“ME TIME MONDAY”
FINDING CAREGIVER BALANCE

If you are one of the nation's 65 million caregivers, finding time for yourself seems to always be the last thing on your list. We know that caregivers are twice as likely as the general population to develop a chronic illness earlier in life based on the prolonged stress of caregiving.

One solution is Me Time MondaySM, created by the Caregiving Club, and part of a collaboration with the Caregiver Monday campaign. It is based on scientific research and expert advice on finding relaxation techniques and calming activities from Dr. Oz, Dr. Herbert Benson and others, as well as the science from The Monday Cam-



Sherri Snelling
CEO and founder,
Caregiving Club
and author of A
Cast of Caregivers

paings, a non-profit organization which collaborated with Columbia University, Johns Hopkins University and Syracuse University to apply marketing best practices to public health challenges.

The science behind Monday is simple. Mondays are already part of

our cultural DNA — it is the start of the work week, the school week, etc. The Monday Campaign's research shows more people begin healthy regimes on a Monday and 74 percent



of Americans over age 25 believe giving healthy intentions a Monday start will make them more lasting throughout the week.

Here is the 3-Step Me Time MondaySM Plan:

■ **Create a plan.** You cannot be successful by just saying you want

to carve out Me Time every week — you need a plan. The Caregiver Achilles heel is how to ask for help and how to accept the help once offered. Also, write sticky notes to

yourself — leave them in the car, on the bathroom mirror, in your wallet or create a calendar reminder on your smartphone of weekly “Me Time!” reminders. I call these love letters to yourself. And who doesn't like to receive a love letter?

■ **Take baby steps.** In order to

live well you must learn how to walk before you can run. If you want to read a book — you don't have to finish it this week, read one chapter or a few pages a week. Or take a bike ride around the block — it doesn't have to be a 15-mile ride in Week 1 — remember you have 52 weeks to find Me Time.

■ **Track and celebrate your progress.** It is important to take a pause every Monday and reflect on what you did that was just for you last week and what you will do this week. Did you find a few minutes of calm in your caregiving storm? Also, surround yourself with cheerleaders. Tell people about your Me Time MondaySM plan — let them applaud your accomplishments. This makes Monday a day to celebrate you.

Visualization is a powerful tool to help caregivers find calm. I recommend you visualize a seesaw. One end is all your responsibilities in life — children, career, caregiving. The other end is you. Neither end can tip or teeter too far. Me Time MondaySM is the plan to keep you balanced.

SHERRI SNELLING

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¹"Medicare Planning and Trends Among Seniors with Financial Planners," *Allsup Medicare Advisor*® Seniors Survey, October 2012. FinancialPlanner.Allsup.com

²"The Vast Majority of Medicare Part D Beneficiaries Still Don't Choose the Cheapest Plans That Meet Their Medication Needs." *Health Affairs*, October 2012. Authors: Chao Zhou and Yuting Zhang.



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