

CAREGIVER CONNECTION

EMBRACE ~ EDUCATE~ENGAGE~EMPOWER

What is Hospice! Debunking the Myths

Hospice is the gold standard for care for people who have a life-limiting illness with a life expectancy of six months or less, and who have chosen to focus on comfort care over curative treatment. Managing pain and other distressing symptoms during the final months of life requires a team of skilled hospice staff that includes hospice physicians, hospice nurses, social workers, spiritual care counselors and others. The hospice team ensures that all aspects of the patient's care is addressed since emotional, interpersonal and spiritual issues affect how symptoms are felt, especially when an individual is also confronting a terminal condition. Optimal treatment involves the use of medications as well as non-medication management. The use of an interdisciplinary team allows for an individually tailored plan of care for each person facing these symptoms.

First among these symptoms is pain. Pain is often only the foremost problem among many. Once pain is managed, the underlying terminal illness is still present along with complex medical conditions. Comfort to the degree desired by the individual in order to maximize the quality of his or her remaining life is the goal.

Choosing hospice isn't a quick decision. So the conversation about hospice shouldn't be quick either. To help with the conversation, here are common hospice

myths, along with the facts.

Myth: Becoming a hospice patient means giving up hope.

Fact: Hospice is about quality of life. Hospice patients are encouraged to live life to the fullest.

Myth: Hospice care is expensive.

Fact: Hospice is a covered Medicare benefit, and most private insurance and Medicaid will also cover services. In addition, medical equipment and prescriptions related to the life-limiting

condition are often covered under these benefits.

Hospice care is available to all eligible patients regardless of the ability to pay.

Myth: The Medicare hospice benefit covers only six months of care.

Fact: The Medicare hospice benefit covers the care of a hospice patient as long as the patient is considered terminally ill with a life expectancy of six months or less.

Myth: If you choose hospice care, you can never see your family physician again.

Fact: Your family physician can become a member of the hospice care team and is regularly informed of your condition.

Myth: Only a doctor can refer a patient for hospice care.

Fact: Anyone can make a referral. The information will be taken, and the patient's

doctor will be contacted to discuss whether an assessment of the patient for hospice is appropriate.

Myth: Hospice is a place.

Fact: Because hospice is a plan of care, not a place, patients may receive hospice care wherever they call home, including a nursing home or assisted living facility.

Myth: Hospice is for those who are close to death or actively dying.

Fact: The earlier the need for hospice is identified, the more benefit the patient may potentially get from the care.

Myth: Hospice care is only for cancer

patients.

Fact: Any patient with a life-limiting illness with a life expectancy of six months or less may be appropriate for hospice care including those with end-stage heart disease, COPD, Alzheimer's disease, ALS (Lou Gehrig's disease), and AIDS, to name a few. Hospice works with the patient and family to develop a plan of care specific to their disease and individual needs.

To sum it up, Hospice is the highest level of care a patient can receive at home and it is also the most underutilized benefit available. No other benefit offers all the services of Hospice.

Source: D (Donald) Simerly,
Executive Hospice Care

Special Points of Interest:

- **What is Hospice? Debunking the Myths**
- **Community Resource Spotlight**
- **Grandparents Raising Grandchildren Corner**
- **Recipe Corner - Squash Soup**

A Note from Tracy...

The season change is inevitable and can't be skipped, so instead of dreading the change and worrying about it, let us embrace the change and remind ourselves that change can actually bring new beauty for us to see.

*This newsletter is filled with so much information. Please take the time to check out **What is Hospice! Debunking the Myths** to learn more about how hospice and palliative care really work. Check out the **community resource spotlight** for a new pilot program for respite for those caring for loved ones living with Alzheimer's or dementia. And for the **Grandparents Raising Grandchildren** we have included information and resources to help you learn your grandchild's love language. Also come join one of our Coffee & Conversation groups.*

I hope the resources and information in this newsletter will help you with reducing the stress and strain that can come from caregiving. Please contact myself or our I&A line at anytime. We're here to help!

Wishing you a blessed day!

Tracy Buckles
Health Promotion Specialist

Family Caregiving...Don't Try It Alone

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Thought for the Day...

"Do what you can, with what you have, where you are."

~Theodore Roosevelt

Fall Prevention Tips for You and Your Loved One

The risk of fall-related health issues rises as people age. If you fall and break a bone, it could lead to more serious problems, such as a hospital visit or disability. However, taking care of your overall health may lower your risk of falling. Here a few tips to help you and your loved one avoid falls and broken bones:

- * Have your eyes and ears tested. Even small changes in vision and hearing may contribute to a fall. If you receive new eyewear or hearing aids, take time to get used to them.
- * Exercise and stay physically active. Regular exercise can help strengthen muscles and bones. Plan an exercise program that is right for you.
- * Tell your doctor if you've had any falls. A fall can alert your doctor to a new medical problem or issues with your medications or eyesight that can help them identify steps that may help prevent future accidents.

More tips, resources and checklist on fall prevention visit

www.nia.nih.gov/falls-prevention

Source: National Institute on Aging,
www.nia.nih.gov

Community Resources Spotlight Alzheimer's & Dementia Respite Care Pilot Program

Currently, 357,000 Tennesseans are providing care for a loved one with Alzheimer's or dementia and many do not have extra family support and provide more than 500 million hours of unpaid care annually. Caring for someone living with Alzheimer's or dementia can be costly for families - both financially and emotionally.

The Alzheimer's and Dementia Respite Care Pilot Program will provide a little relief for family care partners. The pilot program will provide support and immediate relief, The professional care would allow care partners to handle needs of their own with the assurance that their loved one was being properly taken care of.

The program will serve a limited number each year and priority will be given to individuals who are currently on the FTAAAD Options wait list.

Respite services are available on a temporary basis and may include in-home care or adult day care to provide some relief to the unpaid care partner that lives with the individual and provides assistance for free.

This is a critical first step in supporting caregivers and the individuals living with Alzheimer's or dementia by allowing them to remain at home as long as possible.

The Colonel Thomas G. Bowden Memorial Act (SB1749/HB1686) created this pilot program and the program will begin January of 2023. For more information contact the FTAAAD Information & Assistance line at 423-928-3258 or toll-free at 866-836-6678.

National Family Caregivers Month



November is National Family Caregivers Month and is a time to recognize and honor family caregivers. This year's theme is **#CaregivingHappens** and reflects the reality that often caregiving just happens.

#CaregivingHappens raises awareness of your role as a family caregiver as people realize that you may be running late because you're picking up your loved one from chemo or your friend understands that you're not avoiding them, you're caring for your mom with Alzheimer's.

When **#CaregivingHappens**, it's not always convenient or expected. We understand, and we get it.

There are many things you can do to help elevate the importance of Caregivers needing support and how **#CaregivingHappens**.

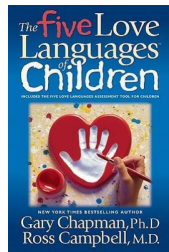
- If you need information or just need someone to talk to, visit our free [Caregiver Help Desk](http://www.caregiveraction.org/helpdesk). You can reach out to caregiving experts by phone, e-mail, or live chat for help and support. (www.caregiveraction.org/helpdesk).
- Are you looking for a go-to place for caregiving information? Visit CAN's [Family Caregiver Toolbox](http://www.caregiveraction.org/family-caregiver-toolkit) for information on different types of caregiving, staying strong, and caregiving for a loved one with a specific condition. (www.caregiveraction.org/family-caregiver-toolkit)

Grandfamilies Corner: Grandparents Raising Grandchildren

The Five Love Languages of Children and of Teenagers

Are you always looking for ways to get your grandchildren or relative children to learn faster, have a great behavior, or perform better at school? What if you could unlock the secret to making this happen.

5 Love Languages of Children: the secret to loving children effectively was written by Dr. Gary Chapman and Dr. Ross Campbell. The book is about how you can discover what love language to speak to your grandchildren and how you can build confidence within them by means of unconditional love and the correct way of discipline.



You can find an online quiz at the link below to take with your grandchildren to know what kind of love language to speak to them. There are quizzes for children and teens. [The Love Language™ Quiz \(5lovelanguages.com\)](http://5lovelanguages.com)

Getting to know the five love languages and discovering which one(s) touches a child's heart most deeply better equips them to handle the road-bumps during their journey.

The Five Love Languages

- 1. Physical Touch:** The most common among children. When a child prefers physical expressions of love over other forms of expressions such as gifts or acts of service, their love language is physical touch.
- 2. Words of Affirmation:** Words of love, encouragement and support. Every child needs to hear their "parents" say, "I love you." If this is their primary love language, they may need to hear it more often than others.
- 3. Quality Time:** Your undivided attention. This can be challenging regardless of their age. We're all busy, but it is vitally important to carve out time regularly where you can zero-in on the child and give them your full attention. Its not just doing things but the time spent together and it may mean a good conversation together.
- 4. Gifts:** Not to be confused with materialism. Gifts as a love language is more than just the

material object, but the value behind it and the gesture you show when you give it. Gift-giving especially in a child's younger years can be considered the fundamental act of love. Be careful not to substitute gifts for your presence.

- 5. Acts of Service:** Doing things for our children out of love (not just obligation). Acts of service as a love language is when a child enjoys the nice things you do for them. They appreciate your gestures when you do them, even the littlest of things such as combing their hair, carrying their bag, or tying their shoes for them. It is expressing your affection by lightening their load. Such acts make children feel truly loved and valued, especially if this is their primary love language.

Knowing and speaking a child's primary love language creates a better sense of connection between the two of you, which translates into increased understanding and communication. Check out the online resources today.

Coffee and Conversation Groups

A monthly gathering for grandparents and relative caregivers to provide encouragement, connection, and resources.

Johnson City - 2nd Monday each month, 10am,

Memorial Park Community Center, 510 Bert Street. Call 423-434-5750 to let the center know you are coming.

For more information contact Elizabeth Renfro at 423-753-1680 or eelizondo@utk.edu

Kingsport - 2nd Wednesday each month, 10am,

Lynn View Community Center-Artisan Center Room, 257 Walker St. For more information or to request information to join virtually contact Susie Pedersen, 423-378-3409, ext. 18 or spedersen@uwaykpt.org

Kingsport - Last Tuesday each month, 10am,

Elizabethton Senior Center, 428 East G Street. For more information contact the Elizabethton Senior Center at 423-543-4362 or visit their website at www.elizabethtonseniorcenter.org

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Recipe Corner

Squash Soup

Now that it is Fall and the weather has started soup is a great meal and also a great way to get more vegetables in your diet. Try this delicious soup.

Ingredients

- 1 tablespoon olive oil
- 2 onions (medium, chopped)
- 2 carrots (medium, chopped)
- 2 garlic cloves (minced)
- 1 cup tomato puree (canned)
- 5 cups chicken or vegetable broth, low-sodium
- 4 cups winter squash (cooked)
- 1 1/2 tablespoons oregano (dried)
- 1 1/2 tablespoons basil (dried)



Directions

1. In a large saucepan, warm oil over medium heat
2. Stir in onions, carrots and garlic
3. Cook for about 5 minutes, covered
4. Stir in the tomato puree, chicken broth, cooked squash, and herbs
5. Bring soup to a simmer and cook, covered, for 30 minutes.

Makes 6 servings and provides 1 1/4 cups of vegetables to help meet MyPlate guidelines.

Source: *From the Farm to the Table, University of Connecticut Cooperative Extension*

Connecting People with the Assistance They Need:

Contact us at:

Information & Assistance Line

(423) 928-3258

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We hope you find the newsletter informative.

Please let us know if:

- You are willing to receive the newsletter via email
- You are no longer interested in receiving the newsletter
- If you have ideas/suggestions for future editions.

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