

UK Elder Care

*IN THE KNOW*

E-Newsletter  
April 2009



A MESSAGE FROM THE COORDINATOR

I would like to thank those of you who took time to complete the survey for our CARE Group. In addition to this survey, you probably received another invitation to participate in another survey for Elder Care. This is a more general survey about your experience using the services of Elder Care, including calling for information and referrals, participation in seminars, and other events. The information we collect will provide the program with important information to help us plan programs to meet your needs, so I thank you in advance for participating in the surveys. Also, Elder Care along with the Work-Life office will be participating in the upcoming benefit fairs scheduled around campus, so please come by and get information about the services of the Work-Life office. Let us know if we can help you!



NEWS HIGHLIGHTS

**Vice President Biden Announces Release of Nearly \$100 Million in Recovery Act Funding To Support Senior Nutrition Programs**

Approximately 14 million meals to be provided through Recovery Act, Funding Will Support Community Programs Struggling to Serve Seniors

Vice President Joe Biden announced March 18, 2009 that the Department of Health and Human Services will award \$100 million in Recovery Act funding to provide meals to tens of thousands of low-income older Americans in need. The funding is expected to provide nearly 14 million meals nationwide.

The Recovery Act provides \$65 million for congregate nutrition services provided at senior centers and other community sites, \$32 million for home delivered nutrition services delivered to frail elders at home and \$3 million for Native American nutrition programs. The funding will be awarded to 56 states and territories and 246 tribes and Native Hawaiian organizations. States will award the funds to organizations that provide nutrition services in their communities. Funding for nutrition programs for seniors in the Older Americans Act was initially authored and championed by Senator Edward M. Kennedy.

The Recovery Act funding comes as budget constraints have forced states and tribes to limit community-based services and critical Older Americans Act related services, including home-delivered meals. Across the country, organizations that serve senior citizens have scaled back services and limited the number of meals served per week.

The economic downturn has also made it difficult for many seniors to afford the right foods to keep themselves healthy and active. Additionally, many seniors may be too impaired to prepare nutritious meals for themselves. Without regular nutritious meals, the health of many older Americans declines; they become more susceptible to illness; their ability to manage their chronic diseases is reduced, and they may lose their ability to remain at home, independent in their community.

For more information about senior nutrition programs and to see a state-by-state breakdown of funding for senior nutrition programs, visit [www.hhs.gov](http://www.hhs.gov).

The activities described in this release are being funded through the American Recovery and Reinvestment Act (ARRA). To track the progress of HHS activities funded through the ARRA, visit [www.hhs.gov/recovery](http://www.hhs.gov/recovery).

Source: [enews@aoa.gov](mailto:enews@aoa.gov)

### **Few Friends Combined With Loneliness Hurts Health For Elderly**

Although not having many close friends contributes to poorer health for many older adults, those who also feel lonely face even greater health risks, research at the University of Chicago suggests. Older people who are able to adjust to being alone don't have the same health problems.

The study is the first to examine the relationships between health and two different types of isolation. Researchers measured the degree to which older adults are socially connected and socially active. They also assessed whether older adults feel lonely and whether they expect that friends and family would help them in times of need.

Older adults who feel most isolated report 65 percent more depressive symptoms than those who feel least isolated, regardless of their actual levels of connectedness. The consequences of poor mental health can be substantial, as deteriorating mental health also reduces people's willingness to exercise and may increase health-risk behaviors such as cigarette smoking and alcohol use, Waite explained.

#### **Among the study's findings**

-- The most socially connected older adults are three times as likely to report very good or excellent health compared to those who are least connected, regardless of whether they feel isolated.

-- Older adults who feel least isolated are five times as likely to report very good or excellent health as those who feel most isolated, regardless of their actual level of social connectedness.

-- Social disconnectedness is not related to mental health unless it brings feelings of loneliness and isolation.

Older adults who are able to withstand socially isolating circumstances or adjust their expectations so they do not develop strong feelings of loneliness may fare better, the study suggests.

The work is reported in the article, "Social Disconnectedness, Perceived Isolation and Health Among Older Adults," published in the March issue of the *Journal of Health and Social Behavior*, a quarterly journal of the American Sociological Association. Waite conducted the study with lead author Erin York Cornwell, a Postdoctoral Associate in Sociology at Cornell University who completed her Ph.D. in Sociology at Chicago in 2008.

For their research, the scholars examined the results of the National Social Life, Health and Aging Project, a nationally representative study of older adults supported by the National Institute on Aging. The study, a comprehensive look at aging and health, included interviews with about 3,000 people aged 57 to 85 between 2005 and 2006.

Because of the size of the survey, the scholars were able to consider in detail older adults' social networks, their participation in social activities, their feelings of loneliness and their perceptions of the availability of help or advice from friends and family members. They also asked questions about physical health, mental health and feelings of sadness or depression.

The work should help policymakers develop programs to compensate for the problems brought on by social disconnectedness and loneliness among older people. Aging often brings changes in social relationships as individuals retire, take up new activities, endure losses and experience health changes, the authors said.

"For some older adults, a shrinking circle of friends and family can lead to feelings of loneliness or isolation. Our findings suggest that those who adapt to losses so that they don't feel isolated fare better with respect to both physical and mental health," Cornwell explained.

University of Chicago  
<http://www.uchicago.edu>

Source: <http://www.medicalnewstoday.com/articles/142825.php>



UPCOMING EVENTS ON CAMPUS & IN THE  
COMMUNITY

**Work-Life Spring Lunch & Learn Series:**  
**Investing & Retirement Plans** April 7<sup>th</sup> Scovell Hall, Rm. 220

**Take Action: Zap Stress in Stressful Times** April 8<sup>th</sup> WT Young Library, Gallery Room  
**Flexible Work & Reduced Seasonal Hours** April 14<sup>th</sup> Scovell Hall, Rm. 220  
**Understanding Credit** April 29<sup>th</sup> Scovell Hall, Rm. 220  
**Five Wishes – Advanced Planning** April 24<sup>th</sup> Scovell Hall, Rm. 220  
**All sessions are from 12:10-12:50 p.m.**

- **Health & Wellness Events:** Spring Lunch N Learn session: *Take Action: Zap Stress in Stressful Times* April 8<sup>th</sup> and April 22<sup>nd</sup> at WT Young Library, Gallery Room from 12:10-12:50 p.m. Spring cooking class April 22 for “Great Grains! Beyond Rice and Pasta.” Cost is \$10.00. For more information and to RSVP for appointments and programs, please visit [www.uky.edu/HR/wellness](http://www.uky.edu/HR/wellness)
- **Caregivers Support Group (CARE Group):** UK employee caregivers will meet April 9<sup>th</sup> from 12 – 1:00 in Room 322 CTW Building. Anyone is welcome! For more information, call Janice Austin at 323-4600.
- **Mind Matters:** The Science & Care Health Fair sponsored by UK Sanders Brown Center on Aging Alzheimer’s Disease Center, UK Healthcare, and Alzheimer’s Association scheduled Saturday, April 18<sup>th</sup> 11 a.m. – 3 p.m. at Second Presbyterian Church 460 East Main Street. For more information, call 257-1412 X 234.
- **Family Caregiver Training** sponsored by UK Sanders-Brown Center on Aging, Alzheimer’s Association, & Bluegrass Area Agency on Aging is Friday, May 1 9a.m. – 4 p.m. at the Fayette County Extension office. Cost is \$10.00. This program is designed for family caregivers to learn about Alzheimer’s disease and caregiver. Free respite care offered if RSVP by April 24<sup>th</sup>. Spots fill quickly, so register early by calling (800) 272-3900.



## CAREGIVER SURVIVAL GUIDE

### **Fighting Resistance from Seniors**

Uprooting an elderly loved one and moving them into your home is difficult enough, but add to that the resistance you may receive, and the caregiving becomes an all-encompassing activity. Your loved one’s natural tendency is to resist care and assistance, if only because they do not want to think of themselves as “old.” Often caregivers will become easily angered and irritated at the thought of a loved one refusing care and this conflict can be very damaging to the entire caregiver-care recipient experience. Understanding the stress and loss of independence your relative faces when they give up their home is the first step in easing the tense situation. Here are a few other ideas that may be helpful if you are experiencing any resistance in your daily caregiving.

- Allow the loved one to have a part in the decision making process surrounding their care and well-being. Do not let them feel they have no part in their future, and allow them the chance to voice their view about

- they care they would like to receive.
- The senior may want to start a fight or bring up past actions that occurred, but remain focused on the matter of their care, and do not take part and say anything you may regret later.
  - Remember to think of your own needs, and set limits in the amount of work you willing to take on. Perhaps you provide the in-home care for them, but are unwilling to bathe them, yet your loved one refuses to allow a home-care aide to assist you. Explaining your feelings to your relative and being honest with what your willing to help with can allow you the control of the situation.
  - Be willing to work with the senior in order to find some kind of agreement. Whether they refuse full-time care and you disagree entirely, consider alternatives such as a weekly visit from a health aide and Meals on Wheels service that may ease tension and be agreed upon by both of you.
  - Realize that they are more than likely not going to be happy about the situation, and focus on maintaining the quality of care. They may not look forward to having someone bathe them and cook for them, but you can see a difference in their care and let the senior in time grow accustomed to the change.
  - Do not make the situation entirely about them; instead allow them to see it through your eyes to get an idea the work you put forth. Tell them the stress and workload you face and their understanding and willingness to resist you in the future may be lessened. They will look at it as an opportunity to help you in the process of them receiving the aid.
  - Work up to changing your loved one's life and do not suddenly start changing everything they have grown accustomed to over the years. Alert them to any fears you may have, prepare them for any changes, and be as calm and positive as possible to reassure them it is for the best.
  - Plan ahead in case of a sudden decline in health or hospitalization, because it is at these moments where you may face little resistance and can alter their daily care in the manner you see appropriate.

Source: Caregiver.com Weekly Newsletter, Friday February 13, 2009 - Issue #419



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