



Some advice and perspectives on growing older

Catching Health podcast/December 7, 2020

Wendy: It's a very uncomfortable conversation to have. Sometimes people don't want to think about that topic of when I'm not here or what if I can't speak for myself so, it's tough, but it is something that saves a lot of people challenges down the road.

Diane: Welcome to the *Catching Health* podcast. Today's topic is aging. For most of our lives, aging, getting older is something we'd rather not think about let alone talk about. We turn 30 and say, oh, I'm so old. And then 40, 50 and the next thing you know, you are your parents' age or maybe even your grandparents' age and you cannot believe how quickly it happened. There are many things to consider about aging and my guest today is going to help us understand what some of these things are and what we can do about them. Wendy Adlerstein is co-owner and executive director at FirstLight Home Care of West Suburban Boston and Boston Back Bay. Wendy has been in the business of working with older people for 20 years. She has a bachelor's degree in psychology with a concentration in sociology and human services, and also holds a certificate in gerontology, which simply put is the study of the aging process, physical, mental, and social changes in people as they age. Welcome to the *Catching Health* podcast Wendy.

Wendy: Thank you.

Diane: I hope that one thing that we can accomplish today is to debunk some of the stereotypes and myths about getting older, because as it's been happening to me, I certainly have become more aware of some of them, but first I'd love to know what drew you to working with older people.

Wendy: Well, my background has always been about helping people and originally, when I went off to college, thought that I would work with children, in some capacity. And, while at college I was introduced to the gerontology certificate program, which allowed me to take some classes and do internships and once I started taking a few of those classes and getting acquainted with some of the subjects I really found myself being drawn to the area of expertise and enjoying the time that I was spending with the seniors at my internships and also learning all the different pieces around healthy aging and the aging process. What I love about older adults is, and especially in the aging process is all the wisdom that people bring, but also at a certain point, sometimes vulnerability as well and that's what drew me to it.

Diane: I like what you say about wisdom. I don't like what you say about vulnerability, but I also think it's sort of lovely that you said them together.

Wendy: Yeah, well, it goes with my feelings of wanting to help people and enjoying that part of life as well. Yeah.

Diane: And growing up, did you have close relationships with any older people, your grandparents maybe?

Wendy: I did. I actually had the good fortune of being able to know all of my grandparents and having really great memories of being with them for many years in different capacities at family events, spending summers together and having them shape who I am and be a big part of my past. So, yes, they are very special to me.

Diane: And they taught you well, now that you're in the business. Yeah. Oh, my goodness. two questions to do with your business. First of all, how did you get into the home care business and what exactly does home care mean?

Wendy: So I got into the home care business very much the first onset of my career working for an agency that was actually state and federally funded primarily serving low income, frail seniors through state programs, providing a little bit of, care and different resources in the homes and after being there for many, many years, found an opportunity where I am now to, start FirstLight Home Care of West suburban Boston with my co-owner Steve Stern. And home care is really a service that allows somebody who may need a little extra help at home to be able to stay safely at home with that assistance.

Diane: I'm familiar with home care just because both of my parents needed it. What my father needed mostly was socialization. He's a very outgoing personality and he loved to have somebody to go out to eat with. My mother preferred to stay at home. When she needed home care, unfortunately she had dementia, so she would forget to eat her meals. And so, we needed somebody who could be there to make sure that she did get a meal. There are other things that the home care workers did as well. Trying to think. Sometimes they did light housework, just very light housework, helped to organize some things and watched westerns with my dad. He couldn't be alone. As he got older, he couldn't be alone, so he just needed somebody there. But what other kinds of services? Are those typical kinds of services? What I'm mentioning?

Wendy: It sounds like your parents really covered many of the experiences that a lot of people have in the different ways that needs can come about. We certainly see that companionship, can be a need in itself, as you mentioned, taking somebody out to maybe go to museums or restaurants, walks out doors, social outings that really make a difference to somebody who can no longer drive or just really enjoy that companionship, but at the same time, there are sometimes very specific, needs in terms of personal care and more assistance with physical care. So, bathing dressing, helping someone in the bathroom or get started with their morning routine. As you mentioned with dementia, it could be reminders or directions a little bit of reminder queuing that kind of thing. All of those services fall into the category of home care.

Diane: Where's the line drawn from your perspective of when you might need to have some professional nursing care?

Wendy: It can be gradual and each situation is absolutely unique depending on the individual situation. One of the things that I do when I meet with a family for the first time is talk about what's happening in that current situation, whether it's around the home itself and the person's physical abilities, what can they do on their own, what can't they do on their own, and determining what the level of care is, and then, in home care for us, it's about finding the right match, the right person who's going to meet the needs of what's happening, whether it is a companion based situation, more on that social level in going out or is it some heavier type of personal care needs where skilled CNA certified nursing assistant home health aide type of person needs to be there to assist.

Diane: And you mentioned where you used to work, it was funded by Medicaid was it?

Wendy: Medicaid programs and also, some state funding.

Diane: But for the most part home care agencies are private pay agencies and not covered by insurance unless you happen to have long-term care insurance?

Wendy: Right now, the programs that are out there, and every state is different, so that's something to keep in mind. In Massachusetts where we are, we have a state funded program, where some services can be provided. It's based on income, like a sliding scale based on income. Then of course there's Medicaid, which is the insurance for people who are below a certain income level and have a certain asset level. So those programs exist. And then, in terms of acute care like nursing, physical therapy, and those medical needs, those can be paid for by Medicare. But when we talk about ongoing sort of routine assistance for some of the things we're talking about, like socialization and daily routine bathing dressing, getting up. If you don't qualify for a state program, then private pay would be the next level or next step resource, that kind of thing.

Diane: And yet there must be plenty of situations in which without this kind of care assistance, a person might have to go to an assisted living facility or nursing home. And to me it seems like what a shame that insurance doesn't offer something more because it would be more expensive to have to do that.

Wendy: Given where we're at and so many more people are aging and living longer, I think that there will have to be something looked at around possibly some more assistance. And there is some talk of Medicare beginning to pay for a little bit of service like this so, we'll be watching for the details on that unfolding. Because it's not easy for everybody to afford the private pay care, but it's also a way to sustain yourself at home, if you can do it.

Diane: Right. And it was a real balancing act in our family trying to decide. What exactly each of the parents needed and could afford, so you have to assess and work hard at figuring things out. But I do have to say that the home care services that we had for my parents were a blessing for many reasons. It helped a great deal and it also helped with peace of mind because we had somebody to connect with, who could call us if something was going on. So, let's talk about COVID because here you have people going into vulnerable

people's homes and some of your caregivers are in that age bracket too, I'm sure. How are you dealing with providing care in this time of COVID?

Wendy: Well, it's certainly changed a lot about how things are operating, and I know we're all feeling it in our own personal lives, too. The most important thing that we see in terms of COVID right now with our caregivers is communication. They're the ones on the front lines. They're the ones going out there, going into the homes and providing this vital care. So, number one is supporting them, giving them everything they need to do the job. We've provided them with the PPE, making sure that they're wearing masks when they're in the home the entire time and basically showing them our support. At the same time, we communicate with our caregivers on a daily basis. It is certainly a huge undertaking for our office staff, but we call our caregivers before every single shift and do a full screening call, making sure they have no symptoms of anything, asking them specific questions about their social distance practices, and then going over reminders, around safety. Again, it's really, continuing the bond with our caregivers to make sure that we're all doing everything we possibly can to reduce any kind of risk that could come with someone going into the home. So, it has really changed a lot of things, but we have been doing fabulously with it, I have to say we've been really lucky in many ways, but being as careful as we can and our caregivers are too. It's going well.

Diane: Well, that's good. Have any families decided to halt home care for the time being?

Wendy: We have had some families cut down, especially in the very early days of all of this in March and April. Some of the families that were getting a little bit of care felt that they could take that over, either they were working from home and could help with it or they may have lost a job and had the more availability to help so that has occurred. But there are many clients that I don't think could really be okay at home without the help and there was not really an option to stop, so, we've seen a mix.

Diane: And what about a caregiver who goes into a home where the client is resistant to some of these protective measures? Have you had to deal with that?

Yes, there's a few things that happen. One is that sometimes clients say, you know, you can take the mask off. It's fine or I can't hear you that well, you can take the mask off. Our caregivers know that they have to remind the client why they have to wear that mask, and it does present challenges sometimes with communication, especially somebody who's hard of hearing or something, but it is for the ultimate safety of our clients.

Diane: For both the client and the caregiver.

Wendy: Yes, for everyone, of course.

Diane: Well, I'd like to get into debunking some myths, a couple of myths about getting old. I said that I've noticed a few as I've gotten older, but I wonder from your perspective, what do you think are some of the prevailing myths or stereotypes about older people and first, what is old?

Wendy: Well, yeah, one of my lines is age is just a number. I think that it's a state of mind, and attitude is everything. People are living much longer than ever before and actually very high quality of life. Right now, we have a client who's 102 and she is really amazing. She's mostly independent, needs a little bit of help and just living life. So, you know, I think that there's really no number that says someone's old and in some ways I think there is sort of a stigma that I think that a lot of people do feel because there's the word seniors and the senior centers and people don't want to be thought of as old. because people are people. It's not about age and it's not about necessarily fitting into a category.

Diane: I've had some interesting conversations with people about getting older and not wanting to let people know that you're older. A woman that I interviewed who's exactly my age said she never tells people her age because what's happened to her is that suddenly people begin to judge, like immediately she can tell they're judging her by that number rather than by her actions. And I realized when she told me that story, that it had happened to me. I might tell my age and people would say, oh, my God, I had no idea you were that old. And so, you're left with this feeling of, okay, was that a compliment or was that a put down? What was that? But now I'm so much older and wiser and I feel less vulnerable. I don't care. I do not care what anybody thinks about what my age is. I just turned 73 and what I think is more important is that I've got a lot of things I like to do and a lot of things I still want to do, and I'll focus on that rather than what somebody's view of me is. It still does catch me by surprise though.

Wendy: Yeah. I know because on a daily basis, we're not thinking about our number, what our age is per se. And so, when you say it and somebody has that reaction, it's going to be a little odd.

Diane: The other thing that I've noticed about getting older is before COVID I was often in situations with much younger people and I loved how seemed as if we were all peers, because in those situations, we're all doing the same thing and talking about the same thing. But I also realize that things have changed, and I think that it behooves anybody of any age to really be sensitive to shifts and changes and growth. but it's interesting to be, and it's happened to me to be reprimanded by a much younger person about something that I said, but it offers the opportunity to have a discussion. We're always learning

Wendy: Definitely. Everything is a learning moment, I think, any age. It's all about how things are viewed sometimes and embracing it.

Diane: Well, which brings me to another aging issue and that's the kids. Our kids, the ones who come to visit and they notice things and they start to worry, or they get scared and suddenly it's like you're the kid and they are saying, oh my gosh, don't do that. You could hurt yourself. But what are some things though that the kids, when they come to visit really should be aware of?

Wendy: You bring up a really great topic there and I think that role reversal is definitely everywhere, but you know, you're right. There are certain things that should be focused on, more than some of the little things that are said. A lot of times it comes down to safety in terms of daily living and safety, looking at some of the ways that the home is set up. If

somebody seems a little bit less steady on their feet and there are scatter rugs around the house that might be an issue to bring up because it's something that's an easy trip hazard. That's something simple, thinking about the bathroom. I think at any age, having a grab bar isn't a bad thing to have in the bathroom in a slippery environment in a bathtub or a shower but that's something that a lot of people don't have. And for somebody maybe who lives alone and might be a little unsteady on their feet it can't hurt to have some of those safety precautions in the bathroom. When it comes to memory issues, I think it's really just noticing some of the things that maybe your loved one would never have had a problem with before, but is starting to kind of seem more obvious that it's an issue like maybe bills are piling up on the counter that aren't getting paid or the house isn't as clean or tidy as it used to be or maybe the outside of the house isn't as kept up as well as it used to be. And, you know, just little things that with a little attention could prevent issues or be a precursor to other things that can be prevented.

Diane: Yeah. The things you named were the things that we noticed with my mother. She had all kinds of little notes to herself and it was obvious that there were notes about things that she would ordinarily know how to do or remember and the whole thing about not remembering if she'd had breakfast or not. One of the hardest things, you may notice this, you have to start a conversation and you've got people who do not want to have a conversation. You have people who are scared to start the conversation. They don't even know where to begin. Do you have any tips about having conversations?

Wendy: Well, it's important to start with where that person believes they're at. So, I think it's coming in, maybe asking questions and saying to the person, you know, how do you think you've been doing with bill paying? Or how do you think you've been doing with your meal preparation lately and really listening to how that person views themselves, and where they feel things are at. Maybe you'd be surprised, and they might say, you know, sometimes I am a little confused with the bills and that might start a conversation. Or the other common thing is that somebody says, I'm fine, I'm fine. You know, I'm, I'm fine. And that could just be a starting point to even just get the person thinking a little bit or letting them know that you're concerned a little bit and in another few visits might continue that conversation as well. So, it's starting to understand from the other person's perspective and moving from there.

Diane: But if there's pushback and the parent says fine, if you have some evidence, if you want to call it that, maybe you can work that in a little bit to say, so you say you're fine and that's wonderful, but I'm wondering because I noticed and then bring up very kindly what you noticed, but it is hard, and I can understand both perspectives. As the daughter who had to do that and who didn't do a good job all the time, I will admit, because I would say ma you can't do that. I'd get a little frantic, so I can understand from the daughter's perspective, but now I can also understand a little bit more from the older person's perspective about why I might be resistant to have the conversation because it's a prelude to me losing independence.

Wendy: Nobody wants to think that they're going to lose independence, for sure. So, it's definitely not an easy thing, as you mentioned. It's challenging on both sides of the coin for

the concerned person and the person who may be at the beginning of needing help so it's definitely a process.

Diane: It is, it is. Now we've talked about home care, but there are other services that people can turn to. Like you mentioned home modifications. There are simple things, like you said putting bars in maybe railings a ramp if it's necessary, but what are some other services besides home care that you can think of that might be available in a community?

Wendy: Well, most communities have what usually are called senior centers, which can be a real resource of services and socialization. Even now with COVID, I know a lot of the senior centers are doing everything they can to keep people connected, and have programs that can be accessed by the computer or they try to keep in touch with people who are isolated, but there are resources through those centers that can be found, whether it's a volunteer program, volunteers that can come out, Meals on Wheels programs where meals can be delivered to a home or grocery shopping services and those can be found in local communities, and transportation as well. There are many programs out there that help get people where they need to go if driving is no longer an option.

Diane: Driving. That's another tricky conversation.

Wendy: It is. And I think it's really about knowing what other resources are out there so that you know that there are options as well. One of the things that scares people about losing their driving ability is how are they going to get anywhere? They'll be stuck at home, but if there are resources to know about for transportation, it's important to make sure that all of that is part of the plan so that if driving does have to stop then there are other ways to get around that can be tried and looked at.

Diane: So, I have to get a chauffeur.

Wendy: Yeah. That's the best way if you can do that. Get one of your grandchildren. That's right. Another great way to connect with grandchildren.

Diane: I did an interview recently with a young man from Massachusetts. He started a concierge business called My Grandson and he and a bunch of his old friends and they all live in different States, but they just graduated from college and COVID hit and they're having difficulties with getting jobs and so they started this concierge service. And so they in their communities go out and do all sorts of things. Dog walking home repairs. One of the kids I interviewed, helped this woman clean out her basement.

Wendy: Yeah. That's great. What a great concept and a great way make a difference. Yeah. A great way to make a difference and it's young people working with older people so, I think that connection is really wonderful. Oh, it's really great, for sure.

Diane: I think that we should also touch upon putting your affairs in order, and it really makes sense to do that sooner rather than later. Is there any particular place where you suggest people begin?

Wendy: Well, I think it's always good to consult, possibly with an attorney who can help really sort out, your affairs when it comes to your finances and a healthcare proxy, making sure all of that is in place or there are local resources, again depending on the state, but, usually senior centers and other organizations have resources for public assistance around helping people figure out how to set up those important documents.

Diane: Because we've heard too many stories of what would mom or dad want to do? Why didn't they tell us?

Wendy: Yes, it's one of those things. It's a very uncomfortable conversation to have. Sometimes people don't want to think about that topic of when I'm not here or what if I can't speak for myself, so, it's tough. but it is something that saves a lot of people challenges down the road if they can have those tough conversations, like what would you want? There's a document that, I think you can find it online called The Five Wishes, which helps outline the conversation pieces around what you want if you can't speak for yourself, it helps anyone who's a healthcare proxy understand what somebody really would want for themselves in a medical situation, or even if they've passed away.

Diane: Is there anything that I haven't asked you about that you think would be important to touch upon?

Wendy: I think there's so many topics, that cover this, , and I think we touched on each one a little bit and I think it's, really been a nice way to sort of outline a lot about aging and what to look for, in different scenarios and how to do it wisely and in the most healthy way possible. And I think it's important to just be mindful of planning, as well as enjoying the moments no matter what age, I think that's important for all of us to really enjoy what we have and be grateful.

Diane: Well, thank you for that. I do have to say I don't look forward to the day when my daughters come to have the conversation with me. I might tell you right now that I will do my best to realize they're coming from a place of love and concern, but I don't know.

Wendy: Well, the most important thing that I can say is that if you start to just chat about things way before stuff comes up then hopefully, it gets some of those more challenging conversations out of the way. it may not solve it all, but it certainly at least lets people know what you're thinking.

Diane: Right. I really appreciate your advice and these insights. We're going to wrap it up, but for people who were looking for home care in your area, which is the Boston area, how would they find you?

Wendy: Well, our phone number is (781) 559-0220 or our website, which is WSBdotFirstLightHomeCare.com.

Diane: And you are located in the Boston area, but are there other FirstLight Home Cares in other parts of the country or at least on the East coast?

Wendy: Yes, FirstLight Home Care is a franchise and they're all over the country. There's one up in Maine and there are a few in Massachusetts, so can find them online, type in your zip code and should be able to find a FirstLight Home Care closest to your area.

Diane: All right. Well thank you for your advice, your wisdom, your vulnerability, guess at every age we have all of those things. I hope you continue to stay safe and I appreciate that you took the time to spend with us. Are you working from home?

Wendy: Yes. I am working from home going into the office sometimes, but yes.

Diane: But staying safe. Good. Well, we'll keep it up.

Wendy: You too. Thank you.

Diane: Thank you for listening to the *Catching Health* podcast, which is hosted and produced by me Diane Atwood I have been talking about aging with Wendy Adlerstein, who is co-owner and executive director at FirstLight Home Care of West Suburban Boston and Boston Back Bay. I also want to say thank you to our *Catching Health* sponsors, Avita of Stroudwater, a memory care facility and Stroudwater Lodge an assisted living community, both in Westbrook, Maine. My mother who had Alzheimer's lived at Avita for about two years and she received excellent care and a lot of love. So did the entire family. For more information about both go to Northbridgecos.com and to read my blog *Catching Health*, to listen to more episodes of the *Catching Health* podcast and to find a transcript of my conversation with Wendy, go to catchinghealth.com. That's it for now. Stay well.