

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Aging Services

March/April 2011

INSIDE

1

Who Cares for the
Caregivers?

3

After Caregiving,
the Laundry

4

Assistive Technology
for Seniors:
Today and Tomorrow

6

The Conversation

8

Community Resources

10

Aging in Community:
Growing Older
is Better, Together

Dear Caregiver,

George Burns once said, “Look to the future, for that is where you’ll spend the rest of your life.” We humans, unlike other animals, seem unable to *avoid* looking at the future. For good or ill, we think about it much of the time.

So, here we are in this issue, looking at the future too. Our view includes everything from a caregiver’s future as post-caregiver, to our own future needs for care, to the general future of caregiving and some innovative approaches for meeting the needs of the oncoming tidal wave of aging Baby Boomers.

We hope you’ll find something that’s interesting, even helpful, inside.

The Editors

Who Cares for the Caregivers?

by Todd Swanson

If caregivers in America were paid for the work we do, it would cost the nation \$375 billion annually. The amount is almost too large to imagine, as is the nation’s debt to caregivers. To gain some idea of how much this figure is, in 2009 all of the Wal-Marts in the world sold \$375 billion in goods. It is love, not money, that impels us in our daily acts of mercy. We care for spouses, children, parents, partners, friends, neighbors, and grandchildren. We spend from one hour to over eighty hours per week bringing about these acts of kindness, charity, and love.

Many of us care for persons with Alzheimer’s disease or other dementias. As our population grows and lifetimes increase, the number of persons with Alzheimer’s increases as well. One in eight persons over 65 is diagnosed with Alzheimer’s. The number of those afflicted increases to one in four for persons over 85. Care for persons with Alzheimer’s and similar dementias is a demanding and extraordinarily difficult task. 70% of persons with Alzheimer’s live at home and are cared for by family and friends. The amount of time caring increases substantially as the cognitive disorder worsens. For some of us, this consumes the equivalent of the hours of two full-time jobs per week.

We—along with the rest of society—are aging. The average age of caregivers for those 65 and older is 63. This brings us to an issue that few

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caregivers admit yet that impacts us deeply over time. Six years ago, the State of Colorado conducted a *Strengths-Needs Assessment of Older Adults*. One question asked of those of us who identified as caregivers was, “How often in the last two months have you felt burdened by your caregiving?” 3% said we “sometimes” felt burdened and 16% said we “frequently” felt burdened.

This burden can be reflected in problems in our own health, marriages, finances, and emotional well-being. When we emotionally feel burned out, we can find ourselves withdrawing from other activities and friends. Our world may seem to shrink to encompass only the one we care for. A sense of hopelessness or despair may permeate our thoughts and emotions at times. We may find ourselves resenting the person we care for or just wishing for the whole thing to be over with.

Sometimes when we feel this way, we may beat ourselves up with the thought that we aren’t doing a good job. In reality, it is not any failure on our part, but that the job is too big for any one person. It means that we have taken on—through choice or circumstance—more than anyone can handle, and we need to ask for help and take care of ourselves. Sometimes we are too exhausted to ask for help. This is when help is most needed. Counseling, support, and respite services are available. The first step to find them is to pick up the phone or to go online. If you are in Boulder County, you can call your local Resource Specialist [see back page for phone numbers] or Boulder County Aging Services at 303-441-3570. If you’re outside of Boulder County, you can connect online to the Eldercare Locator at <http://www.eldercare.gov/Eldercare.NET/Public/Index.aspx> or call toll free at 1-800-677-1116 for referral to Area Agency on Aging services near you.

Everyone needs help at some time. Sometimes the best way to help another is to find help for ourselves. This help is available in an increasing number of ways. In Colorado, the number of adults age 60 and older will increase by 50% during this decade. This translates to a significant increase in the number of those who will need care and an equally large number who will need to give care. New information, methods, and technology to assist in meeting this challenge develop every day. There are growing options available to strengthen and assist us in our care of others, including the creation of new forums. These range from support groups where we can meet with each other to share ideas and skills, to online “tele-

health” groups that are increasingly popular for those of us who are more computer literate. Many of us who work receive professional development training; in the same way, caregiving can require skill enhancement with courses such as *Powerful Tools for Caregivers*, the *National Caregiver Training Program*, or *The Savvy Caregiver*.

Thank you for the kindness you show to others every day. Thank you for your time and concern. Thank you for the example you set in the community. Thank you for the good that you do. Thank you for your compassion and concern.

Todd Swanson, MPA, MA, is with the Colorado Division of Aging and Adult Services.



After Caregiving, the Laundry by Juliet Archer

For four years, I’ve been caregiver to my husband, Romeo, who suffers from dementia. And I’ve recently realized that my job as caregiver is temporary. One day my caregiving responsibilities will be over. One day Romeo will no longer need a caregiver. And this means that one day I’ll return to a “normal” life.

I have contemplated this new life sans caregiving. What will it be like? Will I spend my days falling into a black hole, right behind my husband? Or will my life be fuller and richer than it ever was before, more than I ever imagined it could be?

Essentially, of course, the only difference between my current caregiving life and my future life without caregiving is that after caregiving, the only person I’ll need to take care of is me. And I’m used to that, right? After all, I’ve done a pretty good job of taking care of me while tak-

ing care of Romeo. Or so I am told. But is that really the only difference? Just because someone else takes over the caregiving role, or just because there is no physical body, no emotional body for me to take care of, does that mean anything? Will my caregiving mode suddenly switch off? Or will it be more of a gradual fading out?

When you’re a caregiver, your life is centered on caregiving, and only that. Caregiving becomes everything. You eat, drink, sleep, and breathe caregiving. Your every thought is about the person you’re taking care of, your loved one. Your eyes are on alert, always looking: is your loved one safe, is he asleep, does he need something, is he somewhere he shouldn’t be?

When my caregiving days are over, what will I eat, drink, sleep, and breathe if it’s not taking care of my husband? What will I think of when I don’t have to think about my husband? What will my eyes see when I don’t have to watch for the obstacles that can hurt my husband, when I don’t have to see that he is awake or asleep, when I don’t need to know whether he needs something, when it isn’t relevant for me to see his whereabouts because he’s no longer here for me to watch?

Indeed, caregiving consumes one. It becomes your identity. Sometimes it feels that I am thought of as “that poor woman whose husband has dementia.” They recognize the self-imposed tunnel vision I’ve activated in order to take care of Romeo. I’ve given my life to taking care of Romeo.

Throughout each day while taking care of my husband, I become an extension of him. Because I know him so well, and because I care deeply about his happiness and comfort, I anticipate his words, thoughts, feelings, and desires. I play the game of “if I were in Romeo’s shoes, what would I want right now?” Perhaps this habit of mine, a way of being, really, is over the top. Some have

told me I indulge my husband. And why not? There is so little he can control, so little he can do. You bet I'm going to do everything in my power to get him what he wants.

What will I do when my days of indulging him are through? Where will my enjoyment be directed then? At this point, there are more questions than answers.

As my husband's caregiver, I live in his shadow. It seems that the attention of strangers, as well as friends and acquaintances, goes to Romeo first and then to me second, if at all. Their comments and inquiries are directed toward and about my husband. "How is Romeo doing?" they ask, anticipating an answer that's as debilitating as his disease. Of course, I don't mind their inquiries. On the contrary, I welcome them. Life right now is about Romeo. Completely. Every day that someone asks about Romeo, I make sure to mention it to him. Much of the time, he has no idea who the person is. He'll ask, and I'll tell him where he knows that person from. He'll nod his head and smile. He enjoys being asked after. He is happy, at least for a short while, and any amount of happiness I can give him helps him tremendously.

What will people ask me when I no longer take care of Romeo? And, of more concern, what will I answer? What will life be like when my caregiving days are over?

The first answer that pops into my mind is that—wow—I'll be able to go back to my old life. I'll be able to go back to work. I can also get back to working on my art and my writing, and I can spend more time on my other passions, more time with family and friends. I'll have the flexibility to go where I want and do what I want ... just like before Romeo was diagnosed with dementia.

In short—and this may be no surprise to you—I realize that my life after caregiving will be no different from my life before caregiving. The only thing that will change, really, is my point of

view. In "before caregiving," I focused on me. In "during caregiving," I focus on Romeo. In "after caregiving," once again I can focus on me.

Ah, and here's the nugget: my life as a caregiver (thus far) has changed me. It's made me more understanding, more sensitive, sharper. It's been a sort of painful yet blissful time that came with deep insights and that revealed my inner depths and affected my outer reality. It moved me beyond my usual perception of myself. Just like in the old Zen proverb, "After enlightenment, the laundry," my future life will be "After caregiving, the laundry." One reality does not shatter the other. One reality does not start when the other stops. While caregiving has changed me forever, I still need to do the laundry.

Juliet's blog, Romeo and Juliet in Dementiaville, is about her life as a caregiver. Visit at www.RomeoAndJulietInDementiaville.com.

"For time and the world do not stand still. Change is the law of life. And those who look only to the past or the present are certain to miss the future."

— John F. Kennedy

Assistive Technology for Seniors: Today and Tomorrow *by Julia Beems*

In today's market there are more than 4,000 assistive technology devices available for seniors and persons with disabilities that not only improve their functional capabilities, but also their safety and independence. Assistive

technology ranges from homemade devices and low-cost modifications to high-tech, high-cost solutions.

Low-tech, low-cost solutions could involve placing a checklist on the bathroom mirror to ensure completion of the morning grooming routine, labeling drawers and cabinets as reminders of what is inside, and writing appointments in a notebook. These solutions could make a significant difference in an individual's level of independence. High-tech solutions might include a wheelchair, environmental controls to operate the TV or stereo, or a communication device.

Other solutions might include organizers, which are devices that assist in organizing either daily activities or a single multi-step activity, such as following a recipe. They are available in a variety of formats, ranging from reusable laminated checklists to handheld computers (PDAs) and smart phones, and voice-operated electronic organizers.

Keeping track of when, what type, and how much medication to take is a major issue for many individuals, and dispensing systems and alarm reminders are available in multitude. Dispensing systems include bubble-packaged medications from the local pharmacy, with just the right amount of medication in each bubble, and automated pill-dispensing devices. Multiple timed alarms beep or buzz when it is time to take medication, and talking alarms indicate exactly what pill to take and when to take it.

For individuals who experience difficulties with reading and writing, picture cookbooks assist with following recipes, and picture tutorials give directions for operating new devices. The *Franklin Language Master* and *Quictionary Reading Pen* are dictionaries that help with word definitions and spelling by "speaking" the information or providing it in print form. For computer users, special software can help them

organize their thoughts (*Inspiration*) or aid with writing (*CoWriter*, *TextHelp*, *Spellswell*).

There are also several aids for daily living available for use by seniors. For personal care and grooming, a foam curler can be added to a toothbrush for easier gripping, or a denture brush can be attached to the counter with a suction cup for use with one hand. Choice of clothing becomes the most important decision when looking at dressing issues. For ease of manipulation, clothes should be roomy and stretchy with simple side or front closures and have deep armholes and elasticized waists. Velcro closures and snaps instead of buttons, and cuff buttons sewn on with elastic thread eliminate the need for maneuvering difficult buttons. Adding a small key ring or large paper clip to a zipper pull also assists with the manipulation of zippers. Cooking activities can also be easily adapted with the right equipment. Use of specialized cutting boards that suction to the counter and have prongs to secure different food types allows for use with one hand; and various jar openers and easy-grip handles and knobs are also available. There are also the many reachers, writing aids, and book holders for general use around the house along with amplified, large-numbered, hands-free telephones, or speaker phones and phone headsets.

For safety purposes there are a variety of devices available that can alert individuals within the home or outside that assistance is needed or there is an emergency. There are also specialized visual and audio alerting systems for individuals who have lost their sight and/or hearing.

What does the future hold?

New assistive devices are being developed every day along with updates and improvements to those already in existence. We are seeing an increase in the customization, flexibility, and

portability of products to allow devices to be accessed by anyone, anywhere, regardless of their abilities. Examples include e-book readers with text-to-speech (voice output) capabilities, GPS cell phones that can track someone who may have wandered off or provide verbal instructions to someone who is visually impaired, computer software that adjusts to a person's individual requirements and their environment automatically rather than requiring the person to adjust to the device, and speech recognition that is becoming more mainstreamed and is increasingly incorporated into electronic products for a new way to integrate with technology.

Advances are also being made in touch, gesture, and optical tracking that will allow users to interact with computer products in the most accessible manner. Home appliances are being developed to operate through remote controls from computers, laptops, cell phones, or other mobile devices.

Progress is also being made in incorporating accessibility devices with mobile technology (GPS, radio frequency identification-RFID, text-to-speech, and Tag technology) to be worn in clothing, worn in the ear, or attached to a mobility device (wheelchair, scooter, walker, cane). This technology will allow an individual to provide information about and manipulate the environment (turn lights on and off, adjust the thermostat) by their method of choice, regardless of their abilities.

Julia Beems, MA, is Senior Instructor with Assistive Technology Partners, University of Colorado Denver. For more information about the devices discussed in this article, or how to fund them, contact ATP at 303- 315-1284, 1- 800-255-3477, or www.assistivetechpartners.org.



The Conversation

by Lynn Malkinson

OK, readers. It's time for us, the *Care Connections* editorial advisory committee, to come clean. We've been meeting once a month, some of us for over a decade. We enjoy our meetings and especially the opportunity to hold forth to a small group of good listeners on topics linked to caregiving. Over the years, we've all aged and have personally made forays into the world of caregiving. Yet, when several months ago we agreed to talk to our own family members about caring for us (yes, *us*), an interesting thing happened. As easy as it is to write, talk, and theorize about other people's lives, coming head to head with our own lives and families was different. We all put off the assignment until the last minute, and when we did initiate "the conversation," the results were not necessarily what we expected.

I couldn't, or didn't, find the time for a leisurely, thoughtful conversation with my son. He and his family live in Boulder, but their lives are so packed that communication with them happens on the run. We squeezed in two short conversations. In the first, I mentioned long-term care insurance. He said without skipping a beat that we could always come live with him. We both got funny, actually startled, looks on our faces, and he added, "Maybe you should check it out." I agreed. The second conversation occurred a few weeks after I had given him written information on long-term care. I asked him what he thought, and he said, "It doesn't look great." But there wasn't time for follow-up.

The phone conversation with our out-of-town daughter was more leisurely. When I broached the subject of our getting older, then getting old, and then needing care at the end of our lives, she commented, "This is something I've always



feared, but I haven't considered the day to day details." She knows we have a living will but doesn't know how to access it. (Our son does.) She watches an elderly neighbor who lives alone and whose son visits her regularly, and I know she saw me do the same thing for my mother. None of our other parents required much actual care, for their deaths were quick and unexpected.

My grandparents lived with my family all my life, and it wasn't until I was much older that I realized how hard the care had been on my mother. Knowing this, our daughter commented that having us live with her in their two bedroom condo wouldn't work (and I agreed), but if they had a large home with the right layout, it might. She clearly cares for us but can't imagine how our lives might play out. She just turned 40 and commented that people had tried to tell her what it would feel like to hit that marker, but she couldn't imagine it or prepare for it until it actually happened. Her analogy rings true.

At the *Care Connections* meeting, when we reported on our "homework," one of us quoted her son: "You cared for me, so we'll care for you. I watched you take care of your mom, and you'll help us with the baby, so there's no question about what we want to do." The family agreed that the most important thing isn't planning for specifics, which are impossible to anticipate, but establishing a good relationship that includes open communication and, ideally, true affection.

Another of us reported that one daughter refused to discuss the topic, and her other daughter said, "I think it's really cool when people live together, but I'm afraid we might kill each other." Her son, a computer whiz, talked about advances in robotics in caring for the elderly. This sounded hilariously absurd and we all had a good laugh, but, in retrospect, I think he may be

on to something. Even now, video technology helps families or agencies keep track of people's whereabouts and activities such as eating and taking medications.

Another committee member said her son wasn't interested in the discussion and never visited his stepfather in the nursing home. Yet, her young grandchildren visit regularly. "They sit with him, they hug him, they're very physical with him." When she asked them what they thought would happen when she got very old, the younger one said without hesitation, "I'll take care of you," and the older one said, "You can live with me."

One member brought up a scenario that is all too common. She wasn't comfortable approaching either of her stepchildren, as one has been estranged for years and the other is "probably not an option." This realistic assessment of friends' and family members' strengths and weaknesses is an important first step for those of us anticipating our future needs.

Have you had "the conversation" with your loved ones? Maybe you should. We know that it can be hard (and scary) to think about plans for your own care when you're caregiving for someone else, but not thinking about your future needs won't make them go away. If you do have that conversation, let us know how it goes.

Lynn Malkinson is a member of the Care Connections Editorial Advisory Committee and a social worker for Family Hospice.

"The best thing about the future is that it comes one day at a time."

— *Abraham Lincoln*



COMMUNITY RESOURCES

This column provides information about coming events, helpful services, and other resources of special interest to family caregivers in Boulder County. (See “Where to Turn” on the back page for ways to learn more about local resources.)

“**A Matter of Balance,**” an 8-week workshop designed to teach older adults (and their caregivers) tools to help increase their activity levels and reduce their fear of falling, is offered Thursdays, March 3 – April 21, 1:30 – 3:30 p.m.; and Thursdays, March 17 – May 5, 9:00 – 11:00 a.m., both in Boulder. Space is limited to 15, and pre-registration is required; contact Marja Johnson, Boulder County Aging Services, at 303-441-3599 or mjohnson@bouldercounty.org. There is no fee for the course, but donations are welcome.

The Alzheimer’s Association CO Chapter offers the **Early Stage Strategy Series**, a 3-part course for people with early Alzheimer’s and at least one family member or friend, to help them understand the diagnosis and how to begin planning for the future, on Wednesdays, March 9, 16, and 23, 10:00 a.m. – Noon, at East Boulder Senior Center; “**The Basics: Memory Loss, Dementia, and Alzheimer’s,**” an overview of the differences between Alzheimer’s, other dementias, and normal memory loss due to aging, and of the Alzheimer’s disease process and programs offered by the Alzheimer’s Association CO Chapter; on Wednesday, March 16, and Wednesday, April 20, both 11:30 a.m. – 1:00 p.m., at Villas at the Atrium, Boulder; and “**Caregiving Tips: Legal and Financial Issues,**” for family caregivers, about advance directives and how to finance long-term

care for a person with dementia, on Wednesday, March 16, 5:30 – 7:30 p.m., at Lafayette Senior Center. Registration is required; call 303-813-1669 or email pat.felice@alz.org.

The **National Caregiver Training Program**, a service of Boulder County Aging Services, is a 21-hour course, taught by a registered nurse, that helps family caregivers acquire the hands-on skills needed to provide safe, confident home care for frail older loved ones. It is offered three more times this year: Thursdays, March 10 – April 21, 1:30 – 4:30 p.m., in Lafayette; Tuesdays, July 12 – August 23, 1:30 – 4:30 p.m., in Boulder; and Tuesdays, September 13 – October 25, 5:30 – 8:30 p.m., in Niwot. There is no fee, but donations (\$30 suggested) are appreciated. Respite care assistance is available. For more information or to register, contact Emily Cooper, Boulder County Aging Services, at 303-678-6116 or ecooper@bouldercounty.org.

Audio Information Network of Colorado (AINC) provides free audio services that help blind, visually impaired, and print disabled individuals maintain independence and stay connected to their community. Listeners have independent access to nearly 100 Colorado newspapers, grocery/discount ads, magazines, and other local publications, all read and recorded by volunteers, and broadcast around the clock. AINC provides pre-tuned receivers at no cost to listeners who want to hear the local regional broadcast. For more information, call 303-786-7777 or go to www.aincolorado.org.

PrestigePLUS presents **Advance Directives Workshops**, about the preparation of docu-

ments expressing and securing one's wishes for end-of-life care, with Peggy Arnold, MA, PrestigePLUS Program Coordinator, on Friday, March 11, and Friday, April 8; both 9:30 – 10:30 a.m.; and **“An Integrative Approach to Self-Care: Three-Part Series,”** presented by Health Center of Integrated Therapies and other Longmont United Hospital staff, comprised of **“Pain,”** about an integrative approach to your body's message that something is not quite right, on Monday, March 28; **“Hydration,”** a discussion of the importance of water as a nutritional component of your diet and as therapy, on Monday, April 25; and **“Mobility,”** a review of the ways to keep our bodies moving, on Monday, May 23; all 9:30 – 11:00 a.m. (\$2.00 fee for Longmont residents; \$2.50 for non-residents). All presentations are at the Longmont Senior Center. Registration is required; call 303-651-8411.

Longmont Senior Services presents **“Home Alone Doesn't Mean Going It Alone,”** a discussion of the many options for bringing services into the home so you or your loved one can remain there as long as possible, with experts West Roybal, Home Helpers; Todd Stork, Dignity Care; Mary Lou May, Boulder County Aging Services Project HOPE; Karla Hale, Meals on Wheels; and Longmont Resource Specialist; on Monday, April 11, 9:00 – 11:00 a.m., at Longmont Senior Center (\$1.00 fee for Longmont residents; \$2.00 for non-residents). Registration is required; call 303-651-8411.

“Estate Planning: Wills and Trusts,” a presentation by elder law attorney Sharon Svendsen, about taking important steps to ensure that one's final property and healthcare wishes are honored, and that one's survivors

are provided for, is on Tuesday, April 26, 12:00 – 2:00 p.m., at West Boulder Senior Center (\$15 fee includes lunch). It is sponsored by Boulder Senior Foundation as a fundraiser for Senior Resources of Boulder Senior Services. Registration is required; call 303-441-3148 (re: code 129232).

Mark your calendar! The 6th annual **Caregiving Symposium**, sponsored by Boulder County Aging Services with assistance from City Senior Services, is Wednesday, May 11, 12:00 – 5:00 p.m., at Calvary Bible Church, 3245 Kalmia Avenue, in Boulder. This educational event for family caregivers of older adults—or for anyone interested in caregiving issues—features a large resource fair, an assistive technology fair, nine workshops on key caregiving topics, written materials, refreshments, and more. On-site respite care is offered by reservation; call 303-678-6286. For general information about the event, contact Emily Cooper at 303-678-6116 or ecooper@bouldercounty.org. To register for the event (starting March 15), call 303-441-1685 or go to www.BoulderCountyAging.org and click on Caregiving, under Programs and Services.

For a list of **caregiver support groups** that meet in Boulder County, contact Emily Cooper, Boulder County Aging Services, at 303-678-6116 or ecooper@bouldercounty.org.

To share information about a resource or coming event for caregivers, call 303-678-6116 or email ecooper@bouldercounty.org. The deadline for the May/June issue is March 28.



Aging in Community: Growing Older is Better, Together

by Janice M. Blanchard, MSPH

By their sheer demographic size, the 78 million American “Baby Boomers,” the generation born between 1946 and 1964, have revolutionized every life stage they have passed through. The generation that spurred on the civil rights movement, protested the Vietnam War, and supported women’s liberation has a track record of creating social change. Once again, the cultural creatives of this generation are questioning the status quo and seeking new pathways and the deeper meaning of growing old.

One facet of this cultural revolution in aging is the emergence of new housing and supportive care arrangements for people as they grow older. Until recently, the choices have been fairly limited for a frail elder needing care: 1) move into a long-term care facility, 2) move in with family members, or 3) the Holy Grail of options, stay in one’s own home and “age in place” with the support of informal and formal caregivers. While many elders and family members consider aging in place suitable, others find it a hollow victory, particularly when it occurs in a home that poses physical, financial, or emotional challenges and makes connection with family, friends, neighbors, and the community difficult or impossible.

Better, Together

Boomers are the first generation that experienced en masse living with non-related others between the time they left their families of origin and the time they started their own families and/or launched into their careers. Whether in college dorms, communes, intentional communities, or other shared housing arrangements, this rite of passage left an indelible impression of a way of life that had at its core the sharing of daily rhythms of life with others who really cared

about one another. Bonds between friends and social networks created communities of caring that resulted in enduring influences long after the physical disbanding of the households and groups themselves.

As aging Boomers slow down in their careers, launch their children into the world, and watch or assist their parents navigate the difficult terrain of elderhood, a growing number are searching for a better place to spend their own elder years. A 2004 survey by AARP found that nearly one in four Boomers was interested in living with like-minded others in private living units in combination with shared, communal living areas. This yearning for a better way, together, is at the heart of a new trend we call “aging in community.”

Aging in Community

“Aging in community” presents a proactive, grassroots model that intentionally creates supportive neighborhoods to enhance well-being and quality of life at home and as an integral part of the community for people of all ages and abilities, particularly elders. Aging in community promotes a deliberate consciousness to be “a darn good neighbor.” Relationships between community members are informal, voluntary, and reciprocal, and therefore sustainable over time. Aging in community promotes social capital—a sense of social trust and interdependence enhanced over time through positive interactions and collaboration in shared interests and pursuits. Elders’ wisdom and experience are recognized and opportunities are created to share this with others in the community.

Similar to traditionally designed neighborhoods (think of the mythical town of Mayberry from the *Andy Griffith Show*), aging in community housing and developments appeals to many people because it evokes a sense of



community and caring that many of us feel is missing in contemporary life. The models emerging are diverse and address a constellation of desires: a sense of place, sustainability, shared values and goals, diversity, and respect and support for elderhood (not just “older” adults) as its own distinct life phase.

Developments like Highcove in western North Carolina and Civano, near Tucson, AZ, combine the physical aspects of traditional neighborhoods with earnest attempts to create new models of community for people of all ages and abilities. Others, like ElderSpirit Cohousing Community in Abingdon, VA, cultivate personal growth and spiritual deepening in later life, with a commitment to caring for one another as residents age. Some communities are being created based on shared lifestyle values or interests, such as Rainbow Vision in Santa Fe, NM for gay men and lesbians, and Burbank Senior Artists Colony in Burbank, CA for aging artists and musicians. Others, such as Silver Sage Cohousing Community in Boulder, create an environment where people will age in the context of vibrant, supportive community — a “cultural lighthouse” radiating the virtues of elderhood.

The common denominator of this organic movement that we call “aging in community” is the realization that we are interdependent, especially at the beginning and ending of the life cycle, and that we need to consciously reweave the threads of community that bind generations to one another. The movement towards creating communities of caring is timely. Statistically, Boomers are more likely than their parents to have fewer children (one in five Boomer women do not have children of their own), to be divorced, and to live alone or away from other family members, greatly reducing the likelihood of the vital support of family caregivers. As Boomers grow older, the number of

people needing long-term care services is expected to double between now and 2050. As early as 2015, some experts predict, the number of elders needing support will increase substantially faster than the number of people available as either family or paid caregivers.

To policymakers and community leaders, the implications of community-based support and care that may delay, even prevent, long-term care placement could be part of the answer to a looming health care crisis our country faces as the population ages. The current model of institutionalizing elders in need of care, or sequestering them alone in their homes, is neither sustainable nor desirable. Aging in community is a viable and appealing alternative.

Janice M. Blanchard, MSPH, is a nationally recognized consultant, speaker, and writer on aging issues. In Colorado, she serves on the Interim Board of Silverprint Colorado and the Aging in Community Initiative.

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In keeping with Boulder County’s efforts to become increasingly “green,” Aging Services will reduce paper usage by distributing *Care Connections* electronically to as many of our readers as possible. If you would like to receive the newsletter via e-mail rather than as a paper copy, please email us at ecoop@bouldercounty.org and include your name, your email address, and your postal address (to ensure that you do not receive duplicate copies). Please be assured that your information will not be shared with any other institution. Thank you!

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WHERE TO TURN

Within Boulder County, there are several key ways to access information and assistance about resources and services for older adults and their family caregivers:

- Check out **Network of Care for Seniors and People with Disabilities**, a comprehensive online service directory, at www.BoulderCountyHelp.org.
- Call the **CONNECT! Information and Assistance Line**, at 303-441-1617, and Boulder County Aging Services staff will respond to your message.
- Call the **Resource Specialist** in your community (numbers below). Services vary by community but include identifying needs, finding solutions, exploring options, and providing in-depth assistance.

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City of Lafayette	303-665-9052, ext. 3
City of Longmont	303-651-8716 (bilingüe)
City of Louisville	303-335-4919
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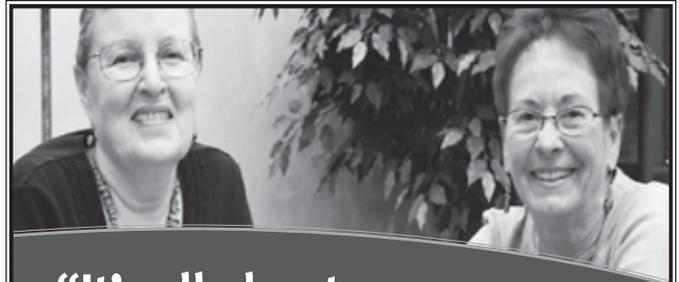
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