

CAREConnections

Information and Inspiration for Caregivers

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Don't Argue

Dear Caregiver,

There are so many choices to consider and decisions to be made when you're a caregiver—some handled alone, others with the person in your care. Whether it's deciding where your loved one will live, what kind of care he or she requires, or who will provide that care, it's all important stuff. And, unfortunately, the stress of caregiving can make it difficult to think as clearly as you'd like when you're weighing all the options.

This issue looks at some of the kinds of decisions we make as caregivers. It includes things to think about if you're considering becoming (or remaining) the primary caregiver, thoughts on your loved one's need to retain some decision-making power, information on advance directives, important nutrition choices for caregivers, and more.

We hope it's helpful. Take care.

The Editors



Dad Can Still Choose to Eat Sausage

by Susan Damon

One of the most challenging issues that can arise as we age is the possibility of having to give up some of our decision-making ability. While we all know it may become necessary but fervently hope it won't, those who take the first step of setting up advance directives have made their own important choice about who will be their surrogate decision maker. Whether you have previously made this decision or whether it must be done by others when you can't participate, you don't lose the right to make all decisions for yourself.

Only a guardianship takes away a person's rights to make his own decisions and true guardianships are rare, requiring a court hearing to determine if a person is so incapacitated that the guardianship is necessary. Far more common are powers of attorney, or POAs, and since the terms of each POA vary, each document must be read to

(continued on page 4)



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VISIT WITH A CAREGIVER

Phyllis and Stewart Guthrie cared for Stewart's mother from 2003 until her death in 2011. The family's goal was to keep her safe at home on her five-acre farm in Florida. With the assistance of out-of-town family and some hired help, "Mom" died peacefully in her own home last July.

Care Connections: Since this issue is about making decisions, I'm curious how you decided to embark on this journey that would occupy almost a decade of your lives.

Phyllis: Our decision came about after two major changes in the family: Stewart's father died in 1997, leaving 83-year old Mom as sole caretaker of the family's active farm. All the children (adults in their 50's and 60's) were concerned about her physical well-being and whether she could continue with the heavy work required to care for the fruit trees and home garden she loved. For several years, Mom seemed to be coping well, with daily phone check-ins, visits from her five children, and supportive friends. But one incident stands out as a marker of change.

Stewart: We were spending a sabbatical year (1999 – 2000) living with Mom, and she was still working in the orchard—planting, pruning, picking, and selling fruit. One day, she came into the house with blood running down her arm. She appeared calm but embarrassed that an avocado (a big four-pound avocado) had hit her on the head, knocking her down as she gathered the fruit. Self-reliant and never one to complain, her first thought was to avoid dripping blood onto the carpet. After this, a series of incidents occurred with increasing frequency: falls, new pains, and an uncharacteristic fear of dying alone.

By 2003, I was ready to give up a full professorship in New York City and devote my time to writing and research. I decided I could do that from the family home in Florida.

Phyllis: I supported the idea because I loved Mom and knew what to expect from the farm, from our previous experience helping out during the sabbatical.

CC: So you gave up your New York City life and moved in with Mom. Did Stewart write

books and continue with his research, as planned?

Phyllis: No, he didn't. Taking care of Mom *and* the farm turned out to be a full-time job. After a while, the stress of these responsibilities without respite reached a breaking point.

CC: What happened next?

Phyllis: We finally realized we had to talk with Stewart's brother and three sisters and admit we needed help. Since they lived all over the country, these conversations were by phone. It took us a year to make everyone understand how much we needed breaks; it was hard for some of them to imagine what life is like as a caregiver. We also realized it wasn't fair for the family *not* to know what was happening.

Then we started to receive help. During the last few years, family members signed up for several months at a time. We spent our "off" months in our Boulder house or traveling. Stuart's work as an anthropologist took him to Turkey several times.

CC: Another decision many caregivers struggle with is when, if ever, to take over

decision-making for their care recipients. Did this happen with Mom?

Stewart: Mom never lost her mental acuity, although at the very end, one of her daughters took over the bookkeeping/business chores. Her mind was sharp but her body weakened. A big marker was when she couldn't do the garden. She used to walk all over the property, doing whatever needed to be done. She'd machete down banana plants, repot the garden plants, and feed the macaws that came every year. She felt demoralized when she realized she couldn't do it, but we had to gradually take over the farming chores. But she kept an eye out!

CC: Looking back, are there any decisions you would have made differently?

Phyllis: Knowing now what a strain full-time caregiving can be and the toll it takes, I wish we had gathered the family together at the outset and made a plan for sharing the job. Not that any of us could have imagined what it would be like, but if we had some plan about how to deal with problems as they arose, it might have gone

more smoothly. Of course, discussions about helping a loved one in the last stages of life are emotionally difficult and often avoided. This is doubly difficult when not only a beloved mother needs care but also a beloved farm needs continual nurturing.

CC: Phyllis, as a daughter-in-law, how did you handle Stewart's commitment to his mother and to his family's farm?

Phyllis: I chose to do this and wanted to be there to help Stewart. At the same time, there were moments when I felt trapped, together with a mixture of love and duty. But in the end, I'm so glad we were able to help Mom continue living in the family home that she and her husband had built, on the farm they had created.

CC: Thanks, to both of you.

Thanks to Lynn Malkinson, Care Connections Editorial Advisory Committee member, for conducting this interview.

**“The doors we open and
close each day decide
the lives we live.”**

— Flora Whittemore



Dad Can Still Choose to Eat Sausage

(continued from page 1)

understand what the person making this POA intended. It is important that there is an actual POA document in existence before someone starts making claims that they have the power to act as POA. Just being the child of a woman who has had a stroke and needs help arranging caregiving, for instance, does not automatically make that son or daughter her POA. These issues become very important once decision-making moves outside the home and health-care providers begin asking for the specifics of any decision-making authority claimed by others.

Often the issue of what decisions a care recipient can continue to make center on simple, everyday choices. For example, Joe signed a medical POA naming his daughter as his surrogate decision-maker, and it has sprung into effect because Joe can no longer manage his medications, and his doctor says Joe needs assistance with this and several other issues. This does not mean that Joe cannot choose what he wants to eat for breakfast now or how late he stays up at night watching ball games. He is still an adult, able to make his own decisions on many matters. His worried, health-conscious daughter may wish he didn't eat sausage with his morning eggs, but she doesn't have the right to tell a caregiver to refuse to give him sausage when he asks for it. Joe can still make that choice, even if it isn't the decision others might wish he would make.

Many conflicts arise from well-meaning caregivers trying to do what they believe is in the best interest of the care recipient, such as dictating new diets or behavior plans. If Mom was never interested in crafts but loves games, her choice to watch "Jeopardy" rather than help create a holiday table decoration should be honored. Uncle Pete has always been an early riser, drinking his first cup of coffee by 6 a.m.

while he listens to the radio news reports. Trying to force him to change his sleep schedule now is going to make everyone unhappy, so finding common ground for a compromise will diffuse tension and respect his individuality.

If caregivers find themselves getting into conflicts because of decisions they are making, perhaps it is time to step back and ask whether the problem involves the decision-making process. Being a caregiver is hard—the responsibility can feel overwhelming and concerns for the well-being of the care recipient can become too focused. Care recipients struggle with the loss of independence and their ability to manage their own lives. Reexamine that responsibility and ask whether it is necessary to try to make so many decisions in the best interest of your care recipient. If safety isn't an issue, don't challenge Dad's choice to eat sausage, to stay up late until the game is over, or to wear clothes that aren't perfectly matched. He will maintain independence and you will be able to focus on the issues that really require your attention.

Susan Damon is a volunteer Long-Term Care Ombudsman and a member of the Care Connections Editorial Advisory Committee.

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Choices About the Final Journey

by Kim Mooney

What if you found yourself suddenly going on a trip that you didn't expect to have to take? What if you didn't want to travel and no one asked you? What if you had no idea what country you're going to, what language they speak, where to stay, what you will do once you're there, how you will communicate with your family and friends, how long you'll be there, or what you can do if you're confused or afraid?

I'll bet you can think of a hundred questions you'd ask now if you'd known that trip was coming up. Well, if we think about our dying as a journey we'll all take—some of us suddenly, some with some notice—the same thinking follows. Making good decisions about serious issues on the spur of the moment means you probably can't get all the information you need. Making well-considered decisions after you've already started moving down an unknown path is almost impossible when your life is in constant change in unfamiliar circumstances.

The choices you (or your loved one) make about end-of-life care are quite different than the ones you make when you're healthy. Dying is a different landscape with different medical concerns, different life priorities, and different kinds of outcomes. If you're prepared, you can choose how you want to be treated as a whole person, what kinds of things you want to focus on, and how you direct your care based on your personal sense of dignity and values.

We often think of ourselves as autonomous decision-makers in charge of our own lives. In truth, care for the dying is often determined by medical providers or family members who may or may not know how you want to be treated. Because our incredible medical system has its own set of professional practices and responsibilities and legal obligations, decisions that are

not aligned with what you want can easily be made without your express consent.

Here are five decision points for you to consider if you want to guide your own end-of-life experience:

1. Begin now to ask questions of yourself and your medical providers so you understand how dying happens in this country.
2. Clearly define your personal values and how you want them to be respected if you are not able to speak for yourself.
3. Talk honestly and often with the people who will be there with and for you so they know how to honor your wishes and can advocate for you if there are any questions.
4. Document your goals and decisions and make sure that everyone invested in your care knows what they are and where they are.
5. Treat your dying process as part of your legacy to your family and friends. No one who loves you will ever forget the story of your death, and no one but you can write that story with the ending you want.

Kim Mooney is Director of Community Education for HospiceCare of Boulder and Broomfield Counties. For more information on how to talk about end-of-life issues, contact her at kimmooney@hospicecareonline.org or 303-604-5214.

“Nothing is more difficult, and therefore more precious, than to be able to decide.”

— *Napoleon Bonaparte*



Should You Become the Primary Caregiver?

At any stage of caregiving, especially caregiving that may become more and more of a responsibility as your loved one experiences increasingly declining health, you must review the situation and determine whether becoming, or remaining, the primary caregiver for that individual is best for you and for your loved one.

First, you should make a distinction between caring *about* and caring *for* a loved one. Many of us care about a family member through bonds of affection, allegiance, and familial contact; however, caring for a family member requires a commitment and a willingness to undertake a few or many tasks depending on the person's needs. Just because you deeply care about a family member doesn't mean you automatically should be the one who cares for that individual. Providing care at home for someone who is frail, ill, and/or disabled is not easy. Being a primary caregiver for an aged individual will shape the time you have for your work, activities, friendships, immediate family, and yourself.

This is not to suggest that providing care to a loved one cannot be rewarding. In fact, most caregivers report the intrinsic benefits of being needed, feeling loved, and the satisfaction of caring for someone who loves and has loved them. But for your own sake and for that of the care recipient, evaluate the pros and cons before you commit to being the primary or sole caregiver. In some instances, especially when a high level of care is needed or you feel you don't want to take on the challenge, you and your loved one may be better served by hiring a professional caregiver or finding a health care arrangement that can better meet the needs of your loved one.

Answer the following questions honestly to help reach a decision regarding the role you will take—or continue to take—when a loved one needs assistance:

- Does s/he want you to become the primary caregiver or does s/he prefer another arrangement? It is imperative that you talk with your loved one to give him/her the choice about how care will be provided.
- What level of care does the person require? Will it take a few hours a week (shopping, cleaning), several visits a day (preparing meals, feeding), or full-time care (supervising someone with advanced dementia, toileting and/or changing incontinence pads/pants)?
- Will the caregiving episode be short-term (after surgery, heart attack) or long-term (permanent or deteriorating physical or mental conditions)?
- Who else can help you so that you will not be overwhelmed and alone? Consider family, friends, volunteers, and professional service providers.
- What options for caregiving are available if you do not choose to become the caregiver?
- How will your immediate family be involved? What impact will your caregiving responsibilities have on your family members?
- Will you bring your loved one into your home or try to keep him/her in his/her own home?
- What adaptations to your home or your loved one's home will need to be made? Who will be responsible financially for these modifications?
- How will caregiving affect your professional career? Can you obtain short-term medical leave (if your loved one's condition is short-term)?
- Are you comfortable with the prospect of quitting your job if the requirements of caregiving become more time consuming?
- What will you do financially and how will you maintain your own benefits (health insurance, retirement funding, etc.) if you leave your job?
- Are you willing to reassess your caregiving



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situation and remain open to other options as your loved one's needs change?

- Do you feel comfortable in accepting and even soliciting the help of others to ensure that you receive breaks from caregiving?
- Do you harbor anger or resentment toward the care recipient that could escalate to an unhealthy, even abusive relationship?
- Are you motivated by love, a sense of obligation, and/or affection, or are feelings of guilt and shame driving your decision?
- Are you committed to maintaining your own health and well-being, knowing that if you become overtired or resentful you will not be an effective caregiver?

Once you have reviewed these questions, along with others relevant to your particular circumstances, you should be able to make a reasoned decision regarding becoming the caregiver for your loved one. You are not obligated to make an irrevocable decision; you can modify your caregiving responsibilities as the situation changes.

Reprinted (and slightly condensed), with permission, from Caregiver Handbook: A Local Guide for Caregivers of Older Adults in the Denver Region, by Denver Regional Council of Governments.



“Fer Ya” or “Agin Ya:” Nutrition Choices for Caregivers

by Jane Crawford

In a perfect world you are in ideal health when a loved one needs your care, and you have unlimited energy and boundless love to pour over them to speed their healing. Unfortunately, the reality is that many of us start a caregiving situation in an already malnourished, depleted, and otherwise overwrought state. You

may already be stretched too thin, in pain, or managing other health issues of your own. Though you may need some help of your own, you're recruited instead to help another. The consequences of this double stress should not be underestimated.

Accumulated stress, be it physical, mental, or emotional, will have negative effects if disregarded. All hell can break loose. The short list: stress can make a bowel irritable, a lung wheezy, a head achy, skin itchy, and a heart to beat faster, as well as cause altered menstruation, painful joints, and increased colds. Any body system is a potential target. If you are experiencing symptoms, now may be the time for you to seek some help before you find yourself on the other side of the caregiving equation. With a focus on nutrition, effects of stress can definitely affect the whole GI tract and immunity due to a suppression of these systems. You will not be able to digest or assimilate what good food you do eat, and your immune system will not be able to combat the constant barrage of evil bacteria, fungus, allergens, and carcinogens it normally does tirelessly. This is bad.

Does your nutritional status affect your ability to give care? Profoundly! Diet is an important, well-proven first line of defense against the demands of caregiving. Food choices are an important daily battleground that can immediately alter how we feel about caregiving. The wrong choices can change our mood literally within minutes, drain our energy, fuzz our mind, and shorten our fuse. That's just in the short run.

Chronic stress, combined with poor eating habits, can seriously degrade our own health. Stress actually requires increased nutrients at a time when we're most likely to eat poorly. Therefore, under-eating, or overeating non-nutritious food will be all the more detrimental. All stress dramatically increases the production

(continued on page 10)



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.)

Medicare Basics Classes, for anyone wanting to learn about benefits, costs, and choices under Medicare, are provided monthly by Medicare Counselors with Boulder County Area Agency on Aging. Classes are on Thursday, March 1, and Thursday, April 5, both 2:00 – 4:00 p.m., at 3482 N. Broadway (call 303-441-1546 to register); Monday, March 19, and Monday, April 16, 10:00 a.m. – 12:00 p.m., at Longmont Senior Center, 910 Longs Peak Avenue (call 303-651-8411 to register); and Friday, March 16, 10:00 a.m. – 12:00 p.m., at Lafayette Senior Center, 103 S. Iowa Avenue (call 303-665-9052 to register). Classes are free, but donations are appreciated.

PrestigePLUS offers **Advance Directives Workshops**, about considering and clarifying wishes for medical treatment in the event of incapacitation, with Peggy Arnold, M.A., PrestigePLUS Program Coordinator, on Friday, March 9, or Friday, April 13, both 9:30 – 10:30 a.m. (\$5.00 for Longmont residents; \$6.00 for non-residents); and **What in the World Is Palliative Care?**, about Longmont United Hospital’s new Palliative Care Service, which specializes in the relief of the pain, symptoms, and stress of people affected by serious illness, on Monday, April 23, 9:30 – 11:00 a.m. (no charge). Registration is required for all sessions; call 303-651-8411.

Boulder Senior Services offers a free **Life with Diabetes Support Group**, on the second

Wednesday of each month, 1:00 – 2:00 p.m., at West Boulder Senior Center, 909 Arapahoe. Register or get more information at 303-441-4995.

Project Homecoming is a short-term meal delivery program designed to help patients make the transition from hospital to home. The service is free for five days and is offered by Meals on Wheels agencies in Boulder County. Call 303-441-3908 to learn more.

National Stroke Association has launched **Careliving Community**, a new online social network that allows caregivers and other loved ones of stroke survivors to connect, share advice, and swap stories. It also offers a blog written by fellow caregivers and live chats with experts on caregiving. Check it out at www.stroke.org/careliving.

Boulder County CareConnect (formerly RSVP) offers volunteer services helpful to family caregivers: **Carry-Out Caravan**, grocery shopping and delivery; **Medical Mobility**, escort of seniors and adults with disabilities to and from medical appointments; **Fix-It Services**, minor home repairs, yard maintenance, grab bar installation, and energy kit distribution; **IceBusters**, snow removal within the City of Boulder; and **File of Life**, magnetized emergency information cards. For more information, call 303-443-1933 (Boulder) or 303-772-2262 (Longmont).

Cancer Caregiving and Caregivers, a symposium that brings together experts in the fields of medicine, education, neuroscience, and contemplative practices to explore the effects of mindfulness practice and integrative care as an

integral part of the healing process, with James Gordon, MD, Joan Halifax, Rodney Yee, and other presenters, is on March 31 – April 1, in Boulder. Learn more about the event at www.cancercaregiving.us.

Boulder County Area Agency on Aging offers the **National Caregiver Training Program**, a 21-hour course (meets once a week for three hours) that helps family caregivers acquire the skills needed to provide safe, confident home care for frail older loved ones, on Wednesdays, March 28 – May 9, 1:30 – 4:30 p.m., in Lafayette (and twice more in 2012); and **Powerful Tools for Caregivers**, a 15-hour course (meets once a week for 2 ½ hours) that gives family caregivers the tools to ensure they take care of themselves while they're caring for loved ones, on Tuesdays, April 3 – May 8, 1:30 – 4:00 p.m., in Boulder (and twice more in 2012). Both courses are open to Boulder County residents caring for a relative, partner, or friend who is 60 or over (or of any age if the person has dementia). There is no charge, but donations are appreciated. Financial assistance for respite care during class periods is available. To register or for more information, contact Emily Cooper, at 303-678-6116 or ecooper@bouldercounty.org.

Boulder Senior Services presents **Fall Prevention and Making Your Home Safer**, a free seminar about making changes to the home that can reduce the risk of falling, with Louie Delaware, of Safe Home Modifications, a Certified Aging in Place Specialist, on Friday, April 20, 10:00 – 11:30 a.m., at West Boulder Senior Center. To register, call 303-726-6828 or email louie@safehomemodifications.com.

The **Caregiving Symposium**, Boulder County Area Agency on Aging's annual educational

event for family caregivers of older adults, or for anyone interested in caregiving issues, is on Thursday, May 17, at Calvary Bible Church, in Boulder. The event features a large resource fair of service providers, multiple workshops on caregiving topics, lunch, opportunities to visit with aging services staff, and more. Call 303-678-6116 for more information.

For a list of **Caregiver Support Groups** that meet in Boulder County, contact Emily Cooper, Boulder County Area Agency on Aging, at 303-678-6116 or ecooper@bouldercounty.org.

To share information about a resource or coming event for family caregivers, email ecooper@bouldercounty.org or call 303-678-6116. The deadline for the May/June issue is March 26.



**“When we are motivated by goals
that have deep meaning,
by dreams that need completion,
by pure love that needs expressing,
then we truly live life.”**

— *Greg Anderson*



of free radicals in the body, which are known to cause cellular changes, including cancerous ones. Therefore, our nutrient requirements, especially of the antioxidants like A, C, and E, are increased. The B complex is profoundly important for combating stress, and many of us do not get enough for general functioning. It is recommended to supplement antioxidants and B vitamins during stressful times. A good quality multivitamin should go a long way in satisfying those needs.

Your body responds immediately to what you ingest. Food choices, for the purposes of this article, are loosely divided into two camps: those that are “fer ya” and those that are “agin ya.” Hopefully some of what you eat will provide essential nutrients (fer), rather than be a burden to digest and excrete (agin). Some can truly do damage. The latter scenario creates its very own stress load. Foods that are the least taxing on the body and that provide the most benefit are those that were most recently alive and that are recognizable in their original form: brown rice, broccoli, an egg, an almond, etc. You receive the maximum nutrition and least stress from fresh vegetables, fruits, whole grains, nuts, and fresh meat. (In that perfect world, they are organic as well.) This whole food is considered to be “nutrient dense” as compared to the “empty calorie” foods, which are recognizable by high amounts of sugars, trans fats, and salt.

As foods become more processed (and more highly packaged), they lose considerable nutrition and may contain a whole host of non-bio-available, possibly allergenic, carcinogenic, and toxic additives that are mainly just stressful on the body. The filter organs, like the liver and kidneys, are under additional burden to eliminate these potential toxins, just when they need added support. If your body is constantly doing damage control, where will the energy come from to help others? The point to emphasize is

that junk, fast, and processed foods actually increase the body’s stress load just when you need to minimize it. Is the convenience of these foods worth the physiological stress they create?

Speaking of damage, sugar, especially white sugar, has vast negative effects on the body. In the nutrition world, it is known as an anti-nutrient. Eating quantities of it at any time, but particularly during stress, will leach Vitamin B (the stress vitamin), calcium, phosphorus, and iron from the body; cause mood swings, negative thinking, nervousness, depression, and headaches; depress the immune system; and aggravate blood sugar problems, PMS, heart disease, indigestion, and obesity. Finally, sugar promotes yeast and fungal growth. This person would not a good caregiver make.

Lastly, a fast way to improve your caring capacity is to make sure you are hydrated. It is the simplest remedy for fatigue. Try for 2/3 ounce of water per pound of body weight. Dehydration is another profound source of stress because almost all metabolic processes depend on it. Avoid caffeine and other stimulants. Drink extra water if you do partake and if you are overweight. Limit alcohol.

Caregiving, on top of living in a stressful world, can put one’s own health under much duress. While managing stress by other means, it is important that we limit food’s potential to strain the body. Eating whole foods, taking extra nutrients, not skipping meals, drinking lots of water, and avoiding sugar, caffeine, and alcohol are ways to do that. Making nutrition choices that are “fer ya” instead of “agin ya” will help ensure that you remain available to your loved one and to your own life.

Jane Crawford is a Nutrition Therapist, National Board Certified Acupuncturist, Chinese Herbalist, and Massage Therapist. This article first appeared in the September/October 2003 issue.

Don't Argue

by Kaelin Kelly

Don't argue!
 It feels like a good decision
 Whatever Mom wants
 Is fine
 Support her right to choose
 In an increasingly powerless life

I learn that "don't argue"
 Is more than not putting up resistance
 It's me pushing my will
 When I'm in a hurry
 Or taking the easier route
 When I'm tired
 Even if it's not what Mom wants

Sometimes it means
 Me arguing with me
 When there should be no "discussion" at all
 Like after the bedpan
 I always bring warm water
 A soothing washcloth underneath
 Another on top
 I watch her relax
 "That feels so good"
 She's come to expect it
 And I do it each time
 But at 3 AM I'm ragged
 Eager to get back to bed
 We'll skip it this time
 One time won't matter
 Yet – it's a moment of pleasure
 Relaxing her for sleeping
 Remembering my commitment
 The argument's over
 She never knew
 It almost didn't happen
 The most insidious
 Are when my own "shoulds"

Come forth to rule the situation
 The interesting thing
 I learned them all from Mom
 "You should eat more of this ..."
 "You really need to exercise your legs ..."
 "We" (what's this we?) "need to take a bath to-
 day ..."
 Hold on here!
 When she sighs in exhaustion
 What's the point of pushing clean?
 Back off from the should
 And roll with her rhythms

So "don't argue" has taken on new meaning
 It's allowing Mom to be
 Whatever she needs to be
 At this moment
 At each moment

I commit to "don't argue"
 Now I get to realize
 Exactly what that means

Isn't this quite a journey?

From A Caregiver's Journey: Poetry by Kaelin Kelly, a former Boulder County caregiver.



**"To decide is to walk facing forward with
 nary a crick in your neck from looking
 back at the crossroads."**

— Betsy Cañas Garmon

CARE Connections
Boulder County Agency on Aging
P. O. Box 471
Boulder, CO 80306



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 Area Agency on Aging 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.

Allenspark area	303-747-2592
City of Boulder	303-441-4388 (bilingüe: 303-441-3918)
City of Lafayette	303-665-9052, ext. 3
City of Longmont	303-651-8716 (bilingüe)
City of Louisville	303-335-4919
Lyons area	303-823-9016
Nederland area	303-258-3068
Niwot area	303-652-3850