

EAST BATON ROUGE COUNCIL ON AGING QUARTERLY PUBLICATION

POLISHED

Fourth Quarter - 2018

» Assessing an Older Adult's
Mental Health

» Helping Older Adults
Accept Caregiving Support at Home

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EBR
Council on Aging

**HERE WE
GROW AGAIN**

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» EBRCOA Buys New
Property to Expand Meal
Service

"Supporting Independence ~ Serving Seniors for 46 Years"

ABOUT POLISHED

Polished is published quarterly by the East Baton Rouge Council on Aging (EBRCOA). *Polished* features news and information of interest to senior citizens as well as caregivers of the aging. The EBRCOA reserves the right to determine the suitability of materials submitted for publication and to edit all submitted material for clarity and space. The EBRCOA does not knowingly accept false or misleading advertising or content nor does the EBRCOA or *Polished* staff take responsibility should such advertising or editorial material appear in any issue. For inquiries regarding submissions and advertising, please contact Angell Jackson, Director of Marketing at ajackson@ebrcoa.org. The EBRCOA is an equal opportunity, affirmative action employer and a 501(c)(3) tax-exempt, charitable organization.

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MESSAGE FROM THE

Chief Executive Officer



Let me start by saying that I hope everyone's 2019 is off to an amazing start...one that is filled with joy, peace, and great health! The East Baton Rouge Council on Aging (EBRCOA) wrapped up the last quarter of 2018 and brought in the new year with a bang! This issue of the Polish is only a snapshot of the last quarter, showcasing the dedication of our staff and the pure joy on the faces of the seniors that we touch each and every day!

We've worked tirelessly to expand our services and exceed the needs of the seniors. In December, EBRCOA made a huge leap toward exceeding the needs of our senior community by purchasing the property at North 18th and Fuqua Street. This property will become not only the site of our new main office but also a state-of-the-art senior center and a full-service commercial kitchen hub for the Meals on Wheels and congregate meal programs! Stay tuned as this project (and others) develop in 2019!

So, please continue to encourage your friends, church members, family and loved ones to come out and experience the great programs offered daily at senior centers throughout the parish. I guarantee that you will fall in love with what we have to offer and make new friends at the same time!

I am sincerely thankful to all of the citizens of East Baton Rouge Parish, the EBRCOA Board of Directors, the entire EBRCOA Staff and all of our supporters! The work of the Council on Aging would not be possible without each and every one of you.

This is only the beginning and there is so much more to come!! Stay tuned...

Sincerely,

A handwritten signature in black ink, appearing to read "Tasha Clark-Amar".

Tasha Clark-Amar

Chief Executive Officer

East Baton Rouge Council on Aging

Assessing an Older Adult's MENTAL HEALTH NEEDS

We expect our older relatives to slow down as they age, but a significant drop in energy level or a marked change in mood or behavior could signal a more serious matter. Here are some ways to assess your loved one's mental health needs and seek treatment.

IDENTIFYING DEPRESSION Depression is a serious medical illness that often goes unrecognized and untreated among older adults, according to the National Institute of Mental Health. It's normal for an older person to feel sad every once in a while or frustrated by health problems or financial concerns. If one of the following symptoms persists and interferes with daily life, however, your loved one could be suffering from depression:

- **PROLONGED SADNESS.**
- **ENERGY LOSS.**
- **IRRITABILITY, ANGER OR PESSIMISM.**
- **NERVOUSNESS OR RESTLESSNESS.**
- **FEELINGS OF WORTHLESSNESS, HOPELESSNESS OR HELPLESSNESS**
- **LOSS OF INTEREST IN FAVORITE ACTIVITIES.**
- **DIFFICULTY SLEEPING OR SLEEPING MORE THAN USUAL.**
- **EATING MORE OR LESS THAN USUAL.**
- **RECURRING THOUGHTS OF DEATH OR SUICIDE.**

Having a chronic illness or limited ability to function increases a person's risk of developing depression. If your loved one shows signs of the disease, seek treatment. Left untreated, depression can affect one's physical health and quality of life. Treatment can include antidepressant medications or talk therapy — or a combination of the two

DISTINGUISHING DEPRESSION FROM DEMENTIA Depression sometimes gets misdiagnosed as dementia, a decline in mental ability that can be caused by Alzheimer's disease, stroke, brain tumor and other illnesses. People with dementia have problems with at least two brain functions, such as memory and language.

An older adult with depression may exhibit dementia-like symptoms, such as forgetfulness, disorientation and inattentiveness. This so-called pseudodementia sets in after the person has already shown signs of depression. Someone with depression-related pseudodementia will complain about memory loss, whereas a



person with Alzheimer's disease or another form of dementia will try to conceal memory loss.

It's also not unusual for a person with dementia to develop depression. Before depression sets in, however, mental decline will have already begun. Other psychological and emotional issues that can arise from dementia include anger, anxiety, loss of inhibitions and paranoia.

PINPOINTING THE UNDERLYING PROBLEM Could your relative have depression or dementia? Or is there another explanation for a change in energy level or behavior? To find out, take these steps:

01 Ask a doctor or pharmacist

If a medication — or combination of drugs — could be causing fatigue, depression or other symptoms. Geriatric pharmacists are especially knowledgeable about how medications affect older people. A pharmacist can review all of your loved one's prescriptions, not just those prescribed by a specific doctor. Visit the Board of Pharmacy Specialties website to find a geriatric pharmacist near you.

02 Ask your loved one's doctor

If another health problem, such as anemia, could be causing fatigue. Also keep in mind that early pneumonia or a urinary tract infection can lead to depression-like symptoms in a person who has dementia or has been disabled by a stroke.

03 Ask your loved one

If she's feeling sad or anxious about something. Listen carefully, and offer emotional support. Like depression, anxiety often goes undiagnosed in older adults. The first step in treating anxiety is determining the source of the stress. Physicians also treat anxiety with psychotherapy and medications.

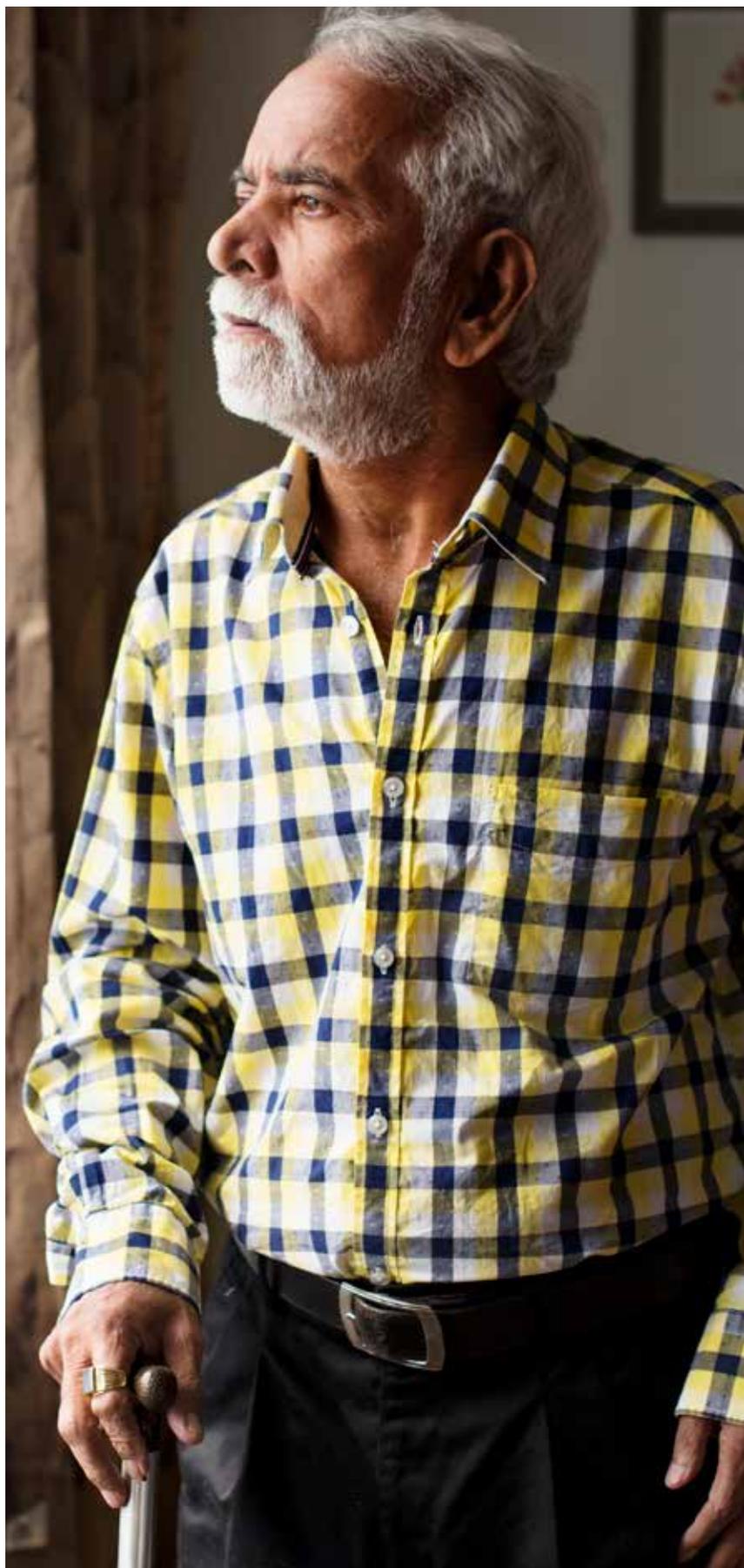
04 Get your loved one evaluated and treated.

Social workers at the Area Agency on Aging can conduct a mini mental status exam. Consult a geriatric psychiatrist, a doctor trained to recognize and treat mental illnesses in older people. Visit the Geriatric Mental Health Foundation's website to find a geriatric psychiatrist near you.

PREVENTING SUICIDE Suicide rates are particularly high among older Americans. Those suffering from depression are at greatest risk. Do not ignore remarks about suicide, especially if there's a history of suicide in your family. Report them to your loved one's doctor, and encourage your relative to seek treatment immediately. Firearms can pose an increased risk to suicidal older adults. If there are firearms in the home, remove them as soon as possible. For more advice, call the National Suicide Prevention Lifeline: 800-273-8255. All calls are confidential.

Lastly, if you don't live nearby ask friends and neighbors to look in on your loved one more often. Also, work with the Area Agency on Aging to develop a support plan for this person.

MAINTAINING YOUR MENTAL HEALTH You may find that caring for a loved one takes a toll on your own mental health. Make a point of keeping stress in check. Joining a caregiver support group can help.





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Thank You





EBR COA 22 DAYS OF

Giving
THANKS

The EBR Council on Aging recognizes each of you for your dedication to the seniors of East Baton Rouge Parish. We are truly thankful for your unwavering commitment to our mission!

- The COA Team



COMING
OCTOBER
2019

A caregiver in a blue uniform is holding the hand of an elderly man. The scene is dimly lit with a blue tint. The caregiver is on the left, looking down at the man's hand. The man is on the right, wearing glasses and a light-colored shirt. The text is overlaid on the image.

Helping Older Adults Accept
Caregiving
Support at Home

BY STACY COLINO, AARP (ORIGINALLY PUBLISHED NOVEMBER 28, 2018)

Recent AARP survey found that 76 percent of adults 50 and older want to live in their home as long as possible. Yet as their physical, functional or cognitive needs mount, some are reluctant to accept the help they need, which can compromise their safety and eventually jeopardize their ability to stay in their home.

"In my clinic I frequently see patients where I know they need help at home, they're really struggling, but they don't want to have help," says Lee Lindquist, M.D., chief of geriatrics at Northwestern Medicine in Chicago. "There's a switch that goes off when people reach their 70s or 80s where they don't want people coming over to help."

After seeing this pattern again and again, Lindquist began to wonder, Why do older adults resist accepting the help they need? and What can be done to overcome this resistance?

To find out, she and her colleagues held a series of eight focus groups with adults age 65 and older living in and around Chicago and Fort Wayne, Ind. During the meetings the participants discussed their concerns about remaining in their home as they age and their reasons for being reluctant to accept help there. As the participants discussed their concerns the researchers identified four common themes and then encouraged everyone to brainstorm effective strategies for overcoming their reluctance. The findings were published in the August 2018 issue of the *Journal of the American Geriatrics Society*.

Here are the primary reasons older adults don't want to accept assistance, along with their suggestions for ways that family members and caregivers can help older adults look at the situation differently and overcome their reluctance.

REASON FOR RELUCTANCE: FEAR OF LOSING INDEPENDENCE

If they become unable to complete basic tasks at home, many older adults in the focus groups said they wouldn't want to ask for

help because they worry that it could lead to a further loss of independence. "They feared it would be a slippery slope and they'd end up being sent to a nursing home," Lindquist explains.

In a separate study involving 8,881 adults age 65 and older, researchers in Australia found that the fear of losing one's independence was second only to the fear of losing one's physical health, both of which were underscored by a fear of being admitted to a nursing home.

STRATEGY FOR OVERCOMING IT

Reframe the concept of independence to reflect "that everyone is dependent on each other in some way," Lindquist says. From the time we're born until the time we die, most people depend on others to some extent. It's a matter of relative independence and autonomy, in other words.

REASON FOR RELUCTANCE: NOT WANTING TO BE A BURDEN ON OTHERS

Focus group participants feared that asking for help would burden their loved ones who already have plenty to do; some even felt it would be degrading to have to ask. It's a common refrain: In a previous study, researchers from the University of Pennsylvania found that older adults often express concerns about not wanting to burden their adult children and complicate their busy lives

STRATEGY FOR OVERCOMING IT

Acknowledge that letting other people help you gives them satisfaction and joy, so you're essentially contributing to their well-being. That alone makes it easier to accept help. But when you need to ask for it, "the challenge is to get past that first time," Lindquist notes. "It's like dating. Once you get past that first time, it's easier."

REASON FOR RELUCTANCE: LACK OF TRUST

Some people were concerned that by accepting home-based care, they could be taken advantage of or exploited by their

helpers. Others worried that they wouldn't know whom to trust and that that would make them vulnerable.

STRATEGY FOR OVERCOMING IT

Think of yourself as in the driver's seat because you can interview multiple people, ask for recommendations and check references. Once you start working with a helper and it goes well, the trust issue becomes easier to manage, Lindquist says.

REASON FOR RELUCTANCE: NOT WANTING TO LOSE CONTROL

This fear stemmed from participants' belief that asking others to help with or take over a task (such as grocery shopping) that they had done previously meant relinquishing control of the situation or that area of their lives.

STRATEGY FOR OVERCOMING IT

Remind yourself that "you're the one in control because you're doing the asking and you can name the time and place," Lindquist advises. Also, remember that "if you're open to help, you're more likely to stay in your home longer."

After completing the focus groups, Lindquist and her team created an online tool called Plan Your Lifespan (www.planyourlifespan.org) to help older adults, their family members and caregivers better communicate and plan for possible home-based needs. "It was built for seniors by seniors, and it helps people plan for their 70s, 80s, and 90s — what we call the fourth quarter," Lindquist says. "It's about empowering older adults and helping them figure out what they want for the future. This way, they have a say before they get sick or injured or there's an emergency.

Ultimately, Lindquist adds, "Seniors need to realize that asking for help doesn't mean I'm less independent. It just means I want to stay in my home longer."



Spreading Holiday Cheer ▲

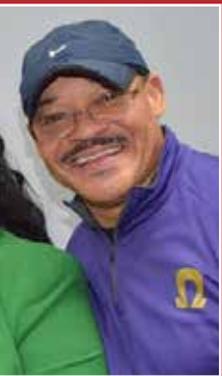
COA employee Chris Huddleston, Procurement & Fleet Coordinator takes time to play Santa for the Seniors at their annual holiday gathering.





▲ Fun Times

COA Employees and Florida Blvd. Seniors at their annual holiday gathering.



FUN FOR THE HOLIDAYS



FEATURE



“HERE WE GROW AGAIN”

EBR Council on Aging Opens New Senior Residential Facility Nutritional Site at Our Lady of the Lake

On Tuesday, November 13, 2018, the East Baton Rouge Council on Aging (EBRCOA) celebrated a new partnership with the Franciscan Missionaries of Our Lady of the Lake Health System (FMOLHS) with the grand opening of a new Senior Residential Facility Nutritional Site. The new nutritional site is located at 7565 Bishop Ott Drive, Baton Rouge, LA 70806.

This new site will allow seniors located within Villa St. Francis, Assisi Village, Calais House, Chateau Louise and St. Martha Activity Center to receive a nutritionally balanced hot meal

daily! Prior to the grand opening, the EBRCOA had provided 14,560 Meals on Wheels annually to the residents within the complex. By converting the site to a nutritional meal site, the EBRCOA will now be able to provide 87,000 hot meals annually to more seniors. This partnership was made possible as a result of the voter approved tax millage.

The EBRCOA and our seniors are very thankful to the parish voters for making this endeavor a reality!



▲ EBRCOA Chief Executive Officer, Tasha Clark-Amar greets a COA senior during the Bishop Ott Grand Opening.



▲ A Bishop Ott senior swipes into the system at the Bishop Ott Grand Opening.



▲ COA seniors mingling during the Bishop Ott Grand Opening.

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2019
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5 Things You SHOULD Know About Long-Term Care Insurance

BY ELLEN STARK, AARP BULLETIN (ORIGINALLY PUBLISHED MARCH 1, 2018)

If you want long-term care insurance, start looking in your 50s or early 60s, before premiums rise sharply.

By the time you reach 65, chances are about 50-50 that you'll require paid long-term care (LTC) someday. If you pay out of pocket, you'll spend \$140,000 on average. Yet you probably haven't planned for that financial risk. Only 7.2 million or so Americans have LTC insurance, which covers many of the costs of a nursing home, assisted living or in-home care — expenses that aren't covered by Medicare. "Long-term care is the unsolved problem for so many people," says Christine Benz, director of personal finance at Morningstar, an investment research firm in Chicago. Here's what you need to know about LTC insurance today.

1. Traditional policies have fewer fans

For years, long-term care insurance entailed paying an annual premium in return for financial assistance if you ever needed help with day-to-day activities such as bathing, dressing and eating meals. Typical terms today include a daily benefit of \$160 for nursing home coverage, a waiting period of about three months before insurance kicks in and a maximum of three years' worth of coverage.

But these stand-alone LTC policies have had a troubled history of premium spikes and insurer losses, thanks in part to faulty forecasts by insurers of the amount of care they'd be on the hook for. Sales have fallen sharply. While more than 100 insurers sold policies in the 1990s, now fewer than 15 do. "This is a classic story of market failure," says Howard Gleckman, a senior fellow at the Urban Institute, a nonpartisan think tank in Washington, and the author of *Caring for Our Parents*. "No

one wants to buy insurance, and no one wants to sell it."

2. You might not need insurance but you need a plan

Premiums for LTC policies average \$2,700 a year, according to the industry research firm LifePlans. That puts the coverage out of reach for many Americans. (One bright spot for spouses: Discounts for couples are common — typically 30 percent off the price of policies bought separately.) If your assets are few, you may eventually be able to cover LTC costs via Medicaid, available only if you're impoverished; if you have lots of money saved, you likely can pay for future care out of pocket. But weigh factors other than cash: Do you have home equity you could tap? Nearby children who can be counted on to pitch in? Or do you have a family history of dementia that puts you at higher risk of needing care?

If you're pulling less than 4 percent out of your savings each year for living expenses, you may be comfortable going without insurance, Benz says. In that case, though, you'll need to plan for that possible expense. That means saving more than you may have planned, and segregating your LTC kitty from the portfolio you tap for everyday income.

3. There's a new insurance in town

As traditional LTC insurance sputters, another policy is taking off: whole life insurance that you can draw from for long-term care. Unlike the older variety of LTC insurance, these "hybrid" policies will return money to your heirs even if you don't end up needing long-term care. You don't run traditional policies' risk of a rate hike, because you lock in your premium upfront. If you're older or have health problems, you may be more likely to qualify, says Stephen Forman, senior vice president of Long Term Care Associates,

an insurance agency in Bellevue, Wash.

4. But old-school policies are cheaper

If all you want is cost-effective coverage — even if that means nothing back if you never need help — traditional LTC insurance has the edge. "Hybrid policies are usually two to three times more expensive than traditional insurance for the same long-term care benefits," says Scott Olson, an insurance agent and co-owner of LTCShop.com in Camano Island, Wash. With hybrids, you're paying extra just for the guarantee of getting money back.

A hybrid policy may make the most sense if your alternative is to use your savings, says Forman, or you have another whole life policy with a large cash value. "You can roll over an existing life insurance policy or annuity, and that's a huge part of the business," he says.

5. Speed and smart shopping pay off

If you want insurance, start looking in your 50s or early 60s, before premiums rise sharply or worsening health rules out robust coverage. "Every year you delay, it will be more expensive," Olson says. Initial premiums at age 65, for example, are 8 to 10 percent higher than those for new customers who are 64.

As for where to shop, seek out an independent agent who sells policies from multiple companies rather than a single insurer. For extra expertise and a wider choice of policies, Olson says to look for agents able to sell what are known as long-term care partnership policies — part of a national program that has continuing education requirements for insurance professionals.

source: <https://www.aarp.org/caregiving>



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BINGO WITH THE BADGE

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> SNAPSHOTS <



Baton Rouge Mayor-President, Sharon Weston Broome poses for a quick photo with a group of COA seniors at the "Bingo with the Badge" event on Thursday, December 13, 2018.





EBR Council on Aging Buys Property to Expand Meal Services

In December 2018, the East Baton Rouge Council on Aging (EBRCOA) purchased 2.8 acres of real estate at the corner of North 18th Street and Fuqua Street. This new property will be the future home of a state of the art 25,000 square foot facility. This facility will serve as the hub for preparing home delivered meals to our seniors and congregate (hot) meals that are delivered to the 22 senior centers and 4 feeding sites throughout the parish.

The new facility will include a commercial kitchen, meal packing facility, and a place to house

the agency's fleet of Meals on Wheels Vans and administrative offices. The design phase of our new facility will begin in the first quarter of 2019, with a move in target date in approximately 18 months following.

The EBRCOA's current main office, which is city owned, is located at 5790 Florida Blvd. for well over 30 years.

“We have performed miracles in the current, but outdated, facility and I am eager to begin construction on a new state of the art building that will accommodate the ever increasing needs of seniors in our Parish.”

- Tasha Clark-Amar, CEO





THANK YOU



A sincere thank you to the citizens of East Baton Rouge Parish, the EBRCOA Board of Directors, the EBRCOA Senior Advisory Board, EBRCOA Staff and all our supporters. Our work would not be possible without you!





Supporting Independence ~ Serving Seniors

SENIOR ACTIVITY CENTERS | CONGREGATE MEAL SITES

Antioch Senior Center
7140 Antioch Rd.
Baton Rouge, LA 70817
Phone: 225-246-7994

Baker Senior Center
3334 Jefferson Street
Baker, LA 70714
Phone: 225-366-6432

BREC Ben Burge Senior Center
9350 Antigua Drive
Baton Rouge, LA 70810
225-454-2815

Central Senior Center
6923 Oak Cluster Drive
Central, LA 70739
Phone: 225-615-8339

Chaneyville Senior Center
13211 Jackson Road
Jackson, LA 70791
Phone: 225-286-4101

Charles R. Kelly Senior Center
3939 Riley Street
Baton Rouge, LA 70805
Phone: 225-389-5464

Dumas House Senior Center
1313 North Sherwood Forest Blvd.
Baton Rouge, LA 70815
Phone: 225-389-4990

Flanacher Senior Center
864 Flanacher Road
Zachary, LA 70791
225-454-0955

Florida Blvd. Senior Center
5790 Florida Blvd.
Baton Rouge, LA 70806
Phone: 225-923-8000

Foster Road Senior Center
11333 Foster Road
Baton Rouge, LA 70811
Phone: 225-227-2562

Greater King David Senior Center
131 Elmer Ave.
Baton Rouge, LA 70807
Phone: 225-775-4996

Highland Road Senior Center
14024 North. Amiss Drive
Baton Rouge, LA 70810
225-454-4773

Homewood Aquatic Senior Center
3654 Granada Drive
Baton Rouge, LA 70810
Phone: 225-636-5611

Jewel J. Newman Senior Center
2013 Central Road
Baton Rouge, LA 70707
Phone: 225-239-7796

Leo S. Butler Senior Center
950 E. Washington Street
Baton Rouge, LA 70802
Phone 225-344-6775

Pearl George Senior Center
4000 Gus Young Ave.
Baton Rouge, LA 70802
Phone: 225-389-5611

Perkins Road Senior Center
7122 Perkins Road
Baton Rouge, LA 70808
Phone: 225-302-9662

Zachary Senior Center
3541 Highway 19
Zachary, LA 70791
Phone: 225-286-4107

*Bishop Ott/Calais House
7565 Bishop Ott Drive
Baton Rouge, LA 70806
225-223-6559

*Catholic Presbyterian
Apartments
655 North Street
Baton Rouge, LA 70802
Phone: 225-383-5551

*Sharlo Terrace I & II
4915 Alvin Dark Ave.
Baton Rouge, LA 70820
Phone: 225-346-0215

*Turner Plaza Apartments
4546 North Street
Baton Rouge, LA 70806
Phone: 225-923-8114

* = Feeding Site



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