

GENERATIONS

HAWAI'I'S RESOURCE FOR LIFE

MAGAZINE | VOLUME 5 • NUMBER 3

SANDWICHED



Baby Boomers Face the Challenge

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in Place Workshop**

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Caregivers, Micheal Yee and his family: (L-R) Milton (brother), Tammy (sister), Alice (mom), Michael and Taylor Ann (granddaughter). Not shown is Trevor. (son).



Caregiver, Pamela Ah Yee



Caregiver, Lorri Misaki with her mom, Diana

Baby boomers—from the Vietnam era of their youth to the technology boom of their midlife upward mobility—76 million baby boomers made news as they faced every new cycle of life. Now, their retirement and aging put strain on our nation's health care system, and baby boomers' own families. Our cover feature, "Sandwiched," (pgs. 18–25) tells the story of three midlife professionals sandwiched between the needs of their children or siblings while they are caregiving for their aging parents. Financial Planner Michael Yee calls it a "Silent Tsunami" of families who don't reach out for help, but try to handle their caregiving needs alone. Mike, Pamela and Lorri share their caregiving experiences publicly for the first time—with the hope that their stories will help other caregivers.

Our GM contributing authors continue this important theme with caregiving wisdom and financial planning strategies for baby boomers and their families.

We are very excited to have two boomers, the luminary team of Linda Coble and Kirk Matthews, kicking off a regular column as they enter and explore the joys of their own retirement years—up close and personal, (pg. 15).

Don't miss our special feature (pg. 40) on prescription drug addiction among Hawai'i seniors by Marc Cohen, author of the Edgy Lee documentary, *Unprescribed—Prescription for Addiction*. Claire Santos reported in *Civil Beat* in May, "Opioid [painkiller] overdose deaths now outnumber deaths from cocaine and heroin combined and exceed the number of deaths from motor vehicle accidents. That's a pretty grim picture."

Mark your calendars for Saturday, Aug. 15, for the ninth annual "Aging In Place Workshop" at Ala Moana Hotel Conference Center, sponsored by *Generations Magazine* and KHON2 (see schedule of events, pgs. 10–11). This will be our biggest event yet, promising a wealth of expert information and resources for seniors, caregivers, and baby boomers planning ahead for their retirement and elder years.

In June and July, we all look forward to family reunions, weddings and trips to Neighbor Islands or the Mainland. Home improvement projects, gardening and community festivals are so much fun. Please follow our contributors' good advice to stay safe and healthy as you engage in outdoor activities. Whatever your summer plans, we wish you and your family calm seas, abundant fruits and vegetables, and many rainbows!



Every Day is Brand New!

Katherine Kama'ema'e Smith, Associate Editor

Correction: The conclusion of the "Do You Know IRMA" article by radio host and Medicare specialist Martha Khlopin, April/May, pg. 45, should have read "the adjustment was waived in full on appeal."

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Our Contributors

Generations Magazine calls upon Hawai'i's experts—from financial and legal advisors to health care professionals and noted chefs—to produce an informative and meaningful publication for our local seniors and their families. Mahalo for their contributions.



DIANE CADINHA, a certified fitness trainer, has been in the health and fitness industry for over 25 years. She specializes in helping seniors improve their health, balance and function through proper diet and exercise. She is located at two studios—in Mililani and in Honolulu at 250 Ward Ave., #206.



MARC B. COHEN, Ph.D., co-producer /writer of the documentary “Unprescribed—Prescription for Addiction,” is a professional writer and editor who has worked at Cisterian Publications, University of Hawaii Press, Philosophy East and West, and the Journal of Chinese Philosophy. Marc has also written for television and collaborated with author Chang Chung-yuan. A past board president of Vipassana Hawaii, Marc also worked with the boards at The Contemporary Museum and The Honolulu Museum of Art.



CYNTHIA GADDY and JUDY SUZUKI, RN, strive to provide high-quality, service-oriented care at Straub Clinic & Hospital, where Cynthia serves as director of patient care, and Judy is a registered nurse as well as manager for hospital case management and medical social work. An affiliate of Hawai'i Pacific Health, the state's largest health care provider, Straub is a not-for-profit hospital with 159 beds, a network of neighborhood clinics and a visiting specialist program that reaches throughout the state.



DR. MALCOLM R. ING, MD, is Clinical Professor and Chair of Division of Ophthalmology, John A. Burns Medical School, and internationally recognized for his work in pediatric ophthalmology, specializing in the correction of crossed and drifting eyes. In his spare time, Dr. Ing competes in surfing and recently won his 70 and over division. In his clinical practice, Hawaii Vision Center, and by example, Dr. Ing promotes eye health through prevention and early detection of eye disorders.



KIRK MATTHEWS has retired after 44 years in the radio and television newscasting business. He is eager to search new paths for what he has to offer to the community. He and his wife, LINDA COBLE, enjoy theatre, golf and each other's company now more than ever. Kirk is grateful for the opportunity to hear from all “Generations” about the importance of family and our island home.



EILEEN PHILLIPS, RN, is the client service director for Home Health Agency, Attention Plus Care. She is passionate about providing high-quality care to clients in the comfort and safety of their own home, and providing home health care solutions to clients, meeting a full range of personal care and skilled nursing services. Phillips is also active in the senior care community, providing advocacy, outreach and educational programming on aging and health related topics.

And a continuing mahalo to our ever-present contributing partners (in alphabetical order):

PAMELA AH NEE | TERI BRUESEHOFF | PAMELA CUNNINGHAM | Dr. RITABELLE FERNANDES
MARTHA KHLOPIN | CHRISTINA LANEY | SCOTT MAKUAKANE | KIRK MATTHEWS | CHEF MICHI
JULIE MOON | Dr. DENNIS NAGATA | JEFFREY SISEMORE | SCOTT SPALLINA | JANE YAMAMOTO-
BURIGSAY | MICHAEL W. YEE



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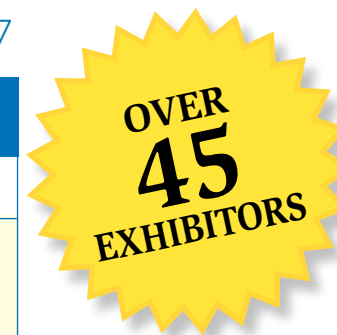


The 9th Annual Aging In Place Workshop

Saturday, August 15, 8:30am–2:30pm
Ala Moana Hotel



No reservations required. For more information, call 808-234-3117



p 10 AGING IN PLACE WORKSHOP

	ALZHEIMER'S ASSOC. Keller Williams	LEGAL & FINANCIAL Mahalo Mortgage	AARP
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AM Session	8:30–9:15 Behaviors and Communications <i>Pamela Ah Nee</i> <i>Alzheimer's Association</i>	How to Finance your Long-Term Care Needs <i>Michael W.K. Yee, CFP</i> <i>Ameriprise Financial</i>	Prepare to Care <i>Jackie Boland, AARP</i>
	9:30–10:15 Healthy Habits for a Healthier You <i>Alzheimer's Association</i>	Aging in Place—Use Your Home to Stay at Home <i>Percy Ihara</i>	Share the Care: Family Conversations That Work <i>Tracey Wiltgen, Mediation Center of the Pacific</i>
	10:30–11:15 Nutrition and the Brain <i>Dr. Kore Liow</i>	Estate Planning for You and Your Family <i>Stephen Yim, Attorney at Law</i>	Home Modification for Aging at Home <i>Susan Hurd and Gissou Rosala, AARP</i>
Mid-Day Break	80th Anniversary of Social Security—Come Celebrate with a Birthday Cake	Visit Exhibitors (Open all day) Over 45 Exhibitors	Visit Exhibitors (Open all day) Over 45 Exhibitors
PM Session	11:45–12:30 Behaviors and Communications <i>Pamela Ah Nee</i> <i>Alzheimer's Association</i>	How to Finance your Long-Term Care Needs <i>Michael W.K. Yee, CFP</i> <i>Ameriprise Financial</i>	Will Social Security Be There For You? <i>Gerry Silva, AARP</i>
	12:45–1:30 Healthy Habits for a Healthier You <i>Alzheimer's Association</i>	Aging in Place—Use Your Home to Stay at Home <i>Percy Ihara</i>	Your AARP in Action: Get involved <i>Jackie Boland, AARP</i>
	1:45–2:30 Nutrition and the Brain <i>Dr. Kore Liow</i>	Estate Planning for You and Your Family <i>Stephen Yim, Attorney at Law</i>	Avoid Fraud and Scams <i>Gerry Silva, AARP</i>

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Sandwich Generation Conversation

by Kirk Matthews & Linda Coble

Kirk: We hear a lot about the Sandwich Generation these days.

Linda: You know me... I love a sandwich.

Kirk: No, we're talking about the generation that has to take care of their parents and their children; they're in the middle.

Linda: Baloney!

Kirk: Not! Not that kind of sandwich. More than ever, there are three generations in one household. Sandwiches are stacking up.

Linda: But a sandwich needs condiments — mayonnaise, lettuce, mustard.

Kirk: Exactly. That's where resources come in — resources that can help the sandwich generation cope. *Generations Magazine* includes a lot of assistance that way.

Linda: So instead of a club sandwich, it's a... sandwich club!

Kirk: And the club is growing. One in eight Americans are in the sandwich generation and the number is likely higher here in Hawai'i. The important thing to remember is you are not alone.

Linda: What happens if there's a "next" generation added? Do you want small fries with that?

Kirk: Good question. It helps to think of that ahead of time. By the way, if you were a sandwich, what kind would you be?

Linda: I would be a sweet honey on nut bread.

Kirk: I'd go along with that. What kind would I be?

Linda: You would be a ham on wry! ■ ☀

Retired broadcast personalities and Journalists Kirk Matthews and Linda Coble speak from the heart on issues concerning boomers and seniors. Post comments for them on Generations808.com.

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Four Generations Big

by Sherry Goya, Generations Magazine Staff



Sherry, mom Shirley, daughter Cynthia and granddaughter Alexis

What a blessing it is that my husband and I have our three children, son-in-law and granddaughter all within 10 miles of us. My parents live nearby, and four of my five siblings and their families live on O'ahu. Four generations of my immediate family get together every month for birthdays and holidays!

Hawai'i's generational families are plentiful throughout the islands. "Local style" is to take care of your kūpuna and keiki, whether in the same household or anywhere in Hawai'i. Families are fortunate to have local agencies and companies available to provide the education and/or assistance our kūpuna and caregivers need.

A big mahalo to the many writers and business partners at *Generations Magazine*, who are dedicated to educating Hawai'i's families. Many kūpuna do not use a computer and they love having our printed magazine in their hands.

For those who are computer savvy, all past issues are a click away at www.Generations808.com. Family members can also read past issues, search all our Resource Guides (one per issue), look up a topic or find that advertiser they want to contact. With the support of our writers, advertisers and readers *Generations Magazine* is Hawai'i's Resource for Life! ■

Stories for and about seniors and their caregivers are always worth sharing, like a 100 birthday announcement, send it to me, Sherry Goya, with a photo. 808-722-8487 | SGoyaLLC@aol.com

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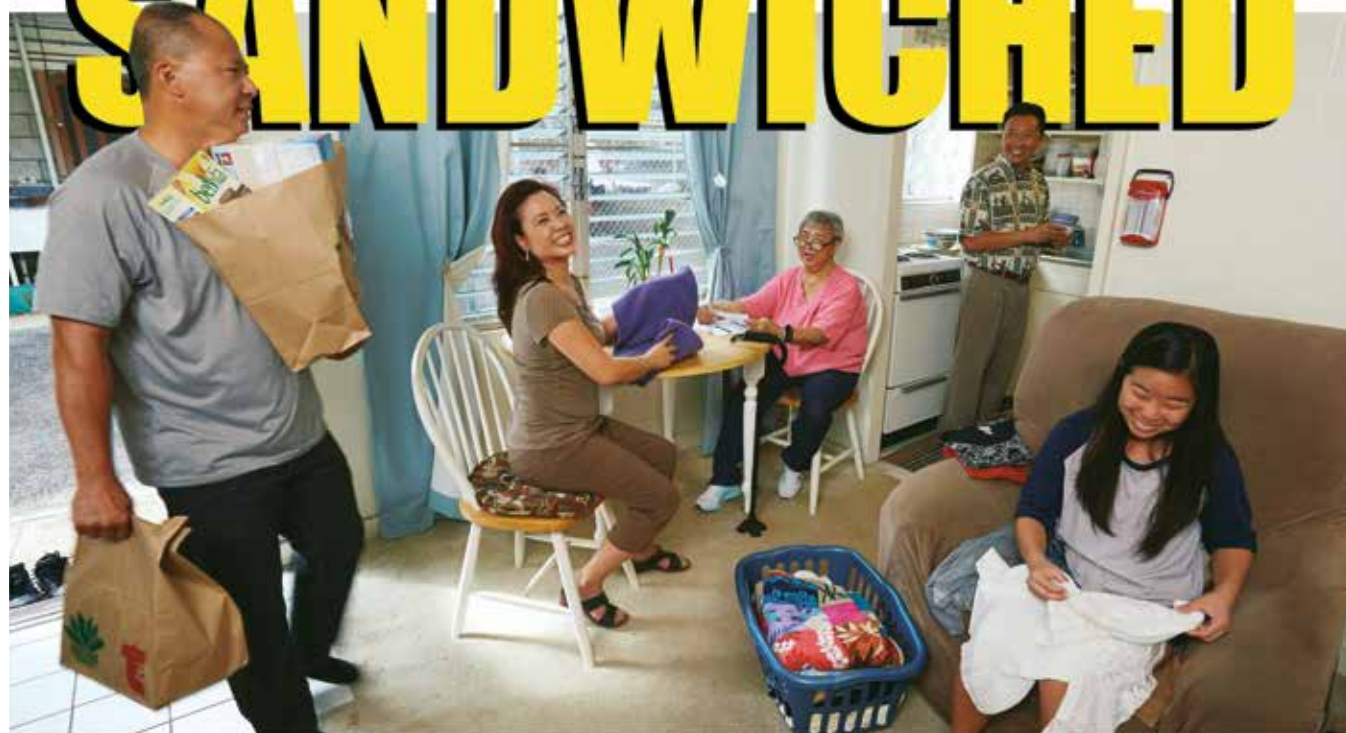
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SANDWICHED



Baby Boomers Face the Challenge

by Katherine Kama'ema'e Smith

Baby Boomers who have built successful careers and investments for the future are now experiencing the physical, emotional and financial outcomes of caring for their aging parents, while they meet the expense of college or support for adult children who choose to live at home. Boomers who did not plan ahead or who lost their assets in the great recession are caring for their parents at home—households that sometimes include four generations under one roof. Every situation is different and supremely demanding. The total absorption of caregiving and sustaining a household strains family relationships, and leaves little time for rest and quiet. Transitioning parents to a long-term care facility may bankrupt the family, squash college plans, or even risk leaving boomers themselves dependent or destitute in their old age.

Multigenerational families with more than two children never went out of style in Hawai'i, but young people are drawn away to the Mainland for job opportunities and affordable housing. They raise their families on the Mainland, where educa-

tion standards are higher. When Grandpa's and Grandma's health fails, who takes care of them? Elders often are not able or willing to move, so children manage their care long-distance, or they move back to Hawai'i as caregivers.

One of the deepest problems is that families who cannot afford professional home care or the cost of a nursing home often feel ashamed and never ask for assistance. Families in Hawai'i use hospice services half as often as families on the Mainland. Suffering in silence and isolation, "making do," makes caregiving harder than it has to be. An increasing number of public agencies and nonprofits are creating ways to help.

At every single milestone of life, baby boomers have forged new ways to survive and thrive. Overcoming the financial challenges of the "sandwich generation" will test their mettle, but some are meeting caregiving head-on and succeeding. In this issue, *Generations Magazine* looks at the unique problems and solutions of three caregivers in the sandwich generation. Their advice is more precious than gold—it comes from experience.

"The principles of Ki aikido seek to unify mind, body and spirit. Through study and training, I learn to apply it to daily life, by responding to challenges from a base of love, rather than fear; I practice calmness, clarity and focus, which enables me to function through stress situations and prioritize problems so I can focus on solving them from a higher level. I train to find inner peace, my own quiet time. These exercises help me cope and embrace the challenges ahead—to thrive rather than survive."



The public Michael W. Yee is a seasoned financial planner who gives advice to people every day about planning their finances for the future—futures that involve aging and long-term care. He's not just telling his clients what he learned in school or in his years of practice, he and his family are living it every day. His three-generation family includes his wife's 87-year-old mother, and Mike and his sister and brothers are a caregiving team for their own 78-year-old mom, who chooses to live independently.

24/7 Responsibilities

"I get up every morning at 5 am, before every one else in the house. Our son is a senior at Maryknoll, our daughter a sophomore at Sacred Hearts Academy. I make the whole family breakfast every day—fresh eggs, meat fruit, yogurt and an energy bar for my wife before she takes off to work as a nurse in endoscopy. The kids make their lunches, but breakfast is a family tradition. I clean the kitchen as I go, and by 6:30 am, the kids and grandma are in the car, ready to go school and adult daycare. By 8 am, I am entering my office, where I help clients achieve their financial goals. My wife taxis the family home when she gets through work in the afternoon. Two days

a week I work until 9 pm for clients who can only meet in the evenings; the other days I pitch in to help the wife pick up the kids and Grandma. We play tag team because the kids have sports, cheerleading and scouts; Grandma has doctors' appointments. On the weekends, it's housekeeping, the yard and honey-do lists. On top of this I have to find time to do my mom's laundry and practice aikido. That's my schedule.

"Multigenerational family and family caregiving is normal in Hawai'i; the huge costs of long-term care for Parkinson's disease, Alzheimer's disease and debilitating arthritis will cause more families to provide at-home care for their parents, like we do. My mom has suffered two heart attacks and a stroke. Even though her kids are not comfortable with the risks associated with her living on her own, it makes her happy. So my sister, Tammy, who used to be an RN, leads our family care team, to support Mom's independence. My brothers, Milton and Malcolm, do her grocery shopping and housekeeping, I handle laundry and help her with her finances. Tammy oversees Mom's medications, takes her to doctors' appointments and assesses needs as they come up. For now, it's working, but that could change at any moment and we would have to make a new care plan.

Cover & Feature Story Photography by Brian Suda



Finances

"I am blessed to have 33 years of learning and experience in financial planning. I do the same for myself as for my clients. We wanted our kids to go to private high schools and away for college, and started saving and investing early. I guess we always knew that we would care for our parents—but it was not as easy. You have to be flexible and adapt. Sometimes caring for an adult requires taking time off and loss of income. Our lives together had to evolve because our parents had a financial life or their own, more or less. Eventually, the finances all come together. That's a challenge for many families.

"Most people plan for retirement, but don't plan for the cost of old age. They never thought about paying for assisted living (about \$4,200 per month) or skilled nursing care (about \$9,000 per month). That's why 70 percent of nursing home patients are destitute and must rely on Medicaid and the generosity of their relatives. Many of the children go beyond their limits to pay for care, bankrupting their own retirement and straining relationships with their spouse or siblings. Family members have differing opinions about finances and care—leading to conflict and strained relationships at the worst of times. It doesn't have to be that way, if they would plan and prepare ahead properly. My job is to help families prepare and map their financial life's journey—to maximize their financial resources and all the services available to them. Planning can protect family relations and give families the possibility to live a life of choice, rather than chance. I have learned through the years that it's never too late to start;

Title page photo: The Yee family collaborate together in helping Mom. Lt–Rt: Milton (brother), Tammy (sister), Alice (mom), Taylor Ann (granddaughter) and Michael.

Lt: Mom, an independent spirit, insist on making lunch for the family.

better something than nothing. However, the later you start, the fewer options you have.

"Another issue is what we call 'The Silent Tsunami.' Our culture teaches us not to discuss our affairs with others—to suffer in silence. A couple not asking for advice or not knowing whom to trust could be missing the chance to protect their retirement, their legacy and their families. Only about 15 percent of families carry long-term care insurance, but up to 70 percent will need to pay for long-term care."

Caregiving

"Someone has to be the leader of the care team. In my house, my wife is the care team leader for her mom and the kids. I'm the follower/supporter. My sister leads a team of her siblings to provide care for my mom. We all share the work, and my sister involves all of us in every decision. She assesses how Mom is doing and brings patience, flexibility, tolerance and creativity to the table when problems arise. Tammy's nursing experience helps her manage not only the care, but also the family dynamics. She's great at allowing Mom to live independently and keeping the siblings on the same page."

Advice

"My son and daughter pitch in, too. When my son volunteered to help with caregiving, I asked him why he wanted to do it. He said, 'I felt it was my responsibility.' Never overlook the good heart that makes a person offer to help. It is a gift.

"We are going through difficult times as my son prepares to go to college. I am learning as I go. My family is growing from the challenge of caregiving. Growth comes when we are being tested. I have learned about priorities: a busy life comes down to what matters the most—for necessity, survival and love. It is just as important to find peace and time for yourself as it is to care for your parent—your sanity depends on it. Devote yourself to the ones you love and to yourself. And prepare and plan ahead for the financial journey—I can't say that enough." >>



"Mom passed away in 2012. I was under so much pressure at that time. She gave me her love for music. She sang in church, and when she was severely debilitated by Alzheimer's and dying from cancer, she could no longer speak, but when I sang her favorite hymns to her, she sang along—every word. I turn to my piano for comfort. Music reminds me of Mom, and helps me release the memories of her struggle with dementia, and how hard it was to be thousands of miles away."

Grandma as a young woman.



In 1966, Pamela Ah-Nee's grandma adopted her and her brother. They were raised in a Christian home in West Virginia. In 2004, when her grandmother, who she fondly called "Mom," first began slipping into Alzheimer's, the distance between Hawai'i and the East Coast became even greater. Her sister-in-law would call frequently to inform her about "forgetting," "poor decision making" and increasingly odd behaviors. Her mom passed in 2012. Remembering and commemorating the wonderful Christian woman who loved her and taught her goodness and grace helps Pamela heal. "It helps me release the memories of her struggle with dementia and how hard it was to be thousands of miles away."

Pamela now helps clients who are caring for their loved ones who suffer from Alzheimer's. Her deep compassion and understanding stem from her own experience, losing the grandmother who she called "Mom."

Loving From Afar

"Mom was 92 and still living in our family home in White Sulfur Springs, not far from my brother, when she died in 2012. I was working and raising my five kids in Hawai'i and could only afford to go back east for an extended visit

once each December. My youngest daughter, Ka'imi, would go to help me deep clean Mom's home and assess how she was managing.

"Although she had Alzheimer's, Mom died of colon cancer, which was already metastasized when doctors discovered it after she fell and broke her hip. She didn't last long after that, but it was clear that we waited too long to get full-time in home care for her. She had been able to cover her failing memory and "fill in the gaps" for a long time before my brother and I knew that she was losing the ability to reason.

"My mom was a very religious woman who sang in the choir of the International Pentecostal Holiness Church. I was slow to begin speaking, and Mom would encourage me to sing—a hymn was my first words. Singing and music is deeply important to me, and when I want to find peace, I play my piano and sing. When Mom was dying and could no longer speak, I sang hymns to her, and she sang along—remembering every word.

"At age 70, Mom started going with the ladies of the church to a local nursing home once a

THE SILVER TSUNAMI

The sandwich generation are the baby boomers who face the challenges of supporting their college-age children and elderly parents at the same time. Taking on family leadership in midlife is nothing new — Every generation takes its turn. What draws our attention to boomers are their enormous numbers — now 76.4 million in the U.S.

According to the latest *U.S. Census Report*, 76.4 million baby boomers born between 1946

and 1964 began turning 65 in 2011. As they continue to become seniors, the “65-and-older” segment of the U.S. population will slowly swell to 20 percent by 2029.

Census data also shows that 18 percent of America’s families are comprised of three to four generations. The number has doubled since 1980 because 24- to 35-year-old adult children are living with their parents. The greatest increase was during the great recession of 2007–08, but the upward trend continues.

Sandwiched baby boomers will face steep financial challenges twice in their lives: caregiving their family, and caring for themselves in old age:

The Cost of Long-term Care in Hawai‘i

Adult Daycare (5 days/week)	\$ 18K
Homemaker Services (5 days/week)	\$ 49K
Home Health Aids (5 days/week)	\$ 52K
Assisted Living	\$ 50K
Nursing Home: semi-private	\$ 128K
private	\$ 145K

Source: AARP 2011 Survey

The Cost of Higher Education

Private College Annual Tuition	\$ 31K
Public Universities Annual Tuition:	
In-state students	\$ 9K
Out-of-state students	\$ 23K

Source: 2014 College Handbook

week, to sing for the clients, comb their hair and take care of them. At 83 she was still volunteering at the nursing home.

“Mom was an independent and very social woman with a bright mind and a great sense of humor. She took care of Grandpa when he became ill. She was very social, but also very resourceful. My brother and I learned how to grow vegetables in her garden, we learned to hunt game and dress the meat before putting up in the freezer. She taught us Bible verses and demonstrated love, being truthful and how to help others in need. She said we should never allow others to be abused or hurt. At the end of her life, she asked my brother and me to promise we would tell people we meet that God loves them. She said there were too many people in this world who do not feel loved.

“When Mom became forgetful, my brother and his wife in West Virginia acted as caregiving point persons, calling and checking in on her regularly. Mom lived independently and lots of neighbors and long-standing friends visited her and checked in on her daily. If anything at all seemed wrong, they would call my brother or his wife and report it. As a counselor and an educator, I could offer advice from Hawai‘i and help assess changes on my trips to West Virginia.

“With dementia it is sometimes difficult to detect the changes in personality and behavior



“In memory of Mom... remembering grandma and how she loved us, healed our memory of those days. We carry on the best of who she was and what she taught us.”

that are clear signs of deterioration. The family is sometimes in denial, or the loved one finds ways to cover up their forgetfulness. In Mom’s case, she was very good at “filling in the gaps” in her memory. If she were recounting a story and could not remember something, she would just make it up. As long as she had the ability to deduce—her active mind was never at a loss for an answer. At first my brother and I would correct Mom with the facts, and sit her down for a ‘reality check.’ Here we were correcting the person who taught us to be truthful at all times! We were shocked that our Mom would lie to us, and began to question if she had been lying to us all along. We missed recognizing that the behavior was a result of the disease and reacted to her fabrications as if

she were a whole person. This is a big pitfall that many family members fall into.

“‘Having a talk’ is how we might correct and train our children when they tell a lie, but the difference here is that Mom could not respond to training. She was losing her grip on reality, had a diminished ability to reason, and could not be held accountable for her actions. We reacted in frustration and anger—not realizing that the rational logic of the principled woman we loved and respected was slipping away.

“It took a long time to process the changes in Mom’s behavior, and now we can look back without negative emotions and even laugh at some of the weird stories she ‘dreamed up.’ One time my daughter and I went for an afternoon of skiing, and got caught in traffic on the way home. Grandma was in her chair weeping. ‘How did you make it through the fire?’ she asked. She was in a panic because she was watching a news report from San Diego about an arsonist, with pictures of homes on fire. She knew we were gone and thought we were the people in the fire on TV. For Mom, all sensory input became part of the ‘here and now.’

“When I was trying to get Mom to wear Poise for incontinence, we had a nice long talk about the advantages and how to use them. I told her I would buy her a large package of them at Costco.

“She replied, ‘Oh, don’t spend all that money, I will only wear them once a month—only for one or two days.’ I ended up just throwing away all her scraps of cloth she was wadding up in her panties, so she had to use the Poise. That worked better than the training session.

“Another time she told people that a minister at our church had molested three girls in the church and everyone was trying to keep in under wraps. Soon, members of the congregation got up a posse to confront the minister, who was devastated. He asked, ‘Grandma, how could do this to me?’ That is a question my brother and I often asked. It comes from a lack of understanding the disease of Alzheimer’s and failing to accept that your love one is not capable of rational thought. They are not making decisions based on reality or discriminating between fact and fiction.

Our Gained Wisdom...

“During the time of my long-distance caregiving, I was also educating the last of my five children, and following Mom’s passing, went through a divorce. It was a terribly painful time; full of difficulties. As far as advice for other caregivers, I think it is very important to get an early diagnosis for any kind of dementia. Educate yourself and prepare for the worst. Many caregivers take things to heart as my brother and I did. Take time to find out what others have already learned.

“If you live at a distance, you need a support team. And be sure to include anyone who knows that things are not right and wants to do part of the work. If people don’t want to help but just want to give advice, it’s best not to include them. The person with dementia needs others to accommodate their loss. At first, a person may need only prompting or a little help, but eventually, caregivers will become responsible for all personal care. Last of all ... don’t forget ... always remind your family member that they are loved!” >>



“Losing my dad, a jovial and loving man, to Alzheimer’s disease was so painful. His personality died well before his body, and while I was stressed with his care, I was also grieving—I felt very alone. I didn’t have any support systems in place. Nobody knew what I was going through. Going to my favorite beaches was the only way I could find some peace.”



Dad during his military service.

Isolation is reality on Moloka‘i. Basic services are minimal: groceries, fuel, hardware, baked goods, sundries and a couple of local watering holes are about it for downtown Kaunakakai. In a small community, the coconut wireless can be a blessing and a curse, so families keep their “personal” trials secret, preferring to bear their burdens alone.

Lorri Misaki grew up on Moloka‘i helping at the family business, Misaki’s Grocery, as all her family did. In high school, she decided to follow her dreams to be a graphic artist on the Mainland, and when the time came, she returned to Moloka‘i to take care of her elderly parents.

On-the-Job Training

“After 30 years in Oregon, I returned to care for my father and mother, who were getting very forgetful and hard to manage, and still working in their 80s. I really felt it was my destiny, but I didn’t know the daily struggles associated with dementia—repetitive questions and actions. Coping is even harder when the communication bridge is hampered by deafness. Dementia is different in every patient—my Dad was hyperactive and bent on running away. He could not be left alone for even a short while. It was like keeping track of a toddler who ran around all day—and then he got up at night and would go outside.

“Mom suffers dementia, too, but she is not very mobile. She is very hard of hearing and just starting to get up at night.

“My mom still goes to the grocery store every day to ‘help out.’ It’s her social life and she enjoys talking to all the customers. They all make a fuss over her, too. She cannot always hear what they are saying, but the interaction brightens her spirit. When Dad was alive, I had to take him along on every errand. It was easier and safer to leave him in the car when I dropped off a bill or went into the store to get Mom. Once in a while, he would figure out how to open the car door and run away. Lucky that Moloka‘i is a small, caring place. Most everyone knew Dad, and they would call my brother at the store if they saw him out on his own. But there is a flip side. I was accused of not taking good enough care of him, too. That hurt.



“In the beginning, no other family members offered to help me and I felt too guilty to ask my brother, who is so overloaded with the store. Adult daycare is minimal on Moloka‘i, and services for dementia patients is nil, so I just managed everything on my own. After many months of sleep deprivation, I realized that my own health was in jeopardy. I did my best, but it was not working.

“Finally, my older brother, Kevin, woke up to my situation. It often takes a bad situation to create a better one. In the few hours he could spare from work, Kevin came by and cared for our dad’s needs: cook his meals and feed him. Later in the evening he returned to carry dad to bed, because I had developed back problems lifting dad on my own. Kevin did this almost every day, and he also found a day shift caregiver for five days a week.

“This caregiver was a gem! He was a great companion for Dad, and became a friend for me in those days when I had no social life. I was now able to clean the house more thoroughly, finish projects, care of my own needs and even go to the beach without worrying about my parents. But Dad got worse and became bedridden. He needed to be cleaned and turned every two hours and I became sleep deprived again.

“When our caregiver had to attend to his own family, I gave Dad 24/7-care for over a month—however, I did have help two nights a week. I continued to search for more night shift help through a service provider, but was unsuccessful. After further searching, I found a CNA through the ‘coconut wireless,’ who would work the night shift. Ahh... finally... sleep!

Slowly Passing Away

“Alzheimer’s disease hurts everyone. The person I cared for was not really my joyful Dad anymore. He spoke little and swore when he didn’t like something. He hallucinated things that were not there. Medications affect every patient differently. We finally found one that made him stop hallucinating. Over time, his kidneys began

Mrs. Misaki enjoys still being able to help in the store with Lorri’s brothers, Gil and Kevin.

to shut down and he died in the hospital—but I had already lost my Dad long before.

“Dad passed last July, and I totally miss him. Taking care of him was one of the hardest things I ever did because I loved him so much. I am very glad that I came home to care for him.

“Now it is easier just taking care of Mom. I have a caregiver one day a week so I have a full day to myself. I tell you that day is the greatest gift. I have learned a lot along the way. When I was in high school, I wanted my grandmother to live with us, but my mom didn’t want to do it. Now I understand why. My mom is 88 and her mother lived to be 101. I hate to say it, but I don’t think I can be a caregiver that long. Moloka‘i does not have a nursing home, so we are being creative and looking at care facilities on other islands.

Choosing a Caregiver

“Another concern is how my mom responds to my care. Growing up, my temperament was so different from my mom’s. She seems to relate better to my

brothers. I chose to be her caregiver, but I think if it were up to her, she would want my oldest brother to care for her—she always listens to him. My mom is grateful for what I do, but in the old school, I am the youngest child and a girl. I love my mom, but really think caregiving works better if the patient chooses which caregiver they want. This person is your parent, but to accomplish what you must do and not react emotionally, you have to treat them as a patient. Sometimes what’s best for the patient is beyond your capabilities.

Lorri Recommends

“Actually being creative and finding your own solutions for your specific problems is such a big part of the caregiving job—because patients and situations are constantly changing. My advice to other caregivers is to balance your own health and the well being of your loved one. You don’t want to take your parent to a medical appointment and have the doctor admit you to the hospital! Above all, find a place where you can have time to unwind and get centered.” ■



Mike and Diana Misaki in their healthy years.

Senior Classic Games 2015

by Generations Magazine Staff

It was a gorgeous day when the 26th Annual Senior Classic Games began at Halawa District Park on Thursday, March 19. There were a total of 91 teams entered from 25 district parks in four different games, totaling 273 participants, not including spectators and staff. The Senior Division participants were ages 55 to 69 and Masters Division were 70-plus; the oldest participant was an active and vibrant 91!

The Senior Classic Games were created in 1989 by Herbert Yasuhara when he worked at Halawa District Park. He wanted to find an activity that would keep his senior club members active. The event has grown every year since then, bringing together participants from all over the island of O'ahu. Now retired for 27 years, Herbert still



Martha & Herbert Yasuhara



L-R: Deputy Director Jeanne Ishikawa, Nancy Miura, Alice Kanemori and Yoshiko Hamaguchi of Ko'olau Senior Hui from Kaneohe and Sherry Goya. (photo courtesy of Dept. of Parks & Recreations).

returns each year to award lei he makes with soda tabs and ribbon. He and his wife, Martha, enjoy watching the "Tunnel Vision" games in the gym. The outdoor games were "Nine Gates," "Pin Ball" and the ever-challenging "Peg Ball."

As a sponsor of this event, *Generations Magazine* provided 72 medals, which were awarded to senior participants placing 1st, 2nd and 3rd in each event. To join the Senior Classic Games next year, contact Garrett Iwai, recreational specialist, at 808-768-3030 or giwai1@honolulu.gov. ■

Do I Have a Tip For You!

by Generations Magazine Staff

After the debut of this column in the April/May 2015 issue, family, friends and readers came up with some new tips to share. One household item that came up more than once was the fabric softener "dryer sheet." Here are a few suggestions for its use outside of the dryer:

- put one in your vacuum bag to keep dust from clogging the tubes.
- use a sheet to scrub dead bugs off your car without scratching the paint.
- a slightly wet sheet will remove soap build-up in your tub.
- save used sheets to polish your bathroom mirror.
- sheets with fragrance can be an effective mosquito repellent.

For the cook... buy bulk hamburger, split into portions and place in Ziploc bags. Use a rolling pin to flatten and freeze—instant patties when ready.



Clean plastic covers... keep a toothbrush at your kitchen sink to scrub the seals in plastic container covers.

Shower curtain... put your shower curtain in the washing machine with a towel and wash on regular cycle. No soap is needed. If some mildew remains, repeat.

Shampoo container... recycle a hand soap pump dispenser and put shampoo in it. Pumping is so much easier than tipping a half-empty bottle upside down, waiting for shampoo to drip out. ■

Help us share your wisdom by giving us your helpful tips. Contact Sherry Goya. Or comment on this article online. 808-722-8487 | sgoyallc@aol.com | generations808.com

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Asian-Style Mini Turkey Meatloaves

by Chef Michi



This recipe works as a quick weekday dinner or as a great pūpū! Adjust the portion size for muffin-size individual portions, tart-sized tantalizing bites or sliders (mini sandwiches made in dinner rolls) by flattening the tart-sized portions before cooking on a baking sheet.

Ingredients: Meatloaf

- 1-1/2 lbs ground turkey
- 1/2 cup panko bread crumbs
- 3/4 cup thinly sliced green onion (all parts)
- 1/2 cup chopped fresh cilantro (extra for garnish)
- 1 tablespoon Thai/Vietnamese fish sauce
- 1 tablespoon soy sauce
- 1/4 cup sweet chili sauce (such as Mae Ploy)
- 1 egg plus 1 egg white, lightly beaten
- Fresh ground pepper

Asian BBQ Glaze

- 1/2 cup ketchup
- 2 tablespoons hoisin sauce
- 2 tablespoons sweet chili sauce (Mae Ploy)

Directions:

Preheat oven to 350 degrees and lightly spray a standard-sized cupcake tin with non-stick cooking spray. Or for pūpū size, you'll need a mini-tart sized tin(s), allowing for 30 pieces per recipe.

In a medium bowl, combine ingredients for the meatloaf, adding the panko last. Shape meatloaf mixture into eight ball-shaped portions and drop each meatloaf ball into individual cups (there will be empty cups if using a standard 12-cup tin).

Put mini meatloaves into preheated oven and set a timer for 20 minutes. While meatloaf cooks, combine ingredients for the bbq glaze in a small ramekin/cup.

After 20 minutes, take tin out of oven and lightly mop the top of each meatloaf with the glaze, then return to the oven for five to seven minutes to let the glaze thicken. Remove from the oven and let rest for five minutes; plate individually or on a serving platter and garnish with fresh cilantro for an attractive finish. Enjoy!

Servings: 8 individual or 30 pūpū-sized portions

Time: 30 minutes ■

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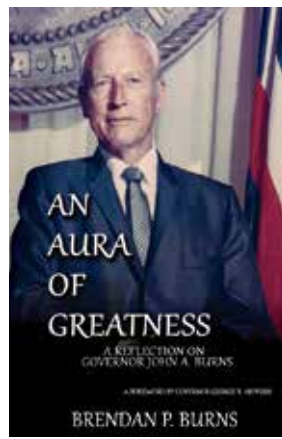
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Reflecting on Governor John A. Burns by Generations Magazine Staff

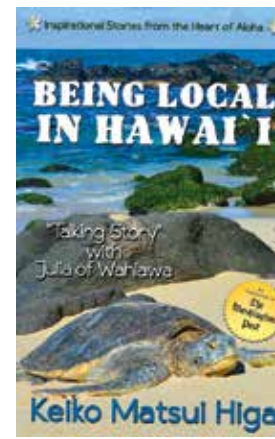


In midlife, documenting the lives of our ancestors and our own memories suddenly becomes important. Even if our kids aren't interested — we know someday they will be.

Brendon Burns, 47-year-old grandson of Hawai'i Gov. John A. Burns, has applied his writing and journaling skills to an earnest and diligent "look back" at the "greatness" that surrounded his grandfather, the second governor of the State of Hawai'i, from 1962 to 1974. When Brendon's dad, retired Appellate Court Chief Judge Jim Burns, had a bout of cancer in 2012, he and Brendon took time to recollect the personalities and dynamics of the governor's era, and rise to power.

Author Burns said, "I realized that it is time to pass on those lessons from his life to the next generation." For Burns, an educator and principal of 'Āina Haina Elementary School, the lessons are about leadership and consensus building, wrapped in detailed and well-researched historical context that seniors will remember as irrevocable changes in state politics.

John Burns' tough childhood prepared him for grassroots politics, lobbying and assuming the risks of huge economic growth in the early years after statehood. Brendon Burns conceived this book for posterity and brings it to us with much aloha and perspiration. *An Aura of Greatness: A Reflection on Governor John A. Burns* is available at local bookstores and online at Amazon: www.tinyurl.com/AnAuraOfGreatness. ■



Keiko Matsui Higa Recalls Being Local by Generations Magazine Staff



It is said that many people want to write a book, but few do. Keiko Higa did it, and rich memoirs about growing up in Hawai'i will inspire you to get started on your own story — even if it's only for your grandchildren.

Like so many "locals," Higa comes from many cultural traditions. Her dad was Japanese, her mother Okinawan and her husband Filipino. Add to that her respect for Hawaiian culture and you have "chop suey" talk story — something for everyone. Woven through family history, descriptions of local places and times past, are Higa's heartfelt concerns — social injustice of the Japanese internment era, low plantation wages and tracking by race when she

was in school. Higa was educated at UH Mānoa, Claremont School of Theology and UC Berkley, and was a city planner for the City of Las Vegas. Her stories are at once ethereal and mundane. She mixes the salt of her ideas on global oppression and colonization with the pepper of pidgin poetry, ethnic traditions and church potlucks. It is local, candid and engaging. Even if you do not agree with her views, you will understand exactly how she came to them — and respect her courage to put words into action, and follow her deep passion for justice and peace.

Being Local in Hawai'i is available online at www.KeikoMatsuiHiga.com and at Amazon: www.tinyurl.com/BeingLocalInHawaii.

She also does talks for community groups. For information and details call, **808-944-0317**. ■

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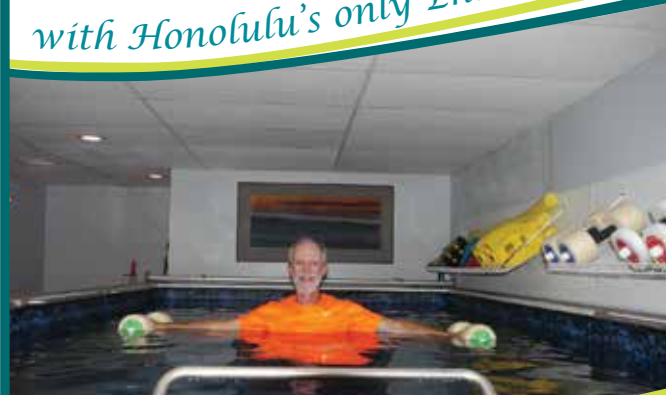


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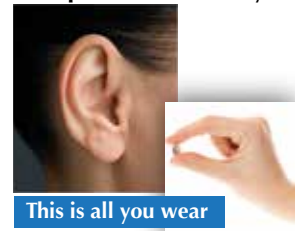
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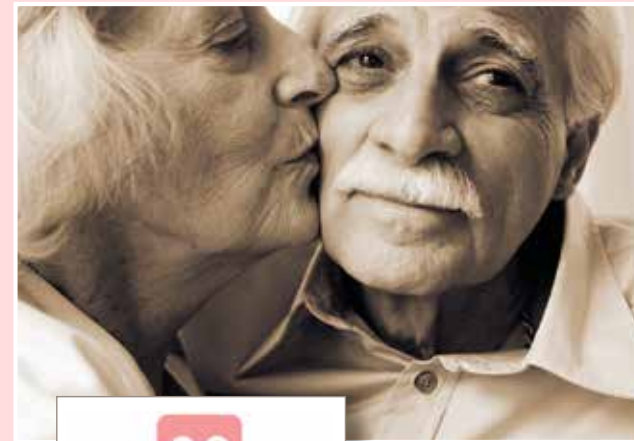
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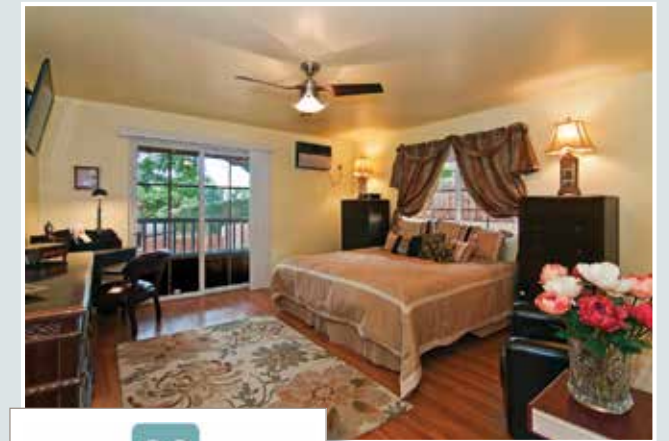


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Safe Use of Medications for the Elderly

by Dr. Ritabelle Fernandes, MD

With a growing older adult population and increasing number of prescriptions available, the potential for medication safety problems is expanding. As people age, they may be prescribed more than one medication. This increases the risk for drug interactions and side effects. Age-related changes in the kidneys, liver and central nervous system also put seniors at increased risk for medication side effects.

What factors put seniors at high risk for medication problems?

- Living alone
- Taking three or more medications
- Memory problems
- Prescriptions from multiple doctors
- Filling prescriptions at multiple pharmacies

What safety tips are recommended for good medication management?

- + Carry a list of medications at all times
- + Bring all medications in a bag to every doctor visit
- + Inform the doctor of over-the-counter medications
- + Ask questions about the side effects
- + Avoid alcohol
- + Do not share medications with friends or family
- + Read prescription labels and follow directions
- + Report problems to the doctor
- + Use a pillbox to hold medication for the week
- + Dispose of medications that are expired or unwanted

According to the Centers for Disease Control and Prevention (CDC), adverse drug events result in over 700,000 visits to hospital emergency rooms each year. Many adverse drug events can be prevented. All persons taking warfarin, blood thinners, insulin or oral diabetes medications are at high risk for hospitalizations.

The wise use of medications can greatly benefit older adults by reducing unnecessary hospitalizations, preventing premature death, as well as maintaining independence.

Are over-the-counter medications safe?

Nonprescription medications are convenient and many of these products can temporarily relieve minor conditions such as headaches, cold symptoms and indigestion. However; each year, seniors are hospitalized from problems related to nonprescription medications. Seniors need to check with their doctor first if it is OK to take a nonprescription medication.

For more information on properly disposing your unwanted drugs, call the State Narcotics Enforcement Division at **808-837-8470** and ask about the Hawai'i Medication Take-Back Program. This program takes place about four times a year in various communities. Check online at www.dea.gov for a list of take-back locations. Also, you may read about it more in *Generations Magazine's 2014 April/May issue*. ■



Total Knee: Rehab and Recovery

by Julie Moon, Physical Therapist



The knee is the most often replaced joint in the body. Usually, total knee replacement (TKR) surgery is performed when people have knee damage and pain caused by

osteoarthritis, rheumatoid arthritis or alignment problems in the leg that make walking or performing daily activities difficult. Successful recovery requires a considerable investment of time and energy in rehabilitation following surgery. A strict timetable of exercise, rest and medication is crucial to heal muscles and tendons. Your physical therapist can speed up your return to normal activity and help make your new knee better than the old one! A rehab program tailored to your specific needs may include land or aquatic range-

of-motion and muscle-strengthening exercises, activity-specific training, and body awareness with balance training. You may also receive manual therapy and pain modalities to minimize swelling, as well as a custom home exercise program. Prepare for surgery by losing weight. Staying active, even beyond your home exercise program, will help hasten your recovery—but activities should never be done to the point where they cause more pain. Follow your physical therapist's instructions and take care to protect your new knee and your general health. These are ways you can contribute to the success of your total knee replacement. ■

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Metal-Free Biocompatible Restorations

by Dennis T. Nagata, DDS

Dental toxicity can occur when materials placed in a patient's mouth cause that person's immune system to react and "reject" the restoration. Serum compatibility testing provides dentists with one way to help determine which materials will react in a test tube with a patient's serum proteins. Today's dental patients have the opportunity to select:

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In the past crowns were made for teeth requiring removal of a lot of tooth structure. With the new materials, the dentist can preserve precious tooth enamel and effectively restore the tooth. Enamel is the only tissue in the body that once removed, will not regenerate. ■

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Can You Save Your Vision?

by Malcolm R. Ing, MD, Chair of Ophthalmology, John A. Burns Medical School

My patients often ask: "Doctor, what can I do to save or preserve vision for myself and my family?"

Prevention: Wear sunglasses! Over time, sunlight damages the lens of the eye, causing cataracts. More Medicare dollars are spent for lens replacements than for any other kind of surgery. The average age for cataract surgery is 72. Sunglasses slow the development of cataracts, and that goes for kids, too. Prevention and treatment of visual problems in childhood results in improved vision throughout life. Don't smoke. Smoking makes you four times more likely to develop cataracts. Exercise and a healthy diet are important, too.

Early Detection: Get regular eye exams! We seniors may develop disorders like age-related macular degeneration (AMD) and loss of reading vision. Vitamins and minerals found in some foods and NIH-approved dietary supplements may

help Dry (without bleeding) AMD to some degree.

"Wet" (bleeding) AMD occurs in 15 percent of patients. Treatment calls for injections into the eye every four to six weeks—probably for life.

People with diabetes suffer bleeding and swelling of the retina, inside the eye. Anyone may develop glaucoma, or "hard eyeball disease," which is treated with eye drops and lasers. The earlier you seek treatment the better. Getting checkups can help save your vision. ■

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Meet Joan Packer at 94

by Diane Cadinha, Certified Personal Trainer, ACE, NASM

Our friend Joanie Packer says she doesn't worry about things she can't do anything about — so she lives in the present, works at being as healthy as possible and tries to show appreciation to those around her.



(top left) Joan Packer at 49 yrs. and (top right) at 94 yrs.

(left) She works on her health and fitness every day with Diane Cadinha.

At 94, how is your life different than when you first retired?

Joan: Back in Missouri, I used to rise at six a.m., spend my days teaching high school English and dream about a life of leisure when I could sleep late. But when I did retire, I was bored and depressed. In my 70s I moved from my farm to a condo in Waikiki. When I saw how physically fit and healthy everyone looked walking around Kapiolani park, I decided I wanted to be like that, too. Now, 28 years later, I exercise six days a week and I'm no longer bored and depressed.

Six days a week sounds like a lot. What kind of exercise classes are you taking?

Joan: It didn't happen overnight. At age 77, I started an exercise plan. We began with tubing and light weights, and worked up to the stability ball and balance work to prevent falls. Strength training keeps my muscle mass and bone density, so I don't get frail and weak. The better I feel, the more I want to try other classes like Pilates and Yoga. In class we all encourage each other.

Believe me, I am inherently lazy and do not really relish working out. So going to classes and having a trainer to ride herd on me and hold me

accountable is important. I figure my health and independence are worth the effort.

What else you do to stay fit?

Joan: I think walking is really important. On the days I don't walk to class, I walk around the park, the zoo and sometimes up Diamond Head Road. That 40- to 60-minute trek never fails to make me feel better than when I started out. Socializing is also healthy and fun. Two days a week, my group does tai chi in Kapiolani Park.

Besides exercise — do you have any other recommendations?

Joan: Food! I gave up my starchy Midwestern farm fare for fruits, vegetables, fish and poultry, soups and lentils. Now I crave healthy foods. I also recommend a positive mental outlook — that makes life fulfilling at any age. ■

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Transition to Care at Home

by Cynthia Gaddy and Judy Suzuki, RN, Straub Clinic & Hospital



"The case manager was excellent in preparing us for the care that my mother needed. She went beyond the call of duty."

"I want you to know how grateful we are and how wonderfully helpful, supportive and resourceful your social worker has been — above and beyond, and a tribute to you and the hospital."

These notes of mahalo come from patients and family members who are thankful for quality care they received during what can be a very complex situation — hospital discharge and preparing for the tasks of at-home care.

Hospitals throughout Hawai'i follow strict guidelines set forth by the Centers for Medicare & Medicaid Services and The Joint Commission, for training caregivers — with the goal of ensuring the patient's safety and well being.

Last year, *Consumer Reports Magazine* rated Straub Clinic and Hospital as the safest hospital in Hawai'i. Specifically noted were a low medical mortality, avoidance of infections and the state's lowest surgical mortality rate.

Developing a culture of safety requires constant communication among physicians, nurses and everyone involved in the patient's treatment team. From the moment a patient enters the hospital, a nurse assesses the patient's support system, residence and daily activities. A hospital case manager also determines any special transition needs, based on individual diagnosis and recovery.

If a patient is incapable of or uncomfortable with administering their own necessary at-home care, the case manager will ask if a family member, friend or neighbor would be willing and available to serve as a caregiver.

If none are identified, the case manager will discuss home care visits or short-term placement in a nursing or rehab facility. The patient's short-term and long-term options are evaluated based on finances, insurance coverage, available community resources and patient/family preference. Then, appropriate services are arranged to coordinate with the patient's expected date of discharge.

At-home care support also includes classes and hands-on medication training set up around the patient and caregiver's schedule. Written instructions and printed educational materials also are provided for patients and caregivers.

Communication continues with a review of all at-home arrangements at the time of discharge, and calls to both patient and caregiver within 48 hours, to answer any questions or concerns and make sure they both understand the importance of critical appointments and medications.

By communicating and working with patients' and caregivers' educational needs from admission through recuperation, we are able to better provide a safe environment for the patient, both at the hospital and at home. ■



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Prescriptions or Addiction?

by Marc Cohen, co-writer of the film *Unprescribed—Prescription for Addiction*

The pharmaceutical abuser looks like you or me... They start running out of their meds. So now, they start going to the doc to get more and more...the doc cuts them off. Then they start visiting the ER, making up injuries... Now they become our problem as law enforcement.”—Keith Kamita, State of Hawai‘i Public Safety Division Narcotics Enforcement from a documentary film that focuses public attention on prescription drug addiction and polypharmacy in the senior population.

Since last year, prescription drug abuse was responsible for more than 475,000 emergency room visits and 32,329 deaths across America. Over the past 15 years in Hawai‘i, reported fatal drug overdoses in persons 60 and over increased nearly 400 percent; a large portion of these fatalities involved prescription drug abuse.

For seniors, a critical factor is “polypharmacy,” taking several medications simultaneously and drinking alcohol. Currently, about half of people over 65 take five or more medications per week. About 12 percent take 10 or more.

Combining alcohol with some agents for hypertension, type 2 diabetes and anxiety—drugs that are all metabolized in the liver—can be deadly. Patients and their doctors have to consider how drugs interact and how they will be taken.

Alan Johnson, CEO of Hina Mauka, Hawai‘i’s largest drug and alcohol treatment center, reports that this year, 16 percent of the center’s 1,500 adult patients are over 50. This increase mirrors a 35 percent increase in fatal drug poisonings among seniors. He added, “... they’re taking pain medication. The family doesn’t

know what to do. Now [grandpa] has this huge addiction and he’s becoming manipulative, he’s in denial, he can’t be managed... That’s very difficult to treat when you’re at that age.” Johnson emphasizes that the longer anyone takes powerful painkillers and anti-anxiety medications, the more they need to get relief.

So what are the possible solutions? Most addiction specialists agree that physicians need more training to spot addictive patterns of misuse, abuse and dependency, as well as underlying behavioral issues. Doctors then need to refer patients to therapeutic psychologists who can help them cope with underlying issues.

Through greater public awareness we may be able to get help for patients who become addicted, reduce the number of fatalities due to drug poisoning, now our number one cause of accidental death in America.

For a copy of *Unprescribed—Prescription for Addiction* (58-minute film), call: **808-599-6403** or email: **studio@filmworkspacific.com.**

“It is estimated that 2.1 million Americans are addicted to opioid pain killers which reflects the wide spread availability of these drugs. Heroin abuse in our country affects more than half a million Americans, and is driven by individuals switching from prescription opioids to heroin because it is cheaper and easier to access.”
—Nora D. Volkow, M.D., Director, National Institute for Drug Abuse, NIH

Alzheimer’s Disease

by Pamela Ah-Nee, Program Specialist, Alzheimer’s Association Aloha Chapter

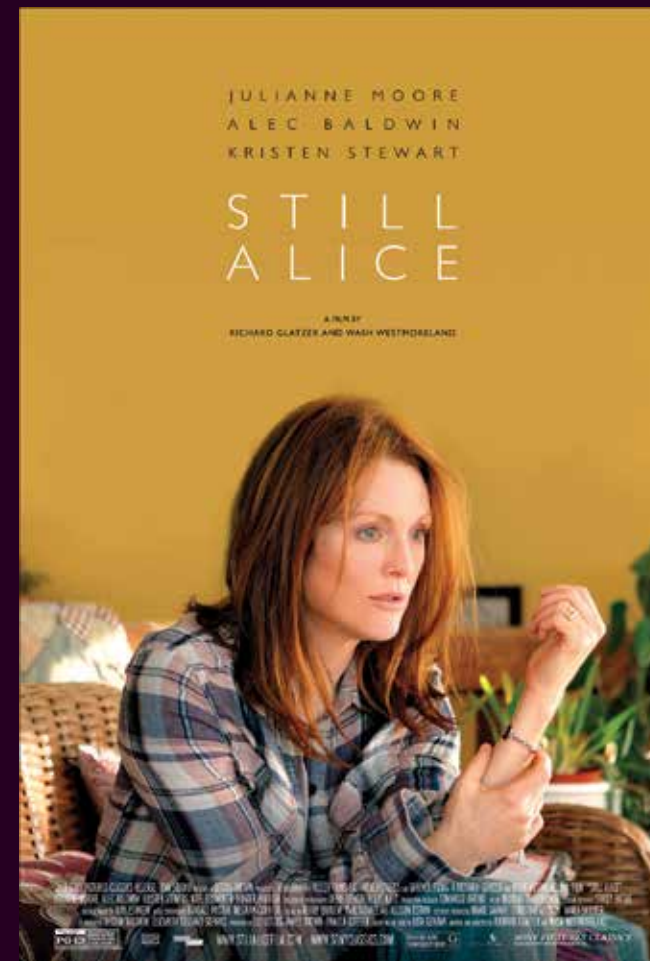
Alzheimer’s is a progressive illness that involves the destruction of brain cells. In its earliest stages, symptoms include a decrease in short-term memory and forgetfulness, often accompanied by a diminished ability to find words. Emotional and personality changes in the early stages may include depression, anger and paranoia. As the disease progresses, the memory loss becomes severe and may be accompanied by marked disturbances in behavior and emotion; the ability to reason is lost. In its final stages, a person is unable to perform most tasks and requires total assistance with feeding, bathing and basic hygiene.

Twenty-six-thousand people have been diagnosed with Alzheimer’s in the state of Hawai‘i as of the year 2015. Alzheimer’s ranks as the sixth leading cause of death nationwide. Of the top 10 causes of death in America, it is the only one that

cannot be prevented, cured or slowed. Almost two-thirds of Americans with Alzheimer’s disease are women. One in three seniors die with Alzheimer’s or another dementia. Payments for health care are estimated to reach \$226 billion in 2015. If medical researchers cannot find a solution to the disease, Alzheimer’s is estimated to be the number one disease which will bankrupt the health care system.

If you or a loved one has been diagnosed with Alzheimer’s or a related dementia, you are not alone. Go to **www.alzheimernavigator.org** to create a customized action plan and connect with local support services. ■

Alzheimer’s Association Aloha Chapter
24/7 Helpline: **1-800-272-3900**
Information and Virtual Library: **www.alz.org**



AARP PRESENTS “STILL ALICE”

AARP Hawaii will present two free screenings of the critically acclaimed film, “Still Alice,” starring Julianne Moore. Screenings will be followed by a panel discussion of the challenges facing those who care for loved ones with Alzheimer’s.

Both public screenings are free, but registration is required online, or by calling **1-877-926-8300.**

Wednesday, June 17, 6–8:30 pm—Honolulu
Doris Duke Theater, Honolulu Museum of Art
www.aarp.cvent.com/STILLALICE_Honolulu

Thursday, June 18, 6–8:30 pm—Kahului
Maui Arts and Culture Center’s McCoy Studio
www.aarp.cvent.com/STILLALICE_Kahului





5 Tips for Senior Sun Safety

by Teri Bruesehoff, CEO, HiHomeCare (The Hawaii Group subsidiary)

Summer and family fun is right around the corner! More sunshine not only makes the great outdoors more inviting, but increased UV rays and heat also create a few risks.

Seniors don't "feel the heat" the way younger people do and might not be aware of the risks of high temperatures. Physiologically, as we age, our bodies lose some natural ability to regulate temperature, making seniors more susceptible to sunburn, eye damage, dehydration, heat exhaustion and more. With some precautionary steps and healthy personal care, everyone can enjoy the summer sun.

Five ways to play it safe in the sun:

• Apply sunscreen early and often throughout the day. Try to apply sunscreen an hour before you head outside. The higher the SPF, the more protection there is. Reapply every two hours.

• Drink plenty of water. Six to eight glasses per day is recommended; more if you're engaging in physical activity or it's particularly hot.

• Stay indoors between 10am and 2pm, when the sun is most intense. When outdoors, look for shade, especially during the hottest hours.

• Some medications cause increased sensitivity to the sun. Ask your doctor if you have any concerns about your medication side effects.

• Wear the right clothing and eye protection. Lightweight, breathable fabrics are best. Wear wrap-around sunglasses that protect eyes from both UVA and UVB radiation. ■

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Joan Packer, 94 yrs, working on the bosu ball and suspension system for core stability, balance & strength!

Wendell Murakawa, 68 yrs, doing a sideout squat on the Total Gym gravity system. Improves balance, strength & flexibility!

Where Do Caregivers Find Help?

by Eileen Phillips, RN, Attention Plus Care

You know mom's getting worse and you're overwhelmed, with no time to even look for help. Don't wait until you are running on empty and need help immediately to understand your choices, prioritize needs and know exactly how to select a qualified home health care provider.

There are experienced home health agencies licensed in Hawai'i and accredited by The Joint Commission, the nation's oldest and largest accrediting body in health care. A licensed and accredited agency meets state and national standards to provide safe and effective care of the highest quality and value. Ask if your current or potential home care company is licensed.

Many families are surprised to learn about the significant differences between "home care," and "home health care" agencies in Hawai'i. Cynthia Baker, BSN, RN, recently explained in a workshop

for seniors and caregivers, "Home health agencies that provide direct or indirect skilled nursing and therapeutic services are held to a higher standard and must be licensed and regulated in the State of Hawai'i. By contrast, home care agencies are not licensed in the state. Both provide important, but very different services."

There are many educational seminars being offered these days. As more seniors choose to age in place and be cared for at home, there is greater need for good information on managing the symptoms they may have from chronic disease to natural aging. "Kūpuna love being educated, as it helps empower them and their quality of life," said Baker. ■

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Tips for Navigating Health Care Systems

by Pamela Cunningham, Hawaii SHIP Coordinator

Are you a family caregiver — taking care of your parents and also your own keiki? Understanding health care can be a challenge, whether you live with that family member or provide long-distance assistance. In the 2014 AARP Caregiver Survey of Hawaii Registered Voters, more than 62 percent of respondents 45 years and older said they will likely provide unpaid care to an adult loved one in the future.

Tips for you from other caregivers:

- Keep all health insurance information, letters received from the plan or Medicare and your explanation of benefits in one handy binder.
- Take a list of your family members' current prescription medications *and* nonprescription supplements to every medical visit.
- Become an *authorized representative* so that you may ask questions on behalf of your family member. (Note: This authorization is needed from spouse-to-spouse and one individual may have multiple authorized representatives.)
- Take time to understand the benefits of the health plan: What providers are available? Can I go to any hospital in a nonemergency situation? What happens if I am traveling on the Mainland? What are the co-pays? Is my primary doctor considered a specialist under the plan?
- Attend informational sessions (like the Generations "Aging in Place Workshop" in August — see pages 10–11) to learn about available services and talk to other caregivers. You are not alone.
- Keep a diary or log of all your family member's medical appointments; compare them to visits listed on your Medicare Summary Notice (if you have original Medicare) or your Report to Member (for Medicare Advantage enrollees).
- Always ask for an estimate of out-of-pocket costs when your family member needs to have a procedure (like cataract surgery).
- Your neighbor or auntie may be the best person for a lilikoi jelly recipe, but if you have questions about health care coverage, better call your plan.

• If you are waiting for more information before paying a bill, call the provider and tell them you are checking the charges. Unfortunately, we see individuals with bills in collection because they didn't communicate with the provider.

Taking care of another person is the most difficult and rewarding job a person can experience. If you need help navigating the murky waters, just call SHIP (State Health Insurance Assistance Program). There is a SHIP in all 50 states and four U.S. Territories. Hawaii SHIP is a volunteer-based Medicare counseling program. ■

Hawaii SHIP (State Health Insurance Assistance Program)
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Helping as a Representative Payee

by Jane Yamamoto-Burigsay, Social Security Public Affairs Specialist in Hawai'i

If you handle the finances for a Social Security beneficiary or know someone who may need help managing benefits, you may consider applying to become a representative payee.

A representative payee is someone who receives Social Security or Supplemental Security Income (SSI) payments on behalf of a person not capable of managing the funds on his or her own. A representative payee meets the individual's basic needs by using the money to provide food, clothing, and shelter for the person and saving any left-over money in an interest-bearing account or as savings bonds for the beneficiary's future needs.

As a representative payee, you must:

- know the person's needs so you can decide how to meet those needs with the benefits provided.
- be responsible for letting Social Security know about any changes that may affect the person's eligibility for benefits or the payment amount.

• complete a yearly report of how the funds were spent. (You can do this online.)

To help a friend who receives Social Security or SSI benefits and is not able to manage his or her own finances, help them contact us. Social Security will help determine if a payee is needed and who would be best suited to act in that capacity.

For more information, read, *A Guide For Representative Payees*, at www.socialsecurity.gov/pubs and *When People Need Help Managing Their Money*, at www.socialsecurity.gov/payee.

Thank you to all caregivers and representative payees helping people in need. ■

Questions, online applications, or to make an appointment to visit a Social Security office, contact:
1-800-772-1213 (toll free) | 1-800-325-0778 (TTY)
www.socialsecurity.gov


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Lou's Quality Home Health Care Services dedicated staff will provide excellent care for your loved one who wishes to stay in their own home. Our qualified staff will assist with daily care allowing you a more balanced life.

Disclaimer LQHHCS accepts only private paying patients. Payment terms are cash or check only. With approval, Major Long Term Care Insurance carriers may qualify for whole or partial remittance.



Decisions to Make as You Age

by Christina Laney at LIST Sotheby's International Realty

Where am I going to live as I age and will I need more assistance? Many feel overwhelmed with uncertain options, lack of assistance, decreasing energy and concern about financial burdens. What should I do? Most keep on living their lives without a plan. Some will get lucky and their lives will play out well without a plan. But most of us need a plan with options we decide, to help in times of crisis.

As your LIST Sotheby's International Realty Senior Concierge and residential Realtors, we will help you with your plan so you are prepared to live out your days the way you want to. If that's staying in your family home until the day you die, we will connect you with service providers to retrofit your home for safety and comfort. If downsizing and moving out of your large home is your preferred route—we will guide you through that process as well. It's your decision.

For more information on aging in place, retirement communities, health care, and other senior issues and real estate topics, consider attending the upcoming free seminars hosted by LIST Sotheby's Senior Concierge:

June 27, 2015—Aging-In-Place, Caregivers & Fall Prevention - Preparing Your Home for Independent Living

August 29, 2015—Medical & Healthcare Options Workshop - Healthcare Laws, Medicare, Medicaid & Long Term Care

For more information, registration (seating is limited) and a 2015 schedule of free senior seminars, please call: **808-282-1399**. ■

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www.LaneyRE.com



Someone's Knocking at The Door

by Martha Khlopin, Radio Host of "A Medicare Moment With Martha"

Someone's knockin' at the door, somebody's ringin' the bell, do me a favor, open the door and let them in." Chances are, if you recognize the lyrics to "Let Them In," written by McCartney, you may have already gotten a knock on the door by a Medicare agent. Few people can recall how Medicare was first sold. Medicare was signed into law by President Lyndon B. Johnson on July 30, 1965, and benefits became effective July 1, 1966. Eligible seniors did not get auto-enrolled; a force of 5,000 workers paid \$1.25 per hour for 20 weeks went door-to-door to ask them to enroll. In 1966, the Washington Post asked a reporter to shadow a Medicare worker. The reporter observed people who were home but would not answer the door—others slammed the door on the salesperson and a few reluctantly let them in. When asked about their hesitancy to sign up, many replied that they didn't need it, assumed

it was for the poor or that they couldn't afford the \$3 monthly premium. According to Social Security records, approximately 19 million were eligible and 93 percent enrolled in the summer of 1966, making the launch successful. Door-to-door solicitation is no longer allowed, but Medicare beneficiaries can schedule a no-cost, no-obligation home visit by an agent to learn about their Medicare options. So if you schedule an appointment with a Medicare agent, do yourself a favor—open the door and let them in! ■

808-543-2073 | getmedicare@aol.com
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A Medicare Moment With Martha
A radio program with Martha Khlopin
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Calling the Police: It's Called 'Tough Love'

by Scott Spallina, Senior Deputy Prosecuting Attorney

Wanda (not her real name) took out a home equity loan on her Waianae house. She intended to renovate her home so that her adult daughter could move in, care for Wanda and help repay the loan. Once the \$290,000 was in their joint checking account, however, her daughter withdrew it and took her family on a first-class trip to Disney World. Wanda has not seen her daughter for two years and is now going through the foreclosure process.

Steve (not his real name) was the caregiver of his disabled sister and had established a sizable savings account for her care. When Steve's daughter offered to help care for her aunt, Steve gladly accepted and gave her access to the bank account. After six months of being a caregiver, she withdrew all the money from the bank account (about \$120,000) and moved in with her new boyfriend.

These are just two calls I got recently from victims who wanted to report what happened to them, but did not want the police to get involved. Their voices were full of despair and frustration. Each could not believe what had happened, and despite the fact that they were informed a crime had occurred, did not want the police or the court system to get involved—even if that was the only way to get their money back.


As a deputy prosecuting attorney in charge of the Elder Abuse Unit, I advocate that all cases of financial abuse be reported to the police, even if the person taking the money is an adult child or another relative of the victim. It is not blind faith in the criminal justice system that leads me to this school of thought. Twenty years of experience has proven to me repeatedly that showing "tough love" and calling the police on a loved one who has stolen money is actually helping that person stop a behavior, like drug usage, which will prove harmful to them in the long run.

More than once have I had parents call me up years after their child had been arrested to thank me for the work our office and the court system did to help their child get their life back on track. Drugs, alcohol, gambling or mental health issues have ruined the lives of many people and have


caused family to victimize family. Oftentimes, those suffering from these afflictions will promise their kūpuna they will get help, only to later on steal from them to feed their habit. Police intervention gives these people opportunities to either go to counseling or go to jail. Often they choose to get help and rehabilitation, with good results.

If you are in a situation where you have been the victim of a crime committed by someone you know, please call the police. There is no shame in reporting a loved one's destructive actions to someone who can force them into a rehabilitation program or other help they may need. It's hard to do, but that is why it's called "tough love." ■

To report suspected elder abuse, contact the Elder Abuse Unit at: **808-768-7536** | ElderAbuse@honolulu.gov
www.ElderJusticeHonolulu.com



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Another Option: Reverse Mortgage

by Percy Ihara

Many families worry about the financial future of their retired parents. For peace of mind and the well-being of your parents, it's important to talk with them about the kind of financial help they may need to "age in place." Most people want to live out their years in the home they have lived in for many years, a place full of memories and familiar surroundings.

If your parents are 62 or older, it may be helpful to learn about reverse mortgages, a strategy that offers many options, including aging in place, help paying bills, funds for home improvements or travel, or financial means to help children and grandchildren. If you have heard about the reverse mortgage financial loan program from someone other than a professional loan officer, you may not have all the facts.

Reverse mortgage programs turn a portion of home equity into cash, which is then paid to the borrower either as a lump sum, in fixed monthly installments or as a credit line. Eligible homeowners ages 62 or older continue to own and live in their home until the last spouse passes on. The loan is not repaid until the borrowers leave or sell the home. The amount of the mortgage depends on the age of the youngest spouse, the home's market value, and the specific reverse mortgage

program and interest rates. You can see that a reverse mortgage program for your neighbor could be very different from yours.

During the program, which lasts as long as the borrowers live, they are still responsible for paying property taxes and homeowners insurance, and keeping the house in reasonable condition; recent programs even have options to set aside funds for property taxes and homeowners insurance, if necessary.

Ask a reverse mortgage specialist to explain exactly how a program can help your parents live better today and be more prepared for the future. Sometimes a reverse mortgage is the one option that will allow your parents to stay in their favorite home for life. Planning and looking at all options allows you and your parents to choose what they want to do, instead of leaving their future up to chance.

For a free workbook for families on *Aging in Place* or to attend a free educational workshop, call: **808-234-3117**.

Percy Ihara, Reverse Mortgage Specialist, NMLS# 582944
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What's the Right Life Insurance?

by Michael W. K. Yee, Certified Financial Planner

For most people, it isn't a question of whether to own life insurance, but what kind of coverage is most appropriate for their circumstances. There is no "one-size-fits-all" policy. You need to determine what works best for you.

Choosing life insurance involves finding the right balance between the cost of insurance and the most appropriate coverage for your family.

Two Basic Life Insurance Options

- Policies that provide a death benefit for survivors after you die, but no other features, for a specified period of time. These are typically referred to as term life insurance.
- Policies that combine a death benefit for survivors with a cash value that can be accessed while you are still living, often referred to as whole-life or permanent life insurance.

Term insurance—cost effective coverage

If keeping premiums as low as possible and replacing your income stream for your family are your priorities, term insurance can be a good option. The younger and healthier you are when first purchasing a policy, the less it will cost. Newly married couples may buy this type of policy to provide a financial cushion in the event one spouse dies. Your employer may offer term insurance as part of your employee benefits plan.

The amount of coverage that seems sufficient early in life may not be enough to protect your family later on when you have dependent children, aging parents to support or when your income rises. Term insurance typically expires after a stated period of time or once you reach a specific age. After the term policy expires, you must reassess your insurance needs.

Permanent life insurance—coverage beyond death benefits

You may choose from a variety of permanent life insurance policies, such as traditional whole life, variable life, universal life or variable universal life. Like term policies, they pay designated beneficiaries at your death. Unlike term policies,

they do not have a termination date. As long as adequate premiums are paid and the policy remains in force, your beneficiaries will receive the death benefit. Premiums or additional costs are generally higher than term insurance.

Another important feature of permanent life insurance is that a portion of your premiums accrue within the policy on a tax-free basis; over time, the policy builds a cash value. Some forms of this type of insurance give you the ability to make investment choices within the policy. The cash value is not guaranteed, but it can act as an asset while you are living. This is an important benefit that can give the policy owner much more financial flexibility.

Like anything else in your financial life, the need to protect your loved ones requires that you carefully assess which available options work best for your circumstances and needs. When insuring your life, be sure to discuss your options with a financial advisor or insurance specialist first, before making any decisions. ■

Michael W. K. Yee, CFP
1585 Kapiolani Blvd., Suite 1100, Honolulu
808-952-1222 ext. 1240 | michael.w.yee@ampf.com

Michael W. K. Yee, CFP®, CFS®, CRPC®, is a Financial Advisor and CERTIFIED FINANCIAL PLANNER practitioner™ with Ameriprise Financial Services, Inc. in Honolulu, HI. He specializes in fee-based financial planning and asset management strategies and has been in practice for 30 years.

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Paying for Long-Term Care

by Scott A. Makuakane, Counselor at Law, Est8Planning Counsel LLLC

According to an article published in the *Wall Street Journal* on May 14, 2012, if you are married and you and your spouse both reach the age of 65, there is a 70 percent probability that one of you is going to need long-term care. As if that is not troubling enough, a great many of us are completely unprepared to pay the cost of long-term care. Skilled nursing in Hawai'i can easily top \$8,000 per month. How do people handle that?

For those of us who are not incredibly wealthy, one approach is long-term care insurance. You should talk with an insurance agent who focuses on the complexities of long-term care insurance before you plunk any money down. The older we get, the odds of being insurable decrease, and the premiums get higher. The bottom line is that the sooner you look into long-term care insurance and get your policy in place, the more likely you will be able to afford the premiums.

An alternative to insurance is Medicaid. It goes by different names in different states (Hawai'i's version is called MedQUEST), but it is run jointly by our federal and state governments. The federal government sets the overarching rules and provides funding. States are allowed to adopt their own rules for qualification and enforcement. Think of it as government nursing home care insurance for those with limited financial resources.

Medicaid is "means-based." Having too much income or too many assets will disqualify a Medicaid applicant. However, having "assets" is not the same as having the money to pay for care. Those undeveloped lots in Nevada that you own, are assets, but they may be impossible to sell.

For those with assets exceeding the Medicaid limits, giving assets away may disqualify them from Medicaid assistance too—if the transfers violate the "look-back" period designed to keep people from gaming the system. Of course, a kupuna might have had innocent intentions when making a disqualifying gift—before the need for long-term care arose. Regardless, any gift (even charitable) is a red flag on Medicaid applications.

Each state takes a different approach; it is easy to run afoul of the rules and be disqualified from benefits. The good news is that knowing the rules can help you plan for a worst-case scenario where you or a loved one might need assistance with long-term care costs.

Another critical consideration is that Medicaid may limit your options for care facilities or quality of care. So we should not all assume that Medicaid is the best option for us or our family. ■

Scott Makuakane, Counselor at Law
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Gifts Anyone Can Afford

by Jeffrey Sisemoore, Director of Planned Giving, National Kidney Foundation of Hawaii

Sometimes I am asked by people how they can help our cause without disturbing their finances. Surprisingly, there are ways to accomplish that goal. Each situation is different, so consulting your tax advisor is a good idea. You may wish to consider these ideas:

- Designating a charity as a beneficiary in your will or trust is a simple way to commit to a cause you believe in, without affecting your cash flow during your lifetime. Additionally, it's easy to revoke this type of gift, if your situation or goals change.
- Naming a charity as the beneficiary of an IRA or other retirement plan, financial account, annuity or unneeded life insurance policy is another easy way to help while you continue to benefit from these assets during your lifetime.
- If you own low-interest assets like bank CDs, you may donate them to charity and receive a

Charitable Gift Annuity with an annual payment to you, often with a higher interest rate.

- Real estate you no longer need or wish to sell may be given to a charity without impacting your cash flow. You may also benefit from capital gains tax avoidance, while receiving a tax deduction for the gift.
- If you own your home and wish to remain living there, you can transfer your home to a charity, while retaining the right to use the home during your lifetime. You may even enjoy the added benefit of an income tax deduction while you live in your home! ■

National Kidney Foundation of Hawaii
808-589-5976 | jeff@kidneyhi.org
For Planned Giving: www.kidneyhawaii.org
Main: www.kidneyhi.org | www.kidney.org



Estate Planning for College Students

by Stephen B. Yim, Attorney at Law

I recently received a call from a client who has a daughter attending college on the Mainland. Her daughter had been in a ski-accident and was in the hospital. When the mother called the hospital to find out her daughter's status, they would not release any information or allow the mother to make any decisions on her daughter's behalf. You can imagine the mother's distress, thousands of miles away and helpless.

This situation is all too common. Once your child reaches age 18, you are no longer entitled to see your child's medical and financial records or make decisions on their behalf. Therefore, it is important for young adults to appoint trusted individuals to make medical and financial decisions in the event they are unable to do so.

Few 18-year-olds consider the need for an estate plan, because most have little in the way of property. But if your child were to suddenly lose

the ability to make or communicate decisions, they would need an authorized person to make decisions for them. Your college student will want to consider two important Powers of Attorney:

An Advance Health Care Directive gives you the ability to act on your child's behalf with regard to medical decision-making in the event that your child is unable to do so.

A General Durable Power of Attorney gives you legal authority to act on your child's behalf regarding financial matters, regardless of whether they are able to make decisions on their own or not. It may be used in matters of both emergency and convenience. ■

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