hi

We're Kristin & Lauren

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So happy you can join us.

Inspired by the needs of a real woman, Grandma Manhart, Home Instead created a new-to-world care model in 1994.

Home Instead Northern Colorado

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Discussion Time

Introduce yourself — and what brought you here today.

Studies show the majority of older adults want to age at home. Early support contributes to more safety, wellness, and peace of mind.

86%

Living with Parkinson's

This is your life, not your diagnosis.

- You know your body and your routine better than anyone in this room.
- Everything here is meant to help you keep making your own choices — about your home, your care, and your day.
- Nothing in this talk assumes you need help you haven't asked for.

Caring for someone who is

Care partner, spouse or adult child.

- You carry a load that is often invisible, and it changes as the disease changes.
- Some of what we cover is about the person you care for. Some of it is about you.
- You are allowed to need support of your own.

Most rooms have both. Everything today is written for both.

Research

According to research of North American homeowners between ages 55 and 75, conducted by Home Instead, Inc., the franchisor of the Home Instead network®.

68% of seniors wish to live in their current home as they age.

78% say they wish to remain at home simply because they are happy and comfortable.

49% identify single-family living as what would make aging at home possible; 43% cite low cost and ease of maintenance.

1 in 3 of those who want to stay put has given minimal to no thought to what living there will require.

Research

Nearly half of all seniors surveyed have taken no action to ensure they will be able to live in their home as they age.

36% of those wishing to stay in their current home have thought about making modifications to make it more age-friendly.

79% of older adults have given at least some thought to what they will need to do to live in their own home as they age.

37% have definite plans to modify their lifestyle to enable aging in place.

Service Offerings

Live-In Care: A Nearly 1/3 reduction in price for families who need round the clock care on a budget

Nurse Directed Care – RN, LPN, and CNA supportive services and oversight to handle the most delicate conditions

Personal Care Services: From 1 hour visits to 12 hour visits, we can craft care plans to meet any need of the aging adult

Home Care ALSO Includes

Fall prevention	Mobility support & safe transfers	Shopping for items needed upon discharge	Medication reminders after discharge
Dementia safety monitoring	Hydration & nutrition	Care for chronic conditions	Support following ortho procedures
Supervision to reduce confusion from anesthesia	Meal prep for recovery	Transport to follow-up appointments	End of life care / Hospice support

Payor Sources

We pride ourselves on remaining accessible to families.

We provide flexibility on service hour minimums and service times.

1. Long Term Care Insurance
2. Veterans Benefits
3. Medicare Advantage
4. Private Pay
5. CMS Guide Program

Different Provider Types

Not all home care is created equal

1. Private Caregiver
2. Registry
3. 1099
4. W2 caregiver
5. CNA
6. LPN/RN

What to call it? Care at home

Home Care	Non-medical Care	Companionship Care
Private-Duty	Homemaker Services	Personal Care Services
Sitter	Home Health	Visiting Nurse

Care at home

Home health care and home care are often used interchangeably — but they are two separate services.

Both are complementary of one another and are often used together. Home care can take over when the home health care benefit ends.

Home Health Care

Focus on medical care at home

- Supervised by a nurse or other medical professional
- Requires a Medicare license
- Typical duration: short term and intermittent
- Certified training
- Covered by Medicare if the patient meets requirements
- Care must be ordered and followed by a prescribing healthcare provider

Examples

What it looks like in practice

- Post-op rehab
- Nursing
- PT, OT, ST
- Wound care
- Mobility training
- Pain management
- IV therapy / injections

Home Care

Focus on cognitive, behavioral, functional and social factors

- All Care Pros are trained and overseen by a nurse
- Reinforces the prescribed plan of care
- Duration: flexible
- Eyes and ears in the home; alert to observed change in condition
- Specialized training to meet the needs of older adults
- Transitions management

Examples

What it looks like in practice

- Medication management and administration
- Diabetes management, including glucose checks
- Vital signs tracking and reporting
- Incontinence or catheter care
- Wound care
- Safety assessments
- Nutrition and hydration
- Socialization
- Toileting and bathing
- Transportation

Nurse-directed care

A nurse extends what a Care Pro can safely notice and do — without changing who shows up at your door.

ASSESS

An RN builds the care plan from a real assessment in your home, and updates it as things change.

EDUCATE

Care Pros are trained on what matters for your condition — warning signs, medication side effects, what to watch for.

ESCALATE

When something changes, there is a nurse to call who can reach your physician — not a voicemail.

The care partner's load

What it asks of the people who show up every day.

Who is a care partner?

If any of this sounds like you — you are one.

- You are a spouse or partner, and the roles you had between you have quietly shifted.
- You are an adult child, caught between a parent who needs more help and a family of your own that still needs you.
- You are the one who tracks the medication schedule, the appointments, and what changed since last month.
- You are doing this alongside a job, and you have started to feel your employer noticing.

Care partner is the term we use, because care goes both directions.

The care partner's pinch

With a progressive condition, the care partner's role does not stay the same size. It grows — often while you are also raising children, working, or managing your own health.

Finding moments for yourself, at home or away, is not a luxury. It is what makes it possible to keep going.

1 in 2

Americans in their 40s and 50s are caring for a 65+ parent while still supporting their own children. (Pew Research Center)

We'll cover seven areas together

Balancing it all
Care alongside work, family and your own life

Support from others
Who shares the load — and who could

Family dynamics
How a diagnosis changes relationships

Specific care challenges
The logistics nobody warns you about

Planning ahead
Getting in front of the next stage

Emotional & physical toll
The highs, the lows, and your own health

Financial toll
The costs families don't expect

Balancing it all

Most people in this room are holding more than one thing at once — work, children or grandchildren, a household, and Parkinson's.

Whether you are living with it or caring for someone who is: how is that balance actually going right now?

Restoring balance

Let’s talk about it.

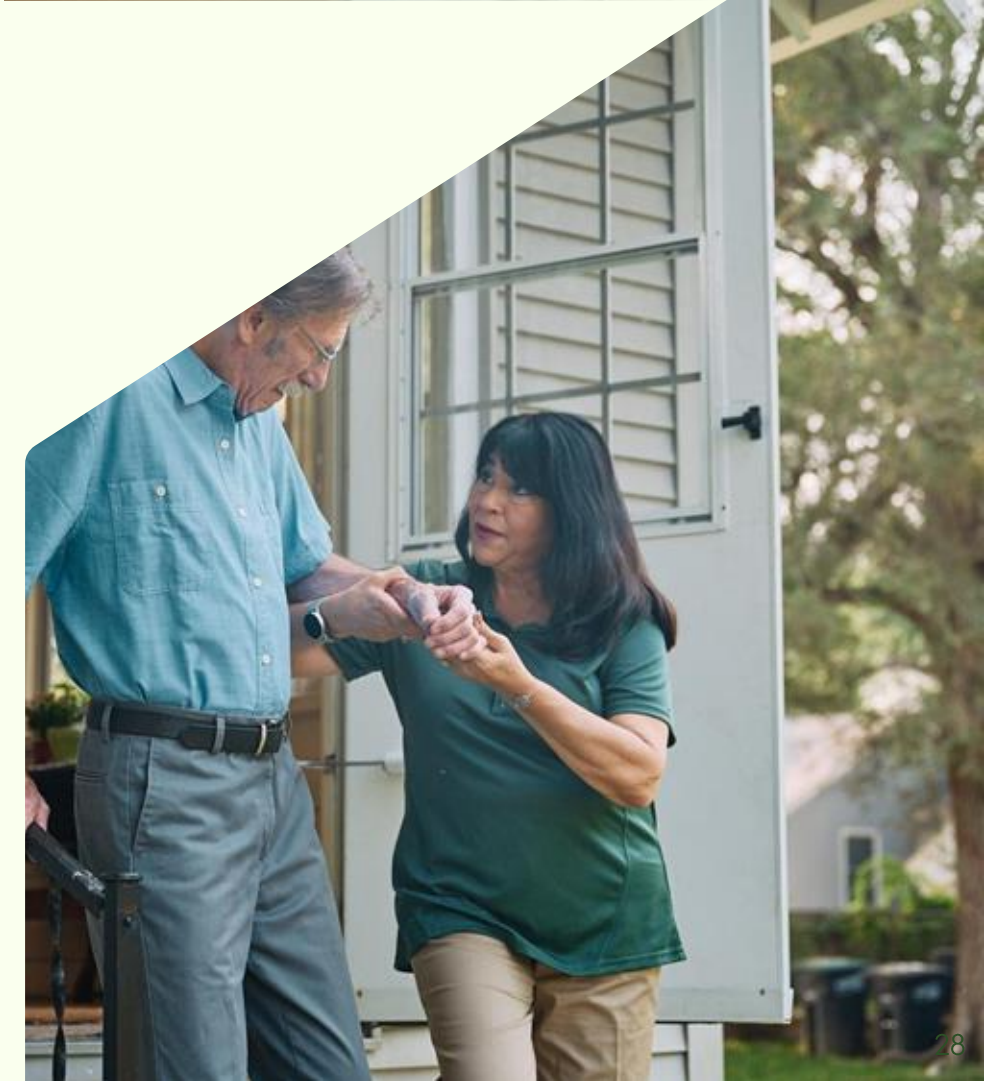
- What has — and hasn’t — been helpful in restoring balance?
- What would you tell someone newly diagnosed, or newly caring for someone?
- What resources do you think would be helpful?

Additional resources: Emotional and physical signs of caregiver stress; Self-care is not selfish

Support from others

Isolation runs in both directions. People living with Parkinson's pull back from things they used to do. Care partners stop asking for help.

Do you feel supported — or does it feel like it all rests on one set of shoulders?



Asking for help

Let’s talk about it.

- Who in your family or social network could help — and have you actually asked?
- What has made it hard to ask?
- What resources have you found helpful?

Additional resources: How to ask others for help; COVID-19 made me a caregiver; Benefits of respite care for dementia caregivers

Family dynamics

A diagnosis can pull a family together or pull it apart — sometimes both in the same week. Roles shift. People disagree about what help is needed.

What are you running into with the people around you?

Family support

Let’s talk about it.

- How have you navigated disagreements about care within your family?
- Has anything worked to keep everyone informed without one person doing all the telling?

Additional resources: Is multi-generational living right for you?; Solving family conflict

Navigating specific care challenges

Parkinson's brings logistics nobody warns you about — an appointment that lands during an off period, a day when getting dressed takes an hour, a schedule built around medication times rather than around the clock.

What has caught you off guard?

The right resources

Let’s talk about it.

- What challenges are you experiencing in the day-to-day care of your loved one?
- How have you juggled multiple responsibilities?
- What helpful resources have you found?

Additional resources: How to talk with your employer about caregiving; 5 ways to manage caregiver guilt

Planning for future care needs

Parkinson's is progressive, which is hard to talk about and also the reason planning works. Needs change gradually, and families tend to absorb each change quietly until one person is carrying all of it.

Deciding early — together — is easier than deciding in a crisis.

Planning ahead

Let’s talk about it.

- What conversations have you had about what the next stage might need?
- If you are living with Parkinson’s — have you told your family what you would want?
- What conversation starters have worked for you?

Additional resources: Understanding senior care options; Home Your Own Way; Home care solutions guide

Emotional and physical toll

Parkinson's takes a toll on the person living with it and on the person beside them — and the two are not the same toll.

Some find real meaning in caring for someone they love. Others feel pushed into a role they never chose. Both are honest, and both are common.

Staying healthy

Let’s talk about it.

- How are you handling your own emotional and physical health — or are you?
- What outlets have you found that actually help?
- For care partners: when did you last do something that was only for you?

Additional resources: 5 health tips for working family caregivers; Signs that spousal caregiving may be becoming too risky for you

Financial toll

Parkinson's carries costs families rarely budget for — medications, therapies, home modifications, hours of paid help, and often reduced income when someone cuts back at work to provide care.

Be prepared

Let’s talk about it.

- What are your strategies for financial health?
- Have you had conversations with your aging loved ones about their financial realities? How did you broach them?
- What funding solutions — such as tax credits or government programs — have you found to help?

Additional resources: Home Care Funding Solutions Guide; Helpful FAQs on paying for elderly home care services; Navigating long-term care insurance

Elderoscopy

The check-up nobody orders — and everybody needs.

What is an elderoscopy?

If you are living with Parkinson's or caring for someone who is, the list of doctor-ordered tests can seem endless: colonoscopy, endoscopy, and on it goes.

Families skip a different assessment — the one that looks at living and financial arrangements, health, relationships, driving and end of life. We call it an "elderoscopy."

Why is an elderoscopy so important?

Dodging these questions puts health at risk and leaves families guessing later, often at the worst possible moment.

With a progressive condition there is a window where the person living with it can answer for themselves. That window is now.

“

It can be easy to avoid discussing and planning for later stages of life.”

— Dr. Lakelyn Eichenberger, Home Instead Gerontologist and Caregiving Advocate

Six elderoscopy questions

Answer them for yourself — or work through them together, while everyone can.

1. Where would I like to live out my senior years?
2. What lifestyle do I desire as I grow older?
3. How do I plan to stay healthy as I age?
4. If I find myself single, what will I do?
5. How do I see myself getting around if I can no longer drive?
6. How do I want my final years to look for me and my family?

Where would I like to live out my senior years?

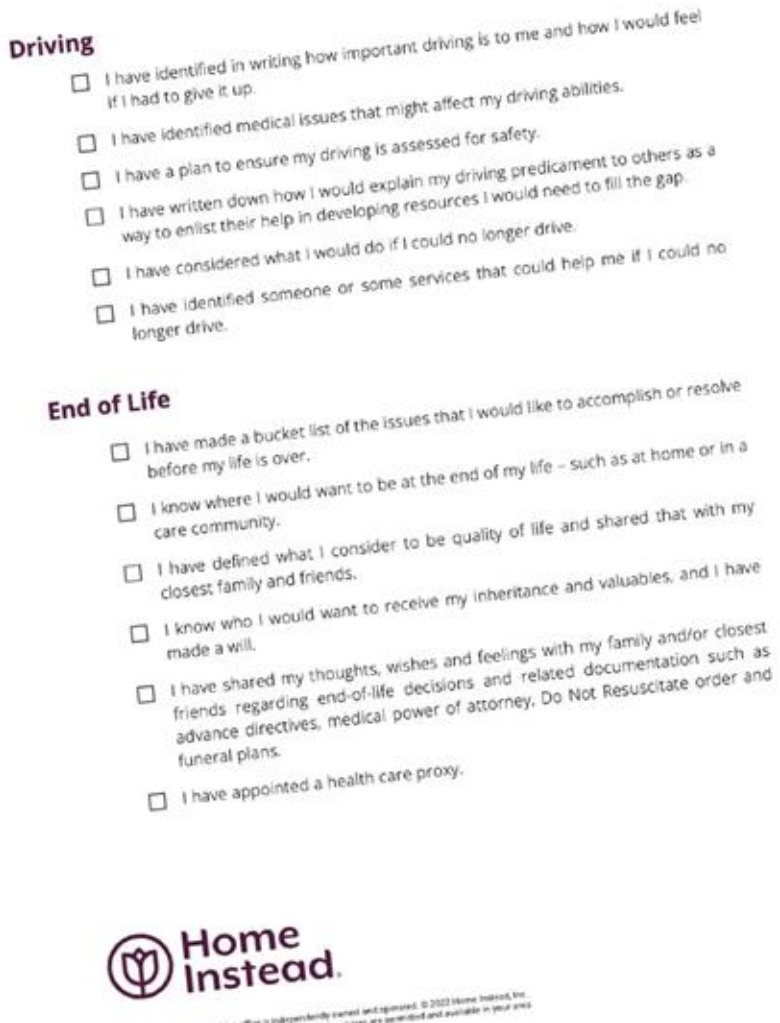
Do you see yourself in a granny pod near your son, or in a downtown high-rise?

Most people have an idea where they would like to age. Research reveals that the majority prefer to stay in their own homes.

Elderoscopy conversation starters

Try opening with one of these.

- “What things would you never want to give up in your forever home?”
- “If you were diagnosed with dementia tomorrow, where would you want to live?”
- “If you needed care at home, would you rather it be from a family member or a professional caregiver?”
- “I want the best for you. What options would be a win for both of us?”
- “How important is your privacy?”



Driving

- ☐ I have identified in writing how important driving is to me and how I would feel if I had to give it up.
- ☐ I have identified medical issues that might affect my driving abilities.
- ☐ I have a plan to ensure my driving is assessed for safety.
- ☐ I have written down how I would explain my driving predicament to others as a way to enlist their help in developing resources I would need to fill the gap.
- ☐ I have considered what I would do if I could no longer drive.
- ☐ I have identified someone or some services that could help me if I could no longer drive.

End of Life

- ☐ I have made a bucket list of the issues that I would like to accomplish or resolve before my life is over.
- ☐ I know where I would want to be at the end of my life – such as at home or in a care community.
- ☐ I have defined what I consider to be quality of life and shared that with my closest family and friends.
- ☐ I know who I would want to receive my inheritance and valuables, and I have made a will.
- ☐ I have shared my thoughts, wishes and feelings with my family and/or closest friends regarding end-of-life decisions and related documentation such as advance directives, medical power of attorney, Do Not Resuscitate order and funeral plans.
- ☐ I have appointed a health care proxy.

Home Instead.

Elderoscopy checklist

The full checklist walks through driving, health and medications, relationships, finances and end-of-life wishes — one question at a time.

You'll find a copy in your workbook.

04

Having “the conversation”

How to start it, from either side.

Start the conversation early

If you are the care partner

- “I know this big house is becoming more of a challenge for you, Mom. Why don’t we sit down and figure out a plan that makes it easier for you to maintain it and stay home?”
- “Dad, I have a special birthday gift for you. I’d like to hire someone to do a few things around the house, like vacuuming and cleaning the bathrooms.”
- “Mom, I wanted to show you this great article about all the gadgets available to help us in our homes. I’d like to try one out. Will you help?”
- “Mom and Dad, did you know your friends Bob and Jane just remodeled? They pulled out their bathtub and added a walk-in shower. They invited us to take a look.”
- “Mom, I heard that Angie slipped on the stairs and broke her hip. I’ve heard about some great railings we could install by your stairs. Can I look into that?”

Start the conversation early

If you are the one living with Parkinson's

- "I think there are some ways I can keep living here that will make you comfortable with the situation. Let's work on that, OK?"
- "Susan, I like living here and it's important to me to stay independent. But I've been having trouble with two things: paying my bills and keeping my medications straight. Will you help me figure this out?"
- "You know, son, I want to stay at home as long as possible. The neighbors have a contractor who made some minor improvements to their house to make it safer. I've asked him to stop by."
- "Grandson Ted is so good around the house. Could he stop by next week and help me replace the lightbulbs that are too high for me to reach? I'll make his favorite cookies."
- "It seems like the doctor's office adds a new medication every visit. I know there are great medication management tools out there. Can someone in the family help me find one?"

Why falls happen with Parkinson's

This is not clumsiness, and it is not carelessness. Postural instability and freezing are symptoms — which means the home can be set up to work around them.

60% of people with Parkinson's fall each year — and two-thirds of those fall more than once.

80% of those falls trace back to postural instability and freezing of gait.

1 in 2 experience freezing episodes — feet feeling stuck, most often at doorways, turns and thresholds.

4× the hip-fracture risk compared with others the same age.

Five home pitfalls

Each of these is also a known freezing trigger. Fixing them is cheap compared with a hip fracture.

1. Tubs, showers & toilets — grab bars, a shower seat, a raised seat
2. Thresholds & doorways — a classic freezing trigger; remove the lip
3. Stairs — rails on both sides, contrast tape on the top and bottom step
4. Floor material — no unsecured rugs, no deep pile, no clutter in walkways
5. Lighting — light the path to the bathroom for night trips

On time, every time

With Parkinson's, medication timing is the schedule — not a suggestion. A dose that arrives late can mean an off period, a freeze, and a fall.

This is one of the most concrete things a Care Pro helps with: the reminder at the right minute, and noticing when the pattern starts to change.

In hospital and rehab stays, doses are the first thing to slip. The Parkinson's Foundation Aware in Care kit exists for that.

Care Pros can remind and observe. They cannot hand you pills, dose, or fill a pill box — that is a nurse's scope.

Discussion

Let’s talk about it.

- Have you had a fall or a near-miss at home?
- Did you change anything about the house afterward — and did it help?
- Have you found a cue or a routine that helps you get through a freeze?
- Has a hospital or rehab stay ever thrown off your medication schedule?

Technology innovations

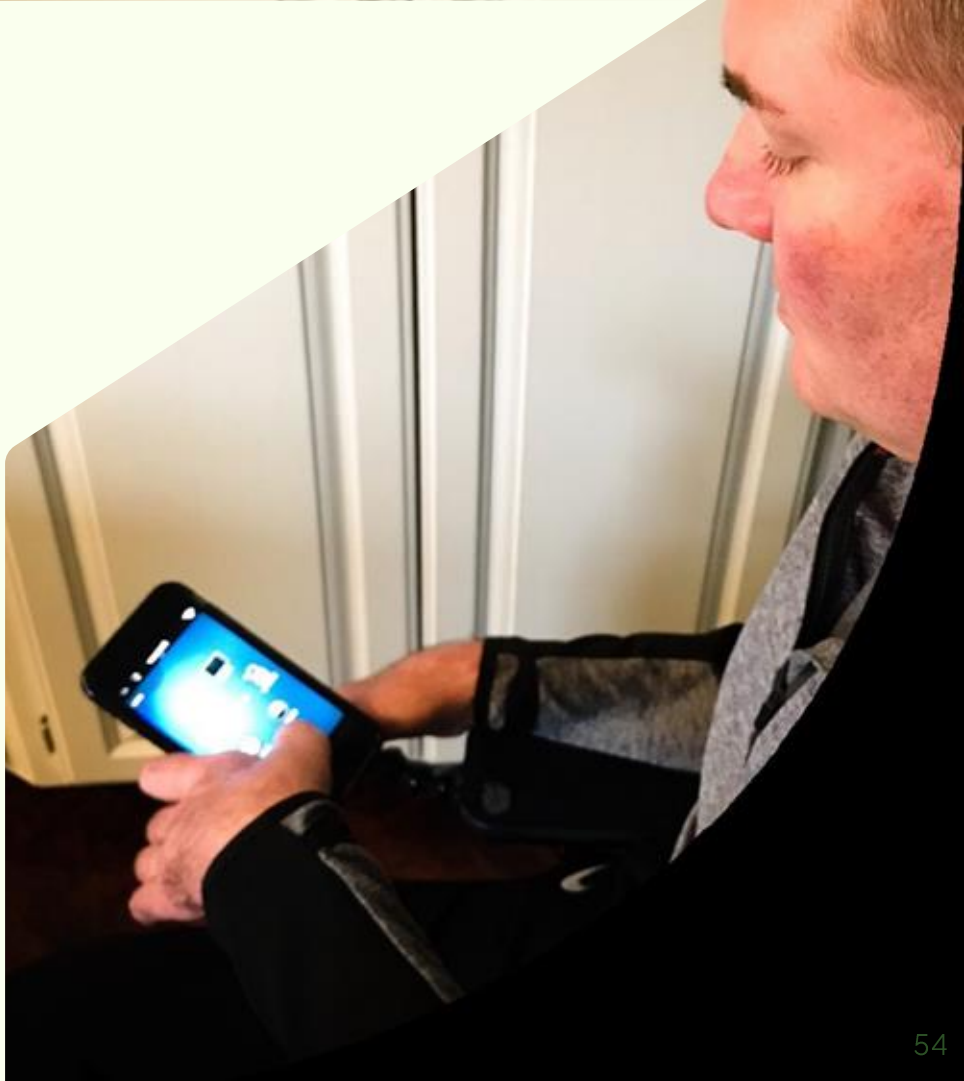
Automatic pill dispensers with timed alarms

Video doorbell

Voice-controlled lights and thermostat

Virtual assistant for reminders

Stove fire prevention device



Technology innovations

Adaptive utensils, button hooks and dressing aids

Laser and metronome cueing devices

Home monitoring and fall detection

Amplified phones and speech aids

GPS tracking systems

What did we learn?

Four things to take home with you today.

Start
the conversation about where you — or the person you care for — want to age, before a crisis decides it.

Fix
the five home pitfalls. They are also the five most common freezing triggers.

Protect
the medication schedule, at home and especially in the hospital.

Ask
for help earlier than feels necessary — for the person with Parkinson's and for the care partner.

Questions?

Ask me anything — about care at home, about starting the conversation, or about what to do next.

Thank you.

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