Transportation is the Key to Staying Connected in the Community

William D, 84, had always been the family driver. When he became physically impaired both he and his wife, Rose, 80, were no longer able to go shopping and get to their medical appointments. They wanted to remain in the apartment they had lived in for many years.

CJE Transportation allows them to go to the grocery store and to get the medical care they need as well as attend the local senior center to reduce their isolation.

Caring for the Whole Community

Access to transportation impacts the quality of life of older Illinoisans; without transportation, it can be difficult to live independently.

More than Just a Meal: Home Delivered Meal Providers Respond to Needs

Harold W. son of Lillian W., 87, recently wrote to CJE SeniorLife, “I am grateful that you take such great care of my mother.” The CJE staff person who delivers Lillian’s meals noticed that she no longer engaged him in conversation and at times came to the door looking disheveled. He reported this back to the CJE care manager who worked with Lillian and her son. CJE was able to provide additional help with bathing assistance and chore housekeeping and also addressed Lillian’s increasing cognitive impairment so she could remain in her own home.

Identifying information has been changed to protect the clients’ identities
North Shore Senior Center was contacted in 2009 by a 55-year-old-daughter who was seeking support while caring for her 81-year-old mother. They had an enmeshed relationship and both mother and daughter were resistant to making changes in their living situation.

Over time the daughter was experiencing her own health related issues due to the stress of caring for her mother and realized she needed the services of the North Shore caregiver specialist in order to improve her situation. The caregiver specialist provided supportive counseling and worked with both the mother and daughter until eventually they were able to accept in-home respite services. The daughter participated in the Powerful Tools for Caregivers course that helped her manage her caregiving responsibilities and her own needs. This helped her build confidence and gave her a forum to discuss her concerns with other family caregivers.

As time passed, it became apparent that the daughter was unable to sustain her caregiver support with only respite and needed more regular assistance with caring for her mother’s physical needs. Homemaker services were brought in through the Illinois Department on Aging Community Care Program. The result was that the daughter was able to take time for herself and even visit the Chicago Botanic Gardens on a weekly basis while the homemaker was attending to her mother.

North Shore was able to help the mother apply for and receive Medicaid, saving the family money that had been paid for insurance premiums and co-pays. North Shore was also able to help the family get an amplified phone for the mother. The caregiver specialist arranged for a psychiatric consultation and medication management for the daughter through a local mental health agency, which also provided ongoing psychiatric services. Gap filling funds were used to assist with payments because the daughter had no income or insurance. When the daughter fell and broke her ankle due to severe hoarding issues in the home, the care coordinator was able to temporarily increase the homemaker services provided to the mother while the daughter was recovering.

The mother’s cognitive situation worsened and she began calling 911 for attention while her daughter was recuperating. The clutter limited the mother’s ability to use all the rooms in the home. North Shore referred the family to Rebuilding Together for assistance with cleaning out the majority of the accumulation of things in the house to make safe passageways and a healthier environment. After the daughter recovered from her fall and the home was cleaned out, the 911 calls for attention stopped and the mother was able to continue using homemaker services.

North Shore Senior Center worked with this family for five years. The case closed recently after the death of the mother.
Mr. B. had been at La Grange Hospital for severe symptomatic anemia. Upon discharge, he requested services through Aging Care Connections.

Mr. B. lost an eye in a workplace accident many years ago, and he is extremely hard of hearing. He explained that he had only a fourth grade education, and he seemed to have some memory impairment as well. His anemia required transfusions every few months. In addition, he reported that he had some difficulty swallowing, and because he is missing most of his teeth, he needed to eat soft foods. He said he was recently estranged from his son and daughter-in-law because of financial disputes, so he didn’t have anyone helping him regularly.

The care coordinator at Aging Care Connections was able to set up daily home delivered special diet meals so Mr. B. could have a mechanical soft diet, and someone would be checking in on him daily.

In addition to Mr. B.’s physical impairments, he was also in need of assistance for his home. He lives in a small studio apartment that was very dirty. There was often food piled up on the table, and his kitchen, bathroom, and floor appeared unsanitary. When asked if he wanted someone to help him clean, he declined. He has a very strong, independent personality and did not want to ask for assistance with daily tasks. But the meal delivery drivers frequently reported concerns about Mr. B.’s hygiene.

After several attempts, Mr. B. eventually agreed to regular Community Care Program homemaking services. Aging Care Connections was also able to get him a personal amplification device, greatly improving his quality of life and safety.

Worried about Mr. B.’s safety, the care coordinator helped him qualify for Medicaid so he could apply for a Safelink phone. Because of his low income, Aging Care Connections was also able to qualify him for SNAP benefits.

Mr. B.’s risk level has decreased significantly. Although the care coordinator met with some resistance in the beginning, working to build a relationship with him helped him understand how Aging Care Connections could support his activities of daily living and help him stay independent.
Adult Protective Services Caseworker Protects Older Adult’s Health and Safety

Ms. J., who is 79 years old and not ambulatory, was brought to the hospital by her son Andrew after becoming nonresponsive.

It was discovered that Ms. J. was diabetic and had hypertension and coronary artery disease. She lived with her son, who would leave her alone in bed for 10 to 12 hours a day while he went to work. She was reportedly left with food in her room and a "cup to pee in." It was also reported that Ms. J. had not been to a doctor or had her prescriptions filled in over a year.

A report of neglect was made to PLOWS.

An Adult Protective Services (APS) caseworker met with Ms. J. and a Polish translator at the hospital. Even with translation, Ms. J. had difficulty explaining the care she receives at home and appeared to be confused. Ms. J.’s son was also interviewed and showed a lack of understanding regarding Ms. J.’s care needs.

Regarding her ability to walk, Ms. J.’s son said, “If she really concentrates, she could.” He had little knowledge of the medications Ms. J. should be taking and admitted giving his mother diabetes medicine without checking her blood sugar, which led to Ms. J. becoming unresponsive. He also admitted that Mrs. J. is sometimes saturated with urine and feces when he gets home.

Upon discharge from the hospital, Ms. J. was sent to a rehabilitation facility. Long-term nursing home placement seemed like the best alternative to provide adequate care. However, Ms. J.’s son was uncooperative with providing Ms. J’s financial information for the Medicaid application. As a result, it was decided to petition for guardianship.

The PLOWS Council on Aging care coordinator made a referral to the Office of Public Guardian to act as guardian so that PLOWS could ensure Ms. J.’s care needs were met. At the court date for temporary guardianship in late December, the guardian ad litem reported that, because of Ms. J.’s medical needs and cognitive impairment, nursing home placement was the best option for her.

Ms. J.’s son is planning to hire an attorney to fight the guardianship and inevitable sale of his mother’s home. The case has not been resolved yet, but thanks to APS through PLOWS, Ms. J.’s health and well-being will be protected.

Identifying information has been changed to protect the clients’ identities.
Help with Shopping and Other Chores Keeps a Senior Independent

Mr. V. is a single, 91-year-old client who lives alone in his townhome. He shared the home with his mother until her death some 20 years ago. Now, Mr. V. suffers from a host of chronic medical issues with arthritis being the most debilitating.

Recently, Mr. V. went through lengthy rehabilitation after being hospitalized for acute pain in his legs and inability to walk. He responded well to rehabilitation and now uses a walker to get around. However, he still cannot manage grocery shopping due to his general frailty and poor mobility.

Mr. V.'s brother and sister-in-law had been doing his grocery shopping, but they are now unable to do so because of their own failing health. His niece visits on Sundays to assist Mr. V. with various household tasks.

In need of additional in-home services, Mr. V. contacted PLOWS Council on Aging. Today, he receives transportation and in-home chore service two hours a week to accomplish his grocery shopping, prescription pick-up and vacuuming. Mr. V. is most grateful that he can remain living comfortably in his home with minimal support thanks to the services provided through PLOWS.

Caring for the Whole Community

AgeOptions supports services and programs like chore assistance and transportation, that make it possible for older adults to live independently in their homes and communities.

Identifying information has been changed to protect the clients’ identities