



Keiro®



FALL 2017

*Keiro and Providence
Partner to Advance
Quality of Life through Our
Whole Person Approach*



A MESSAGE FROM
KEIRO'S PRESIDENT
& CHIEF EXECUTIVE
OFFICER

Leona Hiraoka

Welcome to this edition of Keiro News, featuring new work in the community, innovations in the field of aging, and the wonderful people who continue to bring energy and compassion to serving the Japanese American and Japanese community every day.

To meet these people – of all ages and all backgrounds, community leaders and business leaders, from Ventura, Los Angeles, and Orange counties – has been inspiring. In this intergenerational endeavor to build a strong support system around the older adults in our community, each individual has his or her own story to contribute and I hope that as a community, we can continue collaborating with one another to help tell those stories.

We have a very unique opportunity to have conversations about what the future for older adults in our community looks like. At a time when the issues related to health, wellness and aging are changing rapidly, Keiro will continue to work on finding solutions so that people can age well and age in place, building new inroads into discovering what it takes to provide modernized, culturally sensitive care and services.

Our partnership with individuals like you, coming together in service around the needs of older adults, will help create better solutions faster. As we move forward, please continue to share with us your insights, your passion, and your stories. The pages of this publication only tell a few stories, but we know there are so many more to be told. Please join us as we embark on this journey together.

Leona Hiraoka
President & Chief Executive Officer, Keiro

As Keiro's new Chair of the Board of Directors, I am excited to be leading the organization at such a critical time. At Keiro, our work is evolving, while our mission remains to enhance the quality of senior life in Our Community. As we look ahead, we recognize that there is still work to be done before we can say that our mission is complete.

Throughout the United States, 97% of people age 65 and older are aging at home rather than aging in a nursing facility. Today, one quarter of the Japanese American and Japanese community is over the age of 65, twice the number of adults age 65 and older in the general population. With our community growing older and living longer, it is vital that Keiro continue evolving to meet the changing needs of our aging population.

We're collaborating, learning, and working toward solutions that improve the quality of life for older adults and their caregivers. As we work toward addressing some of the most pressing challenges faced by older adults – social isolation, multiple and complex health conditions, cognitive and memory disabilities, and financial hardship chiefly among them – we will adhere to our core values and guiding principles to do so.

We want to ensure that our future continues to honor, respect, and serve the older adults in our community, always operating with integrity – to earn and sustain the trust of our community and its stakeholders; with compassion – to care for the older adults in our community and to meet their needs with grace; and with community and cultural sensitivity – to support the 70,000 seniors who live in Los Angeles, Orange, and Ventura counties and to do so while staying true to our cultural heritage. Most of all, we will remain steadfast in the namesake of our organization, Keiro: to respect the elderly and continue to seek solutions to the challenges they face.

Lynn Miyamoto
Chair, Keiro Board of Directors



A MESSAGE FROM
KEIRO'S CHAIR OF
THE BOARD OF
DIRECTORS

Lynn Miyamoto

Keiroニュースへようこそ！本誌では今回コミュニティでの新しい取り組みや加齢に関する新しい発見、そして日々奉仕の心で日本人及び日系アメリカ人コミュニティに活力をもたらす素敵な方々をフィーチャーしております。

このようなすばらしい方々オレンジ、ロサンゼルス、ベンチュラカウンティに住む様々な年齢、バックグラウンドをお持ちの皆様、コミュニティリーダー及びビジネスリーダーの方々から直接お話を伺い、私自身日々とても刺激を受けています。私たちのコミュニティの高齢者をより強固なサポートシステムで支援するための世代をまたいだ取り組みは今も続いております。その実現には皆様一人一人の経験や体験談そして様々な団体、グループとの協力・連携によって、その話を紡ぎ次の世代についでいくことが必要不可欠だと感じております。

Keiroでは私たちのコミュニティの高齢者の未来について意見交換する機会を多くいただきます。健康維持や加齢、ヘルス

ケアの分野において目まぐるしく変化が起きている今このときに、Keiroは引き続き高齢者の方が、本人の望む場所で健康に歳を重ねられるように、今の時代に沿った文化的背景を考慮したケア、サービスとは何かを追求し、提供して参ります。

皆様とのつながりやパートナーシップを通し、コミュニティが丸となって高齢者の方のニーズに応えていくことは、いち早く必要なサービスを皆様にお届けすることにつながると考えています。さらに前進すると共に、引き続き皆様からのご意見やご感想、思いや経験談を共有していただければと思います。本誌では皆様のすばらしいストーリーのほんの一遍に触れるのみとなっておりますが、まだまだ素敵なお話はたくさんあると思います。最適なサービス提供への「旅路」にぜひ皆様もご一緒いただければ幸いです。

レオナ・ヒラオカ
Keiro 代表兼最高経営責任者 (CEO)

新理事長として、Keiroにとって大切なこの時にリーダーシップの機会をいただけること、とてもうれしく思います。Keiroは、時代と共にその取り組みが変化していますが、創設時からのミッション「私たちのコミュニティの高齢者の生活の質の向上」は変わっておりません。同時に、将来を見据えると、ミッション達成といえるにはまだまだ取り組むべき課題があると実感しております。

アメリカでは、65歳以上のうち97%は看護施設ではなく在宅で歳を重ねています。現在、日系アメリカ人、日本人コミュニティでは四分の一が65歳以上です。これは、全人口の65歳以上の倍の割合にあたります。高齢化が進み、長生きする方が増えている今、Keiroは変わりゆくコミュニティのニーズに引き続き応えていくことがきわめて重要だと強く感じております。

高齢者の方だけではなく、その介護者の方の生活の質も向上させられるような解決策を求め、私たちは協力し合い、学びながら取り組んでおります。社会的孤立、複数疾患、認知・記憶障害、

経済的困難など高齢者の方が経験している差し迫った課題に対し核となる価値観と基本理念に沿って取り組んで参ります。

私たちが描く将来像は、この先も高齢者の方へ敬意を払い温かみのある支援が提供され、その姿勢が確実に後世へ引き継がれていく未来です。そこにはコミュニティと支援者の皆様に信頼を置いていただけるような誠実さ、ニーズに応えた温かなサービスを作り上げる思いやりの精神、そして文化的背景を考慮した支援を、7万人いるといわれているロサンゼルス、オレンジ、ベンチュラカウンティの高齢者の皆様へ提供し続けていく姿が含まれます。

そして何よりもKeiroの名前の由来である「敬老」という言葉通り、これからも高齢者の方への敬意を忘れず、彼らが直面している課題の解決に向けて取り組んで参りたいと考えております。

リン・ミヤモト
Keiro 理事長



Aging In Adults: What We Know and What We Can Do About It

What is Aging?

“Aging” can be simply defined as the process of changes (physically, mentally, psychologically) that occur in your body with time in your adult years (we include “adult years” to separate out the maturation and growing process that occurs in children as they reach adulthood). As we all mature into adulthood, the process of aging takes place in everybody (in sports when great athletes begin to become less great as they age, it is often said, “father time has never been defeated”). In Geriatrics (the specialty of caring for older adults), we often say that the “quality of life is more important than the quantity of life.”

Although most of us may wish to live forever, it is really much more important that the quality of living is good, or at least meets one’s expectations. Most would agree that aging beyond 65 and still being able to do what you want to do, when you want to do it, is much more gratifying than living beyond 100 years and being bedridden. In fact, if you ask an older adult (e.g., beyond age 75) if they could have anything they wanted at their current age, what would that be? Most older adults most likely would say, “be free of illness and disability so that I can be independent and not require help from others.” If remaining independent physically and mentally is the most cherished possession (as they say, “health is your most prized

possession”), then we should be evaluating older adults physically, mentally, and psychologically in terms of what they can or cannot do. We call this in medicine “function.” Thus, in Geriatrics, we always evaluate not only what specific disease or disability is occurring but also how these medical issues impact the patient’s physical, mental and psychological function, which is called functional assessment or comprehensive geriatric evaluation.

What We Know/Don’t Know

We in medicine and medical science know how aging generally occurs and how those medical problems evolve as we age (called age-related) impact you as a person; however,

we have yet to discover the exact processes at the cell and molecular (e.g., your genes) levels that result in the aging process and age-related diseases. As an example, we know that heart disease is the leading cause of death, and how this disease causes patients to be less functional and often needing assistance. Similarly, we know that Alzheimer’s disease results in memory loss and loss of sense of direction, inability to care for yourself, emotional outbursts, etc. In both medical conditions, we are able to provide treatments that may slow the disease process and/or help in some level of functional improvement; however, we still are unable to eliminate these diseases or provide treatments that assure long-term survival, independent function, permanent cures, or the ultimate goal of total prevention.

What Can We Do About Aging?

Given many of the limitations discussed above, what can we both as healthcare providers (e.g., physicians, nurses, social workers, and others involved with health care) and patients do to help mitigate as best possible the negative consequences of aging and age-related diseases as well as prepare ourselves on how to best deal with such health challenges?

First of all, try to find a health provider (physician; some health organizations will have a nurse practitioner see you first) that has not only an interest in but awareness/knowledge about health issues of older people and how to initially evaluate your health condition(s). Besides the usual blood pressure, pulse, temperature and respiratory rate, questions about your general health and complaints (questions about your vision,

hearing, breathing, heart, lungs, stomach, kidneys, joints, etc.), the health provider should ask about how you are functioning before (when healthy) and now with your current problems.

An initial and simple screening test for function is called the Activities of Daily Living (ADL) – things you need to be able to do to remain independent (and in some sense avoid death). A simple way to remember these are to memorize the word/acronym of “DEATH”: “D” = dressing; “E” = eating; “A” = ambulation (walking); “T” = toileting; “H” = hygiene (bathing). What the physician (and the patient) needs to know is that can you perform these functions independently (no help), partially independent (some assistance), or need assistance all the time (dependent).

A scoring system can be devised by the provider for each function: 1 = dependent; 2 = partially independent; 3 = independent. For example if the patient was able to do all functions without help, the total score would be 15 (5 functions at a score of 3 each). The health provider can record the score at every visit and determine if any changes have occurred. If certain functions are found to be not normal, the health provider should do further evaluations to determine the cause, and then recommend treatment options.

The health provider should also do a simple screening of mental (cognitive) function. The simplest and fastest screening test for cognitive (brain function) test is the Mini-Cog test which can be done in 3 minutes. The health provider will give the name of 3 items and will ask the patient to repeat back these items. Then the patient is asked to draw a clock with the time showing

10 minutes after 10:00. A scoring system is standardized. If the test is abnormal, the health provider can then refer the patient to a specialist who cares for patients with cognitive disorders.

These two simple, quick and easily performed tests can assist the health provider to determine if the older adult patient needs further evaluation by a specialist (e.g., geriatrician, neurologist, psychiatrist). Even patients and their families can perform these tests and then can notify their health provider if an abnormality (or abnormalities) are noted. In future articles, I can inform the readers about other important tests that need to be part of the comprehensive geriatric assessment when a person (or their family) notes changes in their function physically, mentally and emotionally.



About the Author

Dr. Thomas Yoshikawa is a Distinguished Professor of Medicine, Geriatric Medicine and Infectious Diseases at the David Geffen School of Medicine at UCLA. He was previously the Editor-in-Chief of the Journal of the American Geriatrics Society. The opinions expressed in this column are those of Dr. Yoshikawa and not necessarily of Dr. Yoshikawa’s employer or Keiro.



Keiro Grants Program

In its inaugural grants cycle, Keiro invested over \$900,000 in 44 unique organizations, in advancement of our mission to enhance the quality of senior life in Our Community throughout Southern California. In April 2017, Keiro announced the grant recipients at a luncheon during which all awarded organizations had an opportunity to network and celebrate the projects they were about to begin. At the luncheon, Sue Kawasaki from Continuing Education for the Nikkei Widowed, a grant recipient, said, "Keiro's grant will have a huge impact on our organization. The grant will allow our group to continue to serve this particular population in our community for as long as there is a need, and we can now continue to refocus on accomplishing our mission."

Four types of grants were awarded: program support, capital improvements, capacity building, and core operating support. Keiro's Grants Review Committee

was comprised of individuals from various community organizations and backgrounds, making the review process community-based. Grants Review Committee member Terry Hara said at the Grants Luncheon, "The committee deliberated for hours to ensure the final grant funding recommendations to the Keiro Board of Directors accomplished the greatest good possible."

Keiro's Grants Review Committee awarded grants based on the following criteria:

- Promote culturally sensitive programs and services to Japanese American and Japanese older adults
- Strengthen systems of support for older adults through local service providers, programs, and caregiver resources
- Enhance the quality of life for older adults in our community who are in our highest needs areas or are the most vulnerable

"We are looking to advance thought leadership and research that will contribute to the well being of our community, and to the national dialogue around aging and caregiving."

Based on the evolving needs of the community, Keiro launched its second grants cycle with a new, three-tier application system for grant applicants: Small, Medium, and Large grants. As the grants review process becomes more competitive, Keiro looks forward to continue finding new ways to serve the community. Through the Grants Program, Keiro's President & CEO, Leona Hiraoka explained, "We are looking to advance thought leadership and research that will contribute to the well being of our community, and to the national dialogue around aging and caregiving." As we await the results of the 2017-2018 grants cycle, we would like to highlight some of the grant recipients from the previous year and all of the great work they are doing to help older adults and their caregivers.

2016 Grant Recipients

- AIA Abide in Awareness
- Alzheimer's Greater Los Angeles
- Center for Health Care Rights
- Continuing Education for Nikkei Widowed
- East San Gabriel Valley Japanese Community Center
- Faith United Methodist Church
- Gardena Buddhist Church
- Gardena Valley Japanese Cultural Institute
- Give Urban Farms
- Go For Broke National Education Center
- Happy Qi Gong
- Japanese American Christian Chapel
- Japanese American Cultural and Community Center
- Japanese American National Museum
- Japanese American Optimist Club
- Japanese Christian Church Federation of Southern California
- Kizuna
- Little Tokyo Nutrition Services
- Little Tokyo Service Center
- Long Beach Japanese Cultural Center / Long Beach Harbor Pioneer Project
- Los Angeles Holiness Church
- Los Angeles Homba Hongwanji Buddhist Temple
- Mission Valley Free Methodist Church
- Montebello Plymouth Congregational Church
- Nikkei Active Life Club USA
- Nikkei Senior Gardens
- Okinawa Association of America
- Orange County Buddhist Church
- Orange County Friendship Choir
- Orange County Japanese American Association
- Oxnard Buddhist Temple
- Pacific Asian Consortium in Employment
- Pacific Theater Production Corp.
- Pasadena Buddhist Temple
- Pasadena Nikkei Seniors
- San Fernando Valley Japanese American Community Center
- San Gabriel Nikkei Senior Club
- Senshin Buddhist Temple
- St. Mary's Episcopal Church
- Union Church of Los Angeles
- Visual Communications Media
- West Covina Christian Church Harvesters Senior Ministry
- Zenshuji Soto Mission



Grants Program Highlights

Read more at keiro.org/grants



ESGVJCC: Exercise is one aspect of the East San Gabriel Valley Japanese Community Center's Senior Wellness Program. Led by facilitators, the participants follow instructions to maintain a full range of motion and retain strength – two components that contribute to a healthy body. By addressing the physical dimension of wellbeing, the ESGVJCC helps improve the quality of living for these older adults.



JACCC: The Japanese American Cultural and Community Center's Ukes for Little Tokyo Program teaches older adults how to play the ukulele. With research supporting the benefits of learning music after the age of 65, the participants engage in exercising memory and cognitive abilities while strengthening their fingers and increasing dexterity. The participants create a network amongst themselves that decreases social isolation and fosters a warm, welcoming environment.



LA Holiness: The caregivers at Los Angeles Holiness Church are invested in the wellbeing, comfort, and safety of their loved ones, but they are not caregivers by profession. The support group at the church, led by a certified Marriage and Family Therapist, gives its members a social network to lean on and an opportunity to speak about their challenges in a safe space. They give each other tips and tools to become better caregivers and give each other encouragement to help them continue providing the best quality of life to their loved ones.



LBJCC: At the Long Beach Japanese Cultural Center, the participants regularly partake in arts and crafts activities. These projects are functional both in their product and their purpose. In one such activity, the participants decorated composition books, exercising creative freedom while socializing with each other. After taking the books home, the participants have used the composition books to practice Zentangle art they learned at the class to manage stress and restlessness and to take notes at doctor appointments.



Mission Valley: During monthly Senior Luncheons, older adults at Mission Valley Free Methodist Church are given an opportunity to socialize over food while recounting memories from their past. As they eat, the participants engage in conversation facilitated by a licensed social worker and translated for the monolingual Japanese-speaking participants. Some of these conversations are about their experiences in the Japanese American internment camps and enable them to connect through a shared experience while contextualizing these experiences in the scope of their church, addressing the spiritual and social dimensions of wellbeing.



OCBC: Some older adults encounter challenges when trying to eat healthy. Orange County Buddhist Church's lunch program helps deliver food to older adults at no cost to themselves and gives them an opportunity to socialize with members of the church who deliver the food. By utilizing college student volunteers to help, OCBC's lunch program increases intergenerational interaction, decreases social isolation, provides wholesome meals to its recipients, and alleviates a financial burden that sometimes exists for older adults.



IYASHI 癒 CARE

Keiro and Providence Partner to Provide Palliative Care for Japanese Older Adults

In August, 2017, Keiro and Providence Health & Services Southern California (Providence) announced a partnership to bring palliative care services to Japanese American and Japanese-speaking older adults who are living with advanced illness and debilitating symptoms. As the first of its kind in the nation, the collaboration leverages Providence's nationally renowned leadership in palliative treatment and Keiro's deep experience and history in providing health and support services to older adults in the Japanese American and Japanese community. The program goal is to improve the quality of life for these older adults by enabling them to continue living in their community, while decreasing emergency department visits and inpatient hospital admissions.

The partnership establishes a three-year joint program called *Iyashi** Care and addresses challenges regarding pain and symptom management, advance care planning, caregiving planning, safety assessments, psychosocial and spiritual support, medication, health care systems and alternative treatments, and transportation in a culturally sensitive manner, all of which weigh heavily on health care decision making.

The service approach is community-based, with a focus on bringing support and care directly to the participant. Outreach will be available through phone consultations and follow-up with 24/7 on-call physician availability; home visits; personalized outpatient visits to skilled nursing and assisted living facilities, and to care homes

The program goal is to improve the quality of life for these older adults by enabling them to continue living in their community, while decreasing emergency department visits and inpatient hospital admissions.

and clinics; and mobile sites at community centers, temples and churches.

The program team plans to serve hundreds of older Japanese American and Japanese-speaking adults with serious illnesses over an introductory three-year period, beginning in August of 2017. The program is open initially to all Japanese American and Japanese-speaking older adults and their caregivers living in Southern California. Interested participants will be able to access the program via a local telephone hotline and through community-based outreach efforts by Keiro and Providence.

To learn more about the program or how to access its services, please contact Keiro staff at 213.873.5791.

**Iyashi 癒し is a Japanese word that means to heal, focusing on the whole person. While iyashi directly translates as "to heal" or "healing," it has a much broader meaning. Healing is always possible even when the person has a chronic or terminal illness. A person can heal emotionally and/or spiritually (i.e., come to terms with their situation, doing something they enjoy), although their condition cannot be cured.*



Palliative Care: Catering to a Higher Quality of Life

Imagine your mother was diagnosed with stomach cancer three years ago. She had successful surgery to remove the cancer and had an excellent oncologist who treated her with chemotherapy. It seemed that the cancer was cured! Now the cancer has returned. Not only has it come back but this time, it has spread to her liver and her lungs. Her oncologist has restarted the chemotherapy and while everyone in the family is hopeful, she feels terrible. She has constant abdominal pain, she has trouble breathing when she walks more than a few yards, and she is still tired even after taking naps. She is discouraged and sad. Her appetite is not very good and she doesn't want her favorite *manju*. She doesn't even want to see her grandkids, whom she adores! She is afraid of taking strong pain medicines because she doesn't want to become addicted to them. You and your father are very worried about her.

In another scenario, imagine your father was found to have Alzheimer's disease three years ago. He is becoming more and more forgetful. He is not interested in eating or bathing and he is losing weight. Even *sashimi*, his favorite food, is not appealing to him. A lifelong Dodgers fan, he doesn't want to watch their games on TV anymore. He's fallen a few times. The Alzheimer's medicine doesn't seem to be helping. Your mother is exhausted physically and emotionally from taking care of him. You and your brothers are very worried about both of them.

Unfortunately, these scenarios are not uncommon. Japanese Americans and Japanese people are living longer and longer. The longer you live, the greater the chances of developing the diseases of aging – cancer, Alzheimer's, heart disease, lung disease.

Palliative care is a new field of medicine which can help people

and their families in scenarios like the ones described above.

Palliative care, and the medical sub-specialty of **palliative medicine**, is specialized medical care for people living with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family. Hospice is palliative care in the last six months of life.

You might ask the question, "isn't my doctor supposed to be helping me with those things?" The answer is "yes, absolutely." Your primary care doctor, your oncologist, whichever specialist you are seeing is doing the best he or she can to help you through your illness. If they are meeting all your needs, that is great and you don't need palliative care. But in many cases, these doctors have neither the time nor do they work with a team who can help people and their families deal with

all the challenges they face – physically, emotionally, socially, and spiritually. Palliative care is a team approach, which includes the person and their family as important members of that team.

Each person deserves the best care possible. However, "the best care possible" is unique for each individual. Our current health care system is not well-designed to help people receive "the best care possible," which takes into account a person's values, preferences, and priorities. A palliative care approach helps people get "the best care possible" by listening carefully to the patients and their families, understanding what is important to them, focusing not

team then listens more than they talk. Based on these discussions, which may require multiple family meetings, the palliative care team can offer different options for medical treatment for the person and family to consider. These situations are complex and not straightforward. There are no "right" or "wrong" solutions. Medicine and circumstances put people in unbelievable situations with sometimes impossible choices. There may be no good choices, only the "least worst" choice. And people change over time, as their medical condition changes, and some options that were unfeasible before become available. Some choices become clearer, although not easier.

"Palliative care, and the medical sub-specialty of palliative medicine, is specialized medical care for people living with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness."

just on lengthening life but also on the quality of that life, and relieving not just their physical pain but the emotional, psychological, and spiritual pain of being ill.

So how can palliative care help the patients and their families described above? A doctor, nurse, social worker, and chaplain would sit with the patient and their family together and listen to their story, their rich history, the challenges they face, the small slices of joy they still experience, their hopes for the future, and what gives them strength in the face of such adversity. The team does this work by asking open-ended questions which allow people and their families to talk openly and deeply about their feelings and emotions; the

Pain is always addressed and treatment options are presented with pros and cons, benefits and side effects. People sometimes choose to be in more pain rather than take pain medicines, which is a possible choice. The team will explain in detail how pain medicines can be safely used to significantly improve quality of life, so patients can spend quality time with family and friends, get a good night's sleep without waking up in pain, or do the activities that give life meaning, like taking a vacation to see family or baking cookies with the grandkids. Side effects like constipation and sleepiness can be well managed, and concerns like addiction, dependence or tolerance are very rare. Other symptoms like nausea, shortness of breath, anxiety, depression, fatigue,

anorexia, insomnia, agitation, and confusion unfortunately also occur with serious illness, but can be addressed and frequently improved with medication or other therapies.

The emotional and spiritual distress experienced by patients and their families is very real and contributes to everyone's suffering and pain. There are many sources of this type of pain and although the team cannot "fix" this type of suffering, they can give people and their families more constructive ways to think about these issues to work toward a more positive outlook. This is the process of "healing" in which people and their families discover a new sense of themselves, a new identity, and a sense of gratitude, joy, and meaning in their lives, even though they are sick and possibly dying.

Doctors can cure but they cannot make "healing" happen. Palliative care helps people understand that "healing" is always possible even when curing is not. Palliative care gives people the chance to have "the best care possible."



About the Author

Glen Komatsu, MD, is the Chief Medical Officer for Providence TrinityCare Hospice and Regional Palliative Care; Medical Director of TrinityKids Care; and Director of the Doak Center for Palliative Care at Providence Health & Services, Southern California.



For English translation, visit keiro.org/keiro-features

「しかたがない」医療から 「ベストな」医療へ

Keiro-プロビデンス「癒しケア」 プログラムの立ち上げにあたって

現在の医療の進歩は著しく、今までの常識を超える様々な治療が開発されています。治療不可能だった方が回復したり、新たな治療法の開発により以前よりはるかに長い間病気とともに生存することが可能となりました。これは素晴らしいことですが、実際は治療によって生存できるようになったとしても、以前とまったく同じ生活に戻れる可能性は高くはありません。まさに現代は病と「共に生きていく」人が増えている時代なのです。

こうした最新の治療を受けた方の話を伺ってみると、「本当は化学療法などうけたくなかった」「胃ろう管を挿入したくはなかった」が勧められるがまま受けてしまった」「本当に体がきつく、これからどうしていけばいいのか分からない」という方も多いのが現状です。

医療の進歩と共に選択肢も増え、その中には本人あるいは家族への負担が大きい治療もあります。しかし、医療の専門知識に詳しくない普通の患者が、痛みや倦怠感に苦しみ、不安な思いを抱えた状態で説明を受けたとしても果たして深く理解して正しい選択が出来るのでしょうか。患者と医者が協力して治療方針を決定することになっていいますが、実際には多くの場合、一方的に説明と選択肢だけ与えられた結果、深く理解でき

ず勧められるがまま治療を受けているのが現状ではないでしょうか。

「しかたがない」という言葉があります。治療にあたって、医療的な難しい説明の嵐に戸惑っているうちに本当は希望していなかった治療を受けてしまった方が思いのほか多く、特に日本人や日系人の方の場合「しかたがない」と受け止め我慢し続けているケースも少なくありません。

皆さん各々価値観や人生観、またその社会的状況により一番大切にしたいものも違います。ある人にとっては痛みがコントロールされ、自宅で穏やかに最期を迎えることがベストかも知れません。また別の方にとっては子供が立ち立ちできるまでは何としても頑張ることがベストかも知れません。専門医の先生方は限られた時間のなか、そうした話をする時間がないかもしれません。

また、症状が厳しく痛みや倦怠感などで苦しい時には先行きを考えることも、「自分らしく生きる」ことも困難でしょう。

私はアメリカに戻るまで、日本で10年近くホスピスケアに携わって参りました。人生の最終章を迎えた方に対していかに穏やかに、最期まで自分らしく生きていただくにはどのようなお手伝いができるか日々考えながら働いておりました。

しかし、ホスピスケアはごく一部の末期の患者しか受けることができないのが現状です。深刻な病の診断を受け、現在治療中の方、またこれから治療を開始する方のほうが、むしろ痛みや倦怠感、その他精神的な苦痛にさらされ、これからどうやって人生を生き抜

くのか不安で悩み苦しんでいらっしゃるのではないのでしょうか。

本当の緩和ケアとは、様々な病気を抱えたすべての患者に対し、深刻な病の診断を受けた時から、身体的、精神的、社会的な苦痛を和らげ支えていく医療なのです。

つらい症状がコントロールされ、また治療の意味、期待できる結果や限界の説明を受け、ご自身にとって何が一番大切なのかをゆっくりと考える機会を持つことができれば、選択肢はおのずと見えてくるはずです。



この度Keiroとプロビデンスが提携して「癒しケア」プログラム(Keiro-Providence Iyashi Care Program)を立ち上げることとなりました。皆様と一緒に、闘病されるご本人にとって「ベスト」でなおかつ「癒し」を感じられるような治療を考え、身体的、精神的な苦痛を和らげ、ご自分らしく生きられるようお手伝いできれば幸いです。

八浪祐一

Sam Nakaatari: Taking Control of My Health



Sam Nakaatari is a past participant of Keiro's Chronic Disease Self Management Program (CDSMP). Sam is now retired and lives at home with his wife and has attended numerous seminars in Orange County hosted by Keiro.

The following is a short interview with Sam, who shared his challenges and the knowledge he gained from this program.

1. Please share with us your health condition.

I had a herniated slip disk problem on my lower back which caused pain in that area and sciatic nerve. I also had pre-diabetes. The pain in my lower back was gone after the treatment, but the pain in my calf muscle remained.

2. How has your family supported you?

When I returned to work, my wife drove me to work at 7:00 a.m. and picked me up at 5:30 p.m. for three weeks. I was using a walker at work.

3. What are the most helpful tools you took from CDSMP?

I really have an appreciation for Action Plans and brainstorming. I learned that self-management is important not only for short-term health, but also for staying healthy long term. CDSMP provides tools like Action Plans. Several brainstorming sessions were great as well. We discussed many topics from how to deal with your pain all the way to how to avoid overeating at buffets. The topics were very diverse and everybody shared their ideas.

4. Anything you still use to this day?

I still use Action Plans every week. Action Plans helped me organize my schedule. For example, I swim for 30 minutes at the gym and walk on the treadmill for 15 minutes in the afternoon, five days a week, and pay close attention to my diet by eating chicken and fish, various vegetables and fruits for six days a week. I also avoid sweets and sodas.

5. What is the biggest change you have seen in your health after attending CDSMP?

I am no longer considered to be pre-diabetic. However I need to maintain my Action Plans for exercise and diet over a long term schedule. CDSMP helped me re-evaluate my health condition using structured programming, problem sharing and discussion, brainstorming (defining problems and finding solutions), and utilizing Action Plans.

Keiro Caregiver Conference

It's a personal journey...



Co-Presented by
Gardena Valley
Japanese Cultural
Institute

WHEN: Saturday, October 28, 2017

WHERE: Gardena Valley Japanese Cultural Institute

1964 W. 162nd St., Gardena, CA 90247

SCHEDULE:

12:00 PM – Registration & Lunch Hosted by SCAN Health Plan

12:30 – 3:10 PM – Keynote Presentations & Breakout Sessions:

- **Taking Care of SoMEone Else: Caregiving 101**
by Christina Irving, LCSW
- **Caring for Our Community: A New Keiro-Providence Partnership**
by Glen Komatsu, MD

BREAKOUT SESSIONS:

- A. Caregiver Panel – Long Distance Caregiving**
by Joanne Sato, Family Caregiver
Yoshiko Willhite, President, NALC USA &
Ray Shibata, Family Caregiver
- B. Managing Caregiver Stress**
by Akiko Takeda, LMFT, Little Tokyo Service Center
- C. Red Flags that an Older Adult Needs Help**
by Marsha Meyer, Pharm D., BCGP

3:10 – 4:30 PM – Resource Fair:

- Ask the Expert (Complimentary Consultations with Attorneys, Pharmacists, and/or Social Workers)
- FREE Health Screenings by SCAN Independence At Home

keiro.org/caregiver-conference/



Caregiving One Day at a Time

Many houses in the Los Angeles neighborhood of Crenshaw have been around for nearly a century. While some houses have been refurbished, time continues to slowly erode others. The Ikemura family is no stranger to the passage of time. Fujino, with her husband Yoshihiro, brought three young children from Japan to build a life in the United States. 50 years have passed since their arrival. Yoshihiro has passed away. Fujino now lives with her eldest son, Donald. Larry and Sandra have moved to other parts of Southern California.

For years now, Sandra has been living and working in Torrance. Recently however, she has had to

continue working even when away from her day job. Over the past five years, Sandra has grown into her role as a caregiver for her mother.

The main challenge Fujino faces, according to Sandra, is memory. "The short term memory is pretty much gone. She'll ask five minutes into a car ride, 'Where are we going?' or 'What's going on?'"

When Fujino got into a minor car accident in 2014 and forgot how her car became dented a few hours after, Sandra said, "That's when I think we knew something was wrong. I thought she had gotten a concussion or something, so I took her to the hospital to get her

scanned and the doctor said she was fine. But after that – I think that's when she started going downhill."

Being a caregiver is a very special role, and we care for others because we love them, yet caregiving can still be especially frustrating. As a caregiver, Sandra is self-managing the frustration that sometimes arises. Speaking on behalf of herself and her brothers, Sandra said, "I think we feel it more because we have history. So we get a little more upset if she can't remember something because she's not quite the same person she was before."

Despite the frustration, Sandra has learned to take some of her mother's

forgetfulness in stride. "Most of the time, it's not a laugh, but we do chuckle at some of the same things she'll keep asking. I hate telling my mom, 'you already told me that,' because I think she doesn't like hearing that either. So I have to keep myself from saying that."

While Fujino has been dealing with memory loss in recent years, Donald underwent his own medical challenges in 2016 and 2017, increasing Sandra's burden as a caregiver. Sandra explained, "Taking care of Donald was short-term, but when he first came back, he wasn't able to drive or get anything ready for dinner. I was either picking something up for him after work,

to assist with the cooking alleviated some of the burden on Sandra, and this family network is a common yet often overlooked aspect of caregiving.

As Donald recovered, he was able to help with Fujino. Sandra chuckled, "She's with Donald more often than she is with me, so I think there's more flare-ups. He'll get mad at her, but she'll get mad right back at him."

In order to give Donald some space and to relieve some of the tension, Sandra would take her mother out. She said, "Every Sunday, I would take her shopping so that at least she has somewhere to go when I'm with her. Most of my mom's friends

These questions about the waning independence that accompany aging are difficult to answer, but they are questions that need to be asked all the same. According to Sandra, "She probably wouldn't be very happy about being put in a facility. But in the future, watching her throughout the day is going to be something that we'll seriously have to talk about. Knock on wood, we're still not at that point, but we still do have to talk about it, realistically."

Caregiving can be a difficult role, but it's one that approximately one in three Japanese Americans find themselves in. With 97% of older adults now preferring to age at

"Being a caregiver is a very special role, and we care for others because we love them. Despite how much we may love the care recipient, caregiving can still be especially frustrating."

or on Sundays I would try to make something for them. Who really helped a lot was my sister-in-law. She stepped in and made dinner on Wednesday nights, and she made so much food that it stretched into two meals. It kind of turned into a group effort. She was originally doing it when Donald first came back from the hospital, but now the meal schedule is more manageable."

Caregiving can call on anyone to serve, and on many occasions, caring for a loved one is a family endeavor. Sandra's best efforts to provide the best care to her mother, while sufficient, had been complicated by Donald's medical situation. Having her sister-in-law

are either older or about her age. She used to go to Seinan, and when she used to drive, she would pick up other ladies and take them. A lot of my friends' parents used to be at Seinan too, but slowly my mom's friends have begun having similar problems. They're not able to make it out anymore."

Donald worried about what would happen to their mother when he started working again. Sandra said she advised him, "'Well...let's just take it one day at a time. If I make little onigiris and leave them out on the table, she'll eat some.' So he's leaving food out on the table and she'll eat it during the day."

home, it is an experience that is becoming more common among those who are close to aging adults. Caregiving is a very human experience, and each is unique, but as time passes, aging remains as a common, inevitable thread in every story. How will you care for those you love?

For more resources on caregiving, visit keiro.org/resources or call 213.873.5792.



California Hospital and Caregiver Law

Authored by Our Partners at AARP

Over 4.4 million California residents are caring for an older parent or loved one, helping them to live independently in their own homes. These family caregivers have a huge responsibility and while they wouldn't have it any other way, they need some support. One such support is the California Hospital and Family Caregiver Law.

This commonsense solution, which has passed in 39 states and AARP strongly supported, recognizes the critical role family caregivers play as their loved ones go into the hospital and as they transition home. Specifically the new law requires a hospital to offer a patient the opportunity to designate a family caregiver, when admitted, and have that name recorded in the medical record, notify the designated caregiver if the loved one is to be discharged to another facility or back home, provide the family caregiver

an opportunity to engage in the discharge planning process and to ask questions about the patient's post hospital care needs, and provide education and, when appropriate, instruction on the post hospital care, including medication management and proper use of medication delivery devices that the family caregiver will perform at home.

According to Daphne Kwok, a former member of President Obama's Advisory Commission on Asian American and Pacific Islanders, "This legislation largely increases family

autonomy. Sometimes it is hard to rely on hospitals and other healthcare institutions to provide the individually tailored care that our loved ones deserve. However, family caregivers may not always be confident caring for their loved ones. Giving families and their caregivers the education, instruction, and tools to assist their loved ones post-discharge is extremely beneficial. It also adds a crucial layer of accountability for healthcare institutions so that discharged patients have someone to care for them properly."

The Hospital and Family Caregiver Law is now law in California, meaning that all patients and their family caregivers should benefit from the supports it provides. To find out ways to make sure you receive this help in the hospital or for questions about the law, please contact AARP California at 866.448.3614.



Keiro and Little Tokyo Service Center Launch Partnership Initiative to Expand Assistance for Japanese Older Adults

For decades, Keiro and Little Tokyo Service Center (LTSC) have provided health and mental health-related services and programs for Japanese American and Japanese older adults and their caregivers. On September 14, 2017, the two organizations announced a partnership initiative to expand and enhance LTSC's existing bilingual services, while integrating Keiro's experience, knowledge, and resources.

Through a three-year, \$500,000 commitment from Keiro, the collaboration will:

- **Enhance programs at the Far East Lounge.** The Far East Lounge, LTSC's multi-purpose gathering space for older adults in Little Tokyo, organizes fun activities to improve memory, physical health, and social wellbeing, as well as reduce isolation and depressive symptoms. Keiro funding will support the addition of a counselor to help older adults and their caregivers connect with needed social services, offer educational workshops, and broaden LTSC's community engagement efforts to reach more seniors.

- **Expand LTSC's capacity to serve caregivers through a caregiver support specialist.**

LTSC's bilingual social services staff assist older adults and their families with tasks such as navigating government benefits, translating health and government-related documents, facilitating support groups, and maintaining a registry of care providers for those needing assistance in the home. The addition of a caregiver support specialist will allow to LTSC to serve more families as they care for their loved ones.

- **Supplement LTSC's client assistance programs.** LTSC's client assistance programs provide temporary aid to older adults without other resources, to help them overcome financial predicaments.

Through this partnership, Keiro and LTSC hope to sustain underfunded programs, outreach to those older adults in need, and promote healthy and independent living for them and their caregivers.

Keiro's Vision Framework

Support for older adults continues to be ever more critical as the senior population in the U.S. continues to grow. The Japanese American and Japanese community is also getting older and choosing to live at home as long as possible.



Understanding all of this, Keiro's mission remains the same: To enhance the quality of senior life in Our Community. The core values upon which Keiro was founded – respect for the elderly, integrity, compassion, community, stewardship, and cultural sensitivity – also have not changed, as we continue our commitment to supporting older adults in the Japanese American and Japanese community to live with the dignity they deserve.

Keiro's programs, initiatives, and partnerships serve the highest needs of older adults and caregivers within Los Angeles, Orange, and Ventura counties. One-quarter of all Japanese American adults are age 65 and older, nearly twice the number of 65+ adults in the general population. And today, approximately one in three Japanese Americans is a caregiver. Of the 57,000 Japanese American and Japanese caregivers in Keiro's tri-county service area, two-thirds are women and most care for family members. As people are living longer and choosing to age at home, caregiving demands have steadily increased.

As the health care system becomes more complex and the cost of care increases, Keiro looks to maximize its impact by aligning with changing community needs; developing innovative partnerships with community organizations, public and other service providers;

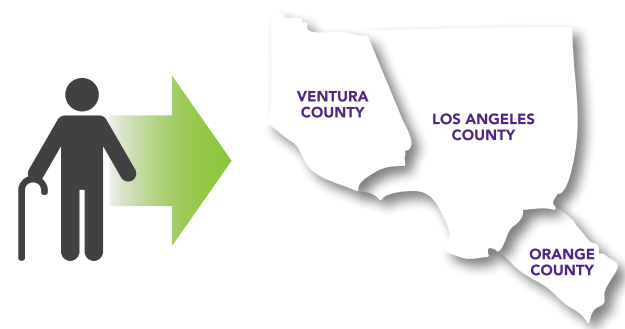
1. Meng YY, Rahman T, Pickett MC, Ponce NA. 2015. *Health and Health Behaviors of Japanese Americans in California: A Sign of Things to Come for Aging Americans?* Los Angeles, CA: UCLA Center for Health Policy Research.

providing a grants program to support organizations serving older adults and their caregivers; and creating networking opportunities for service providers and community groups.



Keiro supports older adults in our community to age with confidence by providing them with knowledge, resources, and assistance, so they can effectively manage their wellbeing wherever they call home. And Keiro continues to expand our work with fellow service providers, local agencies, and community organizations to enhance the support systems of caregivers including addressing the physical, psychological, and financial burdens of caregiving. Keiro also remains committed to the residents of its former facilities by providing support, resources, and culturally-sensitive programming to complement the services provided by the current owners and operators.

As the needs of our community's older adults evolve, Keiro has been and will remain a mission-driven organization dedicated to improving the quality of life for Japanese American and Japanese older adults and their caregivers.



Going forward, Keiro is expanding its reach to broadly **ENGAGE AND SUPPORT THOUSANDS OF JAPANESE AMERICANS + JAPANESE OLDER ADULTS** in Los Angeles, Orange, and Ventura counties.



Keiroの理念とビジョン

米国社会の高齢化が進むにつれて、高齢者への支援は今まで以上に重要性を増しています。日系アメリカ人および日本人コミュニティにおいても高齢化は進み、できる限り在宅での暮らしを選ぶ方が多くなってきています。

変わりゆく社会を理解した上で、Keiroのミッションは創設時と変わらず、「我々のコミュニティの高齢者の生活の質の向上」です。Keiroの核となる価値観—高齢者への敬意、誠実さ、思いやり、コミュニティ、ステewardシップ（監督・報告責任）、文化的背景への配慮—も創設時より変わっておりません。これらの理念の下、Keiroは日系アメリカ人および日本人コミュニティの高齢者が保たれるべき尊厳を持ちつつ生活していけるよう、引き続き支援して参ります。

Keiroのプログラム、独自の取り組みやパートナーシップはロサンゼルス、オレンジ、ベンチュラカウンティに住む支援が最も必要な高齢者および介護者を支援しています。日系アメリカ人成人の25%は65歳以上です。これは、全人口の65歳以上の倍の割合にあたります。そして現在、日系アメリカ人の3人に1人が介護者といわれています。ロサンゼルス、オレンジ、ベンチュラカウンティに住む約5万7千人の日系アメリカ人介護者のうち、3分の2は女性で、大半は自分の家族を介護しています。人々がより長生きし、在宅での生活を選ぶことが多くなるにつれて、介護者のニーズと負担も増えています。

医療制度が複雑化し、介護のコストが増える中、Keiroは最大限のインパクトを与えられるよう、コミュニティの変わりゆくニーズに応えて参ります。コミュニティセンタや公共サービス組織との革新的なパートナーシップと協力、高齢者やその介護者を支援する団体への助成金プログラム、そして様々なサービス提供者やコミュニティグループの情報交換の場を設けて参ります。

Keiroは、日系アメリカ人と日本人高齢者が「我が家」と呼べる場所で健康を保ち、安心し、又自信を持って年を重ねられるお手伝いができるよう、知識やリソースを提供しています。そしてKeiroはサービス提供者や地方機関、コミュニティセンタとの協力を通じ、介護者にかかる体力的、精神的、経済的負担軽減への支援制度を強化、拡大して参ります。Keiroは、現在のオーナーや運営会社が提供するサービスに補足する形で引き続き旧敬老施設の居住者への支援、リソース、文化的背景を考慮したプログラムを提供していきます。

私たちのコミュニティの高齢者のニーズが変化していく中、Keiroは今まで通り日系アメリカ人、日本人の高齢者および介護者の生活の質の向上という理念を掲げ、支援を続けて参ります。



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Keiro in the Community



Keiro Community
Convening
September 20, 2017



Supporting Board Member
Jeff Folick at Nisei Week
Pioneer Luncheon
August 23, 2017



Keiro Interns Lead
Workshop on Hanging
Out with Older Adults at
Kizuna Summer Camp
June 27, 2017

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