

# Connecting Caregiver Consultants in Northeastern Minnesota

Story and photos  
by Burton Laine



**“I get called when something is going wrong or they need some help and they don’t know where to turn.” Caregiver consultant Mary Hellman works with the Duluth, Proctor, and Hermantown area. She works for the Area Agency on Aging, a division of ARDC.**

“It’s very hard to get things lined up quickly when there is a crisis. It’s better to do some planning for mom and dad earlier,” says Harry Grinage, caregiver consultant in Hibbing. That seems to be an underlying theme for caregiver consultants, a little-known service in the region that is helping the growing population of caregivers who are taking care of family members or friends. Caregiver consultants work in every county in northeastern Minnesota. They don’t just do referrals; anyone can call a caregiver consultant to make the connections for help and make sure they get a response.

Caregiver consultants provide the connections to services and programs in the region when caregivers are having a hard time figuring out what to do next. “We get a lot of calls because people are confused about what to do first,” says Mary

Hellman, caregiver consultant in Duluth, Proctor, and Hermantown, who is located at the Area Agency on Aging. “Something is going wrong or they need some help and they don’t know where to turn. I try to be the one go-to person so they don’t have to go to many different places to figure out where to go for help. We want people to know that we’re available to help with questions. We can be called direct; you don’t have to be referred to us. If you don’t know a phone number for the care consultant in your area, you can call the Senior LinkAge Line to get it.”

According to Cindy Conkins of the Area Agency on Aging, “Most people become drafted into the role of caregiver and find themselves unprepared for the job. They often wear the hat of nurse, driver, bill payer, cook, and navigator of a complex long-term care system. Many

end up running a marathon they never signed up for, and they need to take care of themselves also.”

Hellman also is located periodically at the Denfeld Clinic in Duluth. “Many contacts from doctors are dementia related. I will get questions ranging from snow removal to help because of a medical condition. Sometimes a person needs to just realize, ‘Hey, I am a caregiver and am stressed out and need someone to talk to and find out about help.’ Recently a caregiver needed surgery and her husband who had dementia couldn’t be left alone, so they needed help while she was in the hospital,” she says.

“I get referrals from the Senior LinkAge Line as all the care consultants do, and we call the caregivers,” Grinage says. Grinage has an office at the Fairview Mesabi Clinic in Hibbing three days a week Monday,

Tuesday and Thursday. He finds it's important to have visibility and to be involved with a variety of organizations. "I have acquainted most of the hospital staff including some of their physicians and they give me referrals. The clinic has located me near the check-in area of the clinic, and I have been there two and a half



**"The sandwich generation — they are the forgotten people." Caregiver consultant Harry Grinage, located at the Fairview Mesabi Clinic in Hibbing.**

years. A lot of people just walk up to me and ask questions. There is also another desk by me with a desktop computer that people can use to look up resources when we are talking. I'll frequently refer people to the website MinnesotaHelp.info and they can search for services. In addition, people know how I can help because I belong to rotary, am on the board of Habitat for Humanity. I have two support groups -- one focused on caregivers of people with Alzheimer's and Parkinson's and another for caregivers of people who have autistic or fetal alcohol disorders. The word gets out so I get frequent referrals from people in these organizations. I work with families that have a disabled family member also, sometimes a youngster."

"I usually will work with 12 to 15 people per day," Grinage adds. "Most of these are asking specific questions, and I keep track of names and phone numbers in case I need to follow up on them. A quick example is one informal client who came into the clinic to just chat with me. She was complaining how hot it was in her apartment and she didn't have air

conditioning. I immediately thought of the Center for Independent Living in Hibbing and called them to see if they had a fan they could give her. They said "yes", so I picked it up at their office and called her and brought it to her apartment. That's the kind of help I can do without doing a complete assessment."

The complete assessment he refers to is one that would be done by a county financial worker to determine low-income eligibility for public assistance programs. The caregivers interviewed all said that if a person may qualify, they will make sure the connection is made. Diane Windsnes is a caregiver consultant in International Falls who is located at Kootasca CAP. She explains, "Sometimes I'll get involved to help them fill out paperwork because it's so complicated. I'll get calls where a person will say, 'I don't know where to start,' and that includes not knowing what paperwork needs to be done. What kind of documents will I need to have? Then there are some people who have no one to help—no children, no siblings. They are often confused and don't know where to

turn. The public health nurse and I will often make referrals back and forth."

The cost for caregiver consultant services varies by county. Some counties do it totally by donation without a fee structure. Another county may have a sliding fee scale.

"I've been in the community for about 40 years and I've been doing this for nine years," says Windsnes. "We're in the Forestland Annex that has several community service organizations located there. I visit a lot of people in their

homes when they need assistance. A lot of people call because of word-of-mouth. I get eight to ten phone calls a day. I'm so well-known in the community, I've had to start going to the grocery store at 10:00 at night. If I go earlier I don't get out until then anyway because people keep asking me questions." In her brochure, a caregiver is defined as helping someone with daily tasks of meals, chores, paying bills, medication reminders, transportation, personal grooming, daily contact, or security matters. "We have a lot of people who are long-distance caregivers who may live in California or Washington that I help."

Because each county has different resources available, the caregiver consultants all have to develop their own network of contacts. Windsnes says, "I was a discharge planner at a hospital, so I had a network before taking this job. I got a call recently from an employee benefits organization in the Twin Cities because they were concerned with a person on their program in International Falls. We almost always follow up to make



**“We know where these caregivers are coming from and we want to be helpful.” Caregiver consultant Diane Windsnes, Koochiching County Caregiver Support Program in International Falls.**

sure a client makes the connection with another organization for help. It’s amazing how many people are very willing to talk to a stranger when they need help.”

Grinage knows what it’s like, because he has been a caregiver for family members himself. His previous work experience was with the airlines, but when he retired he wanted to do something else. “Now I do this for fun,” he says. He has also needed to develop his own network of contacts. “MinnesotaHelp.info is a great resource, but I’ve had to develop my own database for referrals on my laptop computer. I’ll just pull it up on my computer and tell them to call *this agency*. But I usually call the agency first to let them know the call will be coming. Many of the people I help have gone through a maze of trying to find out ‘who can help me with this issue’ and the last thing I want to do is give them a phone number and end up in the electronic loop. We have to make

sure the information we give out is correct and be willing to follow up in some cases. When I talk to someone on the phone the first time, I can feel the tension right away. We both get phone calls where it is evident the people just need someone to talk to who will listen to them about their situation. Caregivers really are the forgotten people—the care receivers get some agency assistance, but there isn’t anything much for the caregivers. The sandwich generation—they are the forgotten people. They work a 40-hour work week and then come home and need to do caregiving.”

Hellman came to the caregiver consultant role after answering questions on the Senior LinkAge Line and still does that as a part of her job, so she has a ready-made reference network. “Sometimes a person is wary about trying something new or doesn’t want to take advantage of possible services, so I’ll encourage them to just try it once. It doesn’t have to be a long-term commitment

right away. When I make a referral I prefer they make the call and I’ll follow up to make sure they were helped. Other times I’ll need to help them make a contact. An example may be a wife who is proud and doesn’t want it to look like she can’t take care of her husband, so she says he doesn’t want anyone to come in. But he actually wants company and would love to have someone come in to help.”

“I do family conferences also,” says Windsnes. “There is an example where there are six siblings and mother, and they are assessing whether mom can stay in her home. We’ve had several Friday night meetings when they can all get here and have worked to decide with mother what decision to make. We learn to work with family dynamics. We have to use our listening skills to the utmost because they are all coming from different places. I have to go in with no preconceived ideas because it’s a small town and I may know them from before.”

“Molly Josephson, another caregiver consultant in our area, and I just finished a family mediation training sponsored by the University of North Dakota, so we are certified to do family mediation sessions in Minnesota,” says Grinage.

All of the care consultants see the need for caregivers to take care of themselves. “Sometimes I will ask a caregiver, ‘If something happens to you, what will be your alternative plan to take care of mom or dad?’ They usually haven’t thought about that,” says Windsnes. “One of

our main goal is to let caregivers know we are there to help them. They don't have to wait for a crisis to take care of things. That crisis can include animals also, where someone has to take care of their pets if a person goes into the hospital. And many of the people we work with are doing multi-generational caregiving. I'm helping in a situation where a 70-year-old is taking care of an ailing spouse and grandchildren at the same time."

"I will often do an assessment with the caregiver for their needs also. Sometimes the caregiver by default ends up being friends and neighbors because there aren't any relatives in town," says Hellman. Grinage adds, "There is an astonishing figure that in some cases caregivers have a higher mortality rate than the care receivers because they don't take care of themselves while taking care of mom or dad."

"I recently helped a 60-year-old man who is taking care of mom and dad in their 80s," says Grinage. "One of the parents has Alzheimer's. He saw



Some of the region's caregiver consultants that recently attended a training session include Kelly Baily (right front), Diane Windsnes, Molly Josefson. Back row right Mary Hellman, Linnea Renner, Linda Kinnunen, Harry Grinage, Kristine Dwyer.

a card on the table at the clinic and called me for help. I've got a 90-year-old client, the wife, who is looking after her 92-year-old husband who has Alzheimer's. She wanted to have someone to help so she could go shopping and to church. She was very organized, and we got her some help for mister while she went to do her things. I was worried about her health, and she said she goes out and walks around the block twice early every morning for exercise."

"We're trying to keep people in their own homes longer instead of going into nursing homes," says Hellman. Grinage feels, "Our first purpose is to help caregivers, but

I also think we're saving the state of Minnesota a lot of money because mom or dad can stay at home an average of 18 months longer instead of going into a long-term care facility. If you convert that to \$5,000 a month for long-term care—for 18 months that adds up."

The caregiver consultants are stretched in their positions also and have to take care of themselves. "I have to say we couldn't do what we are doing without the help of Cindy Conkins of ARDC (Area Agency on Aging)," says Windsnes. "She gets us all together to network and support each other."

She adds, "I did caregiving for my mom and dad, and you do get in a bind in the sandwich generation and you only have so much time in your life. We know where these caregivers are coming from and want to be helpful."

A listing of caregiver consultants along with contact information is on the following page.

# Caregiver Consultants in Northeastern Minnesota

## CARLTON COUNTY

Kristine Dwyer  
Caregiver Consultant  
Caregiver Connection Program  
Carlton County Public Health  
30 10th Street  
Cloquet, MN 55720  
218-878-2893  
Service Area: Carlton County  
kristine.dwyer@co.carlton.mn.us

## KOOCHICHING COUNTY

Diane Windsnes  
Caregiver Consultant  
Koochiching County Caregiver  
Support Program  
1000 5th Street  
International Falls, MN 56649  
218-283-7030  
Service Area: Koochiching County  
diane@kootasca.org

## LAKE COUNTY

Linda Kinnunen  
Caregiver Consultant  
Community Partners/Living at  
Home Block  
Nurse Program  
505 1st Ave.  
Two Harbors, MN 55616  
218-834-8024  
Service Area: Two Harbors  
commpartlinda@frontiernet.net

Susan Michels  
Program Director  
North Shore Area Partners  
LAH/Block Nurse Program  
Rm 21 - 99 Edison Blvd.  
Silver Bay, MN 55614  
218-226-3635  
Service Area: Silver Bay, Finland,  
Beaver Bay, Little Marais  
susan@nsap.org

## NORTH ST. LOUIS COUNTY

Harry Grinage  
Caregiver Consultant  
Range Respite, Inc.  
1309 20th Street South  
Virginia, MN 55792  
218-749-5051  
Service Area: Iron Range  
Communities  
hgrinage@rangerespice.org

Linnea Renner  
Northwoods Hospice & Respite  
Partners  
328 West Conan Street, PO Box 51  
Ely, MN 55731  
218-365-2300  
Service Area: Ely, Babbitt, Tower  
northwoodshrp@frontiernet.net

Ericka Coombe  
Caregiver Consultant  
RMH Adult Day Services Program  
Wm. J. Bell Bldg - 504 1<sup>st</sup> Street  
North  
Virginia, MN 55792  
218-741-4714 (Of ce)  
218-780-4166 (Cell)  
Service Area: Iron Range Commu-  
nities  
ecoombe@rangementalhealth.org

Molly Josefson  
Caregiver Consultant  
RMH Adult Day Services Program  
Wm. J. Bell Bldg -504 1<sup>st</sup> Street  
North  
Virginia, MN 55792  
218-741-4714 (Of ce)  
218-780-9591 (Cell)  
Service Area: Iron Range Commu-  
nities  
mjosefson@rangementalhealth.org

Donna Tracy and Kelly Bailey  
Floodwood Services and Training  
Caregiver Support Program  
601 Ash Street  
Floodwood, MN 55736  
218-476-2230  
Service Area: Floodwood,  
Meadowlands, Brookston  
kbailey@fst2b.org, dtracy@fst2b.org

## DULUTH AREA

Mary Hellman, Resource Specialist  
Senior LinkAge Line Resource  
Specialist  
221 West First Street  
Duluth, MN 55802  
218-529-7522  
Service Area: Duluth, Herman-  
town, Proctor  
mhellman@ardc.org

## ITASCA COUNTY

Penny O'Brien  
Caregiver Consultant  
Eldercircle  
10 NW 5th Street  
Grand Rapids, MN 55744  
218-327-1634  
Service Area: Itasca County  
penny@eldercircle.org

## NORTHEASTERN MINNESOTA DEMENTIA CARE

Esther Gieschen  
Director  
Alzheimer's Association – North-  
ern Regional Of ce  
2002 West Superior Street, Suite #2  
Duluth, MN 55806  
218-733-2560  
Service Area: Northeastern  
Minnesota  
esther.gieschen@alz.org

# Statistics about caregivers from the Minnesota State DHS Website

In 25% of U.S. households someone is caregiving for another person.

61% of caregivers are female and 39% are male.

The typical profile is a 46-year-old working woman spending 18 hours per week caring for a 77-year-old mother.

The average duration of caregiving is 4.6 years.

59% of caregivers work full or part time.

43% of caregivers are over the age of 50.

48% of caregivers are helping 8 hours or less per week.

23% of caregivers are helping 9 to 20 hours per week.

8% of caregivers are helping 21 to 39 hours per week.

17% of caregivers are helping 40 hours or more per week.

In a 2004 survey by AARP, caregivers provided this information (also from the DHS website):

25% of caregivers feel emotionally stressed.

51% spend less time with friends or family.

44% give up vacations, hobbies, or social activities.

26% exercise less.

57% have problems being tardy to work, have to leave early, or take time off.

10% go from full-time to part-time work.

6% have to quit working to be a caregiver.

<http://www.dhs.state.mn.us>