

## Parents Are Hard To Raise S03 Episode 115 - Transcript

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[00:00:37] This week on Parents Are Hard To Raise, Diane talks with Dr. Doug Oliver about an innovative program in Ontario, Canada that is bringing people, communities and health care teams together to help our aging parents stay healthier, longer.

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**Diane Berardi** [00:01:11] Welcome to Parents Are Hard To Raise. Helping families grow older together without losing their minds. I'm elder care expert Diane Berardi.

[00:01:21] Dr. Doug Oliver is an associate professor in the department of family medicine at McMaster University in Ontario, Canada. His passion for elder care has led him to develop many innovative programs including a community based health care program called, Health tapestry, which is aimed at promoting optimal aging for those people living out their lives in the community. It's a fantastic program and he's here this week to tell us all about it.

[00:01:51] Dr. Doug Oliver, welcome to Parents Are Hard To Raise.

**Doug Oliver, MD** [00:01:55] Thanks so much, Diane. Great to be here.

**Diane Berardi** [00:01:57] So Doug, tell us about the tapestry program.

**Doug Oliver, MD** [00:02:02] Well tapestry is a program that starts with primary care, in your family doctor's office, and it's available and open to people in a lot of communities here in Ontario. For anyone over the age of 70 that wants to learn more about aging optimally in their own home.

[00:02:19] That's a goal that many people have and it involves a lot of different elements this program. It's about getting community involved with helping to support our older adults in our communities. It's about primary care working in teams to sort of deliver care that's focused around a patient's specific goals. So yeah, we're really, really excited about a number of partnerships including with the Canadian Red Cross who's the volunteer organization partnering with us and going out into people's homes to help support healthy aging.

**Diane Berardi** [00:02:51] Yeah. How did this project come about? How did this program come about?

[00:02:58] Well one of the impetus is for some of the original thinking was in 2010 Canada hosted the Winter Olympics in Vancouver. And a number of individuals in my department, a lot of people I work with now, we're reading about the amazing volunteer outpouring. For an Olympic Games to be able to get 80 thousand citizens to volunteer for two weeks to help elite athletes come out. It really just made us think what would happen if we could tap into that volunteer spirit and our country and actually help with with individuals that are

maybe struggling with different things in their own lives day to day, and really help with our health care system.

**Diane Berardi** [00:03:37] That's fantastic. When you think about all those volunteers, my gosh. So you use volunteers to reach out into the community so tell us how that works.

[00:03:49] Yeah. So the volunteers there people from the community. We have students from McMaster University and other colleges and universities around Ontario that are stepping up to say you know we're the next generation. And we want to help the generation that came before us and learn more about those individuals. And we also have volunteers that are more experienced, more seasoned, retired nurses, retired teachers, retired paramedics, people that have an awful lot to continue to give. So that's who the volunteers are. And they go out in pairs and into my patient's homes and they ask them a whole bunch of information about what their goals are related to their health. So, What matters to you? Is the question that we start with rather than, "What's the matter with you?"

**Diane Berardi** [00:04:36] Great. So it's looking at the person, not the illness.

**Doug Oliver, MD** [00:04:40] Absolutely yeah.

**Diane Berardi** [00:04:43] And I love the college students, because I love the intergenerational aspect of it. As well as retired teachers, nurses. Everyone has so much to offer. And I'm sure your clients love the younger people coming and coming into their home and talking to them.

[00:05:06] Yeah. It brightens their day. I mean it's amazing the change in the dialogue and the conversations that happen when people are coming into your home. Right? You're more relaxed. You're in your own space. And these people are opening up. Often a heck of a lot more than they do when they come in for a regular visit with me.

**Diane Berardi** [00:05:24] Sure.

**Doug Oliver, MD** [00:05:25] So the volunteers are learning some amazing things about these people's lives that I've... I've known these folks for 15, 16 years in my practice, but I'm getting to know them in a very different way because of the way these conversations are structured in their home and because of the amazing work that our volunteers are doing to bring that information back to my clinic space so we can plan care in a different way. We're trying to innovate. We're trying to get away from just conversations about single diseases and really looking as you mentioned earlier at that whole people and what matters to them and what's important in their lives.

**Diane Berardi** [00:06:03] I suppose, yeah. They would open up probably more. And you probably would find out things that might be wrote... That Probably are relevant to their care, but they most likely would not have told you.

**Doug Oliver, MD** [00:06:16] Absolutely. And a perfect example of that is bladder incontinence or bowel incontinence. Right? People are sometimes embarrassed to bring that up to their doctor or to their nurse. And it shocked us that they are willing to share this information with volunteers that are there. And honestly prepared to ask them the questions and able to promise them that the care team is going to do something about it. We're actually there to help and this is stuff that we can do very effectively.

**Diane Berardi** [00:06:47] Why do you think that is? That they would share with the individual coming into their home as opposed to maybe telling you or...

**Doug Oliver, MD** [00:06:56] Yeah. Part of it's a function of who these Red Cross volunteers are. And how they approach... You know I'm not... I'm not suggesting for a moment that I approach my work in a in an intimidating or threatening way. But there is something more formal about booking an appointment to go see your doctor. And I don't mean to imply that the patients aren't opening up to me or other physicians all across North America. They open up to us every day about important stuff. But there's just different layers and different nuances that we're learning about our patients. That that may not come up in the context of a regular 15 minute visit. Right? So, a 90 year old patient who I've known for 15 years. And I didn't know he was a Holocaust survivor. I didn't know what his teenage years were like. Because I spend all my time talking to him about other important things. His diabetes, his blood pressure. But the volunteers got that on the first day and it is really added an immensely important layer to my relationship with him and how we can continue to plan care. That's an example of some of the stories that we're hearing from physicians in this program and other communities across Ontario.

**Diane Berardi** [00:08:07] Do people open up, maybe about falling in the home or...?

**Doug Oliver, MD** [00:08:13] Yeah. I mean we asked specific questions about that. So the volunteers are also trained to do some basic safety assessments. And one of the questions that we ask everybody is, Have you had a fall in your home or anywhere in the last 12 months? And not surprisingly a number of individuals have but didn't think it was important enough to bring up to their doctor in a patient visit.

[00:08:38] But we... so, when I say a number of people I mean 30 percent of the patients that are going through our program have had a fall in the last year, which is consistent with data across Canada and the US.

**Diane Berardi** [00:08:49] Yeah. Yes.

**Doug Oliver, MD** [00:08:50] For this age group. And a lot of people don't report the falls. But it's important to hear about it even though there wasn't a catastrophic injury because having had one fall is the number one predictor for having another one in the future. And so there's a lot of preventative, proactive care that we can plan for that person to really make sure we prevent that next one if we know they've had one.

**Diane Berardi** [00:09:11] No and that's so important. I know with my parents I'm on this road to both of them you know all these doctors... And they don't... I think they just tell the doctor what they think he might want to hear.

**Doug Oliver, MD** [00:09:26] Oh Yeah.

**Diane Berardi** [00:09:26] They don't tell the truth. You know I'm looking at them like, No. That's not right. No, that didn't happen. No, you didn't eat that. No, you don't take the medication right. You know and all these things. And I do suppose though, you know when the physical therapist comes into the home, with my mom or the nurse, she sometimes will be a little more truthful. Being in the comfort of their home, I guess.

**Doug Oliver, MD** [00:09:56] Exactly. And not only that you can see the truth when you're in somebodies home. Right?

**Diane Berardi** [00:10:00] Right. Yes.

**Doug Oliver, MD** [00:10:00] The volunteers are also eyes and ears for us.

**Diane Berardi** [00:10:03] Right.

**Doug Oliver, MD** [00:10:04] They can see if there's a full pill pack on the kitchen table, where the person's missed medications for the last week. And they can see if there are throw rugs all over the place and poor lighting that are going to increase the risk of falls. And like that's the stuff that you know as you said they can come into my office and put on their best self.

**Diane Berardi** [00:10:22] Yes.

**Doug Oliver, MD** [00:10:23] And then present what they want me to hear. But being in the home... And I should mention, I mean I do a lot of house calls as well. I'm out there a half day every single week in the homes of patients that are frailer and can't get into my office.

[00:10:38] I mean that's a big part of the work that we do here as well in our family health team.

**Diane Berardi** [00:10:41] Yes.

**Doug Oliver, MD** [00:10:42] But I can't see everybody. Right? So having these volunteers working as an extension of our primary care team it's we're really just increasing the size of our workforce in health care, at a benefit to the volunteers and a benefit to our patients.

**Diane Berardi** [00:11:00] And you know here we have such a shortage of health care personnel, and this using volunteers. It's a fantastic program. Because you do have people being able to go out in the community. Yeah. And an extension of you where it's not someone who has that job. It's someone who wants to volunteer and give their time and be helpful. Do you have that problem in Canada?

[00:11:33] Oh, yeah. For sure, we do. I mean you know shortages, and in particular home care.

**Diane Berardi** [00:11:39] Yes.

**Doug Oliver, MD** [00:11:39] It is hard to hire enough of a workforce. And be able to afford of enough of a workforce to be able to provide the care that a lot of our older adult patients and citizens need in the home. So yeah it is it is a similar problem up here north of the border. And I think some point emphasized too that programs like health tapestry you know these volunteers are not taking away paid jobs.

**Diane Berardi** [00:12:03] No.

**Doug Oliver, MD** [00:12:04] They are adding to the work that the rest of us are doing. Right? In a new way they're adding value by going out and having more proactive conversations with people. Let's not wait until you've had that fall to start, and broken your hip. Right? And now we're going to start talking about fall prevention. Like let's get out

there before you've had a crisis, when you're still doing fairly well on your own, and find out about your nutritional status and how socially activated you are and how much physical activity you're doing in your day. These are the types of things that our volunteers are getting at. And it's really allowing us to focus on preventative care.

**Diane Berardi** [00:12:41] Yeah. How much training do the volunteers have?

**Doug Oliver, MD** [00:12:46] Yeah. So they go through two phases of training. So they get trained fully by the Canadian Red Cross standards to be certified Red Cross volunteers. So they would be able to go out into disaster zones, if that was needed. But then there's another full day to a day and a half of a specifically health tapestry training around this program, to learn about safety in the home, to learn about how to use the iPads that are going out into the home and the different apps that we use to ask the questions and gather information. So, it's a pretty extensive training program. All in, it would be probably two and a half days and there's an online component as well.

[00:13:30] Yeah. So they're pretty... They're pretty well pretty well trained and they've been very, very loyal. Amazing group of volunteers. They're the heart and soul of the program.

**Diane Berardi** [00:13:38] Oh my gosh. It's just it's wonderful. And we're going to continue talking with Dr. Doug Oliver. But first, if you're a woman or there's a woman in your life, there's something you absolutely need to know.

[00:13:53] I want to tell you about my friend Katie. Katie is a nurse and she was attacked on her way home from work. She was totally taken by surprise. And although Katie is only 5 feet tall and 106 pounds she was easily able to drop her 6 foot 4, 250-pound attacker to his knees and get away unharmed.

Katie wasn't just lucky that day. She was prepared.

In her pocketbook, a harmless looking lipstick, which really contained a powerful man stopping aerosol propellant.

It's not like it was in our grandmother's day. Today just going to and from work or to the mall can have tragic consequences. The FBI says a violent crime is committed every 15 seconds in the United States. And a forcible rape happens every five minutes. And chances are when something happens, no one will be around to help.

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Darkness brings danger. Murderers and rapists use darkness to their advantage. We all know what it's like to be walking at night and hear footsteps coming at us from behind. Who's there? If it's somebody bad, will you be protected? Your life may depend on it.

My friend Katie's close call needs to be a wake up call for all of us. Myself included. Pick up a Lipstick Bodyguard and keep it with you always.

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**Alexa** [00:16:21] Getting the latest episode of Parents Are Hard To Raise. Here it is for my iHeart Radio.

**Announcer** [00:16:27] It's as simple as that.

**Diane Berardi** [00:16:29] You're right Dolly. There are so many really cool new ways to listen to our show. It's hard to keep track. You can join the 180 million listeners on Spotify. You can listen in your car, at the gym, or pretty much anywhere on your smartphone, with Apple podcasts or Google podcasts. You can get us on Apple TV, Direct TV, Roku. And like Dolly said, you can even ask Alexa to play the show for you.

[00:16:54] It's great, because you don't have to be tied to a radio anymore. You can listen when you want, where you want, for as long as you want. And if you're listening to the show in one of these new ways please do me a favor. Share this new technology. Help someone else learn about the show and show them a new way to listen.

[00:17:13] So Doug. I'm wondering, how would mom or dad become part of health tapestry?

**Doug Oliver, MD** [00:17:23] Well uh... Your mom and dad would have to move to Ontario. [laughing]

**Diane Berardi** [00:17:31] [laughing] I was saying to my producer, before... I wonder if my mom and dad can go... [laughing]

**Doug Oliver, MD** [00:17:39] I'll mail them my card. [laughing]

**Diane Berardi** [00:17:41] Thank you.

**Doug Oliver, MD** [00:17:41] Yeah. So you know our goal...

[00:17:44] We're at this interesting phase of the program where we're actually we have the luxury of being able to study it. We're having. We have funding to do some randomized controlled trials and just make sure that it's really cost effective and that it's actually helping the people that we want to be helping. So it's you know it is, Having said that... Even though it's a research program, it is also a fully rolled out program in six different communities in Ontario. So Hamilton, Ontario, which is where I'm sitting right now, is sort of ground zero for health tapestry. We've been running it here for about five years and you know we've had probably in excess of 600 people go through it from start to finish, in that time. And they are just giving us an amazing gift of their time and energy, I'm talking about

the patients here as well. Because they're it's their information that we're using to be able to study this and make sure that we can help people the best way possible.

[00:18:32] So I mean basically in our sites they can either self refer, they can just come into their doctor's office and say, Hey, I'd like to sign up for health tapestry. Or they can get a referral from their family doctor or anyone on their allied health team. So we have I'm fortunate to work in a family health team with pharmacists and physiotherapists and occupational therapists right in my building. So any of those folks can make a referral for the program and then they've got a direct line to the Red Cross and they'll have people open their house within a couple of weeks.

**Diane Berardi** [00:19:00] Wow. I love the volunteer. I love it.

**Doug Oliver, MD** [00:19:05] Yeah.

**Diane Berardi** [00:19:05] And you get, you know they're staying in the community and they're living out their lives in the communities. That's so important.

**Doug Oliver, MD** [00:19:17] Yeah. One of the things we found the first randomized control trial, which we just published in the Canadian Medical Association Journal a couple weeks ago, I mean we found that the care that these individuals are receiving did shift from you know less emphasis on hospital based care and emergency room visits and more emphasis into our primary care setting. Which of course is a more affordable and preferable way to receive your care. If you don't have to be in the emergency departments. Let's find some way to keep you in the community. So that's what this is all about.

**Diane Berardi** [00:19:47] And how do you get support from the communities, to support the older adults?

**Doug Oliver, MD** [00:19:53] Yeah. For this program, it is starting in every community we've been in with primary care teams. So groups of family doctors and their allied health colleagues that that want to participate. So they've signed up voluntarily. We reached out to again six different communities here in Ontario and they all said Sign us up we want to we want to give this program a try and we want our patients to have access to it. So, and then and then the Red Cross side, the Canadian Red Cross, you know they've of course got offices and a presence in almost every community in Ontario. So that's been a great connection for us to have. So yeah, I mean it's been pretty amazing to see the level of interest and energy and enthusiasm around wanting to help the older generation who have given so much to everything we do here in this country already, so...

**Diane Berardi** [00:20:47] It's wonderful. So what have been the results of the program so far? The the benefits to the patient.

**Doug Oliver, MD** [00:20:57] Yeah. I think the main one was what we've seen so far the signal that we had a reduction in hospitalizations and emergency room visits for patients that were participating in the health tapestry program. We also found that the participants were getting more physically active, so they were spending less time sitting on the couch each day taking more steps towards a physically active lifestyle.

[00:21:25] So I mean those are and those are pretty significant findings. Right? They were enough us to get us a second wave of funding from our provincial government to be able to study this. And right now it's really about, Can we replicate those results with this next

study that we're doing now? And equally importantly, can we spread it to other communities and have it stick? It's hard to get new programs to spread and be sustainable.

**Diane Berardi** [00:21:52] Right.

**Doug Oliver, MD** [00:21:53] If you don't have local champions. So that's been a lot of our focus is really getting the energy behind this within these communities.

**Diane Berardi** [00:22:01] And cost savings for the health care system?

[00:22:05] Yeah. We're hoping. I think it would be premature for me to say that that we actually have the data to say that we've... to say we're saving money. But yeah. On the first pass, it looks as though this has been a very, very affordable and cost effective strategy for helping to enhance the care that people over 65 or over 70 are already receiving.

[00:22:28] And what do you say the average age is in the people that you're dealing with?

[00:22:35] Yep. So it's...we have every everything from the range would be from 70 to just shy of 100, in the program. And the average I think was around high 70s-- 78, 79 years of age.

[00:22:48] So and you know interesting... You know I think there's a there's a big misperception out there that you know if you're 78 years old or 79 years old then you must have some level of significant disability. And that's actually not the truth, In my country or yours.

**Diane Berardi** [00:23:04] Right.

**Doug Oliver, MD** [00:23:05] You know the vast majority of individuals over 75 say that they're they're actually quite independent and they're quite high functioning. But it's... there is a significant minority that are also very, very high users of the health care system. Right?

**Diane Berardi** [00:23:20] Right.

**Doug Oliver, MD** [00:23:20] We're actually targeting people that are that are currently doing pretty well at home on their own. This program is targeting those folks upstream so that we can get all the things in place to make aging as successful as possible for them and really give them a chance to celebrate aging.

[00:23:37] Yes. So they're not part of you know the statistics.

**Doug Oliver, MD** [00:23:40] Right.

**Diane Berardi** [00:23:41] Yeah. I mean it's wonderful. And I think you know now you have health care teams so there has to be a benefit of you know the different professionals caring for the older adults at home.

**Doug Oliver, MD** [00:23:56] Absolutely. I mean you're really striking on the next big benefit of this program. And it's that our health care teams have been able to come

together and really provide some great wraparound care for people from a lot of different perspectives.

[00:24:14] As a family doctor, I'm trained to do a lot of things. But there are so many things that other people are more expert and can handle very well. So if my patient is falling, I mean I can identify that, I can treat their injuries. But if I want them to get into some balance training and really prevent the next fall, I need the expertise from a physiotherapist or occupational therapist.

[00:24:41] And similarly, I can use the same example across the board. If I want to make sure my 80 year old parents are eating well. I need a dietitian that's got expertise in nutrition and really maximizing and optimizing the calories for those individuals. It matters.

[00:24:57] Most people over 70 that are admitted to hospital are showing up malnourished, and they didn't know they were. And the sad part is they're getting discharged malnourished as well. So we got to take care of this in the community and get some expertise going to make sure that people's nutrition is where it has to be and this programs really, really trying to put the lens on that among many other things.

**Diane Berardi** [00:25:19] So, the volunteer goes out and they fill out I guess a questionnaire and get pertinent information and they can see the client in their home, and then it comes back to... Does it... It comes back to a team?

**Doug Oliver, MD** [00:25:36] That's right. That's exactly how it happens.

[00:25:38] So it's really technologically driven as well. So the volunteers are sitting in the living room of our patients with an iPad that has this the tapestry app or the "tap app", we call it, already programmed on it.

[00:25:50] So they're running through the conversations. They're asking doing surveys on nutrition and all the other important things we've talked about. And after that one and a half or two hour visit, all that information gets sent back automatically to my electronic inbox in my office. And so I see it within a week. It's sitting there in a summarized report that I can now sit with my whole team and help to plan care for that patient. And the very first thing and the top of the report that I get from these volunteer visits is, What are the top three health related goals that you have for yourself? And we're really getting to what matters to you what are some things that you want to do with your life that you haven't had a chance to do. What a great way to start the conversation.

**Diane Berardi** [00:26:34] Yeah. And now, who is part of your team? I guess physical therapy?

**Doug Oliver, MD** [00:26:44] Yeah. It's a great question.

[00:26:45] So we're really fortunate to have, on my team here in Hamilton... We've got a clinical pharmacist who's really... And we call this our tapestry huddle. So they meet every week, and they go through maybe five, six, seven reports that are coming in from the previous week and really have an hour an hour and a half to do some deep dives into the patient's chart. And then plan how we're gonna reach back out to that patient and get back out to see them if we need to or have them come in for some very specialized things related to their own goals. We have a clinical pharmacist. We have a dietician and

occupational therapist physiotherapist a social worker and a nurse as well, on our huddle team.

**Diane Berardi** [00:27:28] Do you find medications... You know not taking them or not taking them properly, a big problem?

**Doug Oliver, MD** [00:27:36] Yeah. There's two big problems with medications in this age group. And this will this will resonate with a lot of your listeners. I'm sure it'll resonate. My parents are probably a similar age to yours. I mean one of the problems with medications is that patients forget to take them or take them at the wrong time.

**Diane Berardi** [00:27:52] Yes.

**Doug Oliver, MD** [00:27:53] But there's another big, big problem that we call poly pharmacy, which is that patients are actually continuously being prescribed too many medications that are that were started for a really good reason whenever they were started. But a lot of medications become what we call legacy drugs. Right? We just keep renewing them, keep prescribing them. And individuals don't need them in the same way. They're not benefiting them in the same way as we get into our seventh eighth and ninth decade in life. So it's important to be able to sit with your team and have a conversation, whether it's your family doctor or your pharmacist about, Well, what do I still really need? And why am I taking this? And wow I can't believe how many side effects that I'm having from these drugs that I just became a part of my background and my baseline. I didn't even know it. So we spent a lot of time de-prescribing medications in our patients in this age group. Because that ultimately can often lead to healthier outcomes for people.

**Diane Berardi** [00:28:48] Yeah I mean even falls.

**Doug Oliver, MD** [00:28:53] Oh it's a huge, huge issue. Yeah absolutely.

**Diane Berardi** [00:28:56] Yeah. My dad... I recently took him to a geriatrician who we had on the show, Dr. Laurie Jacobs, and I think she got rid of five medications that he's been on.

**Doug Oliver, MD** [00:29:11] Right. So important.

**Diane Berardi** [00:29:12] Yeah. And he's been you know unsteady on his feet and you know there were so many things going on. Which you probably have seen as well. You know, he would go to just different doctors, and didn't give all the right information. You know so people different doctors didn't know what he was taking. So it becomes one big mess.

**Doug Oliver, MD** [00:29:38] It is in the communication pieces the is the trickiest thing. All those doctors are really well intentioned. They didn't go into work that day wanting to harm anybody.

**Diane Berardi** [00:29:46] No. Not at all.

**Doug Oliver, MD** [00:29:48] But they're prescribing a drug based on the one organ system that they're in charge of. Right? And it's going to help that organ. It's going to help your heart, it's going to help your liver, it's going to help your kidney. But we do need a perspective that's from a higher level, like that's got the whole big picture about, well what

are this patient's priorities and goals? And you know How are these medications interacting with each other? So you're painting a really, really clear picture that I see every day in my work.

[00:30:16] I look at some medication lists that patients are on in my practice even. And I look at them and say, I'm 47. If I was taking these medications I'd be falling every week. Right? Let's get you off of some of this stuff, and make some common sense out of this.

[00:30:31] Now, Doug... How do people find out about health tapestry?

[00:30:35] HealthTapestry.CA is the Web sites and we're always open to any calls if you want the other information. I'm happy to hear from anybody.

[00:30:44] Thank you so much, Doug, for being here.

[00:30:47] Thanks, Diane. It's been a pleasure.

**Diane Berardi** [00:30:47] It's been a pleasure. I hope you got something out of this episode. I know I did. Parents Are Hard To Raise family, I love getting your e-mails and questions so please keep sending them in. Parents Are Hard To Raise is a CounterThink Media production. The music used in this broadcast was managed by Cosmo Music, New York, New York. Our New York producer is Joshua Green.

[00:31:07] Our broadcast engineer is Well Gambino. And from our London studios is the melodic voice of our announcer Miss Dolly D.

[00:31:14] We love our parents, but parents sure are hard to raise.

[00:31:18] Thank you so much for listening.

[00:31:20] Till next time... May you forget everything you don't want to remember, and remember everything you don't want to forget.

[00:31:26] See you again next week!