To Move or To Stay Put

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Remember!

- Just because it is in PowerPoint doesn’t make it true
- Just because it is not in PowerPoint does not mean it isn’t important
Making a move—it’s much like finding the perfect jeans or the perfect boots; it’s all about the fit. However, sometimes we might compromise on what?
Person/Environment Fit

The greater the overlap, the better the fit

Right person, right place
What might maximize fit?

- Personal preference
- Universal design
- Accessibility
- An elder-friendly community
- Available resources ($$$)
- Proximity to family and friends
- Proximity to stores, clinics, library, and other amenities
- Philosophy
- Policies
- Geographic location
- What else?
What are the choices?

- Live at home: remodel? hire helpers? create a village to village network?
- Make a move to a more accessible home, apartment, or condo in a walkable community
- Retirement community or CCRC
- Independent living within a retirement community that is not a CCRC
- Assisted Living (licensed as Board and Care)
- Dementia-specific care
- Skilled Care
- What else?
What is a CCRC?

- A Continuing Care Retirement Community (CCRC) is a type of housing hoping to cover every need from independent living all the way through to Hospice.

- Usually one pays a large lump sum (anywhere from $50,000 to $300,000 more or less) as well as monthly fees which increase if more services are needed. Current US average for entry fee = $248,000

- What are some advantages and disadvantages?
Assisted Living

- Licensed in Washington as room and board
- Highly variable
- Often also provides some housekeeping, transportation, and oversight
- Some assisted living facilities provide extensive care up through end of life, others might ask you to leave if you can’t manage your own medications
- Depends on philosophy, cost, and licensing of staff
Dementia Care

- Licensed as assisted living but staffed to care for people with dementia
- Ideal architectural design should have private rooms and bathrooms and a circular flow so that whichever way one turns when exiting one’s room, he or she ends up in the dining room, i.e. ‘prosthetic design’
- Respect for the individual
Who determines if a move is needed?

- You do! (Unless you have long-term care insurance or are living in a CCRC or other type of retirement community).
- Often based on Activities of Daily Living (ADLs)
- The DEATH Acronym=
  - Dressing
  - Eating
  - Ambulating
  - Toileting/transferring
  - Hygiene
Instrumental Activities of Daily Living (IADLs)

- Telephone
- Shopping
- Laundry
- Food preparation
- Housekeeping
- Transportation
- Medication Management
- Finances
- Social Engagement
- What else?
A ‘naturally-occurring retirement community’ (NORC) is a living situation where people have aged in place.

Almost 20 years ago NORC in Boston became the pioneer in the Village to Village concept [http://www.vtvnetwork.org](http://www.vtvnetwork.org). It took 20 people 4 years.

Village to Village provides an administrator and non-profit infrastructure for organizing home-delivered services and more, which then facilitates an improved economy of scale. For example, one housekeeper to clean many units in the same building.
The Village Concept

- Each village is unique but similarities include:
  - Incorporated as a 501c3
  - At least one well-trained paid staff
  - Participant driven
  - 3 in Seattle: NEST, Wider Horizons, and the Phinney Neighborhood Association
  - Nine in Portland
Accessory Dwelling Units (ADUs)

- Fab Cab in Seattle
  and

- Green Pods in Pt Townsend
  [http://www.greenpoddevelopment.com](http://www.greenpoddevelopment.com)

- Site-built, flat packed (like Ikea)
- Accessible and environmentally thoughtful
- Affordable new housing either on the site of exiting home or free-standing
- ‘mother-in-law’ apartments
In planning for the future

- Consider a plan A, B, AND C. For example, have your name in several communities that you might consider moving to if the situation arose.

- Review end-of-life preferences (see checklists at end of book)

- A living will is 2 documents: 1) what the person wants under what circumstances; and 2) who decides if the person is unconsciousness or incompetent

- Here’s one that I think is particularly good: [http://compassionwa.org/advance-directive/](http://compassionwa.org/advance-directive/)
Health Care Directive

- RCW 70.122.030 Any adult person may execute a directive to withhold or withdraw life-sustaining treatment in a terminal condition.

- Terminal condition must be diagnosed by attending physician or in the case of permanent unconsciousness by 2 physicians.

- Must be signed by declarer and in the presence of 2 witnesses not related by blood or marriage and who do not benefit from the estate.

- Witness must also not be an employee of a health care facility or an attending physician or employee thereof.

- Always consider hospice.
Death with Dignity

♦ Must be an adult Washington State resident.

♦ Diagnosed by 2 physicians as terminally ill, with disease or condition that will cause death within six months.

♦ Capable of making an informed decision, not impaired by mental illness, dementia, or depression.

♦ Able to self-administer the prescribed dose of life-ending medication.
Timeline for C&C

1. First oral request to physician
2. 15-day waiting period
3. 2nd oral request to physician
4. Written request to physician
5. 48-hour waiting period before picking up prescription
6. See http://compassionwa.org
Tools

- Medicare.gov
  http://www.medicare.gov
- Nursing Home Compare
- Enter zip code and facilities in the area will be listed with 5 variables
- Not a definitive source, but better than many
- Your Senior Information and Assistance Office
  - http://www.seniorservices.org
- 1-800-562-6418 Kitsap
Factors to consider

- Discussing, documenting and frequently updating your end-of-life preferences can possibly preclude nursing home placement other than for short-term rehabilitation.

- So can an elder-friendly community

- What’s that???
We can help our community become more elder-friendly

- Housing for a wide variety of incomes, ages, generations, and abilities
- Universal design in homes, stores, and amenities
- Age-integrated events, services, resources, and attitudes
- A village network
Here comes the hard part: attitudes

- What do you think of when you think of racism? Sexism?
- Ageism?
- Negative stereotypes that are not based on reality
- Only recently did it become unacceptable to make racist or sexist remarks.
Changing attitudes

- How do the media present older people in general?

- We want to be healthy, stylish, and well groomed at all ages.

- Don’t say, “that makes you look younger”, say, “that makes you look great!”
It is all about what you and your family want

- Remember there is no magic bullet
- The best that you can do is maximize your best fit.