



# To Move or To Stay Put

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# Remember!

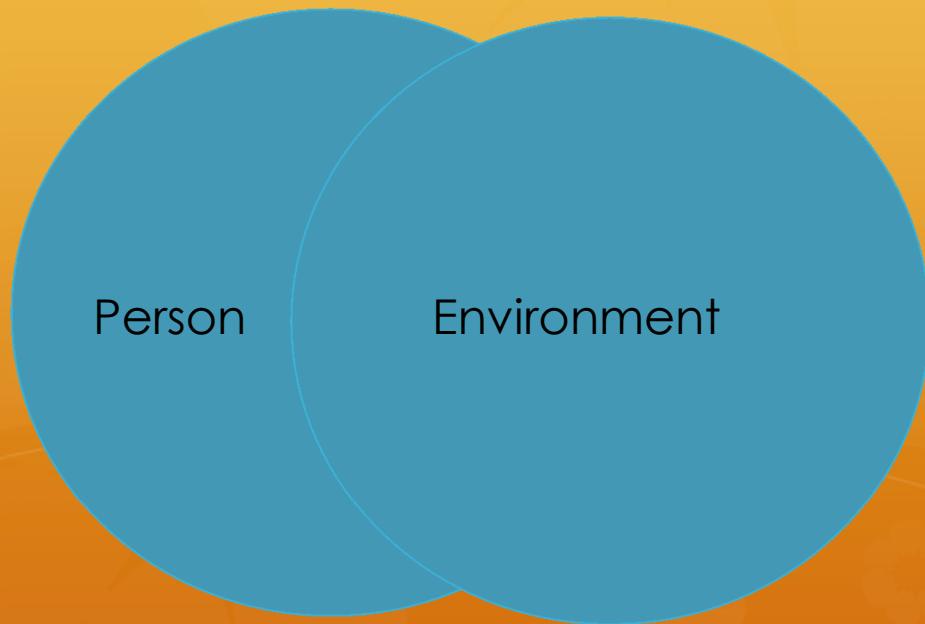
- ✿ Just because it is in PowerPoint doesn't make it true
- ✿ Just because it is not in PowerPoint does not mean it isn't important



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?



# NORCs, ADUs, Village Concept and more

- ✿ 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> . 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**  
<http://fabcab.com/products/fabcab-homes/>  
and
- ✿ **Green Pods in Pt Townsend**  
<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/>

# 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. 2<sup>nd</sup> 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.**

