

Aging: The Future is Here

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Why Are We Talking About Aging?

- We are ALL Aging (“seen vs. viewed”)
- Let’s face it: We’re all “Seniors” (65+)
- We all have “Senior” friends or family members
- Many of us are unprepared (or under-prepared)
- “Knowledge is Power”

What Does Aging Look Like?

- “Normal Aging” provides:
 - More Flexibility with our Time
 - More Time with Family & Friends
 - Freedom to Choose if/where/hours we Work
 - More Opportunities to Serve

What Does Aging Look Like?

- “Normal Aging” also often means:
 - Diminished Working Memory Capacity
 - Reduced Physical Stamina & Stability
 - Impaired Senses of Hearing & Vision
 - Decreased Senses of Smell, Taste, Thirst)

What Does Aging
often FEEL Like?



What Does Aging Look Like?

- Common Medical Conditions:
 - Heart Disease ($>25\%$)
 - Cancer ($\sim 40\%$ of men)
 - Diabetes ($\sim 50\%$ >65)
 - Osteoporosis/Low Bone Density (50% >50)
 - Arthritis ($\sim 12\%$)

What Does Aging Look Like?

- Common Medical Conditions:
 - Alzheimer's (and other Dementias)
 - 10% >65 has Alzheimer's Dementia
 - 60% - 80% of Dementia is Alzheimer's
 - 2/3 are Women

What Does Aging Look Like?

- **Common Medical Conditions:**
 - **Macular Degeneration (1/3 >75)**
 - **Cataracts (1/2 >80)**
 - **Glaucoma (~1% of adults)**
 - **COPD (~6.5% >65)**

The background of the image is a stylized American flag. It features a blue field with white stars on the left side and red and white stripes on the right side. The flag is slightly tilted and has a textured, almost fabric-like appearance.

**OK, I get it:
Getting Old is not for Sissies ...**

What can I do about it?

Reduce “Normal Aging” Impact:

- Lifestyle Changes:
 - Healthy Diet
 - Regular Exercise
 - Helps you Think better
 - Improves your Mood
 - Reduces Risk of Falls

Plan for Where you Live

- Age in Place (existing or planned downsize)
- Independent Living Community
- Assisted Living Community (and PCH's)
- Memory Care Community
- Skilled Nursing Facility (incl VA)

Plan for **Where you Live**

- Age in Place (existing or planned downsize)
 - 87% of Adults 65+ want to Age in Place
- Decide **NOW** if you should move (downsize)

Make Changes in How You Live

- Make your home safer
- Be intentional about movement, driving, activities (especially when tired)
- Get Help!

Make Your Home Safer

- More & Brighter Lighting (inside & out)
- Keep Walkways Clear & Wide (inside & out)
- Remove Loose Rugs & Carpets
- Install Hand-Rails & Grab Bars (inside & out)
- Make Bathroom ASAP (As Safe As Possible)

Make Your Bathroom Safer (ASAP)

- Why? 80% & 80%
- Grab Bars (multiple places)
- Non-Slip Mats in Shower (or tub)
- Shower Chair & “Wand-Style” Shower Head
- Transfer Bench if Showering in a Tub

Intentional Movement

- *Avoid Driving at Night – especially in Rain*
- *Become more aware of Fall Risks*
- *Stop Risky Activities when you Feel Tired*
- *Avoid Ladders*
- *Sell your Dirt Bike!*

Get Help (In Your Home)

- Hospice Care
- Palliative Care
- Home Health Care
- Home Care

Get Help: Hospice Care

- Doctor-Ordered for End of Life (90 Days +/-)
- Nearly all is done in the home
- Short visits for specific purpose/function
- Primary focus is on comfort
- Non-curative medication provided

Get Help: Palliative Care

- Similar to Hospice Care except not End of Life
- Short visits for specific purpose/function
- Primary focus is on comfort (non-curative symptom management, e.g. chronic pain)
- Often promoted by Hospice companies but seldom actually Provided

Get Help: Home Health Care

- Doctor-Ordered Short-Term Curative Treatment
- When not Feasible to Travel (Homebound)
- Short visits for specific purpose/function
- Therapy: Physical, Occupational, Speech
- Wound Care (pressure sore, post-surgery, etc.)

Get Help: Home Care (What)

- Blocks of Time (usually 4+ hours per shift)
- Assistance with ADL and IADL
 - Personal Care (ADL)
 - Companionship & Support (IADL)

IADL = “Instrumental Activities of Daily Living”

Get Help: Home Care (What)

- Personal Care (ADL)
 - Bathing, Dressing, Grooming
 - Assistance with Transfers and Ambulation
 - Medication Reminders
 - Continence Care

Get Help: Home Care (What)

- **Companionship & Support (IADL):**
 - **Light Housekeeping**
 - **Laundry, Making Bed(s)**
 - **Meal Preparation**
 - **Transportation, Shopping, Errands**

Get Help: Home Care (Categories)

- Transitional Care
- Respite Care

Get Help: Home Care (When)

- Transitional Care
 - Following Hospitalization or Rehab
 - Provides safety and support while patient regains strength & stamina
 - Usually for a few days – few weeks

Get Help: Home Care (When)

- Respite Care
 - For longer term care situations
 - Provides much-needed break for Primary Care Giver (often the spouse)
 - 4 or more hours per shift
 - 1 – 7 days per week

Get Help: Home Care (Who)

- Over 1,000 Home Care Agencies in Atlanta
- Very Few in Business >20 years
- Even Fewer Actively Connected with all Senior Resources provided in the Atlanta area
- Only One Provides a Vietnam Veteran as Your Personal Advocate!

How Much Does It Cost? (Place)

- Age in Place: \$0 - \$??? (call to discuss)
- Independent Living Community: \$2.5K - \$5K/mo
- Assisted Living Community: \$3K - \$6K/mo
- Memory Care Community: \$3.5K - \$7K/mo
- Skilled Nursing Facility: \$8K - \$12K/mo

How Much Does It Cost? (Help)

- Hospice Care: Funded by Medicare
- Palliative Care: Funded by Medicare + co-pay?
- Home Health Care: Funded by Medicare (may require co-pay)
- Home Care: ~\$100/week or more (call me)

How Do I Pay for This?

- Reduce Discretionary Spending
- Downsize and invest (or use) equity
- Explore VA Benefits (like Aid & Attendance)
- LTC Insurance (keep it if you have it!)
- Consider Reverse Mortgage
- Medicaid as Last Resort

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I'm Here To Help You With:

- *Situation Analysis & Guidance*
- *Connection to Other Resources*

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