

## Aging in Place Notes by Lynne Piersol, March 3, 2018

Presentation by George Schaefer, Aging and Care, PYM, licensed social worker and personal care administrator for Concord Quarter.

Started with guided meditation (George Fox) and worship

Yearly meeting started thinking about aging services about 12 years ago. It was noticed that Friends that went to CCRCs fit a certain economic profile. But things are different for baby boomers and how will they age in place. Most baby boomers don't have pensions, and savings. The "Greatest Generation" had this: they worked 30-40 years for the same place and had benefit of economic boom in 1950s...

George works primarily with PYM meeting care committees, which are pretty strong. Here, the CCRCs take our elders who then don't come to meeting. It's a challenge. George can come out to talk at any meeting and also can do webinars.

Exercise: In pairs we answered the questions: How old are you? How old do you feel? What are the joys and challenges about aging for you?

Most people felt younger than their ages, because we're involved in a lot, but also denial (old has negative connotations). When Lucretia Mott lived, 60 was considered old because they were worn out from all the work of living. In 1960s, average age of going to Foulkeways (the early CCRC, started with the idea of Quakers wanting to age together because our spirituality is a group spirituality) was 67. Most people died by 80. Now we live longer, longer than parents and grandparents. Social Security was designed to pay out for just a few years after age 65. People used to have children younger, be done raising them in their 40s, and then could work for 20 more years and save up or get pension. Our responsibilities are not what they were (now that we are in our 60-70s), so we feel younger emotionally, but our bodies don't. What is hard? Physical problems, not having a car, difficult to live in the present (so many memories and fears), caring for parents who are living longer, long-time friends are getting sick and dying. Good things – We have more choices, able to retire early, make new friends and be more discerning about what interests are. Life experience helps living today. We have less emotional turmoil (not worrying about who you are, how you'd like to be, not parents of young children any more). It's the time of the silver tsunami!

PYM needed to create an online resource for aging concerns which led to the development of the Quaker Aging Resources website (<http://www.quakeragingresources.org>), which has been up since 2012. PYM partnered with NYYM to do this. It provides spirit centered resources and information and is funded by the Thomas Scattergood Foundation and Friends Foundation for the Aging. There are 9 topics, with many subtopics, on the site.

"If I'm not part of my meeting, I'm not a Quaker, I need to be part of a group". This was impetus for Quaker CCRCs. Quakers also had personal care homes for the last 100 years, mostly with women who were widows, or had been teachers and never married. (The Hickman is an example of this). Quakers live longer....

There is an aging at home section. We will probably last fine after retirement for about 20 years, and then in our 80s we will need help, probably. But we all age differently. We may need help with groceries, and errands but be perfectly fine intellectually.

There are about 30 different pamphlets on the site that can be printed out, written by George, and others. There is one on hoarding. You could have a little group/sprint to sit and discuss the issues in the pamphlet (like hoarding).

We want to maintain our values and maintain our identities, which makes life meaningful. Often medical care scoops the person away and takes away control. He asked if we had read *Being Mortal* by Atul Gawande, a book which is filled with examples of this. The PYM library has books on aging that we can take out. George can help with this. We can see what they have online (<http://www.pym.org/library>)

There was a testimony of equanimity and harmonious, but those have dropped off. Ideally you are living closer to the Light, so that was the idea a while ago. Not everyone wants to become serene, age into serenity or equanimity; there is too much to do in the world! One person pointed out that if you live in the Light, you may feel equanimity and serenity because you are living your values

There comes a time when we will need help. How do you help someone feel they are not a burden? And many of us don't want to be a burden. It used to be that you took care of your parents because that was the way it was. It is a recent idea that it would be a burden to have children care for us; affluence has made us feel that you should pay for someone to

take care of us. Leading group in aging well is Hispanic because families take their aging family members in. A story was shared about Laotian daughter-in-law, and her expectation that the family cares for you as you age. We also want our freedom and independence and we have those choices if we are affluent.

“Am I willing to offer assistance and part of my religious community serving its members? Am I equally willing to graciously accept the help of others?” (Query from PYM Faith and Practice 2002). Allowing yourself to be cared for: autonomy, interdependence and interrelationship is another section of the website. Bill Thomas (writer in NY) talks about the tyranny of the independent adult (If i am not independent, who am I? How do I adjust to changes in myself?). The way to help a person not feel they are a burden is for them to feel like they still have a purpose and contribute (even the small things). (Example- it was different to make a birdhouse with Grandfather who had more patience than his father, and valued time in a different way). Don't treat them like children. There is evidence that having a daughter impacts how long you stay in nursing care (daughters want to care, sons look at finances).

“The other talk”. Is the one given to parents by children when they see a need for different living situation.

**Aging in place** definition: living where you have lived for years, not in a health care environment or nursing home, using products, services, and conveniences which allow you to remain in your home as your circumstances change.

It means being at home, where your needs are met, you have your life-time of cherished objects that support identity and delight the senses, nestled in your community, it's where you *live!*

Making your home safe: *it is safe* if you have the ability to control and enjoy experiences, make you home safe as you age and lose environmental competence (PYM has some funds to help make adaptations). Need to make adaptations before the need arises, like taking out the thresholds to support use of a walker, or wheelchair. How many stairs? Can you live on one floor? With no more than 1/2 inch height to get over?

Aging in place means emotional security; it is a center for family and friends to gather, as a source of pride in feelings of rootedness in a community, as a source of independence and stability in the midst of loss and change related to aging. It is important to validate their feelings (ie: “it's understandable what you are feeling”, **not** “there's no reason to feel anxious”). Validate their concerns, don't correct them.

Types of aging in place:

- Without urgent needs - no immediate health issues
- With progressive condition-based needs - for people with chronic conditions that require special modifications
- With traumatic needs - abrupt or immediate change that demands adjustments in the living environment. Most people calling PYM for help are in this situation.

When you are in your late 60s-70s you have the time and energy for renovations. Average age of folks going into care are mid-80s, and they have waited too long. Earlier is a good time to do downsizing, get rid of stuff.

Denial is not just a river in Egypt!

We generally wake up and feel like the same person, conscious awareness of who we are, but we need to consider deeper changes

Buying or staying put? What are some possibilities and considerations?

- One level housing, near public transportation, mixed use housing, access to parks, universal design
- Certified Aging in Place Specialist - designated by National Association of HomeBuilders in collaboration with AARP and NAHP
- Health perspectives - mobility, balance, bending down, turning and reaching, hearing, grasping and holding, seeing, maneuvering from sitting to standing. Tripping hazards.
- Driving - insurance rates go up at 70. 70+ year olds have as many accidents as a teenager. Drivers need to have upper body flexibility to turn your head.
- Activities of daily living (ADLs): Eating, drinking, dressing and bathing, toileting etc

- Instrumental ADLs - meal preparation, housekeeping, shopping, entertainment, medication use, phone use, managing money, doctor visits, purchasing decisions. Community involvement. Some elderly can be susceptible to scams.
- Home care services: include companionship home helpers, personal care services, respite care, Alzheimer's care, short term recovery. Private nonprofits and for-profit organizations provide a wide variety of senior home care services. They are complicated to coordinate. Health care and other services are very un-integrated. You can hire care managers, geriatrics care managers. (They have this in other countries). We are moving to Mayo Clinic model - you are assigned a care manager right away when you walk in the hospital; one person coordinates your care team. Friends Life Care at Home provides care coordination, unlike long term care insurance. Elliot Richardson recommended care managers 40 years ago!
- Social Security was influenced by Quakers. There used to be poorhouses, and some Quaker women reformers went into poorhouses and found they weren't all debtors, but they were poor because they couldn't work anymore. This was cataloged in social work journals. Social Security was to help people who couldn't work anymore.
- Technology: available for falls, chronic disease management, medication management, cognitive impairments, sensory impairments, depression, mobility impairment (golf carts), functional decline and loss of independence (electric wheelchairs) . Mostly apps for smart phones. Can research online. One person talked about a pill box that was on a timer, and alarm goes off and opens the right pill place. There are also electronic health records, tele-health monitoring, emergency response systems.
- "In God We Die", Pendle Hill pamphlet by Warren Ostrom talks about just allowing our bodies to die. Organic model - I was born, I'll survive and then die. Organic...just let it happen.

We all love newborn babies, and we are still needing to be loved and cherished as we age. Do we embrace technology to live longer? What is quality of life that we are keeping alive? What does that mean; what do we want to be able to do?

- Village model: neighbors helping each other with the aim of supporting community residents as they age in place. Help is provided with transportation, household chores and referrals to trade and vendor services. Additional activities may include community culture events:. Example: Penn's Village: [www.pennsvillage.org](http://www.pennsvillage.org) , Beacon Hill Village Boston.
- Friends in the City - FitC - Quaker based program in Phila, [friendscentercity.org](http://friendscentercity.org). Funded in part by Scattergood and FFA. Activities open to suburban dwellers. Have some space in a building on Front street (condos - expensive).

Resources: website, [pym.org](http://pym.org), [aginginplace.org](http://aginginplace.org), [leadingage.org](http://leadingage.org)

- Five Wishes (can be found online) document is a great resource to start looking at end of life wishes. Do your children know how you want to be buried, memorialized? Do you have a will, health care directives? (in many states this can be used for advance directives)

George handed out [Role of the meeting in care for aging friends and others \(can be printed from the quakeragingresources site\)](#). George hears from people on Care Committees who have no idea of what pastoral care is. We are the pastoral care system! PYM is creating Resource Friends in Pastoral Care and Ministry to strengthen our resources. The pamphlet has stories of examples of ways to care for people. Just being present can be very important. George has a program on spiritual care and dementia. How do we approach the issue of someone having memory issues?

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