

**Senior Care Management Associates, LLC
Unitarian Universalist Church Service**

Scripture Reading: Matthew 25: 31-40

Aging – THE Issue of Today and the Years to Come

Aging by the numbers:

Over 40 million over 65 in the US today – 13% of the population – more than the total population of the 26 largest cities in the US today.

21.5 million between 65 – 74 – can now expect to live 16 – 19 years longer.

17 million between 75 – 84

2.5 million are 85 or older! The fastest growing population segment.

And we have not reached the Baby Boom Generation yet!

The current 40 million people over 65 years of age will double in the next 20 years. The number of centenarians, those over 100 years old, has increase from 37,000 in 1900 to over 55,000 today, 80% of whom are women. Last year Social Security mailed more than 500,000 checks to people over 100 years old.

While I was the Executive Director at Spring Arbor of Durham, a small assisted living facility, I had 3 people over 100 years old at the same time.

And we have not reached the Baby Boom Generation yet!

But large numbers such as these do not have a face – or a family. Nor do they have the poignancy of your family – or mine – facing the immediate question of “What are we going to do about Dad?” Or Mom?

I was a Hospital Chaplain for almost 20 years and I have sat with many, many families as they asked that question out of a crisis moment such as a heart attack, a broken hip, or some other critical health condition. I have also been involved with senior adults and their families as Executive Director of Continuing Care Retirement Communities or Assisted Living facilities. What do you think are the two most often asked questions among family members or addressed to professional staff. Often the moment has come for that group of family members to answer the questions “What are we going to do now?” And “What are we going to do after that?”

For a senior adult, or couple, the decision to move into a continuing care retirement community (CCRC) is what might be termed “choice driven”. Couples do research on what community is the best “fit” from both a social and financial perspective. This research and visitation may take months or even years of pre-planning. Admission to a CCRC is predicated on both physical and financial qualifications. When considering a CCRC such as Croasdaille Village, The Forest at Duke, Carol Woods, The Cedars of Chapel Hill, or Carolina Meadows, both physical and financial qualifications are considered for admission. And yet only 2 – 3% of the senior population can afford, or choose, to enter these communities.

What about the other 97 – 98% of the senior population? Often the decision to move into an assisted living facility or a skilled nursing home is not “choice driven” but is “need driven”. A health crisis comes and changes the timing of when decisions are made. Yet a growing number of senior adults are choosing NOT to enter a CCRC, even if they can afford to do so.

Consider this scenario! You have lived in Durham/Chapel Hill for a while, perhaps a long while, and one – or both - of your parents live in _____, you fill in the blank – San Francisco, Dallas, New York, or Kansas City. Your Dad is more frail than your Mom and she has noticed that his memory is not as good as it once was. She has not wanted to tell you because she did not want you “to worry” but twice he has driven to the store alone and was gone for too long a time because he got lost on the way home. Then you receive a call that your Mom fell and her hip is broken and requires surgery. Of course you fly out immediately leaving behind your husband, your two teen age sons, and your job. Now hold that thought just for a minute.

You and your family (Mom, Dad, 2.5 kids) live in Durham or Chapel Hill and your husband’s mother lives across town in her own home. She comes over for meals and stays with your teenagers so you can take your wife on occasional business trips. As time goes on it becomes obvious that she should not be living alone and for a variety of reasons that sounded like really good reasons at the time, she moves in with you and your family. As she becomes increasingly frail your wife has to assume more of the role of a “caretaker”, assisting your Mom – her mother-in-law, to various doctors’ appointments and helping her when she showers to prevent her from falling.

Then one night your wife says, “We can’t go on like this! I hurt my back today trying to lift your Mom. I am spending more and more of my time taking care of her. I can’t even get out of the house to go shopping without either taking her along with me or worrying about her being safe while I’m gone.” Now hold that thought for a moment.

I want to tell you about geriatric care management. Geriatric care management is a new – yet old – profession. Caring for seniors has obviously gone on for years, even centuries. Yet the development of a professional person who brings a new set of skills and experience in addressing the needs of senior adults has developed over the last 10 – 15 years. With the emergence of our mobile society, 2 profession households, and a growing number of senior adults, geriatric care managers can offer a valuable service.

Geriatric care management represents a growing trend for assisting full time employed family care givers to provide for loved ones living nearby or far away.

What can a geriatric care manager do? A partial list might include some of the following:

- Assess the level and type of care needed by the senior adult.**
- Take steps with the senior adult and their families to develop a plan of action or care plan and keep it functioning.**
- Make sure care is received in a safe environment.**

- **Provide personal counseling and assist in the resolution of family conflicts and other family issues related to long term care.**
- **If necessary, provide assistance with placement in an independent living retirement community, assisted living facility or a nursing home.**
- **Assist with the monitoring of medications.**
- **Develop long range plans for older loved ones not now needing care.**
- **Insure that all adults in the family – particularly the senior adults – (A) have executed a will and it is reviewed at least every 5 years, (B) have appointed a Health Care Power of Attorney, and (C) have stated their desires in an Advance Directive for what they want provided for them when they cannot speak for themselves. If you do not take anything else that I say this morning, take those three items – for everyone over 18 years old!**

All of the above are (or can be) a part of the services of a geriatric care manager.

A moment ago I spoke of a situation with a frail set of parents living far away and another of a local aging parent living with her son and his family. In both of these situations a PGCM can offer needed services to provide the best care for the senior adult and provide relief – physical and/or emotional – for the son – or daughter – and family.

The National Association of Geriatric Care Managers is a group dedicated to providing appropriate services to senior adults while maintaining their safety

and preserving their sense of dignity and self-worth. There are care managers all over the country – now some 3000 of us.

In reflecting on the scripture I read earlier, care managers understand “the least of these” and stand ready to assist in weaving a web of care that maximizes the independence and autonomy of the older adult which working to ensure that the highest quality and most cost-effective healthcare and services are made available to them. Our seniors deserve no less!

Let me tell you quickly of a situation that recently occurred for me involving Colorado, New Jersey, and Chapel Hill. I received a phone call from a woman in Colorado who was seeking care management for close family friends in Chapel Hill and her parents were underwriting the cost of service out of their love and history with this couple. Without a national organization – and my own website – I would have never been hired as a professional advisor to act as a guide through the maze of providers and services needed by this local couple. However I have seen this family on a weekly or every other week basis for almost 3 years. Care managers have “been there – done that” many times. Families are often experiencing these particular needs and difficulties for the first time.

In care management – as in family management – experience, patience, and a sense of humor go a long way to diffusing problems and working out solutions.

Geriatric care management is a holistic job, which for me – and other PGCMs, encompasses a client and a family – in body, mind, and spirit. The task of providing

for senior adults is critical for us today. Can you just imagine how important this task is as the Baby Boom Generation approaches or arrives? Our society needs to be fully prepared for today and for tomorrow. All of us will be involved. Is your congregation ready to serve its own senior members? Is your family ready to address the needs of its senior members? One thing is sure – the time will come. The needs of “the least of these” must be met.

W/UU Service