

AGING WISELY:

Answering Questions You May Have Never Thought to Ask

Presentation

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Acknowledgement

This KLA Team would like to thank our sponsors for the opportunity they gave us to participate in the 2004-2005 class of KLA. It has been a valuable experience. We have learned of our community and hope to use the information we have obtained to benefit others as we ourselves have been benefited.

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Introduction

Have you recently noticed that it is getting harder to walk that 18 holes of golf or spend the day shopping? Have you noticed that you wake up in the morning a little more sore and that your knees ache more often? Is your hair getting more grey and do you fatigue more easily? You are not alone if you are experiencing these things because they are just some of the deleterious effects of aging. While some people age more successfully than others, no one is immune to the effects of aging. If you are experiencing any of the effects of aging at forty or fifty years of age, consider how your parents or grandparents might be feeling in their seventies, eighties or in some cases, their nineties.

Not only are there biological and physical effects of aging, there are economical, psychological and sociological effects as well. Some seniors are well prepared for the impact these issues can have on their lives, but many, unfortunately, are not. More often than not, the families of these seniors are forced to become involved in decision making, and sometimes even the care of their parents or grandparents. Many people enter their senior years having given very little thought to where they are going to live when they can no longer care for themselves, or who is going to manage the finances they have when they can no longer balance a checkbook or remember their financial obligations. Many fail to realize that in older age they need to care for themselves differently, in terms of nutrition and medication compliance. Some, who struggle with multiple assaults on their bodies, social networks, and loved ones, may even begin to have concerns regarding their mental health. In some more serious cases, old age may precipitate the onset of dementia, an irreversible disease that negatively impacts cognitive abilities.

This KLA Project Team understands that these are issues currently impacting the seniors that live in our community. The team also believes that seniors are a largely overlooked and underserved segment of our society, not only on a local level, but on a state and national level as well. The team agrees with A. Godbole who wrote that “older adults are an underserved population in need of urgent attention” (as cited in Bartels, 2003).

Most people have a loved one that is older or have acquaintances who have loved ones that are seniors. The members of this team are included in those categories, but the experience of this team goes beyond those limits. One of the team members works specifically with elderly as part of his position in a community mental health setting. Another team member works in a hospital dealing with the physical issues of seniors, and one provides medical goods to a population of people that are primarily older. The fourth member works for a family owned company whose primary owners are well into their eighties. Furthermore, the members of this team have recently spent a large portion of their time identifying, thinking about and planning for the needs of seniors in Kosciusko County.

In the remainder of the paper, the team will explain some of the core issues of aging. While discussing the core issues, the team will attempt to identify the concerns that define the problem and make this project relevant and needed. In the final pages of the paper, the team will outline a plan to address the issues in a way that provides something meaningful and useful to the seniors and families of seniors in Kosciusko County. As previously stated, we are all aging and some are further along than others. One cannot reverse the process of aging, but it is a process for which one can plan. The

goal of this project is to provide seniors and the families of seniors with important and practical information they can use to “age wisely”.

Core Issues in Aging

In order to understand the issues of aging, one must first understand some of the key terms and phrases associated with aging. Concepts such as “aging”, “senescence”, and “successful aging” should play a role in our understanding of the fact that people age very differently and as a result have different needs.

AGING is a process of maturation and decline that begins at birth and proceeds throughout the life span. Some are able to go through this process relatively easily and the deleterious effects of aging are minimized (SUCCESSFUL AGING). Some of the aspects of aging that are considered deleterious include graying hair, a slowing metabolism, forgetfulness and sometimes issues such as glucose intolerance. Each of us knows an person in their eighties who looks and acts like they are in their sixties. This is a picture of someone who has aged successfully.

For most however, aging is characterized by a complex of diseases and impairments associated with old age. NORMAL AGING can differ from person to person, but it almost always includes a breakdown of physical and cognitive processes. Heart disease, arthritis, diabetes, obstructive pulmonary diseases, stroke, high blood pressure, sensory losses and memory losses are just some of the problems that accompany old age. Many of the problems associated with aging can be attributed to senescence. SENESCENCE is a process by which cells lose their ability to regenerate and support life. There is a point in time that barring death from an accident or disease, the body will die because of the process of senescence. This process is sometimes called “dying of old age”.

In addition to these terms and phrases, there are also core themes associated with aging. While financial, housing and medical issues are more objective and less difficult to quantify, the following issues are more subjective and form the psychological and sociological framework of older age. These are issues that are not as easily defined but can sometimes have a major impact on the person's ability to manage old age with grace. This paper will not spend a great amount of time explaining these themes, but they will be identified and summarized as a means to further identify the core issues in aging and explain this team's purpose for this project. Dr. Erlene Rosowsky (2001), Assistant Clinical Professor of Psychology in the Department of Psychiatry at Harvard Medical School has identified the following themes of aging:

Turning Inward

Old age becomes a time for reflection and turning inward for review and reminiscence. It is actually a healthy self focus in an attempt to promote a feeling of being the same person, even when the physical self might be experiencing or suffering dramatic change. It can also aid in the understanding of the meaning or purpose of one's life. In developmental terms, it is a time to bring closure and seek a sense of fulfillment.

Slowing

Most people would agree that with advancing age, most processes become slower. This is an increasing challenge in a world where speed and efficiency are valued, sometimes more than wisdom or experience. Consider the older person's attempts to exist in a society that is obsessed with an impulsive, immediate, 24/7 way of functioning. The slowing of an older person is sometimes perceived as reduced energy, and to feel old is to feel a little de-energized.

Memory

There are real memory changes in old age. Some changes are simply related to the process of normal aging, and some are related to existing pathology. Sometimes memory and cognition reflect the vulnerability of the aged brain to stress, whether it is biological or psychological. In addition to memory losses, it is also true that information cannot be stored and retrieved from memory as quickly which contributes to the perception of forgetfulness.

Mind-Body Connection

The mind becomes increasingly connected to the body with increasing age. The elderly have “off” days when they have minor illnesses like a cold or minor infection. Something as common as a urinary tract infection can cause significant delirium. Pain, dehydration, medication changes, overdoses, and malnutrition can also cause significant impairments in functioning.

Reduced Resiliency

Older adults are survivors, but with repeated multiple assaults, together with their slowing and decreased energy, it becomes difficult to continue to overcome obstacles or setbacks. Older adults seldom bounce back as quickly as they do in earlier life.

Illness

Most people are able to cope with about anything because of a belief that “this too will pass”. Most know that despite whatever illness or setback that they will return to a normal or original condition. In old age, medical disorders and illness become chronic or at least chronically intermittent. The dread an older person experiences is not the fear of

dying but living in a state that is considered unlivable. The extent to which older people can accommodate and accept the changed self, will partially determine how well they manage the last phase of their life.

Functional Decline and Dependency

This theme speaks of the transition from experiencing oneself as independent to oneself as dependent. The concept of describing a person as independent is a myth. Independence and dependence actually form a continuum, not a dichotomy. The truth is that all of us are dependent in many different ways. If we label an older person as “dependent”, we tend not to focus on the strengths and abilities that the person does have. As a result, the older person feels unneeded and useless.

Saying Goodbye, Saying Hello, and Letting Go

There are opportunities for new relationships and acquaintances in old age. There are possibilities that new friendships can be formed and developed. However, there are many losses that occur in old age and unfortunately, the losses often overshadow the gains. There are losses from within such as sensory losses, memory losses and losses of speed and energy. And there are losses from without such as losses of roles, people, losses of belongings and privileges (such as driving). There is much to give up or lose, especially if a person is used to being very busy and active. One of the saddest thought to consider is that the elderly often feel as if they are in a state of perpetual bereavement.

The Problem

The foundation of the “problem”, for lack of a better term, can be partially defined by the core issues just discussed, but the problem is magnified because of three additional factors. First of all, as we have previously discussed, in many cases there appears to be a lack of planning for old age. The team was not able to identify any specific reason(s) for the lack of planning, but we suspect that it has something to do with wanting to remain as independent as possible for as long as possible, in addition to the notion of denial, or a refusal to admit that one is aging and will experience old age. This contributes to the problem in that some do not consider the ramifications of their lack of planning until the first crisis hits and it is too late.

Secondly, the problem is magnified by the sheer number of individuals who will become sixty-five or older in the next couple of decades. Currently, as the two charts provided by Indiana University Center for Aging Research (1997) indicate, both Indiana and Kosciusko County have some of the lower percentages of older people as residents compared to the total population (see attachment A and B).

Regardless of the current situation in terms of the demographic condition of Kosciusko County, we would be remiss not to consider the impact that the swelling aging population will have on our State and County. The intent of this project is to get our older residents and the families of our older residents planning for these issues on a personal level; however, there is much that needs to be done on a local, state and national level as well.

According to the Administration on Aging (AOA, 2002), the older population, persons sixty-five years or older, numbered thirty-five million in 2000. At that time,

older people represented 12.4% of the U.S. population, or about one in every eight Americans was age sixty-five or older. Since 1990, the number of older Americans increased by 3.7 million or 12.0%, while the under sixty-five population grew 13.3%. However, the number of Americans who are considered “baby boomers” (ages forty-five to sixty-four), who will reach the age of sixty-five sometime over the next two decades, increased by 34% during this same period.

The Administration on Aging (2002) also reports that since 1900, the percentage of Americans sixty-five and over has more than tripled (4.1% in 1900 to 12.4% in 2000), and their numbers have increased eleven times (from 3.1 million to 35.0 million). In addition, the older population itself is getting older. In 2000, the sixty-five to seventy-four age group (18.4 million) was eight times larger than in 1900, the seventy-five to eighty-four group (12.4 million) was sixteen times larger and the eighty-five and over age group (4.2 million) was thirty-four times larger.

Over two million people celebrated their 65th birthday in 2000 (5,574 per day). In the same year, about 1.8 million people sixty-five or older died, resulting in an annual net increase of approximately 238,000 (650 per day). There were 50,545 people aged one hundred or more in 2000 (0.02% of the total population). Even though the total percentage is small, it is a 35% increase from the 1990 figure of 37,306 (AOA, 2002).

The older population will continue to grow significantly in the future. The growth of older persons slowed somewhat during the 1990's because of the relatively small number of babies born during the Great Depression of the 1930's. But the older population will swell in numbers between the years 2010 and 2030 when the "baby boom

generation” reaches age sixty-five. By 2030, there will be about 70 million older persons, more than twice their number in 2000. People sixty-five and over represented 12.4% of the population in the year 2000 but are expected to grow to be 20% of the population by 2030 (AOA, 2002).

The third factor magnifying the problem is the high rate of suicide among the older population, primarily the male older population. According to the Department of Health and Human Services (1999), suicide rates increase with age and are highest among Americans aged sixty-five years and older. While this age group accounts for only approximately 13% of the U.S. population, Americans sixty-five or older account for 20% of all suicide deaths. Most elderly suicide victims are seen by their primary care provider a few weeks prior to their suicide attempt and diagnosed with their first episode of mild to moderate depression. Older adults who are suicidal are also more likely to be suffering from physical illnesses and be divorced or widowed (DHHS, 1999).

The first step in preventing suicide is to identify and understand the risk factors. A risk factor is anything that increases the likelihood that people will harm themselves. However, risk factors are not necessarily causes. Risk factors for suicide among older people differ from those of younger people. In addition to a higher prevalence of depression, older persons are more socially isolated and more frequently use highly lethal methods. They also make fewer attempts per completed suicide, have a higher-male-to-female ratio than other groups, have often visited a health-care provider before their suicide, and have more physical illnesses (DHHS, 1999).

Our elders are at a very difficult phase in their lives. Some may argue that the adolescent phase of life is the most difficult to manage. While most would agree that growing up is difficult, the team would contend that the elder years are the most difficult to manage. If one thinks about it, adolescence is characterized by gains in independence and responsibility. On the other hand, old age is characterized by many losses, including losses of past roles, loved ones, finances, functioning and independence. It is the lack of preparation for these losses that contribute to the predicament in which so many older people find themselves at the end of their lives. When they should be celebrating retirement and lives well lived, they begin to dread each new day because of the uncertainty of what it will bring. It is for this very reason that this KLA team has proposed the project that is outlined in the next section of this paper.

The Project Proposal

The team believes that the elderly and the families of older people in Kosciusko County have real needs, but are not sure how to get those needs addressed. Help exists for the majority of these needs, but the system one has to access to obtain assistance is sometimes complex and confusing. The team wants to offer something to the community that will provide information so informed and wise decisions can be made, and services more efficiently accessed.

After a discussion of several types of projects that could potentially achieve the identified goals, the team identified a project that we believe would answer questions that an older person or their families may have, but not know how to ask. We also believe that this project will help put seniors and their families in touch with “experts” who could help guide them through some of the problem areas that exist in older age. Once the format of the project was decided, the team spent considerable time identifying and prioritizing the important issues that would be used in the project.

The team has taken anecdotal information obtained through informal surveys of colleagues and others who may have some knowledge regarding the needs of seniors, in addition to information obtained through a review of literature to identify six main issues about which seniors need information so they can “age wisely”. The issues identified include:

- Financial (financial planning, Medicare and Medicaid)
- Housing (assisted living, long term care including the application process)
- Biological and Physical Changes associated with Older Age
- Diet, Nutrition and Medication

- Mental Health
- Dementia and Caring for Elderly with Dementia

The team believes that both seniors and the families of seniors will benefit from the information that will be disseminated as a result of this project. The subject areas identified are ones that seem to trap the elderly in situations for which they are not prepared.

Other issues identified as important, such as elder safety, grief and loss, abuse and exploitation, transportation, and community integration (connectedness), will not be addressed as part of this project. Including these issues within the scope of this project would have made the project unmanageable at this point in time. If the project continues beyond 2005, these issues may need to be considered for inclusion into the project at that time.

The team is planning a lecture series that would occur one evening per week for three weeks. The subjects were paired by their relatedness to each other. Each evening will consist of two 50 minute presentations with a 15 minute break between topics. A tentative schedule for the presentations is:

Financial Issues -- Long Term Care and Assisted Living

Biological/Physiological Changes in Older Age -- Diet, Nutrition and Medication

Mental Health -- Dementia and Caring for people with Dementia

Since some elderly spend the winter in warmer climates, the team is planning the presentations for over the summer. The team also hopes the extra daylight will encourage the participation of some older adults who dislike driving after dark.

Some of the speakers for the project have already agreed to participate. The team is still pursuing speakers for two of the six topics. To this point, all of the speakers have agreed to present free of charge. The speakers who have agreed to participate include W. Wayne Walston of Walston Elder Law Office who will speak on legal and financial issues; Daniel Carey, M.Div, LCSW, ACSW who will speak on mental health and dementia; and Elaine Wakefield or Wanda Cullison of Kosciusko Community Hospital will address diet, nutrition, and medication issues. The team has a lead on an individual who may be able to provide information regarding the biological or physical changes in aging. We continue to pursue a presenter for the housing related issues.

Other project issues the team is addressing include location and advertising. The team is focusing on locations that might be willing to host the lecture series free of charge. The team is looking for locations that have the capability to support both audio and visual presentation. Some potential locations include local long term care or assisted living facilities, churches, senior centers, the hospital and the wellness center. The team has identified at least one church that might be willing to host the event.

Other locations have also been researched, but most are out of the question because of cost. For example, see the information in the following chart:

Location	Phone	Max Person	Cost	Miscellaneous Fees
Rodeheaver Auditorium	372-5100 X6501	950	One day \$750.00; 2 nd day and on minus 20%	N/A
Westminster Hall	372-5100 X6501	Large Room > 100 Smaller Rooms seat 12-14 and 24	Large rooms are \$425.00 per day; 2 nd day and on minus 20% Small Rooms \$80.00 per day	N/A
Ramada Inn	269-2323	25 class room style 50 theater style	\$75.00	Clean up fees; Deposit required up front

Advertising will be a critical part of making this a successful project. Fortunately, there are means to do some advertising at very little to no cost. The team has found that **WRSW, Oldies 98.3, Q101** and **VSP TV** all offer free public service announcements. The announcements will contain press release information such as the date and the time, location and a brief description of the project. Also, newspapers such as **Times Union,** and **The Paper** will do free press releases. Otherwise, newspaper advertising can cost from \$80.00 to \$320.00 per ad depending on the size and frequency of the ad.

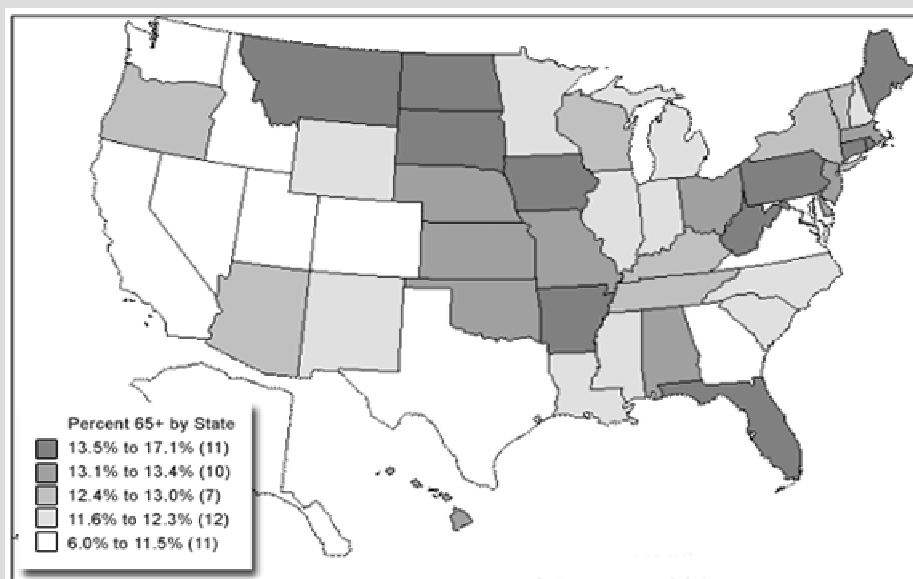
The team is also in the process of creating pamphlets or brochures to distribute to physicians' offices, long term care and assisted living facilities, senior centers, the hospital, the theater and other places that might see a large number of elderly. Kosciusko Community Hospital has been kind enough to loan us Jim Lea from their marketing department and some of their marketing resources to create a brochure which explains and advertises the project. Otherwise, a simple black and white brochure on folded card stock can cost between \$100.00 and \$250.00. In order to do a good job of advertising, the team will attempt to advertise using a combination of the above types. The team hopes to obtain some additional corporate or business sponsorship to offset the costs of this project. Any sponsorship or funds the team may receive will be applied to printing, advertising and mailing or distribution costs.

Conclusion

This KLA team has determined to follow this project through to completion. Each member of the team has agreed to continue planning and working toward making this project a reality in the summer of 2005. The team believes that projects which benefit a community by adding to the value of the community are good, but projects that add to the quality of a person's life are better. If done well, this team believes that the project described in this paper can truly have a positive impact on the lives of many seniors living in our county. Ultimately, Kosciusko County is not about the businesses, or the buildings, it is about the people who live here, work here and grow old here. As the team has attempted to describe in the previous pages, some of the seniors of Kosciusko County, just like many other seniors throughout our country, are at risk for economical, physiological, sociological, and psychological difficulties in their lives. At a time when our seniors should be spending time with family, volunteering, sharing their wisdom and experiences, and enjoying the fruits of their life long labor, they often spend that time worrying about their next meal, how they are going to pay for their prescriptions, how the newly diagnosed illness will impact them or how they are going to care for their loved one. The greater the extent to which the leaders in this county can provide resources, create easier access to services and offer information to aid in the process of "aging wisely", the more successful our seniors will be in their ability to grow old gracefully.

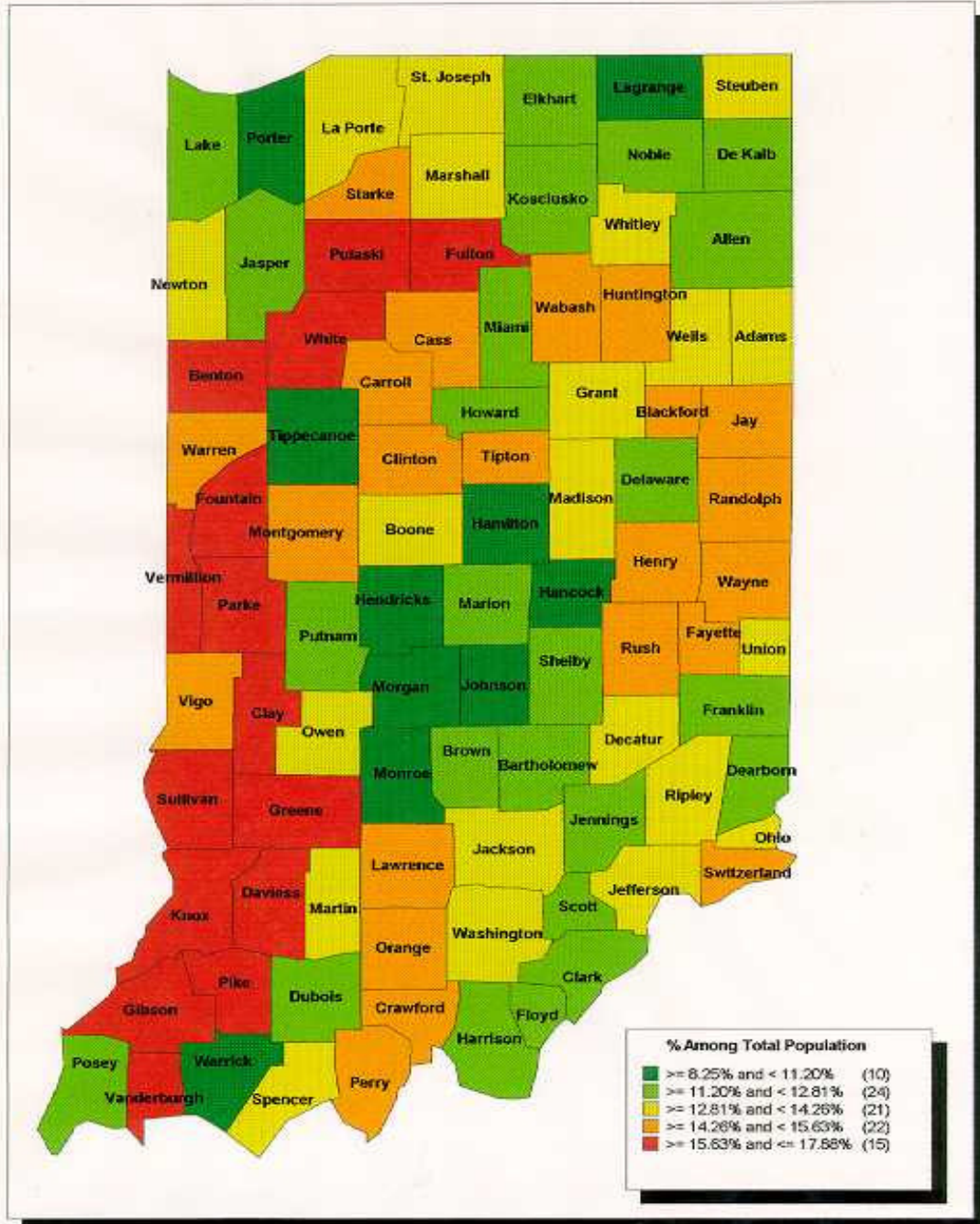
Attachment A

Percent of 65+ Population by State



Attachment B

Persons Age 65+ Among Total Population



Source: U.S. Bureau of the Census, 1990 Census Data

Attachment C

Kosciusko County IN Depth Profile

Sources: US Census Bureau; Indiana Business Research Center

Population Estimates by Age in 2003	Number	Rank in State	Pct Dist. in County	Pct Dist. in State
Preschool (0 to 4)	5,606	19	7.4%	6.9%
School Age (5 to 17)	15,142	19	20.1%	18.9%
College Age (18 to 24)	6,961	20	9.2%	10.2%
Young Adult (25 to 44)	20,287	19	26.9%	28.0%
Older Adult (45 to 64)	18,073	21	24.0%	23.6%
Older (65 plus)	9,232	21	12.3%	12.3%
Median Age	35.4			Median Age = 35.5

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