SPECIAL ISSUE: SUMMER 2023

Healthy Aging In Arizona

THE Zambakari ADVISORY

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How Do We Do Better?

An introduction

Christopher Zambakari
Owner/Operator, Apollo Residential Assisted Living, Desert Haven Home Care, Villa Fiore Assisted Living-Prescott Valley; Founder and CEO, The Zambakari Advisory

In 2020, the U.S. 65-and-older population was the fastest-growing demographic since 2010, increasing by 34.2 percent nationally. In Arizona, the pace was even frenetic, growing at a clip of 48.4 percent.

Further, our geographically diverse state is one of the most-favored U.S. destinations for older retirees. The number of seniors calling the Grand Canyon State home grows annually; older adults will continue to increase in number as more members of the baby boomer generation reach retirement age.

As this shift in age demographics continues, the implications for many federal and state programs that support older adults are real and in need of our attention.

"As people live longer lives, the challenge for us as a society is to develop ways to benefit from the wisdom and experiences of older adults," says Dr. Kathleen Insel, professor and chair of the Biobehavioral Health Science Division at the University Arizona College of Nursing. "At the same time, [we must grow] the workforce to support an aging population, creating educational opportunities and improving quality of life for older adults."[1]

On top of the growing numbers of seniors who require healthcare services or round-the-clock attention, those who experience social isolation or loneliness may face a higher risk of mortality, heart disease and depression, says a new report from

1 The University of Arizona, "Improving Life for an Aging Population," The University of Arizona, https://health-sciences.arizona.edu/tomorrow/improving-life-aging-population.

the National Academies of Sciences, Engineering, and Medicine.[2]

In Arizona, says the United Health Foundation, challenges in the senior care environment include high suicide rates, shrinking volunteerism and low flu vaccination numbers. Early deaths among the state's elderly (ages 65-74) have increased and, even before the COVID-19 pandemic, physical inactivity had increased by a whopping 20 percent among those 65 years and older, in fair or better health.[3]

Our actions to improve health and reduce disparities must be well-informed.

Adults ages 65 and older make up approximately 16.9 percent of the U.S. population, just more than 55.6 million adults. In less than 10 years – by 2030 – this senior demographic is projected to make up 21 percent of the population (73.1 million), according to the U.S. Census Bureau. With this in mind, better than 1 in 5 people in the U.S. will be of retirement age.

It is critical we understand and address the short- and long-term trends affecting the health of this growing population; our actions to improve health and reduce disparities must be well-informed.[4]

According to one report, with the growing number of long-term care facilities in Arizona, a complementary need exists to provide a broad continuum of services addressing the unique requirements of the frail or disabled. Included is a more meaningful exploration of the level of healthcare delivery necessary to accommodate senior citizens. As critical is the identification of current barriers to accessing healthcare. Once recognized, these barriers must be removed for the sake of the growing number of seniors moving from more independent family

2 Engineering National Academies of Sciences, and Medicine. "Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System," (The National Academies of Sciences, Engineering, and Medicine: The National Academies Press. Accessible from https://www.nationalacademies.org/our-work/the-health-and-medical-dimensions-of-social-isolation-and-loneliness-in-older-adults, 2020).

3 America's Health Rankings, "10th Annual Senior Report," (Minneapolis, MN: United Health Foundation. Accessible from https://www.americashealthrankings.org/learn/reports/2022-senior-report/state-summaries-arizona, 2020).

4 *Ibid.*

settings into retirement communities or assisted living.[5]

A major growing public policy involves the challenge of "assuring that sufficient resources and an effective service system are available in thirty years, when the elderly population is twice what it is today." This shift will be driven by the baby boomers, who in 2030 will be aged 66 to 84—the "young old"—and will number 61 million people.[6]

The growth of the elderly population in Arizona will likely lead to increased demand for healthcare and other services, and may put strain on the state's resources to meet these needs.

The baby boomer generation, those born between 1946 and 1964, is currently facing a number of healthcare challenges in the state of Arizona. In the past, access to affordable healthcare and lack of preventative care were major issues. As this generation ages, they will increasingly face chronic health conditions such as heart disease, diabetes and cancer. These conditions will require ongoing management and treatment, putting a strain on the healthcare system. Additionally, the cost of healthcare for the baby boomers is expected to rise as they require more specialized care. In the future, the aging of the baby boomer population is likely to further strain the healthcare system in Arizona, particularly in terms of access to care and cost.

Baby boomers in Arizona, like those across the U.S., face a number of key challenges as they age. Among them are the increasing prevalence of chronic diseases, which can require ongoing medical treatment and management. In addition, baby boomers are experiencing rising incidences of mental health issues such as depression and anxiety. Lack of access to healthcare is an issue, leading to delays in diagnosis and treatment – and less-than-ideal outcomes. And, a shortage of healthcare providers, particularly in rural areas, often retards timely attention.

5 J. R. Knickman and E. K. Snell, "The 2030 Problem: Caring for Aging Baby Boomers," Health Serv Res 37, no. 4 (2002).

6 *Ibid*.

Reducing healthcare costs

The overall financial costs for senior citizens with chronic diseases can be significant. Additionally, chronic conditions may require ongoing (and more expensive) care, further stressing the financial burden. There may be light at the end of the tunnel for our valued at-risk seniors. There are proven measures that can reduce the cost of healthcare, at least among the three leading causes of death for senior citizens in Arizona:

- **Preventive care:** Regular check-ups, screenings and vaccinations can help detect and prevent health problems before they become serious, ultimately reducing healthcare costs in the long run.
- **Chronic disease management:** Implementing disease management programs that focus on reducing hospital readmissions and managing chronic conditions can help reduce the overall cost of care.
- **Telehealth and remote monitoring:** Telehealth and remote monitoring technologies allow for more convenient and accessible care, particularly for seniors with chronic conditions, helping reduce the cost of in-person visits and hospital stays.
- **Care coordination:** Coordinating care between different healthcare providers and community resources can help ensure seniors get the best possible care, reducing unnecessary costs.
- **Medication management:** Implementing medication management programs that focus on reducing medication errors, promoting the use of generic drugs and identifying drug interactions can help control the cost of medications.
- **Assistive technology:** Assistive technology, such as personal emergency response systems and home health monitoring, can improve safety and independence of seniors, which may reduce the need for more expensive care.

These solutions should be tailored to the specific needs and preferences of individual seniors. Coordination between healthcare providers and community resources is essential to ensure seniors get the best possible care at the most reasonable cost.

Technology in healthcare

Telehealth has become increasingly important in the healthcare sector in Arizona, particularly in the wake of the COVID-19 pandemic. As noted, telehealth allows patients to access medical care remotely, through the use of video conferencing and other technologies.

The advent of technology, specifically Artificial Intelligence (AI), is also expected to have a significant impact on the healthcare sector. AI can be used to analyze large amounts of data, such as electronic health records, to identify patterns and predict outcomes. This can help healthcare providers make more accurate diagnoses, develop more effective treatment plans and identify patients at risk for certain conditions. AI can also be used to automate certain tasks, such as scheduling appointments and processing insurance claims, freeing up healthcare providers to focus on patient care.

In assisted living communities and residential care facilities in Arizona, technology is expected to play a key role in improving the quality of care for residents. In the next decade, the healthcare sector in Arizona is likely to see a continued growth in telehealth, remote monitoring and AI. Additionally, there is a growing trend toward value-based care, which focuses on improving the quality of care while controlling costs. Another emerging trend is the use of wearable technology and mobile apps to track and manage health conditions, which can help seniors and other patients to better manage their health. Telehealth and remote monitoring technology will play a key role in helping seniors to age in place, which will likely become an increasingly popular option for aging adults in the state of Arizona.

In summary, emerging trends in healthcare expected to shape the next decade in our state include:

- **Telehealth and remote monitoring:** The growing use of telehealth and remote monitoring technologies will continue to make healthcare more convenient and accessible, particularly for seniors and individuals living in remote areas.
- **Artificial intelligence and machine learning:** The use of AI and machine learning will continue to grow in the healthcare sector, helping providers make better-informed decisions and improving the efficiency of care.

- **Personalized medicine:** Advancements in genomics and other technologies will enable healthcare providers to tailor treatments to the specific needs of individual patients, leading to more effective and efficient care.
- **Value-based care:** The shift towards value-based care models, in which providers are paid for the *quality of care* rather than the *quantity of services* provided, will continue to gain traction in the healthcare sector.
- **Integrated care:** An increased focus on integrated care models will help ensure seniors get the best possible care.

We can do better.

For the "Summer 2023 Special Issue: Healthy Aging in Arizona," we put the subject to the healthcare experts around the theme *Opportunities for the Senior Healthcare System*.

In the first article "Advocacy in Assisted Living Setting: Who's on Your Side?" Stephen Des Georges and I examine the critical importance of senior care advocacy in a Q&A format. Effective advocacy improves the delivery of healthcare, because communication between patient and provider is greatly enhanced. This leads to greater efficiency in diagnosis and treatment. In any elderly care setting, the professional staff must be as deeply involved as possible; patient advocacy is a win-win for all parties.

Next, in "Retiring Baby Boomers and the Coming of the Silver Tsunami," healthcare professional Jessica Craig and I unpack the implications of growing life expectancy rates – what does it mean to healthcare that people are living longer than ever before? We explore what we call the "silver tsunami" and ask where our time is best spent: Do we stand quietly wondering how the wave grew to such proportion, or do we take action now to provide the necessary and caring treatment deserved by our senior citizens?

"Dementia: What You Should Know" is a look at the disease and different therapies available to patients. In this piece, I am joined by Nathalia Zambakari, a board-certified critical care nurse practitioner, as we look at what you should know about dementia, its stages of progression, where to find support systems, and the variety of resources and services available to those caught in this difficult journey.

"Living Well with Dementia," is submitted by Dr. Maribeth Gallagher, director of dementia programs for Hospice of the Valley. The good doctor explores caregiving and its impacts to the caregiver. "Without support, the health and well-being of caregivers often suffer, despite their best efforts to provide care and oversight. She offers her insights to solutions and resources for those whose family suffer from dementia.

Next is a dementia care-focused submission, "Designing an Effective Dementia Care: A Manager's Prespective." Dr. Estève Giraud, assistant research professor at Arizona State University's Swette Center for Sustainable Food Systems, teams with Tammie Easterly, manager of Prescott Valley Assisted Living, to dig into patient-centric care. Easterly's perspective is unique – she manages one of the few facilities that specializes in dementia care in Yavapai County, Arizona. Both authors endorse integrated models that include tiered approaches to elderly care, believing them to be viable options for patients in need of health services.

Next, we present, "Healthcare Answers: Education, House Calls, Tech are in the Mix." Crafted by medical specialist Dr. Allen Holloway Jr., the submission reviews the impact that technology is having on healthcare delivery. He reviews quality-of-life issues, the impact of COVID and the likelihood of future virus variants. "Advancements in the areas of individualized medicine, genomics, artificial intelligence and virtual reality are likely to lead to new treatments and therapies that can better address the specific healthcare needs of each patient," suggests Holloway.

"Senior and Rural Healthcare Services and the Benefits of Technology," is submitted by Teri's Health Services executives Trevor Cooke, chief strategy and compliance officer, and Cassie Davis, director of business development. The pair reason that the pandemic has driven a new frontier: the necessity of utilizing technology in the delivery of healthcare. Dr. Cook and workmate Davis share the ways primary care providers, therapists, psychiatric providers and large healthcare systems have utilized telehealth technology to connect with their patients.

In our eighth article, "The Time is Now: Create an Estate Plan Today," attorney Kent Phelps, a co-founder of Trajan Estate in Arizona and Utah, and the founder of Estate Lawyers PLLC, offers his thoughts on the importance of estate planning.

Phelps shares his decades-long experience in estate planning and the importance of creating a legacy for loved ones. He concludes: The answer to the question, "What should I do about my estate *now* for the benefits of loved ones *tomorrow*?" is "Begin the plan."

A final thought. Writes Lynn Parramore, a senior research analyst at the Institute for New Economic Thinking, "Piles of studies have called attention to the fact that in the country ranking number one in healthcare spending per capita, people are living shorter lives, feeling more depressed, and are more likely to skip treatment due to cost than in many developed nations." She continues, "In a performance ranking of 11 high-income countries compiled by the Commonwealth Fund in 2021, the American healthcare system came in dead last, with the worst outcomes of any of the nations studied."[7]

In a 2021 performance ranking of 11 high-income countries, the American healthcare system came in dead last, with the worst outcomes of any of the nations studied.

We must do better. We must act compassionately to ensure that our senior citizens – those Dan Rather has called "The Greatest Generation" – are properly and effectively treated. Therapies, treatments, medications and attention can be improved, and will be improved as technology reaches full blossom, eventually giving way to the next iteration of innovation. I hope you find this inaugural healthcare issue to be informative and thought provoking. I appreciate the contributions to our inaugural issue and look forward to the growth we will realize over future issues, as well as the expanded conversations that will take place as a result of our work.

Sincerely,

Dr. Christopher Zambakari

Publisher, *Healthy Aging in Arizona*

7 Lynn Parramore, "America, Land of the Dying? Alarming Study Shows U.S. Killing Its Own Population," Institute for New Economic Thinking, https://www.ineteconomics.org/perspectives/blog/america-land-of-the-dying-alarming-study-shows-u-s-killing-its-own-population.

About the Author

Christopher Zambakari is the owner and operator of three assisted living residences in Arizona, and has spent a decade focused on the high-quality care and treatment of senior citizens in need of such attention. A tireless advocate on behalf of this growing population, Zambakari has built into his mission of service a priority on lending voice and guidance to the challenges – both physical and emotional – faced by his residents. His three properties – Apollo Residential Assisted Living in Glendale, Desert Haven Home Care in Phoenix, and Villa Fiore Assisted Living-Prescott Valley – offer the highest levels of customized care, administered by respectful licensed medical and caregiving professionals.

A Rotary Peace and Paul Harris Fellow, Zambakari is a Doctor of Law and Policy, and the founder and CEO of The Zambakari Advisory, an international consulting team of experts in the areas of strategic intelligence, program design and transitional processes. The Advisory provides innovative solutions to societal challenges in the areas of peace, security and economic development, while informing decision making at policy leadership levels.

Advocacy in Assisted Living Setting: Who’s on Your Side?

An interview with Christopher Zambakari

Image credit: pikselstock / Shutterstock.com

Stephen Des Georges
Editor-at-Large, The Zambakari Advisory

ad·vo·ca·cy *n*: the act or process of supporting a cause or proposal: the act or process of advocating on behalf of someone or something, e.g., They are known for their *advocacy* on behalf of seniors.

Advocacy. Despite its obvious importance to the enhancement of a person’s respect and dignity, and despite its critical value to those on the receiving end of such support, *advocacy* is often the forgotten voice, the forgotten ingredient in many assisted living settings. It can fall from the radar quickly, shadowed by such “amenities” as a clean and secure environment, nutritious meals, group activities, regular housekeeping, laundry service and more. In fact, as an example, Google your local social service organization; is advocacy on its list of services and care commitments?

It should be.

KevinMD.com, an online platform where physicians, advanced practitioners, nurses, medical students and patients share insights and experiences, says

advocacy has become more important than ever before in light of the COVID-19 pandemic:

> **To protect patients and staff, quell further contagion and streamline efficiency, many centers are not allowing visitors. *Just when patients need it most, personal advocacy is least available* [author's italics] ... In the best of times (and these are certainly not), all patients need advocates all the time; now more than ever, vulnerable patients need them more, but don't have access to them.**

Advocacy. Christopher Zambakari, owner and operator of Desert Haven Home Care in Phoenix, Apollo Assisted Living in Glendale, and Villa Fiore Assisted Living-Prescott Valley, is many things. He is a college graduate with multiple degrees. He is the founder and CEO of The Zambakari Advisory, a cutting-edge agency providing advisory services to businesses, individuals and organizations. He is a Hartley B. and Ruth B. Barker Endowed Rotary Peace Fellow. He is a father and husband. Zambakari is a dedicated, passionate and exhaustive advocate on behalf of his assisted living residents in Phoenix, Glendale and Prescott Valley in Arizona. He is focused not only on his residents and the treatment they receive, but on senior care everywhere, working tirelessly with industry professionals to keep a spotlight sharply directed on elder care advocacy and its importance in quality-of-life issues.

"To be a successful and impactful advocate," he offers, "one must be a good investigator, a thorough researcher, an experienced and compelling storyteller and a builder of teams made up of people who reflect all these qualities as they work on behalf of others and represent our residents' best interests at all times."

Zambakari's expertise in research and his passion for the exploration of solutions have guided his thinking, his purpose and – importantly – outcomes. He says, "I am a researcher by training, and I bring the same level of rigorous analysis to the provision of elderly care. We seek to understand that which is invisible to the eye but symptomatic of each patient's challenges." He is convinced he is on the right track, that advocacy is a critical part of senior healthcare solutions and, in fact, are drivers of the same.

In a recent study published in the journal *Nursing Ethics*, the authors sought to

provide a clear and comprehensive definition of patient advocacy, one deeper and more meaningful than the Webster-like interpretation at the top of this read. Researchers Mohammad Abbasinia, Fazlollah Ahmadi and Anoshirvin Kazemnejad posited in their findings, "The analysis of the literature demonstrated that *patient advocacy is a dynamic concept, beyond mere support, compassionate care, and empathy* [author's italics]." Further, they noted, "The attributes of patient advocacy included safeguarding, apprising, valuing, mediating, and championing social justice in the provision of healthcare." (Abbasinia, et al., *Nursing Ethics*, 2020, 27(1): 141-151)

In this Q&A regarding the importance of advocacy in an assisted living setting, Dr. Zambakari shares his thoughts on the subject, his experience with patient advocacy and how it is the focus of his team's care at his three care homes.

Q. How do you and your team define 'advocacy' in your work?

A. Advocacy for us is first and foremost the act of supporting and promoting the interests of our patients, beyond protecting patients against unethical and illegal practices. It reaches into, importantly, fully supporting the patient; equipping them and their families with all the information necessary to make well-informed decisions regarding their general health and wellness, and guiding them through the complex healthcare systems, agencies and processes. This is one of the foundational pillars of our service and care promise: Care. Service. Advocacy.

We know that the better the communication is between key stakeholders – our team of caregivers, patients' personal advocates, their families and care providers – the better the care, and the better the outcome for the patient. The priority we place on patient advocacy is a critical factor in the maintenance of that human being's health and well-being. I call it '360-degree quality care,' because

It is a full circle of attention, and every part of that process has to deliver toward the greater good for the resident.

it is a full circle of attention, and every part of that process has to deliver toward the greater good for the resident.

Q. Why is advocacy even more critical in managed-care, assisted living environments?

A. This is important. In the healthcare sector, providers typically depend on the patient's ability to provide complete and accurate information regarding his or her overall health. If the patient is not able to communicate that, then it falls on the family member or perhaps one with power of attorney to communicate the information. But, what if the family or other representatives are not available? Or, in some cases, the elderly person may suffer from cognitive decline that makes the ability to communicate accurately difficult.

We know this: The healthcare system is a myriad of extraordinarily complex institutions at various levels: federal, state, county and municipal. Each layer, each different rule or requirement, relies on the knowledge – and the ability – to navigate through to a successful outcome. As such, the *most vulnerable members of society in this regard are generally the senior population* [author's italics]. Our value proposition is to become a caring and an effective bridge to improving communication between patient and provider or even patient and family to affect the best possible outcome. This is what, sadly, is missing often times in the industry's service.

Effective advocacy improves the delivery of healthcare, because communication between patient and provider is greatly enhanced. This leads to greater efficiency in diagnosis and treatment.

Effective advocacy also improves the delivery of healthcare, because communication between patient and provider is greatly enhanced. This leads to greater efficiency in diagnosis and treatment. In any elderly care setting, the professional staff must be as deeply involved as possible; we see patient advocacy as a win-win for all parties.

Q. What does advocacy for your residents look like; what does it entail?

A. It's intentional, it's extremely hands-on and it's woven into the DNA of each of our team members, as it should be. You can't simply feed and care; you must advocate for the wellness and the quality of life for your residents – they are owed at least as much. Anything else is simply castles in the sky, barking at the moon.

A huge part of my day is usually devoted to talking to providers, Medicare administrators, the Veteran's Administration, hospitals in cases where we have residents at the hospital, state agencies, transport companies, healthcare laboratories, medical equipment companies and more. I'm following up on our residents' behalf and making sure their needs are being met.

I must be ready and available to take calls on behalf of our residents. This is what I call *'hidden advocacy' – what our residents don't see or know about, but are critical to their care* [author's italics]. It's a 24/7 commitment that we make. The team and I work constantly to minimize error and eliminate guesswork from the care we provide; we take pride in our excellence.

It should be a standard practice – but there are cases where this is lacking – that to ensure the extension of your self-imposed high levels of service, care and advocacy are maintained and enhanced throughout the life of your residents. This shouldn't 'trickle down' from the top, but should be woven into the fabric of your providers, suppliers, home health agencies and hospice services to make sure they understand those lofty, but necessary, standards of care and can meet and exceed them.

When you represent your patients, when you fight to make certain they are being treated with dignity and respect, you can accomplish much.

When you represent your patients, when you fight to make certain they are being treated with dignity and respect, you can accomplish much. It makes a difference to work as a team – the whole village is structured and organized to deliver optimal care to the patient. For that, you need excellent teamwork and a meaningful partnership with providers, religious

organizations, families and state agencies; those that care for the elderly. Every piece of the puzzle must serve a function – deliver positive results.

Q. How did you develop such a respect for the power and importance of advocacy?

A. I've seen the power of advocacy encourage confidence in the beneficiary, families and residents; just their realization they are valuable enough to fight for. Many times I accompany patients to their doctor visits, and in the case of U.S. veterans, I want to be present to meet the care team, establish the rapport and trust that then allows us to work collaboratively and in teams to care for residents. These meetings are important for me to convey our values and expectations to the providers.

We have residents whose families are deeply vested in their care, residents who don't have family members and residents whose families are out of state. In all cases, quality care rules. And, when family members are not available or don't exist, we work hard to ensure that the absence of the family does not affect the quality of care the person receives from providers.

I am a researcher. I am a business owner. I also come from a place where human values and virtue are held dearly. Here, we treat all our residents like family because they are integrated into our family. I am a legal scholar, so I am able to often read legal documents, policies and procedures and complex healthcare documents and translate it to residents and families. If I cannot help a resident, I have access to a wider network of experts and care providers I can bring to the table to help our residents and their families. We will anticipate, we will perform above expectations and we will care for our residents, whatever it takes, whatever it looks like.

Q: Last question. What should patients and their families insist upon as they consider an assisted living elder care facility?

I'm going to answer based on my experience in the industry. Our promise is to provide a compassionate care environment that is mindful of the individual resident's medical, personal and social needs; this should be the standard

expectation of anyone researching assisted living home care. This includes service on a higher level and advocacy on behalf of the residents; we enrich the lives of those who live with us by responding to their unique needs and universal desires. Care, service and advocacy are the pillars; without each, effective treatments – positive outcomes – are problematic and harder to come by.

But, it is about advocacy. Safeguarding, apprising, valuing residents' input and their humanity. Acting on behalf of the patient's values, culture, beliefs and preferences. Mediating. Championing the highest standards across the board. Research and hands-on experiences tell us advocacy – patient support, compassionate care and empathy – is a critical piece of the puzzle. Whatever it looks like, whatever it takes, with an eye on advocacy, there is so much that falls into place in the service and care of an elderly patience.

About the Author

The above interview was conducted by Stephen Des Georges, who serves the Zambakari Advisory as an editor-at-large and content marketing consultant. He is actively involved in the creation, review and production of The Advisory's print and digital materials, and brings more than 40 years of professional experience in marketing communications, public and media relations, and business development to The Advisory's team of consultants. Des Georges holds a bachelor's degree in journalism from the University of California-Berkeley, and a master's degree in interdisciplinary studies from Arizona State University.

Retiring Baby Boomers and the Coming of the Silver Tsunami

Image credit: Alexey Stiop / Shutterstock.com

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Jessica Craig
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Introduction

A "silver tsunami" is coming. The seabed of our aging shakes, the waves form and they are now visible from where we stand on the healthcare shoreline.

"The first Baby Boomers reached 65 years old in 2011," says Dr. Luke Rogers, chief of the U.S. Census Bureau's Population Estimates Program. "Since then, there's been a rapid increase in the size of the 65-and-older population, which grew by over a third since 2010. No other age group saw such a fast increase."

What Rogers sees is the rapid growth of the nation's 65-and-older population, driven at break-neck speed by Baby Boomers, those born between 1946 and 1964. The Boomer population rose by more than 13.7 million during the past decade, and

by 1.6 million from 2018 to 2019. Today, 8.5 percent of people worldwide – some 617 million people – are of the age 65 and over.

America's own 65+ population is expected to nearly double over the next three decades, from 48 million to 88 million by 2050. By 2050, global life expectancy at birth is projected to increase by almost eight years, climbing from 68.6 years old in 2015 to 76.2 years old in 2050. In addition, older adults will live longer than ever before. It is predicted one out of every four 65-year-olds today will live past the age of 90.[1] Just as noteworthy, in another study published by the *Journal of the American Medical Association*, Steven H. Woolf and Heidi Schoomaker note that between 1959 and 2016, U.S. life expectancy increased from 69.9 years to 78.9 years, but declined for 3 consecutive years after 2014.[2,3]

The Boomer population rose by more than 13.7 million during the past decade, and by 1.6 million from 2018 to 2019.

With aging comes changes in active genetic, physiological, environmental, psychological, behavioral and social developments. Consider the quality-of-life impacts of a decrease in the functioning of one's senses and the curtailment or outright lack of ability to carry on daily activities or physical exercise. With aging comes a heightened predisposition to the frequency of disease, frailty or disability. In truth, advancing age is the major risk factor for several chronic diseases.

Demographic factors

Overall aging can impact economic progress, work and retirement, the way

1 "Older Adults' Health and Age-Related Changes." American Psychological Association. American Psychological Association, September 2021. https://www.apa.org/pi/aging/resources/guides/older.

2 Steven H. Woolf and Heidi Schoomaker, "Life Expectancy and Mortality Rates in the United States, 1959-2017," JAMA 322, no. 20 (2019).

3 In the same study, Woolf and Schoomaker also showed that a major contributor "has been an increase in mortality from specific causes (eg, drug overdoses, suicides, organ system diseases) among young and middle-aged adults of all racial groups, with an onset as early as the 1990s and with the largest relative increases occurring in the Ohio Valley and New England."

families operate, the capability of governments and communities to provide adequate resources for older adults, and the frequency of chronic disease and disability. The U.S. falls behind other developed nations with respect to health, longevity and other key indicators. An example: Since 1980, Americans have typically gained five years in life expectancy from birth, while citizens living in similar countries have increased by eight.

And while aging is the leading risk factor for an assortment of diseases and health conditions, there are measures that can counter the onslaught of maladies. Research has shown that good health habits and activities – physical activity, proper nutrition, and avoidance of smoking as examples – can increase longevity of life, delay the onset of disabilities and enhance the condition of life and performance at older ages. Studies also indicate it is almost never too late to institute healthier life. Furthermore, improving physical and social environments are important to the health and functioning of seniors.

Affordable senior care?

The likelihood of a healthy and financially secure senior lifestyle begins in middle age – generally defined as between 40-60 years of age. Chronic conditions and disabilities can impact work and employment options as we age. Over the past 30 years, average retirement age in the U.S. has increased from 62 to 65. Changes in women's labor force involvement, adjustments to pension plans and growing education have contributed to the rise. Most workers today can expect to spend approximately two decades in retirement, while some may be retired for three or more decades. One's ability to navigate the financial realities of a more limited income during retirement can impact well-being.

Data from the Centers for Disease Control and Prevention (CDC) reveal more than half of Americans ages 65 and older are living with two or more chronic conditions. Managing medications can be complex for older adults; their medications are often written by more than one prescribing provider for multiple health problems. Complications include adverse drug interactions – and interactions with dietary supplements – coupled with the functional changes associated with aging or age-related diseases.[2]

The need for greater availability of senior care and assisted living facilities is evident. In fact, adults 85 years and older were more likely to live in a long-term care setting than those aged 75 to 84 and four times as likely to live in a nursing home than those aged 75 to 84.[4] Home care costs? Among adults aged 65 years and older, those struggling to afford such assistance were almost twice as likely to have utilized home care in the past year than those in higher income brackets. A report published by Committee on the Future Health Care Workforce for Older Americans notes that close to seven percent of "older adults live in a long-term care facility, 1.45 million live in nursing homes, and approximately 750,000 live in other residential-care settings that provide some long-term care services."[5]

By 2060, older adults will make up nearly 25 percent of the U.S. population; [6] meaningful action on their behalf must begin now. Among recent improvements are new programs to help seniors with dementia remain active and engaged with their personal communities. Likewise, support for caregivers is being more seriously addressed, and attention to early assessment and diagnosis, as well as risk reduction and management of chronic disease, has been amped up. An increase in the use of clinical preventive services – blood pressure checks, cancer screenings, blood sugar testing and more – is designed to identify earlier those patients at risk of Alzheimer's disease and other dementias. Telehealth brings medical consultation to the patient, alleviating many trips out of the house to receive care advice and direction. With the increase in the use of these services comes an increase in the number of patients who can be treated, as well as the caregivers – family and loved ones, for instance – able to engage with qualified healthcare providers.

4 Institute of Medicine (US) Committee on the Future Health Care Workforce for Older Americans. 2008. *Retooling for an aging America: building the health care workforce*. Washington, D.C: National Academies Press. Accessible from https://www.ncbi.nlm.nih.gov/books/NBK215401/.

5 Spillman, B. C., and K. J. Black. 2006. *The size and characteristics of the residential care population*. Washington, DC: ASPE.

6 Centers for Disease Control and Prevention, "Promoting Health for Older Adults," Department of Health & Human Services, https://www.cdc.gov/chronicdisease/resources/publications/factsheets/promoting-health-for-older-adults.htm#:~:text=By%202040%2C%20the%20number%20of,diabetes%2C%20arthritis%2C%20and%20cancer.

Caregiving

As we live longer, and chronic disabilities become more common, the need for caregivers will grow accordingly. Caregivers are at risk in many settings for increased stress, depression, their own degenerating health, cognitive decline and other ills. Putting others' health above their own to meet the many demands of their responsibilities, caregivers for people with dementia are at even higher risk.

Unpaid caregivers provide much of the long-term and supportive care in seniors' homes. According to 2015–2018 data produced by The Behavioral Risk Factor Surveillance System, about 20 percent of U.S. adults aged 18 or older reported providing care or assistance to a person with a long-term illness or disability in the past 30 days. More than half of those caregivers assisted with personal care, and four of five polled managed household tasks such as finances or cleaning. In 2020, the value of such unpaid care for people with dementia was an estimated $257 billion.

Seniors living in poverty

According to the Census Bureau's official poverty measure in 2018, "4.7 million people ages 65 and older (9.2 percent) have incomes below the official poverty threshold of $11,756." When the Supplemental Poverty Measure is used, that number increases to 7.2 million or (14.1 percent).[7] The latest U.S. Census Bureau data reveal the number has increased from 8.9 percent in 2020 to 10.3 percent in 2021, among Americans age 65 and older. This glaring fact also highlights the fact that Social Security and Medicare aren't sufficient to lift all older adults above poverty.[8]

4.7 million people ages 65 and older (9.2 percent) have incomes below the official poverty threshold of $11,756.

7 Cubanski, Juliette, Wyatt Koma, Anthony Damico, and Tricia Neuman. "How Many Seniors Live in Poverty? - Issue Brief." KFF (Kaiser Family Foundation). KFF (Kaiser Family Foundation), November 20, 2018. https://www.kff.org/report-section/how-many-seniors-live-in-poverty-issue-brief/.

8 Creamer, John, Emily A Shrider, Kalee Burns, and Frances Chen. "Poverty in the United States: 2021." United States Census Bureau. United States Census Bureau, September 13, 2022. https://www.census.gov/data/tables/2022/demo/income-poverty/p60-277.html.

Of people aged 65 or older *not* living in a nursing home or other care institution, almost 50 percent have arthritis, 56 percent have high blood pressure, 32 percent have heart disease, 35 percent have hearing loss, 18 percent have vision problems, and 19 percent have diabetes. Because of mental or physical disabilities, about two-thirds of people 65 or older need help with at least one "daily living activity" – preparing a meal, taking medication, showering or bathing, etc. Medicare pays little, if anything, for long-term care in nursing homes and other institutions. The same holds for mental health services. With this in mind, seniors often face higher medical expenses, or at least pay increased premiums for private health insurance. Likewise, it can be more difficult to place prospects in the appropriate assisted living facility because of an inability to pay.

Living at home vs. assisted living facilities

While most older Americans live by themselves or with their families, a small minority live in group settings. A growing type of group setting is the continuous care retirement community, a setting of private rooms, apartments, and/or condominiums that offers medical and practical care to those who need it. In some such communities, residents eat their meals together, while in others they cook for themselves. Many offer quality recreational facilities, driving up the cost of services.

Facility-based long-term care services include board and care homes, assisted living facilities, nursing homes and continuing care retirement communities. Some facilities offer only lodging and housekeeping, but many also provide personal care and medical services. Many facilities offer special programs for people with Alzheimer's disease and other types of dementia. Board and care homes, also called residential care facilities or group homes, are small private facilities, usually with 20 or fewer residents. Rooms may be private or shared. Residents receive personal care and meals, and have staff available around the clock. Nursing and medical care usually are not provided on site.

Meanwhile, assisted living caters to those who need help with daily care, but not as much help as a nursing home provides. Assisted living facilities range in size from as few as 25 residents to 100 or more. Typically, varying levels of wellness

care are offered; residents pay more for higher levels of care. Residents live in their own apartments or rooms and share common areas. They have access to many services, including up to three meals a day; assistance with personal care; help with medications, housekeeping and laundry; 24-hour supervision, security and on-site staff; and social and recreational activities. Exact arrangements vary from state to state and from facility to facility.

Nursing homes, or skilled nursing facilities, provide a wide range of health and personal care services. Services focus on medical care not provided for in most assisted living facilities. These services typically include nursing care, 24-hour supervision, three meals a day and assistance with everyday activities. Rehabilitation services, such as physical, occupational and speech therapy, are also available. Some people remain at a nursing home for a short time after being in the hospital. Following recovery, they return home. However, most nursing home residents live there permanently because of ongoing physical or mental conditions that require constant care and supervision.

Because of the many limitations of living below the poverty line, almost 4 percent of Arizona's seniors avoided the doctor's office altogether in 2022.

Arizona's Baby Boomer population

According to *America's Health Rankings* 2022 annual report on seniors, 18.3 percent of the population in Arizona is age 65 and above. The percentage of seniors living in poverty in Arizona is 12.1 percent of the total elderly population.[9]

Because of the many limitations of living below the poverty line, almost 4 percent of Arizona's seniors avoided the doctor's office altogether in 2022 – based on the high cost of healthcare – leading to more than 1,000 preventable hospitalizations; 16 percent of hospital readmissions were attributed to seniors who were unable to

9 America's Health Rankings, "Summary of Arizona," (Minneapolis, MN: United Health Foundation. Accessible from https://www.americashealthrankings.org/explore/states/AZ, 2022).

pay for services.

Preventative clinical services can help turn such statistics. Cancer screenings, which 72.6 percent of this state's elderly population receives, can spot trouble ahead. Nutrition and physical activity and immunizations are beneficial. The need in Arizona for such preventative measures is real: Just 27.3 percent of seniors exercise; less than 10 percent regularly include fruits and vegetables in their diet. Immunization, while controversial for some, can help fight viral infections that can invade the body with disastrous health impacts.

Conclusion

The world is aging. America is aging. Arizona is aging.

For elderly people who need high-level medical care or practical support, nursing homes are the primary option. In 2018 there were 15,600 nursing homes cross the U.S., housing 1.3 million residents in some 1.7 million licensed beds.[10] Most residents in nursing homes receive assistance in bathing and showering, and various activities of daily living like ambulating or functional mobility, feeding, dressing, personal hygiene and toileting.

Because nursing home care costs can rise to as much as $70,000 annually, residents exhaust insurance policies and burn through savings. No matter the cost of care, often it lacks professional quality. Because senior care patients are typically in poor physical and/or mental health, their care – unique and challenging – must rise to the top. As more people enter nursing homes in the years ahead, the quality of nursing home care will become even more important. Yet there is much evidence that nursing home care is often substandard and is replete with neglect and abuse.[11]

The silver tsunami is visible; in fact, it is upon us. Do we stand quietly wondering how the wave grew to such proportion, or do we take action now to provide the

10 Centers for Disease Control and Prevention, "Nursing Home Care," CDC/National Center for Health Statistics, https://www.cdc.gov/nchs/fastats/nursing-home-care.htm.

11 Spillman, B. C., and K. J. Black. 2006. *The size and characteristics of the residential care population*. Washington, DC: ASPE.

necessary and caring treatment deserved by our senior citizens?

It's time to sink or swim.

About the Authors

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Christopher Zambakari is the owner and operator of three assisted living residences in Arizona, and has spent a decade focused on the high-quality care and treatment of senior citizens in need of such attention. A tireless advocate on behalf of this growing population, Zambakari has built into his mission of service a priority on lending voice and guidance to the challenges – both physical and emotional – faced by his residents. His three properties – Apollo Residential Assisted Living in Glendale, Desert Haven Home Care in Phoenix, and Villa Fiore Assisted Living-Prescott Valley – offer the highest levels of customized care, administered by respectful licensed medical and caregiving professionals.

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Jessica Craig is a qualified medical assistant at Village Medical and holds certifications in phlebotomy, medical billing and coding. She is an EKG technician whose hands-on experiences in the healthcare field include a decade of service to those in need. Craig's varied background in healthcare has led her to pursue a Bachelor of Science degree from Chamberlain College.

Dementia: What You Should Know About Diagnosis, Treatment and Prevention

Image credit: LightField Studios / Shutterstock.com

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Dementia is a general term that describes different symptoms of cognitive decline, like forgetfulness, impairment of thinking and memory loss. In the United States, some 3.7 to 5.8 million people are living with dementia. Most require a level of assistance as they attempt to navigate their daily lives, maintain relationships and participate in activities they enjoy.[1]

Annually, the number of people diagnosed with dementia increases, making a

1 Engineering National Academies of Sciences, and Medicine. "Meeting the Challenge of Caring for Persons Living with Dementia and Their Care Partners and Caregivers: A Way Forward," (Washington, D.C. : The National Academies Press. , 2021).

caregiver's knowledge or familiarity with the signs and symptoms of the condition an important weapon in dealing with the condition. Early diagnosis can help treat symptoms and slow memory loss.

Alzheimer's disease – the most common cause of dementia – is a progressive, irreversible disorder of the brain that eventually destroys thinking and memory skills and slowly affects the ability to complete routine tasks. With more than six million Americans living with Alzheimer's disease, it is fifth leading cause of death in the U.S. among people who are 65 and older.[2]

Many older adults with late-onset Alzheimer's experience symptoms in their mid-60s. The occurrence of early-onset Alzheimer's is rare, but may occur in people in their 30s to 60s. Among the causes of Alzheimer's are brain cell death and tissue loss; plaques and "tangles" are prime suspects. Plaques are abnormal protein fragments, while tangles are dead or dying cells' twisted strands of another protein. Further, Alzheimer's tissue has far fewer nerve cells and synapses than a healthy brain.

The National Center for Biotechnology Information reports the elderly population (those aged 65 years or older) in the U.S. is expected to double from approximately 35 million today to more than 70 million by 2030. The American Psychological Association tabs the growth from 48 million to 88 million by 2050. With such rapid growth in the number of older Americans, prevention and treatment of chronic diseases of aging will take on growing importance. Dementia is a disease of particular concern because the decline in memory and other cognitive functions that characterizes this condition also leads to a loss of independent function that has a wide-ranging impact on individuals, families and healthcare systems.

Dementia and the latest research

As research into the disease continues, the Alzheimer's Association believes we are in a time of "unprecedented promise" in the quest to defeat dementia. There

2 Kullman, Joe. "Using AI to Battle Alzheimer's." *Full Circle*. Arizona State University, April 4, 2022. https://fullcircle.asu.edu/research/visualizing-better-ways-to-battle-alzheimers/.

is progress in the fight against the debilitating condition. Blood tests are being developed to advance early detection of dementia; new gene therapy initiatives are in the works to "fix" inherited gene mutations; lifestyle choices are being studied and advances are being made.

It is important to remember that people with dementia – their care partners and caregivers, too – are entitled to programs that provide care and assistance tailored to their specific needs. It's promising that many dementia-care strategies have shown early promise.

It is important to remember that people with dementia – their care partners and caregivers, too – are entitled to programs that provide care and assistance tailored to their specific needs.

Types of dimentia

Dementia is divided into several types. Some of them are:

- ***Alzheimer's.*** In this condition, there is plaque formation between the dead brain cells due to protein abnormalities. Those with Alzheimer's disease have fewer nerve cells in their brain tissues, and the brain size shrinks.
- ***Parkinson's disease.*** This disease occurs because of the formation of Lewy bodies (abnormal structures) in the brain. Although Parkinson's is a movement disorder, it also includes symptoms of dementia.
- ***Mixed dementia.*** When two or more types of dementia are diagnosed in a person, the condition is called mixed dementia. For example, when a person simultaneously shows symptoms of Alzheimer's disease and vascular dementia (as the result of a stroke), this person is a victim of mixed dementia.

Diagnosing Alzheimer's

In the process of diagnosing Alzheimer's, doctors analyze patients' signs and symptoms and perform a number of other tests. Such an assessment is the critical first step toward receiving treatment and care, as well as education about and an understanding of future steps. With medical science's growing understanding of

the condition, it is important to get a proper diagnosis as soon as possible. The following are early signs and symptoms of Alzheimer's that help in detection of the disease:

- Impaired memory, such as problems in remembering events
- Lack of concentration or problem solving
- Confusion
- Difficulty in finishing daily tasks
- Mood changes, such as hyperactivity or depression
- Poor decisionmaking or poor judgment

Tests and measures

Knowledge is power. In the fight against Alzheimer's and other neurodegenerative diseases, early tests and examinations are critical to determine next steps in treatment.

Physical and neurological exam

A physical examination is done by your healthcare provider to determine overall neurological health by testing the following:

- Reflexes
- Muscle strength and muscle tone
- Ability to walk and get up from a chair
- Senses of sight and hearing
- Balance and coordination

Lab tests

Other possible causes of memory loss and confusion, such as thyroid deficiency or vitamin deficiencies, can be ruled out through blood tests.

Mental status and neuropsychological testing

A quick mental status examination can be administered by a doctor to determine a patient's memory and other thinking abilities. When compared to people of a similar age and education level, longer types of neuropsychological testing can provide more information about the mental function. These tests can aid in assessing a diagnosis and can also be used to monitor the disease's progression in the future.

Brain imaging

Brain imaging is also used to identify visible disorders associated with conditions other than Alzheimer's disease, such as strokes, injuries or tumors that may lead to cognitive changes. Doctors may be able to identify complex brain changes caused by Alzheimer's disease, using new imaging applications typically used only in major medical centers or in clinical trials.

Factors of dementia

Left untreated, dementia can lead to neurodegenerative problems such as Alzheimer's. Possible causes of dementia include depression, medication interactions, thyroid abnormalities and vitamin deficiencies. It is important to note that these factors are reversible with proper care and treatment. Another cause is the spread of the HIV virus to the brain. Symptoms of HIV-associated dementia include loss of memory; difficulty thinking, concentrating and/or speaking clearly; lack of interest in activities; and gradual loss of motor skills.

Other possible risk factors of dementia are smoking, diabetes and abnormally high "bad" cholesterol (LDL, or low-density lipoprotein) levels.

Symptoms of dementia

The American Academy of Family Physicians (AAFP) identifies common symptoms of dementia,[3] including:

- Difficulties in communication
- Memory loss
- Mood swings
- Irritability
- Fearfulness
- Misplacement of items such as a wallet or keys
- Difficulties completing common tasks such as cooking a meal or making tea

3 Deepak S. Patel, "Dementia," American Academy of Family Physicians, https://familydoctor.org/condition/dementia/.

Management of dementia

According to a National Academies of Sciences, Engineering and Medicine report,[4] there are two basic interventions to help people with dementia: collaborative care models and Resources for Enhancing Alzheimer's Caregiver Health (REACH) II.[5]

Collaborative care models include both psychosocial and medical support of the dementia patient. Research has concluded that collaborative care models effectively reduce the symptoms of dementia and improve the quality of life.

Collaborative care models effectively reduce the symptoms of dementia and improve the quality of life.

REACH focuses on supporting family caregivers, and is a structured, multicomponent intervention that has been successfully adapted to community use. It has been effectively shaped for use with family caregivers of persons with acquired physical disabilities such as spinal cord injuries.

Other quality-of-life care practices

The ultimate objective is to provide the best-possible quality of life for one who is suffering the effects of dementia. To do this, it is important to ensure the patient is living comfortably with as little pain, distress and confusion as possible.

Some ways to do so include:

- Provide steady routines that keep patients physically active as appropriate, including the opportunity to socialize with others.
- Provide a stable and safe environment; minimize changes.
- Provide "clean" surroundings for your patient; sanitary *and* well-organized and free of clutter.

4 National Academies of Sciences.

5 R. Schulz et al., "Resources for Enhancing Alzheimer's Caregiver Health (Reach): Overview, Site-Specific Outcomes, and Future Directions," *Gerontologist* 43, no. 4 (2003).

- Respect your patient. Respect and compassion go hand in hand and are important to a patient's comfort and well-being.

A recent study has found that brain training, or brain exercises, is also effective in improving dementia symptoms and cognitive functions. This includes the use of mnemonics (imagery and visualization, acronyms and acrostics, rhymes and "chunking" – breaking up larger blocks of information into smaller, easy-to-remember chunks; think telephone numbers!) and computerized recall devices.

One of the main challenges facing patients with dementia in Arizona is access to appropriate care.

Dementia in Arizona

Dementia is a significant health concern in Arizona, as more people relocate to the state to enjoy their golden years. According to the Arizona Department of Health Services (ADHS), the number of residents aged 65 and older is projected to increase by 50 percent by 2030.[6] This demographic shift will likely lead to an increase in the number of individuals living with dementia.

One of the main challenges facing patients with dementia in Arizona is access to appropriate care. Many individuals with dementia require specialized care, which can be expensive and difficult to find. A study by the Alzheimer's Association (2018) found that the number of memory care units in Arizona is not keeping pace with the growing demand for this type of care.[7] Additionally, there is a shortage of healthcare professionals trained to provide care for individuals with dementia, which can make it difficult for patients to receive the care they need.

Another concern in Arizona is the lack of community support. Many individuals with dementia require assistance with daily activities, such as shopping, paying bills and managing medications. However, many communities in Arizona do not

6 Arizona Department of Health Services. (2018). Arizona's Dementia State Plan. Retrieved from https://www.azdhs.gov/preparedness/epidemiology-disease-control/dementia/dementia-state-plan/index.php.

7 Alzheimer's Association. (2018). 2018 Alzheimer's Disease Facts and Figures. Retrieved from https://www.alz.org/media/HomeOffice/Facts%20and%20Figures/facts-and-figures.pdf.

have adequate support systems in place to help individuals with dementia and their caregivers. A study by the ADHS (2018) found that many of the existing support services for individuals with dementia in Arizona are underutilized due to a lack of awareness among caregivers and individuals with dementia.[8]

There are, however, resources and programs available to support individuals with dementia and their caregivers (*see "Living Well with Dementia" by Dr. Maribeth Gallagher in this Special Issue for more resources. In Arizona, other local resources include: Alzheimer's Association, Area Agency on Aging Region One Incorporated, Family Caregiver Support Program (FCSP), Duet – Partners in Health & Aging*).

A key trend in the study of dementia in Arizona has been a focus on identifying risk factors for the development of dementia.

A key trend in the study of dementia in Arizona has been a focus on identifying risk factors for the development of dementia. For example, a study conducted by the Banner Alzheimer's Institute[9] found that individuals with high blood pressure and hypertension may be at an increased risk for developing dementia. Another approach in dementia research in Arizona has been the development of early detection and intervention methods. For example, a study conducted by Arizona State University found that a combination of cognitive testing and brain imaging can help to identify individuals at an early stage of dementia.[10]

In the future, dementia research in Arizona will likely focus on developing new treatments and therapies for individuals living with dementia, including the use of technology, such as virtual reality, to improve the quality of life for individuals with dementia. Additionally, research in the area of prevention and risk reduction

8 Arizona Department of Health Services. (2018). Arizona's Dementia State Plan. Retrieved from https://www.azdhs.gov/preparedness/epidemiology-disease-control/dementia/dementia-state-plan/index.php

9 Banner Alzheimer's Institute. "Hypertension in Midlife Increases Risk for Dementia." *Science Daily*, 22 Jan. 2019, https://www.sciencedaily.com/releases/2019/01/190122113515.htm.

10 Kullman, Joe. "Using AI to Battle Alzheimer's." *Full Circle*. Arizona State University, April 4, 2022. https://fullcircle.asu.edu/research/visualizing-better-ways-to-battle-alzheimers/.

will likely be a priority, as well as how to improve care and support for individuals with dementia and their caregivers.

Make it easy, take it easy

While research into Alzheimer's and dementia continues, and as treatment and care practices are reviewed, shared and sometimes improved, there are tips patients can use to help cope with the changes in memory and thinking, while also preparing for the future. The National Institute on Aging suggests:[11]

Organizing your days – Write down to-do lists, appointments and events in a notebook or calendar. Some people have an area, such as an entryway table or bench, where they store important items they need each day.

Paying bills – Setting up automated payments or asking a trusted friend or family member to assist in such accounting matters is an easy way to pay your bills correctly and on time without having to write checks.

Shopping for meals – Many stores offer grocery delivery services. You can order fresh or frozen meals online or by phone. Meals on Wheels America (1-888-998-6325) delivers free or low-cost meals to your home, and sometimes includes a short visit and safety check. Other sources of meals may include houses of worship and senior centers. If you make your own meals at home, consider easy-to-prepare items, such as foods that you can heat in the microwave.

Taking medications – Several products can help you manage medications, such as a weekly pillbox, a pillbox with reminders (like an alarm) or a medication dispenser. You may need someone to help you set these up.

Getting around – Take seriously family and friends who express concerns about your driving. Consider public transportation options such as a community ride share program.

11 National Insitute on Aging (NIA), "Tips for Living Alone with Early-Stage Dementia," National Insitute on Aging (NIA). Accessible from https://www.nia.nih.gov/health/tips-living-alone-early-stage-dementia#every-day-tasks.

Taking it easy doesn't mean to drop exercise from your daily routine. Find exercise where you can! More ideas from the National Institute on Aging include:

Exercise – Light housework, gardening, walking around the neighborhood can have benefits. Experts recommend both aerobic exercise (such as walking) and strength training (such as lifting weights). Take the time to learn more about exercise and physical activity.

Eat right – A healthy diet is proven to influence heart health, which relates to brain health. Learn more about healthy eating.

Sleep well – Lack of sleep and poor-quality sleep are linked to memory problems. Try to get 7 to 8 hours of sleep per night.

Be mindful – Help manage stress and reduce anxiety and depression through mindfulness. Be aware of what's happening in the present, both inside and outside your body.

Stay social – People with dementia who live alone do not manage daily activities as well when they feel lonely. Join a support group, chat with someone regularly, or volunteer at a local school or community organization.

The last word

The number of senior citizens in need of care for dementia-related disease is growing, across the country and here in Arizona. The care necessary for a person with dementia will increase over time, straining individual caregivers, as well as the healthcare industry. Problems with memory, thinking and behavior often present challenges for those with dementia as well as for their family members.

The journey should never be taken alone. What you should know about dementia is that whether the disease is in early or late stages, there are support systems, resources, and services that can help.

About the Authors

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Christopher Zambakari is the owner and operator of three assisted living residences in Arizona, and has spent a decade focused on the high-quality care and treatment of senior citizens in need of such attention. A tireless advocate on behalf of this growing population, Zambakari has built into his mission of service a priority on lending voice and guidance to the challenges – both physical and emotional – faced by his residents. His three properties – Apollo Residential Assisted Living in Glendale, Desert Haven Home Care in Phoenix, and Villa Fiore Assisted Living-Prescott Valley – offer the highest levels of customized care, administered by respectful licensed medical and caregiving professionals.

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Nathalia Zambakari is a board-certified Acute Care Nurse Practitioner and a licensed medical professional responsible for short-term care patients suffering from severe conditions. As part of the Desert Haven/Apollo/Villa Fiore care team, she reviews the medical records of incoming residents, helping the professional staff to manage patient regimens, and performs caregiver education to ensure the best care possible for the communities' residents. She is currently a consultant for the New York City Health and Hospitals and a chronic venous insufficiency expert at Premier Vein of Alaska.

Living Well with Dementia

Image credit: Hospice of the Valley

Dr. Maribeth Gallagher
Director, Dementia Programs, Hospice of the Valley

Seniors today are nothing like those of previous generations. They are more active, more health-conscious and have a more youthful mindset. All these attributes enrich their lives — and also help them *live longer.* It seems a contradiction: Age is the single biggest risk factor for Alzheimer's disease and related dementias (ADRD).

Today, more than 6.5 million Americans (50 million worldwide) are affected by ADRD. With Arizona seeing one of the highest growth rates of dementia in the nation, it will continue to be a leading cause of disability and death among older adults in the Grand Canyon State.

This is a reality that many face as they struggle to care for someone they love with the disease. Most have no idea how to be a caregiver. As troubling: Most have no understanding of the dementia journey. They quickly find that this challenging disease affects the entire family. Most care is delivered by relatives and close

friends who want to keep their person home for as long as possible. Without support, the health and well-being of caregivers often suffer, despite their best efforts to provide care and oversight.

Providing good dementia care is complicated. Each experience is a highly individualized journey. There's no predicting precise timelines or behaviors that will occur as the condition progresses. The long course of dementia leads to changes that can be bewildering, frustrating and overwhelming.

Along the way, caregivers will also experience moments that are surprisingly profound, meaningful and rewarding. When equipped with information, insight and support, people living with dementia and their care partners are better able to manage their own health and focus on what matters most — quality of life.

There is support. Caregivers need not journey alone.

To meet the critical need for dementia support, Hospice of the Valley (HOV) has launched innovative programs to help people live well with dementia. The Supportive Care for Dementia program and new Dementia Care and Education Campus both focus on education, resources, effective coping strategies, encouragement and ongoing support.

Caregivers need not journey alone.

Supportive care for dementia

The HOV in-home Supportive Care for Dementia (SCD) program is provided at no charge to persons living with dementia and to family members who are caring for loved ones — from pre-diagnosis through the early and middle stages of dementia. People living with early stages of dementia struggle with knowing what lies ahead and how to move forward. Care partners experience stress, anger and grief — and over time, may become isolated and depressed.

Skilled dementia educators provide valuable support, making home visits to educate and empower the person with dementia who lives alone or with family, as well as their caregivers. Compassionate, knowledgeable teams demonstrate and teach new ways to stay connected during each stage, providing practical tools to

enhance quality of life. They help celebrate the person who still is present and offer support to cope with losses along the way.

Mind, body, spirit

The Dementia Care and Education Campus created at HOV provides comprehensive and holistic care — focusing on body, mind and spirit. Families are supported through the early, moderate and advanced stages of dementia with education, socialization and compassion. Breaking new ground for ADRD patients and caregivers alike, this innovative campus and leading-edge care has also inspired careers in dementia care and is helping build a dementia-capable workforce for the future. In support of the greater community, the campus brings exceptional care and vital resources together in one place.

The Dementia Care and Education Campus also features an education center where frontline caregivers, senior healthcare professionals and industry leaders can come together to share best practices in dementia care, while ensuring purposeful opportunities through the maintenance of a recognized program of events and classes that facilitate and encourage meaningful interactions among attendees.

Additional encouragement and assistance for caregivers is available through the HOV Memory Café Support Group at no charge. Here, attendees receive compassionate support and learn to manage stress and promote self-care throughout the dementia journey — while in a nearby room, trained dementia caregivers engage their loved ones in socialization and fun activities.

The intergenerational Adult Day Center provides a sense of community for those living with dementia, respite for caregivers, and meaningful interaction with preschoolers in the adjoining Child Center. Studies show intergenerational connection creates joyful benefits for both young and elderly.

A small Assisted Living Center and a Dementia Hospice Inpatient Home specialize in superb dementia care for residents, patients and family members -- providing 24/7 clinical support.

Educating healthcare providers

While providing exceptional care and comprehensive support is critical in ADRD settings, the training of current and future dementia professionals must also be addressed in meaningful and effective ways. There is a severe shortage of providers skilled in dementia care. The number of those trained and competent is not nearly sufficient to support the large and growing senior population in the future.

The lack of senior healthcare professionals trained in dementia care will impact all of us.

In response to the need for additional quality support, Hospice of the Valley's Dementia Care and Education Campus offers an unprecedented education project aimed at training more than 3,000 health providers through the end of 2023, an effort designed to enhance dementia care for those with early and moderate stages of the disease. The extensive campaign is being funded by the Maricopa County Department of Public Health.

According to the 2022 Alzheimer's Association report, "Alzheimer's Disease Facts and Figures,"[1] half of all primary care physicians feel the medical is mostly unprepared to effectively serve the burgeoning numbers of people living with dementia. HOV Dementia Care Program Director Dr. Maribeth Gallagher, a nationally and internationally awarded dementia specialist and collaborator in healthcare industry innovations, says, "There is a tremendous and critical need for dementia care education and training that will help providers deliver evidence-based skillful and compassionate care. That need will only grow as the incidence of dementia rises each year."

The HOV education project covers a wide variety of topics, from assessing and diagnosing mild dementia to understanding which medications help or harm dementia patients. Presentations also provide doctors practical tools they can share with family caregivers, such as the soothing effects of "Vitamin M" — music — or ways to decode behaviors that express unmet needs like fear, anxiety or pain.

1 National Insitute on Aging (NIA), "Tips for Living Alone with Early-Stage Dementia," National Insitute on Aging (NIA). Accessible from https://www.nia.nih.gov/health/tips-living-alone-early-stage-dementia#every-day-tasks.

Dr. Ned Stolzberg, HOV executive medical director, is confident this unique training opportunity will be widely embraced. A recognized voice in the importance of quality hospice care, Stolzberg says, "Having been in primary care myself, I know how helpless physicians, nurse practitioners and physician assistants can feel when confronted with patients struggling with dementia,not only problems related to diagnosis and treatment, but also the myriad challenges that arise in the social realm. Awareness of even the basic tools to address some of this will greatly empower our medical community."

The new initiative focuses exclusively on medical professionals, enabling them to help their patients manage early and moderate stages of the disease with knowledge and dignity.

"We can inspire and educate providers — and through them, families — to improve quality of life for people living with all types and all stages of dementia," says Dr. Gillian Hamilton, medical director of HOV's Supportive Care for Dementia program. "Physician offices are the first stop for families concerned about memory loss, and how they talk to families sets the stage for the whole journey through dementia."

Enhancing communication

One of the most challenging aspects of living with dementia, for both family caregivers and medical professionals, is communication. As parts of the brain start to atrophy, people are unable to function as they once did – leading to frustration and confusion for all. Hospice of the Valley's Supportive Care for Dementia program strives to help people maintain connection while preserving the dignity of the person with dementia.

We can inspire and educate providers — and through them, families — to improve quality of life for people living with all types and all stages of dementia.

- Dr. Gillian Hamilton, Hospice of the Valley

Fortunately, there are a number of practical tools that can make a positive difference in a patient's life.

The most important thing care partners

and medical professionals can do is to let go of the natural reflex to correct or reason with someone who is living with dementia. *Their reality* is every bit as real to them, as yours is to you. Agreeing in a calm, nonjudgmental way with what they are seeing, hearing and saying reduces stress for you and makes the person feel safe.

It may also help to try a concept called "validate, connect and redirect":

- Begin by offering validation with a "yes" or nod of the head so the person feels understood.
- Find a way to instill connection rather than opposition.
- Redirect the conversation to something pleasant. For example, when a person insists, "I want to go home!" it may not be helpful to say, "No, you live here. Don't you remember?" Instead, try to:
  - Validate: "Yes, you want to go home."
  - Connect: "And I want to help you."
  - Redirect with a pleasant sensory experience: "Let's have a snack before we go."

These additional tools may also enhance communication:

- Always acknowledge the person's feelings because emotional memory usually stays intact the longest. If you notice anxiety, perhaps say, "You look upset/scared." Reassure, by saying, "I will keep you safe" or "I'm so glad I can stay with you."
- Visual cues often work more powerfully than words alone. Use a picture or point to the object or person you are referring to.
- Use gestures to get your message across. Try greeting the person by name and signaling with a "hello" sign to trigger deeply embedded social responses.
- Approach the person from the front. Identify yourself (when needed) and maintain good eye contact (unless it's culturally inappropriate). Reposition to eye level if the person is seated.
- Call your person by their preferred name. Old nicknames may be more familiar

as memory fades.

- Touch can communicate warmth, safety and love. Consider holding hands, putting your arm around the person, softly touching the arm or giving a gentle massage.
- Play favorite songs. Music is a universal way to provide comfort that is easily understood.
- Always answer the question as if it's the first time; for the person asking, it is.
- Create a calm environment and minimize or eliminate distractions, such as TV or radio.
- Show signs of caring in your tone of voice and facial expressions, but be careful to avoid "elderspeak," which refers to speech that "infantilizes" older adults.
- Be aware that body language is often well understood by persons with dementia. Sensitive to the emotions of others, they may mimic emotions like sadness or anxiety.
- Simplify your conversations and allow enough time for your message to sink in. It may take up to a minute to get a response.
- Positive direction prevents confusion for someone struggling with questions or choices. "Let's go to lunch," instead of "Would you like to go to lunch?"
- Avoid using the word "no" because a person living with dementia experiences "no" in many forms over the course of a day/week. Studies show this can result in aggression, resistance, depression and withdrawal.

As dementia progresses, it will become more difficult for someone with dementia to make their needs known. Care partners who stay alert to communication challenges can successfully adapt. Tapping into familiar social skills, as well as using all the other senses, allows connections to be made.

You are not alone on the dementia journey

Despite the profound changes that occur as dementia progresses from early to

advanced stages, there are still ways to find meaning, purpose, connection and joy in living. This depends largely on the knowledge and skills that care partners develop as they strive to honor, understand and anticipate the unique needs of persons living with dementia.

Each interaction, even in the tiniest of moments, offers opportunities to reflect and affirm the individual's dignity, value and personhood. Many families and loved ones are on this same challenging journey, and it can be empowering to travel it together.

Many families and loved ones are on this same challenging journey, and it can be empowering to travel it together.

About the Author

Dr. Maribeth Gallagher is a nationally and internationally awarded dementia specialist focusing on hospice and palliative care, therapeutic applications of music, and mindfulness meditation practices. An experienced program director with a demonstrated history of successfully collaborating in national health care industry innovations, she is a board-certified psychiatric nurse practitioner with a Doctor of Nursing degree. She is a fellow of the American Academy of Nursing, and has been selected to serve as an advisor to U.S. federal agencies on dementia care policy improvements. Dr. Gallagher is the director of dementia programs at Hospice of the Valley, Arizona's leading provider of end-of-life care and one of the country's oldest and largest not-for-profit hospices.

Designing Patient-centric Dementia Care: An Expert Care-giver’s Perspective

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Tammie Easterly
Manager, Prescott Valley Assisted Living

“I had a patient who used to tell me ‘Aging is not for sissies,’” Tammie Easterly recalls. “We used to laugh so much,” says the manager of Prescott Valley Assisted Living. “But I understand what he meant. Aging can be hard for people, especially when dementia starts developing and people alternate between lucid moments and dementia episodes.”

As a residential assisted living manager, Easterly oversees the care of 10 senior residents in tandem with a team of six other service staff. She is the point of contact for the families of these seniors, and for the overall team of medical providers. It is her job to make sure that her team is professionally trained to provide the best-possible patient care and service – that medications are administered adequately, wounds are tended effectively, and that clients are always safe. Likewise, Easterly

ensures that the families of Prescott Valley Assisted Living are updated to any changes to their loved one's condition, and to work closely with the medical-care teams to provide real-time assessments of residents. Easterly's responsibilities require empathy, endurance, quick thinking, self-control and a thorough understanding of policies, procedures and medications.

But before being a manager, she is first and foremost a caregiver, with more than 20 years' experience. She first started by taking care of her grandmother in her early teenage years. Then, she became a member of the wait staff in an assisted living facility in Scottsdale, before becoming a certified caregiver when she turned 18. Over the years, she has learned to know seniors and how to understand them. She has learned how to care for people with dementia and Alzheimer's, people who suffer from traumatic brain injuries (TIBs), tetraplegics, quadriplegics, people with feeding tubes, tracheotomies, catheters, wounds and more. She has learned what medications can do for her patients, but she has also learned their limits. Through time and careful observation, Easterly has learned the essential difference between treating symptoms and caring for a person.

"When training to become a caregiver, we do a lot of book work, but the actual experience of learning to be a caregiver is very observational," Easterly says. "You must ask yourself: Why are they acting like that? What do they need? If they can't speak, what is their body language telling us? Your focus has to be on their needs in real-time.

"What we do here is to go beyond treating the symptoms; instead, we treat the patient."

The patient. The National Academies of Science, Engineering, and Medicine notes, "Persons living with dementia are unique individuals – with their own values, including concerns related to privacy; needs; and preferences for services, supports, and medical care – the specific goals for and forms of care, services, and supports will depend on the individual."[1]

1 Engineering National Academies of Sciences, and Medicine. "Meeting the Challenge of Caring for Persons Living with Dementia and Their Care Partners and Caregivers: A Way Forward," (Washington, D.C.: The National Academies Press, 2021).

Over her years in senior healthcare, Easterly has developed her own routines and processes in order to more fully and effectively observe and care for incoming residents.

"We need better observational assessments of people with dementia, and in that effort, clinical narratives play a critical role," she says. "Can they stand when going to the bathroom? Do they need support to sit down? Can they put the toothpaste on the toothbrush themselves?" These questions are key to her initial assessment.

When admitting a patient, she conducts a customized observational assessment. For seven days, Easterly compiles detailed notes of behaviors, wounds, sleeping habits, drinking and bathroom patterns. During this week of discovery and assessment, Easterly visits multiple times each day with her newest resident to compile her notes, including their mood, speech, preferences and habits – and how that might differ from visit to visit.

"Doing that allows me to see the person behind their symptoms and lists of medication," she says of her rounds. "I try to create an environment in which they can comfortably feel free to ask questions and share background that will allow me to provide a comfortable and familiar environment for each individual. For women, Easterly asks, do they wear a bra? Do they like wearing one? Do they prefer a sports bra? Once a patient is settled, Easterly focuses on the patient's new surroundings – Do you know which drawers your clothes are in? Where will you put your keepsakes? Do you know where the light switch is?

We need better observational assessments of people with dementia, and in that effort, clinical narratives play a critical role.

"Although these might seem like insignificant details, they make a world of difference for the patients. Knowing a patient's background – their life story – is important to providing quality care and service, but it's just as important to help them understand who they are *now*, because this part of them must be understood, appreciated and celebrated."

Dementia patients often feel disoriented,[2] anxious,[3,4] and depressed[5] – every step taken to ensure a smooth transition matters. Through her seven-day observational assessment, Easterly is able to build a sense of routine and stability for her newcomers. The service plan that comes from her assessments provides her team members with an invaluable map of care, including *who* the patient is, *what* the patient's needs are, *where* they are most comfortable and *when* they may need special attention. Such a game plan is a critical tool in treatment, especially in those times and those cases when a patient may not be lucid. Such detailed notes are excellent clinical narratives that are shared with the patient's medical providers, which in turn allows that team to develop better diagnostics and more customized treatment.

The assessments serve another, important purpose in preventative care. "There is an element of dishonesty that must be understood and recognized," says Easterly. "People will often lie in an attempt to minimize the condition of a patient. Families hide the facts, hospitals hide the circumstances, skilled nursing professionals downplay particular needs, placement agents are not always forthcoming with critical information or complete background accounts."

There is method in the madness. "These patients many times are in the hands of someone – an agency, a hospital, a family – who is, quite simply, looking to get rid of a patient, or to place them quickly," says Easterly. "They might tell us they have someone who is calm, who can shower on their own, can use the bathroom by themselves and need no special assistance at mealtime, and we discover a very different person." In such cases, not only is proper care and treatment initially lost in the disguise – along with critical time – but physical complications such as flight risk, acting out and self-endangerment can obstruct effective treatment.

2 Ladislav Volicer and Ann C. Hurley, "Review Article: Management of Behavioral Symptoms in Progressive Degenerative Dementias," *The Journals of Gerontology: Series A* 58, no. 9 (2003).

3 M. W. B. Silva et al., "Sundown Syndrome and Symptoms of Anxiety and Depression in Hospitalized Elderly," *Dement Neuropsychol* 11, no. 2 (2017).

4 R. J. Riley, S. Burgener, and K. C. Buckwalter, "Anxiety and Stigma in Dementia: A Threat to Aging in Place," *Nurs Clin North Am* 49, no. 2 (2014).

5 Z. D. Gellis, K. P. McClive-Reed, and E. Brown, "Treatments for Depression in Older Persons with Dementia," *Ann Longterm Care* 17, no. 2 (2009).

"It is much more in the patient's interests, and in our ability to serve that person, if we are provided upfront and honestly a proper history and update on the patient's behaviors," Easterly continues. "People who are honest with me, we have great success stories."

Unfortunately, Easterly's observational assessment and clinical narratives, while being a proven best practice for dementia care in residential settings,[6] are far from being the norm. As a result, many patients who display dementia symptoms are unfairly labeled as aggressive and are subsequently prescribed strong doses of sedatives. It doesn't have to be so. "Most of our patients were originally diagnosed with some behavior," she states, adding, "But, after a few weeks, they are calm and follow their daily routine, as they become acquainted and comfortable in their new environment. And, we are often able to work with their medical providers to reduce or completely drop the sedatives."

Dementia patients are further victimized, says Easterly, by hospital care and treatment that fails the disease, thereby failing the patient. "Patients often come back from the hospital with pressure sores, or pneumonia, because their stay was restricted to bed rest, they were kept immobile or restrained. They often come back with bruises because they were strapped down due to lack of staff to sit with the patients. The condition that patients were admitted for was treated, but the whole person was not."

Many patients who display dementia symptoms are unfairly labeled as aggressive, and are subsequently prescribed strong doses of sedatives.

Easterly continues, "If we are not diligent in our assessment when getting a resident from the hospital or rehab, we end up behind the eight ball, rushing to schedule home health services to address their wounds. This can also lead to readmitting residents to the hospital within 24 hours. In some cases, I will make sure that myself, a staff member, or family members sit with our residents while in the hospital to make sure someone can

6 Institute of Medicine, Engineering National Academies of Sciences, and Medicine, *Assessing Progress on the Institute of Medicine Report the Future of Nursing*, ed. Stuart H. Altman, Adrienne Stith Butler, and Lauren Shern (Washington, DC: The National Academies Press, 2016).

directly advocate for them."

The residential care manager has a vision when it comes to hospital treatment, especially in a rural area like Yavapai County where Prescott Valley is located.

"I just wish there was a special unit for the elderly, like there is the maternity ward," she says. "We – I mean the senior care profession – need to explore the possibilities, and the necessity, of a space where professionals are properly trained to evaluate these patients and, when called for, bring in caregivers to work with them. Having dedicated staff when elderly people enter the hospital would go a long way. If we keep the system as it is, we are just going to spend more and more time caring for human error."

Easterly points to research and case studies that address the benefits of smaller assisted living/care homes over larger facilities. A report carried by the National Library of Medicine in 2016 noted that larger assisted living accommodations typically suffer from low staffing levels that lead to poor quality of care – when higher federal and state staffing standards are met, the proportion of residents with pressure ulcers, physical restraints and urinary catheters decreased, and the quality of overall care increased.[7] Additionally, a litigation case study reported in the *Journal of Health Care Organization, Provision, and Financing* in 2018 found that patients' rights, clinical measures of poor quality and the subsequent success of outcomes were among the top grievances voiced by patients and caregivers at a large chain of for-profit nursing homes.[8]

Smaller home care facilities are often better equipped to support patients in daily living activities, to recognize and maintain their dignity and autonomy, and to provide them with a greater sense of control and choice in their routines, says Easterly. Yet, large assisted living options are very appealing, especially for the patients' children, who often make the decision to place their loved ones. Indeed, such facilities tend to be aesthetically pleasing, and offer a whole range

7 Institute of Medicine, Engineering National Academies of Sciences, and Medicine, *Assessing Progress on the Institute of Medicine Report the Future of Nursing*, ed. Stuart H. Altman, Adrienne Stith Butler, and Lauren Shern (Washington, DC: The National Academies Press, 2016).

8 C. Harrington and T. S. Edelman, "Failure to Meet Nurse Staffing Standards: A Litigation Case Study of a Large Us Nursing Home Chain," *Inquiry* 55 (2018).

of amenities, which can include fine dining, a fitness center and a salon. They can host hundreds of residents at a time, lodged across different floors and buildings, and sometimes have a registered nurse on staff. But very often, they are only able to provide patients with minimal levels of care. They will prepare meals and make sure to take it to the patients, do their laundry, do housekeeping, do stand-by showers and toilet, but when patients start requiring higher levels of care – for example they need to be changed, or they require to be moved with a Hoyer Lift – their needs could suffer due to staff shortages or a high resident to caregiver ratio.

Eventually, the patients' conditions can decline. Sometimes, as a result, they will have to be transferred and adjust to a new place. When that happens, some patients are unfortunately not able to tolerate such change and will decline rapidly. Moreover, large assisted living facilities tend to run on very short caregiving staff.

"The worst situation I have seen," Easterly says, "is one in which we were two caregivers and one MedTech for three floors, which is about 86 patients. On a good day, there might be five caregivers for that many patients." As a manager, Easterly understands the challenges of proper staffing. Hiring and retaining quality caregivers can be difficult; staff turnover is high across the industry.[9] "Even when people don't quit," she says, "there are many days that a person will not be able to come to work because they will have a family emergency, or another responsibility that will take precedent, and they won't show up at work."

Most caregivers are women who have care responsibilities in their private lives (e.g., children, parents, a spouse), while some may have another job or go to school. Adding to the staffing challenge is the low pay experienced by caregiving practitioners and staff. Economic concerns and financial incentives are among the areas given special attention in the National Library of Medicine report noted above – they are identified as being barriers to staffing reforms.[10] There will always be exceptions to the rule, and size – big or small – matters in assisted living home

9 Marley Brocker, "Golden Years: A Rebounding Economy, Aging Population and Healthcare Reform Will Likely Aid Growth," *Retirement Communities Industry in the US - Market Research Report* (Los Angeles, CA: IBISWorld, 2022).

10 Institute of Medicine, Engineering National Academies of Sciences, and Medicine, *Assessing Progress on the Institute of Medicine Report the Future of Nursing*, ed. Stuart H. Altman, Adrienne Stith Butler, and Lauren Shern (Washington, DC: The National Academies Press, 2016).

care. Easterly cautions that one size does not fit all, that a small home may be appropriate for one patient, while a larger home will work better for another.

"As a caregiver and manager, when I give a tour for a prospective resident, I am very honest with what we can and cannot do," she says. "It's important to the patient's well-being, and it's important to that patient's comfort-level that they are among people facing similar challenges. It's not beneficial to bring a patient into a setting where the majority of the residents are suffering from advanced dementia, while this person has full control of their faculties." In such case, Easterly advises, a large community might be a better fit. Honesty both ways is what is needed."

Easterly endorses integrated models that include tiered approaches to elderly care, believing them to be viable options for patients in need of health services. In such models, a patient may first join an independent living community, enjoying a level of freedom, including the opportunity to care for oneself while enjoying a range of amenities designed for their age group and physical and emotional standing. When the need for greater daily attention is required – assistance with showers, meals and medication management – an assisted living setting is more suitable. Physical or emotional incapacitation – such as dementia-related diseases – requires a higher level of care, an environment where special needs can be addressed and proscribed as appropriate. Such integrated models allow the patients to age in the same place, one that meets their individual needs for routine and stability.

Like each patient who may require a different level of care or means of treatment, the setting for such care can vary. What Easterly believes each level of home care shares in common is a reliance on honesty from their patients, and the ability to serve a specific health demographic. Meanwhile, the patient – and their loved ones – must rely on each care facility to meet, if not surpass, the highest standards of care, including the care team's ability to recognize special needs and provide the appropriate treatments in a dignified and trusted manner.

About the Authors

Estève Giraud

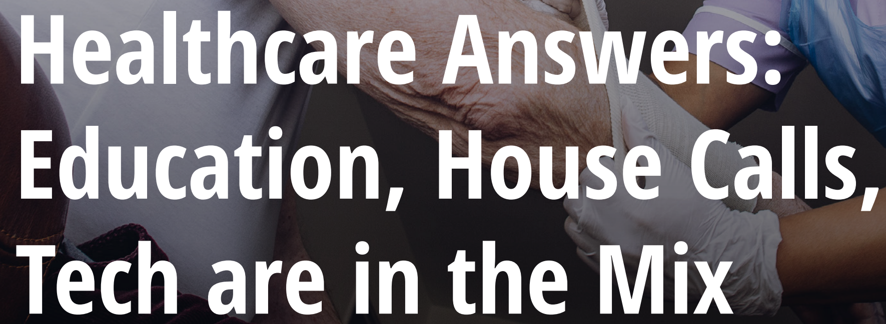
Estève Giraud is an assistant research professor at Arizona State University. Her research focuses on the integration of care theory and practices in food systems to enhance resilience and sustainability. Dr. Giraud has recently received two grants from ASU to explore the effects of gardening and cooking activities on dementia patients, and as a preventive solution for caregiver burn-out. At the university's Swette Center for Sustainable Food Systems, her research work focuses on organic agriculture and urban agriculture.

Dr. Giraud is also the director of strategic operations at Desert Haven Home Care, and a strategic advisor to The Zambakari Advisory. A native of France, she holds a Ph.D. in sustainability from ASU, and a master's in economics and management from University Pompeu Fabra (Barcelona, Spain), and a master's in business from Toulouse Business School (Toulouse, France).

Tammie Easterly

Tammie Easterly is the residential facility manager of Prescott Valley Assisted Living. She joined the Prescott Valley team in 2022 after serving for 15 years as operations manager at Sunrise Care Homes in Scottsdale, Arizona. A certified caregiver with a passion for senior healthcare and the well-being of her patients, she leads by example as an energetic and motivated team player.

At Villa Fiore, Easterly is responsible for the successful day-to-day operations of the facility. She oversees staffing, marketing, budgeting, maintenance and the home's innovative integrated resident behavioral and physical health services. Licensed as an assisted living manager in Arizona, she ensures Villa Fiore's full compliance with federal, state and local industry regulations and standards, as well as positioning the facility to offer the fullest range of evidence-based, effective care and services available.



Healthcare Answers: Education, House Calls, Tech are in the Mix

Image credit: DGLimages / Shutterstock.com

Dr. Allen Holloway Jr.
Apricus Medical Group – Sun Valley House Call

Looking at health care problems both nationally and internationally, our challenges in Arizona are much the same; only the scale varies. How and where do those in need receive critical medical care? How is their quality of life affected? How has Covid and its variants impacted treatments of patients, and how will we prepare more-interconnected selves to manage even more epidemics in the future?

As a physician, an educator and a lecturer on vascular disease and wound healing, an aspect of healthcare that has my attention and in which I am involved is the care for homebound patients, particularly the elderly. Specifically, my attention is directed at wound care.

For the homebound patient who is either living in their home or an extended care facility, and living with a wound, or other medical condition, care from a qualified medical provider is necessary. Our current system calls for them to go to a clinic to receive this care, but how do they get there? And will they be able to get an appointment?

Consider the obstacles around which our elderly patients must navigate.

In Arizona, as in most of the country, there are too few providers; those we have are overworked. Additionally, there is a shortage of office workers – receptionists, phone operators, schedulers and others. Often, when calling for an appointment, one is put on hold for an extended period of time before being able to talk to an actual person. Even then, in many cases, the next available appointment may not be for a month or more. Not all seniors are able to make their own appointments and are thus reliant on their caregivers, who, for myriad reasons and responsibilities may not be in a position to offer the immediate assistance necessary.

Next, care providers are most often found in the heart of metropolitan areas and are harder to find in more rural settings. Fewer specialists are available in the outlying areas, and hospitals and clinics where more specialized procedures can be performed are lacking in number. And it is often quite difficult for a patient living in a rural area to get to a specialized center for a recommended treatment or procedure.

Just getting to an appointment is a challenge for many senior patients. To go to an appointment, most are not able to get there without assistance. Be it a driver service, a family member or loved one, someone to provide the transportation spells the difference from keeping the appointment and missing the appointment – one that has had its challenges from the start.

Consider now more specialized problems, such as wound care for homebound seniors. In more serious cases, I have witnessed patients who have arrived on a gurney left to wait for further attention. More than once, I have seen such patients endure the pain that comes from an extended period of lying prone on a pressure ulcer while awaiting medical assistance. Once with the care provider, and after consultation, there is the return trip, again fraught with challenges – distances, time, possibly transportation costs and – nearly always – discomfort. However long – or short – the visit with a clinician, the outcome may be little more than confirmation the wound is healing, possibly a redressing of the impacted area. Staffing shortages, schedules and more can also result in a rushed visit, one in which not all questions can be answered and the examination a cursory exploration at best.

So, the challenges are real. Time lost scheduling appointments. Hurdles to leap in keeping appointments. Appointments at locations not conveniently or quickly reached. Appointments that are rushed and less than rewarding. Our seniors deserve better, as do all patients of all stripes. But, what to do?

There are no easy solutions to this problem. Ideally, we would be able to attract more providers to the area, but nationally there is a shortage. The good news is the critical need for more care providers is currently being addressed and implemented to a degree. In 2007, the University of Arizona opened a second medical school – a welcome complement to the original in Tucson – to help address the shortage, to increase the numbers.

The challenges are real. Time lost scheduling appointments. Hurdles to leap in keeping appointments. Appointments at locations not conveniently or quickly reached.

The Phoenix school was established to teach and graduate more primary care providers, and also to encourage these newcomers to the field to remain in Arizona to care for the state's residents. In the meantime, class sizes at the school have increased from 80 to 100 students, and there are now three allopathic and two osteopathic medical schools in Arizona. From these colleges come young professionals who are bolstering the roster of qualified care providers and continuing the positive, upward trend we are seeing in the numbers of physician assistants and nurse practitioners being graduated in Arizona.

Meanwhile, Arizona State University has partnered with Mayo Clinic in the areas of medical research and education. The collaboration, Alliance for Health Care, includes the development of joint education programs, including nursing and the science of healthcare delivery. The recently announced Health Futures Center represents a collaboration focused on improving health and well-being outcomes, and the Mayo Clinic Alix School of Medicine features ASU student and Mayo employees who care for more than 100,000 patients annually.

Another step forward might be realized in an investigation of the role a return to house calls could play in enhanced and expanded care opportunities. We are

beginning to see more such care methods. This may seem like an impossible return to the yesteryear of a different century and ignore the already-mentioned limitations on caregivers' and care providers' time, the benefits are certainly there. (One source, Curious Historian, contends, "As far as doctors making home visits, that is a thing of the past. Doctors are entirely too busy to make house calls except for the very rich and famous. In fact, their offices are so jam-packed with patients that, at times, they are overbooked, causing patients to have to wait a couple of hours past their scheduled appointment time to even get in to see the doctor.")

But, house calls shouldn't be so righteously dismissed.

The ability to see the patient in their home setting, and to understand what their living situation is, adds much to a better-informed plan of treatment and care.

Particularly with our senior population, in-home care is a valuable proposition. The vast majority of elderly Americans prefer the independence and comforts of where they are, and in-home care removes the barriers many faces in visiting the doctor – it also provides an alternative to reaching patients where there is a lack of brick-and-mortar clinics or specialists. The ability to see the patient in their home setting, and to understand what their living situation is, adds much to a better-informed plan of treatment and care. Direct contact can be made with the caregiver, and relevant questions addressed. In my area of wound care, one can see what the problems are in caring for a wound, and often how to prevent another from occurring, as is the case with pressure ulcers. This works well on an individual patient basis, but is not the total answer as one has to consider the time spent by the provider on going from place to place, which consequently reduces the number of patients the provider can see.

This, after all, is the 21st century, and a third proposition features our better use of technology and telemedicine/telehealth.

There has been much discussion – editorials in the local and national papers, discussions on talk radio, weekend programming on TV, and just about wherever

you look on the internet – about how technology can work effectively on behalf of medicine and patient care. Certainly, during the long experience with Covid, the idea – and the reality – of telemedicine in its many forms has come to the fore.

Technology has had a significant impact on healthcare already, and for some time. In the past, technology enabled healthcare providers to diagnose and treat patients more accurately, effectively and efficiently. Electronic medical records and telemedicine have made it easier for providers to access patient information and to communicate with other healthcare professionals, improving the quality of care.

Moving forward, in the future technology is expected to continue to play a major role in healthcare for not only Baby Boomers in this state, but also for our aging populations – advancements in the areas of individualized medicine, genomics, artificial intelligence (AI) and virtual reality are likely to lead to new treatments and therapies that can better address the specific healthcare needs of each patient. Added to technology's promise are such developments as remote monitoring and telehealth, which have already proven convenient and more accessible, most notably those with chronic conditions.

Advancements in the areas of individualized medicine, genomics, artificial intelligence and virtual reality are likely to lead to new treatments and therapies that can better address the specific healthcare needs of each patient.

Technology in medicine continues to be a game changer. The mechanics of telehealth – video conferencing and remote monitoring, included – allows healthcare providers to connect with patients remotely, which can improve the quality of care and reduce the cost of service. The introduction of technology and AI is also expected to have a significant impact on the healthcare sector in Arizona. Think about it: AI-based systems are able to interpret large amounts of data to identify patterns and make predictions, which, in turn positively impacts the accuracy of diagnoses and treatments. AI systems can also help providers make better-informed decisions and, once again, reduce costs.

In my experience, particularly in the area of wound care, inside or outside the home, telemedicine has been very helpful. Think of it as a more informed, more outcome-focused Zoom call.

Patients with surgical or other types of wounds frequently have a Home Health Care (HHC) provider who administers their wound care at their home or at a clinical facility, usually three times a week. In my cases, if the HHC provider does not feel a specific surgical intervention is necessary, e.g., sharp debridement, I will turn to telemedicine to visit and communicate with that patient, typically every other week. Also, I use telemedicine platforms to see the patient in their interactions with the HHC provider, and I can watch the physical exam being done, as well as sit in – virtually – on the wound care being done. In such a setting, I am able to communicate with both patient and provider, and I can be included in any discussions between provider and patient as necessary or requested.

This level of service can be replicated in an office practice. While a physical examination is not possible through such a technological instrument as telemedicine, the patient or caregiver can provide such important information as weight, blood pressure, heart rate, a rhythm ECG, O2 saturation, blood sugar and more – often enough to move the prognosis forward, often enough to provide the patient the information they need to improve or apply treatment instructions.

There is no question technology will continue to positively and effectively impact healthcare services – here, across the country and around the globe. With this comes hope for expanded and improved services in assisted living communities and residential care facilities. Remote monitoring and telehealth technologies can allow for more convenient and accessible care, particularly for seniors with chronic conditions. Additionally, available technology such as assistive devices and home health monitoring can improve safety and independence for seniors living in these facilities.

Thus, it is not surprising that Arizona experiences much of the same problems with the delivery of healthcare we see elsewhere in the United States, although this being a state with more remote areas, certain aspects may be more problematic. The healthcare system both nationally and locally is beginning to address some of these problems, but it is hoped that this can be further looked into and expanded in the near future.

About the Author

A graduate of Yale University who earned his medical degree from Harvard University Medical School, Dr. Allen Holloway Jr. has more than 30 years of experience in wound care. He is board certified in internal medicine, and a certified vascular technologist. Holloway has held faculty positions at the University of Arizona Medical School, Arizona State University, University of Washington, and Harvard Medical School. He is a past director of the vascular laboratory, wound clinic and burn clinic at Maricopa Medical Center in Phoenix and has served as president of the Wound Healing Society, the premiere international organization focusing on the clinical and basic science of wound healing. Holloway has published multiple journal articles and book chapters and has lectured nationally and internationally on wound care.

Senior and Rural Healthcare Services and the Benefits of Technology

Image credit: Mladen Zivkovic / Shutterstock.com

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In 2020 the world changed, as a worldwide pandemic emerged, threatening the lives of everyone, especially those with chronic health issues, seniors and other vulnerable adults. With COVID-19 on the rise, the healthcare community recognized the need to change – change in the way healthcare was delivered as the world shut down and individuals and families were isolated in their homes, cautioned to remain inside.

How could healthcare providers administer care, treatment or services to their patients, if those patients were too afraid to leave the safety of their homes? If ever there could be a silver lining in the dark and ominous cloud of COVID, it was one of the many challenges faced – a challenge to healthcare providers to find

innovative and effective ways to stay connected with patients. With the danger of the pandemic looming over the world, utilizing technology in the delivery of healthcare became the new frontier. Primary care providers, therapists, psychiatric providers and large healthcare systems began utilizing telehealth technology to connect with their patients.

One Arizona-based provider was no exception, allowing for a quick case study for the benefits that have been realized through telehealth programs.

The impact of the pandemic presented challenges above and beyond the norm in the psychiatric treatment of and service to patients.

Teri's Health Services (THS) is a fully integrated outpatient treatment center providing behavioral health and physical health services. Launched as a mobile healthcare company in 2017, at that time Teri Hourihan, Ph.D., LPC and founder of THS, brought evidence-based, trauma therapy to individuals across the state of Arizona. Growing into a larger organization, the company has expanded from Hourihan as the sole provider into a team of multiple therapists, registered nurses (RNs), intake and mobile clinicians, medical managers and directors. The result of the growth has been an increased ability to offer a greater inventory of services and provide care to larger numbers of those in need of medical attention. During this expansion, THS introduced physical and psychiatric services. For the company, as well as for just about all in the field, the impact of the pandemic presented challenges above and beyond the norm in the treatment of and service to patients.

Says Gavi, the Vaccine Alliance – host of digital platform *VaccinesWork*, which presents research and works on global health and immunization – "The arrival of COVID-19 disrupted healthcare in various ways. Less urgent services were cancelled or postponed, while barriers imposed by curfews, transport closures and stay-at-home orders prevented some patients from attending appointments. Others avoided health centres and hospitals for fear of becoming infected themselves."[1]

1 Geddes, Linda. 2022. "How the COVID-19 pandemic has affected healthcare around the world." Last Modified 25 July 2022, accessed February 1. https://www.gavi.org/vaccineswork/how-covid-19-pandemic-has-affected-healthcare-around-world?gclid=CjwKCAiAleOeBhBdEiwAfgmXf-sKkQuwpr9mQsjWvB8qMR9w7iyd5D2jB-MEtjomkOplvNk5g4To-mBoCsAoQAvD_BwE.

Solutions were critical at a time when widespread disruption of healthcare services was the rule, *not* the exception.

Among the challenges THS set out to solve were how to care for patients who were enduring varying levels of "lockdown," concerned about leaving home for fear of infection, was how to ensure the safety of patients, healthcare providers and staff. Additionally, patient numbers were up as a result of COVID; the danger of transmitting the disease was real. And, as the number of patients grew, a critical concern centered on how to accommodate the growing needs safely and effectively.

Solutions were critical at a time when widespread disruption of healthcare services was the rule, *not* the exception.

Among the many solutions explored within the industry, telemedicine quickly rose to the top as a way of effectively and efficiently addressing many of these unforeseen challenges.

Notes a report in the *Cureus Journal of Medical Science*, "The current healthcare landscape lends itself to major changes, including elevating the prominence of telemedicine. Recent technological advances and external pressures have driven telemedicine to the forefront of medical reality … The convenience provided by this low-resource modality facilitates the intercommunication between physicians and offers a suitable alternative for patients who are medically or socially unable to see providers in person." [2]

The early promise of telemedicine is referred to in the *Cureus* report, referencing the emergency declaration made in March 2020 by the Centers for Medicare & Medicaid Services (CMS). In the declaration was stated the need for providers to use telemedicine to provide patients care in hospitals, clinics, nursing homes and other settings across the states. Additionally, new policies have been implemented to better facilitate patient care, safety and privacy.

"It was at this point that telemedicine was introduced as one of the services that we would provide," says THS CEO Hourihan. "We were able to treat many more

2 M. X. Jin et al., "Telemedicine: Current Impact on the Future," *Cureus* 12, no. 8 (2020).

patients than we would have been able to without it, and it kept our patients, providers and our team safe. It was a game changer, not only at THS, but across the industry as a whole."

With the introduction of telemedicine at THS, the company experienced an increase in the number of new patient requests. These services, utilizing the Health Insurance Portability and Accountability Act (HIPAA)-compliant Zoom platform, allowed THS to provide counseling, primary care and psychiatric services to clients in the safety of their own homes.

"By utilizing Zoom, we could offer trauma-focused therapy for individuals, couples and families who were going through a major life change, or suffered past trauma that required care without the risk of the negative health impacts that might exist from coming into a physical space," reports Hourihan. "This technology also allowed us to provide grief counseling for individuals and groups.

"Group therapy via telehealth allows for individuals to feel connected, to interact with others, while still adhering to social distancing recommendations. Utilizing this technology offered clients the ability to stay connected with a provider; it ensured they continued to receive the medications they needed to remain both physically and mentally healthy." Hourihan notes that THS primary care services transitioned to telemedicine as well, ensuring annual checkups continued and, should a patient be ill, they were still able to meet with a provider from the comfort of their bed. "Truly, this technology was saving lives," she says.

As advancements in treatment for combating COVID continued, organizations serving the senior communities began reaching out to THS, seeking in-person care for their residents. Hourihan identified that using a hybrid model of in-person care and telehealth services could allow this population to benefit from an in-person visit while still utilizing telemedicine for efficiency. In order to make the model effective, THS added nursing staff to expand the mobile team. The increase in staffing included medical assistants, emergency medication technicians and RNs. As a result, mobile medical staff was able to travel to and meet with the patient, complete a hand-on assessment and connect the patient with the provider via telemedicine.

Hourihan points to a March 2022 report in the publication *Health Informatics*,

"Application and Implementation of Telehealth Services Designed for the Elderly Population During the COVID-19 Pandemic: A Systematic Review."[3] In the report, which concluded not enough telehealth services have been developed and implemented for the elderly population, it was noted, "[T]elemedicine visits have been reported even in cases in which the elderly patients were residents of a facility, and the RN assessment helped to supplement the physical exam."[4] Hourihan says, "This mobile approach provides the comfort and assurance of a physical exam, while still utilizing telemedicine from the comfort of their home or residence."

The impact of telehealth is evident. In this one case, centered on the results in a single effort – THS – the advent of the technology has resulted in an expansion of healthcare availability to those patients with chronic ailments most needing attention, as well as those effected by the pandemic. THS is now providing healthcare services not only in its original Maricopa County (greater Phoenix) but also in the state's Yavapai, Gila, Pinal, Pima, and La Paz counties. In 2023, THS will begin providing services in Arizona's Cochise, Coconino, Navajo, Apache, and Mohave counties.

In the case study of THS, telehealth technology was complemented by Contexture, Arizona's health information exchange (HIE) system, to ensure healthcare continued during a time of disruption. Enrollment in the program – designed to provide secure access to patient health information as well as the secure exchange of patient health information between HIE and participating organizers and providers – addressed THS coordination of care efficiency, enabling more complete information and, therefore, better care and outcomes.[5]

"We recognize that our patients, especially in the senior community, aren't always able to keep up with the appointments they go to, the doctors they see and the medications they take," says Hourihan. "Utilizing the HIE system is a great

3 M. Haimi and A. Gesser-Edelsburg, "Application and Implementation of Telehealth Services Designed for the Elderly Population During the Covid-19 Pandemic: A Systematic Review," *Health Informatics* J 28, no. 1 (2022).

4 *Ibid.*

5 Banner University, "Health Information Exchange," Banner University Health Plans, https://www.banneruhp.com/join-us/hie.

way for us to be able to identify where patients are going, who they are seeing and what prescription medications they are taking in order to provide high quality healthcare."

Hourihan also says the importance of a collaborator such as the HIE system is critical to reducing medication errors and adverse medication reactions, as well as limiting potential contraindications of medications. Backing her concern is a finding published in the *Journal of Biomedical Informatics*, which found that up to 18 percent of patient safety errors, and as many as 70 percent of adverse drug events, could be eliminated if the right information about the right patient is available at the right time.[6]

Advancements in HIE have extended the effectiveness of the collaboration. Included in the most recent developments are alerts used to monitor current patients, notifying their multidisciplinary treatment team of hospitalizations or emergency room visits. The alerts allow for patients' outpatient providers at THS to follow-up with their subjects in real time, assisting with hospital step down care – that intermediate level of care between ICU and general medical-surgical wards – discharge planning and aftercare appointments. Knowing of a patient's admission into a hospital or a treatment provided in an emergency room, THS is able to more quickly set patient goals, plans and objectives to reduce the likelihood of being readmitted to a higher level of care. "This coordination of care reduces burdens on hospitals and helps ensure our patients have the tools, resources and care needed to prevent hospitalizations," says Hourihan.

Meanwhile, THS is one of many healthcare entities that are changing the way patients are being treated and served – much of the advancement due to the critical need for change that came with a pandemic of epic proportions. THS has found telehealth options to be an effective and efficient way to face the growing number of those in need of medical attention. The company has also found its collaboration with Contexture HIE to be a valuable tool in ensuring proper organization and coordination of treatments and services. The Gavi report mentioned earlier notes

6 David C. Kaelber and David W. Bates, "Health Information Exchange and Patient Safety," *Journal of Biomedical Informatics* 40, no. 6, Supplement (2007).

that new insights into the disruption caused by COVID-19 could help strengthen health systems ahead of future pandemics.

This is the silver lining in what has been the bleakness of COVID's impact, and in the medical field's ability to cope with other interruptions as well. Gavi's conclusion, as researched by Catherine Arsenault and colleagues at the Harvard T.H. Chan School of Public Health, notes, "Given the widespread disruptions in health services ... our results call for rethinking pandemic preparedness and health system response. Health system resilience must become a central component of national health plans. Given the likelihood of future pandemics and other major shocks, there is an urgent need to design more resilient health systems capable of addressing a crisis while maintaining essential functions."

Hourihan's conclusion is similar. "As we use advanced HIPAA-compliant technology, bringing quality, safe, integrated healthcare to all communities in Arizona is occurring," she says. Underserved communities are not being served, but that can change. Individuals who have difficulty with mobility can receive care from the comfort of their own homes. Telemedicine has changed the way healthcare is delivered, but has not sacrificed the quality of care provided.

Telemedicine has changed the way healthcare is delivered, but has not sacrificed the quality of care provided.

About the Authors

Trevor Cooke

Trevor Cooke is the chief strategy and compliance officer at THS. Prior to joining the company, he was the senior director of quality and risk management and a member of the executive team at Aurora Behavioral Health Hospitals, a 238-bed inpatient psychiatric hospital system in Arizona. Cooke has worked in substance abuse and mental health since 2011, earning hands-on experience at outpatient treatment centers, residential treatment centers, medical detox facilities and in-patient behavioral health hospitals.

Cassie Davis

Cassie Davis is the director of business development at THS, and has worked in behavioral health for more than 10 years in a variety of roles. Davis began her career working with autistic children before transitioning to case manager responsibilities at a Serious Mental Illness-designated clinic. Following her graduation from Grand Canyon University in Phoenix with a bachelor's in psychology and a master's in industrial and organizational psychology, she began her healthcare career as a community liaison with Valley Hospital, a private psychiatric hospital in Arizona's capital city that specializes in mental health and chemical dependency care.

The Time is Now: Create an Estate Plan Today

Image credit: www.trajanwealth.com

Kent Phelps
Co-founder, Trajan Estate; Founder, Estate Lawyers PLLC

Your to-do list: Eat right. Get your exercise. Develop an estate plan.

That's right, an estate plan. While not as enjoyable as a catch-up meal with a friend, or as invigorating as a morning walk, an estate plan needs just as much attention, if not more. In fact, without one, your assets could end up in legal limbo for a long, long time, placing your loved ones with the task of sorting out your final wishes. And that's just the proverbial tip of the iceberg. The critical importance of establishing an estate plan is often overwhelming, misunderstood, neglected or simply left for someone else to deal with in your absence.

Estate planning doesn't mean the exercise is only for people with great wealth, those with an estate of grand proportions. If you have assets, you have an estate that calls for your attention before it becomes someone else's nightmare. An estate plan is your roadmap to how your assets should be distributed and when. It ensures your wishes are recognized and carried out. Below are some areas to

An estate plan is your roadmap to how your assets should be distributed and when. It ensures your wishes are recognized and carried out.

consider as you make your own plans.

Distributions

First, consider the current state of potential beneficiaries' affairs and how they might impact your intentions. Pending bankruptcy, lawsuit or divorce; addiction, disability or vulnerability; criminal background, bad spending habits or overall lack of responsibility are some examples of impact areas that could sideswipe your good intentions.

Without such attention, you're charting a course for disappointment. A client many years ago – following the deaths of his parents and grandparents – was appointed trustee of his grandparents' trust. The client, now the trustee, was responsible and financially savvy. A beneficiary of the trust, his uncle, had substance abuse issues.

The trust required my client, as trustee, to distribute the uncle's share "outright and free of trust" at a certain age, which the uncle had reached. Believing the distribution would lead to the uncle's ultimate downfall in light of his history of substance abuse, my client refused to make the distribution. However, the way the trust had been written, the trustee, my client, was not allowed such discretion. The uncle took legal action against the trustee and was instructed to make the distribution. Within weeks of receiving the inheritance, the uncle was dead from his addiction.

To avoid unpleasant outcomes, the creation of a "discretionary distribution" trust, rather than an age-based "mandatory distribution" trust, is an important consideration.

A discretionary distribution trust provides the trustee flexibility to evaluate a beneficiary's situation and, if necessary because of personal challenges or difficulties, withhold distributions, regardless of the beneficiary's age. In other words, in the case of such personal crisis, the trustee is able to make distributions to a third party on behalf of the beneficiary. The third party is responsible for the

payment of the beneficiary's expenses – expected or not (think rehabilitation, lights bills or the mortgage, medical). At the appropriate time, the trustee can make arrangements for the beneficiary to receive the distribution directly.

Children as beneficiaries

My first piece of advice when it comes to providing for your children, no matter their age: Do not – as a time-saving, effort-alleviating measure – include your children as joint owners on your bank, investment accounts or property deeds. Although ensuring immediate access to an inheritance without legal wrangling, it also leaves wide open the possibility, even the lure, of abuse.

Also, by including your "beneficiaries" on your accounts, you run the risk of assuming their financial mistakes. Should one file bankruptcy, the bankruptcy trustee can take control of your account. Should the IRS garnish the wages of a tax-delinquent benefactor on your account could be garnished. Tax consequences must be considered: Including a beneficiary on your accounts may be considered a taxable gift. Trust issues should command your attention before including someone on your account: Particularly in cases of multiple beneficiaries, will the accounts be shared equally, as per your wishes? The list of possibilities goes on and on; any one should be reason enough not to use this method as a substitute for an estate plan.

There's a fix for such a conundrum. By executing a general power of attorney on behalf of a trusted loved one, you provide authority over your finances without allowing them ownership of your accounts. You become the "principal," once you have designated your "attorney in fact," who becomes the "agent."

Properly executed, power of attorney enables the agent to pay the principal's bills and ensure financial responsibilities are met, while protecting against abuse or activity occurring without your authority. This can be accomplished through a "springing" power of attorney, which limits the power to special conditions, i.e., your physician's written statement that you are no longer capable of managing your affairs.

Powers of attorney alleviate the necessity of a "living probate," a legal proceeding

identifying guardianship for a person no longer capable of managing their affairs or making decisions about their care. Conservatorships and guardianships are probate court proceedings as a result of the absence of power of attorney. The court has the authority to appoint one or more people to handle decisions about the incapacitated person's life.

A revocable living trust (RLT) is another solution, as a general power of attorney has few protections and expires upon the principal's passing. In addition to a power of attorney, you can utilize an RLT as a way to give your beneficiaries instructions for and authority over your assets as you desire.

Consider designating your beneficiary as your co-trustee, allowing them access to your accounts without exposing your assets to their creditors or adverse tax consequences. As well, the designation of beneficiaries as successor trustee, allows them authority over your assets only upon your own incapacity or passing.

A recurring misconception about estate planning is that a will is the beginning and the end. Wrong.

A "Statement of Wishes" is an important consideration as well. It is a nonbinding and valuable addition to estate planning. If you have preferences about beneficiaries receiving assets at certain ages – birthdays, graduations, marriage, etc., – this informal document can be updated as necessary and provide useful guidance to the trustee or executor in the handling of your assets, based on your wishes.

Look ma, no probate!

A recurring misconception about estate planning is that a will is the beginning and the end. Wrong. Your will marks the beginning of the probate court process, which can result in considerable costs, time-consuming proceedings that delay the ultimate distribution of assets, and can be a stressful experience for both trustee and beneficiary.

Probate has been defined by industry wags as "a lawsuit you file against yourself after you die with your own money for the benefit of your creditors." Other pitfalls

of probate include: loss of control as the executor comes under the supervision of the court and judge appointed to oversee the administration of the estate; a loss of privacy, as the proceedings become a matter of public record and often the target of ambulance chasers and scammers; family feuding as the court often places beneficiaries in adversarial positions; and more.

As a cure, an RLT is a useful estate planning tool. Transferring your assets to such a trust will keep your estate out of court. Think of a trust as a contract between three parties: The trust-maker places their assets into a trust and makes the rules (the legislative branch); the trustee is in charge of the trust, enforcing the wishes of the trust-maker while carrying out its instructions (the executive branch); the beneficiary is the recipient of the designated assets (the citizen).

In creating an RLT, you become all three parties. You create the trust for your own benefit and remain in charge of your assets; you maintain control. Your trust is not taxed. You can amend the trust at any time.

The provisions included in your RLT are important. The best and most effective of this type of trust becomes irrevocable upon the principal's passing, yet is flexible enough to comply with changes in the law or even allow for the replacement of trustees. Consider such provisions as maximizing possible estate tax exemptions for a spouse's passing and protects and provides for the surviving spouse.

Other considerations when creating a RLT include the protection of assets against crisis events such as creditors, medical emergencies, etc.; provisions that remove trust assets from the taxable estates of beneficiaries and their heirs; and clarity around the distribution of tangible personal property such as heirlooms, furniture, jewelry, collections, etc. Your Statement of Wishes needs to be among the provisions in a revocable living trust. When appropriate, include recognition of a beneficiary's special needs and how a distribution might impact government benefits, if any, and even provisions to protect against a beneficiary's possible suit against their distribution.

Life insurance caveats

Do not carry life insurance policies that name your spouse as the primary

beneficiary and your children as secondary recipients. Such a structure can lead to trouble down the road. For instance, if a beneficiary is a minor at the time of the principal's death, a conservatorship must be created through the court system and remain in place until the beneficiary turns 18 years of age. If a beneficiary runs into financial issues with creditors, life insurance distributions can become available to those collectors. Depending on your net worth and without proper planning, you may be subject to as much as a 40 percent estate tax, as a life insurance policy is included in your estate for estate tax purposes.

The above, in real life, might look like this: A client came to me some years ago, life insurance policy in hand, following the death of their parent. The parent had designated as beneficiary of the policy "my estate."

In this case, the policy, with its "my estate" beneficiary designation, had the effect of forcing the parent's children into probate court to realize the life insurance benefits.

What is unfortunate about this example is the parent with the life insurance policy had an RLT. Had the parent completed a change of beneficiary form provided by the insurance company, and listed her trust as the beneficiary, the probate process would have been avoided.

Fund your trust

One of the important benefits of establishing a trust is the protection it provides against beneficiaries ending up in probate court, whether or not they are challenging the distribution; one way or the other, without a trust, they will face probate. With this in mind, I encourage clients to fully fund their trust.

This sounds like a no-brainer. But, fully funded means bringing everything of value into your trust. Your estate plan is not complete until you have transferred ownership of your real estate, personal property, business interests, bank accounts, life insurance policies, stocks, annuities and investment accounts to the trust. If you have a Honus Wagner T-206 baseball card, it should be in your trust.

Create a worksheet in your trust notebook you can use to keep track of what assets you have transferred and when. Keep documentation proving these transactions

and transfers with your worksheet.

Additionally, a good estate plan incorporates a "pour-over" will, a safety valve in case those of your assets acquired after creating a trust are not transferred to the trust prior to your passing. The left-out assets will have to be probated, but the pour-over will directs the personal representative in the probate action to transfer probated assets into the trust. The probate judge will allow this transfer.

Give meaning to your money

It is not uncommon to hear a client remark, "I don't care what my kids do with the money; I'll be long gone." You should care. You should consider the impact of a financial gift. Reflect for a moment on the unhappy endings of many a lottery winner. Instant wealth, immediate access to financial gain. Google "tragic tales of lottery winners." Story after story of blown riches.

Giving meaning to your assets – significance beyond its purchasing power – can have a transformative impact on those left behind. Your distribution can help to shape a beneficiary as well as their heirs.

I don't know that I have ever heard a client tell me, "I don't care what my kids become." Yet, in leaving hard-earned assets without ruminating on the impacts of the gift, some fail to consider how their distribution might change a beneficiary's life – for the good of for the worse.

What you leave may not be millions. It may not be – in your estimation – life changing.

But, giving meaning to your assets – significance beyond its purchasing power – can have a transformative impact on those left behind. Your distribution can help to shape a beneficiary as well as their heirs. Integrate your own values into your estate plan – include philanthropy as an example of your own largesse; communicate early and often what your assets mean to you based on their reflection of your values and how your beneficiaries can continue your legacy by building their own; create values-based incentives or milestones in your plan, such as distributions upon achievements reflecting your values.

In line with the above is my advice not to "hide" your wealth. This falls under the "communication" category as you plan and create an estate plan. Be open with your beneficiaries, take the time to meet with your loved ones. Share your asset base and the structure of your estate plan. This can be done over a meal, during a retreat in the mountains, anywhere that all feel comfortable and are encouraged to participate in the conversation. Make the plan understandable, use visuals or handouts. Address concerns, explain your reasoning as you go through the plan.

Your estate plan offers peace of mind, allowing you to dictate who receives your possessions and valuables, reducing taxes on what you leave behind, and minimizing the chances of family dysfunction and legal hassles.

Don't wait, plan your estate

The reasons to begin your estate planning today are countless. The above, as noted, represent the tip of the iceberg. The answer to the question, "What should I do about my estate *now* for the benefits of loved ones *tomorrow*?" is "Begin the plan."

As important as a good meal and exercise are, your estate plan offers peace of mind, allowing you to dictate who receives your possessions and valuables, reducing taxes on what you leave behind, and minimizing the chances of family dysfunction and legal hassles.

Think of it this way: By planning your estate trust now, you can ensure that your beneficiaries are taken care of after your passing, just as you wish.

About the Author

A graduate of Arizona State University who later earned his law degree from the McGeorge School of Law at University of the Pacific, Kent Phelps' expertise in full-service estate planning has been honed during a 26-year legal career.

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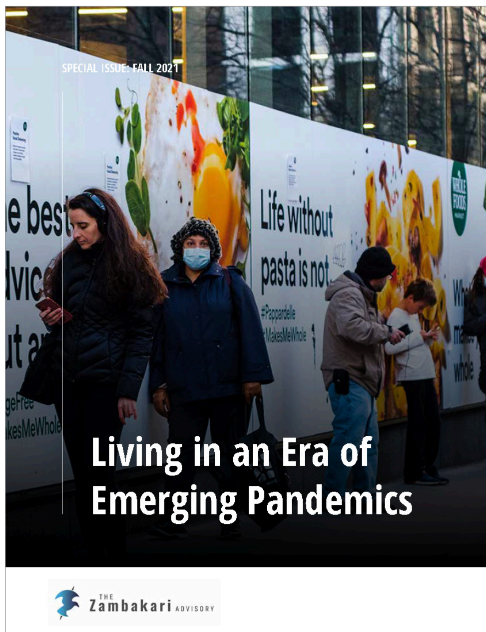

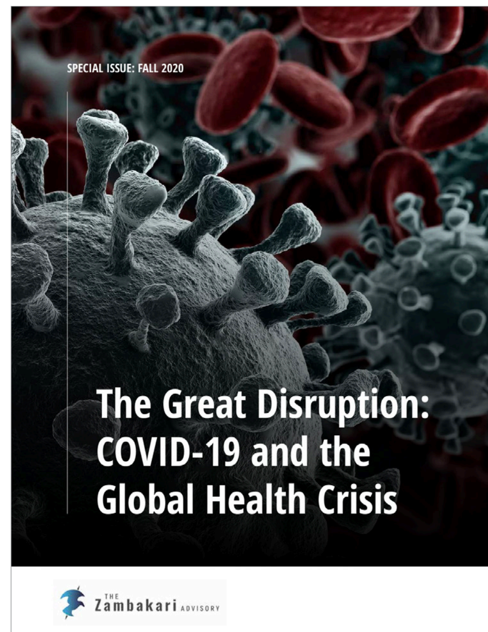

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