



# *Aging Solo*

WEBINAR HANDBOOK

# Welcome

Iona Senior Services is delighted that you have found this Aging Solo resource. Iona is an aging services organization that has been serving metropolitan Washington, DC since 1975. We offer a wide array of services ([iona.org](http://iona.org)).

This handbook accompanies our six-session Aging Solo webinar series. The project was launched in the fall of 2020 and made possible due to the generous support from AARP.

In this handbook you will find:

- **The Aging Solo Planner.** This unique resource will help you assess what you have already accomplished and what remains to be done.
- **Six sections** which introduce and reinforce concepts reviewed in the six webinars.

Each section includes **resources** that provide you with easy ways to find more information—or assistance. We start with national resources and then, where applicable, we list resources specific to our home area of the District of Columbia, Maryland, and Virginia.

Our overall goals for this webinar series are that participants:

- **Become more informed**
- **Learn strategies**
- **Identify next steps**

We welcome you to this journey!

Sincerely,

The team at Iona Senior Services

[community@iona.org](mailto:community@iona.org)

# Table of Contents

## AGING SOLO PLANNER

Overview . . . . .	2
My Team . . . . .	3
My Documents . . . . .	6

## SECTION 1

Introduction to Aging Solo . . . . .	9
Reflection Questions . . . . .	11
Resources . . . . .	12

## SECTION 2

Your Social Network and Support Network . .	13
Worksheet . . . . .	16
Reflection Questions . . . . .	16
Resources . . . . .	17

## SECTION 3

Health Care Decision-Making and End of Life Choices . . . . .	19
Reflection Questions . . . . .	21
Resources . . . . .	21

## SECTION 4

Aging in Place. . . . .	23
Worksheet . . . . .	26
Reflection Questions . . . . .	27
Resources . . . . .	27

## SECTION 5

Making A Move . . . . .	30
Reflection Questions . . . . .	32
Worksheet . . . . .	33
Resources . . . . .	34

## SECTION 6

Your Next Steps . . . . .	35
Reflection Questions . . . . .	38
Resources . . . . .	39

INDEX. . . . .	40
----------------	----

# Aging Solo Planner

The Aging Solo Planner (which you will find beginning on the next page) is the key tool to use during the sessions and afterward as you apply what you have learned.

Most participants find it challenging to take all the information they learn in Aging Solo and turn it into a list of priorities and next steps.

Over the five years we have offered Aging Solo, the facilitators and participants have refined this list to include the most critical documents and action items for “aging well while aging solo.”

We recommend that you review the planner before and after every session and mark it up. What can you check off? What do you need to do? Which items are your immediate priorities?

## **THERE ARE THREE ELEMENTS TO THE AGING SOLO ACTION PLAN:**

- **Your team:** These may be individuals, both local and long-distance, or organizations. Team members may play different roles including decision-maker, advocate, and helper with tasks.
- **Documents:** Some of these are formal, legal documents and some are lists or instructions you create yourself.
- **Conversations:** Your plan is complete when you talk with each member of your team to review documents, share your wishes and needs, and answer their questions.

## **INSTRUCTIONS**

1. Read each item.
2. Check the little box if you have completed it or can answer “yes” to the question.
3. Anything left blank is something for your Aging Solo “to do” list.

# MY TEAM

To locate organizations and professionals to be on your team, consult the resources in sections 3–5.

**DECISION-MAKERS:** Someone from your social network (or a professional such as an elder-law attorney) whom you can appoint to make decisions about your finances and health care if you cannot make decisions or communicate your wishes.

## Health Care Power of Attorney (Agent):

- Does NOT have to be the same person as your financial agent, your advocate/navigator, or your helper
- Does NOT need to be local (can communicate decisions by phone)
- DOES need to understand your wishes and be willing to make the kinds of decisions you want them to

Primary Health Care Power of Attorney	Name _____ <input type="checkbox"/> Conversation Notes & Next Steps _____ _____
Backup Health Care Power of Attorney	Name _____ <input type="checkbox"/> Conversation Notes & Next Steps _____ _____

## Financial Power of Attorney (Agent):

- Does NOT have to be the health care agent
- Does NOT have to be local (can handle transactions through on-line banking)
- DOES need to be trustworthy

Primary Financial Power of Attorney	Name _____ <input type="checkbox"/> Conversation Notes & Next Steps _____ _____
Backup Financial Power of Attorney	Name _____ <input type="checkbox"/> Conversation Notes & Next Steps _____ _____

**ADVOCATES/NAVIGATORS:** Your health care agent can come to the hospital or accompany you to medical appointments, communicate with your health care decision-maker, and help with transitions in care from the hospital or a move to long-term care. But if your agent is long-distance or otherwise not available, a family member, friend, or a professional care manager could take on the advocator/navigator role.

Name \_\_\_\_\_ ☐ Conversation

Notes & Next Steps \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ ☐ Conversation

Notes & Next Steps \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ ☐ Conversation

Notes & Next Steps \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ ☐ Conversation

Notes & Next Steps \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ ☐ Conversation

Notes & Next Steps \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## HELPERS/CAREGIVERS—Personal Network

Think about tasks you might need help with now or in the future. Two critical tasks to think about are driving or help using public transportation, and managing your money (paying bills, tracking your finances, etc.).

Driving	Name _____ <input type="checkbox"/> Conversation Notes & Next Steps _____ _____
Money management (paying bills, tracking finances)	Name _____ <input type="checkbox"/> Conversation Notes & Next Steps _____ _____
Other _____	Name _____ <input type="checkbox"/> Conversation Notes & Next Steps _____ _____

## HELPERS/CAREGIVERS—Professionals and Organizations

Help can also come from professionals, or organizations such as aging services agencies and (where available) volunteer Village organizations.

Transportation to medical appointments, medical notetaking	<b>Village2Village Network:</b> <a href="http://vtvnetwork.org">vtvnetwork.org</a> Notes & Next Steps _____ _____
Transportation to shopping, activities	<b>Eldercare Locator:</b> <a href="http://eldercare.acl.gov">eldercare.acl.gov</a> Notes & Next Steps _____ _____
Help tracking finances and paying bills	<b>National Association of Daily Money Managers:</b> <a href="http://secure.aadmm.com">secure.aadmm.com</a> Notes & Next Steps _____ _____

# MY DOCUMENTS



## FINANCIAL DOCUMENTS

I have:

- A **Durable Financial Power of Attorney (POA)**  
(*This is a document that designates someone to handle financial affairs in the event you are unable to handle them.*)
  - ☐ My agent has a copy. (An agent is the person you appointed in the POA).
  - ☐ My agent or someone else I trust knows where to find the original.
- **Completed paperwork** with all institutions where I have **bank, insurance, brokerage, and other financial accounts** to allow my agent access if needed.
  - ☐ I have ensured proper documentation with each institution.
- A **will**
  - ☐ It is up-to-date (ideally revised within the last five years—certainly to reflect any changes in beneficiaries due to deaths, births, marriages/divorces, or other circumstances).
  - ☐ I know where the original is.
  - ☐ The executor/personal representative knows where the original is.
  - ☐ I have told my executor/personal representative that I have named them and provided them with a copy.
- A list of **health insurance coverage**, including Medicare, secondary health insurance, and if applicable, Medicaid or long-term care insurance.
  - ☐ My financial or health care agent knows where to find it.
  - ☐ The list includes names of insurers, policy numbers, and customer service numbers.
  - ☐ My financial or health care agent knows where to find my long-term care insurance policy if I have one.
- A list of **passwords** for online banking/bill pay/charitable donations
  - ☐ My financial agent knows where to find it.
- A list of **recurring, automatic payments** (to make it easier for you or someone else to monitor or stop payment if necessary)
  - ☐ My financial agent knows where to find it.





## HEALTH CARE DOCUMENTS

I have:

- **Healthcare Power of Attorney (POA)**  
*(a document that designates someone to make health care decisions in the event you are unable to do so, either temporarily or permanently)*
  - ☐ My agent (and back-up agent, if any) has a copy.
  - ☐ Someone I trust knows where to find it, especially in an emergency.
  - ☐ There is a copy at my primary care doctor's office (and any specialists I wish).
- **Living will/advance directive**  
*(written, legal instructions regarding your preferences for medical care if you are unable to make decisions for yourself, including if you are terminally ill, seriously injured, in a coma, in the late stages of dementia, or near the end of life.)*
  - ☐ My agent (and back-up agent, if any) has a copy.
  - ☐ Someone I trust knows where to find it, especially in an emergency.
  - ☐ I have discussed my preferences for care at the end of life with my Healthcare POA.
  - ☐ I have discussed my preferences for care at the end of life with my primary care practitioner.

**Note:** some lawyers combine the healthcare POA and the living will/advance directive into one legal document.
- Updated list of **current health problems**
- List of **significant past health problems**
- List of current **medications/dosages**
- List of all **doctors' names and phone numbers**
  - ☐ My health care agent and back-up agent know where to find all this information, especially in an emergency.



## IN CASE OF EMERGENCY

I have:

- A complete **File of Life** ([folife.org](http://folife.org)) or equivalent that contains
  - ☐ Name, date of birth, address, doctor's name/number, preferred hospital, emergency contacts, basic medical data (medical conditions, current medications [dosage and frequency]), allergies, recent surgery, pharmacy name/phone number, date of birth, blood type, religion, location of healthcare POA and living will/advance care directive, and medical insurance information.
  - ☐ It is up to date (reviewed every 6 months).
  - ☐ It is easily accessible by medical personnel: \_\_\_ in my wallet and \_\_\_ on my refrigerator.
  - ☐ At least one trusted person has a copy or knows where to find it.
- An **In Case of Emergency (ICE) app** on my smartphone (if relevant)
  - ☐ I have filled it out completely with relevant contacts and health information.
- A **personal response/medical alert system** *(a way to alert people that you need help)*
  - ☐ I keep it charged/with a fresh battery.
  - ☐ I wear or carry it at all times when alone in my home.
- (if relevant) **Medical alert jewelry** that I wear to alert first responders to my medical condition(s)
- (if relevant) A plan for **care of my pets**
  - ☐ It includes written instructions about food, medicine, dogwalker, veterinarian, etc.
  - ☐ It includes a plan for short-term, emergency help.
  - ☐ It includes a plan for longer-term pet care if I am unable to care for my pets.



## PHYSICAL DWELLING

I have:

- More than one **person who has keys to my home** (and any required entry codes) and can enter on my behalf to do anything I need
  - ☐ If I live in an apartment, these people are on an approved access list with the property manager.
- **Assessed my home for safety and accessibility** and
  - ☐ Made necessary changes or
  - ☐ Have a plan to make such changes.



## DEATH

I have:

- **A list of people to alert**
  - ☐ It includes my executor, next of kin, close friends, faith community contact, as well as any service people such as housecleaners, gardeners, home health aides, etc.
- **Burial or cremation wishes/Pre-Paid Arrangements**
- **Memorial service/funeral plans or wishes** (music, readings, etc.)
- **A draft obituary**
  - ☐ I have provided this information to a trusted person OR it is in a very obvious place in my home and I have told them where it is.
- My **original will in a place where it can be found**
  - ☐ I have provided this information to a trusted person OR it is in a very obvious place in my home.
- A list of **current passwords** to online sites
  - ☐ It is in a safe place in my home and a trusted person knows where to find it and has a housekey.
  - ☐ It contains passwords for
    - ☐ email
    - ☐ social media
    - ☐ any other online accounts someone else might need to access.

# Section 1

## INTRODUCTION TO AGING SOLO

We know that “older adults” are a diverse group, varying in race, ethnicity, financial status, sexual orientation, gender identity, religion, and any number of other factors. In addition, everyone has their own unique life experiences. So, there is no “one size fits all” in terms of how one goes about aging solo. Everyone brings their own histories, strengths, cultural beliefs, and more.

We also know that **at some level, everyone is aging solo**. Even if someone is married or partnered and has children, there is no guarantee that they will be there to help. One spouse generally lives longer than another. And adult children can live too far away to be of practical help—or perhaps might be unable to help for other reasons.

### DEFINITION OF AGING SOLO

We like this definition of people who are “aging solo”:

**Individuals who, by choice or circumstance, function without the support system traditionally provided by family.\***

As the report explains further:

“There is no set of characteristics or demographic factors to define those who are aging solo. The term masks variations in personal situations, income, culture, physical and mental abilities, personal attitudes, and choices. Aging solo is not about the absence of friends or family, but about the availability and quality of support when needs arise related to health crises and end-of-life decisions.”

\*From *A Backup Plan for Solos: Health Care Decision Making for People Aging Alone, Phase 1 Final Report* Citizens League, Minneapolis, MN, February 2019.

### IMPORTANT CONCEPTS AND ACRONYMS

The field of aging and long-term care has divided the kinds of help a person might need as they age into two categories: **Instrumental Activities of Daily Living (IADLs)** and **Activities of Daily Living (ADLs)**. They are often referred to by their acronyms and are used by insurance companies to determine what level of help and benefits someone might need. It is important to understand what these are in order to understand options for meeting these needs for people who are aging solo. People usually need help with IADLs before they need help with ADLs.

#### Instrumental Activities of Daily Living (IADLs)

IADLs are all the things in the list below that we take for granted that we can do ourselves—until, for some reason, we can’t.

- Housework
- Food shopping and preparation
- Other shopping
- Managing medications
- Talking on the telephone
- **Managing finances**
- **Driving and/or using public transportation**

The last two, which are **bolded**, are **critical to maintaining independence**. Driving and/or using public transportation obviously has a big impact on one’s ability to leave one’s home and neighborhood.

Managing finances isn’t about having enough money—although that can be a concern—it’s that when people experience memory loss, one of the first things to be affected is the ability to successfully manage finances. As a result, financial fraud and abuse are not uncommon.

## Activities of Daily Living (ADLs)

ADLs are things more directly related to our bodies and include:

- Eating
- Dressing
- Bathing
- Walking
- Toileting
- Transferring to/from chair, wheelchair, bed
- Climbing stairs

People who need help with ADLs and live alone will likely need help in the home or will have to move into a different living situation.

## Functional Impairment

“Functional impairment” means difficulties with ADLs and IADLs. All of us are likely to experience some form of functional impairment. The key to aging solo is to acknowledge that this is a probability—not a remote possibility—and plan for it. **It is wise to make plans for how to get supports in these different areas, most likely starting with the IADLs.**

## OUR THREE MANTRAS OF AGING SOLO AND “CONTROL”

We have three mantras that underlie our Aging Solo webinar class.

- **It’s never too early; it’s not too late.**
- **You are not alone.**
- **Take charge of your aging or it will take charge of you.**

“It’s never too early; it’s not too late” means there is no magic time to plan for aging solo. NOW is the best time.

It’s good to remember “you are not alone.” We have heard repeatedly from people who have attended our in-person Aging Solo classes: “I’m glad to know I’m not alone.” They have taken comfort in knowing there are others who don’t have obvious people to help them as they age.

The third mantra, “Take charge of your aging or it will take charge of you” was coined by Catherine, a woman who took one of the first Aging Solo classes. We don’t pretend that you can control everything. Things like your underlying health conditions, monthly income, and number/closeness of family members are unlikely to change.

However, **there are many things related to aging solo that are at least partially in your control.** These include:

- Health habits
- Financial planning & money management
- **Size/scope of social network**
- **Depth of support network**
- **Advance care planning**
- **Housing**

The last four topics are the focus of this Aging Solo series.

## COMPONENTS OF AN AGING SOLO SUPPORT SYSTEM

Based on her decades of experience helping people navigate the aging process, Dr. Deb Rubenstein, in collaboration with Susan Messina, developed this model to help explain the components of an “aging solo support system.”



The components are:

1. **Where you live**
2. **Who provides companionship**
3. **Who helps you**

These three circles all interact with each other. The **top circle**, “where you live” has a big impact on the two other circles of whom you can rely on for companionship and who can help you.

The **next circle going clockwise** is “who provides companionship.” This can mean family, friends, romantic partners, members of your faith community, casual acquaintances, even pets—basically anyone with whom you can spend time, relax, have fun, share ideas, and connect at any level. Everyone’s ideas and experiences of companionship can vary. The notion is elastic and can include many definitions and examples.

The **third circle**, “who helps you” is about who is available now (or might be in the future) to help you with IADLs or ADLs as you experience health challenges and crises. If you become incapable

of making decisions on your own, you will need trusted people to serve as legal health and financial decision makers. You might also need someone who can serve as a health advocate (who may not have legal authority but can help you navigate the healthcare system.)

There can, of course, be overlap between where you find companionship and who provides help. While there are many things that family (even long-distance ones), friends, and acquaintances can do, there are some things you might have to hire other kinds of help for or turn to community organizations.

As we move through the Aging Solo material in the webinars and this handbook, we will discuss these components further and help you think about how to make a plan that takes all of them into consideration.

## Reflection Questions

These questions can be used for solo reflection or discussion in a group.

1. What puts you in the aging solo category?
2. What do you feel like you have the most or least control over regarding aging solo? Why? Could any of that change?
3. Do you have any role models from family or friends for aging solo? If so, why are they role models?
4. Have you done any caregiving for others? If so, how does that inform your plans (or fears) as you ponder a time when you might need help?
5. Do you plan to stay living in your current home as you age or are you thinking of moving?
6. What does companionship mean to you? Do you feel like you have enough of it right now? Why/why not?
7. As you begin to think about who might be available to help, what feelings does that bring up?
8. How would you fill in this sentence: My goal for aging well as I age solo is:\_\_\_\_\_.
9. [For a group]: How can we best support each other in this exploration of aging solo?

# Resources

## NATIONAL

### Best Place to Start

#### Eldercare Locator

[eldercare.acl.gov](http://eldercare.acl.gov)

Public service of the U.S. Administration on Aging, connecting people to community services for older adults and their families. Search by zip code to find aging services agencies anywhere in the United States. Aging services agencies provide themselves or can connect you to a range of free and low-cost community services.

### Benefits

#### Benefits Check Up

[benefitscheckup.org](http://benefitscheckup.org)

Online tool provided by the National Council on Aging to quickly find benefit programs that could help pay for medications, health care, food, and more.

#### State Health Insurance Assistance Program

[shiptacenter.org](http://shiptacenter.org)

Local help for enrolling in Medicare or making changes to your Medicare coverage.

### LGBTQ Resources

#### The National Resource Center on LGBTQ Aging

[lgbtagingcenter.org](http://lgbtagingcenter.org)

Offers many resources related to aging. One

resource is the 10 tips on finding LGBTQ-affirming services, another is how to find supportive in-home care. This is not a comprehensive list of home care services, but it does give good tips and criteria for finding quality care.

### SAGE

[sageusa.org](http://sageusa.org)

SAGE, Services and Advocacy for LGBT Elders, connects older age adults to LGBT friendly resources, provides education and training, and cares for the community. SAGE has tips on finding LGBTQ-friendly long-term care.

## DC, MD, AND VA (THE DMV)

### Best Place to Start

#### DC Department of Aging and Community Living (DACL)

[dacl.dc.gov/](http://dacl.dc.gov/)

#### Montgomery County Senior Services:

[montgomerycountymd.gov/senior](http://montgomerycountymd.gov/senior)

For other aging services agencies in the DMV, use the Eldercare Locator (listed in National Resources above).

### LGBTQ Resources

See page 18 for some suggestions.



## Section 2

# YOUR SOCIAL NETWORK AND SUPPORT NETWORK

### COMPANIONSHIP IN LATER LIFE: CHALLENGES

People have different levels of need for companionship of family and friends, but **for many people aging solo, life circumstances have made the list of companions shorter than they would like—and thus it can be harder to find help**

Aging can bring loss in many areas that can result in a reduced social network. For example:

**Retirement.** Retirement brings the loss of day-to-day interactions with others, be they co-workers, clients, students, or others. You might eat lunch, tell jokes, or chat with various people on a regular basis. And then, upon retirement, those connections grow weaker or they don't continue outside the workplace.

**Caregiving.** Caregiving can take a toll. It can be all-consuming. If you have taken care of a parent or spouse—or anyone else—it's likely that your friendships might have languished. Or someone you consider a friend is just too busy with their caregiving responsibilities to be around for you as much.

**Widowhood/divorce.** These are very different ways of losing a spouse or partner, but each can bring significant changes in the social network, as friends drift away or do not include “singles” in activities.

**Children move out/away.** For those who had children, it is not uncommon for them to move out of the area. The loss of daily interaction can have a big impact.

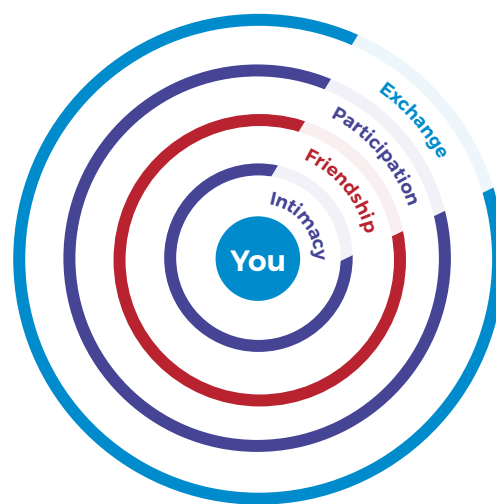
**Friends move away/experience health challenges/even die.** And of course, friendships can be lost due to people moving away, becoming sick, or of course, even dying.

### CONNECTION

When we connect, especially with those to whom we are closest, feel safe, and have our feelings acknowledged, we have physiological (body) reactions. The level of cortisol, a stress hormone, goes down. This is the adult version of what happens when a baby is comforted by a caregiver. And even when we interact with people to whom we are not very close, it feels good and in fact, is essential to our well-being.

Here is an exercise to help you map the relationships in your life:

### Relationship Circles



The diagram above is composed of four concentric circles, with you in the center circle (drawn from material at [agileleanlife.com/relationship-circles/](http://agileleanlife.com/relationship-circles/)).

Each circle represents a group of people who are closer—or less close—to you. The four categories are:

**The circle of intimacy.** The innermost circle contains the people you can't imagine your life without. They know your private self quite well and you spend a lot of time interacting with them. You usually live with (or have lived with) them and trust them the most. For some people a psychotherapist, spiritual being, or a pet can be in this innermost circle.

**The circle of friendship.** The next circle is for people who are also close to you, but with whom there is less intimacy. They probably don't physically live with you, share a bathroom with you, or support you financially. But you do share your dreams, good news, and troubles with them. You probably spend time with them, whether it is in person, on the phone, or online.

**The circle of participation.** These are people with whom you interact frequently, but whom you do not consider friends. For example: acquaintances, most coworkers, neighbors, members of a faith community, members of a support group or 12-step group, and friends-of-friends.

**The circle of exchange.** The outermost circle contains the people with whom you do transactions. For example: your doctor, massage therapist, acupuncturist, hair stylist/barber, home cleaner, or check-out clerks at your local grocery or drugstore.

Of course, boundaries between the circles are fluid. People can—and do—move in and out of circles, for a variety of reasons.

On page 16, you will find a larger version of the concentric circles. **Take as much time as you need to fill in the names of people, pets, or groups in your various circles.**

## STRENGTHENING YOUR SOCIAL NETWORK

Thinking about your relationships can be challenging. It can bring up feelings of loneliness or loss if some aspects of relationships—family, maybe, or romantic—haven't turned out the way you wanted. Sometimes there can be feelings of shame—what's wrong with me that I don't have a great social network to provide all the companionship I want or need?

If you are feeling any of that—you are not alone. These are very common experiences throughout the lifespan, but particularly as we age. If your circles don't have as many people in them as you would like, we have some ideas for building or deepening one's social network. It takes work, but it's good to remember that lots of people want to expand their networks as well and they might be open to your overtures.

**Seeking out “third places.”** Third places refer to places where people spend their time between home (the “first” place) and work (the “second” place). Third places are locations where we exchange ideas, have a good time, and can build relationship. Examples include clubs, faith communities, 12-step groups, public libraries, parks, classes, and volunteer organizations. You can probably think of others.

In pandemic times, it is harder to find third places, but some opportunities exist online. Virtual programming is popular now with many organizations and institutions. And the pandemic will not last forever; it's wise to make plans now for “after.”

**Following interests and passions.** See the Resources on pages 17–18 for websites that can help you connect with others with similar interests.



## WHO HELPS YOU: BUILDING A SUPPORT NETWORK

There are three types of help you might need at various points.

**Health care decision-maker and financial decision-maker.** These are the people you appoint through legal documents (a health care power of attorney and a general power of attorney) to make decisions for you if you cannot speak for yourself or make good decisions.

**Health care system navigator.** This person would go to the hospital or doctor's appointments and be an advocate for you.

**Care and support with IADLs and ADLs.** This refers to help with daily tasks—for example, money management, driving, housework, or personal care.

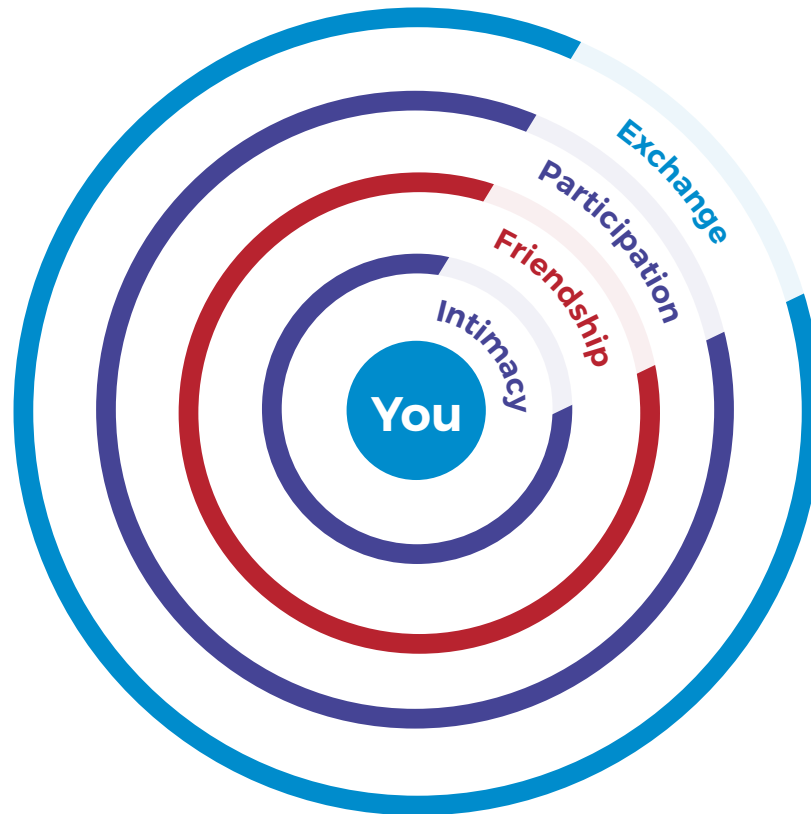
**No one person is likely to be able to fill all three roles. Therefore, you must divide and conquer.**

For example, you may have a trustworthy niece who lives several states away who would be willing to serve as your health care decision-maker (power of attorney in legal terms). But she couldn't get to your home to accompany you to the hospital in an emergency. Maybe your friend who is local could take on that advocate role for you.

If you don't have someone in your social network to fill the decision-maker or advocate roles, there are alternatives. Some elder law attorneys will fill the role of health care or financial power of attorney. Professional care managers can take on the role of health care advocate. Care managers are professionals (typically social workers or nurses) who help older adults as they navigate changes in their health and functional abilities by assessing needs and coordinating services or moves to long-term care facilities. See page 17 for resources, including the Eldercare Locator and the website of the Aging Life Care Association.

Depending on the type of care and support you need, you might have friends or acquaintances who can do some tasks (like help with driving and shopping), but you might need to reach out to professionals or organizations for additional help. Daily money managers can help with tasks like bill paying. Some day-to-day support might wind up coming from a comprehensive aging services provider or a home care agency (discussed in chapter 4). Some faith communities and neighborhood senior Villages (neighborhood-based nonprofits that provide volunteer help, referrals to services, and social activities) might also be able to help with some tasks.

# Relationship Circles Worksheet



## Reflection Questions

These questions can be used for solo reflection or discussion in a group.

1. What changes are you experiencing in your relationships since retiring/as you grow older?
2. What strategies are you using to strengthen relationships you already have?
3. What is working/what is challenging in strengthening your existing relationships?
4. What are your thoughts and reactions as you fill in your Relationship Circles?
5. The term “third places” might be new to you, but the concept behind it is probably familiar. What are your “third places”? How do online “third places” work in your life? How have you found people with similar interests in the past?
6. When you think about the “divide and conquer” approach and filling in the Aging Solo Planner (pages 3–8), what comes up for you? Do you need to think about adding people or organizations to the list? What would your next steps be?
7. [For a group]: How can we best support each other in building and strengthening relationships and support networks?

# Resources

## NATIONAL

### Both Social Network and Support Network

#### Eldercare Locator

[eldercare.acl.gov](http://eldercare.acl.gov)

Public service of the U.S. Administration on Aging, connecting people to community services for older adults and their families. Search by zip code to find aging services agencies anywhere in the United States. Aging services agencies provide, or can make referrals to, classes and activities and community services including case management and free or low-cost legal services.

#### Village2Village Network

[vtvnetwork.org](http://vtvnetwork.org)

Villages are membership-driven, grass-roots organizations run by volunteers and paid staff. Villages coordinate access to affordable services including transportation, inspiring health and wellness programs, home repairs, social and educational activities, and trips.

### Social Network

#### Elder Orphan Facebook Page:

[seniorcare.com/resources/elder-orphanresources/welcome-to-the-elder-orphan-facebook-group/](https://www.seniorcare.com/resources/elder-orphanresources/welcome-to-the-elder-orphan-facebook-group/)

Online community of people who are aging solo.

#### Meet-Up Groups

[meetup.com](http://meetup.com)

Online platform to connect with others and share your interests and passions.

#### Senior Planet

[seniorplanet.org](http://seniorplanet.org)

Offers courses, programs, and activities to help older adults learn new skills, save money, get in shape, and make new friends.

#### SAGEConnect

[www.sageusa.org/sageconnect/](http://www.sageusa.org/sageconnect/)

Links LGBT elders with their broader community, reducing isolation and promoting well-being.

### Support Network

#### Aging Life Care Association

[aginglifecare.org](http://aginglifecare.org)

A group of professionals in aging life care and geriatric care management. These care managers have a holistic, client-centered approach to caring for older adults. Care managers assist with services related to health and disability, finances, housing, family, local resources, advocacy, legal, and crisis management.

#### Caringbridge

[caringbridge.org](http://caringbridge.org)

Provides protected websites that can be used in the event of a serious illness to share information and rally support.

#### Eversafe

[eversafe.com](http://eversafe.com)

Online service that monitors an individual's finances and alerts caregivers to suspicious activity.

#### National Association of Daily Money Managers

[secure.aadmm.com](http://secure.aadmm.com)

Find a professional who can assist you with daily money management tasks such as billpaying, balancing checkbooks and decoding medical bills.

#### LotsaHelpingHands

[lotsahelpinghands.com](http://lotsahelpinghands.com)

Create a care calendar to organize meals and other kinds of support during a health crisis.

#### Low-cost legal services

[americanbar.org/groups/delivery\\_legal\\_services/resources/programs\\_to\\_help\\_those\\_with\\_moderate\\_income/](http://americanbar.org/groups/delivery_legal_services/resources/programs_to_help_those_with_moderate_income/)

American Bar Association state by state directory of low-cost legal services.

## **National Association of Elderlaw Attorneys**

[naela.org](http://naela.org)

Elderlaw attorneys specialize in legal issues facing older adults including estate planning, Medicare and Medicaid, and preparing documents such as powers of attorney and advance directives.

## **DC, MD, AND VA (THE DMV) Both Social Network and Support Network**

**DC Department of Aging and Community Living  
(DACL)**

[dacl.dc.gov](http://dacl.dc.gov)

**Montgomery County Senior Services**

[montgomerycountymd.gov/senior](http://montgomerycountymd.gov/senior)

**For other aging services agencies in the DMV, use  
the Eldercare Locator**  
(listed on previous page).

## **Washington Area Village Exchange (WAVE)**

[wavevillages.org](http://wavevillages.org)

Lists the senior Villages in the DC metropolitan area.

## **Social Network**

### **AroundTown DC**

[aroundtowndc.org](http://aroundtowndc.org)

An event directory for people age 60 and up to learn about programs and activities (many of them virtual) in DC.

### **Meet Up Groups**

[meetup.com/topics/washington-dc](http://meetup.com/topics/washington-dc)

Local list of online groups to connect with others and share your interests and passions.

### **DC Center for the LGBT Community**

[thedccenter.org](http://thedccenter.org)

Organization that educates, empowers, celebrates, and connects the lesbian, gay, bisexual, and transgender communities. There are events for older adults: [thedccenter.org/aging/](http://thedccenter.org/aging/)

## **Prime Timers DC**

[primetimersdc.org](http://primetimersdc.org)

Bringing together mature gay and bisexual men for friendship, activities, support, and personal growth.

## **Silver Circles**

[iona.org/services/lgbtq-programming/](http://iona.org/services/lgbtq-programming/)

Iona Senior Services and Whitman-Walker Health provide peer-led support groups for LGBTQ older adults.

## **Social Support**

### **Legal Counsel for the Elderly (DC)**

[aarp.org/legal-counsel-for-elderly](http://aarp.org/legal-counsel-for-elderly)

Provides free legal and social work services to DC residents most in need.

### **Free Legal Services (Montgomery County, MD)**

[barmont.org/page/116](http://barmont.org/page/116)

Free legal advice and representation to Montgomery County residents with limited financial resources.

### **Iona Care Management**

[iona.org/services/iona-care-management](http://iona.org/services/iona-care-management)

Iona offers care management with licensed social workers and clinical nurse care managers. Iona's experienced care managers coordinate and oversee services you need to receive the best care possible.

### **Paladin Life Care**

[paladinlifecare.com](http://paladinlifecare.com)

Care management practice located in VA; also serves DC and MD. Their care managers will also serve as a health care agent (decision-maker).

### **Seabury Resources for Aging/Seabury Care Management**

[seaburyresources.org/caremanagement](http://seaburyresources.org/caremanagement)

Seabury Resources for Aging has care managers to guide older adults in planning for services needed to improve quality of life. Care managers also focus on maintaining independence of their clients.

# Section 3

## HEALTH CARE DECISION-MAKING AND END OF LIFE CHOICES

### CRITICAL CHOICES

Everyone needs to plan for a time when they are unable to make their own decisions about their health care. A key part of that planning is understanding your choices for health care at the end of life. These choices include:

**Long-Term Care.** As we discussed in section 1, the aging process can bring health conditions which interfere with your ability to do the activities necessary to live independently. You may need long-term care at home, or you may need to move to an assisted living facility or a nursing home. We will discuss how to plan for these choices in sections 4 and 5. You need to communicate that plan to the people who will make decisions for you if you cannot express your preferences.

**End of Life.** If you face serious illness you (or your health care agent) may need to make choices about treatment at the end of life. Some people want to receive all available treatment. Other people prefer care that allows them to be as comfortable as possible, and to have a natural death at home rather than in the hospital. Here are some options to consider:

- **Emergency Measures:** Some individuals with a serious illness ask their doctor for an order (discussed below) that tells emergency personnel not to take emergency measures such as administering Cardiopulmonary Resuscitation (CPR) if they go into cardiac arrest.
- **Comfort Care:** Some people with serious illness choose not to have certain forms of treatment, because the treatment itself may cause pain, weakness, or require them to be in a hospital.

For example, some people do not want to be placed on a ventilator if they contract Covid-19. Instead they would like to receive oxygen and other comfort measures at home. (For more information on advance care planning during the pandemic, see the resources on page 21.)

- **Hospice:** Hospice is comprehensive comfort care provided when an individual has an incurable disease and doctors believe is within six months of death. Hospice services can be provided either at home or in a care facility by a team that includes doctors and nurses, social workers, spiritual advisors, and trained volunteers.
- **Voluntary Stopping of Eating and Drinking (VSED):** Some individuals with an incurable condition choose to hasten death by stopping all eating and drinking. Hospice can provide support to keep the individual as comfortable as possible.
- **Medical Aid in Dying:** A handful of states and the District of Columbia have laws that allow a terminally ill, mentally capable adult with a prognosis of six months or less to live to request from the doctor a prescription for medication which they can choose to self-ingest to bring about a peaceful death. (For more information on medical aid in dying, see the resources on page 21.)

### CRITICAL DOCUMENTS

There are several crucial legal documents that you need.

**Advance Directive.** This is a legal document that states your wishes in the event you are unable to make health care decisions for yourself. You do not

need a lawyer to complete this form; resources are listed on page 21. The advance directive has two parts:

- **Health Care Power of Attorney.** Names who you want to make decisions for you (your health care agent). Ideally, you list a primary agent and a back-up.
- **Living Will.** Specifies the care you do and do not want to receive at the end of your life.

**Out of Hospital Medical Order.** In the absence of a medical order directing otherwise, emergency responders *must* attempt resuscitation, including CPR, intubation and mechanical ventilation, and transport you to the hospital ICU **even if your advance directive says you do not want these procedures.** Your doctor can sign an order directing emergency responders to focus on comfort care and allow natural death (instead of attempts to resuscitate), if that is what you want.

These orders have different names in different states, for example: Medical Orders for Scope of Treatment (MOST) or Medical Orders for Life Sustaining Treatment (MOLST). These orders are important to have *in addition to* a living will/advance directive. Paramedics or other responders will *not* review an advance directive in an emergency; they will only follow orders documented in a MOST/MOLST form.

## CRITICAL CONVERSATIONS

In order for your wishes to be upheld if you can no longer communicate or make decisions, it is vital that you talk to people in advance.

**Health Care Providers.** Start by talking with your primary care physician about your concerns and preferences in the event you cannot live independently and for the end of your life. When you make an appointment, say you want to do advance care planning. This service is covered by Medicare. You can review options for care, such as CPR and ventilators, and get their input. Remember that if you have a serious illness, whether you are in the community or the hospital, you can ask for a referral to a palliative care specialist.

**Palliative Care Specialists.** The goal of palliative care is comfort, especially control of pain. Palliative care doctors can help you maintain the best possible quality of life and make recommendations about which treatments are best for you.

**Health Care Decision-Makers.** Creating your advance directive and naming the individuals who will make health care decisions for you is only the first step. **It is critical to review the documents with your health care agents and talk about your wishes, especially for care at the end of life.**

**Health Care Navigator/Advocates and Helpers.** As discussed in section 2, these people may or may not be your health care agent. However, they should know your wishes for care and where to find your advance directive and key medical information.

**Your Community.** You may want to talk about your preferences for care with important people in your life including family, friends, and, if you are part of a faith community, clergy. These can be difficult conversations. There are tools listed in the resources on page 22 to help you.



# Reflection Questions

These questions can be used for solo reflection or discussion in a group.

1. What thoughts and questions come up for you as you consider the possibility that you might become seriously ill and unable to be independent?
2. In the event of serious illness, what is important to you about your care?
3. Have you known people to have what you would consider a “good death”? How about a “bad death”? What made these deaths good or bad?
4. What is important to you at the end of life? Do you want a natural death at home? Or do you want all possible medical care?
5. Have you had conversations with important people in your life about your wishes at end of life? If not, what are the barriers?
6. [For a group]: How can we best support each other in planning for illness and end of life, creating our key documents, and having critical conversations?

## Resources

### NATIONAL

#### Advance Directive Templates

Advance directive form for each state

[aarp.org/caregiving/financial-legal/free-printable-advance-directives/](https://aarp.org/caregiving/financial-legal/free-printable-advance-directives/)

Links to the free advance directive form (health care power of attorney and living will) for each state.

#### Out of hospital medical orders

[polst.org](https://polst.org)

Links to Portable Orders for Life Sustaining Treatment forms for each state.

#### Five Wishes

[fivewishes.org](https://fivewishes.org)

An advance directive form that meets the legal requirements of 42 states and DC. It addresses emotional and spiritual needs in addition to wishes for physical health treatment and can be used in conjunction with a state advance directive.

### Medical Aid in Dying

#### Death with Dignity

[deathwithdignity.org](https://deathwithdignity.org)

Provides information on which states have enacted laws permitting medical aid in dying.

### Covid-19

#### Advance care planning during Covid-19

[theconversationproject.org/wp-content/uploads/2020/04/tcpcovid19guide.pdf](https://theconversationproject.org/wp-content/uploads/2020/04/tcpcovid19guide.pdf)

Information and a checklist for advance care planning specifically for Covid-19.

#### Life support during Covid-19

[patientdecisionaid.org/wp-content/uploads/2020/04/3-19-2020-COVID19-life-support-machine-V10.pdf](https://patientdecisionaid.org/wp-content/uploads/2020/04/3-19-2020-COVID19-life-support-machine-V10.pdf)

Explains options for life support in the event you contract Covid-19.

## Conversations about Advance Care Planning and End of Life

### Conversation Project

[theconversationproject.org](http://theconversationproject.org)

Online guide to helping people talk about their wishes for end of life.

### Five Wishes

[agingwithdignity.org](http://agingwithdignity.org)

Five Wishes is an advance directive written in everyday language and specifically designed to help start and structure important conversations about care in times of serious illness.

## Resources for Specific Communities

### LGBTQ advance care planning

[lgbtagingcenter.org/resources/pdfs/SAGE%20Care%20Planning%20Final%20Interactive.pdf](http://lgbtagingcenter.org/resources/pdfs/SAGE%20Care%20Planning%20Final%20Interactive.pdf)

Guide to help members of the LGBTQ community plan for medical procedures. Includes a section on advance care planning.

### Book

Anderson, Gloria Thomas. *The African-American Spiritual and Ethical Guide to End-of-Life Care*, 9th Ed. 2020.

## DC, MD, AND VA (THE DMV)

### Advance Directive Templates

DC/MD/VA template from the District of Columbia Hospital Association

[dcha.org/viewdocument/advanced-directive-template](http://dcha.org/viewdocument/advanced-directive-template)

### DC Medical Orders for Scope of Treatment (MOST)

[dchealth.dc.gov/most](http://dchealth.dc.gov/most)

### Maryland advance directive form

[marylandattorneygeneral.gov/Health%20Policy%20Documents/adirective.pdf](http://marylandattorneygeneral.gov/Health%20Policy%20Documents/adirective.pdf)

### Maryland Medical Orders for Life Sustaining Treatment (MOLST)

[marylandmolst.org](http://marylandmolst.org)

### Virginia advance directive form

[vsb.org/sections/hl/Virginia\\_AD\\_Medical\\_Mental\\_End-of-Life\\_Healthcare\\_short.pdf](http://vsb.org/sections/hl/Virginia_AD_Medical_Mental_End-of-Life_Healthcare_short.pdf)

### Virginia Physician Orders for Scope of Treatment (POST)

[virginiapost.org](http://virginiapost.org)

## Medical Aid in Dying

### DC Medical Aid in Dying

[compassionandchoices.org/in-your-state/district-of-columbia/washington-d-c-death-dignity-act/](http://compassionandchoices.org/in-your-state/district-of-columbia/washington-d-c-death-dignity-act/)

[Medical aid in dying is not legally authorized in Maryland or Virginia, as of 2020.]



# Section 4

## AGING IN PLACE

Most older adults prefer to remain in their own homes as they grow older rather than move to housing for older adults or to a long-term care facility. This section explains how to plan for aging in place.

Successful aging in place depends on 1) whether your neighborhood or community meets your needs, 2) the accessibility of your home if you have trouble with mobility, and 3) services and supports to help you if you are unable to handle your daily living tasks.

Refer to the list of resources on pages 27–29 for articles with more information on the topics below and links to websites to help you find resources in your community.

### COMPONENT 1: YOUR NEIGHBORHOOD

Here are questions to consider about your neighborhood:

**If I drive now**, but couldn't later, are there adequate transportation options in my neighborhood?

**Is my home** in an age-friendly environment (for example, walkable, and safe from crime?) (See information on age-friendly communities on page 27).

**Will I have access** to help with my daily living tasks? Do I have opportunities to engage in meaningful relationships and activities? Does the location of my home give me the opportunities I would like to interact in person with individuals and communities that matter to me?

### COMPONENT 2: ACCESSIBILITY OF YOUR HOME

Key features of accessible homes are:

**No-step entry.** Can you enter your home without going up and down steps?

**Single floor living.** Is there a bedroom, living area, kitchen, and bathroom on one floor?

**Wheelchair-wide doorways and hallways.** Could your doorways and hallways accommodate a wheelchair? (The Americans with Disabilities Act requires a minimum 32" doorway width.)

**Reachable light switches and electrical outlets.** Could you reach your light switches from a wheelchair? Could you get to electrical outlets without bending down?

**Lever-style door and faucet handles.** Does your home have these features (which are helpful because, as we age, we may experience reduced hand strength)?

If your home does not have all the universal design features listed above, you may want to consider **home modifications** now or in the future. These can be small changes, such as installing lever-style door handles or faucets. Other changes are more substantial, such as installing a ramp to enter and exit. And other changes, much more costly, could involve major remodeling to allow no-step entry and to have a bedroom and bathroom on the main floor.

Occupational therapists and aging-in-place specialists can advise on home modifications. Your local aging services agency sometimes can help with the cost of home modifications.

Some people decide that it is not practical to modify their home, but instead opt to find a more “age-friendly” house or apartment in the same community, or at least nearby.

## COMPONENT 3: SERVICES TO SUPPORT AGING IN PLACE

Whether you stay where you are or move to a more accessible home, it is likely that at some point you will need some of the following services.

**Transportation.** If you are currently driving, it is critical to plan for how you would function if you had to stop driving. How walkable is your neighborhood? How accessible to public transportation? Are there public transportation options specifically for older adults or individuals with disabilities? Could you use ride sharing apps on a smartphone if need be?

**Home Maintenance.** If you currently perform your own home maintenance (cleaning gutters, minor repairs, even changing light bulbs), it is important to know about sources of help with these tasks in the event you were unable to do them yourself. One function of senior Villages is to provide volunteer help with the minor tasks like changing light bulbs and vetted referrals to various home maintenance services.

**Grocery and Meal Delivery.** Grocery shopping and meal preparation can become more challenging. Local aging services agencies often provide no-cost home-delivered meals for people who are homebound. There are a growing number of options to use online grocery deliver services or online delivery from restaurants, and these services continue to expand.

**In-Home Health Care and Assistance.** At some point you might need a home health aide or companion to help with daily tasks. This help can range from some help with light housekeeping and meal preparation for a few hours each week, or even each day, all the way to 24-hour care. Some

people choose to hire this kind of help on their own, turning to families, friends, or neighborhood listservs for recommendations. Others choose to work with home-care agencies or registries, which provide some vetting (such as security background checks) and oversight of aides.

The cost of this kind of help ranges from free (for individuals with a very low income who qualify for Medicaid) to approximately \$25 per hour. Live-in help can cost up to \$400 per day. Costs and the availability of help can vary widely depending on where you live.

Medicare pays only for short-term intermittent care provided by a licensed nurse, physical therapist (PT), or occupational therapist (OT). This care usually follows a hospitalization or discharge from a skilled rehab/nursing facility.

People pay for ongoing in-home assistance in a variety of ways. They may pay privately from their income or savings. Other options are:

- Long-term care insurance policies
- Veterans Aid & Attendance
- Reverse mortgages
- Special Medicaid programs for long-term in-home health care
- Hospice, which is discussed in section 3, provides in-home health care and support for people at the end of life. This service is covered by Medicare.

See more information about these options on page 28.

## PREPARING FOR EMERGENCIES

For individuals aging solo, particularly those who also live alone, it is important to be prepared for an emergency, such as a fall, at home. How would you summon help? What information do emergency responders need to have? Here are some resources to help address these questions.

**File of Life.** A File of Life is a red plastic pouch you can put on your refrigerator or keep in your wallet that lists your emergency contacts, doctor's name, insurance information, medical conditions, and other key information that you can update. If you don't have an official File of Life, you can create your own list of the key information that you post on your refrigerator or keep in your wallet.

**"In Case of Emergency" Information on your Smart Phone.** See page 28 for information on how to put emergency information on the lock screen of your smart phone. Aging services organizations can help individuals with limited financial resources access free or low-cost cell phones.

**"In Case of Emergency" Smart Phone Apps.** These are free apps that allow you to send information to family and friends in the event of an emergency.

**Medical Alert System.** People who may be at a risk for falls or a medical emergency may benefit from a medical alert device to summon emergency help when needed. These systems traditionally allow the user to summon help by pressing a button on a pendant or bracelet. This activates a device attached to a landline phone. The systems contact a central answering service which can summon help on your behalf. Now these systems also offer options where you use your smart phone or a device such as an Apple Smart Watch instead of a landline phone. See page 28 for more information.

**Medical Alert Jewelry.** Bracelet, necklace, or similar item bearing a message that the wearer has an important medical condition that might require immediate attention.

**Pets.** If you live alone, it is important to make a plan for an emergency in which you are unable to care for your pet. See page 28 for a resource.

Whether you have a Medical Alert System or plan to use your mobile phone to call for help, it is essential that you have either with you at all times. You can't call for help from the bathroom if your

phone is in your bedroom or your Medical Alert pendant is in the kitchen.

## SOURCES OF INFORMATION AND HELP

Finding high quality in-home health care and other services that meet your needs is important to successful aging in place. Here are some ways to find the help you need.

**Aging Services Agencies.** The best place to start for information about services in your area is your local aging services agency. These are government agencies or non-profits like Iona that receive government funds to provide community services. Typically, they offer information and referral, case management, home-delivered meals, community dining options (suspended during the pandemic), transportation services, and volunteer help. Services provided through aging services agencies are typically free or low-cost.

**Senior Villages.** These are neighbor-based nonprofits primarily run by volunteers, although many have some paid staff. Their purpose is to support aging in place, and they offer a range of volunteer services (particularly transportation help such as rides to medical appointments) and vetted referrals to services ranging from home repair to home health. Not all parts of the country have Villages, but it's worth exploring whether you have a Village in your neighborhood, what services are offered, and what are the annual membership fees.

**Care management.** As discussed in section 2, care managers can assess needs, help arrange services, monitor your situation to make sure services are meeting your needs, and help with medical advocacy and navigating urgent situations and emergencies. Aging services agencies provide care management (sometimes called case management) at no charge. The services may not be as comprehensive as those offered through fee-for-service care management, which is provided by some nonprofits and professionals who have their own practices.

# AGING IN PLACE WORKSHEET—Current Living Situation

Use this worksheet to analyze your current living situation. If you need more information about any of these factors, note that in “Information Needed,” so that you can keep track of what you need to learn.

FACTOR	PROS AND CONS
<b>Neighborhood</b> (what you like and do not like about it, and features like a grocery store you can walk to that would help you age in place)	Pros _____ _____ Cons _____ _____ Information Needed _____
<b>Transportation options</b> (availability of other ways to get around if you could not drive)	Pros _____ _____ Cons _____ _____ Information Needed _____
<b>Accessibility</b> (ability to live in your home if you have a physical disability. Includes no-step entry and ability to live on one floor)	Pros _____ _____ Cons _____ _____ Information Needed _____
<b>Home maintenance</b> (how easy or difficult it would be to maintain your home or get help with home maintenance tasks)	Pros _____ _____ Cons _____ _____ Information Needed _____
<b>Access to services and help</b> (how easy or difficult it would be to get the help you need to age in place)	Pros _____ _____ Cons _____ _____ Information Needed _____

# Reflection Questions

These questions can be used for solo reflection or discussion in a group.

1. How important is it to you to age in place? Is this a priority? Or are you open to other living situations?
2. Think about the people you know who have aged in place. What made their aging in place successful or not successful?
3. After completing the Aging in Place worksheet on page 26, what ideas and action items come up for you?
4. Are you prepared for an emergency? If not, what actions do you need to take?
5. [For a group]: How can we best support each other in preparing for aging in place?

## Resources

### NATIONAL

#### Aging in Place

##### Age-Friendly Communities

[aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html?migration=rdrct](http://aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html?migration=rdrct)

Explains the eight domains of livability of an age-friendly community.

##### Aging in Place Association

[ageinplace.org](http://ageinplace.org)

Planning guide and other resources for older adults who want to age in their own homes.

##### Certified Aging in Place Specialists and Occupational Therapists: AARP article on OTs and CAPS

[aarp.org/livable-communities/info-2014/using-an-OT-or-CAPS.html](http://aarp.org/livable-communities/info-2014/using-an-OT-or-CAPS.html)

Certified Aging-in-Place Specialist (CAPS) is designated by the National Association of Home Builders in collaboration with AARP. CAPS designees are trained in the needs of older adults and understand aging in place home modifications. They can evaluate and recommend updates to a

home. Occupational therapists (OT) are licensed health professionals that understand the health issues older adults face. OTs can conduct home assessments to determine barriers to functioning and safety and develop solutions.

##### National Association of Professional Organizers

[napo.net](http://napo.net)

Directory of professional organizers who can help with decluttering and organizing.

### Services

#### Grocery and meal delivery

##### Mom's Meals

[momsmeals.com](http://momsmeals.com)

Mom's Meals NourishCare provides meals to your door that will last up to 14 days refrigerated from delivery. There are health-condition menus available and indicators for diabetes and heart-friendly options.

##### Peapod, Instacart

[peapod.com](http://peapod.com) and [instacart.com](http://instacart.com)

Peapod by Giant and Instacart are online grocery delivery programs. You go to the website, add grocery items to your cart, set a delivery time and place, and pay by credit card.



## Transportation

### GoGo Grandparent

#### [gogograndparent.com](http://gogograndparent.com)

A service for people without smartphones to use Uber and Lyft. A phone call to GoGo Grandparent will set you up with a ride service to take you where you need to go.

## In-home help

### Medicare Home Health Compare

#### [medicare.gov/homehealthcompare](http://medicare.gov/homehealthcompare)

Home Health Compare has information about the quality of care provided by “Medicare-certified” home health agencies throughout the nation. “Medicare-certified” means the home health agency is approved by Medicare and meets certain federal health and safety requirements. Home Health Compare can help you or your family or friends choose a quality home health agency that has the skilled home health services you need.

### Hiring In-Home Elder Care

#### [montgomerycountymd.gov/senior/Resources/Files/Hiring In Home Elder Care RESOURCE-GUIDE.pdf](http://montgomerycountymd.gov/senior/Resources/Files/Hiring_In_Home_Elder_Care_RESOURCE-GUIDE.pdf)

How to hire home health aides through agencies or by paying privately.

### Paying for In-Home Help

#### [aarp.org/caregiving/financial-legal/info-2017/afford-a-homecare-worker.html](http://aarp.org/caregiving/financial-legal/info-2017/afford-a-homecare-worker.html)

Explains how people pay for home health care, including long-term care insurance and government programs.

## Emergencies

### File of Life

#### [folife.org](http://folife.org)

Your latest medical information—including allergies, medications, contact persons and more—all in one safe place. Recognized and endorsed by hospitals, EMTs, police, sheriff, and fire departments.

### In Case of Emergency smartphone app

#### [icecontact.com](http://icecontact.com)

Free personal safety app that, in an emergency, you can use to deliver instant messages to family and friends.

### How to add ICE (In Case of Emergency)

#### information to your smartphone

#### [pcmag.com/how-to/how-to-add-emergency-info-to-your-phones-lock-screen](http://pcmag.com/how-to/how-to-add-emergency-info-to-your-phones-lock-screen)

ICE helps first responders access your critical medical information from the lock screen, without needing your passcode. They can see information like allergies and medical conditions as well as whom to contact in case of an emergency.

### Consumer Reports article: What to Look for in a Medical Alert System

#### [consumerreports.org/medical-alert-systems/how-to-choose-a-medical-alert-system/](http://consumerreports.org/medical-alert-systems/how-to-choose-a-medical-alert-system/)

Explains how medical alert systems work and how to choose the best one for you.

### MedicAlert bracelet

#### [medicalert.org](http://medicalert.org)

MedicAlert ID bracelets are a way for emergency responders to obtain health and personal information. Vital information is easily available to ensure fast, accurate treatment during an emergency.

### Shake Paws, a “Home alone” pet safety card

#### [shakepaws.com/listing/291973827/shake-paws-home-alone-pet-safety-card](http://shakepaws.com/listing/291973827/shake-paws-home-alone-pet-safety-card)

A safety card to carry on you, if you have pets, in case anything happens to you. The card will notify that you have pets home alone, and designate who will care for your pets, if an emergency occurs.

## DC, MD, AND VA (THE DMV)

### Aging in Place

#### Safe at Home

#### [dacl.dc.gov/safe-home](http://dacl.dc.gov/safe-home)

202-724-5626

The Department of Aging and Community Living

offers a Safe at Home program that provides preventative adaptations to reduce the risk of injury and falls. The annual household income must be no greater than 80% of DC's Area Median Income. There are no asset (resource) limits.

### **Maryland Technology Assistance Program**

**[mdod.maryland.gov/mdtap](http://mdod.maryland.gov/mdtap)**

Provides information about, and low interest loans for, home modifications in Montgomery County.

### **Liz Braun, Occupational Therapist**

**[lizbraunsolutions.com](http://lizbraunsolutions.com)**

Liz Braun is an occupational therapist who offers home safety consultations. She will assess your home and provide safety, function, and accessibility recommendations.

### **Adaptive Home Living**

**[adaptivehomeliving.com](http://adaptivehomeliving.com)**

Mariella Zuñiga is an occupational therapist who offers in-home safety assessments and makes recommendations.

## **Services**

### **Transportation**

#### **Guide to DC transportation for independent riders**

**[iona.org/wp-content/uploads/2018/06/Iona-Resource-Guide\\_Transport\\_ind.pdf](http://iona.org/wp-content/uploads/2018/06/Iona-Resource-Guide_Transport_ind.pdf)**

Iona's guide to DC transportation for older adults. Independent riders can get on and off, and to and from, a vehicle unassisted.

#### **Guide to DC transportation for those who need assistance**

**[iona.org/wp-content/uploads/2018/06/Iona-Fact-Sheet\\_Transport\\_Assist.pdf](http://iona.org/wp-content/uploads/2018/06/Iona-Fact-Sheet_Transport_Assist.pdf)**

Iona's guide to DC transportation for older adults who need some assistance.

### **Montgomery County Senior Transportation**

**[montgomerycountymd.gov/senior/transportation.html](http://montgomerycountymd.gov/senior/transportation.html)**

A guide to transportation for older adults and adults with disabilities in Montgomery County.

### **In-Home Help**

#### **Home Care Partners**

**[homecarepartners.org](http://homecarepartners.org)**

Home Care Partners is a nonprofit agency in the DC metropolitan area that provides comprehensive home care services to enable homebound older adults stay in their own homes in comfort, safety and dignity. Offers subsidized home care services for those eligible.

### **Emergencies**

#### **Smart 911 (DC Only)**

**[smart911.com](http://smart911.com)**

Create a safety profile for your household at **[smart911.com](http://smart911.com)** to have your information immediately available to 9-1-1. Not available in Montgomery County, MD or in VA except for the City of Alexandria.

# Section 5

## MAKING A MOVE

Though most older adults prefer to remain in their own homes as they grow older, some choose to move to housing for older adults. Health conditions may require a move to assisted living or a nursing facility. This section describes housing and long-term care options, including financial implications, and explains how to plan for a possible move.

### HOUSING OPTIONS

There are a variety of housing options to consider if you can still live independently but wish to live in a community with other older adults. Resources are found on pages 24–35.

#### Independent Older Adult Housing

- **Active Adult Communities:** These communities are designed for younger active older adults, although many residents age in place. Houses or apartments are usually adjacent to recreational facilities (e.g., golf course) and include amenities like tennis, pool, fitness center, art studio, etc. These communities offer security and home maintenance.
- **Independent Living Communities:** Like active adult communities, these are residential communities for active older adults who don't want the hassle of home maintenance. Usually they are apartment buildings. There is a range of organized activities and recreation facilities available. There may be an optional or required meal plan. There are no health care services available onsite, but some are affiliated with health care facilities. These are mostly rental facilities, and some offer subsidized rent depending on income.

**Intentional Housing.** A growing trend in housing is the creation of intentional housing options. These are planned communities that focus on social support and teamwork among residents. Options include:

- **Shared Housing:** This is a home sharing alternative where two or more unrelated people choose to live for mutual benefit. This option provide companionship, affordable housing, security, and mutual support. Shared housing programs can help with “match up”, shared living resources, and information.
- **Co-Housing:** Co-housing is a community in which residents actively design and operate their community. Neighbors commit to being a part of community for everyone's benefit. Co-housing usually involve 20-40 attached or single-family homes with shared common facilities designed for daily use: socializing, sharing meals, and recreation areas. They offer a balance of privacy and community. There are co-housing communities specially designed for all levels of physical ability and can include an apartment for a home health aide shared by several residents.
- **Live and work options:** These are communities where older adults get rent reduction in return for volunteer service.

### COMMUNITIES WHICH OFFER DIFFERENT LEVELS OF CARE

Another option is to move into a community that has independent living, but also offers other levels of care should you need them.



**Life Plan Communities (formerly Continuing Care Retirement Communities [CCRC]).**

These are facilities that guarantee lifelong shelter and access to specified health care services. These facilities meet a range of needs, from independent to assisted living to skilled nursing care. Residents usually need to move in while independent. Residents typically pay an entrance fee and make monthly payments.

**Multi-level Communities.** Some communities offer various levels of care (independent, assisted living, nursing home, memory care) but are not life plan communities. Typically, there are no large entrance fees. Residents can move among the levels of care as needed.

## TYPES OF LONG-TERM CARE

Long-term care is for when you need more help than can be easily or affordably provided in your home. People typically move into long-term care facilities when they have physical or cognitive challenges that make it unsafe for them to live independently.

**Assisted Living Communities.** Assisted living communities offer housing and supportive services for semi-independent people. The services include limited health care services and help with daily living tasks such as dressing, bathing, and taking medications. Types of assisted living communities include apartment buildings and small group homes. Meals are included in the fee. Usually a range of social activities is available.

Assisted living communities charge a monthly fee, plus there may be additional fees depending on the level of care needed. Medicare does not cover assisted living costs, but long-term care insurance may cover them. In some states, there are subsidized assisted living options for individuals with limited financial resources.

**Memory Care.** Memory care is a specific form of assisted living which provides a higher level of care with staff trained to work with residents with memory loss.

**Short Term Options for Assisted Living.** An option for someone recovering from an injury or illness can be a short stay (2 weeks–1 month) in an assisted living facility to continue recovery after hospitalization and a stay in an inpatient rehabilitation facility. A resident can receive physical therapy (PT) and/or occupational therapy (OT) services while in the assisted living facility.

**Nursing Homes.** Nursing homes are for people who have debilitating conditions or are frail and need more care than available at an assisted living facility. Care is provided by nurses and other professional staff under supervision of a physician. Long-term and short-term care, such as rehabilitation after hospitalization, is available. The daily rate covers basic services (room, housekeeping, meals, and general nursing care); additional services are extra. Nursing home stays are paid for by Medicare (for rehabilitation stays only), Medicaid, long-term care insurance, and personal assets.

## PLANNING FOR A MOVE

### Proactive versus reactive moves

Some people are proactive about moving. They explore different locations and communities and research their housing options. They move while able to live independently. A reactive move usually occurs in response to a change in health and functional abilities. Most often these moves are into assisted living facilities or nursing homes.

The advantage of a proactive move is having more options and control over where and when you move. However, some people value their current home and only want to make a reactive move—that is, moving only when they are no longer able to live independently.

## Key steps in preparing for moving

### Declutter & downsize

### Financial planning & budgeting for housing and care

#### For proactive moves:

- Explore different locations and housing options
- Decide on a community
- Move

#### For reactive moves:

- Identify your “must move” situation (the circumstances in which you could no longer live independently and would have to move)
- Research assisted living and nursing home facilities and visit them
- Create a short list of facilities that would meet your needs
- Share this list with your support network

## SOURCES OF INFORMATION AND HELP

Finding the right housing or long-term care option can be challenging. Here are some sources of help. More information is on pages 34–35.

**Aging Services Agencies.** As described in section 4, these are government agencies or non-profits like Iona that receive government funds to provide community services. Their Information and Referral Helpline staff may be able to educate you about housing options and long-term care facilities in your area, including subsidized options.

**Care management.** As discussed in section 2, care managers can assess needs and help with making transitions from one living situation to another. Care managers can help you analyze whether you should age in place or move. They can also identify housing options and long-term care facilities that could meet your needs and your financial situation.

## Reflection Questions

1. How likely is it that you will move to older adult housing or a long-term care facility?
2. Think about the people you know who have made a move. What made the move successful or not successful?
3. After completing the Making a Move worksheet on page 33, what ideas and action items come up for you?
4. Do you think you are more likely to make a proactive or reactive move? What are the reasons for your choice?
5. [For a group]: How can we best support each other in planning for a possible move?
6. [For a group]: Would you be interested in touring places in person together when that is possible?

# MAKING A MOVE WORKSHEET

Use this worksheet to help you plan for a possible move.

**WHY WOULD YOU MAKE A MOVE?** Check all that apply.

Possible Reason	Your thoughts and ideas
Health changes	<hr/> <hr/>
Be near family or friends	<hr/> <hr/>
Other life changes (for example, you've always wanted to live in a particular place, you want/need to move somewhere more affordable)	<hr/> <hr/>

**IF YOU WERE TO MOVE, WHAT OPTIONS WOULD YOU CONSIDER?** Check all that apply.

Option	Your thoughts and ideas
Stay in your community but move to a different house or apartment	<hr/> <hr/>
Move to a different city, town, state, or country	<hr/> <hr/>
Co-housing or another shared living arrangement	<hr/> <hr/>
Independent senior housing	<hr/> <hr/>
Assisted living	<hr/> <hr/>
Nursing facility	<hr/> <hr/>

# Resources

## NATIONAL

### Independent Older Adult Housing

#### Independent Living Visit Checklist

[whereyoulivematters.org/independent-living-visit-checklist](http://whereyoulivematters.org/independent-living-visit-checklist)

Guide to help compare independent living communities.

### Intentional Housing

#### Foundation for Intentional Community

[ic.org/directory/](http://ic.org/directory/)

Find intentional communities, including cohousing and shared housing communities.

#### Cohousing Association of the United States

[cohousing.org](http://cohousing.org)

Cohousing Association of the United States (CohoUS) is a nonprofit supporting cohousing communities. Through CohoUS you can find cohousing communities, listings for houses within such a community, or list a community or home.

#### Silvernest

[silvernest.com](http://silvernest.com)

Silvernest allows homeowners to list their space and preferences for a roommate so they can have companionship and an income from rent. People looking for a home share space can use Silvernest to find a compatible space and homeowner. The company also helps to create a home share agreement, set up rent payments, and access homesharing guidance to manage the relationship.

#### Book

Baker, Beth. *With a Little Help from Our Friends—Creating Community as We Grow Older*. Vanderbilt University Press. 2014.

Tells stories of how people have devised innovative living arrangements in later life.

## Long-Term Care

### How to Evaluate an Assisted Living Facility

[elderlawanswers.com/how-to-evaluate-an-assisted-living-facility-3753](http://elderlawanswers.com/how-to-evaluate-an-assisted-living-facility-3753)

Guidelines and a checklist for evaluating assisted living facilities.

### Nursing Home Checklist

[medicare.gov/sites/default/files/2018-07/nursing-home-checklist.pdf](http://medicare.gov/sites/default/files/2018-07/nursing-home-checklist.pdf)

Checklist for evaluating nursing homes.

### Nursing Home Compare

[medicare.gov/nursinghomecompare](http://medicare.gov/nursinghomecompare)

Information about every Medicare and Medicaid certified nursing home in the country. The site is provided by [medicare.gov](http://medicare.gov) and provides ratings and warnings for homes with a history of poor care. A guide for choosing a nursing home is available on the site.

### How to Pay for Long-Term Care

[iona.org/paying-for-ltc-guide-2019](http://iona.org/paying-for-ltc-guide-2019)

Explains the possible sources of payment (from your own resources and through government programs) for long-term care.

## Help with Moving

### National Association of Senior Move Managers

[nasmm.org](http://nasmm.org)

Senior Move Managers assist older adults with relocation or aging in place. Services are client-centered and include providing resources and expertise for saving money, reducing stress, and getting quality care when making a change.

## DC, MD, AND VA (THE DMV)

### Retirement Living Sourcebook

[retirementlivingsourcebook.com/order](http://retirementlivingsourcebook.com/order)

The Retirement Living Sourcebook is available in a DC Metro Edition and lists senior housing options and senior living resources. The sourcebook is updated every four months and is free; you can request one through the website.

### Maryland Consumer Guide to Long-term Care

[mhcc.maryland.gov/consumerinfo/longtermcare](http://mhcc.maryland.gov/consumerinfo/longtermcare)

The website is a guide to long-term care available in MD. It provides resources on types of long-term care, services to think about, and your rights. There are also resources to help find long-term care.

## Session 6

### YOUR NEXT STEPS

#### FIRST, GOOD FOR YOU!

**Congratulations on being willing to face aging solo head-on.** Thinking about aging solo, particularly as we lay it out in this material, can feel overwhelming. If you have been feeling overwhelmed, you are certainly not alone. That is, after all, one of Aging Solo's mantras!

You likely have things on your list you need to do—maybe just a few or maybe a great many. One thing to keep in mind is that you bring a lot of strengths to this. You have lived through many stages of life, overcome challenges, and tackled hard things.

You are resilient and resourceful. You can do this. We have ideas for where you can start.

#### A WIDER VIEW

But first, we want to take a step back and consider a broader view of the challenges of aging solo. There are deep structural problems at play.

Simply stated: the United States lacks a comprehensive system of aging and health care services. We really don't have a system that meets the needs of people who are aging solo. As a result, you have to build your own team to get the support you need. This is just the hard truth.

If you would like to explore ways to advocate in your community, you might want to explore the World Health Organization's Age Friendly Initiative. This is a global initiative focused on creating age-friendly environments that foster healthy and active aging. Many cities in the United States have taken on "Age Friendly" as a set of goals to reach. We encourage you to explore whether your community has done so and whether you

might want to get involved. Websites are listed on page 39.

## HELP WITH FINANCIAL DECISION-MAKING AND MONEY MANAGEMENT

We want to explain how to build a team to help you with financial decision-making and daily money management, should you need that kind of assistance.

You need someone you can name as an agent to make financial decisions for you if you cannot make those decisions for yourself. Ideally, you would identify two people: a primary decision maker and a back-up for that person. Neither of these individuals needs to be the same as your health care decision maker(s).

Your financial agents need to be individuals you can trust with your money – and your financial information. If you cannot think of someone in your social network to trust with this role, consider hiring an elder law attorney or an accountant. Our strong recommendation is that you consult with an attorney when you create a financial power of attorney document. There are free or low-cost legal services that can help with creating financial power of attorney documents. Websites are listed on pages 17 and 18.

In addition to creating your financial power of attorney, you should contact each financial institution about the paperwork that they need so that your financial agent can access each account in order to handle financial matters. In theory your financial power of attorney document gives your agent that kind of access, but the process goes more quickly if the institution's own paperwork is completed. This can be time-consuming but is usually not complicated and is a relatively easy step to take once you have named a financial power of attorney.

Your decision maker may be the person to actually manage your money if you can't do it yourself. Or you may want to have someone else take on this role. You might need help with bill-paying, tracking explanation of benefit forms from Medicare and other insurance providers, and balancing your checkbook. And you may need oversight to make sure you are making sound financial choices and are protected from scams.

There are several ways to get help with money management and oversight of your finances. There are professionals called Daily Money Managers who take on this function (see page 17 for the National Association of Daily Money Managers.) There is also an online service called Eversafe (also on page 17) that will monitor your financial activity and alert your financial agent or other individuals you name if there is a concern, such as a large withdrawal of funds. This kind of oversight is important because you may not be aware when you develop difficulties managing money.

Aging Solo participants have told us that finding trustworthy individuals to serve as their financial decision makers and to help with money management is one of their greatest challenges. You may have to take a leap and just make the best decision you can. Unfortunately, we are not aware of free or low-cost services to assist with this. It is a gap in our system.

## RETURN TO THE AGING SOLO PLANNER

We invite you to now turn to your Aging Solo Planner on pages 2-8. If you have not yet read it and marked it up, now is the time to do so. If you did it earlier, go back now and review it.

Your “to do” list comes from those items that you have not yet completed. **Only you can determine what your priorities are, but the Planner at least points you in the right direction.**



## SMALL STEPS

Whether you have many items on your list or just a few, it can still be hard to know where to start. That's where **we suggest a framework from a book called *One Small Step Can Change Your Life: The Kaizen Way* by Robert Maurer.**

As Maurer explains it, kaizen is a Japanese term that can mean “using very small steps to improve a habit, a process, or a product.” In the aging solo context, it means overcoming some of our barriers to making change – or tackling some big item on your aging solo to do list.

The magic of the kaizen way is taking steps are so teeny-tiny that your brain doesn't really notice and flip out. How does this happen? Well, knowing a little about the brain helps understand it.

The amygdala is the part of our brain that is responsible for our “fight, flight, or freeze” responses. Before we have time to process a danger, our body reacts. It's what makes us jerk our hand away from a hot stove or grab for something to steady us if we start to fall.

The amygdala is useful, except when we are frightened by something that is not actually a danger and we “freeze”. That's what can happen if we try to tackle a big project—like thinking about who we could ask to be a health care power of attorney for us, if we don't have an obvious candidate in mind.

What the kaizen way tells us, is that if we start with a really tiny step, we can trick our amygdala into not causing the flight/fight/freeze response. We can, instead, accomplish that small piece of the project. And, once we've done that, we can decide on the next very small step. And do that. And so on.

**The trick is to make the step be so tiny that it's almost absurd.** So, if you need to think about who to ask to be your health care power of attorney, maybe your first small step is to find your address book. And that's it. That's all you need to do that

day. The next day, your step is to write down the names of everyone you are still in touch with. And walk away. Eventually, of course, you'll have to winnow that list down. And maybe you'll have to add to it. But you get the idea—don't wait for the perfect moment to tackle a big project and don't try to tackle it all at once if you find it overwhelming.

## OTHER TYPES OF SUPPORT

**Here are some ideas for other ways to get extra help taking steps related to planning for aging solo.**

**Get an “accountability buddy.”** Ask a friend or even acquaintance if they will “hold your feet to the fire” by checking in with you regularly to see what progress you've made. Even better is if that person also has something to accomplish—related to aging solo or not—and you can provide the same support and accountability to them.

**Work with a professional.** A mental health therapist can be a great help if you are feeling distress about anything in your life, and that includes aging solo.

**Work with a care manager (also called Aging Life Care Professional).** See the description of what a care manager is and how to find one in Section 2, on page 15. A care manager can review your goals for aging solo, refer you to resources targeted to your needs, and support you in creating a plan and taking action.

**Consult with your clergy member/faith leader.** For those involved in faith communities, your faith leader might be a resource.

# Reflection Questions

These questions can be used for solo reflection or discussion in a group.

1. Do you feel overwhelmed, energized, a combination—or something else entirely?
2. What are the items on your Aging Solo Planner that you think will be relatively easy to do? Which will be harder? Which, if any, cause you anxiety?
3. What about the idea of taking “small steps” -- can you think of some very small, non-scary steps for any items on your “to do” list? What are they?
4. What’s the one next action you will take?
5. What help do you think you need?
6. [for group discussion] Would anyone be interested in continuing to meet either as a group or in pairs to be “accountability buddies”? If so, how could we make that happen together?
7. [for group discussion] Are there other ways we can support each other as a community?
8. [for group discussion] What’s your most important takeaway from this entire series?
9. [for group discussion] What additional information would you like?



# Resources

## INTERNATIONAL AND NATIONAL

**Age-Friendly World, World Health Organization**  
[extranet.who.int/agefriendlyworld/](https://extranet.who.int/agefriendlyworld/)

This website aims to support a global community that works together towards this vision of an age-friendly world. Age-Friendly World creates a place for people and organizations all over the world to share what they know and learn from others.

**AARP Network of Age-Friendly States and Communities**

[AARP.org/AgeFriendly](https://AARP.org/AgeFriendly)

In 2012, AARP established a network of age-friendly states and communities in the United States as an independent affiliate of the WHO Age-Friendly World.

## DC, MD, AND VA (THE DMV)

**Age-Friendly DC**  
[agefriendly.dc.gov](https://agefriendly.dc.gov)

**Age-Friendly Montgomery County, MD**  
[montgomerycountymd.gov/senior/age-friendly.html](https://montgomerycountymd.gov/senior/age-friendly.html)

**Age-Friendly Arlington (VA) and Elder Readiness Plan**  
[aging-disability.arlingtonva.us/elder-readiness-plan/](https://aging-disability.arlingtonva.us/elder-readiness-plan/)

## BOOKS

Fogg, BJ. *The Tiny Habits that Change Everything*. Houghton Mifflin Harcourt. 2020.

Maurer, Robert. *One Small Step Can Change Your Life*. Workman Publishing. 2014.

Two books that help with making changes through very small acts.

# Index

## A

accessibility of home, 23–24  
accountability buddy, 37  
active living communities, 30  
activities of daily living, 10–11  
Adaptive Home Living, 29  
ADLs, see activities of daily living  
advance directive, 7, 19  
    DC, MD, and VA templates, 22  
    national templates, 21  
advocates/navigators, 4  
*The African-American Spiritual and Ethical Guide to End-of-Life Care*, 22  
Age-Friendly communities, 27, 35, 39  
aging in place, 23–26  
Aging in Place Association, 27  
Aging Life Care Association, 17  
aging service agencies, 25, 32  
aging solo  
    components of support system, 10–11  
    definition, 9  
    mantras, 10  
    planner, 2–8  
Anderson, Gloria Thomas, 22  
AroundTown DC, 18  
assisted living, 31  
    how to evaluate a facility, 34  
    multi-level communities, 31  
    short-term options, 31  
types of communities, 31  
assisted suicide, see medical aid in dying

## B

Baker, Beth, 34  
Benefits Check Up, 12  
books  
    *The African-American Spiritual and Ethical Guide to End-of-Life Care*, 22  
    *One Small Step Can Change Your Life*

*by Robert Maurer*, 37, 39

*The Tiny Habits that Change Everything*

*by BJ Fogg*, 39

*With a Little Help from Our Friends*

*by Beth Baker*, 34

Braun, Liz, Occupational Therapist, 29

## C

care manager, see care management  
care management, 15, 18 25, 32, 37,  
    see also Aging Life Care Association or  
    Iona Care Management  
Certified aging in place specialists and  
    occupational therapists, 27  
co-housing, 30  
Co-Housing Association of the United States, 34  
comfort care, 19  
companionship–challenge in later life, 13  
continuing care retirement communities  
    (CCRCs), see life plan communities control, 10  
Conversation Project, 22  
Covid-19, 21

## D

daily money managers, 15, 17, 36  
DC Department of Aging and Community Living,  
    12, 18  
DC, MD, VA resources, see resources – DMV  
    (DC, MD, VA)  
DC Medical Order for Scope of Treatment  
    (MOST), 22  
death, 8, 19–20  
    advance directive template, 21  
Conversation Project, 22  
    Death with Dignity, 21  
    Five Wishes, 21  
decision-makers  
    financial power of attorney, 3  
    healthcare power of attorney, 3

discussion questions, see reflection questions  
District of Columbia, see resources, DMV (DC, MD, VA)

“divide and conquer” strategy, 15

documents

advance directive, 20–21

death-related, 19–21

durable financial power of attorney (POA), 6

financial, 6

healthcare, 7, 20

in case of emergency, 7

living will, 20

out of hospital medical order, 20

will, 6

durable financial power of attorney (POA), 6

## E

Elder Orphans Facebook page, 17

Eldercare Locator, 5, 12, 15, 17

emergencies, preparing for, 24–25

end of life, see death

## F

Facebook, Elder Orphans page, 17

File of Life, 7, 25, 28

financial agent, 36

see also durable financial power of attorney

financial decision-maker, 3, 15

financial power of attorney, 3, 15

finding a care manager, see Aging Life Care Association

Fogg, BJ, 39

food delivery, 27

Foundation for Intentional Community, 34

functional impairment, definition, 10

## G

GoGo Grandparent, 28

grocery delivery, 27

## H

health insurance, list of information for emergencies, 6

healthcare decision-makers, 3, 20

Iona Senior Services

healthcare power of attorney, 3

help, types of

care and support with daily tasks, 5, 15

financial decision-maker, 3, 15

healthcare decision-maker, 3, 15

healthcare system navigator, 4, 15

moving, 34

helpers/caregivers, personal network of, 5

helpers/caregivers, professionals and organizations, 5

hiring in-home elder care, 28

Home Care Partners, 29

home modifications, 23

hospice, 19

housing options, 30

how to find a care manager, 15, 17

## I

IADLs, see instrumental activities of daily living

ICE (In Case of Emergency), 28

independent older adult housing checklist, 34

Instacart, 27

in-home help, 28

“in case of emergency”—smartphone, 25, 28

independent living, 30

independent living visit checklist, 34

instrumental activities of daily living, 9, 11

intentional housing, 30

Foundation for Intentional Community, 34

Iona Care Management, 18

## K

kaizen, 37

keys, to your home, 8

## L

lawyers, see legal services

LGBTQ resources

advance care planning, 22

DC, 18

national, 17

legal services

Legal Counsel for the Elderly, 18

low cost, 17

Montgomery County, MD, free, 18

National Association of Elderlaw Attorneys, 18  
life plan communities, 31  
living will, 7, 20  
    see also advance directive  
long-term care, 19, 31, 34  
Lotsa Helping Hands, 17

## M

mantras of aging solo, 10  
Maryland advance directive form, 22  
Maryland consumer guide to long-term care, 35  
Maryland Medical Order for Life Sustaining Treatment (MOLST), 22  
Maryland Technology Assistance Program, 29  
Maurer, Robert, 37, 39  
meal delivery, 27  
medical aid in dying, 19  
    Death with Dignity, 21  
    DC medical aid in dying, 22  
medical alert  
    jewelry, 25, 28  
    system, 7, 25, 28  
Medicare Home Health Compare, 28  
Meet-Up Groups, 17, 18  
memory care, 31  
mental health therapist, 37  
Mom's Meals, 27  
money, see daily money managers  
Montgomery County, MD, see resources,  
    DMV (DC, MD, VA)  
Montgomery County Senior Services, 12  
MOLST, see Maryland Order for Life Sustaining Treatment  
MOST see resources, DMV (DC, MD, VA), DC  
    Medical Order for Scope of Treatment  
moving, 30–32

## N

National Association of Elderlaw Attorneys, 18  
National Association of Professional Organizers, 27  
National Association of Senior Move Managers, 34  
National Resource Center on LGBTQ Aging, 12

national resources, see resources, national  
neighborhood, questions to consider about, 23  
nursing home  
    comparison website, 34  
    checklist, 34  
    definition, 31

## O

obituary, draft, 8  
occupational therapist, 23, 27  
out of hospital medical orders, 21  
see also MOLST, MOST, POST, and  
    resources, DMV

## P

Paladin Life Care, 18  
passwords, list of 6  
paying for in-home help, 28  
Peapod by Giant, 27  
personal response system, 7  
    see also medical alert  
pets, emergency plan for, 7, 25, 28  
physical dwelling, 8  
Physician Orders for Scope of Treatment (POST),  
    Virginia, 22  
planning for a move, 31–32  
portable orders for life sustaining treatment, 21  
power of attorney  
    durable financial, 6  
    healthcare, 7

## R

reflection questions  
    section 1, Introduction to Aging Solo, 11  
    section 2 Your Social Network and Support Network, 16  
    section 3, Health Care Decision-Making and End of Life Choices, 21  
    section 4, Aging in Place, 27  
    section 5, Making a Move, 32  
    section 6, Your Next Steps, 38  
relationship circles, 13, 16  
resources, DMV (DC, MD, VA)  
    Adaptive Home Living, 29  
    advance directive template, 22

Aroundtown DC event directory, 18  
 Covid-19, 21  
 DC Center for the LGBT Community, 18  
 DC Department of Aging and Community  
   Living (DACL), 12, 18  
 DC medical aid in dying, 22  
 DC Medical Order for Scope of Treatment  
   (MOST), 22  
 Eldercare Locator, 12, 15, 17  
 emergencies (Smart 911 for DC), 29  
 free legal services, Montgomery County, 18  
 Home Care Partners, 29  
 Iona Care Management, 18  
 Legal Counsel for the Elderly, 18  
 LGBTQ, 18  
 Maryland advance directive form, 22  
 Maryland consumer guide to long-term  
   care, 35  
 Maryland Medical Order for Life Sustaining  
   Treatment (MOLST), 22  
 Maryland Technology Assistance  
   Program, 29  
 Meet Up Groups, 18  
 Montgomery County Senior Services, 12  
 Paladin Life Care, 18  
 Prime Timers DC, 18  
 Retirement Living Sourcebook, 35  
 Safe at Home, 28  
 Seabury Resources for Aging, 18  
 Silver Circles, 18  
 Smart 911 (for DC), 29  
 transportation, 29  
 villages, how to find, see Washington Area  
   Village Exchange  
 Virginia Physician Orders for Scope of  
   Treatment (POST), 22  
 Washington Area Village Exchange, 18  
 resources, national  
   advance directive template, 21  
   Age-Friendly, 39  
   aging in place, 27  
   Aging in Place Association, 27  
   Aging Life Care Association, 17  
   assisted living, how to evaluate a facility, 34  
   Benefits Check Up, 12

Caringbridge, 17  
 Elder Orphan Facebook page, 17  
 Eldercare Locator, 12, 17  
 Eversafe, 17  
 File of Life, 28  
 Five Wishes, 21  
 GoGo Grandparent, 28  
 hiring in-home health, 28  
 in case of emergency smartphone app, 28  
 in-home help, 28  
 LGBTQ, 12  
 life support during Covid-19, 21  
 long-term care, how to evaluate an  
   assisted living facility, 34  
 Lotsa Helping Hands, 17  
 low-cost legal services, 17  
 Medicare Home Health Compare, 28  
 Meet-Up Groups, 17  
 Mom's Meals, 27  
 National Association of Daily  
   Money Managers, 17  
 National Association of Professional  
   Organizers, 27  
 nursing home checklist, 34  
 out of hospital medical orders, 21  
 paying for in-home health, 28  
 paying for long-term care, 34  
 Peapod by Giant, 27  
 SAGE Connect, 17  
 Senior Planet, 17  
 Shake Paws pet safety card, 28  
 Silvernest, 34  
 State Health Insurance Assistance  
   Program, 12  
 Village2Village Network, 17  
 Retirement Living Sourcebook, 35

## S

Safe at Home, 28  
 SAGEConnect, 17  
 Seabury Resources for Aging, 18  
 Senior Planet, 17  
 senior villages, see villages  
 Shake Paws pet safety card, 28  
 shared housing, 30

- Silvernest, 34
- Smart 911 (for DC), 29
- smartphone, “in case of emergency”, 25, 28
- social network, strengthening, 14
- State Health Insurance Assistance Program, 12
- support network, building, 15

## T

- thinking about moving, 30–32
- “third places”, 14
- transportation
  - DC services, 29
  - GoGo Grandparent, 28
  - Montgomery County, MD services, 29

## U

- universal design features, 23

## V

- Village2Village Network, 17
- villages, 15, 25
- Virginia
  - advance directive template, 22
  - Physician Orders for Scope of Treatment (POST), 22
- Voluntary stopping of eating and drinking (VSD), 19

## W

- Washington Area Village Exchange, 18
- Washington, DC see resources, DMV (DC, MD, VA)
- where you live, 10–11
- who helps you, 10–11
- who provides companionship, 10–11
- will, 6, 8
- worksheets
  - current living situation, 26
  - making a move, 33
  - relationship circles, 16

# Notes





For ordering information and other inquiries:  
Contact [community@iona.org](mailto:community@iona.org)

Iona Senior Services  
4125 Albemarle St. NW  
Washington, DC 20016

(202) 895-9448

Copyright Iona Senior Services, 2020

Written by Deborah Rubenstein, PhD and  
Susan Messina, MSS, MLSP, MS



Funding provided by AARP