



UNDERSTANDING THE OLDER DONOR

PG CALC WEBINAR

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I. INTRODUCTION

There are any number of reasons a donor might be uneasy with the prospect of making a planned gift. Some reasons could be quite valid, whereas others may ultimately be unfounded. Moreover, it is important to realize that often in the former case, but also sometimes even in the latter case, the donor may end up not making any gift at all. And that may be just fine.

1) Setting the stage: aging statistics

According to AARP Livable Communities (April 2014),

- a) One in three Americans is now 50+
- b) By 2030, one in five will be 65+
- c) There were 40.3M people age 65 on 04/10/10, an increase of 5.3M since the 2000 census.
- d) The 65+ age group grew at a faster rate than the total US population, increasing by 15.1% as compared to 9.7% for the total population.
- e) The number of people 65+ in the US is expected to increase to 55M in 2020, 70M by 2030, and 88.5M or 20% of the population by 2050.
- f) Among the age groups within the older population, the 85-94 year olds experienced the fastest growth between 2000 and 2010, rising from 9.5M to 12.4M.

2) Given these numbers, having a foundational knowledge of issues impacting older adults will be important for all of us. According to the Federal Interagency Forum on Aging Related Statistics (2016):

- a) In 2015, older men were more likely to be married than older women. About 74 percent of men ages 65-74 were married, compared with over one-half (58 percent) of women in the same age group. Even among men age 85+ the majority (59%) were married in 2015.
- b) In 2015, 84 percent of the population 65+ were high school graduates or more, and 27 percent had a Bachelor's degree or more.
- c) In 1996, 29 percent of people age 65+ lived below the poverty threshold. By 2014, the proportion of the older population living in poverty had decreased dramatically to 10 percent.

3) What to expect as we age

- a) Physical changes:
 - i) Bones & joints are impacted by years of wear and tear. Common results are osteoporosis, arthritis, and hip/knee replacements.
 - ii) Eye sight weakens as we age which makes it difficult to see close and small objects. Common eye issues as we age are the need for reading glasses, cataracts, glaucoma, and macular degeneration.
 - iii) Gastrointestinal problems increase as we age which often forces changes in diet to more bland foods. It is not uncommon to experience gastroesophageal reflux disease-GERD.
 - iv) Our metabolism slows as we age and it is not uncommon to experience weight gain.

- v) The bladder also weakens with age which can lead to incontinence issues. Men will often experience enlarged prostates which can cause urinary frequency and sexual dysfunction.
- vi) Tooth decay and gum disease are common with aging.
- vii) We experience skin changes such as wrinkles, thinning, age spots, dryness, and skin cancer due to years of sun exposure.
- viii) Hair turns gray and thins.
- ix) Sleep changes occur such as difficulty falling asleep, difficulty staying asleep, early morning waking, and sleep is not as deep.
- b) Normal cognitive changes:
 - i) Reduction in brain volume as we age which impacts:
 - (1) Sensory changes (loss of hearing, vision, sense of taste & smell)
 - (2) Short-term memory (both visual and verbal)
 - (3) Complex selective attention (harder to have divided attention)
 - (4) Executive skills (a problem that has never been encountered can take longer to solve)
 - (5) Processing speed (such as word retrieval)
 - (6) Speed of accessing working memory (recent memory)

4) Common hurdles to aging well

- a) Unexpected illness such as strokes, Parkinson's disease, and cancer.
- b) Experiencing chronic health conditions: Top 10 chronic conditions in adults 65+
(Source: National Council on Aging)
 - i) Chronic obstructive pulmonary disease
 - ii) Alzheimer's disease
 - iii) Depression
 - iv) Heart failure
 - v) Chronic kidney disease
 - vi) Diabetes
 - vii) Coronary disease
 - viii) Arthritis
 - ix) High cholesterol
 - x) High blood pressure
- c) Falls (source: U.S. Centers for Disease Control & Prevention)
 - i) One in four Americans 65+ falls each year
 - ii) Every 11 seconds, an older adult is treated in the emergency department (ED) for a fall
 - iii) Every 19 seconds, an older adult dies from a fall
 - iv) Falls result in more than 2.8M injuries treated in EDs annually, including >800,000 hospitalizations, & 27,000 deaths
 - v) In 2014, the total cost of fall injuries was \$31B, this is expected to increase to \$67.7B by 2020
- d) Accumulation of losses:

Older adults experience numerous losses over time. Examples of common losses experienced with aging include: death of friends, death of spouse/partner, vision, hearing, ability to drive which leads to a loss of independence and sense of freedom, loss of a home due to moving into a retirement community, and loss of privacy as family becomes more involved in day to day activities. This lack of privacy typically expands over time to include having caregivers assist with tasks such as toileting, dressing, and showering.

e) Caregiving

- i) 29% of the U.S. adult population or 65.7 M are unpaid family caregivers which is more than 3 in 10 US households
- ii) Family caregivers provide an average of 20 hours of care/week
- iii) Most care for relative (86%)
- iv) One third take care of a parent
- v) 66% are female/average age of 48
- vi) 1/3 take care of two or more people
- vii) Being a family caregiving can impact personal finances, work, relationships, and health.

Source: National Alliance of Caregiving

f) Beyond Normal Cognitive changes

i) Common types of dementia (Source: Alzheimer's Association):

- (1) Alzheimer's Disease is the most common type of dementia
 - (a) Common symptoms: memory loss, confusion, difficulty communicating, anxiety, difficulty being able to plan, and difficulty with familiar tasks.
 - (b) Cause: buildup of plaques and tangles in the brain
- (2) Vascular Dementia: second most common type of dementia
 - (a) Common symptoms: memory loss, impaired judgment, difficulty managing money, and loss of motivation.
 - (b) Cause: stroke which leads to brain damage
- (3) Lewy Body Dementia: third most common type of dementia
 - (a) Common symptoms: sleep problems, hallucinations, visual problems, and memory loss.
 - (b) Cause: abnormal deposits of protein which build up in areas of the brain that regulate behavior, cognition, and movement
- (4) Frontotemporal Dementia: relatively rare but the fourth most common type of dementia
 - (a) Symptoms: Decreased inhibition, loss of motivation, repetitive compulsive behaviors, and apathy.
 - (b) Cause: damage or shrinkage in the frontal or temporal lobes of the brain

ii) Other causes of dementia:

- (1) Parkinson's Disease (PD): 50-80% of people with PD will eventually experience dementia. Average onset of the dementia is 10 years after diagnosis of PD.
- (2) Multiple Sclerosis (MS): 40-60% of individuals diagnosed with MS experience cognitive impairment
- (3) Alcoholism (Korsakoff's): long-term overuse of alcohol can lead to dementia

- (4) HIV: end stages of HIV can lead to dementia
 - (5) Head injuries from activities such as football, boxing, and soccer can cause concussions which have been found to increase one's chances for developing dementia later in life. Other common ways to sustain head injuries: falls, car accidents, and military combat.
- iii) Alzheimer's stats (Source: Alzheimer's Association):
- (1) Alzheimer's Disease is the 6th leading cause of death in the US
 - (2) More than 5M Americans are living with AD
 - (3) By 2050, this number could be as high as 16M
 - (4) Every 66 seconds, someone in the US develops the disease
 - (5) 1 in 3 seniors dies with Alzheimer's or another dementia
 - (6) Alzheimer's kills more than breast cancer and prostate cancer COMBINED
 - (7) Since 2000, deaths from heart disease have increased by 14% while deaths from Alzheimer's disease have increased by 89%
 - (8) In 2017, Alzheimer's and other dementias will cost the nation \$259B
 - (9) By 2050, these costs could rise as high as \$1.1T
- iv) 10 warning signs of Alzheimer's disease (Source: Alzheimer's Association):
- (1) Memory loss: changes in short-term memory, forgetfulness, repeating stories
 - (2) Challenges in planning or solving problems: difficulty making a plan such as organizing for a holiday meal, creating and following through with a grocery list, or paying monthly bills.
 - (3) Difficulty performing familiar tasks: having trouble putting together a meal, organizing medications, or remembering to shower and change clothes
 - (4) Disorientation to time and place: not able to keep track of the day, difficulty managing a calendar, getting lost while driving to familiar places
 - (5) Trouble understanding visual images or spatial relationships: difficulty reading, judging distance, or determining color contrast.
 - (6) Problems with language: forgetting names, forgetting simple words, losing track of what they were saying, or difficulty initiating conversations
 - (7) Misplacing items and losing the ability to retrace steps: not being able to find keys, believing items have been stolen, or putting things in odd places (checkbook in the cupboard)
 - (8) Poor or decreased judgment: making bad decisions such as giving money away to phone scammers or buying an expensive car when they no longer drive
 - (9) Withdrawal from work or social activities: isolating at home, turning down social invitations, being content sitting in a chair all day, or no longer initiating phone calls
 - (10) Changes in mood or behavior: having aspects of personality that weren't there before such as suspiciousness, worry, agitation, hypersexuality
- v) Risk for financial exploitation
- Cognitive changes in older adults have been associated with decreased judgment, difficulty making decisions, and impulsivity which lead older adults more vulnerable to the influence of others and financial exploitation.

vi) Diagnosing dementia

Dementia is considered a “rule out” diagnosis. This means that all other potential causes/reasons for the cognitive changes are eliminated before a diagnosis of dementia is given.

- (1) Medical providers first “rule out” other medical issues that are treatable such as:
 - (a) Mental health issues such as depression and anxiety. Both depression and anxiety can impact a person’s ability to think clearly.
 - (b) Vitamin B deficiency can also impact a person’s ability to think.
 - (c) Thyroid deficiency: if someone’s thyroid is not functioning correctly, this can impact cognition.
 - (d) Bladder infection (UTI): in older adults, bladder infections are the number one cause of cognitive changes. Once the bladder infection is treated and cleared, cognition improves.
 - (e) Medication interactions: some medications can cause cognitive changes.
 - (f) Dehydration and malnutrition can cause cognitive changes.
 - (g) Lack of sleep can impact cognition.
- (2) History: medical providers will interview the patient and family members to learn more about the memory changes they are observing and when they first began
- (3) Blood, urine and spinal fluid analysis: to rule out any treatable medical conditions that impact cognition.
- (4) CT, MRI, PET: to rule out any tumors or strokes
- (5) Cognitive testing (MMSE): to see which areas of the brain are impacted
- (6) Neuropsychological testing: a more thorough way (often 3-6 hours of testing by a neuropsychologist) to explore which areas of the brain and thinking are being impacted.
- (7) Functional testing: deeper exploration into how the person is functioning at work, home, and in social situations. If a person is still working, colleagues are often the first to notice memory changes since tasks at work often require higher level thinking than tasks done at home.

5) Red flags: ways to identify that an older adult might need more help:

- a) Less engaged: Isolating and declining social invitations can be a sign of depression, grief or an early warning sign of changes in cognition. When an older adult starts to drop usual activities such as golf, exercise class, going to church, or having regular coffee dates with a group of friends, this could be an early sign of potential cognitive changes.
- b) Repeating: repeating stories or telling the same information several times within a conversation can be an early warning sign of cognitive changes.
- c) Calendar mix-ups: with early memory changes, individuals have difficulty maintaining a calendar and keeping track of appointments. They might miss a scheduled meeting or show up on the wrong day or at the wrong time. Eventually, a calendar filled out by someone else is not enough to keep oriented to the correct day.

- d) Unusual giving: being aware of your donors typical donation patterns can be important. Skipping a typical donation (maybe they forgot to give?), giving substantially more than usual (maybe they forgot how much they usually give?), or more frequent gifts (maybe they forgot that they just sent a check?) can all be signs of potential cognitive changes.
 - e) Odd decisions: early memory changes can also impact judgement, reasoning and decision making. If you see someone making decisions that don't fit with his/her usual patterns, pay attention. This can also be a sign that they are being taken advantage of by someone. Cognitive changes also make individuals more susceptible and vulnerable to the influence of others
 - f) New friends: Because early cognitive changes can impact decision-making and potentially make someone more at risk to the influence of others, there are times that people with bad intentions will befriend vulnerable older adults. These individuals might see an opportunity and find ways to insert themselves into their lives in new ways to gain power, influence, and control. It is not unusual to see these individuals impact decisions about how to spend money, convince them to change legal documents, and find ways to push family/friends out of their lives. It can also be individuals who have been involved in their lives but are now finding new ways to increase their influence. Examples include a housekeeper, neighbor, yard person, or distant relative. These people might initially have good intentions but tend to develop a mind-set that only they care about the person and know what is best and ultimately impact their decisions.
 - g) Change in appearance: be aware of any changes in appearance. Is this a woman that was always meticulously dressed in perfectly styled hair who now comes in disheveled? Or a well-groomed man who now presents unshaven with unclean clothes. Or are they now showing up dressed for winter on a 90-degree summer day? Changes in appearance/grooming can be a clue that something is changing.
 - h) Dents on car: walk your donor out to his/her car, do you notice any dents? Have they mentioned having a fender bender or running into something in the parking lot?
 - i) Falls: do you notice bruising? Do they mention having a small fall? Have they been to the ER because of a fall? A pattern of falls can be a sign that additional help is needed.
 - j) Confusion: does your donor not understand how to make an online donation when they have always given this way? Do you talk about an upcoming event and they seem confused about how to find the location which they have been to for 10+ years or do you tell them how to get to your office which they were just at last week and they can't remember how to get there? These can all be signs that more help might be needed.
- 6) What you can do to help when you are concerned about a donor or another older adult:**
- a) Pay attention: be observant, be aware of any changes in appearance, frequency of contact, changes in donation habits, or behaviors that seem out of the usual pattern.
 - b) Ask questions: don't be afraid to learn more, it can be surprising how much older adults are willing to share if asked. Ask how they are feeling. Ask when they last saw their family. Ask when they last saw their doctor. Ask if they have had any recent changes in their health. You can often find a creative and non-threatening way to get information as part of your usual conversation.

- c) Do a home visit: you can learn so much by visiting someone in their home. This might be something you start with donors as you are first getting to know them so that when you visit at a time you have some concerns, it seems part of your routine. Is the home clean? Do they appear to have food (they will often offer you something to drink and eat)? Do you see paper or mail piling up around the house?
- d) Refer to an attorney: as part of your normal process for getting to know donors, you might inquire about whether they have consulted with an attorney for estate planning. Having a trustworthy attorney working with an older adult is important to ensure a good safety net.
- e) Engage key players: for major donors, finding a way to engage their family in the process ensures that everyone is on the same page about causes and organizations important to the older adult before he/she experiences potential cognitive changes. Family can be aware of gifting patterns. You can show you care about your donor and intend to make them a part of your community. It might be nice to invite families to events that the older donor is attending.

7) You are not alone, there are many community resources available to support older adults. Some key resources include:

- a) Aging Life Care Professionals: www.aginglifecare.org
- b) Elder Law Attorneys: www.naela.org
- c) Alzheimer's Association: www.alz.org
- d) Primary care physician
- e) Local senior centers often have social workers on staff who can be a fabulous resource
- f) Many cities have a local senior information & assistance helpline

8) Successfully engaging your older donors

- a) Like life: it's all about relationships
- b) Think long-term
- c) Get to know the family
- d) Be involved with estate planning
- e) Be their community
- f) Provide avenues to give back & contribute
- g) Value their wisdom, experience & history

9) Generational differences

It is helpful to keep in mind some of the key ways our current older adults tend to differ from their baby boomer children. These differences can often lead to challenges when it is time to get help for aging parents. Having an awareness of these differences can help you potentially bridge the communication gaps.

Traditionalists (1925-1945)	Baby Boomers (1943-1960)
<ul style="list-style-type: none">▪ Respect authority▪ Traditional gender roles▪ Value hard work▪ Frugal▪ Value privacy▪ Great reluctance to spend \$▪ Frequently took care of their parents	<ul style="list-style-type: none">▪ Rebel against authority▪ Less traditional gender roles▪ Value leisure/play▪ Spenders▪ Less private/more open▪ Open to paying for help/advice▪ Often live away from their parents and/or still working

Conclusion: having a foundational knowledge of the issues that impact us as we age will help you become a more informed and empathetic daughter/son, neighbor, family member, and advisor. But remember, aging is a gift and can be the most meaningful phase of life.



Book Recommendations from the Aging Wisdom team

General – Aging, Preparing, Health Care, Medicine

A Bitter Pill by John Sloan

Aging with Grace: What the Nun Study Teaches Us About Leading Longer, Healthier, and More Meaningful Lives by David Snowden, PhD

Counting on Kindness by Wendy Lustbader

Dementia Beyond Drugs: Changing the Culture of Care by AI Power, MD

Dementia Beyond Disease: Enhancing Well-Being by AI Power, MD

Difficult Conversations: How to Discuss What Matters Most by Douglas Stone, Bruce Patton & Sheila Heen

Healthy Aging: A Lifelong Guide to Your Physical and Spiritual Well-Being by Andrew Weil, MD

My Mother Your Mother: Embracing "Slow Medicine," the compassionate approach to caring for your aging loved ones by Dennis McCullough

Second Wind: Navigating the Passage to a Slower, Deeper, and More Connected Life by Dr. Bill Thomas

The Art of Aging by Sherwin B. Nuland

Caregiving

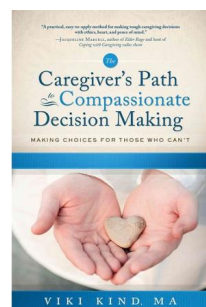
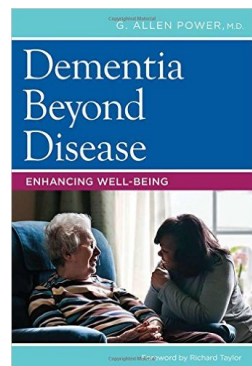
A Bittersweet Season: Caring for Our Aging Parents--and Ourselves by Jane Gross (founding editor of the NY Times New Old Age Blog)

Alzheimer's: A Caregiver's Guide and Sourcebook by Howard Gruetzner

An Unintended Journey: a Caregiver's Guide to Dementia by Janet Yagoda Shagam

Caregiver's Path to Compassionate Decision Making: Making Choices for Those Who Can't by Viki Kind

Coping with Your Difficult Older Parent by Grace Lebow & Barbara Kane





How to Care for Your Aging Parents by Virginia Morris

I'm Still Here: A New Philosophy of Alzheimer's Care by John Zeisel

Loving Someone Who Has Dementia: How to Find Hope while Coping with Stress and Grief
by Pauline Boss (dementia, positive book, focus on resilience)

Speaking Dementia: Making Sense of It All by Frena Gray-Davidson

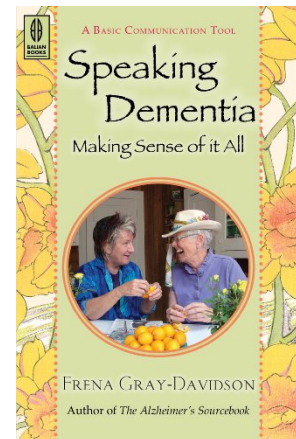
Surviving Alzheimer's: Practical tips and soul-saving wisdom for caregivers by Paula Spencer Scott

Taking Care of Aging Family Members: A Practical Guide by Wendy Lustbader and Nancy Hooyman

Ten Thousand Joys & Ten Thousand Sorrows: A Couple's Journey Through Alzheimer's by Olivia Ames Hoblitzelle

The best friends™ Approach to Dementia Care by Virginia Bell, David Troxel

When the Time Comes: Taking Care of Aging Parents by Paula Span



Families

Mom Always Liked You Best: A Guide for Resolving Family Feuds, Inheritance Battles & Eldercare Crises by Arline Kardasis, Rikk Larsen, Crystal Thorpe, Blair Trippe

They're Your Parents Too by Frances Russo (family dynamics)

Caregiving – Activities

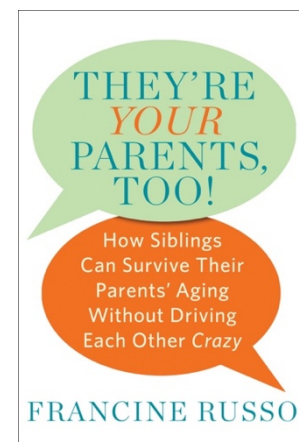
Contented Dementia by Oliver James

Creating Moments of Joy for the Person with Alzheimer's or Dementia: A Journal for Caregivers by Jolene Brackey

Forget Memory by Anne Basting

I Remember Better When I Paint: Art and Alzheimer's: Opening Doors, Making Connections by Berna G Huebner

The best friends™ Approach to Alzheimer's Activities by Virginia Bell, David Troxel



Living with Dementia

Alzheimer's from the Inside Out by Richard Taylor

Before I Forget: Love, Hope, Help, and Acceptance in Our Fight Against Alzheimer's
by B. Smith & Dan Gasby

Living Your Best with Early-Stage Alzheimer's: An Essential Guide by Lisa Snyder

Losing My Mind: An Intimate Look at Life with Alzheimer's by Tom DeBaggio

Speaking Our Minds: What It's Like to Have Alzheimer's by Lisa Snyder

While I Still Can... by Rick Phelps & Gary Joseph LeBlanc



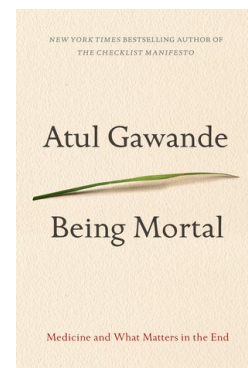
End of Life

Being Mortal by Atul Gawande

Dying Well by Ira Byock, MD

Final Gifts by Maggie Callahan & Patricia Kelley

The Best Care Possible by Ira Byock, MD



Grief and Loss

Ambiguous Loss: Learning to Live with Unresolved Grief by Pauline Boss

The Year of Magical Thinking by Joan Didion – grief journey

Spirituality

Caresharing: A Reciprocal Approach to Caregiving and Care Receiving in the Complexities of Aging, Illness or Disability by Marty Richards, MSW, LCSW

No Act of Love is Ever Wasted: The Spirituality of Caring for Persons with Dementia by Richard L. Morgan and Jane Marie Thibault

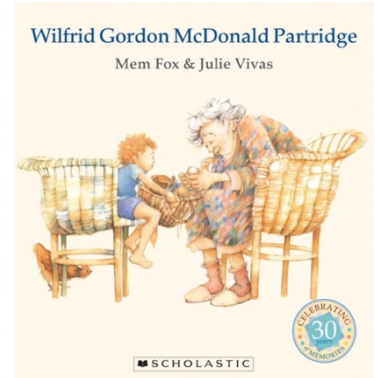
For Children

Sonja's Chickens by Phoebe Wahl

What's Happening to Grandpa? By Maria Shriver

Why Did Grandma Put Her Underwear in the Refrigerator?: An Explanation of Alzheimer's Disease for Children by Max Wallack

Wilfrid Gordon McDonald Partridge by Mem Fox



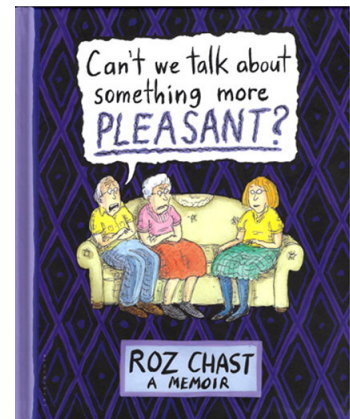
Memoir

Can't We Talk About Something More Pleasant? Roz Chast

Her Beautiful Brain by Ann Hedreen

The Long Hello: Memory, My Mother and Me by Cathie Borrie

The Shelf Life of Ashes by Hollis Giammatteo



Poetry

Beyond Forgetting: Poetry and Prose About Alzheimer's edited by Holly Hughes

Dear Alzheimer's: A Caregivers Diary of Poetry & Poems by Esther Altshul Helfgott

Poems from the Pond 107 Years of Words and Wisdom. The Writings of Peggy Freyberg

You are Not Alone: Poems of Hope and Faith by Lon Cole

