

Age-Well-in-Place Senior Case Study

Background

At SageLife™ we specialize in understanding networks. Why? Networks are an essential element of each part of life.

Through our lens, people are born into eight networks. We call the first five “birthright networks” because we are born into them: a family network, a health/vitality network, an education/enrichment network, a spiritual network and a social network. These networks are created by our parents. As we grow up, we add to them, shaping them to be more to our liking and expanding our horizons of people and experiences. Eventually, we mature into three additional networks we call “coming-of-age networks.” These networks include a career network, a home and personal affairs network and a ghost network, which includes people we once knew who are no longer around.

In each of these networks are people who care about us and who can help us – or not – with the needs we have. They teach, they play, they love. They are there to celebrate with us when times are good and to support us when times are bad.

We’ve been researching networks for a decade in order to build tools to help people better understand and manage them. Our studies with hundreds of people of all ages shows that when people understand their networks it provides them with new information with which to make their lives healthier, happier, more satisfied and more successful.

What follows is a case study of an otherwise healthy senior who was aging-well-in-place and became suddenly ill. It is used with permission, with some information changed or omitted to protect her privacy.

Meet Janet

Janet has an adventuresome spirit. Nearing 90, she has been widowed for more than 25 years, living alone. A decade ago, she built a single-family home and relocated from the Midwest to an active-retirement community in Florida. She keeps the house, picks fruits and vegetables at local farms, hosts dinner parties, and gardens. She enjoys the arts and local university lectures. She’s also helps others, driving 60- and 70-year old friends to medical appointments at major cities more than an hour away. She also volunteers at a local soup kitchen, working 12-hour days once each week. As you might imagine from this description, her health has been good and her energy levels, exceptional.

Two years ago, however, a sudden series of health crises changed that. What began as moderately annoying symptoms quickly became worse, leading to 14 months of shuttling between specialists, misdiagnoses, emergency surgery, life-threatening dehydration, 911 calls, frequent ER visits and two 10-day hospitalizations in isolation for what was eventually diagnosed as *c. diff*, most likely contracted visiting friends in nursing homes.

Her family was able to help, but not as well as they wanted. Her son and daughter-in-law (who live nearby) were traveling out of the country and could not be reached during some of the most harrowing days of her illness. Her daughter navigated from 1,000 miles away with contact information for only one neighbor. Throughout the weeks and months, it would appear Janet was getting better and everyone would breathe a sigh of relief only to then have sudden, unpredictable setbacks.

After ten months of frustration, the family found nurse case-managers to intervene with doctors and hospitals, support Janet and coach the family about how to help. The family credits those nurses with making all the difference in

finally getting a correct diagnosis. After her second hospitalization, they also got Janet enrolled in a clinical study for a new treatment that successfully resolved the disease. Janet recovered, but was left physically weak and emotionally shattered from the long period of illness. She was also left vulnerable to any, even moderately, annoying symptom. Fearing *c. diff* had returned, she became a frequent user of emergency department services, especially when those symptoms occurred at night.

Needless to say, the experience was a “wake-up call” for everyone. Janet decided to consider future living arrangements and, to satisfy her curiosity, explored assisted-living facilities. The cost was higher than she imagined and she feared it would exhaust her resources. She also felt that moving there would be an admission of incapacity and she was not about to “give up.” She committed to doing whatever it took to remain in her home. Her family was supportive and encouraging, treading lightly to allow her the autonomy she wants.

Network Analysis

We used the Sage network information architecture to gather information and help her and her family become more aware of Janet’s networks. Doing this helped them support her intention of remaining independent in her home, ideally for the remainder of her life, and avoid future caregiving crises.

Family Network. Janet was born into a large family of six siblings, most of whom had large families as well. Her husband’s family was smaller, but nearly everyone in both families lived nearby. Vivid memories of big family gatherings obscured the reality of her family life now. She and one brother are the sole survivors of their generation: her husband, siblings, in-laws, and even one of her children, have long-since passed away.

Today, her own family network is quite small. A son and daughter-in-law live nearby and are the

only family members with whom she has regular, face-to-face contact. Her daughter lives in a distant state, visits during holidays and keeps in touch via phone and email, as does her granddaughter. A military wife, her granddaughter arranges for longer visits bringing her two children (Janet’s great-grandchildren) when her husband is deployed. It takes nearly a full day of air- and ground-travel for her daughter and granddaughter to visit, so they cannot provide her with either emergency or ongoing, hands-on support. She is not an *elder orphan* – a term used to describe seniors living without family support – but she lacks the vibrant source of family support earlier generations of families provided to aging parents during their senior years and the support she provided to older relatives and in-laws.

Health and Vitality Network. Janet has been healthy. Aside from birthing three children, she has never been hospitalized, nor is she a high utilizer of health care. Before her recent illness, she needed only twice-yearly visits with a primary care physician to renew prescriptions for high cholesterol and high blood pressure. She also received audiology/hearing aid care as needed. The problems she experienced with her primary care physician and specialists during her illness eroded her confidence in physicians and, in retrospect, she believes they were ageist and condescending towards her as an older woman.

As a result, she found a new primary care physician and transferred her records, now resuming twice-yearly visits with him. Also in her *health and vitality network* are students who provide dental care at a nearby School of Dentistry and local vision- and hearing-care providers. Twenty years ago, she had a partial knee replacement resolving knee pain and allowing her to be more active. Since the surgeon told her she might need additional surgery, she keeps him within her health network.

Education and Enrichment Network. Some of Janet’s enrichment life is solitary. She enjoys reading and does so daily in the morning and evening, but she is also extroverted and enjoys the company of others. In the past, she attended lectures in her community and at the local university and concerts in local venues with friends. Her illness prevented her from joining others for events during those months, but now that she is recovering, she has begun to attend again and would like to meet new friends interested in joining her.

Spiritual Network. Janet was raised in one of the major religious traditions, but her social and theological views changed decades ago and since she no longer feels at home in that tradition, she has no formal, congregational spiritual network. A neighbor has suggested she attend a Universalist Church nearby and she is contemplating doing so, though she is not sure she wants to be part of a congregation at all. In the meantime, her spiritual life consists of attending lectures on Zen held in the local community and participating in a spiritual book discussion group, being in nature and tending her garden.

Social and Community Network. Janet formed close relationships with colleagues in her years as a teacher when she lived in the Midwest and they remain friends, although they are scattered across four different states. She communicates with them by phone and email, and occasionally they arrange visits. Locally, she formed high-quality friendships with several neighbors. She formed close relationships with other volunteers at the soup kitchen, but since her *c. diff* illness, feels she should no longer work there and only sees them occasionally at social events.

Home and Personal Affairs Network. Janet’s home is in good condition and has been maintained well, but exploring her networks made it clear what a large number of people and service companies are involved in maintaining it. Even though her son helps out as

her handyman and for large garden projects, she needs help from others, too.

This is true for her personal affairs, as well. Having managed the affairs of her brother, husband and son as they became ill and died, she knows the value of wills, powers of attorney and living wills. Hers are in order and she has the support of attorneys and others when she needs them.

In a sense, Janet has prepared better for the eventuality of her death than she has for her goal of aging-well-in-place in her own home. Network mapping showed her the extent of help needed to maintain her home (a reality for all homeowners, not just for seniors like Janet). It also showed the weakness in her current community living arrangement: there is no mass transit or other services she could easily find in cities. Although she can drive her golf cart in the retirement community to swim, work out at the gym or attend classes and social events, she must be able to drive her car to shop for groceries, see her physician and attend concerts and university lectures. This makes her ability to drive (or to find a driving service) an important age-in-place consideration.

Janet’s Age-Well-in-Place Plan

Janet’s goal is clear: to live in her own home for the rest of her life. To succeed, she needs a plan to address three key challenges that exploring networks brought to light:

- First, without lots of traditional family support and given the importance of being able to drive and be otherwise mobile, her health and vitality were more essential than she realized. She needs to restore the strength and fitness she lost during her illness.
- Second, understanding the value of social support for her physical and mental health and the overall quality of her life, she needs to expand her social and community

network to build connections with a larger group of like-minded people so she has companions for the activities she enjoys.

- Third, she needs to better organize – and communicate about – her home and personal affairs, so that her children and grand-daughter have information to help her manage if the need arises.

Network	Janet’s Action Plan
Health and Vitality	<p>Goal: rebuild strength and regain confidence in my body</p> <ul style="list-style-type: none"> ▪ Sessions with a strength trainer to learn how to lift weights ▪ Morning water exercise classes at the community pool ▪ Find friends who want to swim or water-walk at night ▪ Sessions with water volleyball teacher ▪ Join water volleyball team when my teacher and I feel I am ready
Social and Community	<p>Goal: strengthen existing friendships and enlarge my social circle</p> <ul style="list-style-type: none"> ▪ Attend singles’ club events ▪ Strengthen connections with out-of-state friends and plan trip to see them ▪ Learn Facebook and use it to find old friends ▪ Find local friends who want to attend lectures and concerts ▪ Become a library reading volunteer
Home and Personal Affairs	<p>Goal: create peace of mind for me and my family by sharing more information</p> <ul style="list-style-type: none"> ▪ Organize all personal affairs paperwork ▪ Assure all HIPAA forms are signed so new clinicians can share information with my family and nurse case-managers ▪ Provide my family with contact information for each person/company in my networks ▪ Provide my family with password and other information for online and automatic bill-pay accounts ▪ Assure my family is listed as co-owners on all bank accounts ▪ Identify local driving services in the event I ever need one ▪ Explore food-delivery services in the event I ever need one ▪ Explore local service agencies that support aging-well-in-place

Janet’s family has a goal as well: to support her intention to live in her home by empowering her with information and emotional support, particularly in the areas of her three most immediate: health, social life and personal affairs needs. Although they could be more assertive in taking charge, they felt doing so would rob her of the autonomy she wants. As a result, their plan includes:

- Encouraging her along the way to take the steps in her personal action plan.

- Finding ways to celebrate her accomplishments as she completes the steps.
- Knowing she values science, sharing medical studies showing the value of exercise and social networks for seniors.
- Monitoring for changes in her health and behavior that signal a need to consider intervention.

With clear goals and a plan in place, Janet and her family have greater peace of mind and feel more confident about the prospect of her living in her own place for many years to come. She’s looking forward to regaining her strength and energy, building her social network, traveling to see friends, engaging in volunteer work again and keeping up with her great-grandchildren when they visit.

Three-Month Update

Janet’s plan is well underway. She has a trainer, is lifting weights, has become an active member of the single’s club and is on a committee to plan future events. She suffered a brief medication-related health setback caused by a too-high dose of an antihypertensive. Her

physician responded to her concerns well, adjusted the dose and is helping to restore her confidence in health care providers.

Unfortunately, that setback had social network consequences. It required she cancel a trip to see friends in another state. Soon after, her emotional health suffered a setback when she learned that three of her four best friends were relocating to live closer to their adult children. Her daughter helped her clarify that she was not depressed, but rather, was grieving the loss of good friends and near-by social support. That helped. It also became further encouragement for her to regain and maintain her own health so that she could travel to visit them.

Network	Janet’s Action Plan Three-Month Update
Health and Vitality	<p>Goal: rebuild strength and regain confidence in my body</p> <ul style="list-style-type: none"> ▪ Continue with weight-lifting ▪ Find more friends to water-walk in the evening
Social and Community	<p>Goal: strengthen existing friendships and enlarge my social circle</p> <ul style="list-style-type: none"> ▪ Reschedule the trip to see friends now that I am feeling better ▪ Plan visits with friends who are moving
Home and Personal Affairs	<p>Goal: create peace of mind for me and my family by sharing more information</p> <ul style="list-style-type: none"> ▪ The important HIPAA and banking all the other organizing is well underway. It can feel a little overwhelming to organize all the paperwork, especially since I’m busy taking a friend for leukemia treatments and helping her get groceries, so when my daughter is here for the holidays, she’s going to help. ▪ I found several paid and one free driving service that can help me if the time comes I can no longer drive. ▪ There are no grocery delivery services in the area yet, but my daughter showed me how she uses her computer to order food online and we’re monitoring to see if delivery services start here, in case I need them.

Six-Month Update

During the holiday visit, her daughter reviewed Janet’s legal paperwork and found they were all flawed. Her Last Will had not been executed properly and could not have been taken to probate. Janet’s deceased son was still named in her Powers of Attorney. Her Living Will – a

checklist document given to her by a hospital – gave her agent only the power to consent to a procedure, not the power to withdraw care. Having watched her brother and her husband linger in comas, Janet was clear about her own wishes and wanted her children to be able to withdraw care, if needed. It would take more than six weeks to find an attorney and draft

new documents, and the waiting – and fear she would die in the meantime – were stressful for her.

Also during the holiday visit, it was clear Janet’s hearing loss was becoming a problem. She has a hearing aid but still has trouble hearing and feels that is impacting her cognitive abilities. No cognitive decline is apparent to her daughter or

others, so the differences are those only she feels. Her son programmed her television to provide her with closed captions so she has the added stimulation of news. Her daughter got her a subscription to Netflix and showed her how to find the historical dramas she would enjoy to supplement her reading of European history.

Network	Janet’s Action Plan Six-Month Update
Health and Vitality	<p>Goal: rebuild strength and regain confidence in my body</p> <ul style="list-style-type: none"> ▪ I’ve gained so much strength, I can do everything I want around the house and in the garden, and I’m able to make long drives to visit friends.
Social and Community	<p>Goal: strengthen existing friendships and enlarge my social circle</p> <ul style="list-style-type: none"> ▪ I do regular outings with the Singles’ Club and now get invitations to dinners and events frequently.
Home and Personal Affairs	<p>Goal: create peace of mind for me and my family by sharing more information</p> <ul style="list-style-type: none"> ▪ My daughter came back and with my son, we all met with the attorney to sign the final version of my legal documents. My kids have been terrific in getting all the paperwork done and I have more peace of mind than ever before. ▪ I’ve given contact information for my friends, doctor and others who help me to my kids in the event they need it to help me in the future.

Nine Month Update

Janet’s brother died recently, making her the last survivor of her generation. She decided on her own not to travel across country for his funeral and dealt with her grief by writing a very long letter to his children, grandchildren and great-grandchildren, recounting memories from their childhood together. As she is now the matriarch of the clan, her nieces are traveling to visit her and that has been good for her emotional well-being.

She has taken even greater control of her health and recently saw her audiologist to address her hearing loss. In that visit, she learned her hearing was not getting worse but rather, both hearing aids were malfunctioning. Luckily, they were still under warranty and are being replaced at no charge.

She had the inside of her house and garage repainted and, though she did not do the painting herself this time, she was able to do all the preparation required, boxing and storing items and moving some furniture for the painters. She also replaced the carpeting in her home with hardwood floors because they would be easier for her to continue to maintain on her own.

One-Year Update

Janet’s health and level of fitness has returned. She was able make plans for an extended trip to see retired-teacher colleagues in other states. The trip required she prepare her home for a month away, manage a two-hour drive to the airport, fly half-way across country and meet friends at her destination in Chicago.

She and her home were prepared well in advance. Her departure day, however, was especially demanding, as it was the last day Florida airports were open before the arrival of Hurricane Irma. Her children believed she should remain at home, especially since her son was nearby, prepared to address any hurricane-related needs. Over her family's objections, she kept her travel plans. The health, fitness and resilience she regained since her illness allowed her to manage the challenges associated with a state-wide evacuation, airport crowds and an 18-hour travel day.

Janet spent a month visiting friends and all the places she once lived and worked in the Midwest. The trip culminated in a 16-hour drive back to Florida, managed over two days. She shared the drive-time with a friend, tending a dog along the way. Her home was spared hurricane damage, but after a month away, the gardens were overgrown and needed tending. For several weeks she spent early hours each day pulling weeds and trimming bushes until it was too hot to work outdoors. She used the rest of those days indoors, tackling a kitchen remodeling project.

The time away gave her new insights, leading her to declare to her children that "the past was behind her" and she was now only "interested in the future." Since her return, she's accelerated her efforts to address the goals in the three networks that matter most to her goal of living independently.

New neighbors have moved into the homes vacated when her close friends relocated months ago. She's met each one and several have offered – and provided – their assistance if she needs it. One works at the gym and encourages her to work out more often.

It took some doing, but she's more accepting of help. In a recent example, she was unable to lift 50-pound boxes of tiles for the new kitchen backsplash out of her trunk and carry them into her house. She counts asking a neighbor for help as a milestone on her journey, and agrees that occasionally asking for help is far preferable to alternatives like assisted living.

