
III.

Vision for the Future

This chapter provides a vision of the future for older adults Washtenaw County, as developed by the BASP Project. It describes a desired future state in which all segments of the older adult population and their caregivers experience a consistently high quality of life. The future vision is described from the perspective of older adults in several stages as they age, and also addresses the perspective of caregivers.

A. Approach to Creating a Vision for the Future

BASP Workgroups were asked to individually conduct brainstorming sessions aimed at eliciting a vision for the future. In these sessions, the hypothetical assumption was made that the collective resources (including programs, services and social support systems) addressing the needs of the elderly in Washtenaw County are:

1. Sufficient to meet identified needs;
2. Function in a highly effective, efficient and coordinated manner; and
3. Actually meet the identified needs of the target population in an appropriate manner.

Based on these hypothetical circumstances, the Workgroups were then asked to define key attributes of the desired future, from the client perspective (i.e. what would the experience be like?). The Quality of Life Workgroup was charged with assimilating the input of all Workgroups into a single vision for the BASP Project. In doing so, the Workgroup recognized that the needs and expectations of an older adult change significantly as one ages. Accordingly, they elected to develop a vision that recognizes the perspectives of the following discrete segments:

- 55 to 69 years of age
- 70 to 84 years of age
- 85 years if age and over
- Caregivers/ Families (e.g. adult children in support role)

The results of this visioning exercise are summarized in the following sections of this chapter. An overview is presented, followed by perspectives of the future as viewed by each of the above-listed segments.

B. Overview

This section envisions a desired future in terms of the general conditions that would exist for older adults in all age segments.

- 1. Society truly values older adults.** Older adults are viewed with respect, as valued members of society. This positive view is reinforced by the media, which projects a positive image of aging and older adults.
- 2. Older adults themselves view aging in a positive light.** The positive view held by society translates into older adults seeing themselves in a positive light. Aging is accepted as a natural and, in many ways, a positive experience. Seniors remain active as possible, and continue to learn and grow.
- 3. Older adults have a strong sense of security.** Each older adult has confidence that society's safety net will provide for essential programs and services that may be required, in the eventuality that their personal financial resources are somehow exhausted before they die.
- 4. Community and social support systems are strong.** Each older adult experiences a sense of true "community". Family members remain connected and supportive. Friends and neighbors actively provide a social support network. If a care manager is involved, he/she reinforces and integrates with the family/ social support network.
- 5. Needed programs and services are readily accessible.** Information can be readily found on County-wide programs and services for older adults. Some type of comprehensive information and referral service is available and accessible to:
 - Identify the numerous programs and services available.
 - Provide immediate answers to frequently asked questions.
 - Actively serve a "navigator" on behalf of users.
- 6. Basic needs are met.** Each older adult in the County has housing that is functional, safe and conducive to a sense of community. Basic nutritional needs are met. Health care is accessed as needed, and is coordinated.
- 7. Benefits of technology are embraced.** Advances in technology are accepted without fear. For example, in-home monitoring devices are used to maximize independence. Moreover, internet technology is used (with assistance/ access provided to user, as needed) for self-learning, and for maintaining ongoing intergenerational communication through e-mail.

C. Early Years of Older Adulthood--Age 55-69

This section envisions a desired future in terms of the general conditions that would exist for a typical older adult in the early stage of aging. The conditions noted above in "Overview"

are generally assumed to continue, and thus they aren't necessarily repeated in this and later sections of this chapter.

- 1. A full range of employment options are available.** Positive societal views on aging, noted in the prior section, result in elimination of the formerly pervasive age discrimination in employment. As a result, seniors in this category, who are able and willing, are currently employed at their highest skill level, and typically receive health benefits. Furthermore, they are afforded a full range of options over the winding-down of employment to retirement (e.g. second career, part-time, flexible hours, etc.).
- 2. Mental preparation for aging is well underway.** Seniors in their mid-50's begin to establish a sense of perspective, and look forward to aging in a constructive light. Thus, fear of the future is minimized.
- 3. Transition to retirement is well planned.** Financial needs are identified, and appropriate savings and retirement benefits are accumulated. Affordable housing options are identified. Legal documents, such as advance directives and wills, are completed. As appropriate, long-term care planning/ insurance is in place.
- 4. An active and independent lifestyle is maintained.** To the maximum extent possible, seniors in this category lead active lives, taking full advantage of opportunities for learning, recreation, intergenerational activities, volunteering, etc. For many, this is facilitated by continued ability to own and operate an automobile. For others, accessible and available transportation services fill the need.
- 5. Good health is actively sustained.** Seniors in this category generally enjoy good health, supported by accessible and affordable (e.g. insured) drugs, health care services and programs. Moreover, accessible preventive health information and programs are fully utilized.
- 6. Targeted programs and services are available.** Unique needs of seniors in this category are met by targeted programs. For example, full support is available for "sandwich generation" caregiver roles, such as supporting parents who are 85+ years old, grandparents raising grandchildren, etc.

D. Middle Years of Older Adulthood--Age 70-84

This section envisions a desired future in terms of the general conditions that would exist for a typical older adult in the middle years of aging. While going through this stage, older adults can expect to experience (in varying degrees) diminishing health and associated reductions in independence.

- 1. An active lifestyle is maintained, despite losses of independence.** Seniors in the 70-84 age category continue to lead active lifestyles. A full range of age-appropriate recreation, entertainment and learning activities is available. As seniors become less

able/ willing to drive, they can access convenient transportation services that fill their transportation needs.

- 2. Independent home ownership/ occupancy is supported.** In-home health and social support services allow older adults to continue to live independently as long as practical and desirable. For example, as their capacities gradually diminish, seniors are able to be relieved from "life chores" such as cooking, paying the bills, shopping and household chores. Convenient transportation allows them to reach needed services that can't be delivered at home (e.g. certain health care services).
- 3. Affordable housing options are available, once independent home ownership/ occupancy is no longer appropriate.** At the appropriate time (which often is precipitated by an unexpected event, such as death of a spouse or a health setback), a smooth transition is made from independence to a more supportive living environment. Based on prior planning, this contingency has been fully anticipated and explored. The final decision is facilitated by the availability of a full range of high-quality affordable choices (e.g. assisted living), as well as assistance in making a fully-informed decision.
- 4. The increased need for ongoing health services is fully met.** Adults in this age category can expect to have one or more chronic health problems (e.g. high blood pressure, diabetes, arthritis, hearing/vision loss, etc.). Available and accessible health services for these conditions, including drug therapies, will be actively monitored and effectively managed (e.g. through care management). Furthermore, Medicare and Medicaid will provide adequate coverage and funding.
- 5. Family caregivers are fully supported.** Seniors in this group can expect to be increasingly dependent upon family caregivers. These essential caregivers are fully supported by family/social support networks and community-based programs. (See final section of this chapter for further discussion of the caregiver role).

E. Later Years of Older Adulthood--Age 85 and Over

This section envisions a desired future in terms of the general conditions that would exist for a typical older adult in the final stage of aging (sometimes referred to as the "old-old", which is the fastest growing segment of older adults). In this stage, older adults are certain to experience seriously diminishing health, associated loss of independence and, finally, death.

- 1. Independent home ownership/occupancy continues to be supported for the diminishing number of seniors who remain capable.** In-home health and social support services continue to be provided as long as appropriate. Meanwhile, transportation services capable of handling frail elderly are widely available. Technology is fully utilized to support independence (e.g. remote monitoring of vital signs; e-mail links to family to avoid isolation).
- 2. For those requiring long-term care, choices are available from a full range of institutional options.** High quality long-term care services are widely available in

the home, in assisted living facilities and in nursing homes. Reimbursement (e.g. Medicaid funding) allows wide choice of type and location of services, based on medical need and personal preference. The Medicaid eligibility process is efficient, and is respectful of patients and families.

- 3. Mental health services are available to meet the growing needs of older adults and their families.** The incidence of depression and Alzheimer's is increasingly high for older adults in this final stage of life. Accordingly, accessible and affordable mental health services provide evaluation/treatment for these and other mental health conditions. In the case of Alzheimer's, extensive specialized support programs for patients and their family caregivers are available and accessible to help deal with the devastating effects of this disease.
- 4. Care management insures that all appropriate services are orchestrated.** Whether living at home or in an institution, the typical senior in this age category has multiple chronic ailments. Consequently, these complex medical conditions are under the purview of a care manager who understands the total circumstances and needs of the client, insures that required care and support services are coordinated, and acts as advocate.
- 5. Older adults maintain personal dignity and peace of mind as end of life approaches.** At the appropriate time, education and support is readily available to help seniors gain acceptance of approaching death, and to decide their final course of care. For example, hospice services are available and accessible for seniors who choose to die at home, as well as for those in institutional settings.

F. Caregivers

Family caregivers often play an essential role in the care of an older adult. This section envisions a desired future in terms of the general circumstances that would surround caregivers and the family/social network that support an older adult.

- 1. Family and friends are fully engaged in caregiving.** Family members, friends and neighbors remain connected within an active social support network. This network provides emotional support and other assistance to the actual caregiver(s), as well as to the older adult in question. Clear communication between and among members of the support network is ongoing. Geographically dispersed children, grandchildren and surviving siblings of the older adult remain "in the loop", possibly with the assistance of technology (e.g. e-mail, dedicated interactive web site, etc.). All member of the support network are well informed on aging issues in general, and on the condition and needs of the subject in particular.
- 2. Needed programs and services are readily accessible to the caregiver(s).** A comprehensive information and referral service provides caregivers with access to the numerous programs and services available in the County for older adults and caregivers.

- 3. A designated care manager works with the caregiver(s).** The care manager is actively involved in monitoring the condition of the older adult and in coordinating medical care and support services. Moreover, the care manager plays a coaching role for the caregiver(s), and helps frame key decisions that must be made.

- 4. Dependable respite* care is available to the caregiver(s).** Caregivers have comfort in knowing that they will be able to take periodic breaks from the stressful demands of caregiving. In some cases, members of the family/social support network will fill-in for the caregiver. In other cases, a community-based program will be used to temporarily relieve the caregiver of responsibility.

* Respite" refers to short-term temporary assistance provided to persons with chronic conditions in order that caregivers can take an occasional break from the demanding responsibilities of caregiving.