



*Where do we go
from here?*

Growing older,
caring well

A special resource from
The Alabama Baptist

Introduction

If you or your family members are aging, experiencing impaired mobility or facing the question of whether you can continue to live independently, you're not alone. "Growing older, caring well" is a four-part series featured in the March 2019 issues of *The Alabama Baptist* (TAB) designed to help you maneuver this multifaceted season of life.

Topics include:

- ▶ Factors to consider when deciding to keep a loved one at home
- ▶ Long-term care options
- ▶ Value of community support services and where to find them
- ▶ Financial considerations
- ▶ Importance of family discussions about finances and options
- ▶ Where to go for legal help
- ▶ Determining which care options work best for various situations
- ▶ Difference between palliative care and hospice care for end of life
- ▶ Personal accounts of positive choices

Share this resource with:

1. Your family

If you're over the age of 60, now is a good time to gather your financial records. Print "Having the conversation" (p. 13) and "Until we meet again" (p. 19). Share the articles with your adult children. Ask them to read the articles and come to your home for an open discussion about your future health care wishes. Be honest while discussing the specific options for care you hope to utilize. Weigh the costs of your preferred options with available finances. Determine if you need to seek outside help, and if so, invite your adult children to accompany you to this meeting.

For median adults engaging in this conversation with aging parents, determine to assess your financial situation and long-term wishes now. Set your house in order so that your children will not need to make these decisions for you. Read what David George says about 'too soon' is better than 'too late' (p. 12). Act now.

2. Small groups

Chances are some of your small group members are caregivers or acquainted with caregivers. They may have loved ones remaining in their homes or may be housing their loved ones with them. Distribute the articles "Comforts of home" (p. 8) and "Firsthand account" (p. 6). Ask

small group members to read the articles and highlight various ways they could come alongside caregivers and minister to them. Some possibilities are: constructing a wheelchair ramp outside the home, installing grab bars in the bathroom, preparing meals, offering to sit with a loved one to give the caregiver a break and serving as a backup driver to transport loved ones to adult day-care services.

3. Churches

Prepare a 1½ to 2-hour event at your church focusing on preparation for the last years of life. Invite senior and median age adults to attend. Encourage attendees to read this “Growing older, caring well” resource online before or print copies to share with attendees at the meeting. Enlist well-informed people from the area to participate in a seminar on intentional preparation for the twilight years: assisted-living director, hospice worker, eldercare attorney, funeral home director and an in-home caregiver employed by a company. Assign a set amount of time for each to present his or her information. Provide a space for each presenter to display materials and to return to for questions after the meeting. Encourage participants to move to the display area and engage in further discussion with presenters.

If your church is too small to pull off this event, partner with another church. Broaden your audience and offer this informative session to the community. Let the unchurched know you care about the elderly and you care about them. Send this resource home with them and invite them to visit your church again.

We hope these personal stories and wise recommendations serve as the beginning of your journey to determine the best future care for your parents or yourself as you move into your twilight years.

A list of resources can be found on page 25.

*“I will continue to carry you even when you are old.
I will take good care of you even when your hair is gray.
I have made you. And I will carry you.
I will take care of you. And I will save you.
I am the Lord.”
(Isaiah 46:4, NIV)*

There are options

Long-term care becoming fact of life for growing numbers of Americans

You've paid off your mortgage on your comfortable home, are eligible for Medicare and have a liveable, if not generous, retirement income. You're pretty much set for your golden years, right? Wrong.

Odds are, you're going to spend several years of your life in some sort of long-term care scenario. According to the U.S. Department of Health and Human Services (HHS):

- ▶ 69% of us will need some sort of long-term care for an average of three years.

- ▶ 65% will need care at home for an average of two years. About half that time will be unpaid care.

- ▶ 37% will spend an average of one year in an assisted living or nursing facility.



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Medicare estimates that by 2020 some 12 million people in the United States will need some form of long-term care for an average of three years, a number that's being driven up by the aging Baby Boomer population.

Medicare estimates that by 2020 some 12 million people in the United States will need long-term care, a number that's being driven up by the aging Baby Boomer population. The likelihood of needing long-term care — and for longer periods of time — increases with age, disability and chronic conditions such as diabetes or high blood pressure.

Since women usually live longer than men and outlive their mates, they are more likely to live alone and need care for longer: 3.7 years, on average, versus 2.2 years for men. But don't think you get off scot-free if you are middle-aged — HHS research says that 8 percent of people between ages 40 and 50 have a disability that could require long-term care services.

Service options

Long-term care services include but are not limited to:

- ▶ Medical and non-medical care for people with a chronic illness or disability
- ▶ Support with everyday tasks such as housework, taking medication or paying bills
- ▶ Assistance with activities of daily living such as eating, dressing, bathing and using the bathroom.

Long-term care can be temporary, as in weeks or months, to rehabilitate after a hospital stay or surgery, recovery from injury or illness, or end-of-life medical services.

But long-term care also can be permanent. Months and years may be required for permanent disabilities,

chronic and severe pain, chronic medical conditions or cognitive impairment, bringing a need for constant supervision and assistance with activities of daily living.

Long-term care can be provided at home, in the community or in an assisted living or skilled nursing facility.

EDITOR'S NOTE — This article, written by Martha Simmons, originally appeared in the March 7, 2019, issue of The Alabama Baptist on page 6.

Firsthand account

Able family, community support allow many to ‘age in place’

Cyndi Arnold says her mom, Barbara Dean, was like the Energizer bunny — she stayed active and independent as long as she possibly could.

“But in the summer of 2016 it became very evident that she needed some help,” said Arnold, a member of Eastern Hills Baptist Church, Montgomery. “She was on some medication that made her disoriented. She didn’t need to drive anymore and she wasn’t taking good care of herself.”

So Arnold’s family began the difficult conversations of what to do next — what kind of care did she need? What were their options? In the end they found a way for her to “age in place,” which for Dean meant living in Arnold’s house. That fit well for them and that’s where Dean wanted to be.

Living together

The Arnolds fixed up one of the bedrooms and bathrooms to accommodate her and her needs, and they were able to care for her there more easily.

“She was very happy to have a room in our home,” Arnold said of Dean, who passed away in 2017. “She had pictures and needlepoint from her house that made her feel comfortable there. I think for her living there with us brought a sense of home but also a sense of relief.”



Photo courtesy of Cyndi Arnold

Cyndi Arnold (left) fixed up one of the bedrooms in her house to accommodate her mom, Barbara Dean, for long-term care.

Older adults like Dean who have a willing, able and available family member or friend, may receive long-term care at home, but it’s not always possible — or easy.

The U.S. Department of Health and Human Services reports that about 80 percent of care at home is provided by unpaid caregivers who spend an average 20 hours a week giving care. More than half of these caregivers have intensive responsibilities that include a personal care activity, such as bathing or feeding.

About 43.5 million people in the U.S. have served as an unpaid caregiver during the previous year, according to a 2015 study by the AARP and National Alliance on Caregiving. Two-thirds of these caregivers were women and 14% were 65 or older.

With more Baby Boomers remaining childless, unmarried or living far away from family members than previous generations, unpaid home care may not be possible. Paid home care may include a nurse, home health or home-care aide, or a therapist who comes to the home daily or as needed.

“Adult day care services” may be an option for working caregivers or those just needing a break from the 24-hour demands of caregiving. Community-based, structured programs can provide daytime social and support services in a protective setting for functionally or cognitively impaired adults who still live at home.

Additionally community support services that may help people who are cared for at home include meal delivery programs through local senior centers or faith-based organizations, public transportation and in some communities low-cost housing programs that provide senior services.

EDITOR’S NOTE — This article originally appeared in the March 7, 2019, issue of The Alabama Baptist on page 6.



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It’s important to talk to health care professionals — as well as your loved one — about the best care options for him or her. There are many living options available for people with different needs. He or she may want to live somewhere that most closely fits his or her perception of home and provides some independence while still offering any care needed.

Comforts of home

What to consider when a loved one wants to live out their days at home

You or someone you know may have been there, or you may be there right now. An aging parent, grandparent or other relative is losing mobility or the ability to live independently, and they've expressed before they don't want to move into a long-term care facility.

What do you do? Are there ways to respect their wishes but keep them safe and get them the care they need?

The struggle between staying at home and staying safe is a common one for caregivers of aging parents who want to “age in place,” or live as long as they can in the place of their choice, whether that be their own home or the home of a family member.

Sometimes the needs are too great for that to be possible. But other times, putting some help in place and making some changes to the home can enable loved ones to live where they want to with the comforts of home for months or years longer.

What are the needs to consider? Let's walk through a few of those here.

1. Accessibility changes.

Sometimes an injury or a change in stamina and balance can be the factor that pushes your family to have the conversation about where it's best for loved ones to live. It's possible that mobility issues may be solved by getting the right wheelchair or scooter.

Aginginplace.org offers a guide that can help you navigate finding the right wheelchair and helping your loved ones adjust to using it. They also offer a guide to finding portable ramps you can take with you when your loved ones need to get out and about. And perhaps one of the biggest issues — getting in and out of the house safely — can be tackled with the addition of a wheelchair ramp outside the home.

Don't know where to start? Contact your local Baptist association and ask if they or a ministry they know of has a carpenters group that could help.

For instance Larry Thompson, associational mission strategist for Washington Baptist Association, said his group, Christians on Missions, has built around 100 ramps for people in the community in the past several years. Other groups all around the state stand ready to help too.



Photo by Wikimedia Commons

Older adults who have difficulty getting to the grocery store may find a meal-kit delivery service like Hello Fresh or Silver Cuisine or a meal delivery service like Meals on Wheels helpful for meeting daily needs.

You also might want to take some time walking around the house to determine if adjustments can be made to make it safer for your loved ones. Do halls or showers need to be widened for a chair to fit? Do you need a walk-in bathtub, grab bars in the bathroom or higher toilets?

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At what cost?

Most adults not financially prepared for costs of long-term health care

Most Americans look forward to longer life spans but haven't prepared for the likelihood they'll need a lot of help to live at least some of those extra years. Research says that almost 7 of every 10 of us will need long-term care at some point in our lives and for an average of three years. Yet few of us have any idea of what that might cost nor have we saved or otherwise prepared for it.

Drawing from more than 15,500 surveys in 440 regions throughout the United States, the annual Genworth Cost of Care Survey 2018 indicates there's a high price tag on long-term care even in the home. While Alabama's long-term care seems a bargain compared with national costs, it's important to note that the median annual income here is lower too: \$48,123 in our state versus \$60,336 nationally, according to the U.S. Census in 2017.

That said, how do any but the wealthiest families afford to pay for a year of long-term care, much less the average three years ... or even more? The three primary sources of funding for long-term care are the following:

1. Long-term care insurance

Long-term care (LTC) insurance is available but at a significant price, according to AARP. "Premiums for LTC policies average \$2,700 a year, according to the industry research firm LifePlans," AARP writes. "That puts the coverage out of reach for many Americans. (One bright spot for spouses: Discounts for couples are common — typically 30% off the price of policies bought separately.)"

2. Medicare

According to Genworth, Medicare will cover 100 percent of your costs for only the first 20 days in a skilled nursing facility, hospice care or home health care, and then only if you:

- ▶ Had a recent hospital stay of at least three days
- ▶ Are admitted to a Medicare-certified nursing facility within 30 days of the hospital stay
- ▶ Need skilled care such as physical therapy or nursing.

For days 21–100, you pay your own expenses up to \$167.50 per day and Medicare pays any balance. After 100 days you're on your own.

3. Medicaid

If you have a low income and limited personal financial assets you may quali-



fy for Medicaid to pay for health services and nursing home care. “For eligible beneficiaries Medicaid pays the full cost of room and board in a nursing facility, plus any therapies that are part of the nursing home’s regular resident care. Medicaid’s payment also includes personal care items such as incontinence supplies and toiletries, as well as services such as bathing, grooming and laundry,” according to www.caring.com. “There’s no time limit on Medicaid nursing home coverage. And the Medicaid beneficiary has no co-payments to make.”

Out of concern for what might happen to assets shared by a couple if one spouse requires costly skilled care and the other will remain at home many seniors take steps in advance to qualify for Medicaid-supported long-term care by deeding their homes to their children and divesting themselves of other financial resources.

There’s a catch though: Such measures must be taken at least five years before applying for Medicaid-supported long-term care. Anything sold, given away or otherwise transferred during this five-year “look back” period by either the applicant or spouse could be cause for disqualification or penalty. Special rules for these situations apply. For details download a copy of “Tips for Applying for Institutional (Nursing Home) Medicaid” (<https://TABOnline.org/2>) and other forms on <http://www.medicaid.alabama.gov>.

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First Person: David George

George says 'too soon' is better than 'too late' to make senior housing decisions

I have learned it is better to move too soon than too late. We had hoped my dad and mom could have moved together into independent living. Unfortunately his dementia had progressed to the point we had to move him into memory care without Mom. It was the right decision ... but if they had moved a year or two earlier they could have made the move together.

Thankfully a year or so after Dad died, Mom was able to move to independent living at the Oaks and has been here for about eight years now. Eight good years!

Last year I realized that life was moving faster than I could handle for my wife and me and we had a decision to make.

The first thing I considered was a campus that had all levels of care from independent living, assisted living, memory care to skilled nursing care.

We made the decision to move into an independent home here too.

It allowed us to downsize (actually right size) to a beautiful home that is within walking distance of my mom's independent living apartment and opened the door for the services and resources that my wife and I need now and into the future.

EDITOR'S NOTE — This article, written by David George, originally appeared in the March 14, 2019, issue of The Alabama Baptist on page 6. David George, president of WMU Foundation, and his wife Allyson recently moved to the Oaks on Parkwood, a senior living community in Bessemer. Here he talks about what went into making that decision.



Photo courtesy of the Oaks on Parkwood

David George (center) says he and his wife Allyson (left) made the decision to move to a senior living community to be near his mother Jackie and to open the door for services they might need in the future.

Having the conversation

Talk about health care wishes before a crisis occurs, experts suggest

As parents or other loved ones age financial questions about their future care can loom large. They loom even larger if you've never been able to have a conversation about what their financial situation is like or what their wishes are for the future.

If you're in that boat you're not alone — most people avoid this conversation until they have to. For the children it may be an attempt to dodge conflict or avoid seeming greedy or bossy. For the parents it may be hard to admit they need help or aren't financially prepared for the future, if that's the case.

But PBS reported in 2017 that there's good, strong data to support having this conversation as early as you can. For one, it helps with emotions — you can pick a time when your loved ones are happy and relaxed, not stressed or forced into making decisions. More than 80% of long-term care decisions are made during a medical crisis, and usually in these situations some type of long-term care is needed.

But not only does having the talk in normal times make for a better conversation — it helps with preparation and the need for preparation is staggering. Half of nursing home expenses are paid out-of-pocket by families these days, with adult children contributing an average of \$10,000 a year to their parents' care, according to eldercare expert Barbara McVicker.

It's worth talking as early as possible about how your family will afford that. With that in mind consider these things as you start the conversation:

1. Approach the topic in love.

If at all possible have the conversation in person. PBS recommends starting the talk with a request like, "I know this might be difficult for you to talk about, but I care enough about you to want to make sure you're taken care of as you age. Can we find a time to discuss what plans you have made and how I might be able to help you in making sure everything is taken care of?" Framing the question this way shows them you care and also gives them time to process what you're asking.

2. Take your time.

If you start having financial conversations early enough, you won't have to get all your questions answered at one time. Engage in shorter conversations spread out over time rather than one long conversation where emotions can get high or the topic can get overwhelming.

3. Slowly cover the important things.

Talk through your loved ones' expenses and find out what plans they may already have in place. Then work together to build a strategy for how to care for their living expenses and medical needs as they come up. Do they have insurance that could help them cover the costs of staying home as they age? Are they open to moving to any type of retirement community with continuing care?

As you ask these questions along the way find out how to locate their important documents if they're ever needed — things like their doctors' contact information, will, health insurance or Medicare information, birth certificates, power of attorney, advanced directives and mortgage information.

4. Get some help if needed.

Have they got a fixed budget, or have they planned ahead for their long-term care? These are some questions you'll eventually need the answer to, but if it gets uncomfortable or you would like some help figuring out what's needed, consider reaching out to a financial coach or someone local who's an expert in fiduciary matters.

For Terry Finch that meant talking with an eligible attorney as he helped his mother, Sylvia, make plans.

“One of the things ... that was most helpful was to meet with an elder care attorney to get our questions answered about how and when to utilize private funds and how qualifying for Medicare/Medicaid would impact Mom,” said Finch, whose mother now lives at the Oaks at Parkwood, a Noland senior living provider in Bessemer.

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Annual cost of health care options

TYPE OF CARE	ALABAMA	NATIONAL
Homemaker services: 44 hours/week for 52 weeks	Cost: \$38,896 Five-year annual growth: 1%	Cost: \$48,048 Five-year annual growth: 3%
Home health aide: 44 hours/week for 52 weeks	Cost: \$38,896 Five-year annual growth: 1%	Cost: \$50,336 Five-year annual growth: 3%
Adult day health care: 5 days/week for 52 weeks	Cost: \$9,100 Five-year annual growth: 7%	Cost: \$18,720 Five-year annual growth: 2%
Assisted living facility: Private, one-bedroom for 12 months of care	Cost: \$39,252 Five-year annual growth: 5%	Cost: \$48,000 Five-year annual growth: 3%
Nursing home — semi-private room: 365 days of care	Cost: \$75,347 Five-year annual growth: 3%	Cost: \$89,297 Five-year annual growth: 3%
Nursing home — private room: 365 days of care	Cost: \$79,935 Five-year annual growth: 3%	Cost: \$100,375 Five-year annual growth: 4%

Finding home

Determining what living, care options work best for different situations

Maybe as you're getting older you are starting to wonder what it might be like to move into a different kind of housing, or maybe you are starting to look at options for a loved one.

You might have a lot of questions: What are the possibilities? What would it be like to live in a different place? Would it be good for me (or my loved one)?

Living arrangements for older adults fall into four general categories based on individual care needs.

1. Independent living

It could be that you're still active and healthy and just starting to feel like you're ready to downsize from the family home. Or maybe you'd like the opportunity to have more of a community of friends around. You might also like the idea of having someone else take care of things like yardwork, house cleaning and building maintenance.

If all of this sounds good and you're fully independent (aside from a few minor medical needs), independent living might be perfect for you. It can range from apartment complexes or condos to free-standing retirement homes.

Independent living can be a good option if you or your loved one is lonely after losing a spouse or likes the idea of someone else cooking meals every now and then. Or maybe you still travel quite a bit and like the idea of your home being secure while you're away.

Jonathan Williams, director of marketing for the Oaks on Parkwood senior living in Bessemer, said one of the things independent living residents love most is the community.

"Older adults who live alone often become isolated which isn't healthy for anyone," he said. "Once they move to independent living they enjoy having the opportunity to create new friendships and social connections, have someone to share a meal with and the ability to participate in activities they used to enjoy."

2. Assisted living

If you think a little more help might be beneficial, assisted living may be the best option. In this setup you could have a private room or apartment (or share with a spouse or roommate, if you prefer) but have communal meals and activities. Assisted living facilities often also provide transportation and laundry services.



Canva.com

This can be a good option if you need help managing your medications, if cooking has become too difficult, if you can't drive anymore or if you would feel safer knowing someone is there to respond 24 hours a day if you have a need. (Some retirement communities might also offer this kind of 24-hour response service.)

If you're helping your loved one make a decision about assisted living, be sure to involve him or her and consider his or her preferences — assisted living facilities vary from place to place, and your loved one may want the one that most closely fits his or her perception of home.

Spend some time asking around and doing research, or perhaps even consider hiring a senior advocate to help you navigate and evaluate your choices. Another good idea is to check out a facility's path for future care — such as what its long-term nursing care is like for when your loved one needs it one day. Many of these facilities also offer things such as Bible studies, art activities and scheduled outings for residents.

3. Specialty care assisted living (memory care)

If you or your loved one needs care for dementia-related needs this would be the best option to consider. It can offer structured activities geared for people with memory problems and secured areas to keep residents from wandering away.

4. Skilled nursing care

This type of housing can come as a private or shared room and offers the most involved level of care to its residents. If you need assistance with eating or getting out of bed this might be the best option. This is also a good option if you need short-term rehab after a fall or illness or if you need services like wound care or pain management.

If you are considering this type of care for a loved one talk with his or her doctors to ask what kind of care they suggest based on your loved one's health needs. Jamie Wise, administrator of the Oaks at Parkwood, said at their facilities the entire staff is actively involved to help residents and families know when they might benefit from a higher level of care.

“Whether this is housekeeping, dietary, maintenance, etc., if our staff sees someone who has shown any signs of decline, they report that to their department manager who brings that information to daily management meetings,” she said. “As the administrator I then contact the family to initiate conversation on ways we can be of assistance — for example, resources such as sitters or discussion of a higher level of care in assisted living or memory care.”

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'Never looked back'

How one daughter found the perfect fit for her aging mother

Jennie Gibbs promised her parents a while back that, whatever the future held, she would do the best she could to leave them in their home environment until she thought the risks were too great for them to stay. That's what they'd said they wanted, and Gibbs — an only child — wanted to respect their wishes.

But then it got to a point where her mother, Ruth Vaught, needed more care and security than Gibbs was able to offer her at her home. Six years after Gibbs' father died her mother fell and broke her hip.

"When mother returned to her home we were faced with the fact that she was no longer safe," said Gibbs, who along with her parents has been a lifelong member of Hueytown Baptist Church in Bessemer Baptist Association.

After talking with people and researching all of their options Gibbs decided the Oaks at Parkwood in Bessemer was the right place for her mom to live — independently, but cared for.

"When the day came for her to go she was very upset and unwilling," Gibbs said.

But as the family prayed for peace of mind and comfort and continued to step forward with the plan the day went smoothly.

"As soon as we walked in the door she was invited to eat lunch," Gibbs said. "She has never looked back. Mother loves the fact that she has almost total independence ... but that someone else does the cooking and cleaning and provides activities for her as she chooses."

Vaught says she feels like a queen and comments constantly on how blessed she is.

"You just know when it is time for a parent to move," Gibbs said. "During this time, you have to stay open and honest and explain everything."

It's turned out to be a great move for their family, she said. Vaught has made



Photo courtesy of Jennie Gibbs

Ruth Vaught now lives at the Oaks at Parkwood in Bessemer. 'She has never looked back,' Vaught's daughter Jennie Gibbs, said. 'Mother loves the fact that she has almost total independence ... but that someone else does the cooking and cleaning and provides activities for her as she chooses.'

many new friends and enjoys the benefits of her assisted living situation — things like weekly housekeeping and laundry, transportation, cooked meals and planned activities and cultural and recreational programs.

“Mother’s health, demeanor and all-around behavior speaks for itself. At 85 years old she is fantastic,” Gibbs said. “Since mother is good I am at peace. It allows me to go to work every day and bed every night knowing she is well taken care of.”

EDITOR’S NOTE — This article, written by Grace Thornton, originally appeared in the March 21, 2019, issue of The Alabama Baptist on page 7.

Until we meet again

Facing the end of life: making decisions ahead of time will help loved ones

Believers in Christ know they have a hope and a future in heaven after life here is over. They know with confidence the sting of death doesn't last.

Even so it can be hard to face mortality and end-of-life issues. It can also be hard to walk with loved ones who are nearing the end of their lives and be reminded they won't always be around.

But it's important to prepare intentionally and think through the things needed to make the last years of life as smooth and comfortable as possible. Careful planning helps loved ones know how to carry out end-of-life wishes. Here are a few things to consider.



Photo courtesy of Lori Brooks

1. Choosing an adviser

Preparing financially for the last years of one's life is an important step. Many people enlist a financial planner to help navigate their financial needs and goals. Others who might be helpful include an investment adviser to help plan long-term strategies, an insurance agent to review long-term care insurance options or an estate-planning attorney to help draft needed legal documents.

But AARP advises individuals to do their research when choosing an adviser. Get referrals from friends and family then request an interview with at least three professionals. If they don't offer a free initial meeting cross them off the list. And during a consultation ask questions about their credentials and what and how they charge for their services. (Learn more at www.aarp.org/money.)

2. Collecting documents

An estate-planning attorney can help draft important documents such as a will, a financial power of attorney and directives for end-of-life decisions. These decisions can be hard to face, but it's important for family members and caregivers to have guidance on critical medical decisions for their loved ones such as resuscitation or intubation. Advance planning can ease everyone's mind.

It's also helpful to have other documents in one place and to let someone else know where they are — things like contact information for doctors and attorneys, social security numbers, birth certificates, marriage or divorce papers, military records, bank and tax information, username and passwords for website or accounts and funeral arrangements.

3. *Choosing care*

Faced with a major medical situation, palliative care or hospice care could provide comfort for you or a loved one. The quick difference between the two is this — while both seek to improve quality of life, hospice is focused on the terminally ill. Hospice care begins when a person's treatment has ended and he or she is expected to live for six months or less. Its goal is to keep a person comfortable and free of pain as much as possible.

Palliative care has different goals in mind than simply pain relief and comfort. It begins at the time of diagnosis and can be used for a wide range of conditions from cancer to dementia. It's a multifaceted approach to finding treatments and care that work for the individual's situation.

Both palliative care and hospice can be offered at a person's home or at a long-term care facility. Physicians can help determine which type of care is right for an individual's situation. Like with financial advisers ask around and do some research to determine what services are available in your area and can best provide what you or your loved one needs.

4. *Conversing intentionally*

One way to be intentional about making the most of your final years, months and days is to have needed conversations with friends and family. If you're the one nearing the end of your life make a point to invite your loved ones into these types of conversations — they have things they want and need to express.

It may be that you have some relationships that need healing. If so, now is the time to approach that in love. And if you're on the other end of that conversation and you're caring for a loved one who is nearing the end, there may be some things you need to say. David Heineman, a chaplain with Crossroads Hospice and Palliative Care, has a list he calls the five essential things to say to someone nearing the end of his or her life:

1. *Please forgive me.*

"If you believe your loved one holds any grievances towards you it will be of great relief to the both of you to let those go," Heineman said.

2. *I forgive you.*

To say this to dying loved ones can offer them peace in their final days.

3. *I love you.*

No matter how recently you've said it say it again, Heineman said. "If ever there was a time to share these words it's now."

4. *Thank you.*

Whether it's thanking the person for being who he or she is or for the way he or she taught you or cared for you, it's important to express that gratitude — and soon.

5. *Goodbye.*

If goodbye is too hard to say try something like, "Until we meet again."

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'They chose joy and they did great'

Finding best time and place to begin assisted living, end-of-life care

Up until their early 90s, Lori Brooks' parents lived in the home her dad had built on top of a mountain.

"They stayed there as long as they could, but it got to the point that just doing daily chores was hard, like going to the mailbox or getting the grass cut," Brooks said.

So they moved into an assisted living apartment at the Oaks on Parkwood, located in the Hoover area.

Brooks' sister decorated it to look as much like their home on the hill as she could. They wanted their parents to be as comfortable as possible in the transition.

"They chose joy and they did great," Brooks said. "Mother especially did really well there. She loved the activities."

But as the years went on Brooks and her sister knew they were starting the journey of "walking them home." About four years after her parents moved to the Oaks her dad developed heart failure and had a heart attack. Soon after he passed away while the sisters held hands over his bed and sang the hymn "Amazing Grace."

"We watched as God took him to heaven," Brooks said.

Her mother, Freda Sheffield, lived in her apartment at the Oaks for four more years after her husband's death. Her church, North Highlands Baptist Church, Hueytown, in Bessemer Baptist Association, ministered to her, sending cards and letters regularly that helped her know she wasn't forgotten. She stayed active. But then one night she broke her hip and had to undergo surgery. After rehab Sheffield returned to her assisted living apartment at the Oaks on Parkwood, but a year later she fell again and broke the other hip.

Brooks said she and her sister have been very hands-on in their parents' care through the aging process — they wanted to honor and care for them in the best way possible.

"I believe they thrived as long as they did because of family involvement," Brooks said. "But what that looks like has changed over the years. Mother is 100 now and we knew she needed some extra help."



Photo by Lori Brooks

Freda Sheffield, a longtime member of North Highlands Baptist Church, Hueytown, loves to receive letters from the CARE (Caring and Reaching Everyone) ministry at her church. The letters make her feel appreciated and loved.

They could tell she was starting to decline and began to look into their options for the best type of end-of-life care for their mother.

“We considered bringing her home to live with one of us, but our homes aren’t wheelchair accessible,” Brooks said. “As we asked about whether or not she was eligible for hospice we found out that there were several different aspects of end-of-life care available.”

In the end they decided what was best for Sheffield was to be in skilled nursing care at the Oaks. The facility offered familiar surroundings and faces and Sheffield receives the care she needs provided by a team. Some help with medical treatment others with everyday care like bathing. And the family also has the option of services like a chaplain to come around and sit and talk with Sheffield regularly.

“At 100 years old she’s definitely thrived, but with her health declining, we feel like we’re a little closer to heaven than we were yesterday,” Brooks said.

EDITOR’S NOTE — This article, written by Grace Thornton, originally appeared in the March 28, 2019, issue of The Alabama Baptist on page 7.

Constant opportunities

Regardless of age, life is full of ways to bring glory to God

Scripture offers several examples of senior saints who were used by God in their latter years. Moses began his mission at the age of 83 (Ex. 7:7). Caleb knew nothing of retirement, as he told Joshua he could lead a military campaign at age 85 (Josh. 14:10–11). Luke records that Anna faithfully served the Lord in her extreme old age (Luke 2:36–37).

Throughout my years in ministry I have known many seniors. Some seem to reach a certain point and determine to be elderly. Others remain active and alert into their 80s and beyond.

As many believers approach mid-life and beyond, they become more committed to evangelism, missions outreach and end-times prophecy. Senior saints who are not limited by a full-time job are more apt to participate in missions trips than any time before in their lives.

They see the value of sharing the gospel effectively, so they commit to learning and witnessing. Some consider the return of Jesus a more welcome thought than having to face death, so biblical eschatology captures their attention.

Something else I have discovered is that seniors are often more generous than younger generations. They have fewer urges to binge purchase in order to satisfy fleeting desires. In large part this is because of their maturity which allows them to prioritize needs over wants. They often have fewer debt obligations and more disposable income so they often give more. They also see the value of rewarding commitment so they are more inclined to give to missionaries, outreach groups and scholarship funds.

Each senior believer also has a story to share. Almost 30 years ago, just weeks before I started my seminary training, I had the opportunity to visit with my 85-year-old grandfather. We talked about life and death, and he shared with me about how he trusted Christ for salvation as an 11-year-old boy. He began to talk about a passage of Scripture that was especially meaningful to him.

Though he could not remember the passage he knew the content. The passage was Ecclesiastes 12. When I began reading the Scripture to him, he seemed to be at peace. He went home to his Lord that next week.

So what was the content of that passage that captured the spiritual attention of an 11-year-old boy in 1912? Ecclesiastes 12:1–7 reads:



Photo courtesy of Birmingham Baptist Association

*So remember your Creator in the days of your youth: Before the days of adversity come,
and the days approach when you will say, 'I have no delight in them;'
Before the suns and the light are darkened, and the moon and stars,
and the clouds return after the rain;
On the day when the guardians of the house tremble, and the strong men stoop,
the women who grind cease because they are few,
and the ones who watch through the windows see dimly,
And the doors at the street are shut while the sound of the mill fades;
when one rises at the sound of a bird, and all the daughters of song grow faint.
Also, they are afraid of heights and dangers on the road;
the almond tree blossoms, the grasshopper loses its spring, and the caper berry has no effect;
for man is headed to his eternal home, and mourners will walk around in the street;
Before the silver cord is snapped, and the golden bowl is broken,
and the jar is shattered at the spring, and the wheel is broken into the well;
And dust returns to the earth as it once was, and the Spirit returns to God who gave it.*

Getting up with the birds reminds me of my grandmother who was always up hours before we were so we would have a hot breakfast when we visited. The careful reader will see other references to aging, including references to loss of joy, loss of sight, loss of hearing and loss of teeth. The writer notes the desire to stay in unless there is a reason to go out. They have lost the spring in their step and they have a legitimate fear of falling.

Physical aging is a reality and there is no shame in it. Like the blossoms of the almond tree, the older adult's head is covered with white. Gray hair is a sign of God's grace and accumulated wisdom. Embrace the gray.

Before the arrow on the bow's silver cord is loosed, before the body releases the Spirit that inhabits it, think regularly, meditate repetitively and remind yourself constantly that this life is your opportunity to bring God glory.

EDITOR'S NOTE — This article, written by Douglas K. Wilson, dean of the office for global engagement at University of Mobile, originally appeared in the Dec. 17, 2015, issue of The Alabama Baptist on page 6.

Resources

This four-part series contains some resources for more information. These additional resources may prove to be helpful as well:

- ▶ Careconversations.org
- ▶ ageinplace.org/planning-guide
- ▶ aginginplace.org
- ▶ care.com
- ▶ Alabamaageline.gov
- ▶ Caringinfo.org
- ▶ Samaritannj.org
- ▶ Theconversationproject.org
- ▶ nia.nih.gov/health/planning-long-term-care
- ▶ assets.aarp.org/www.aarp.org/_cs/health/ltc_resource_guide.pdf
- ▶ forbes.com/sites/annabahney/2015/01/31/how-do-i-help-my-parents-prepare-for-long-term-care/#51aba50b19d3



3310 Independence Drive
Birmingham, AL 35209

Phone: 205-870-4720
Toll-free (in Alabama): 800-803-5201
www.thealabamabaptist.org