

## Of a certain age...

By Diane Goble  
Columnist

For many years, I've helped people deal with advance healthcare planning both as an author and an educator. I currently write a blog and articles encouraging people to have the conversation with their family about their wishes for end-of-life treatment long before it becomes necessary.

As a hospice volunteer for many years, I witnessed too many feuds among family members who hadn't openly expressed their values and talked about what treatments they'd want or not want in an emergency scenario. "Do everything" may be one's first reaction, but it isn't always the best option and hope isn't a plan.

I have all my paperwork in order and have discussed my wishes for care and treatment with my healthcare representative in case something happens suddenly, rendering me unable to comprehend the situation or communicate my wishes. I have a pre-paid cremation plan in place along with suggestions to my kids for getting together to scatter my ashes

off a designated mountaintop while listening to a playlist of my favorite music.

All my financial records and personal information, account numbers, passwords, locations of items, my advance healthcare directive, last will & testament, powers of attorney, tax records, titles and so on are listed and in a single location with instructions about who to contact and what to do with what I left behind.

I did all this not because I'm a control freak, but because I don't want to leave a mess behind for my kids to have to figure out if I should suddenly become incapacitated or die. My father dropped dead of a heart attack. I had no idea where anything was. It took me five years of legal wrangling, dealing with unscrupulous lawyers, the IRS, his creditors, his fourth ex-wife ... don't even get me started about that!

My mother, on the other hand, was much more organized, which made it a lot easier on my sister and me when it came to managing her care and following her end-of-life wishes. It also helped me decide to be

pro-active about my own final wishes.

And then, thinking I was all set, I read an article recently about how seniors don't plan for, not just long-term care, but how to adapt to the aging process as we begin to lose our abilities and I realized I forgot about that part. I started to wonder should I give up riding my bike because, at this certain age ... if I fall and shatter a few bones, there's a good chance it could be a long time before I return to self-sufficiency. If I have a stroke and end up in rehab under Medicare rules, I could be helpless and homeless by the time I got out.

But this article went on to talk about the concept of community among elders, in this case, a small population within a larger metropolitan area. These seniors were appalled by the prospect of continuation-of-care facilities where people progress from independent living to assisted living to nursing home in one place — "a place," they say, "where one enters standing up and leaves in a box."

A group of these neighbors got together and created

a network of like-minded people who were aging but knew they didn't want to go into a nursing home. They formed a group and started a database, and people volunteered to help each other when someone needed help. They rated and recommended good service providers from plumbers to doctors and home healthcare aides. Those with cars drove those without. People who loved to cook shared meals and baked cakes. They got out and walked together, and socialized with others as a village.

These senior villages have helped people stay at home for far longer than might have been possible otherwise. A similar concept was talked about a few years ago in Sisters when a project was being considered for progressive senior living, but it never got off the ground. Sisters seniors who were no longer able to live alone often had to move to assisted-living facilities in Bend, which meant their loved ones had to drive back and forth to provide care. All this cognitive dissonance puts tremendous stress on families, schedules, finances

— everyone suffers.

However, in the emerging market in Sisters, we are now hearing about cluster homes, affordable senior housing, assisted-living facilities, and more senior services to meet the needs of the growing senior population. These will create perfect "villages" where seniors could be helping seniors remain independent and probably healthier longer by keeping them active and engaged. I hope the people will take the initiative themselves and not wait for the City to make sure our fellow seniors don't have to choose between safety and independence.

So now I know I have to add to my future healthcare planning process what I would want if I should unexpectedly need care, short-term or long-term ... what I can afford if I should need home healthcare ... how to get to doctor appointments, the grocery store, city council meetings... who will take care of Cheech and Chong (my cats) if I need to be hospitalized ... who would I call if I fall and I can't get up? Isn't it time you should be thinking about it and planning ahead as well?

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