

*A Quarterly Update on Long-Term Health Care*

# It's A Wonderful Life



*From the Desk of:*

**Robert J. Sweiss**  
CSA, CLTC, CEA

4849 W. 85th Street  
Burbank, IL 60459  
Phone: (708) 499-6060  
Fax: (708) 499-6565  
rjs@robertsweiss.net

## CONTINUING CARE RETIREMENT COMMUNITIES: THE ANSWER TO AGING?

Imagine yourself as a retired person enjoying safety and independence in comfortable surroundings and having few worries about bills or catastrophic illness. A dream? Yes, but one already coming true for thousands of people who live in **continuing care retirement communities (CCRCs)**.

For a one-time payment plus a monthly fee, you can get a contract that entitles you to an apartment or home, meals, medical service, and, if necessary, nursing home care until you die. According to the American Association of Retired Persons (AARP), the one-time entry fee can range from \$20,000–\$400,000, depending on the type of residence and its location, while monthly fees can average \$200–\$4,000 for maintenance, household work, and other personal services (AARP, 2005). In return, all forms of **long-term care** are guaranteed, and typical amenities include meals, recreational and educational activities, scheduled transportation, and emergency help.

### *Communities Vary in Appearance*

A CCRC can range from a high-rise building in an urban center to an apartment complex located within a small town. They can be found in virtually every state; however, California, Florida, Pennsylvania, Oregon, and Washington tend to be pacesetters in this area—in terms of either number of facilities available, or state legislatures that are highly supportive of long-term care facilities.

Continuing care retirement facilities are not new. The oldest were established before 1900, with the vast majority having appeared since 1960. Many CCRCs are run by nonprofit groups, while some are affiliated with religious or fraternal organizations.

### *Seek Legal Advice*

If you are considering this retirement option, legal advice is a must because CCRC contracts are complex. You should investigate if the facility is accredited by the Commission on Accreditation of Rehabilitation Facilities, an organiza-

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tion that checks the quality of health care offered, the facility's financial stability, and the type of consumer protections it has in place. The Commission is located at 1730 Rhode Island Avenue NW, Suite 209, Washington, DC 20036 ([www.carf.org](http://www.carf.org)). Its telephone number is (866) 888-1122.

Additionally, you can ask for biographies of the community's principal owners and operators to assess their expertise. In most states, the insurance commission regulates

CCRCs, so you can call that agency to request a copy of the facility's latest audit report. You can also request the names of current residents and interview them about their experiences living at the facility.

For more information about continuing care retirement communities, contact the American Association of Homes and Services for the Aging ([www.aahsa.org](http://www.aahsa.org)) and the American Association of Retired Persons ([www.aarp.org](http://www.aarp.org)). ○

## CARING FOR ALZHEIMER'S PATIENTS: COSTLY FOR CAREGIVERS

Approximately 4 million Americans have been diagnosed with Alzheimer's disease according to the Massachusetts Chapter of the Alzheimer's Association (2003). One in ten of those over age 65 has the disease. The odds increase dramatically for those over age 85, with nearly 50% suffering from the disorder.

Alzheimer's is a disease that causes amyloid plaques and neurofibrillary tangles to form in the brain, which then destroy brain cells. Alzheimer's is the foremost cause of dementia, and leads to increasing memory loss and gradual loss of learning abilities, language, and motor skills. Those afflicted with Alzheimer's often become disoriented, suffer changes in personality, and lose their ability to take care of themselves. The average length of time that a person lives after being diagnosed is eight years, although the range is anywhere from three to twenty years.

More than 70% of Alzheimer's patients live in their own homes. Nearly three-quarters of the care the patient receives is through family and friends, but the average

family still pays \$12,500 each year out of their own finances for any additional care that may be needed. According to the American Association of Geriatric Psychiatry (2002), the level of care that family and friends provide is so great that if a dollar amount were to be assigned, it would equal approximately \$257 billion per year.

### *The Cost of Care*

Providing constant care for an Alzheimer's patient requires painstaking effort. As the patient's condition worsens, the caretaker will likely need to provide constant supervision. Since agitation, confusion, and disorientation are worsening problems for those with Alzheimer's, their caretakers are forced to be on constant guard. Caretakers must be concerned with all possible scenarios to ensure that patients don't, for example, try to cook and/or leave the stove on; wander off and get lost; or involuntarily hurt themselves because they have lost the ability to understand danger. Consider these sobering statistics from the Massachusetts Chapter of the Alzheimer's

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Association (2003): The average caretaker is a woman in her 70s who also suffers from two chronic health conditions. The stress these women experience is enormous, and a full third of them will die before their patients.

### *Financial Protection*

There is good news—the future does not have to be this uncertain or grim. Many people do not know that there is a way to safeguard themselves and their loved ones from the devastating physical and financial drain faced by both victim and family. **Long-term care insurance** can help provide this much-needed relief because several policies offer coverage for Alzheimer's or dementia.

In 1999, the U.S. Department of Health and Human Services performed a study to determine the effects of insurance on caregivers' stress levels. 68% of respondents said they believed that having insurance benefits reduced the amount of stress in their situations. Those with insurance were also less likely to feel that they had no time to themselves, that they had to give constant care, or that they had to provide care when they themselves were ill.

A long-term care policy can help provide some of the necessary funds to help cover care at a nursing home, an assisted living facility, or even home health care, but the financial hardships that a family without insurance may face can be extreme. Family members who are caring for an Alzheimer's patient may also be responsible for a child or grandchild. In addition, they may be concerned with their own financial futures and/or retirement funding. Caretakers often find themselves in compromised situations at work. The need to come in late or leave early, take days off, or refuse promotions or travel assignments are common. In fact, according to the National Alliance for Caregiving (2003), American businesses are estimated to lose anywhere from \$11 to \$29 billion each year on lost productivity for those employees with caretaking responsibilities.

The physical, emotional, and financial strain of caring for a loved one is extreme for the caretaker. Insure yourself and those you love with the financial security that long-term care insurance can provide. Talk to your insurance professional today, and be prepared for whatever life may bring. ○



## “HOMING IN” ON YOUR RETIREMENT DESTINATION

**A**s you think about reaching your “golden years,” where do you imagine yourself living? In an affordable house on the lake with room for a visit from your grandchildren? In a condo near a golf course? How about living closer to family and friends, or expanding your horizons by moving to a new setting? What's important to you—a moderate climate, close proximity to recreation, excellent medical

facilities nearby, a modest cost of living, or favorable local tax rates? These and many other factors can ultimately result in a retirement destination that can meet your personal and financial needs. The fact is that the better you acquaint yourself with benefits and drawbacks of potential retirement destinations, the better you'll be prepared to make the best choice. ○

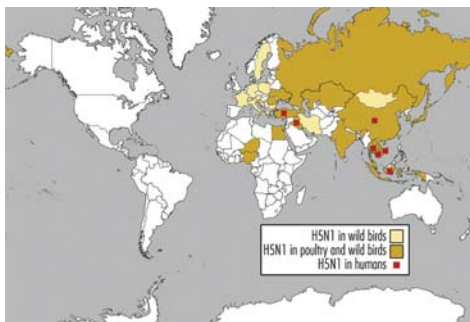
## HEALTH NEWS

### *Ambulance Arrival Promotes Speedy Care for Stroke Victims*

Examining the records of over 630,000 stroke victims has led Dr. Yousef Mohammad of Ohio State University to conclude that patients who arrive at the emergency room via ambulance are far more likely to be admitted and treated faster, as compared to those who come to the ER by other means of private or public transportation. Lending further support to Dr. Mohammad's research are the results of a study by researchers in Portland, Oregon. This unrelated group focused on approximately 500 stroke victims and discovered that stroke victims brought to the ER by ambulance were given vital tests more quickly. The two studies emphasize the importance of dialing 911 in an emergency in order for patients to receive the speedy care that is crucial to their recovery. The results of the studies were revealed at a conference of the American Stroke Association in February. (Associated Press, February, 2006)

### *Preparing for a Flu Pandemic*

To enhance public and medical readiness for a potential outbreak of pandemic flu and avian influenza (bird flu), the U.S. Department of Health and Human Services has established a website: [www.pandemicflu.gov](http://www.pandemicflu.gov). Here, you'll find updates on state and local



preparedness initiatives, as well information on travel, outbreaks, vaccines, health and safety, research, and global activities. To help everyone plan for an uncertain future, this site offers specific information for individuals and families, businesses, schools, health care providers, and community organizations.

### *Personality Traits May Be Indicators of Risk for Parkinson's*

According to the *Journal of Neurology, Neurosurgery and Psychiatry*, those who are most cautious and minimize risks may have greater likelihood of developing Parkinson's disease. Parkinson's disease usually begins with minor tremors in one limb and gradually worsens to ongoing trembling, which causes disruptions in motor ability. According to the researchers, "This study raises the possibility that there is a neurobiological link between low sensation-seeking traits which might underlie the parkinsonism personality."

(Source: *Journal of Neurology, Neurosurgery and Psychiatry*, February, 2006)

### *Eliminate Mold to Prevent Health Problems*

Inhaling mold-contaminated air can trigger hay fever-like allergic symptoms and may lead to breathing difficulties among individuals with chronic respiratory ailments. Watermarks on walls and ceilings, musty smells, or other evidence of moisture are warning signs that mold could be present. To prevent mold from forming, keep windows, roofs, and plumbing in good repair. Use bleach and water to remove mold once it appears, and then eliminate the source of the moisture so that no further growth occurs.