



Welcome to our second edition of the APA Quarterly Newsletter! We hope you enjoy the articles written by your fellow members of the APA, and maybe learn a thing or two in the process. And don't forget to check out the events, announcements and happenings as well!

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Announcements

A New APA Benefit for Members

Introducing the APA Career Center! This gives members who are looking for their next career opportunity a resource. Job seekers can sign up to receive notifications when new jobs are posted, and they can post their resume in the Resume Bank for hiring companies to review.

<https://www.tristateapa.com/Careers>

Are you hiring?



Are you a job seeker?



Announcement:
Family Bridges Home Care is proud to announce that we are now the in-house provider of Home Care Services for the residents of Deerfield Springs Retirement Resort.

Our goal is to help the residents of Deerfield Springs to remain independent by offering them Home Care services and bonded packages ranging from 30 minutes to continuous care. We are an affordable and convenient solution.

MEET THE TEAM...



Michelle, Case Manager; Jackie, Caregiver; Regina, Caregiver; Mary, Community Liaison

The next edition of the Older Adults Resource Guide is scheduled for January, 2023. All businesses/agencies can place their information in the guide free of charge! Send your updates to Rob Jutze at rjutze@seniorimpact.com. If you would like to view your listing from the 2022 edition, the guide can be viewed at www.seniorimpact.com/cincinnati.



Now Accepting Applications for APA Scholarships

The Association for Professionals in Aging is excited to announce the opening of our annual scholarship program.

Every year, the APA provides scholarships for undergraduate and graduate students in fields of study leading to a career in aging. Students may self-nominate.

This year, the APA will be awarding **five \$1,000 scholarships!** The scholarships will be awarded on November 10 at the APA Networking Social.

Please share this information with students who may be eligible.

Read more about the criteria, deadlines, and the forms by visiting: www.tristateapa.com/scholarships

UPCOMING

EVENTS

Thursday, October 27, 2022

4:45 PM - 7:00 PM

Cornerstone of Care: Restoring the Lost Art of Empathy

Deerfield Springs, 3664 W. US 22 & Ohio 3 Loveland

This is a one-hour CEU for Ohio social workers and counselors. Nurses will be issued a certificate that can be presented to your board.

4:45 - 5:30: registration and networking.

Light appetizers, wine and beer will be provided

5:45 - 6:45: program

6:45 - 7:00: Q&A and tours

Provision Living and Assisting Hands will be offering The Alzheimer Disease and Dementia Care Seminar this fall. Save The Date!

Earn your credentials as a Certified Dementia Practitioner by taking this required course from approved instructor Holly Henderson.

Training Date: Friday, October 14th 8:30am -5pm

Training Location: Provision Living at West Chester 5531 Chappell Crossing Blvd West Chester Township, OH 45069

Training Cost: 195.00 per student includes all training materials and certificate of completion. Lunch provided by Assisting Hands Home Care

Training Registration: Limited Spaces available, email jmcvey@provisionliving.com to register

APA Networking Social & Scholarship Awards

Thursday, November 10, 2022

4:30 PM - 6:30 PM

StoryPoint | 7129 Gilmore Road | Fairfield

Wednesday, October 12th, 2:00 pm Aging in Place Webinar

Join us for a webinar discussion on the best tips for aging successfully on your terms. Presented by Confident Living, part of Life Enriching Communities (LEC).

Learn about Confident Living, a continuing care at home program, and how membership makes it easier for you to age where you want.

Register at www.confident-living.org/events.

If you'd like to have your event or announcement listed in the next APA Quarterly Newsletter, please email either Mary Mendel at Mary@FamilyBridges.com or Rob Jutze at Rjutze@SeniorImpact.com. We'd love to hear from you!

Hamilton County Elderly Services Levy is on the Ballot in November

by Lisa Kruse,
Council on Aging



In 2017 the levy passed by 72%. It was a 1.6 mil levy totaling 25.60 mil of revenue over 5 years. The Hamilton County ESP makes a big difference for thousands of families who are caring for older loved ones. It helps working families keep mom and dad at home, while also helping businesses whose employees are struggling to balance work and caregiving responsibilities. ESP helps long-married spouses care for each other and stay together. And for those seniors who have no family nearby, it makes a difference in quality of life.

The levy has been around since 1992 providing funding for meals on wheels, personal care, transportation, and emergency alert services. It is a source of funding for modest mean income seniors who have no other support. With every cycle we need your help to support the levy. Meals on Wheels supports the levy because it is major funder in our Hamilton County meals program. Without passage of the levy critical services will be lost for over 8,000 seniors in This fall, we need your help to spread the word and make sure your friends, neighbors, and other community members know how important it is that they vote FOR Issue 10, the Hamilton County Senior Services Levy.

Ways you can help:

- Speak to public groups about the importance of the programs funded by the levy
(We'll coordinate the specifics) | September-October
 - Let us put a yard sign at your house or business | September
 - Let us put a large 4x4 at your house or business | September
- Help us secure permission to put a sign or a 4x4 at other places throughout the county | September
 - Help us assemble signs | September 30 at COA
 - Help deliver signs and/or install 4x4 signs | September-October
- Participate in a "Honk and Wave" or host your own – SIGN UP | November 4
 - Hold a sign, pass out info at the polls – SIGN UP | November 8



If you would like to get involved with the campaign, email info@helpourellderly.org. Read below to learn 10 facts about Hamilton County's Elderly Services Program and find out why your vote of support is needed.

1: It helps older adults remain independent in their homes.

As we age, most of us want to stay in our own homes, even if we need help. Home means independence, privacy, dignity and connection to our loved ones. In-home care is much cheaper than a nursing home, but it's still beyond the means of many. That's where Hamilton County's Senior Services levy helps. For 30 years, the levy has supported the Hamilton County Elderly Services Program (ESP). Through services such as home-delivered meals, personal care and transportation to doctor's appointments, Hamilton County ESP makes it possible for more than 8,200 older adults to remain in their homes with independence and dignity.

2: It's funded by Hamilton County, for Hamilton County.

Hamilton County ESP is funded by the county's Senior Services levy, last approved by voters in 2017. It's a renewal levy, so it won't increase taxes. The program is available to Hamilton County residents age 60 and older who need help with certain daily activities.

3: It helps older adults while saving taxpayers money.

It costs an average of \$350 per month to help an older adult stay in their home via ESP. If that same person were in a nursing home on Medicaid, it would cost taxpayers more than \$6,000 a month. To help the program serve as many people as possible with the tax dollars available, some clients are required to help pay for the cost of their care through a co-payment. Co-payments are based on income, assets, out-of-pocket medical expenses and services needed.

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4: It helps older adults, families and businesses.

Hamilton County ESP makes a big difference for thousands of families who are caring for older loved ones. It helps working families keep mom and dad at home, while also helping businesses whose employees are struggling to balance work and caregiving responsibilities. ESP helps long-married spouses care for each other and stay together. And for those older adults who have no family nearby, it makes a difference in quality of life.

5: It's for your friends, neighbors and family.

Today, one-third of Hamilton County households includes someone age 60 or older. So chances are, you know someone – an older adult or a caregiver – who has benefited from ESP and the levy. ESP clients helped to shape the communities we live in today. They were secretaries, teachers, construction workers and business owners. They served our country and built our towns. The typical ESP client is a woman in her 70s, living alone on a modest income. She has health problems, doesn't drive, and needs help with housework and meals. But she doesn't need a nursing home.

6. Hamilton County ESP is well-managed and mission-driven.

Council on Aging of Southwestern Ohio (COA) manages the program via a contract with Hamilton County Commissioners. COA is a non-profit organization designated as the Area Agency on Aging for southwestern Ohio, including Hamilton County. COA's mission is to enhance lives by assisting people to remain independent through a range of quality services. COA brings in federal funds which help support ESP and other services for Hamilton County older adults and caregivers. Commissioners appoint a volunteer community board to advise on program needs and policies. Providers deliver the services, such as housekeeping and transportation, via competitive contracts with COA.

7: Hamilton County ESP delivers the right services at the right time.

Care managers create a plan for each client and arrange and coordinate services. Depending on client needs, these may include adult day care, emergency response systems, home-delivered meals, home modification (e.g. wheelchair ramp), home care assistance (personal care, homemaking and respite), medical equipment, transportation and more. To be eligible, clients must live in Hamilton County, be age 60 or older, and be unable to perform certain daily activities without help. Some are able to help pay for their care via co-payment. Services are flexible and can be adjusted as a client's needs change. ESP supplements – not supplants – care that is already provided by family caregivers.

8: The need is real.

Hamilton County's older adult population is growing rapidly. Today, more than one in five residents is age 60 or older. By 2030 it will be closer to one in four. And, approximately 28 percent of county residents age 60 and older have a disability. Hamilton County ESP serves these individuals and their caregivers, helping them to live at home, instead of in a nursing home.

9: Without the levy, the program would end.

There is no other local program to take its place. The levy provides 89 percent of the funding for Hamilton County ESP. Other funding comes from federal and state sources (via Council on Aging), client donations and co-payments.

10: Hamilton County cares about its older residents.

Voters have supported the levy and ESP for 30 years. They understand the importance of ESP for the older adults of today, and for those who will need it in the future.



The Three (and likely four) Documents Every Senior Needs

by Rob Jutze,

Senior Impact Publications



Nobody likes to think about growing old, and planning for when we may no longer be around. It's really not a fun task, but one most of us know is necessary. However, almost half of us age 55 and older have no will, and many of those with a will do not have the other documents needed to ensure their final years are lived the way they choose. The following three (and likely four) documents mentioned below are ones everyone should have in place.

1. Will: Most everyone knows what a will is – a legal document stating how you would like assets distributed after your death. It's typically a straightforward process, especially if you are married and want to leave everything to your spouse and kids. Technically, a will does not need to be written by an attorney, but it is highly recommended that it be done by one to make sure it is done properly.

2. Living Will: A living will is a document which lets healthcare professionals know what to do when you are too sick to communicate. It can indicate whether you when you would like medical treatment to stop, or whether you want passive feeding (a feeding tube) to be withdrawn. This document makes sure your wishes are followed and can spare loved one agonizing decisions about your healthcare. Unlike a will, an attorney does not need to draft this. In fact, many living will forms can be found online (many states Bar Associations have drafted a living will that can be easily downloaded). Just make sure you have it notarized or witnessed (the number of witnesses may vary by state). The great thing about a Living Will is that a copy is as good as an original, so once you have completed a Living Will it is a good idea to give copies to your loved ones and any medical professionals you see on a regular basis.

3. Durable Healthcare Power of Attorney:

Just as a living will gives you the power to decide your care, a durable healthcare power of attorney gives that power to someone else if you are not able. This typically applies

in cases where you are either physically or mentally unable to decide about your care.



4. "Financial" Power of Attorney: A power of attorney (POA) can be a wonderful tool to ensure that your financial decisions are being made if you are no longer capable of making such decisions. It can take away the worry of making sure your bills are being paid, deposits are being made, taxes are being paid, and more. However, there are dangers. The individual you name in your POA has complete control over your finances, meaning the possibility of abuse and/or fraud is present. To minimize this risk, make certain that person named in your POA is someone you absolutely trust. This is one document that you should have an attorney prepare for you. If you are not comfortable with someone taking over your finances, you may not want to draft this document. It is important to note, though, that as people age their change of becoming disabled increase, so this is something to consider when deciding whether you should execute a POA.

There are other documents you can prepare to help ensure your health and financial wishes are met, but the above are vital, and every individual in their 50's or older should consider preparing these documents.

Alzhumor, Using Laughter to Lighten the Mood

by Maria Deneau,
Alois Alzheimer's Center



I've started noticing that the conversation around Alzheimer's disease is always so heavy. Like, dead weight heavy. It's about time we started changing that tone – especially for the folks and families doing the caregiving. There's some funny “shit-ake mushrooms” being said and done while experiencing this bizarre world of dementia, so I figure that until we cure this dumb disease, we must learn coping strategies, like how to laugh. Swearing is another one...which you've already figured out.

For those of you who are still reading, here are some coping strategies and stories that I've either heard about from a family caregiver or a facility caregiver, or that I have experienced firsthand in my own adventures as the daughter to a mom with Alzheimer's. I'm also a public policy advocate/ambassador for the Alzheimer's Association and a professional in the geriatric healthcare world. So, I have seen A LOT. Most names shall be “made up” for the simple fact of privacy, but these stories are just too darn funny.

Alzhumor Coping Strategy No. 1: Meet Them Where They Are:

First and foremost, as a family member or caregiver, this is the most important thing to understand about this disease: you **MUST** meet your person where they are, figuratively speaking. If they think it's 1953 today, then you better get out your poodle skirt and American bandstand records. If they think it's 1973, same thing! Hot pants and Brady Bunch episodes...but stay away from the fishbowl, if you know what I mean.

So, my friend and fellow advocate “Laurie” takes care of her grandmother with dementia in her home with her mother. They are the only caregivers for this delightful old gal, and one day, after doing exercises with her, her grandmother started cracking up out of nowhere. Laurie asked, “Nana, what's so funny?” Her Nana finally stopped laughing and shouted, “I'm getting married!” Laurie said, “To who?” and Nana replied “I HAVE NO IDEA!” and kept cracking up! So, they both just sat there laughing their guts out. Laurie didn't correct her or get upset. She's way beyond that. Instead, she just enjoyed a humorous moment with her Nana.

Alzhumor Coping Strategy No. 2: Their Reality Is YOUR Reality:

You never know where they might take you with this one, so just go with it every single time. Literally. I used to work in a nursing and rehab center, and there was one resident “Marilyn” who was slightly ornery, but always had a perplexed smile on her face. She had a lot of kids and grandkids, so with her dementia, she found comfort in baby dolls. Her daughters would bring in clean baby doll clothes and bonnets for this doll of Marilyn's and it was pretty cute. One day, I was helping staff get everyone down to the dining room for lunch and told Marilyn “Come on! I'm gonna give you a ride!” (She was in a wheelchair.) As we went down the hall, she was rocking and singing to her “baby” and it was a very sweet moment. I stopped and asked her quietly, “How's your baby today, Marilyn?” She looked up at me and without missing a beat, said “It's just a doll, you idiot!” She was lucid for just a brief moment, clearly. We both started laughing so hard. By that point, she had no idea why she was laughing, but that just solidified why I do what I do!

Alzhumor Coping Strategy No. 3: Hallucinations Are Normal. Don't Argue:

“Ted” was a pig farmer all of his life in Southwest Michigan and ended up with Alzheimer's. He still lived at home in the family farmhouse. His adult children were stressed out by his hallucinations and sought counsel from the local Alzheimer's Association in Kalamazoo with the program coordinator and social worker, Barb. One day, they called her completely distraught because Dad was running around saying that there were pigs and children running through the house. They kept trying to calm him down by telling him that there WERE NOT pigs and children running through the house. This only agitated him more. Barb calmly told them to acknowledge this. So, one day when Ted started screaming again about the pigs, his son quickly picked up a broom and started yelling “SUEEEY!” and sweeping the pigs to the door. His sister opened the door and out the front door he swept those pigs! They slammed the door and turned around. Dad went and sat down in his Lazy Boy and said very matter of fact “‘Bout damned time somebody listened to me!” and was quiet for the rest of the evening.

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Alzhumor Coping Strategy No. 4: Lighten Up!:

One fellow advocate of mine, “Natalie,” has a husband with VERY early onset Alzheimer’s — he is in his late 30s. Devastating to hear, right? This family just rolls with it every day. Recently, she had to take him to get some bloodwork and labs done, and they couldn’t get a needle in his arm for anything. This was important for a recent health test. So, she just looked at him and said “You are a giant weirdo, you know that?! Why can’t you just get sick like everybody else?!” With that, she and her husband laughed until they were crying (he’s still alert and aware) and the phlebotomist was mortified. Natalie just turned to her and said “Honey, you gotta lighten up. We just have that dark humor in our family.” Bravo! Don’t ever feel the need to apologize for your humor if people don’t get it.

Alzhumor Coping Strategy No. 5: Don’t Let ‘em Manipulate You...’Cause They Will:

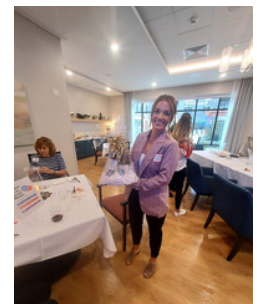
Another friend of mine, 23-year-old “Thomas,” lost his mom to early onset Alzheimer’s at 48 years old. He was also one of her caregivers. They had the BEST sense of humor, even before the disease hit. Very dry. One day, he was trying to get her dressed for a family party and she wasn’t cooperating. In a rare impatient moment (he was running late), he finally said “Come on, mom. Please put on your dress so we can go!” Mom, who was still able to dress herself, stated, “I don’t know how to put on my damn dress. I have Alzheimer’s. YOU do it. I can’t remember how.” Convenient for her, right?! What else can you do but laugh? Which Thomas did.

Alzhumor Coping Strategy #6– Expect the Unexpected. There Is No Other Way to Put It:

Then there was that moment when my dad was hospitalized from caregiver exhaustion and burnout after hiding my mom’s new personality traits, and my brothers and I had to take care of her for a few days: worst nightmare. My mom was in dire need of a shower, and I finally got her into the bathroom, but she wouldn’t get in without a shower cap. Mind you, her hair was the dirtiest part. I didn’t argue; I just rooted through the cabinet for a shower cap and actually found one. As I turned around to help her put it on, she said “I’m ready, I found it.” Except that she hadn’t. She had found a pair of clean Depends and put them on her head like the Papal crown as she stood there buck naked. My first instinct was to cry, as this was a new frontier for my proper, elegant mom and me. Crying wasn’t what emerged, though. Instead (again), it was laughter. I started laughing, and my mom just laughed right along with me! Are you seeing a pattern here? My biggest takeaway here is to just keep it light as much as possible. If it’s funny, LAUGH! If it’s not funny, LAUGH. There isn’t a damn thing that you can do to control this disease and its tentacles. “Dr. Octopus ain’t got nuthin’ on Alzheimer’s.” I’m certainly not trying to “make light” of the horrors of this disease, but to encourage you to “be light” when going through your day. Next week, I’ll share three more stories to make you smile.

Ultimately, our loved ones with Alzheimer’s may not know WHY they love you, or who you actually are, but they somehow know that they love you, even in the oddest of ways. So, when times get tough, just remember: keep laughing.

We've had a busy past few months! Check out the photos from events we've hosted and attended.



From Surviving, to Flourishing, to Nourishing

*By Zaire Sims,
Meals on Wheels*



A theme I've noticed nowadays is that aging service providers are constantly saying, "In reality, we're all one paycheck away from being homeless," or some version of this statement. But what does that really look like? At a young age, my mother was unable to work due to an injury. Consequently, affording rent became impossible for us, my four sisters and I, and when I was about 15, we fell into homelessness. One thing that really stuck with me was—when you're getting evicted, to have your stuff sit out on the curb, is a whole different feeling. Everything seemed so surreal. The people who put our stuff on the curb had no regard for our personal items. They mixed the cat litter box with our clothes. They had so little respect for our things and treated us with so little dignity. For me, that's when it became real. I was actually homeless. Before that, we had been staying in hotels or couch surfing with friends or family.

'THE PEOPLE WHO PUT OUR STUFF ON THE CURB HAD NO REGARD FOR OUR PERSONAL ITEMS.'

After that, I learned to become more vocal in asking for help from my school social worker for things like food, clothes and help with being able to afford and attend prom. I also went to live nearby with my aunt for a year, so I would have a stable residence until I graduated from high school. I really wanted, and needed, a "normal" teenage high school experience.

These early experiences of navigating the system, at such a young age, and getting into the helping field of social work has shaped my ability to better serve and advocate for others, particularly older adults.

I have lived the experiences that many low-income older adults face. Coming from a background of being low-income and homeless, I can attest to the feeling of precarity, fear of the unknown, the constant state of worrying about the possibility of losing everything of value to me and wondering where my next meal would come from and where I'd lay my head that night.

Transforming Lived Experience into Social Work Practice:

Having been both a recipient and a provider of social services, I would like to share some ways providers and individuals who come from a varied socioeconomic status can provide quality services to low-income older adults. While this is not a fix-all guide to address service needs for older adults, the following suggestions may be helpful to use when advocating, assisting, and creating policies and programs.

Check biases, assumptions, and privileges at the door—Implement cultural humility in your practice. Never assume you know what is best for the older adult or population with whom you are working. Although you are the professional in the helping relationship, they are the experts in their lives. Beware of power imbalances. Cultivate a non-paternalistic partnership. Help low-income older adults make use of the power they already have. Work with and not for clients.

Have empathy, not sympathy—Empathy is the ability to put yourself in someone else's shoes and feel what the person is experiencing from their perspective, to be present in the moment with them. Empathy fuels connections and is nonjudgmental. Sympathy is an understanding of one's feelings from your own perspective. Dr. Brené Brown makes a succinct comparison of empathy vs. sympathy, reminding us that we can only create genuine empathic connections if we are brave enough to get in touch with our own fragilities.

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Trust has to be earned, not given—Often, as providers, we get so wrapped up in the day-to-day tasks of the job that we end up not spending enough time with clients. Where there is no trust, there’s no equity. The more we get to know the clients we serve, the better we are able to design, develop and tailor services to meet their unique needs and desires, whether it is by volunteering our time to deliver meals, spending time at congregate-meal sites or becoming a friendly visitor to older adults.

Combat economic insecurity—Socioeconomic status is a key factor in determining the quality of life of older adults. More than 15 million people ages 65 and older are economically insecure, with incomes below 200% of the Federal Poverty Level. Declines in health and the death of a spouse are common factors among older adults that can affect financial standing. For people on a fixed income, the rising cost of living and inflation can make it difficult to meet basic needs. The Gerontology Institute at the University of Massachusetts Boston developed the Elder Index, which can be a powerful tool for aging service providers, as it clarifies how far money really goes in different locations. The National Council on Aging offers a guide with suggestions for how caseworkers and advocates can use the tool to communicate older adults’ needs and apply them directly in their daily work.

Looking through an intersectional lens—Aging should be examined through an intersectional lens. It is important to be aware of ageist attitudes and stereotypes. As a resource, Reframing Aging is a social-change project that seeks to dismantle the negative social impressions of aging, while improving the understanding of what older adults can contribute to society.

We are all human. We need to move toward an ethic of care and compassion that is human-centered. As writer and activist Audre Lorde reminds us, “We must recognize and nurture the creative parts of each other without always understanding what will be created.”

Welcome to our New Members!

New members since July, 2022

Becca Adams, Summit Home Care
Lisa Dario, CareCore of Montgomery
Missy Fisher, CareCore Health
Jessica Fitzhugh, Right at Home
Renee Flack, Simply EZ of Columbus, Ltd.
Tom Frye, Everest Rehabilitation Hospital
Cincinnati North
Jenny Funk, J. Funk Medicare Shop, LLC
Michelle Griffin, CareCore at Meadows
April Hurst, Hurst Impact Group, LLC
Tracy Logan, Above and Beyond
Jason Martin, Summit Home Care
Lee Miller, QMedic
Toni Morgan, Alzheimer's Association

Mike Neroni, Ohio Valley Healthcare Solutions
Sharon Olthaus, Wellspring Health Care Center
Tammy Price, Foundations Health Care
Allison Reinert, Cardinal Digital Marketing
Ginger Sabolcik, West Chester Assisted Living &
Memory Care
Karen Silber, KTS Advocacy
Douglas Strand, Better World Research
Christina Stroup, Dedicated Senior Medical
Center
Paul Tobillo, Amada Senior Care Cincinnati
Michelle Troutwine, Family Bridges Home Care
Jennifer Walker, Assisting Hands
Ashley White, Devoted Health

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Healthcare Patient Advocates Serve Seniors & Their Families

By Karen Silber,
KTS Advocacy



The health care system is so complex that more than half of consumers are unable to navigate it, triggering avoidable customer service calls and more costly care.

So what is a Healthcare Patient Advocate?

A healthcare advocate is someone who provides direct and personalized services to a patient and/or their family as they navigate the healthcare system. They can act as a communication bridge between healthcare providers and patients/families. Advocate services are private pay and not at this time covered by insurance.

Some employers have begun providing advocacy support to their employees as a part of their benefit package.

Some examples of what Healthcare advocates may do:

- Schedule and attend appointments with patients
- Translate medical jargon
- Communicate medical information to family members
- Research treatment options, providers & facilities
- Medical records review
- Assist with transition home from the hospital
- Arrange community resources
- End of life planning/advanced directives
- Assist with insurance denials and coverage issues
- Review and negotiate medical bills
- Access financial or legal resources
- Assume power of attorney role
- Support/guidance for mental health & substance abuse issues
- Wellness and preventive health coaching

Who can benefit from a Healthcare Patient Advocate?

Older adults: Older adults may be intimidated when trying to understand bills, talking to agencies regarding applications, or deciding next steps when overwhelmed with choices. It can be difficult to speak when they're unsure of what to say. They may live alone and/or have adult children who live out of state and need the guidance and support. Experienced advocates generally have legal and medical knowledge that their friends or families lack.

Hospitalized patients: Those in the hospital may not have the energy or may be sedated to where they can't speak for themselves. An independent advocate can be by the patient's side and ensure the hospital staff is following their wishes. They can act as a liaison between the patient and provider then communicate information back to family if needed. At the time of discharge, they can review discharge orders including medications to ensure they are clear and concise in order to decrease the chance of a readmission.

Employers: More than 1 in 6 working Americans report assisting with the care of an elderly family member or friend and that it significantly affected their work life. Caregiving has shown to reduce employee work productivity and increase the likelihood of employees leaving the workplace. Adding a healthcare advocate to an employee benefit package allows employees to be supported through their healthcare journey. Outsourcing to a patient advocate saves staff time to spend on other HR matters. Absenteeism is reduced as employees spend less time trying to resolve their healthcare issues. They feel supported by their employers, showing care & concern, and a huge benefit to their employment. The advocate saves them time, headaches, and money.

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Advocate examples:

- Elderly woman was receiving hospice in a nursing home. Her daughter felt her condition was worsening and requested 24 hr care in a private room. The daughter hired a Healthcare Advocate who worked with hospice on arranging continuous care along with coordinating a move nursing to a private room. After 12 hours in a peaceful environment, the woman passed away. The daughter was able to be family instead of a 'caregiver' with the advocate's support.
- Adult children of an elderly man hired a Healthcare Advocate to help with their dad's upcoming surgery by attending appointments with him, coordinating his transportation to and from his home for appointments, and then sitting bedside with him at the hospital after surgery. The adult children all lived out of state, so the advocate was able to provide a huge support to their father and themselves.
- An employee needs a procedure and the prior authorization has been denied by his insurance. The employee had access to an advocate through his employer's benefit package. The advocate reviewed the denial letter and contacted the Utilization Review department at the insurance company. After working with the insurance company and understanding the medical necessity guideline requirements, the provider was contacted who resubmitted the request, which then allowed approval for the procedure. Utilizing the advocate allowed the employee to be less stressed, more productive and a huge time saver for not only the employee but the HR staff.



INTRODUCING THE NEW APA CAREER CENTER

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