

Eastern Oregon Coordinated Care Organization Summit
(EOCCO)
Kai Nichols MS CADCIH QMHP LPCA
End-of-Life Doula





ALCOHOL & RURAL OLDER ADULTS

EASTERN OREGON COORDINATED CARE ORGANIZATION
SUMMIT (EOCCO)

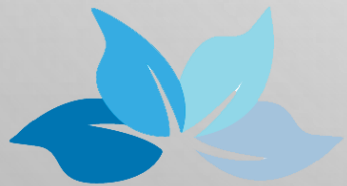
KAI NICHOLS MS CADCIH QMHP LPCA

END-OF-LIFE DOULA



Older Adult Behavioral Health Specialists

The Oregon Health Authority funds and supports 24 Specialists statewide, who are trained in social work or psychology. They **promote collaboration and coordination** among core stakeholders and partners, **provide complex case consultation** for older adults and people with disabilities, and **offer workforce development training to professionals** as well as **community education**. Every county in Oregon is covered by a Behavioral Health Specialist.



Oregon
Older Adult Behavioral Health Initiative



Collaborate
& Coordinate

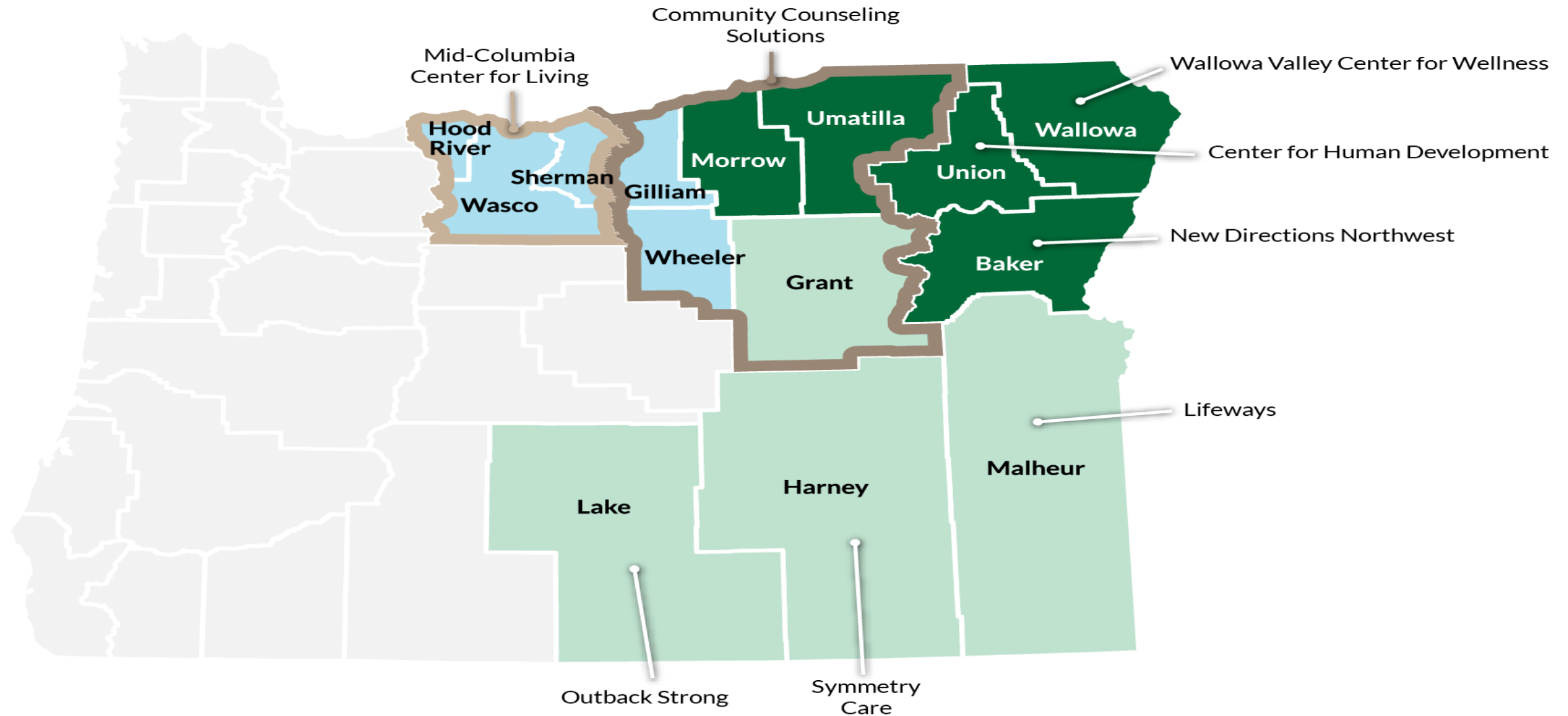


Consult on
Complex Cases



Training &
Education





Gracen Bookmyer
541-397-0539
gbookmyer@gobhi.org



Kai Burgess Nichols
541-705-4987
kburgessnichols@gobhi.org



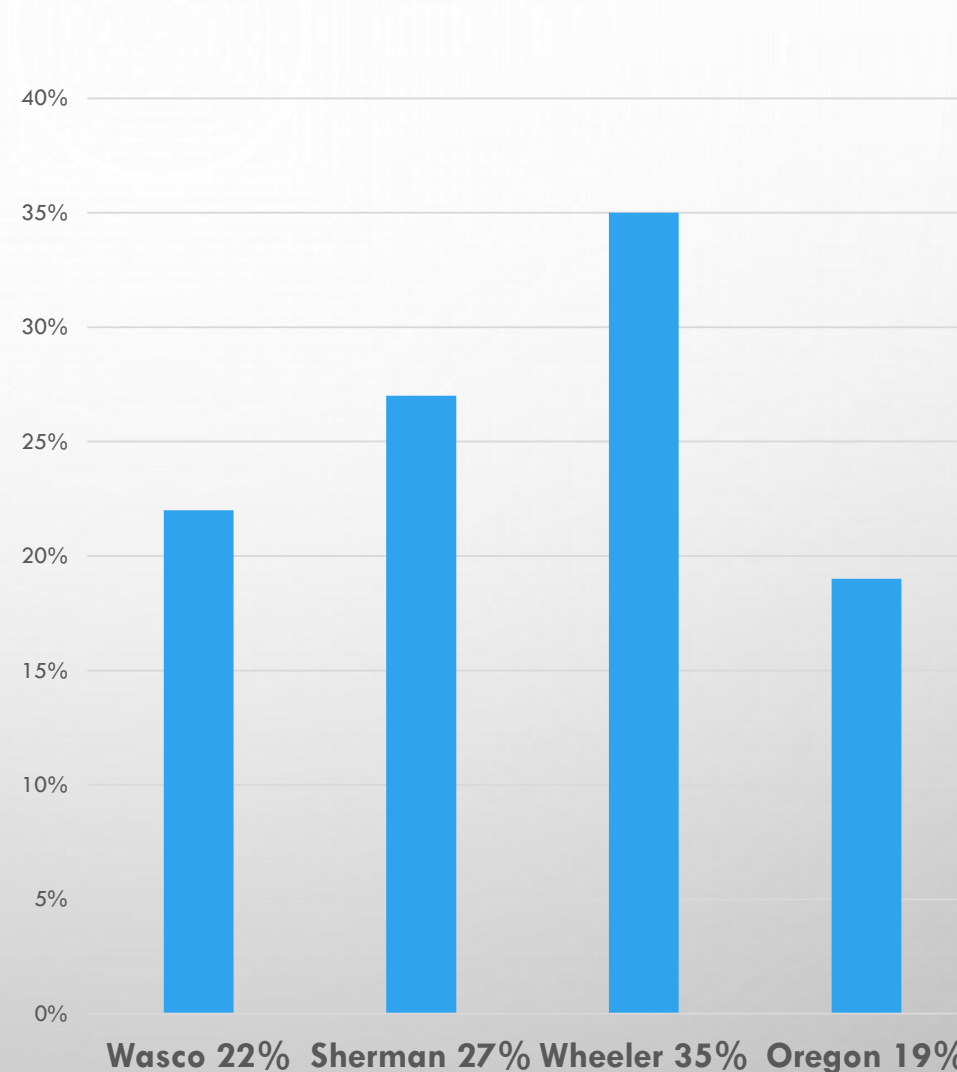
Rod Harwood
541-293-1755
rharwood@gobhi.org

WHY? DO WE NEED TO TALK ABOUT OLDER ADULTS SPECIFICALLY?

- OVER 11,000 PEOPLE TURN 65 IN THE UNITED STATES EVERY DAY! (7 PER MIN)
- BY THE YEAR 2030 THERE WILL BE MORE OREGONIANS OVER 65 THAN UNDER 18.....**ALREADY HAPPENED IN OREGON!**

WHICH MEANS....

- IN THE COMING YEARS YOU ARE LIKELY TO HAVE AN INCREASING NUMBER OF OLDER ADULTS SEEKING/NEEDING SERVICES. NO MATTER WHAT ROLE YOU PLAY, OLDER ADULTS ARE LIKELY TO PLAY A LARGER ROLE IN YOUR WORK
- OLDER ADULTS (LIKE ALL SUB-POPULATIONS) HAVE UNIQUE NEEDS YOU WILL WANT TO MEET



WHAT IS AN OLDER ADULT 'COHORT'

AND WHY DOES IT MATTER?

AGE 60 – 70 NOW

AGE 71-80ISH

- MAY HAVE BEEN COMBAT DEPLOYED SEVERAL TOURS
- CIVIL RIGHTS MOVEMENT
- UNLIKELY TO HAVE HELP-SEEKING EXPOSURE
- MOST LIKELY TO SEEK HELP FROM PRIMARY CARE
- LESS LIKELY TO HAVE USED ILLICIT DRUGS
- ABLE TO RAISE FAMILY ON MIN WAGE
- LESS LIKELY IN COMBAT/DEPLOYED
- MORE LIKELY TO HAVE HELP-SEEKING EXPOSURE
- ILLICIT DRUG USE IS MORE LIKELY
- AVERAGE SALARY NOT ENOUGH TO RETIRE
- FASTEST GROWING BH CONCERN COHORT



SUD, GAMBLING, MH, HOMELESSNESS,
ISOLATION

FACTOIDS THAT INFLUENCE OLDER ADULTS

- 15-20 PERCENT OF OLDER ADULTS HAVE DEPRESSION, WHICH IF UNTREATED LEADS TO OTHER HEALTH PROBLEMS
- LONELINESS & ISOLATION IS A CHRONIC HEALTH CONCERN FOR OLDER ADULTS; PARTICULARLY IN RURAL OREGON
- ONE IN NINE PEOPLE AGE 65 AND OLDER HAS ALZHEIMER'S DISEASE
- MEN AGED 75 AND OLDER HAVE THE HIGHEST SUICIDE RATE;
- UP TO 23% OF OLDER ADULTS DEAL WITH PRESCRIPTION DRUG MISUSE
- 36% REGULARLY TAKE AT LEAST 5 DIFFERENT PRESCRIPTION DRUGS. (MOST 7 OR MORE)
- ABOUT 33% OF ADULTS BETWEEN 65 AND 74 HAVE HEARING LOSS
- A LIFETIME OF MH CONCERNS & RX'S ACCELERATES AGING SIGNIFICANTLY
- *****UP TO 15 PERCENT OF OLDER ADULTS ARE AT-RISK DRINKERS**

BECOME A DETECTIVE



ABOUT 33% OF ADULTS BETWEEN 65
AND 74 HAVE HEARING LOSS

AND

APPROXIMATELY 18% OF THE
POPULATION AGED 65 AND OLDER
EXPERIENCE A CONDITION THAT
AFFECTS THEIR VISION

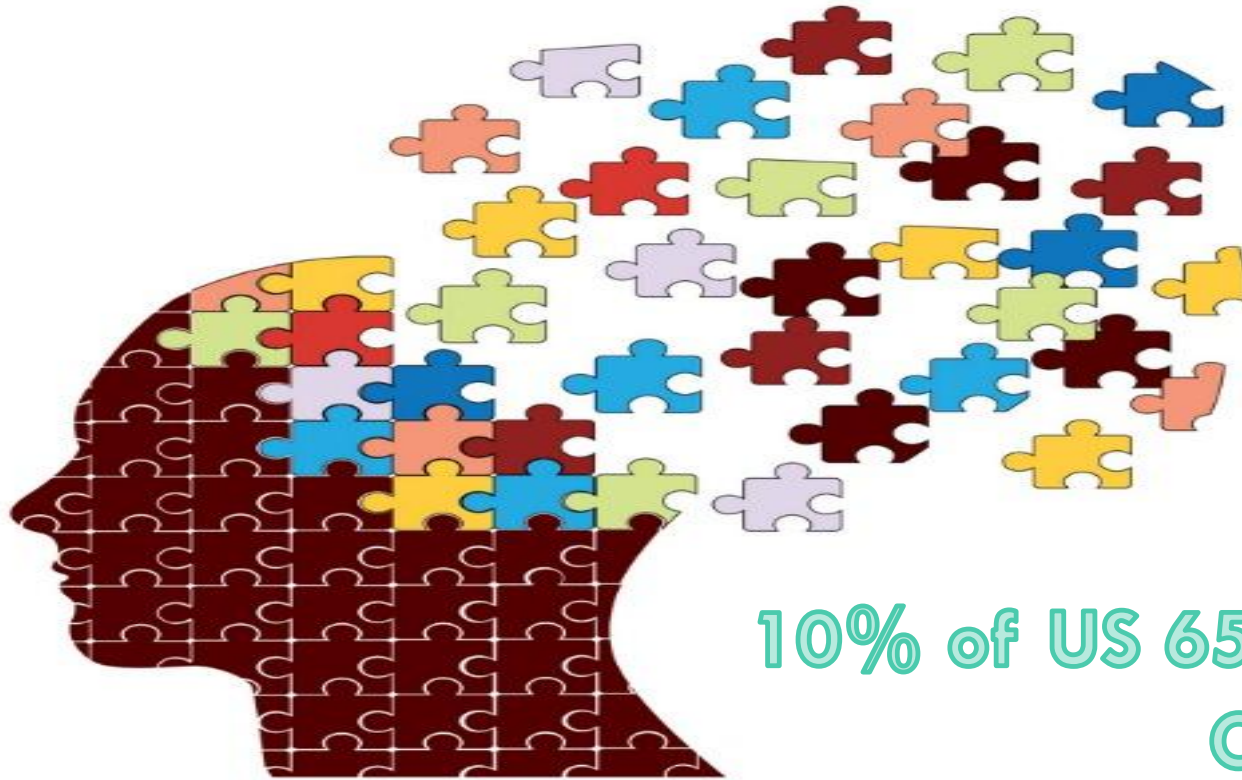
AND OFTEN THEY HAVE BOTH!



Unseen
disabilities



Do I have Dementia?



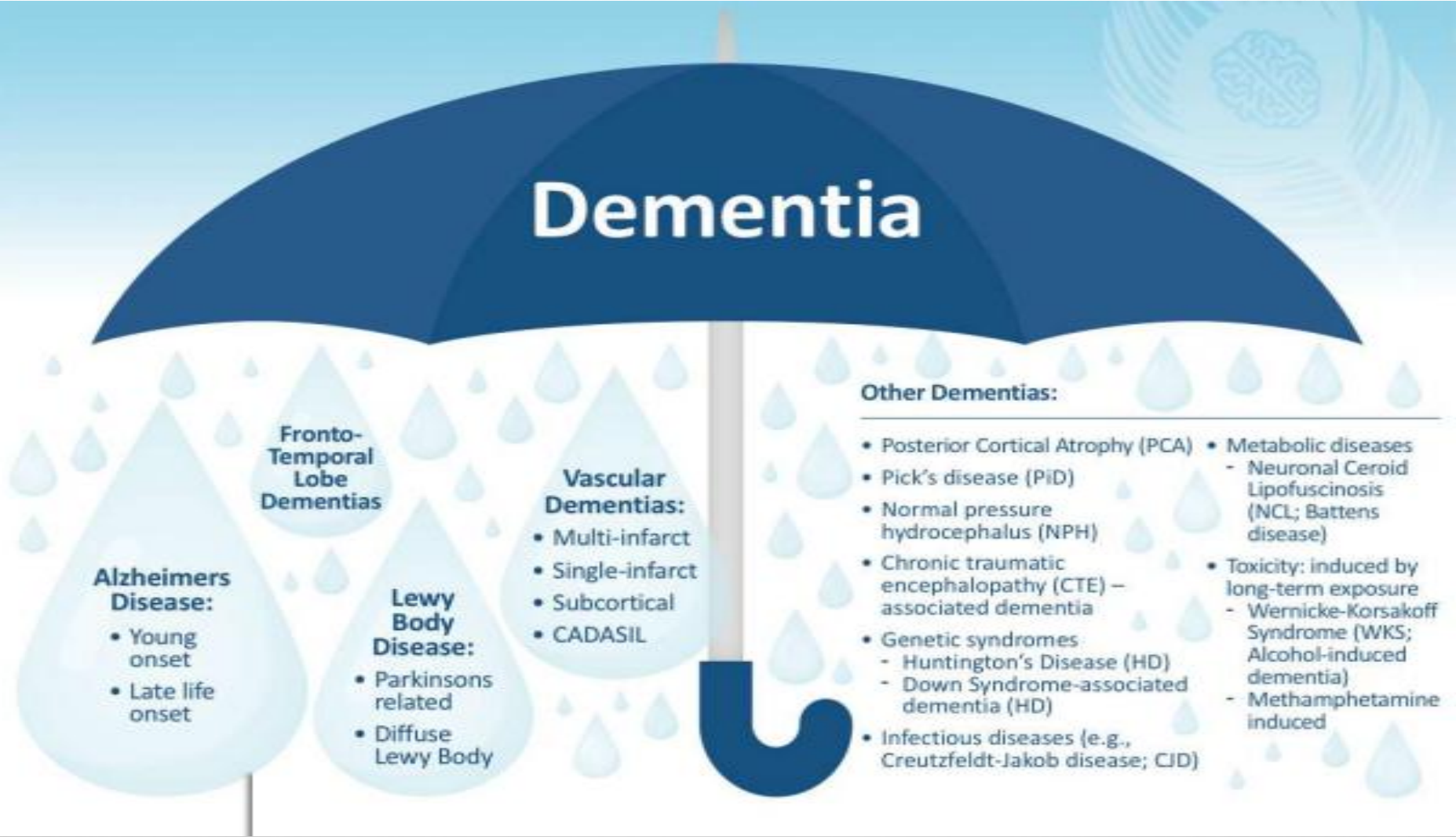
10% of US 65+ is living with undiagnosed
Cognitive Decline

drkemisan.net

5% of 65+ are
living with
undiagnosed
Dementia

Most of them are still driving!

Dementia

An infographic titled 'Dementia' featuring a large blue umbrella. Below the umbrella, several light blue raindrops of varying sizes contain text about different types of dementia. The background is a light blue gradient with a faint brain illustration in the top right corner.

Fronto-Temporal Lobe Dementias

Alzheimers Disease:

- Young onset
- Late life onset

Lewy Body Disease:

- Parkinsons related
- Diffuse Lewy Body

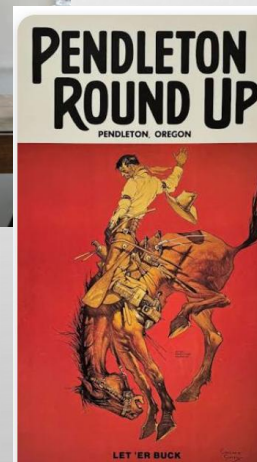
Vascular Dementias:

- Multi-infarct
- Single-infarct
- Subcortical
- CADASIL

Other Dementias:

- Posterior Cortical Atrophy (PCA)
- Pick's disease (PiD)
- Normal pressure hydrocephalus (NPH)
- Chronic traumatic encephalopathy (CTE) – associated dementia
- Genetic syndromes
 - Huntington's Disease (HD)
 - Down Syndrome-associated dementia (HD)
- Infectious diseases (e.g., Creutzfeldt-Jakob disease; CJD)
- Metabolic diseases
 - Neuronal Ceroid Lipofuscinosis (NCL; Batten's disease)
- Toxicity: induced by long-term exposure
 - Wernicke-Korsakoff Syndrome (WKS; Alcohol-induced dementia)
 - Methamphetamine induced

ALCOHOL & RURAL OLDER ADULTS



RECENT EVENTS THAT MAY LEAD TO MENTAL HEALTH CRISIS AND/OR UPTICK IN ALCOHOL CONSUMPTION, GAMBLING....

- PHYSICAL DISABILITY & LACK OF ACTIVITY
- LONG-TERM ILLNESS
- DEMENTIA-CAUSING ILLNESS
- PHYSICAL ILLNESSES THAT CAN AFFECT THOUGHT, MEMORY, AND EMOTION (E.G., THYROID OR ADRENAL DISEASE)
- CHANGE OF ENVIRONMENT, LIKE MOVING INTO ASSISTED LIVING
- ILLNESS OR LOSS OF A LOVED ONE

- SOCIAL ISOLATION
- ELDER ABUSE
- MEDICATION INTERACTIONS
- ALCOHOL OR SUBSTANCE USE
- POOR DIET OR MALNUTRITION
- DEHYDRATION



Baby Boomers & Alcohol-Related Emergency Department Visits

242%

increase in the rate of alcohol-related ED
visits
among adults age 50+ from 1993–2021

4.2 million+ U.S. ED visits involved alcohol in 2022.

~270,000/year Alcohol-related ED visits among adults 65+ averaged roughly this amount in 2006–2011.

66% of alcohol-related ED visits among adults 65+ resulted in hospital admission in 2006–2011.

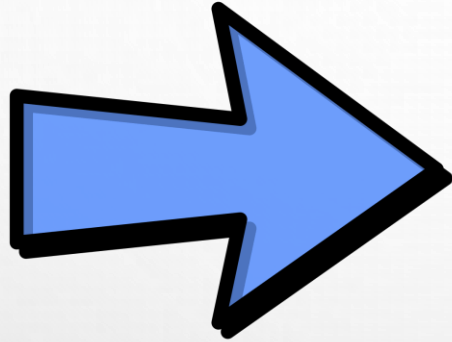
Falls matter Alcohol-associated fall-related ED visits rose substantially among adults 55–64, a key Baby Boomer age group.

Why it matters

Alcohol-related ED visits in later life may involve intoxication, withdrawal, falls, injuries, medication interactions, and worsening chronic conditions.

WHAT ELSE IS HAPPENING?

- DEPRESSION
- ANXIETY
- PTSD



Big 3

- TBI
- LONELINESS
- GRIEF
- DEMENTIA
- FALLS RISK
- CHRONIC CONDITIONS
- END-OF-LIFE ISSUES
- RETIREMENT WOES
- LEGACY CONCERNS



- A NATURAL REACTION TO AN UPSETTING EVENT
DEPRESSION IS NOT....



- ***A NORMAL PART OF AGING***

- A NORMAL PART OF GRIEVING

- TO BE EXPECTED



NEW OR DISORDERED ALCOHOL USE IS LIKELY TO LOOK LIKE ELDER SELF NEGLECT

- SIGNS OF POOR PERSONAL HYGIENE/NOT BATHING OR TAKING CARE OF HAIR AND NAILS.
- POOR MEDICATION MANAGEMENT OR REFUSING TO TAKE MEDICATIONS.
- SIGNS OF DEHYDRATION, MALNUTRITION OR OTHER UNATTENDED HEALTH CONDITIONS.
- UNSANITARY OR VERY UNCLEAR LIVING QUARTERS.
- SIGNS OF UNPAID BILLS, BOUNCED CHECKS OR UTILITY SHUT-OFFS.
- LACK OF ADEQUATE FOOD IN HOUSE OR SIGNS OF WEIGHT LOSS.

A word about Hoarding

aka overcollecting

Assessment Tool ***Clutter Image Rating Scale***

- A visual rating scale using 9 pictures to assess severity of hoarding and gauge the individual's insight
- Volume of clutter may look differently in different homes
- 4 or 5 and greater is a clinically **significant indicator** of hoarding

Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

Alcohol and Older Adults

- Older Adults become more sensitive to alcohol as they get older.
- Heavy drinking can make some health problems worse.
- Medications and alcohol do not mix/Older Adults 7+ medications
- A lifetime of alcohol misuse/binging after retirement
- Psychoactive medications effect overall outcomes
- Alcohol induced dementia is a concern



Overuse of Alcohol affects the health of older adults:

- Increased high blood pressure
- Increased stroke
- Decreased bone density
- Increased risk of falls
- Weakened immune system
- Depression and Anxiety



Screening tool	Older-adult specific?	Length	What it does
SMAST-G – Short Michigan Alcoholism Screening Test–Geriatric Version	Yes	10 items	Identifies alcohol misuse and problems particularly relevant to older adults
MAST-G – Michigan Alcoholism Screening Test–Geriatric Version	Yes	24 items	More comprehensive geriatric alcohol screening
SAMI – Senior Alcohol Misuse Indicator	Yes	5 items	Screens for alcohol misuse among older adults
CARET – Comorbidity Alcohol Risk Evaluation Tool	Yes	Varies	Identifies alcohol risk related to medical conditions, medications and behaviors
AUDIT	No, but validated in older adults	10 items	Alcohol consumption, dependence symptoms and alcohol-related consequences
AUDIT-C	No, but widely used with older adults	3 items	Quick screen for alcohol consumption/heavy drinking
CAGE	No	4 items	Lifetime history of alcohol-related problems
CAGE-AID	No	4 items	Alcohol and drug problems
NIAAA Single Alcohol Screening Question	No	1 item	Very quick screen for heavy dr

WHAT NEXT?

BEGIN TREATMENT

DECLINE TREATMENT

ACTIVELY OR PASSIVELY

NO TREATMENT AVAILABLE



CONNECTION AS PREVENTION/INTERVENTION



“SOCIAL
ISOLATION,
LONELINESS
COULD BE
GREATER THREAT
TO PUBLIC
HEALTH THAN
OBESITY”

Loneliness and social isolation may represent a greater public⁵ health hazard than obesity, and their impact has been growing, according to research presented at the **125th Annual Convention of the American Psychological Association.**

"Being connected to others socially is widely considered a fundamental human need -- crucial to both well-being and survival."

Extreme examples show infants who lack human contact fail to thrive, and indeed, social isolation or solitary confinement has been used as a form of punishment," said Julianne Holt-Lunstad, PhD, professor of psychology at Brigham Young University.

"Yet an increasing portion of the U.S. population now experiences isolation regularly."

(Source: American Psychological Association, August 5, 2017)



Why the Disconnect?

- Quantity of contacts $\neq$ quality of relationships
- Digital interactions can replace face-to-face conversations
- Busy lifestyles, geographic mobility, and smaller social networks reduce opportunities for connection

Being accessible is not the same as being connected!

Human well-being depends on meaningful relationships, belonging, and regular social interaction—not simply the ability to communicate.

Discussion Question

"When was the last time a conversation made you feel truly connected to another person?"



ACCESSIBLE VS CONNECTED

We Can Reach Anyone Instantly

- Smartphones, texting, email, and social media allow 24/7 communication
- Video calls connect us across cities, states, and countries
- Technology has made staying in touch easier than at any point in history



Yet Social Connection Is Declining

- Many people report having fewer close friends than previous generations
- More time spent online does not always translate into meaningful relationships
- Loneliness and social isolation have increased across all age groups, including older adults



Loneliness and Social Isolation Linked to Serious Health Conditions

CDC:

Loneliness was associated with about a 50% percent increased risk of dementia

Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.

Loneliness was associated with higher rates of depression, anxiety, and suicide.

Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

HOW MANY PEOPLE COULD YOU CALL TODAY IF
YOU NEEDED IMMEDIATE, CRITICAL & POTENTIALLY
ONGOING ASSISTANCE WITH DAILY LIFE, A
SUPPORTIVE LISTENING EAR,
OR HELP WITH MAKING AN IMPORTANT DECISION



Are you connected or are you accessible?

Revised UCLA Loneliness Scale

Name: _____

Date: _____

Instructions: Indicate how often each of the statements below is descriptive of you.

Statements	Never (1)	Rarely (2)	Sometimes (3)	Often (4)
1. I feel in tune with the people around me.	☐	☐	☐	☐
2. I lack companionship.	☐	☐	☐	☐
3. There is no one I can turn to.	☐	☐	☐	☐
4. I do not feel alone.	☐	☐	☐	☐
5. I feel part of a group of friends.	☐	☐	☐	☐
6. I have a lot in common with the people around me.	☐	☐	☐	☐
7. I am no longer close to anyone.	☐	☐	☐	☐
8. My interests and ideas are not shared by those around me.	☐	☐	☐	☐
9. I am an outgoing person.	☐	☐	☐	☐
10. There are people I feel close to.	☐	☐	☐	☐
11. I feel left out.	☐	☐	☐	☐
12. My social relationships are superficial.	☐	☐	☐	☐
13. No one really knows me well.	☐	☐	☐	☐
14. I feel isolated from others.	☐	☐	☐	☐
15. I can find companionship when I want it.	☐	☐	☐	☐
16. There are people who really understand me.	☐	☐	☐	☐
17. I am unhappy being so withdrawn.	☐	☐	☐	☐
18. People are around me but not with me.	☐	☐	☐	☐
19. There are people I can talk to.	☐	☐	☐	☐
20. There are people I can turn to.	☐	☐	☐	☐

Scoring

- Items 1, 5, 6, 9, 10, 15, 16, 18, 20 are all reverse scored.
- Keep scoring continuous

Total score:

Interpretation (Deeks et al., 2014)

- 20-34: Low degree of loneliness
- 35-49: Moderate degree of loneliness
- 50-64: Moderately high degree of loneliness
- 65-80: High degree of loneliness

References

Deeks, L., van den Akker, M., & Buntinx, F. (2014). Risk factors for loneliness in patients with cancer: A systematic literature review and meta-analysis. *European Journal of Oncology Nursing*, 18(5), 466-477. <https://doi.org/10.1016/j.ejon.2014.05.002>

Russell, D., Peplau, L.A., & Cutrona, C.E. (1980). The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*, 39, 472-480.

<https://www.carepatron.com/>

Powered by  carepatron

Lonely?

LONELINESS SCALE

3-ITEM LONELINESS SCALE:

Question	Hardly Ever	Some of the Time	Often
1. I feel left out	1	2	3
2. I feel isolated	1	2	3
3. I lack companionship	1	2	3

WHAT IS SOCIAL ISOLATION?

IS IT DIFFERENT FROM LONELINESS?

SOCIAL ISOLATION:

- LACK OF CONTACT WITH PEOPLE AND SOCIETY
- OBJECTIVE (NOT INFLUENCED BY FEELINGS)



LONELINESS:

- SADNESS DUE TO LACK OF COMPANY
- SUBJECTIVE (PERSONAL FEELINGS)



LONELINESS CAN BE FATAL

- THE PHYSICAL HEALTH CONSEQUENCES OF POOR OR INSUFFICIENT CONNECTION INCLUDE A 29% INCREASED RISK OF HEART DISEASE, A 32% INCREASED RISK OF STROKE, AND
- A 50% INCREASED RISK OF DEVELOPING DEMENTIA FOR OLDER ADULTS. ADDITIONALLY, LACKING SOCIAL CONNECTION INCREASES RISK OF PREMATURE DEATH BY MORE THAN 60%.



- LONELINESS IS AS DEADLY AS SMOKING 15 CIGARETTES A DAY!

“Loneliness is far more than just a bad feeling—it harms both individual and societal health. It is associated with a greater risk of cardiovascular disease, dementia, stroke, depression, anxiety, and premature death. The mortality impact of being socially disconnected is similar to that caused by smoking up to 15 cigarettes a day,⁴ and even greater than that associated with obesity and physical inactivity. And the harmful consequences of a society that lacks social connection can be felt in our schools, workplaces, and civic organizations, where performance, productivity, and engagement are diminished.”

Dr. Vivek Murthy ~ Surgeon General

A NOTE ABOUT OLDER ADULTS & FRIENDSHIPS

- THEY HAVE LIKELY LOST GOOD FRIENDS
- THEY HAVE FORGOTTEN HOW TO MAKE NEW FRIENDS
- THEY MAY NEED TO CHANGE FRIENDS
- THEY ONLY NEED 1 OR 2 GOOD CONNECTIONS
- DISCOURAGE COMPARISON
- SENIOR CENTER, COURSE OR SELF-EXPLORATION, GROUP, HOBBY GROUP
- THINGS CHANGE, OR THEY DON'T
- QUALITY OVER QUANTITY

FRIENDSHIPS IN LATER LIFE

SELF ESTEEM

INCREASE YOUR SENSE OF BELONGING AND PURPOSE

BOOST YOUR HAPPINESS AND REDUCE YOUR STRESS

IMPROVE YOUR SELF-CONFIDENCE AND SELF-WORTH

SOCIAL SKILLS

LISTENING, PROBLEM SOLVING TOGETHER, RESOLVING CONFLICT,
“READING OTHERS”, AGREEING TO DISAGREE

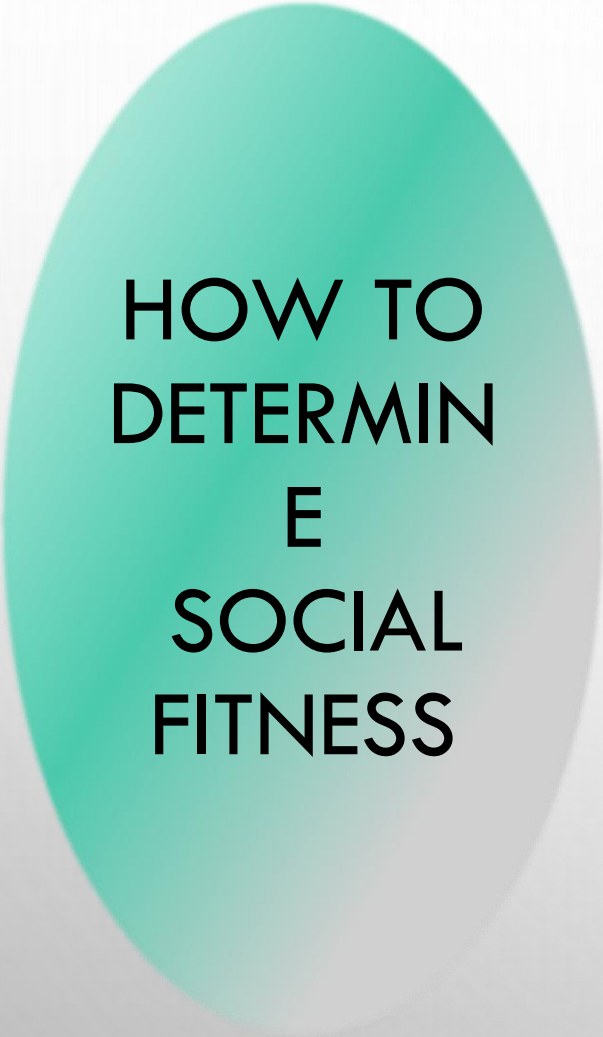
EMPATHY

HELP YOU COPE WITH TRAUMAS, SUCH AS DIVORCE, SERIOUS
ILLNESS, JOB LOSS OR THE DEATH OF A LOVED ONE

PROSOCIAL BEHAVIOR

ENCOURAGE YOU TO CHANGE OR AVOID UNHEALTHY LIFESTYLE
HABITS, SUCH AS EXCESSIVE DRINKING OR LACK OF EXERCISE





HOW TO DETERMINE SOCIAL FITNESS

[HTTPS://SACHINJSHAH.SHINYAPPS.IO/SOCIAL_FRAILTY_INDEX/](https://sachinjshah.shinyapps.io/social_frailty_index/)

DO YOU HAVE PLENTY OF FRIENDS BUT LACK THAT FEELING OF BEING CONNECTED TO SOMETHING BIGGER?

OR ARE YOU HEAVILY INVOLVED IN YOUR COMMUNITY, BUT LONG FOR A CLOSE FRIEND TO CONFIDE IN?

COMPILE A LIST OF EMERGENCY CONTACTS AND FRIENDS WHO YOU COULD COUNT ON IN AN EMERGENCY

WHO CAN YOU RELY ON FOR A RIDE TO OR FROM MEDICAL APPOINTMENTS OR PROCEDURES? OR TO GET NECESSARY MEDICAL SUPPLIES, EQUIPMENT, OR PHARMACEUTICALS?

DO YOU HAVE SOMEONE THAT YOU WOULD DESCRIBE AS A CONFIDANTE?

HOW WE BUILD CONNECTIONS

“ONE PROBLEM WITH FRIENDSHIP IS THAT WE ASSUME THAT IT HAPPENS ORGANICALLY, AND IT DOESN'T IN ADULthood,”

Marisa G Franco, Psychologist and Assistant Clinical Professor, University Of Maryland.

She recommends starting by reconnecting with someone from your past. “The most common reason friendships end is simply because we fall out of touch rather than because there’s any fundamental difference between us,”

Join a group or class that’s repeated at regular intervals over time. And simply by sticking with it for at least two months you can capitalize on something called the ‘mere exposure effect’ which is our tendency to like people who are familiar to us.

“At first, it’s going to be uncomfortable and awkward,” says Franco. “I think the problem we have is that we assume that it’s always going to be that way and we quit in that early phase.”

Sticking to a familiar routine is also a good way to form so-called ‘weak ties’ – social connections with people who are not quite strangers, but not (yet) friends either.

BUILDING CONNECTIONS

VOLUNTEERING

ACTIVITIES THAT SERVE OTHERS HAVE A RECIPROCAL EMOTIONAL IMPACT

VOLUNTEERS REPORT A HIGHER SENSE OF MEANING AND PURPOSE

CONTINUED EDUCATION

OLLI (OSHER LIFELONG LEARNING INSTITUTE) AND OTHER PROGRAMS THAT COMBINE LEARNING WITH DISCUSSIONS WITH PEERS LEAD TO A SENSE OF MASTERY AND SELF EFFICACY

HOBBY CLUBS

SHARED INTEREST IN A HOBBY OR SKILL CAN FACILITATE CLOSE RELATIONSHIPS

ACTIVITY CENTERS

OFTEN HAVE VOLUNTEER OPPORTUNITIES, RECREATION, AND EXERCISE IN A GROUP SETTING

SPECIAL INTEREST ORGANIZATIONS

ALZHEIMER'S ASSOCIATION

PARKINSON'S RESOURCES OF OREGON

AMERICORPS VOLUNTEERS

AMERICAN CANCER SOCIETY

LIFT EACH OTHER UP

PRACTICE ACTIVE LISTENING

BE EMOTIONALLY AVAILABLE

REQUIRES FACE TO FACE TIME

KEEP IN TOUCH IN MULTIPLE WAYS (VIRTUAL, SOCIAL MEDIA)

FIND ACTIVITIES TO ENJOY TOGETHER (CLASSES, EXERCISE, CRAFTS)

EXPRESS GRATITUDE

A QUICK TEXT

A MAILED POSTCARD

HONEST COMPASSION

SUPPORT SOMEONE AND SHARE YOUR FEELINGS

RESOLVE CONFLICT

DON'T HESITATE TO TAKE THE FIRST STEP

PUT THE RELATIONSHIP FIRST

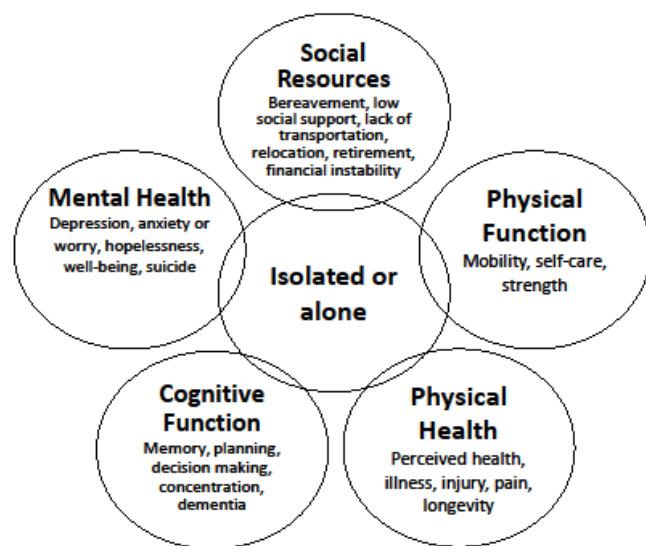
EMBRACE DIFFERENCES

LEARN FROM EACH OTHER

“TRY IT ON”

EXPAND YOUR HORIZONS





The picture above shows things that can cause someone to feel alone or left out. As you can see, there are many reasons why it might be hard to feel close to other people. These reasons can be different for everyone. Take a moment to think about which of these things are happening in your own life and write them down on the next page. Keep in mind that these are only examples—there might be other things in your life that make it hard to connect with others.

My connections plan



1. Ways I can change my perspective:

- _____
- _____
- _____

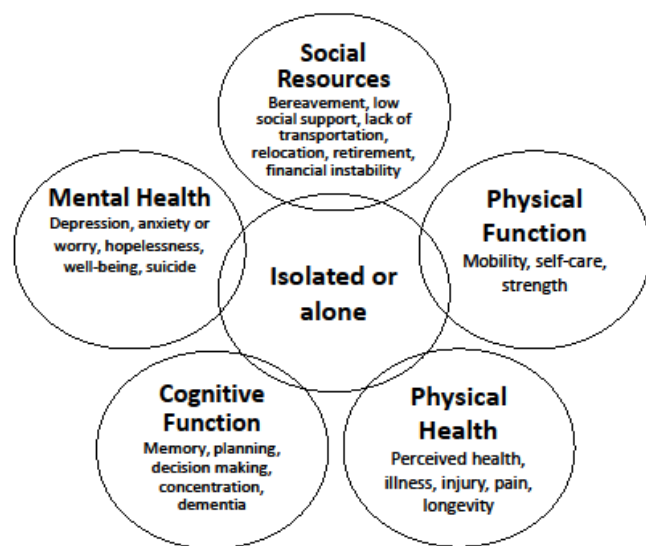
2. Ways I can change how my body feels:

- _____
- _____
- _____

3. Ways I can connect:

- _____
- _____
- _____

This handout is from Van Orden et al.'s (2020) article "Strategies to Promote Social Connections among Older Adults during 'Social Distancing' Restrictions." It is intended to be completed with the support of a service provider. For more details on how to use this tool, visit: www.eenet.ca/resource/social-connection-isolated-older-adults.



The picture above shows things that can cause someone to feel alone or left out. As you can see, there are many reasons why it might be hard to feel close to other people. These reasons can be different for everyone. Take a moment to think about which of these things are happening in your own life and write them down on the next page. Keep in mind that these are only examples—there might be other things in your life that make it hard to connect with others.

My connections plan



1. Ways I can change my perspective:

- _____
- _____
- _____

2. Ways I can change how my body feels:

- _____
- _____
- _____

3. Ways I can connect:

- _____
- _____
- _____

This handout is from Van Orden et al.'s (2020) article "Strategies to Promote Social Connections among Older Adults during 'Social Distancing' Restrictions." It is intended to be completed with the support of a service provider. For more details on how to use this tool, visit: www.eenet.ca/resource/social-connection-isolated-older-adults.

Couple up by number:

***Name, Current Main Role, Favorite thing to do
with Free Time AND WHY?***

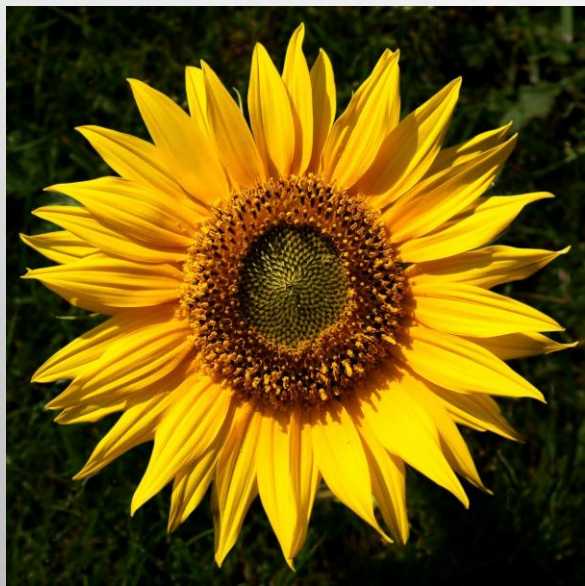
SWITCH

SHARE OUT





THANK YOU!



KAI NICHOLS
KBURGESSNICHOLS@GOBHI.ORG
MS, CADCIH, QMHP, LPCA
END-OF-LIFE DOULA