



Finding PEACE in the Aging Journey

By Ria, Your Advocate & Partner in Care

Welcome to Our Shared Path

Hey there—whether you're navigating the aging process yourself or you're walking alongside someone you love (a parent, spouse, sibling, client, or friend), you're not alone. I'm Ria. I've been the nurse in the room, the daughter at the bedside, and now, the guide helping others through the twists and turns of caregiving and aging.

This road comes with love, heartbreak, surprising moments, and a whole lot of questions. Over the years, I've learned what helps families feel more prepared, connected, and grounded—and that's how the PEACE Framework came to be. It's not a checklist; it's a way to move through this journey with a little more confidence and a lot more compassion.

Let's walk through it together.

P – Preparation: Laying the Groundwork Before the Crisis

Life's moving along—work, routines, maybe even some calm—and then one phone call changes everything. A fall. A new diagnosis. A shift you didn't see coming.

I've had that moment. That breath-holding, heart-racing “what now?” moment.

Preparation doesn't mean predicting every curve in the road—it means building a foundation so when things shift, you're not scrambling.

For Elders:

You're the captain of your ship. Think about who's on your support team. Do you have:



- A primary care doctor you trust?
- Someone managing finances with your input?
- Advance directives in place?

This isn't about losing control—it's about *staying in control*.

For Caregivers:

You're not just helping—you're coordinating a whole behind-the-scenes operation. A few pieces to think about:

- **Primary Care Provider** – They anchor your loved one's health journey.
- **Elder Law Attorney** – Helps lock in peace of mind with legal paperwork.
- **Financial Advisor** – Keeps surprises (the expensive kind) at bay.
- **Care Advocate (like us)** – Guides transitions, answers “who do I call for this?” and handles the red tape.
- **Home Care Agency** – Aides for cooking, bathing, or companionship so they can stay home longer

Quick Wins:

- **Pack a “go bag” with essentials:** medications, a copy of insurance cards, and notes about important home routines. Let the hospital know anything that could prevent unnecessary complications or extended stays—like, “*If Mom doesn't get her Metamucil, she'll be backed up.*” Things that might seem small at home can become big concerns in the hospital—and flagging them early helps the care team prioritize what matters.



- Create a dedicated care email to track your loved ones appointments and records.
- Find 2–3 skilled nursing, home health agencies, and home care companies *before* you need them.

Let’s Pause Here:

What’s one thing you’d put in that emergency bag? Something personal or practical?

E – Environment: Creating a Space That Feels Like Home

Where we live *matters*. The familiarity of a favorite chair. The scent of morning coffee. The safety of a good routine. As needs change, so might the environment—but the goal is always the same: comfort, dignity, and connection.

Staying Home:

- **For Elders:** Nothing feels quite like *your* home. With the right support—like home aides, transportation, and meal help—it can stay that way longer.
- **For Caregivers:** It’s often a less expensive option early on, but it can become a juggling act. Keep an eye on isolation and burnout.

Options to explore:

- **CT Home Care Program for Elders** – Offers in-home help.
- **Adult Day Centers** – Social for them, a break for you.



- **Transportation services** – Rides to appointments so you don't have to rearrange your whole day.

When Home Isn't the Best Fit Anymore:

Here's a quick snapshot of what's out there:

- **Independent Living** – Great for active elders who just want to skip cooking and yard work.
- **Assisted Living** – Light help with meds, dressing, meals—plus social connection.
- **Memory Care** – Secure, structured, and safe for those with dementia.
- **Skilled Nursing (SNF)** – Rehab or full-time care. Medicare may cover up to 100 days post-hospital. If you have a Medicare Advantage plan, the hospital will need to submit for a prior authorization.

Let's Reflect:

What's one thing you love about your space—or one change that would make it feel even better?

A – Advocacy: Making Sure You're Heard

Healthcare can feel like a whirlwind—especially during doctor visits. You get ten minutes, and you're expected to cover everything. It's overwhelming.

Advocacy means speaking up. Asking the follow-up question. Bringing a notebook if you need to. It's not about confrontation—it's about *clarity*.



For Elders:

You know your body. You know when something's "off." Jot down 2–3 concerns before the visit—bring them up first.

For Caregivers:

Here's a mini-PEACE checklist I like to use before appointments:

- **P – Prioritize** the top concerns.
- **E – Evaluate** what's changed—energy, appetite, mood.
- **A – Actions** you've taken—"We tried switching to morning meds."
- **C – Communicate and collaborate** important updates or new symptoms.
- **E – Expectations**—What's next? Who's following up?

Let's Practice:

What's one thing you'd want to bring up at the next doctor's appointment? Write it down. Say it out loud. It matters.

C – Coordinated Support: Navigating the Transitions

Transitions are tricky. Hospital to home. Rehab to assisted living. These moments can feel like whirlwinds—so many people involved, so many moving parts.

For Elders:

Ask questions. "Was I admitted as inpatient or observation?" (It makes a big difference financially.) Keep a copy of discharge notes.



For Caregivers:

Here's what helps:

- **Hospital to Skilled Nursing:** Medicare only covers if admitted *inpatient* for 3 days. Ask the case manager or discharge planner.
- **Discharge to Home:** Schedule a doctor visit within 7 days. Review meds. Consider short-term help at home.
- **SNF to Home:** Same drill—follow-up visit, support in place, make sure they're safe.

And a Note on Home Care vs. Home Health:

Home Health = Clinical, short-term care ordered by a doctor—things like physical therapy (PT), skilled nursing, occupational therapy, or wound care. It's typically covered by Medicare, Medicaid, or private insurance when there's a medical need. Think of it as a medical team coming to you after a surgery, illness, or hospital stay. It's not meant to last forever, but it helps get someone stable and back on track.

Home Care = Non-medical, everyday support—things like help with bathing, dressing, meal prep, or light housekeeping. It's often paid out-of-pocket, though there are some state programs (like the Connecticut Home Care Program for Elders) that can help cover costs for those who qualify.

Most agencies require a **minimum number of hours per visit or week**—for example, four-hour shifts, a few days a week.

There are also **two types of caregivers** to be aware of:

- **Agency Employees:** The agency handles hiring, training, scheduling, supervision, and payroll. It's more hands-off for the family, but usually comes at a



higher hourly rate.

- **Private-Hire Caregivers (through an agency):** Some agencies offer a registry model where they background-check the caregiver and match them with families, but *you* are the employer. That means you handle taxes, time off, and day-to-day oversight. It can be more affordable, but also more responsibility.

Let's Talk:

What's one transition you've experienced or anticipate? What made it hard—or helped it go smoothly?

E – Empathy: Holding Space for the Human Side

Let's be honest—this stuff is emotional. Roles shift. Independence fades. There's grief, gratitude, frustration, love. Sometimes, all at once.

For Elders:

It's okay to feel things deeply. It's okay to mourn what's changing. You've lived a full life—these next steps don't take that away. Needing help doesn't mean you're not still *you*.

For Caregivers:

CHAOS is real:

Confusion, **H**elplessness, **A**nxiety, **O**verwhelm, **S**adness. You might feel guilty for being tired. You might cry in the car. You're not doing it wrong. You're just doing something *hard*.

The secret is this: empathy goes both ways.

Slow down. Listen. Name the feeling. Say, "This is hard, but I'm here."



Let's Pause Together:

What's one emotion—good, bad, or somewhere in between—that's been coming up for you lately?

Finding PEACE, Together

The PEACE Framework isn't about doing everything perfectly. It's about choosing connection over chaos. Planning instead of panicking. It's a way for both elders and caregivers to move forward with confidence, clarity, and compassion.

So, what's one step you'll take today? One conversation you'll start?

Need More Guidance or Want to Talk It Out?

Connect With Us! We'd love to help you find your next step. Click [HERE](#) to schedule a chat.

Let's sort it out together—your peace matters. Ready for more?

Click [HERE](#) to check out the PEACE Crosswords: Chat & Solve on our website—a fun way for elders and caregivers to spark conversations and explore this journey together!