

fall/winter 2019

ECHOES

UNDER THE RIMS



TRANSITIONS



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ABIDING & ADAPTING

The end is where we start from...



OUR PRESIDENT AND CEO David Trost is often asked, "What business is St. John's in?" This is a good question given the array of human services St. John's provides. Trost suggests, "One possible response is that St. John's is in the life transitions business. We accompany, assist, and support people as they live through life transitions."

Trost's identification of St. John's in this way is an apt description. People are often prompted to seek assistance from St. John's due to life transitions. Some transitions may be modest in nature, such as a resident's need to change medication, diet, or physical therapy practices. Other transitions may be more significant. Examples include, but are not limited to, selling one's house and moving into a St. John's community; moving from an independent living apartment into assisted living cottage; loss of capacity to drive a vehicle; diminished physical mobility; onset of dementia; rehabilitative

care between the time of leaving a hospital and returning to the place one calls home; concluding employed work and engaging with new vocations; navigating an unplanned pregnancy; losing a family member or friend to death; or personally transitioning from wellness to end of life.

Life transitions, whatever their nature, can impact people's capacities to adapt and thrive. Transitions for older adults and their loved ones can be formidable and fatiguing. Transitions for people of any age may create anxiety, cause confusion, or surface grief. Some transitions can alter people's sense of identity, orientation, and relationships.

Scholar and author William Bridges observes that every life transition begins with an ending. "Endings are the first phase of transition. The second phase is a time of lostness and emptiness before life resumes an intelligible pattern and direction, while the third phase is that of beginning anew." Poet and playwright T. S. Eliot (1888-1965) adds, "What we call the beginning is often the end, and to make an end is to make a beginning. The end is where we start from." Ralph Waldo Emerson adds, "Not in their goals but in their transitions people are great."

Within this issue of Echoes are life transition stories. You will hear from Chapel Court residents who experienced apartment relocation

and will soon receive new forms of shelter and service delivery. You will learn about a mother and daughter who experienced care from St. John's United Home Health and Hospice. You will be introduced to the new St. John's United At Home program. You will hear from retirees who discovered new joys and purposes beyond employment. A man tells the story of how he and his spouse benefited from St. John's Continuum of Care. Also, financial planning tips are offered for those transitioning into older adulthood.

St. John's United is humbly pleased to accompany, assist, and support people through life transitions in all ways possible.

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HANDLE WITH CARE

Chapel Court Demolition

THE PHRASE HANDLE WITH CARE is commonly marked on packages that contain valuable or fragile contents. It's a phrase that currently comes to mind in relation to the Chapel Court area of St. John's United. Contents in this case, however, do not reference items within a package. Contents reference people within a community.

Last winter and spring, St. John's staff carefully planned for and executed the relocation of all Chapel Court residents who were then living within what was known as Wing 2 of the original St. John's Lutheran Home. Residents were moved into adjoining wings.

The reason for resident relocation was because Wing 2 was slated to be intentionally demolished in June, 2019, in order to make way for the new Chapel Court Apartments currently under construction. As spotlighted with a prior issue of

Echoes, this affordable housing project will create 56 apartment units that will each provide improved living areas for residents.

Well in advance of any transitions, information meetings for residents and their family members were convened. These meetings explained the nature and timing of the Chapel Court project. Many individual conversations with residents and their families were also scheduled.

When asked about the transitioning experience, Chapel Court resident Mildred Tombre replied, "The information we have received has been good and pretty interesting. It made me curious. I am open to all this. I have never even lived in a two story building before." Neighboring resident Delores Kautzmann agrees with Tombre. "I have liked the meetings the staff had for residents. They told us what is going on. The building we

are in is tired. I understand that. I am very happy that staff have been so caring to keep us informed."

When asked what she thought of moving into new apartment space next year, resident Nadjii Hanika smiled and said, "I have been excited about the new building. I put my name on the list to go to the top floor. I'm looking forward to having a kitchen area and am looking forward to the new coffee set-up in the entrance. The staff has been very good to tell us what's coming. It is time to do this. I thank the good Lord I can make this move."

Karna Rhodes, St. John's Administrator, observed that family members and residents all seem to understand that the original St. John's building, which opened in 1963, needed some attention. Rhodes comments, "Although change can be hard, people have been supportive. They

have given me a sense that we are all in this together. The mission of St. John's is not changing, but the aesthetics are." Chapel Court Health Director Tennyson Gabel adds, "Family members knew that it was time to do something. They have been affirming. Initially, this project seemed scary to me as it seemed scary to some of our residents. The more I learned about it, though, the more I got on board. I think this is very much needed. It's exciting, and it will be new. Most importantly, this is an affordable housing project."

Residents within the new Chapel Court Apartments will enjoy spacious living and amenities that were previously unavailable. They will also have options with catered living services tailored to individual needs. Rhodes says, "I am hoping that from a resident's perspective they will see that they have more flexible options in the future." Chapel Court social worker Lindsey Stewart agrees. "We will continue to serve our current residents as we have been, but soon in new and expanded ways within a new building."

NW View from Rimrock Road



"The staff has been very good to tell us what's coming. It is time to do this. I thank the good Lord I can make this move."

- Resident Nadjii Hanika



Concern for handling the lives of residents with care has been paramount for St. John's leadership and employees. In preparation to relocate people Stewart says, "We invested a lot of attention to understanding what the routines were for individual residents. They each have their routines and safe spaces. Some residents were worried about making the move, but once moved, the residents discovered they were okay. Now they are settled and can look forward to what is to come."

Resident Ruth Ewen believes the new apartments are going to be good for St. John's. "It's quite a transition, I know. I hope the construction work goes rapidly. I hope the grounds are pretty when

it's all done. The grounds are so nice here." A neighbor down the hall, Loraine Anderson, agrees with Ruth. "This will be wonderful once it's all done. If people are looking for a home, I always tell them that St. John's United is a good place."

After expressing curiosity about this new venture, resident Mildred Tombre concludes, "I also have confidence that God has blessed St. John's. It is a faith community that God will continue to bless."

Amen to Mildred and amen to Chapel Court residents as they live through this time of transition that will eventually lead to new opportunities for hope, dignity, and love to increase. ♦



HITTING YOUR STRIDE

Rhea Grandal at Transitional Care Cottage

CONGRATULATIONS! YOU HAVE retired. The celebration is over. Cake has been eaten, accolades have been given, and there is a small token of gratitude proudly displayed in your home commemorating many years of service from the grateful organization you have devoted your working years to. This is the time you have been waiting for: retirement, to do all of the things you have been wanting to do. Maybe get some rest and relaxation, travel, or spend more time with the grandchildren, if you have them.

The first weeks are free and glorious, filled with sleeping in, catching up on projects around the house, and that first long-anticipated vacation. You feel lighter and peaceful. As the weeks turn into months, projects are completed and you start to feel a little untethered. Some of your peers have become full-time caregivers for their grandchildren or loved ones. A few have taken on part-time jobs. What's next for you?

After 41 years with the police department, Rhea Grandal knew she wanted to do something else. "When I retired, I wanted to give back, make a difference, and put a smile on someone's face. I just wasn't sure where that was going to be." In 2016, a nephew invited her to help out in his classroom at Huntley Project Elementary. She enjoyed her role as "Auntie Rhea," helping the kids learn and grow, but after a few years the drive became too much. Another invitation led her to volunteer at Billings Clinic at the Information Desk two days a week. "The thanks you get from the patient and family is rewarding because in some small way, you've made a difference." Rhea has recently added another two days

of service to her week visiting patients at St. John's Transitional Care Cottage and shopping for the residents of Chapel Court.

Doug Clapper joined the St. John's United team in November 2018 as a Volunteer Driver. Once a week, Doug drives residents of Mission Ridge and The Vista to appointments. Retired after 40 years as owner of the manufacturing and commercial sales company, Clapper Co., Doug says volunteering "helps give you structure. It gives me something to do. I enjoy being useful." Kevin Sider, Executive Director of Mission Ridge, asserts, "Doug and our other drivers play a key role at Mission Ridge & The Vista. Residents rely on their generosity, look forward to them coming, and can know they will serve them with care, safety, and dependability."

"People are grateful," Doug reflects upon his volunteer work, "and you feel like you are doing something worthwhile." Rhea echoes Doug's sentiment, "I see myself doing this as long as I can. I don't think I'll get in another 41 years, but I'll get a lot of years in... It just makes me happy." ♦

HOW TO FIND YOUR NICHE



Doug Clapper at Mission Ridge

- **How much time do you have?** Be realistic about your commitment. Research shows positive impacts on health and happiness with one, four-hour volunteer shift per week. Resist the urge to over-commit and build up slowly.
- **What speaks to your soul?** What or whom are you most passionate about? What brings you joy? All needs are great. Meet the need that fills you up.
- **Try something new.** Volunteering in your given field may be your first thought, but if you were burned out working, you may want to consider something different or risk burnout again. Plus, learning new skills builds new neural pathways and is great for brain health!

2019 Volunteer Recognition

St. John's United is grateful to all of our amazing volunteers. The following people were honored on September 26th for their outstanding volunteer service:

The Crossings: **Ronda Mace**
 St. John's Foundation: **Brett Schneider**
 Mission Ridge: **JoAnn Feist and Levi Youde**
 St. John's United: **Sonny Bangert and Iola Harris**
 St. John's United Hospice: **Carol Blackwell**
 WyndStone: **Jim Reno**



21ST CENTURY HEALTH CARE

Pop quiz! Fill in the blank: Innovate or _____.

GOOGLE SEARCH PREDICTS *DIE*. Why? Simply look to Kodak, the inventor of digital photography. Once a household name, Kodak missed the opportunity to leverage newfound technology and faded away like old photographs printed from film. Innovation naturally requires transitioning from old ways to new; organizations that embrace change usually manage to endure the test of time. Those that don't become obsolete.

St. John's United finds itself in a period of profound societal change and adaptation. The needs of a mushrooming older adult population aren't changing – as yet, no one has cured aging – but how, and where, those needs are met is shifting. Having expertise in historically traditional senior health care delivery won't mean much in the coming years as aging baby boomers seek options to stay at home longer or bypass brick-and-mortar long term care settings altogether. St. John's is called to look for new opportunities and solutions for providing living opportunities within nurturing environments.

To that end, St. John's is honored to have been chosen to participate

in Lutheran Service in America's Great Plains Senior Services Collaborative whose aim is to develop solutions that enable older adults to maintain independence, meaning, and purpose in the place they call home. Through generous grant funding, the Collaborative has launched initiatives in 70 communities across North Dakota, South Dakota, Minnesota and now Montana. The St. John's solution is At Home, a membership service for active adults. Currently up and running in the Billings area, the goal is to create a replicable delivery system that can address service needs in rural areas.

At Home is for those who do not feel ready to relocate to a retirement living community, yet desire all of the amenities: housekeeping and routine home maintenance, social engagement, fitness and wellness programming, and most importantly, access to a continuum of care services as health needs change.

When asked what makes At Home different than other home-based services, At Home Coordinators Sarah Schroefel and Taylor Oswald point to the St. John's standard: "St. John's is known for taking care of people as if they were our family," offers Schroefel. Oswald adds "At Home strives to offer



consistency in service providers, which creates peace of mind for our members. The St. John's standard implies quality control, and that is important to our members."

If you build it, will they come?

Kodak's troubles arose not from an audience that didn't want digital photographs – the audience didn't know the technology existed. Kodak never championed the new technology, thus consumers didn't know they wanted or needed it. For St. John's, the burgeoning age wave indicates that the audience exists for At Home, but are they ready for At Home?

Transitions are no easier for individuals than they are for corporate entities.

Deeply rooted approaches to life

are a determining factor in how one chooses to address aging and lifestyle. For those who are proactive, a service such as At Home is preventive medicine – a way to approach aging that keeps them safe, healthy, and socially engaged for a longer period. To the family-driven person, "contracting with service providers means that their kids and grandkids come to visit rather than to work," says Oswald.

Financially savvy consumers or those concerned about conserving resources for other purposes appreciate programs like At Home simply because they are more cost effective than the alternatives. "Most people would rather earmark their financial resources for their children or for organizations that are dear to them," says Rachel Simonson, CFP®, St. John's

Foundation Gift Planner. "Assisted living and nursing home fees erode assets that could do more good elsewhere."

At Home member Marilyn Overby is just not ready to move even though she has been on the waiting list for independent living at St. John's United's Mission Ridge community since 2018. She loves her patio home and is still very active and independent. Yet after a minor mishap that injured her wrist, she was "astounded that Taylor was willing to help at the spur of the moment. She got me to the walk-in clinic and then stayed with me all day." Marilyn's daughter Jonna Underwood couldn't be more pleased. "It's been a load off



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my shoulders knowing that Mom has people she can count on." Jonna lives more than 300 miles away and is grateful for At Home saying, "At Home is a lovely thing especially for those who have lost spouses or have family not living in the area. You can't replace family, but it's nice having that social connection to others." ❖

WHEN WE HAD NEEDS...

“ST. JOHN’S HAS BEEN A GOOD place for us. I don’t know what our family would have done without it.”

Those are words that Jase Norsworthy spoke in reply to question about how the St. John’s United continuum of care provided for his wife, Margaret Ann, and himself, from when they first became residents at Mission Ridge in 2010, and throughout life transitions thereafter.

The phrase “continuum of care” refers to the increasing intensity of home and health care services that people may need as they age. A Continuing Care Retirement Community (CCRC) is home to a wide range of services for older adults that typically includes independent living apartments, assisted living, memory care, and skilled nursing care. Some CCRCs, such as St. John’s United, also offer at-home services, transitional care, rehabilitation services, and hospice care services. The progressive services offered by CCRCs allow residents to receive the proper level of care they need at a time when they need it.

Jase recalls that he and Margaret Ann came to recognize a decade ago that they no longer wanted to maintain the home they lived in.

“We were attracted to Mission Ridge by its good reputation and the way it was all set up. As we thought about getting older, we liked the thought of having a place to live that could fully manage to assist us with needs.”

Jase further recalls that he and Margaret Ann arrived at Mission Ridge in very good health. They anticipated living within Mission Ridge for at least ten years into the future. That anticipation was altered eighteen months after their arrival when Margaret Ann suffered a mild stroke. Although she maintained mental and speech capacities, her mobility was affected. “The stroke was a bit of a shocker to us,” according to Jase. “It put a bit of a drawback on our plans to travel.” Following a brief hospital stay, Margaret Ann received rehabilitative care from the St. John’s physical therapy team within its Transitional Care Cottage. “Those folks got Margaret Ann up to walking and living again at Mission Ridge, which we were really grateful for.”

Jase goes on to tell how the St. John’s continuum of care served both of them in years following Margaret Ann’s first stroke. “In 2013 Margaret Ann had another stroke. That one was a little worse

than the first. It really inhibited her ability to walk. Our way of looking at things changed. Margaret Ann had reached a point beyond what help I could give her,” Jase remembers. “The staff at Mission Ridge helped us to figure out options.”

Family members and staff agreed to move Margaret Ann to a St. John’s cottage where she could receive more highly skilled care. “That was a good move,” Jase says. “Her health remarkably improved enough that she could move into an assisted living apartment at The Vista. With me still at Mission Ridge, that meant we were only a city block away under the same roof, which made it easy for us to connect. No weather to drive through.”

While at The Vista, health realities prompted a move of Margaret Ann back into a St. John’s skilled care cottage. Jase explains, “It was a godsend that we got Margaret Ann to a cottage. The people there were the most caring in the world. Margaret Ann, being from the south, was always particular about the way she looked. The gals in the cottage took extra care to dress her so she always looked good. That meant a lot. It brought a smile to her face.”

In 2018 Jase began to experience his own health issues. Following a brief time in the hospital, he was admitted to the St. John’s Transitional Care Cottage. The physical therapists helped to increase his strength and confidence, but decision was reached that it was fitting for Jase to move into an assisted living apartment within The Vista, where he currently lives. Three months after Jase moved into The Vista, Margaret Ann peacefully died while living in the Jensen Cottage.

In reflecting back on what has been nearly a decade of living within the St. John’s continuum of care, Jase says, “This place has taken care of us even as we each had our own problems. The systems set up are very appropriate. We did not want to do this continuum of care ten years ago, but in the back of our minds we knew it would be good. When we had needs, we did not have to wait. The people here always found a way to provide Margaret Ann what she needed, right away. The same is true for me. Again I will say, St. John’s has been a good place for us. I don’t know what our family would have done without it.”

AT THE END OF THE DAY



SOMETHING WAS ALWAYS ON AT the home of Bernice “Beanie” Rongholt – fresh coffee was at the ready, vegetables and jellies prepped for canning, a picture to be drawn, or something to be made. Whatever the day had in store, Beanie was prepared.

Beanie’s desire to be prepared stemmed from a childhood in need. The twelfth of thirteen children, she was unable to finish high school because the family could not afford books. At age fifteen she sought work in a factory near a sister so she could earn money to send back home. At age nineteen she married Les, her husband of 42 years. Thinking of their ability to care for children, the couple thoughtfully waited three years until they were financially ready.

In 1998, Beanie’s beloved Les died

at home in their farmhouse located in the Billings Heights. It has always been Beanie’s wish to do the same. She has been living her life well in preparation for its eventual end.

When we set out on a long journey away from home, preparations often begin months or even years before the journey begins. We do research, ask friends and family for advice and tips, and maybe even hire professionals to design the trip to our exact specifications. After all, long journeys require a significant investment of time and money and we want to make sure if we are going to invest, our wishes are met. If we are bringing family or friends along, it’s important that the needs of all involved are considered and that all are cared for.

Extended preparations for long journeys seem logical. However

in modern American society, the greatest final journey or our lives, death, is at best, overlooked, and often seen as a depressing and taboo topic. Most of us actively avoid thinking about death – it’s something we are afraid of yet it happens to all of us. Many quietly fear that simply the acknowledgment of our own mortality might cause death to come sooner. Even for medical professionals, death is viewed as a failure of modern medicine and end-of-life care is brought up only after all other options have been exhausted.

But can there be beauty in death? Can or should a good death be our intended destination? If we know what to expect when we die, how to prepare, is there less to be fearful of? Dr. Yee Chuan Ang, Billings Clinic geriatrician and medical director of St. John’s United Home

Health & Hospice believes so.

There is still a stigma that death is a failure of the establishment. “With hospice, the focus is on treatment of the symptoms, rather than a cure of the disease,” says Dr. Ang. “Patients and family are often afraid of hospice because it feels like giving up.” There is a misconception that treatments are withheld for ailments, yet staff often give antibiotics for infections if treating that infection will improve comfort. Dr. Ang continues, “We do whatever we can to treat the pain.”

According to the National Hospice and Palliative Care Organization, hospice is a team approach to the physical, emotional, social, and spiritual needs of someone who is terminally ill. Palliative care, on the other hand, supports people as they manage the physical and emotional

“The focus of hospice is to create the best quality of life in the amount of time a person has remaining.”

impact of a serious or chronic illness. Palliative care oftentimes naturally progresses to hospice care. Dr. Ang, who works closely with the Palliative Care team at Billings Clinic, explains that hospice is not just about keeping people asleep, although sometimes that is the most comfortable thing for a patient at the end of life. The focus of hospice is to create the best quality of life in the amount of time a person has remaining.

Studies show that when a patient has a terminal diagnosis, comfort care can extend life by weeks or even months; the extra care and attention a patient receives may be the reason. “I am fortunate to work at Billings Clinic, St. John’s and with St. John’s hospice. I am able to follow my patients as they transition,” says Dr. Ang. Beanie was a long-time patient of Dr. Ang at Billings Clinic before entering hospice care. Beanie’s daughter, Cheryl, speaking with regard to her mother’s dementia-induced confusion, recalls that “Dr. Ang always spoke directly to my mom, never above her, and would repeat herself if necessary.”

When it became clear to Beanie and her family that her time in this world was becoming shorter, they sought to prepare themselves one last time by seeking assistance from St. John’s United Home Health & Hospice. On their first hospice visits, Beanie and Cheryl were shocked when Dr. Ang made a house call and spent more than an hour with them. Cheryl said, “I was so surprised she came. It was like visiting with an old friend.”

Beanie is living out her final days at home and Cheryl says she feels wonderful to be able to do this for her mom, “It gives me a peaceful feeling to have her at home because I know that’s what she wants.” A hospital bed lovingly replaces her standard bed in the bedroom she shared with her beloved husband in the home he built and she decorated. The days of hosting visitors and porch sitting have passed, but being in her home, Beanie feels like everyone is still there. Cheryl observes that Beanie is at peace, often remarking that, “I already know where I’m going and I’m ready to go.” 💎

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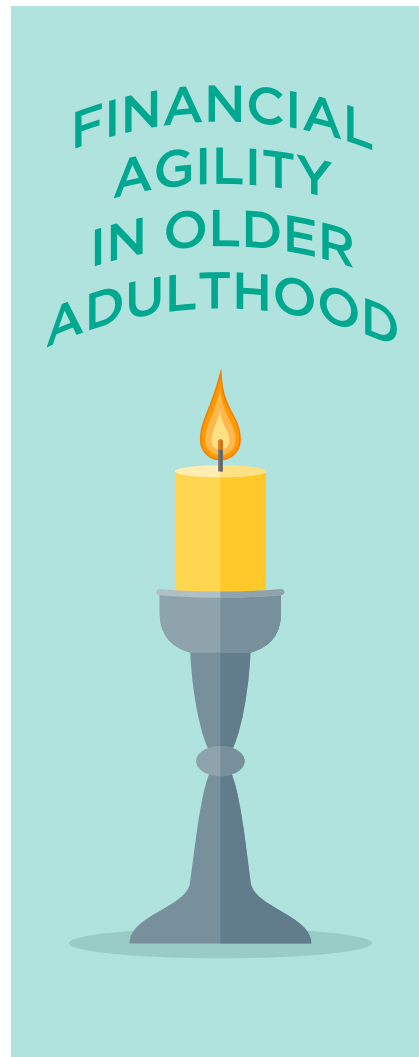


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JACK BE NIMBLE



A TRUISM ABOUT RETIREES, confirmed by countless studies: they don't fear death as much as they fear running out of money. The fear is well founded; its root causes are plentiful – living longer than expected; improved, albeit expensive, health care (including long term care); equity market volatility and interest rate stagnation; and the ever-erosive nature of inflation.

Can peace of mind be found? We asked Certified Financial Planner Rachel Simonson, St. John's Foundation Gift Planner, to weigh in.

What should retirees know about managing assets later in life?

Simonson: Remember that retirement often lasts more than 30 years – it's a long time horizon, one best approached in segments. There are typically three distinct retirement periods each averaging approximately 10 years in length. At first, the newly retired are on the go, making significant expenditures on family, travel and leisure. The second phase is represented by

less travel and a general settling in to a daily routine. At this point, the effects of inflation begin to creep in. In the final phase, health concerns start to set in and aging gracefully becomes a full time concern. The double whammy is that inflation has taken its natural course and everything seems to cost a lot more.

For this reason, it helps to segment

assets into 1) current-use assets dedicated to providing income; 2) assets dedicated to accumulation for a 10-15 year period to stave off inflation; 3) a segmented portion of funds dedicated to providing for health care late in life.

What's the one thing that is truly different about investing after retirement?

Simonson: Working people accumulate in two ways – setting money aside from their earned incomes and then managing those savings for growth. Once without a paycheck, the mindset needs to shift to distributing those saved funds alongside managing for time horizons of 30 years or more. Distribution is a new way of thinking and the natural inclination is to attempt to keep funds as shielded as possible from market downturns. That lean toward perceived safety can have disastrous results. Consider certificates of deposit – once classified risk-free, they carry a great deal risk in today's low interest rate environment due to their inability keep pace with

inflation. Not adapting to this economic shift is a significant reason that people are running out of money later in life.

Are there any rules of thumb to keep in mind?

Simonson: The rules of the retirement game have changed in the last decade – it feels as though there are no rules anymore, which has financial analysts and prognosticators stumped. A static "set it and forget it" plan, such as a 4% annual distribution method works fine as long as market returns exceed the 4%, but doesn't fit well with volatile market returns. One rule that won't change: a market that goes up must come down. In light of that, a more dynamic approach, such as periodic gain harvesting, may be more effective in the current climate of unprecedented market growth that must come to an end at some point.

What does it look like to be dynamic?

Simonson: One method is to reassess income needs at 5-year intervals. If more income is

desired, an optimal solution is to harvest gains from invested assets and convert into income – essentially creating a new paycheck every month. The most conservative approach to that is to use an annuity, obtained either through a life insurance company or from a charitable foundation, to create a guaranteed income stream that can never be outlived. Investors who take this approach are income laddering, which allows them to be more relaxed about day-to-day market movements. Markets will certainly move up and down, we just never know when or for how long. When income feels secure, investors can ride the accumulation waves with more confidence.

What do you suggest for managing health care costs late in life?

Simonson: A challenging question if ever there was one because the solutions are unique to each individual – there is no magic bullet. Certainly, the most cost-effective method of handling long term care (LTC) expenses is to carry long term care insurance

(LTCi). However, LTCi is a "use it or lose it" solution which, understandably, leads many to question "what if I never use it?" Another option is to use a life insurance policy for LTC which gives the owner access to the cash value and in many cases, access to the death benefit while still living. Additionally, the question of use it or lose it is off the table – benefits will be paid upon the insured's death. A final option is to identify and isolate a portion of invested assets to be used solely for LTC, though it's challenge is twofold – resisting the temptation to use those assets for something more fun and achieving a desired growth rate to outpace health care costs, which are higher than general inflation.

Any final thoughts?

Simonson: There are no easy answers for any of these questions. I do know this: crossing one's fingers and hoping for the best drives the fear. The better approach is to seek guidance from a financial professional who understands all of the nuances of managing and using assets in older adulthood. ✦

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