

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025



ABOUT

The mission of the Arizona Geriatrics Workforce Enhancement Program (AZ-GWEP) is to provide the best possible care through an interprofessional approach to individual, system, community and population level education, training and models of care innovations.

The AZ-GWEP Newsletter is an important forum to share AZ-GWEP activities and highlight your valuable work. Please use this form by the 10th of each month to be featured in the next issue:

[SUBMIT INFO FOR
OUR NEXT ISSUE](#)



National Grief Awareness Day, observed annually on August 30th, is a day to recognize the complex experience of grief and offer support to those who are grieving, particularly older adults who may face unique challenges. This day encourages open communication about loss, promotes understanding of the grieving process, and highlights the importance of resources and support systems for individuals navigating grief.

The National Institute on Aging has provided some helpful information about [Coping with Grief](#). Additionally on pages [12-15](#) you can find more information about **Preparatory Grief** and **Grief and Loss**. These and other information sheets are available for download from the University of Arizona Center on Aging's [Elder Care Interprofessional Provider Sheets](#) and [Care Partner Information Sheets](#).

AUGUST 2025

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025

PARTNER HIGHLIGHTS

ARIZONA'S CRITICAL ACCESS HOSPITALS IDENTIFY CARE FOR THE AGING AS A TOP HEALTH PRIORITY

The Arizona Critical Access Hospital Community Health Needs 2025 report provides a comprehensive overview of the health priorities identified by 11 of Arizona's 17 federally designated Critical Access Hospitals (CAHs). Required under the Affordable Care Act, these assessments are conducted every three years and involve community input to identify and prioritize the most pressing health needs in rural and underserved areas. The report highlights seven shared health priorities between CAHs and the Arizona Department of Health Services' statewide assessment: healthcare access, care for the aging population, chronic disease management, child and family health, primary and dental care, mental and behavioral health services, and substance use disorder.

A key highlight of the report is the priority placed on care for the aging population. CAHs recognize the growing needs of older adults in their communities and are increasingly focusing on strategies to support healthy aging. This includes participating in the Arizona Geriatrics Workforce Enhancement Program and adopting Age Friendly Health System (AFHS) principles, which emphasize person-centered care and services tailored to older adults. Hospitals are also working to improve the operations of primary care services for seniors, enhance staff training on local resources and adult needs, and develop resource lists for aging patients. These efforts are designed to help older adults maintain independence, access necessary healthcare, and improve their quality of life in rural Arizona. Furthermore, during a Quality Improvement call recently hosted by the Arizona Medicare Rural Hospital Flexibility program, Northern Cochise Community Hospital shared how their recent AFHS certification will help improve their patient safety, emphasizing the importance of gaining that accreditation.

The report underscores that addressing the needs of the aging population is not only a health priority but also a reflection of broader demographic trends in Arizona, where the proportion of older adults is steadily increasing. By focusing on this priority, Arizona's CAHs aim to ensure that rural seniors receive comprehensive, accessible, and high-quality care as part of a holistic approach to community health.

The report is included in the next pages or can be viewed [here](#).

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025

ARIZONA CRITICAL ACCESS HOSPITALS: COMMUNITY HEALTH NEEDS 2025

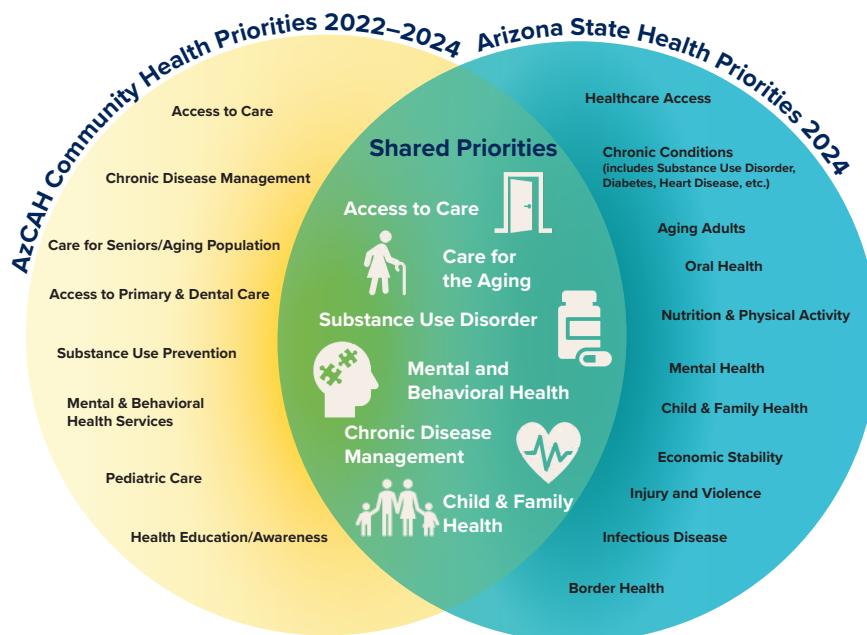
OVERVIEW

This Arizona Center for Rural Health (AzCRH) brief summarizes the Community Health Needs Assessments (CHNAs) of 11 of Arizona's 17 federally designated Critical Access Hospitals (AzCAHs) and compares it to the statewide Arizona Department of Health Services (ADHS) assessment. Under the Patient Protection and Affordable Care Act (PPACA), all 501(c)(3) hospitals must demonstrate they provide a community benefit and complete a CHNA every three years. CAHs then describe community health needs in their service area and select three to five to prioritize in their implementation plan. Each CAH is required to collect input from individuals in the community, public health experts, residents, representatives, and leaders of low-income and minority populations. The AzCAH CHNAs shared seven health priorities with the ADHS Statewide Health Needs Assessment: 1) healthcare access, 2) care for the aging population, 3) chronic disease management, 4) child and family health, 5) primary and dental care, 6) mental and behavioral health services, and 7) substance use disorder. These priorities reflect a comprehensive approach to rural health, grounded in both the immediate needs of AzCAH communities and long-term strategies for improved community health.

HEALTH PRIORITIES IN ARIZONA –

The ADHS Statewide Health Needs Assessment updated the 2024 Arizona Health Improvement Plan (AzHIP).

Figure 1. Overlap of State of Arizona with Arizona Critical Access Hospital CHNA Priorities.



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

Suggested citation: Rooney B, Hospodar J, Bullock J, and Derksen D. (2025). Summary of Arizona Critical Access Hospitals' Community Health Needs Assessments.
For questions about this report contact: Brianna Rooney bcrooney@arizona.edu

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025

CHNA DATA COLLECTION

This AzCRH brief uses data collected from publicly available AzCAH CHNA reports to better understand the shared health priorities between AzCAHs and with the State of Arizona needs assessment. The state Medicaid program, the Arizona Health Care Cost Containment System (AHCCCS), groups the CAHs into three regions. Because hyperlinks can become outdated, AzCRH maintains copies of current CHNAs and can provide them on request. The AzCRH Health Resources and Services Administration (HRSA) Medicare Rural Hospital Flexibility (AzFlex) program completes the CHNA review every two years.

Figure 2. Location and Names of Arizona's Critical Access Hospitals by Region.

Participating AzCAHs include:

North

- Banner Page Hospital
- Sage Memorial Hospital
- White Mountain Regional Medical Center
- Wickenburg Community Hospital

Central

- Banner Payson Medical Center
- Cobre Valley Regional Medical Center

South

- Benson Hospital
- Copper Queen Community Hospital
- La Paz Regional Hospital
- Mt Graham Regional Medical Center
- Northern Cochise Community Hospital



Note: There are six of Arizona's 17 CAHs not included: two Indian Health Service AzCAHs (Hopi Health Care Center, Parker Indian Medical Center) and two Tribal (P.L. 638) AzCAHs (Hu Hu Kam Memorial Hospital and San Carlos Apache Healthcare Corporation). They are not required to complete CHNAs under the PPACA requirement. One AzCAH (Carondelet Holy Cross Hospital) does not have non-profit status and is not required to complete a CHNA under PPACA. An additional AzCAH (Little Colorado Medical Center) is not included because their CHNA report is not published online. The online links to the AzCAH CHNAs are in the References.

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025

Exploring AzCAH Health Priorities AzCAHs share a set of common health priorities that reflect both the specific needs of their rural communities and broader statewide trends. Across Northern, Central, and Southern Arizona, improving Access to Care stands out as a universal goal. Hospitals consistently recognize the need to make healthcare services more available and affordable, particularly in areas facing significant provider shortages and transportation barriers. This emphasis on access is rooted in the reality that many Arizona residents, especially in rural regions, struggle to find primary care and specialty services close to home.

Chronic Disease Management is another prominent theme. Hospitals are focusing on the prevention and control of conditions such as diabetes, heart disease, obesity, and cancer. These chronic illnesses are leading causes of hospitalizations and emergency visits in Arizona. AzCAHs respond by developing programs that promote preventive care and ongoing disease management.

Behavioral and Mental Health includes **Substance Use Disorders**, have also emerged as top priorities. Many hospitals are working to expand mental health resources and substance use treatment, recognizing the growing prevalence of these challenges. The need for comprehensive behavioral health services is repeated across all regions, underlining its importance to community well-being.

AzCAHs are also attentive to the needs of their populations. There is a strong focus on providing **Care for Aging Adults**, supporting women's and **Children's Health**, and ensuring the safety and well-being of these groups. Hospitals are increasingly addressing health factors, such as economic security, food access, and housing, recognizing that they are critical to improving overall health outcomes.

Access to **Primary and Dental care** is frequently mentioned, especially in rural communities where such services are limited. Preventive dental care and pediatric services are seen as essential components of a healthy community, and hospitals are working to bridge these gaps.

Finally, **Health Education and Community Awareness** are recurring priorities. Many hospitals are investing in initiatives to raise awareness about available health services, encourage preventive care, and promote healthy lifestyle choices. By empowering residents with information and resources, AzCAHs aim to foster greater self-management of health and more effective use of local healthcare systems.



THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025

Table 1. AzCAH-identified CHNA priorities by region:

Northern AzCAH Priorities	
Banner Page Hospital (2022) Page, AZ <ul style="list-style-type: none"> • Access to care • Chronic disease management • Behavioral health 	White Mountain Regional Medical Center (2024) Springerville, AZ <ul style="list-style-type: none"> • Mental/Behavioral Health • Alcohol/Drugs • Women's Health • Smoking/Tobacco/Vaping • Heart Disease
Sage Memorial Hospital (2023) Ganado, AZ <ul style="list-style-type: none"> • Diabetic care and prevention • Behavioral health services • Dental care • Pediatric care • Specialty care 	Wickenburg Community Hospital (2022) Wickenburg, AZ <ul style="list-style-type: none"> • Self-identified health status • Improve access to healthcare • Community awareness about health services
Central AzCAH Priorities	
Banner Payson Medical Center (2022) Payson, AZ <ul style="list-style-type: none"> • Access to care • Chronic disease management • Behavioral health 	Cobre Valley Regional Medical Center (2024) Globe, AZ <ul style="list-style-type: none"> • Chronic Disease - obesity, heart disease, diabetes, cancer • Behavioral/Mental Health • Substance/Drug/Opioid/Alcohol Abuse
Southern AzCAH Priorities	
Benson Hospital (2024) Benson, AZ <ul style="list-style-type: none"> • Access to care • Care for the aging population • Behavioral health • Primary care and dental services 	Copper Queen Community Hospital (2023) Bisbee, AZ <ul style="list-style-type: none"> • Access to good healthcare • Availability of good jobs • Access to affordable and healthy food
La Paz Regional Hospital (2023) Parker, AZ <ul style="list-style-type: none"> • Economic security • Coordinated service networks • Safety and well-being of vulnerable populations • Volunteerism • Improve and expand health care services and access to services 	Mt. Graham Regional Medical Center (2023) Safford, AZ <ul style="list-style-type: none"> • Mental health • Substance use /abuse • Diabetes • Obesity/weight management • Nutrition
Northern Cochise Community Hospital (2024) Wilcox, AZ <ul style="list-style-type: none"> • Access to care • Care for the aging population • Behavioral health • Primary care and dental services 	

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025

Acting on AzCAH Health Priorities -In addition to conducting the CHNA, AzCAHs develop and implement a Community Health Improvement Plan (CHIP) that guides actions on CHNA priorities. Table 2. lists shared strategies and links to resources to help implement strategies. The AzCRH Medicare Rural Hospital Flexibility Program helps answer questions and provides information, contact Brianna Rooney, DrPH at bcrooney@arizona.edu.

Table 2. AzCAH Priorities, Strategies and Resources.

Shared Priority	Shared Strategies	Suggested Resources
Healthcare Access	<ul style="list-style-type: none"> Develop reminder notices for patient wellness and routine check-ups, mammograms, vaccinations, and colonoscopies. Develop and disperse brochures for available services and chronic disease management. Assist patients to enroll in Arizona's Health Care Cost Containment System (AHCCCS) and connect them with resources when they are in the hospital. Increase accessibility to healthcare through transportation and highway infrastructure. Coordinate communication among providers and the public. Implement and monitor centralized scheduling and prior authorization processes for improvement opportunities to reduce the incidence of conflicting schedules or schedule changes due to prior authorization issues. Develop a comprehensive plan to coordinate care between primary care physicians and specialists. Participate in or expand the federal 340B drug pricing program 	Health insurance enrollment outreach and support AzCRH Health Insurance Assistance Health literacy interventions Transition to Practice Program Rural transportation services 340B Drug Pricing Program
Care for Aging Adults	<ul style="list-style-type: none"> Participate in the Arizona Geriatrics Workforce Enhancement Program and become an Age Friendly Health System. Use a person-centered approach in care and services. Develop and implement a strategy to improve the operations of existing primary care services. Increase staff awareness of available resources and create a resource list for distribution to aging patients. 	Arizona Geriatric Workforce Enhancement Resources Age Friendly Health System Thoughtful Life Conversations Arizona's Area Agencies on Aging Government Programs for the Elderly in Rural America
Chronic Disease Management	<ul style="list-style-type: none"> Create opportunities to educate residents on preventive services relevant to community needs (printed media, electronic messaging software and social media). Promote and educate residents on healthy living activities. Employ a registered clinical dietician to oversee nutrition and diabetes services (i.e. nutrition counseling, diabetes education, and support group meetings). 	2025 Diabetes Action Plan and Report Chronic Disease Self-Management Program Chronic Diseases in Rural America

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025

Shared Priority	Shared Strategies	Suggested Resources
Family and Child Health	<ul style="list-style-type: none"> Implement community health programs or community-directed healthcare interventions. Utilize Community Health Workers to act as liaisons between families and healthcare providers. Collaborate with schools to provide school-based healthcare services.xx Develop clear policies and procedures for pediatric care. Participate in the AzFlex Obstetrics Simulations training. Enroll in the Arizona Alliance for Innovation on Maternal Health (AIM). 	Arizona Pediatric Psychiatry Access Line Arizona AIM Collaborative
Primary Care and Dental Services	<ul style="list-style-type: none"> Integrate dental and primary care by establishing referral partnerships between dental clinics and primary care providers or even co-locate dental hygienists within primary care teams to provide screenings, varnish applications, and patient education during medical visits. Train primary care providers to conduct basic oral health assessments and refer patients for dental care can increase early detection and intervention. Conduct a Provider Needs Assessment and develop a Medical Staff Development Plan. 	Promising Practices to Improve Oral Health Recruitment and Retention for Rural Health Facilities 3RNET Job Search Portal
Mental and Behavioral Health	<ul style="list-style-type: none"> Design and test a process for integrating behavioral health screening and referrals for emergency departments or other healthcare providers. Employ a psychiatric mental health nurse practitioner or similar role in rural and family medicine clinics to diagnose and prescribe mental health medications. Expand capacity for increased psychotherapy and counseling utilizing professionals with a working understanding of tribal communities and culture. 	Mobile health for mental health Mental Health First Aid training Arizona crisis hotlines Social connectedness Wellbeing Collaborative of Health Professionals
Substance Use Disorder	<ul style="list-style-type: none"> Provide education and best practices to assist in decreasing opioid misuse and abuse. Partner with behavioral health providers and first responders to fight opioid misuse. Partner with school districts to educate middle school students in dangers of drug use. Direct delivery of Narcan kits to the emergency department. Disseminate Arizona Opioid Prescribing Guidelines. 	Naloxone trainings Overdose Data to Action program resources Opioid Prescribing Guidelines

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025

Acknowledgments - This brief was prepared by the Arizona Center for Rural Health's HRSA Arizona Medicare Rural Hospital Flexibility (AzFlex) Program. It provides technical assistance, training and information resources for populations served by Arizona's 17 federally designated Critical Access Hospitals (CAHs), 55 Rural Health Clinics (RHCs) of which 32 are CAH-affiliated, 26 Community Health Centers that operate 175 Federally Qualified Health Centers (FQHCs), 16 Indian Health Service and 28 Tribal-operated (P.L. 638 Indian Self-determination) clinics and hospitals, trauma centers, Emergency Medical Services (EMS), and first responders.

References

1. Arizona Department of Health Services (ADHS). (2024). Arizona State Health Assessment. Retrieved from: <https://www.azdhs.gov/documents/operations/strategic-initiatives/arizona-state-health-assessment-2024.pdf?v=20250407>
2. Arizona Department of Health Services (ADHS). (2024). Arizona Health Improvement Plan Detailed Action Plan 2024-2025 Update. Retrieved from: <https://www.azdhs.gov/documents/operations/strategic-initiatives/azhip-2021-2025-detailed-action-plan.pdf?v=20240222>
3. Banner Health Page Hospital Community Health Needs Assessment. (2022). Retrieved from: <https://www.bannerhealth.com/-/media/files/project/bh/chna-reports/2022/arizona/page-hospital-page.ashx>
4. Banner Health Payson Medical Center Community Health Needs Assessment. (2022). Retrieved from: <https://www.bannerhealth.com/-/media/files/project/bh/chna-reports/2022/arizona/banner-payson-medical-center-payson.ashx>
5. Cobre Valley Regional Medical Center Community Health Needs Assessment. (2023). Retrieved from: <https://cvrmc.org/wp-content/uploads/CVRMC-CHNA-2023-Final-12-5-23.pdf>
6. Copper Queen Community Hospital Community Health Needs Assessment. (2023). Retrieved from: https://www.cqch.org/_files/ugd/6b8c2f_03e34e6b9cc74ca0bc0a9bf5626593ad.pdf
7. La Paz Regional Hospital Community Health Needs Assessment. (2023). Retrieved from: https://www.lapazhospital.org/docs/LPRH_CHNA_2023ff.pdf
8. Mt. Graham Regional Medical Center Community Health Needs Assessment. (2022). Retrieved from: <https://www.mtgraham.org/wp-content/uploads/2023/10/2022-CHNA-report.pdf>
9. Northern Cochise Community Hospital & Benson Hospital. (2024). Retrieved from: <https://accountf2197fd5.blob.core.windows.net/payload/documents/Cochise%20County%20CHNA%202024-26.pdf>
10. Sage Memorial Hospital Community Health Needs Assessment. (2023). Retrieved from: <https://sagememorial.com/wp-content/uploads/2023/08/2023-Community-Health-Needs-Assessment-and-Implementation-Plan-FINAL-Board-approved-18-AUG-2023.pdf>
11. Wickenburg Community Hospital Community Health Needs Assessment. (2022). Retrieved from: <https://wickhosp.com/wp-content/uploads/2024/06/2022-CHNA-WCH.pdf>
12. White Mountain Regional Medical Center Community Health Needs Assessment. (2024). Retrieved from: <https://www.wmrmc.com/Data/Sites/8/media/our-community/chna/2024-community-health-needs-assessment.pdf>
13. AHCCCS Complete Care (ACC) Services Map. (2018). Retrieved from: https://www.azahcccs.gov/AHCCCS/Downloads/Initiatives/ACC_Map_Web.pdf

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025



We are excited to announce **an exciting continuing education opportunity with a new Banner Alzheimer's Institute: Dementia ECHO series starting on August 13, 2025.** This is an excellent opportunity for healthcare professionals at all levels to enhance dementia care for patients and families!

The next series **begins Wednesday, August 13, 2025, and will be held every other week from Noon–1pm (AZ) for 12 total sessions.** There is **no cost to participate** in the Banner Alzheimer's Institute: Dementia ECHO program*.

➤ *CME credits (1 credit per session attended) are available for physicians and are free for Banner Health employees, CMEs for non-Banner physicians is \$35 for the 12-credit series. General certificates of attendance are available free for other types of Continuing Education Units.*

➤ **Please [CLICK HERE TO REGISTER](#) for the series.**

* ***Our program has transitioned to the new iECHO platform. A key change is that all participants must now create an iECHO profile, which only takes a few minutes to complete. If you encounter any issues, please contact the IECHO support team using the email provided below or refer to the IECHO Help Center.***

- support@iecho.org
- [iECHO Hubs Help Center](#)

As the size and proportion of the U.S. population age 65 and older continue to increase, the number of Americans with Alzheimer's and related dementias is growing. There is a shortage of dementia specialists, which places a burden on other healthcare professionals to oversee care.

Banner Alzheimer's Institute, in collaboration with Project ECHO® (Extension for Community Healthcare Outcomes), has launched a continuing education program called **Dementia ECHO** to provide **healthcare professionals at all levels** with the specialty knowledge and tools required to effectively and comfortably manage patients living with memory disorders to improve care outcomes.

Attendees of the comprehensive lecture series can expect to:

- Review interdisciplinary approaches to the management of dementia disorders.
- Participants are asked to bring de-identified cases for in-depth discussions related to clinical care.

For more information about **Banner Alzheimer's Institute: Dementia ECHO** please visit the website www.bannerhealth.com/DementiaECHO.

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025



THE UNIVERSITY OF ARIZONA
Arizona Center
on Aging

www.aging.arizona.edu

March 2023

ELDER CARE

A Resource for Interprofessional Providers

Preparatory Grief

Meredith MacKenzie Greenle, PhD, RN Villanova University College of Nursing

Nearly 2 million older adults die each year in the United States. Many of the most common causes of death for older adults are life-limiting chronic illnesses, such as heart disease, cancer, chronic lung disease, dementia, diabetes, and chronic kidney disease.

What is Preparatory Grief?

Patients with these diseases may not initially recognize them as life-limiting, but disease progression often eventually brings this realization. Preparatory grief, also known as anticipatory grief, is defined as the cognitive, emotional, and spiritual responses to the understanding that one has a life-limiting disease - that death is approaching.

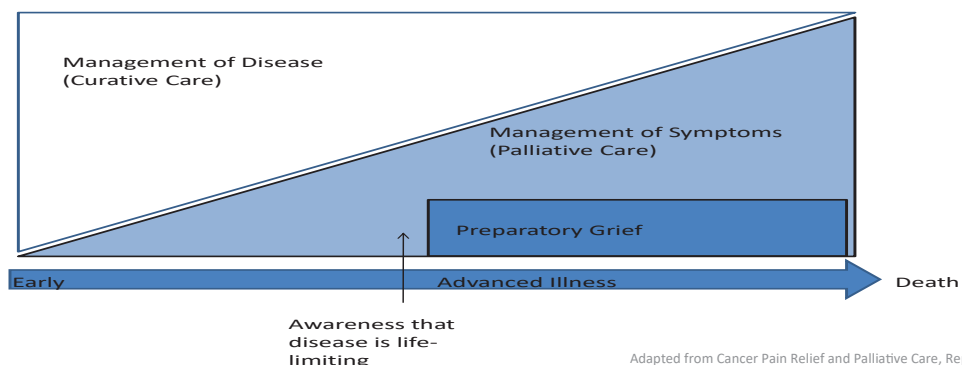
Patients may grieve for the loss of life itself, for the loss of small pleasures like their morning cup of coffee or their familiar routine. They may also grieve for what the loss means to those around them, for a grandchild they will never see grow up or a spouse they must leave behind.

The degree of preparatory grief that a patient will experience partially depends on factors such as their age; experience with loss; their diagnosis and treatment plan; and their religious and cultural beliefs. To provide patients with quality end-of-life care, an understanding of preparatory grief is necessary. The interweaving of curative care, palliative care, and preparatory grief in chronic illness is shown in Figure 1.

Underestimating Preparatory Grief

Health care providers routinely underestimate the amount of distress and preparatory grief that patients undergo. Many health care providers are either unaware of preparatory grief, or avoid assessing or discussing it with patients. However, research shows that patients are frequently willing and desire to talk about the grief process they are going through. The symptoms of preparatory grief are frequently confused with the symptoms of depression, anxiety or pain, and patients may be inappropriately treated.

Figure 1. Preparatory Grief in the Context of Life-Limiting Illness



Adapted from Cancer Pain Relief and Palliative Care, Report of a WHO Expert Committee. Publication #1100804, 1990.

TIPS FOR DEALING WITH PREPARATORY GRIEF

- Don't underestimate or discount the possibility of preparatory grief. It is a common experience for patients who have terminal illnesses.
- Allow patients to self-reflect, acknowledge their losses, and discuss their relationships, accomplishments, and missed opportunities.
- Be sure to distinguish preparatory grief from depression. Differences are listed in Table 1.
- Use the RELIEVER mnemonic to guide your conversation with patients who are experiencing preparatory grief.

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025

ELDER CARE

Continued from front page

Assessing Preparatory Grief

Patients at all stages of a chronic disease should be asked questions like “How do you think this disease will affect your future?” or “How does this disease affect the way you think about your future?” The goal is not to force patients to understand that their disease is life-limiting or to break down their “denial.” Rather, it is a good place to start to assess where they are in terms of thinking about their disease progression or the possibility of death. Also ask patients about the way they are feeling about their disease and about their health in general. Ask them about how it affects their lives. Allow patients to vent their frustration with the losses that any disease brings – loss of function, independence, and privacy.

Remain alert for emotional responses such as sadness, anger, anxiety, or regret that may indicate preparatory grief. Research has shown that in patients with preparatory grief, anxiety is the most common emotional response, and if extreme or prolonged, may require treatment with counseling and/or medication.

Distinguishing Preparatory Grief from Depression

Severe depression is not a normal part of preparatory grief. If patients indicate that they have lost all joy in life, are apathetic, or indicate a desire for death, further probing for depression is required. Inquire about their average mood, whether they are able to enjoy daily life, whether they continue to enjoy previously cherished activities and whether they are having any thoughts of suicide. Anhedonia, apathy and suicidal ideation are all indicators of depression and should prompt intervention with counseling and medication. Table 1 contrasts preparatory grief with depression.

Helping Patients with Preparatory Grief

Once you have ruled out depression, you can use the RELIEVER mnemonic as a way to help patients deal with their preparatory grief.

References and Resources

- Davis, EL, Deane, FP, Lyons, GCB, Barclay, GD. "Is Higher Acceptance Associated With Less Anticipatory Grief Among Patients in Palliative Care?" *Journal of Pain and Symptom Management*, 2017; 54: 120-125.
- MacKenzie M. Preparatory grief in frail elderly individuals. *Annals of Long-Term Care: Clinical Care and Aging*. 2001; 19:22-26.
- Shore, JC, Gelber, MW, Koch, L M, Sower, E. Anticipatory grief: an evidence-based approach. *Journal of Hospice & Palliative Nursing*, 2016; 18: 15-19.
- Vergo MT, Whyman J, Li Z, Kestel J, James SL, Rector C, Salsman JM. Assessing Preparatory Grief in Advanced Cancer Patients as an Independent Predictor of Distress in an American Population. *J Palliat Med*. 2017 Jan;20(1):48-52.

Table 1. Differentiating Grief and Depression	
Preparatory Grief	Depression
Waxes and wanes	Consistent sadness
Sadness about death	Suicidal ideation or active desire for death
Specific anxieties about dying process and loved ones left behind	Vague pervasive anxieties
Continued ability to take pleasure in favorite activities	Consistent anhedonia Hopelessness
Continued involvement with loved ones	Social withdrawal

- Reflect by acknowledging the patient's emotions. Say something like “I can see that you are sad.”
- Empathize, by saying something like “I know this is hard for you.”
- Lead by exploring the patient's concerns with questions like “What concerns do you have about how your loved ones will cope after you are gone?”
- Improvise by keeping in mind that every patient will experience preparatory grief in an individual manner. Some patients may be more open than others in discussing their grief.
- Educate patients by explaining the grief process and the emotions that accompany it.
- Validate the experience, by reminding patients that their grief is completely normal.
- Recall by helping patients celebrate the life they have lived, and recognize any tasks they still want to complete.

It may also help the patient to discuss practical concerns that arise at the end of life. These include managing symptoms, reconciling differences with family members, financial concerns, and advanced directives.

Interprofessional care improves the outcomes of older adults with complex health problems.

Editors: Mindy Fain, MD; Jane Mohler, NP-c, MPH, PhD; and Barry D. Weiss, MD
Interprofessional Associate Editors: Tracy Carroll, PT, CHT, MPH; David Coon, PhD; Marilyn Gilbert, MS, CHES;
Jeannie Lee, PharmD, BCPS; Linnea Nagel, PA-C, MPAS, Marisa Menchola, PhD; Francisco Moreno, MD; Lisa O'Neill, DBH, MPH; Floribella Redondo; Laura Vitkus, BA
The University of Arizona, PO Box 245069, Tucson, AZ 85724-5069 | (520) 626-5800 | <http://aging.arizona.edu>

Supported by: Donald W. Reynolds Foundation, Arizona Geriatrics Workforce Enhancement Program and the University of Arizona Center on Aging

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28721, Arizona Geriatrics Workforce Enhancement Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025



THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE TUCSON

Center on Aging

Care Partner Information

Tips for Providing Older Adult Care

Grief and Loss

Loss can happen at any age, but it is more common as people get older. Common losses for older adults are the deaths of loved ones, loss of a job and income, loss of health, and loss of independence. Sometimes, many losses happen in a short time. This can make it harder to cope with each loss.

Grief is the emotional response for loss. Everyone grieves differently. It is thought that there are five common emotions for grief. These are described in the table below. Some people may have one or two of these. Some may have all five. These emotions do not happen in any order.

Emotion	How a person reacts	What a person thinks
Denial and Isolation	Will not accept the loss. Stays away from social activities and people.	"This can't be happening."
Anger	Thinks the loss is not fair. Can feel angry about everything.	"Why me?" "Who is to blame?"
Bargaining	Asks a higher power to change what has happened.	"If you stop this from happening, I will..."
Depression	May be sad all the time. May not be able to do normal daily activities.	"What is the point of doing anything?"
Acceptance	Finds peace with what has happened. Accepts the loss.	"I still feel sad, but it will be okay."

Grief may include physical symptoms. Some common symptoms are:

- Physical pain, such as headaches or an upset stomach
- Low energy, and not being able to sleep
- Less interest in eating
- Being distracted or forgetful
- Having a hard time concentrating
- Changes in the person's spirituality

This Care Partner Information page is part of a series on older adult caregiving tips. They are written to help family and community caregivers, direct care workers and community health representatives care for older adults. Available in English and Spanish at www.aging.arizona.edu

THE ARIZONA GWEP MONTHLY NEWSLETTER

AUGUST 2025

Continued from front page

Care Partner Information

Tips for Helping Older Adults With Grief and Loss

Below are some tips to help older adults cope with grief.

- **Help them stay connected to friends and family.** Spend time with the person. Offer to invite others to visit, such as members of the person's faith community. Suggest joining a support group. Suggest volunteering for a cause they choose.
- **Be available to listen when they are ready.** Let them talk openly about their feelings. Do not give advice. Listen without judgement. Do not compare their experience to what others have experienced. Do not compare their feelings with how others feel.
- **Suggest they write about their emotions.** Sometimes writing down thoughts and feelings can make them less powerful.
- **Join them in healthy activities they enjoy.** Travel, play a game, take a walk, or cook a healthy meal with them.
- **Encourage them to start a new activity or hobby.** Perhaps they want to learn to draw, or play an instrument. Look for free or low-cost classes at nearby senior centers or community recreation centers.
- **Help the person with daily chores,** such as grocery shopping and cleaning.
- **Schedule daily exercise.** Join them for a walk or a swim. Try a fitness class together.
- **If the grief is caused by the death of a loved one, honor the deceased person.** Ask if they want to celebrate the person's birthday, enjoy their favorite foods, or make a memory book.

Grieving takes time. There is no set length of how long grief lasts. But some people are not able to recover from grief. Watch for signs of depression or anxiety, such as when the person stops taking care of them self, or talks a lot about death. If the person shows signs of depression or anxiety that gets worse over time, ask a health care provider or mental health professional for help. If the loss is a death, local hospice services host support groups to help family members with the grieving process. Over time, most people will start to feel better.

Useful Resources

Area Agencies on Aging have a complete list of local grief and loss support groups. Use the Eldercare Locator for find the local agency: www.eldercare.acl.gov or 1-800-677-1116.

Written By: Lillian Mees, LMSW and Charisse Radnothy, LMSW, Banner University Medical Center
Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28721, Arizona Geriatrics Workforce Enhancement Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.