



Aging in Place

The growing international trend to remain at home during the senior years is gaining ground — even for those with a chronic illness.

By Abbie Cornett and Ronale Tucker Rhodes, MS

THE SILVER TSUNAMI is here, and it includes those with a chronic illness. The silver tsunami refers to the growing aging population. By 2020, the number of seniors (those over age 65) will outnumber children younger than 5 years of age. And, within 25 years, the number of seniors will have doubled.¹ Baby boomers are, of course, a major contributor to this, but so too are advances in medicine that are helping people live longer — even those with a chronic illness.

According to a report by the American Association of Retired Persons (AARP) Public Policy Institute and the National

Conference of State Legislatures, nine out of 10 seniors say the most important aspect of aging well is the ability to age in place. What's more, 80 percent believe they will stay in their homes until they die.² Even among those older adults who require day-to-day assistance of some kind, 82 percent prefer to stay at home.³

Aging in place is defined as the ability to stay in one's home and community safely, independently and comfortably regardless of age, income or ability.⁴ The goal of aging in place is to live where one chooses and get any needed help for as long as possible, while maintaining and even improving quality of life.⁵

Why Age in Place?

Dorothy said it best when she clicked together the heels of her ruby red slippers and said: “There is no place like home.” One of the most important reasons seniors want to remain at home is the comfort of a familiar environment. They want to stay in close proximity to family and friends and where their memories and emotional attachments are.

Even more importantly, aging in place gives seniors control over their independence, quality of life and dignity. According to a study conducted in 2000, “adults aging in place exhibited better levels of cognition, better functioning in daily living activities, decreased levels of depression and lower levels of incontinence compared to older adults aging in nursing home settings.”⁶

And, it’s not just seniors who benefit from aging in place. Policymakers and local leaders are recognizing the benefits of providing services that allow people to stay in their homes and communities. “To society, it costs a lot less for someone to age in their home than to go into a care facility,” says Marty Bell of the National Aging in Place Council.

Increasingly, more options are being offered to assist seniors with aging in place. One is known as Naturally Occurring Retirement Communities (NORCs), where healthcare and social services are brought to neighborhoods that have a large aging population. Other communities are using the “village” concept to provide services and support, such as transportation, home repair and social activities, to seniors living in the neighborhood for a membership fee. According to a report by Rutgers School of Social Work, the annual membership fee for a single member costs \$430, on average, and most villages offer a discount to members with financial need.

Seniors are also opting to share their homes with someone who can provide help with home maintenance, errands and other chores in exchange for below-market rent. A benefit of this arrangement is that it offers companionship, says Kirby Dunn, of HomeShare Vermont, a company that has been setting up home-share matches for 30 years.²

Planning for Aging in Place

The key to aging in place is creating a plan as early as possible that focuses on quality of life and covers the home, finances, medical care, transportation, and social and technological needs. Importantly, individuals need to make plans for staying in the home before they are facing serious problems. Indeed, the only problems that may not be able to be fixed while aging in place are the ones that haven’t been planned for.

Housing. Most people buy their homes with little or no consideration about whether they will be safe to live in as they age. But, seniors intending to age in place need to consider future modifications such as grab bars for showers or tubs, raised toilets, widened doorways, nonslip floors, chairlifts for stairwells and ramps, easily accessible outlets and door handles and medical alert systems (see AARP’s Most Common Home Modifications for Older Adults). Home inspectors can recommend corrections and adaptations to the home to improve maneuverability, accessibility and safety. The International Association of Certified Home Inspectors has an extensive checklist available for seniors who are considering remodeling their homes to age in place (www.nachi.org/aging-in-place.htm).

Finances. While aging in place is inarguably less expensive than care facilities, finances must still be taken into account.

Medicare will pay for in-home care, including home healthcare that provides someone to help with personal care tasks, but Medicare is only a short-term solution for long-term care. Therefore, other available options must be investigated. Medicaid is generally the long-term care solution. Medicaid’s Home and Community Based Services (HCBS) waiver program is designed to pay for many services that would be impossible for seniors to afford on their own. The HCBS program provides for homemaking, personal care and even adult day healthcare services.

Seniors who are veterans are eligible for a number of services, from homemaker/home healthcare services to adult day care and hospice options. To seniors’ advantage, Veteran’s Affairs programs provide more individual discretion about how funds are used than many government programs.

AARP’s Most Common Home Modifications for Older Adults

- Safety features such as nonslip floor surfaces (80 percent)
- Bathroom aids such as grab bars (79 percent)
- A personal alert system that allows people to call for help in emergencies (79 percent)
- Entrance without steps (77 percent)
- Wider doorways (65 percent)
- Lever-handled doorknobs (54 percent)
- Higher electrical outlets (46 percent)
- Lower electrical switches (38 percent)

Other sources of financial assistance include state assistance programs that can help to make modifications to the home or pay for long-term care; private insurance options that will help pay for in-home care, cover the cost of durable medical equipment and, with a doctor's order, may include some of the equipment needed to live safely in the home; local nonprofit assistance programs that can help make home modifications; and long-term care insurance policies to help pay for a variety of long-term care options, including home care, assisted living care or a nursing home stay, as well as pay expenses for adult day care, care coordination and other services.

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For homeowners, a reverse mortgage can cover needed expenses. With a reverse mortgage, there is no monthly payment; the amount comes due when the homeowner moves out of the home, passes away or moves away from the property for more than a year.⁷

At some point, seniors are going to be unable to take care of their own finances. Before that happens, the following questions should be answered:⁸

- How will long-term care be paid?
- Who will manage financial affairs?
- Who will be responsible for the individual's personal care such as medical decisions, where they will live, in-home assistance, etc.?
- Who will manage the individual's assets so that a spouse or loved one receives care?
- How will the estate be handled, and who will carry out the individual's wishes?

Medical care. One of the most important things seniors can do if they want to live at home is to stay engaged with their primary care physician. While residents living in assisted living and nursing homes get help taking medications and monitoring results, those who stay at home need to find ways to remember

to take their medications and stay in touch with doctors about possible side effects and needed changes.⁹ In addition, a doctor or pharmacist should review medicines — both prescription and over-the-counter — to see if any might interfere with aging in place.

For those with significant health conditions, the care component can oftentimes be the most costly when choosing to age in place. While many have family and friends who can assist, others must hire caregivers to provide medical and nonmedical assistance, which could cost as much as \$10,000 to \$15,000 a month.¹⁰ This is why planning ahead is so essential for putting resources such as long-term care in place.

Transportation. Only 1.2 percent of seniors use public transportation on a daily basis, with most relying on friends and family for rides to go to doctor appointments, social events, church services, etc. According to Katherine Freund, president and executive director of ITNAmerica, a consulting firm in Portland, Maine, women live an extra 10 years on average between the time they stop driving and pass away, while men live an extra six years. So, to avoid being homebound, seniors aging in place must look at reliable transportation methods, especially if there are no family and friends to assist.

While taxis, Uber and Lyft can be good methods of transportation, many seniors don't feel safe using them. Fortunately, other ride services are available in many locations. For instance, ITNAmerica (ITN stands for independent transportation network) has helped form senior transportation networks in 26 communities in 21 states. In each of these, a nonprofit organization has been established to oversee and administer the volunteer transportation service, with funds coming from donations and member dues that riders pay. An example of this is in Charleston, S.C., where the transportation service averages 25 rides a day, utilizing mostly senior volunteer drivers. To use the service, seniors pay an annual membership fee of \$50, and each ride costs \$4, plus \$1.45 per mile (on average, \$12 one way). Rather than exchange money with the driver, the money is put into a personal ITN account that is deducted after each ride, and no tipping is permitted.¹¹

There are also senior transport and rideshare services staffed by volunteers and sponsored by community, religious or nonprofit organizations, which offer free transportation to those who qualify. Some limit the number of rides provided to any one person each month, and most require advance notice for scheduling. These can be located either in the local telephone book under senior services, by phoning local religious groups or through the nearest Area Agency on Aging.

For those who need transportation to a clinic or hospital, services are offered based on availability, with most requiring scheduling several days to a week in advance. These can be found by contacting the particular clinic or hospital in which the patient will be receiving care.

Lastly, local Veterans Health Administrations offer limited transportation services to those receiving care, with a limited number of daily pickups, usually originating from central spots within the community. Advance reservations are required, and most facilities don't allow family members or friends to ride along. These can be found by contacting the particular veteran's facility through the U.S. Department of Veterans Affairs.¹²

Socialization. With 28 percent of Americans over age 65 living alone, the possibility of social isolation when aging in place that can lead to depression must be taken seriously. Social isolation often happens when there is lack of communication with other people. To combat this, seniors are encouraged to volunteer their time at schools, hospitals, libraries, soup kitchens, churches and local charities; find and enjoy a hobby with others such as playing cards, scrapbooking or playing bingo; schedule regularly weekly times to meet with friends and family; and attend church.¹³

If seniors are unwilling to do any of these things, an alternative option is to hire a companion or caregiver who can visit several times a week.¹⁰ In addition, local Area Agencies on Aging can often recommend volunteers who will stop by or call to keep seniors company or talk about any problems they are having.¹⁴

Technology. Interestingly, technology can address many concerns about aging in place, including social isolation, maintaining independence and confronting healthcare challenges. While many overlook the usefulness of technology for seniors due to its unfamiliarity, the Pew Research Center reports 42 percent of adults 65 and older own smartphones today (compared with just 18 percent in 2013), and 67 percent of today's seniors use the Internet.¹⁵

Indeed, technology is giving seniors more confidence in their ability to live alone. This includes Bluetooth, cellular connectivity via mobile phones, smartphone monitoring apps and sophisticated computers. Devices can check medication, monitor Alzheimer's wandering, activity in the home, falls and real-time health information. "We've entered the era of low-cost, miniaturized, technological capabilities that enable smarter caregiving and greater independence," says Laurie Orlov, an aging-in-place technology analyst. In fact, the current \$2 billion industry is expected to rise to \$30 billion by 2020. Unfortunately, the government and insurance companies aren't yet paying for

many of these devices. "While Medicaid may reimburse for some aging-in-place technologies, Medicare, unfortunately, does not," says Majd Alwan, executive director of the nonprofit Leading Age Center for Aging Services Technologies. But, that hasn't stopped the boom in new devices, as more and more seniors

Aging in Place-Related Websites

- **Administration on Aging** is the federal agency within the Department of Health and Human Services that advocates for older Americans, provides home- and community-based care, and provides funds for services and programs at the state and local level: www.aoa.gov
- **Aging in Place Initiative**, a collaboration between N4A and Partners for Livable Communities, is an 18-month commitment with eight selected communities providing technical assistance to enable older adults to age in place: aipi.n4a.org/index.htm
- **The AdvantAGE Initiative** is based on a survey taken by older adults in 10 U.S. communities to assess their needs and concerns about growing older and aging in place: www.vnsny.org/advantage
- **American Association of Retired Persons (AARP)** is a non-profit, nonpartisan membership organization for people 50 years and older that advocates for its members on issues ranging from prescription medication to home improvement to current legislation: www.aarp.org
- **Communities for a Lifetime** is an initiative of 73 towns, cities and counties in the state of Florida to strengthen relationships between local aging organizations and community partners to make civic improvements in the areas of housing, transportation, healthcare and efficient use of natural resources: www.communitiesforalifetime.org
- **The National Aging in Place Council** is a senior support network founded on the belief that an overwhelming majority of older Americans want to remain in their homes for as long as possible, but lack awareness of home and community-based services that make independent living possible: www.ageinplace.org
- **National Association of Area Agencies on Aging** is the leading voice on aging issues for Area Agencies on Aging across the country and a champion for Title VI-Native American aging programs: www.N4A.org

embrace the lifestyle choices they offer. Here are some examples:¹⁶

- MedMinder (www.medminder.com): A digital pill dispenser that looks like a regular seven-day model that is locked until it's time for medication. A caregiver fills the medicine tray, remotely programs the schedule that beeps when it's time for the medication to be taken, and monitors to see whether the user has complied.

- Philips Lifeline with AutoAlert (www.lifelinesys.com/content): A personal help button for home use that is worn around the neck or wrist and can detect when a person has fallen. When this happens, the person is connected to the response center.

- GrandCare Systems (www.grandcare.com): A multipurpose system that tracks daily activity, has medical monitoring (glucose, oxygen, blood pressure, weight) and can display diets, discharge plans, exercises, etc. An interactive touch screen lets the person watch videos, view family or Facebook photos, listen to music, play games, read the news and video chat with family.

- GreatCall 5Star Urgent Response (www.greatcall.com/fives-tar_urgent_response): A mobile personal emergency response system that uses GPS technology to allow CPR-trained agents to find the location and assess the situation.

FOR THOSE WITH SIGNIFICANT HEALTH CONDITIONS, THE CARE COMPONENT CAN OFTENTIMES BE THE MOST COSTLY WHEN CHOOSING TO AGE IN PLACE.

Assistive tech (AT) can also be very beneficial. AT, defined as “any item, piece of equipment, software program or product system that is used to increase, maintain or improve the functional capabilities of persons with disabilities,” allows seniors to compensate for disabilities such as loss of vision, hearing and movement. For instance, there are tablets designed to help them stay connected with family that are distant or in times of power outages or other emergencies. Tablets can also be used to participate in social groups or hobbies that may be limited due to disability. Another example is a connected home, which allows devices to be controlled

using an Internet connection and apps via smartphones or smart televisions, that can address safety issues such as monitoring the opening and closing of doors or windows.¹⁵

The Chronic Illness Factor

Having a chronic illness doesn't mean seniors can't age in place. But, they do need to be actively involved in their own care. It's estimated between 95 percent and 99 percent of chronic illness care is given by the person who has the illness. On a day-to-day basis, these patients are in charge of their own health, and the daily decisions they make have a huge impact on their outcomes and quality of life.¹⁷ That doesn't mean, though, that they should rely solely on themselves. Rather, they need to stay engaged with their physicians. The National Institute on Aging recommends seniors discuss their illness with their physicians to determine how their chronic illness may impact their ability to age in place and what additional steps may be needed.¹⁴

Most importantly, successful aging in place depends on good planning that is done early — long before seniors need help. This means making necessary changes to living environments, ensuring finances are in order, arranging for proper medical care and insurance, researching transportation sources, staying as social as possible and taking advantage of technological tools to stay connected and safe. ■

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