



Senior Care Corner Podcast Transcript: 6 Aging in Place Considerations

Barry: Welcome to **Senior Care Corner**. I'm Barry

Kathy: and I'm Kathy. Thanks for joining us today.

Barry: You'll find us online at <http://www.SeniorCareCorner.com> with solutions and information for families and others who care for and about senior adults. Well Kathy, I think we've got another great episode today. We're going to be talking about, well more about I guess, *aging in place* and kind of building on what we've said to folks before and hopefully providing some new information for some of our listeners. We've also of course got some news items and then a quick tip at the end. Kathy, what's in the news?

Kathy: Alright Barry, our first news item today is Elderly at Risk for hospitalizations from key medications. Each year nearly 100,000 emergency hospitalizations occur in seniors 65 years and older for adverse drug events. A report in the New England Journal of Medicine finds 2/3 of the emergency hospitalizations in seniors were a result of blood thinners and diabetes medications. The data per the study urges focus safety initiatives on the medications which cause some harm in older Americans. Blood thinners and diabetes medications require blood testing and dosage changes. They do not recommend discontinuing their use but improved collaborating for safety between seniors and their doctors.

Drugs studied included Warfarin, used to prevent blood clots; Insulin, for blood sugar control; anti-platelet drugs such as Aspirin; and oral diabetes medications.

Barry: Very interesting. Better collaboration between doctors and patients with the medications can probably solve a lot of problems that we see.

Kathy: That's true. Here's another news item about medications. Lipitor goes generic! The nation's largest selling prescription drug, Lipitor, will now be available in a generic form. For many seniors this will be very good news. Because of the generic form, the drug used to lower cholesterol will be more available to more people.

Some seniors who are proscribed Lipitor have been unable to afford it and have been cutting the pills in half or not taking them regularly. As a generic it will be more affordable and hopefully used as proscribed.

Lipitor is considered quite effective at lowering cholesterol and will be helpful to many seniors at this reduced cost. Doctors fear that many seniors choose between rent, food, and prescriptions. Generally co-pays for prescriptions of name brand drugs range from \$29-49 but only \$10 for generics. Other generic cholesterol lowering drugs are available but they are not as effective as Lipitor. Doctors continue to encourage a healthy diet, but in many cases drugs are



necessary.

Barry: Well, that's always good news, seeing a drug go generic. That is, I guess, unless you own stock in the company that sold it.

Kathy: A lot of people do take Lipitor, so that will be welcome news. Alight, our third item is heart patients prefer longevity over quality of life. A new study by Swiss researchers find that $\frac{3}{4}$ of seniors with heart failure wouldn't trade a longer life with symptoms for a shorter life without symptoms. They would rather live as long as possible despite their symptoms.

Researchers found as people age, survival may be seen as more important than symptoms. Of the 555 heart failure patients questioned, 74% said that they would not choose to live one more year in excellent health over living two more years in current health. After another year, 80% of those surveyed said that they were unwilling to trade more time for symptom relief.

With regards to CPR, 1/3 said that they did not want to be resuscitated. Researchers point out that those in the study may have been less bothered by symptoms than the end stage patients. The message in the study is that doctors need to discuss with each person their treatment options and not assume quality of life if preferred to longevity.

Barry: That's a good point. Especially when you watch TV and see so many of those medical shows where people are saying "I'd rather not live at all than live without being able to do what I want."

Kathy: Right and these researchers point out that the assumption going into the study was that people would want to have shorter, higher quality lives and that just didn't seem to be the case.

Alright, our next news item, and final one, is Medicare to cover obesity counseling. In an effort to reduce obesity and manage senior's health problems, Medicare has decided to cover the cost of counseling seniors for obesity.

CMS has added counseling and screening for obesity to its list of preventative services. For seniors participating in the Medicare program, 30% are obese. Obesity is a complication in diabetes and heart disease.

Using a body mass index measure, known as BMI, beneficiaries would meet criteria for one on one counseling. Each week for one month, with follow-up visits with health care provider every other week for an additional month. If at least 6.6 pounds is lost during the first six months, the senior is eligible for an additional monthly counseling session for another six months. This is a great benefit for seniors and we'll link to a list of registered dieticians in their private practice (<http://www.eatright.org/programs/rdfinder>) for you to obtain these services for our show notes today.

Barry: Well that's a great idea. Finally, that sort of thing, do it in other areas but pay for



prevention rather than paying for the complications down the road.

Kathy: Absolutely.

Barry: Well thanks for those news items Kathy. Now we'll turn to our feature segment. In one of our first podcast episodes we talked about aging in place and we of course talk about it in a number of blog posts you'll see on our site. We thought that it was time to give you some more information and hope that we can build on what we provided already. But, let's review a bit before we begin.

Aging in place refers to the concept of remaining in an environment of your choice as you age. This could be the home your senior loved one currently owns, another more appropriate dwelling that allows freedom of movement, or renovation or home modification of your loved one's existing home to give them that freedom of movement; or a new location that is designed for aging.

Aging in place refers to living in a community setting that is not a facility or congregate living center. And has services and support available to remain there as long as possible. At least hopefully it has that support because that is what people need in order to live their home.

Kathy: Well, most seniors desire to age in place in a surrounding that's comfortable and homelike. Most people have an image of congregate living, or facility living, as boring, life-less where they have little control; therefore they aspire to live in their homes as long as possible. Your senior's ability to stay in their current home using products or technology that will help him/her to remain there as long as possible and having access to local services, including medical care, is achievable.

This concept requires planning and research on the part of the senior and his/her caregivers. When setting up a plan for aging in place for your senior, it will be important to think about not only what's appropriate for him/her at this point in time, but also thinking ahead and planning for their future needs as their abilities change as they age.

Let's review some important points that we want to consider.

Barry: First, what location is best for your senior loved one? Will their current home meet their needs now and in the future? Will it need to be remodeled or will a different home be necessary? If your senior loved one is healthy and independent now, what services do you foresee needing in the future? How long do you foresee it might be until he/she requires more assistance in the home? Requiring home care, personal care, and some sort of safety monitoring; are these services available where they live now or should you look into relocating to a more senior friendly community?

Kathy: Alright another consideration is what specific services may be needed. What services do



they need now? What might they need later? Will the services be located nearby or home delivery available in case that need is in the future? The types of services you should explore include: medical care, hospitals close by, urgent care centers, ambulance services; does the ambulance come out to their home or is it too far away? Is there dental care, pharmacy services, home maintenance, handyman to help out with the maintenance around the house, housecleaning, personal care, home healthcare, adult day care, a post office close by, shopping, especially grocery shopping, banking and other types of services and businesses that will be nearby for them. If your senior currently lives far from a city or town, these services may not be accessible to him/her; it may be helpful to consider relocating to one that has all of these services very nearby for them.

Alright, what mode of transportation will be used? Or if there even is a mode of transportation available; is public transportation available? Can your senior drive himself/herself from place to place? Is there a question of safety while they are driving or a potential for his inability to drive safely in the near future? If so, we want to make sure that the access to public transportation is available to get him to doctors' appointments and other places as they may need. Is there a program in the area that provides volunteer transportation? Or is there senior services transport available for a small fee? Will there be a local family who can transport them where they need to go?

What other activities are available for them to engage together with their community? Are there social clubs, volunteer opportunities, friends, nearby family, community activities and events, library or a church close enough for them to participate? The more socially active your senior can stay as they age the better they will be able to age physically and mentally successfully.

Barry: The fifth point to consider is the status of your senior loved one's finances. Will there be enough money to pay all the current bills such as: the mortgage, insurance, medical costs, drug costs, food costs, heating, entertainment, home repairs and upkeep, medical equipment, long term care insurance if you're using that, caregiver cost, and other utilities; as well as setting aside money for the future needs in the event that it becomes necessary to increase the support services needed or to enter a facility. If he or she has to move to a more appropriate community setting, will they achieve a positive financial outcome that can help with the move? Is there money in the budget to do necessary renovations?

All these questions are important and things that children often don't know about their parents and probably ought to in order to help them plan for the future.

The last point we're looking at here is the level of family support that's nearby. Are there family members nearby or are they long distance as so happens today? Are there trusted people to check in on your senior loved one if you are long distance? What will be the frequency of visits if that's possible? And will you as a caregiver have the ability to balance your personal family life and caregiving. That is an increasingly important thing to consider as caregivers themselves



need to consider the impacts on them before they make that commitment.

Kathy: That's a good point. Well in some cities there are new options for seniors as they attempt to age in place, these include village communities and NORCs (Naturally Occurring Retirement Communities). They are still limited at this time and are located in select cities, possibly near your senior.

A village is a type of community that brings seniors together, charges an annual membership fee and then provides specific services as part of their fee or offers other services at a reduced rate. These services often include: transportation, meals, volunteer opportunities, medical care, social activities, and concierge services. So they can pretty much get what they need when they are living in this membership based community.

More than 50 villages nationwide offer community and volunteer support by organizing services and social events for those that continue living in their own homes rather than living in a nursing home or retirement home according to the village to village network.

Barry: A NORC, again a Naturally Occurring Retirement Community, is a geographic area in a city or town that contains a large amount of older people in homes not originally designed for aging. These homes could be neighborhoods, subsidized housing, apartment complexes, or other dwellings. Services such as health and socialization are available to this cluster of seniors where they live.

Kathy: If your senior decides that renovation is the best choice for them, there are a few elements which you want to be aware of. When remodeling a room, or an entire home, for aging in place, you will want to consider universal design. Which is a process that incorporates items in the environment that can be used by as many different people as possible; before you call a contractor you'll want to examine how the home can be made more accessible.

Is there a level entry without stairs just to get into the home? Can the kitchen and bathroom be used as function declines? Is it safe and able to prevent falls? If you are looking for a contractor who understands design requirements for aging in place, you may want to seek out a certified aging in place specialist (http://www.nahb.org/reference_list.aspx?sectionID=1391), known as CAPS, who are specially trained to meet the needs of aging senior's in-home renovation. Remember that as your senior ages there are also losses in mobility, vision, hearing, and strength that may require modifications to be made on down the road.

Barry: Well, that's what we wanted to cover in this time, really some considerations for you as you are helping your senior loved one determine whether they are able to age in place in their current home or even whether aging in place is appropriate for them.

We're going to continue with more podcasts on aging in place and of course we have other resources on our blog already. But in the next episode we have for aging in place which will be



in the next month, we will review how technology can be used to help your senior loved one age in place. This will be timed with the upcoming consumer electronics show, at that time we're going to present to you some new products and devices that we feel could be most helpful and also some of those that we're going to see at the show and some of it is going to be taking devices that companies offer for other purposes such as home automation and security systems and explain how those can be used to make life safer and more comfortable for our senior loved ones in their own homes.

Kathy: I think that a great review of things to start thinking about as we try to provide the best care that we can for our loved ones; parents, grandparents as they age.

Barry: And these are also things that we are thinking about of course coming into the Christmas season, if there's something in there that really prompts you to thinking about something you can do or give to your senior loved one, then all the better. Any hints of things that you can do that they'll truly appreciate or that they will actually put to use, we know that's a big deal when getting our older loved ones gifts, something that they will actually be able to use and we hope we've pointed you in the right direction.

Kathy: But also to remember during the holidays as your family comes together, take this opportunity to talk to your siblings about what really will be necessary to renovate your parent's home, your grandparent's home, or if this is a good time to discuss what the next step will be.

Barry: Well not just siblings, Kathy, but certainly you need to bring your senior loved ones into those conversations, so that they're going to be more comfortable with what you come up with and it's going to probably keep better harmony within the family.

Kathy: Of course!

Barry: Well Kathy, you want to close it out for us today with a quick tip?

Kathy: I will, and this quick tip has a little bit to do with the holidays. We have tips to watch your weight during the holidays. For our seniors who may be struggling to manage chronic diseases, like diabetes and high blood pressure, holiday excesses may lead to unwanted and often unhealthy weight gain.

The Cleveland Clinic suggests these tips to help seniors and us to keep down holiday weight gain. The first tip is: continue to stay physically active, exercise daily with whatever that activity that you enjoy.

The second tip: continue to include servings of fruit and vegetables to help stay full without overdoing the calories.

And the third tip: keep the treats out of sight and out of reach. Indulge in only one treat a day.



Enjoy your holiday gatherings with your family by deemphasizing the food.

Barry: A great tip Kathy for all of us. Well, that's it for this episode folks; we hope you have enjoyed it. We encourage you to stop by our website at SeniorCareCorner.com and leave us your thoughts, comments, and suggestions. And of course you can always stop by our Facebook page at Senior Care Corner on Facebook (<http://www.facebook.com/SeniorCareCorner>) to leave comments there, and hey, we'd appreciate if you'd "like" our page so you can get our updates.

Kathy: You also may want to check out our website and look into our bookstore (<http://seniorcarebookstore.com>). We have a lot of great gift ideas, caregiving gifts, and helpful information that you may really enjoy. We look forward to you checking that out.

Barry: And there are some things in there that you might find helpful in making your senior loved ones home a little more comfortable or safe for them. And check back often because we're updating the store frequently. Well, that's it for today folks; until next time we hope everybody as a great day.