

To Stay Home or Not: Weighing Residential Options

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One of the most highly charged and emotional steps any family can take is the decision to move. For older adults, it is even more of a challenge. It may not be so much that they want to move, but that they have to move, due to certain key transitions such as the loss of a partner, a change in finances, the diagnosis of an illness or chronic condition, a change in cognition, or a marked decline in mobility. Whatever the reason, it's a tough decision.

As chiropractors, we often see various members of the same family as patients. This puts us in a unique role to hear their different concerns and provide information that may be helpful in their decision-making. There are multiple contributing factors to finding the appropriate residences for individuals, because their needs, abilities, interests and limitations vary considerably.

Many seniors age 80 and older would like to stay at home for as long as possible. However, accessibility, availability of services and environmental changes may become a problem. For example, my parents, ages 85 and 84, have 38 steps from their front door to the street. The doorbell is at step 10; the laundry area is located at the bottom of step 12; the groceries are at step 17; and the mail is at step 38. Six knee operations, two hip surgeries and various bouts with dizziness and pneumonia temporarily limited their independence, mobility and ability to function normally, although, at this writing, they have recovered beautifully and been able to resume their normal daily activities. Do they want to move from their neighborhood? No way! They have a lot going for them because they are now healthy and mobile; still engaged in physical and social activities; continue to maintain friendships; do things for others; have access to transportation; independently maintain their household; and live in safe surroundings. Why should they move?

Others may be less fortunate. Those who live alone, have lost the ability to drive, or live in rural areas may be considering other options besides staying home. Lack of reliable transportation and dependence on others greatly curtails one's independence, spontaneity and choice of service providers. Needed repairs for an older home are a challenge to a senior with a fixed income or declining resources. The network of once "supportive" neighbors may still be there, but these people are getting older, too! Adult children may have relocated to find better jobs. In some cases, former "great" neighborhoods or small towns may have degenerated or become deserted due to industry shutdown, loss of jobs, declining safety or property devaluation.

Professionals in the aging network, such as geriatric care managers or case managers, can provide a variety of assessments that help identify specific needs in physical and mental health, home and community safety, support systems, spiritual choices, finances, interests, and lifestyle choices. These combined assessments help determine the ideal living arrangements for the older adult.

The type and amount of assistance needed with activities of daily living (ADLs), such as bathing, toileting, feeding, dressing, grooming and ambulation, are the best indicators of how much in-home assistance is needed. Similarly, help in performing instrumental activities of daily living, such as telephoning, shopping, arranging transportation, food preparation, and handling finances targets other needed services and living options.

Certainly, there are many adaptations that can be made in the home. Bathrooms can be made more accessible by converting to walk-in shower stalls, installing raised toilet seats and adding shower stools. Door frames can be enlarged for easier wheelchair accessibility. Door "knobs" can be converted to handles that are easier to grasp. Rumpled carpets should be replaced, and throw rugs can be removed altogether. Good lighting reduces the potential for falls, and items such as illuminated clocks and light switches are readily available for purchase. Handrails can be installed strategically, inside and out. Adjustable beds and chairs can be purchased for easier mobility. Installing ramps, lift chairs or even an elevator may address the issue of stairs, although this may be a financial burden. Voice-command systems are available to aid those with memory loss who require medication reminders and emergency alerts. Paging systems (some with video cameras) are also available to help monitor older adults who live alone. However, family members may want to consider the resale value of such a home with these modifications.

If housekeeping, shopping, laundry, bill-paying or meal preparation become overwhelming, families might organize an "errand tree" and divide up the chores. Enlist the help of neighbors who might also be willing to casually "look in" on the older adult from time to time. Talking with our postal carrier one day, I found out that in Hawaii, mail carriers are alerted to the concern of social isolation, and frequently check up on the older folks on their route, particularly if they know they live alone.

Other residential options to check out in your area include the following

- adult residential care homes;
- extended care adult residential care homes;
- assisted living facilities; and
- adult foster care homes.

Many local agencies provide "companion" or "chore services" to aid older adults living in a community. For more information on residential options for older adults in your area, contact your local Area Agency on Aging (a federally funded agency), the state executive office on aging, or the county office on aging. Some cities have elderly affairs divisions and nonprofit organizations, such as Catholic Charities, that provide information and referral sources. Last, but not least, a National Eldercare Locator number (800-677-1116) can put you in touch with the appropriate agencies from afar.

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