



Aging in Place

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According to the Centers for Disease Control and Prevention (2009), the term “aging in place” refers to an individual’s ability to live in one’s own home and community safely, independently, and comfortably; regardless of age, income, or ability level. Aging in place may be a relatively new term, but the concept of growing old and remaining in one’s chosen community is an age-old practice. Prior to the advent of retirement communities, assisted living, adult foster homes, memory care units and nursing homes, older individuals resided with or near their families as they aged and required more care and assistance. The potential for many older adults to age in place has changed dramatically over the

Community Living, 2018). Older adults not only live longer, but also live with more chronic disease and disabilities than in previous generations. Unfortunately, the number and types of resources needed to service this population have not increased proportionally to current or future growth predictions. Extended family and sources of support are less likely to reside in the same community, and may in fact live far away, adding additional challenges of long-distance caregiving.

Individuals in generously populated communities usually have access to a variety of assisted living and retirement communities. Many of these offer the full range of care options under one roof, from inde-

pendent living to secured memory care. The range of options offered in packages may be attractive to many retirees, but they come at a higher cost than many can afford. Additionally, older adults are vulnerable to the high cost of living increases that can be unexpected, thus depleting the older person’s resources quicker than anticipated. Ideally, planning for one’s older years should start prior to retirement, although this often does not occur. Multiple factors should be considered and evaluated based on the individual’s or couple’s circumstances. The patient’s general health, and the presence of chronic disease may impact independence in the future. Consider the availability of caregivers and/or the ability to pay a caregiver to provide assistance for personal care, household chores, shopping, and transportation. If living in a private home, can the individual pay for maintenance of the home? Can they update the home for future safety and mobility needs by widening doors and adding space to bathrooms for walkers or wheelchairs? These costs should be factored into the overall budget of aging in place. To analyze these expenses, it is helpful to refer the patient to a financial counselor or a community-based organization such as the local Area on Aging to help the individual evaluate their personal circumstance and available community resources.

It is important that patients be aware of what will and will not be covered by health insurance and Medicare and to plan for how out-of-pocket expenses, including emergencies, will be covered. Common concerns of individuals considering aging in place include transportation, the ability to engage in activities, and meet with friends for socialization. Local senior centers often provide low-cost transportation and daily activities. These organizations provide a variety of opportunities to meet with current friends and meet new friends; they also are an excellent source of

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years and has been impacted by a number of factors. The advancing age of older adults and increased life expectancy has increased the number of the “older old” in the population. Recent statistics demonstrate that the older population is actually increasingly older than in previous decades. In 2017, an individual reaching the age of 65 years had a life expectancy of an additional 19.5 years. In 2017, the 85 years and older cohort was 52 times larger in numbers than their age peers in 1900 (The Administration for

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resources and recommendations for caregivers, support groups, and transportation. Community centers may offer day programs, meals on wheels, free tax preparation/services, and informational meetings on a variety of topics important to seniors such as personal safety, advanced care planning, hospice, respite, and financial topics.

Encourage patients to reach out to retired neighbors, family, and friends as they engage in the process of anticipating their needs and designing their future. If the individual is a Veteran or spouse of a Veteran, the Veterans Administration offers a host of benefits and stipends depending on their level and duration of service. Home care social workers can also consult with clients and provide a variety of resources and recommendations. See Table 1 for helpful resources that address housing, healthcare, transportation, legal issues, and much more.

There are many options available to seniors as they look at future living arrangements, but

Table 1. Resources for Aging in Place

<p>Centers for Medicare & Medicaid Services 1-800-633-4227 (toll-free) 1-877-486-2048 (TTY/toll-free) www.medicare.gov</p> <p>National Association of Area Agencies on Aging 1-202-872-0888 info@n4a.org www.n4a.org</p> <p>Low Income Home Energy Assistance Program National Energy Assistance Referral Hotline (NEAR) 1-866-674-6327 (toll-free) energyassistance@ncat.org https://liheapch.acf.hhs.gov/help</p> <p>Department of Housing and Urban Development 1-202-708-1112 1-202-708-1455 (TTY) https://www.hud.gov/</p>	<p>National Resource Center on Supportive Housing and Home Modifications 1-213-740-1364 homemods@usc.edu www.homemods.org</p> <p>Eldercare Locator 1-800-677-1116 (toll-free) eldercarelocator@n4a.org https://eldercare.acl.gov</p> <p>AARP 1-888-687-2277 (toll-free) 1-877-434-7598 (TTY/toll-free) 1-877-342-2277 (español/línea gratis) 1-866-238-9488 (TTY/español/línea gratis) member@aarp.org www.aarp.org/home-family/caregiving/</p>
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personal preferences and finances are paramount in the decision-making process. The decision to age in place is often preferentially considered by individuals as they prepare for the future. It is essential they have all the information and resources they need to make the best decision possible for their

future. Aging in place may be a very viable and affordable cost-effective option for many individuals providing them with a quality of life and independence they desire. ■

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The authors declare no conflicts of interest.

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DOI:10.1097/NHH.0000000000000877

REFERENCES

- Centers for Disease Control and Prevention. (2009). Healthy places terminology. In *Healthy Places*. Retrieved from <https://www.cdc.gov/healthyplaces/terminology.htm>
- The Administration for Community Living. (2018). *2018 Profile of older Americans*. Retrieved from <https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2018OlderAmericansProfile.pdf>