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How to make aging at home work

MICHAEL SOLENDER
Special Correspondent

Two years ago, Jean Wolfe's ability to stay in her home was in jeopardy. She took a bad fall in her bathroom, breaking several ribs and experiencing a collapsed lung that landed her in the intensive care unit.

At 80 years-old, the Huntersville resident is like many aging seniors, in declining health yet determined to remain in her home and enjoy the familiar surroundings. "I've lived here since 1963," said Wolfe, who's lived independently for decades. "As long as I have my senses and can feel comfortable in my home, it's important for me to be here."

Matching the desire to stay at home while aging in place is predicated on one's health, financial resources and support network. Assessing and evaluating what is needed and how to achieve this goal is becoming more common in Charlotte as our population of seniors is larger and growing at a faster rate than most of the country.

ADVERTISING

The 2015 North Carolina Aging Services Plan (a report on aging created by the North Carolina Department of Health and Human Services, Division of Aging and Adult Service) ranked Charlotte ninth in the nation for the population aged 60 and over, and eleventh for those over 85. Recent U.S. Census data revealed Mecklenburg County's 65 and older age bracket make up about 11 percent of the total population. By 2034, this age bracket will be more than 18 percent.

Renovation and Home Health Aide Visits

It's easy to understand Wolfe's desire to remain at home. Her handsome, single-story brick ranch basks on a shady tree-lined street in Huntersville's Greenfield Park neighborhood. The meticulously manicured yard hosts a rocker on the front porch that allows for regular distraction watching feisty squirrels chasing about and visiting Blue Jays in search of a tasty meal.

"Her injuries were catastrophic," said Beverly Penninger, Wolfe's niece and advocate. "We weren't sure if she could ever live at home again. She fought back and went through rehab and we decided she could live at home under the condition and that was that she have health aides come in twice a day. We made an agreement that she would never use the bath where she fell again. We renovated the half bath off her bedroom and turned it into a no-threshold shower with a seat, grab-bars and an A.D.A.-compliant toilet (higher seat). Now she has a small bathroom she's able to use."

Another renovation the two agreed upon was building a substantially larger back deck providing easier access to the house. The former small stoop was very tight, presenting a fall hazard as Wolfe entered the house. Penninger contracted for the space to be enlarged, built in a table providing a place to set things down, and added handholds to walk up the steps to help her aunt get in and out of the house comfortably.

"I learned many things caring for my disabled parents that many people don't get to use a second time," Penninger, 56, said. "I knew what to look for and have been able to use that knowledge to help Aunt Jean. We took up all the area rugs (trip hazards) at the recommendation of the home health aide service and subscribe to a "lifeline" alert service - a pendant she wears that monitors if she falls and summons help."

With the home renovations made a home health aide coming in twice daily (three hours each morning and evening) assisting with light housekeeping, cooking, shopping and accompanying her on appointments, Wolfe is able to continue living in her home.

Where to Begin?

For many seniors and their families, addressing aging-in-place issues can be a daunting if not an overwhelming task and one with uncertainty surrounding even where and how to begin.

"Don't wait for a crisis," Lyndall Hare, Charlotte-based concierge gerontologist, said. Hare holds a Ph.D. in gerontological studies and works extensively as an aging and elder-care coach helping individuals and families navigate the challenging elder-care landscape and labyrinth of service offerings. "Planning and preparation is critically important and allows for choice and buy-in."

While generally an advocate for independent living, Hare notes each situation is unique. She advises placing primary consideration upon quality-of-life issues and the ability to perform the activities of daily living - eating, bathing, dressing, toileting, transferring and continence.

"If any of these are barriers or if people are unsafe in the environment in any way, consider if there are resources that allow you to manage these," Hare suggests. "If people can make accommodation to address issues, staying at home may be viable, if not other alternatives should be explored."

Social Outlets

Hare emphasized that equally important to addressing physical needs of those aging in place is recognizing and accommodating social and emotional needs. "Research shows aging in place creates social isolation," Hare said. "Building a care team and having a mix of formal and informal services and social outlets is critically important."

Dilworth resident and community volunteer Susan Patterson echoed this sentiment and credited a wide network of friends and family with providing a social outlet in supporting her aging mother, Marjorie Lorange.

"Mom moved to Charlotte at age 89 from Tennessee," said Patterson. "Initially she settled into her own apartment at MerryWood (assisted living) for several years and then at age 95 (Lorange passed away last November at 98) she moved in with us. You can't do this alone, I was grateful that our friends adopted her and were willing to visit her frequently to socialize and check on her."

Cost Effectiveness

Costs play a large role when evaluating aging in place options for seniors.

According to the National Association of States United for Aging and Disabilities, aging in place can be cost effective. Their research shows private-pay assisted living costs on the low end are \$43,000 annually and private-pay nursing facility can be as much as \$90,000 or more annually. They estimated costs ranging from \$17,900 to \$44,616 annually for at-home living with a homemaker and adult care services.

There are many no and low cost enhancements to the home to make it safer and more senior friendly. Most in-home health aide services offer a physical home evaluation as part of their services. Recommendations often include removing area rugs and trip hazards, installing grab bars in the shower or bath, adding ramps to supplement stairs and adding A.D.A. compliant toilets.

"Decluttering the home by removing excess furniture opens up physical space making it easier to move about," said Sheryl Gerrard, senior outreach specialist at Charlotte's Jewish Family Services.

JFS provides visits, phone calls and Jewish programming to homebound seniors as well as to residents of local independent, assisted living and skilled nursing facilities. Gerrard will make in-home visits and help assess the situation and make recommendations based on individual needs. “Sometimes ramps are needed. There are volunteers in our community that do that and we can make referrals.”

Mecklenburg County – Age Friendly Community

Last fall, Mecklenburg County made a significant move towards becoming a better place for people of all ages in joining the AARP Network of Age-Friendly Communities in applying for “age-friendly” status from the World Health Organization.

According to the county’s website, “The AARP Network of Age-Friendly Communities helps participating communities become great places for all ages by adopting such features as safe, walkable streets, better housing and transportation options, access to key services, and opportunities for residents to participate in community activities.”

As our community continues to enhance livability for seniors, each of us can look forward to reaping the benefits.

Michael J. Solender is a Charlotte-based freelance writer. His work has appeared in the New York Times, Southern Living, Minnesota Magazine and others. Find him at: <http://michaeljwrites.com>.

Charlotte area aging agencies, service providers and referral networks offer considerable information and resources available to seniors. A partial listing:

- **Aldersgate at Home:** Fee-based in-home aid including light housekeeping, cooking/meal delivery, medication management, transportation, support with activities of daily living. Directly tied to Aldersgate Continuing Care Retirement Community.
- **Centralina Area Agency on Aging:** State sponsored agency promoting independence, preserving dignity and advocating for the rights of older and disabled adults and their families. CAAA serves the nine-county metro Charlotte region. Service referral including health care, adult day care and wellness, home delivered meals, housing and home improvement, transportation, legal assistance, group meals/lunch bunch and senior centers/activities.
- **Charlotte Village Network:** Newly established nonprofit bringing the national Village movement (volunteer support network) to Charlotte.
- **Friendship Trays/Meals on Wheels Charlotte:** Daily delivery of balanced meals to individuals in this community who are unable, because of age or infirmity to obtain or prepare their own meals.
- **Jewish Family Services:** Nonprofit organization offering senior outreach programs, seeking to maintain the independence and dignity of senior adults, while keeping them connected to Jewish traditions and the community through programs that address the mental and emotional challenges of aging. Information and referrals. Monthly caregivers support group meets on the first Thursday of the month and is open to the public.
- **Lyndall Hare:** Fee-based concierge gerontologist providing eldercare and aging coaching, consulting, training and coordination of care services.
- **Shepherd’s Center of Charlotte:** Connects learning programs and services to support and enrich the lives of older adults.
- **Volunteer Transportation Services (VTS):** Volunteer-based transportation service for seniors, veterans and adults with temporary or permanent disabilities throughout the nine-county metro-Charlotte region.

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