



Designing and Modifying Residences for Aging in Place

An Online Continuing Education Course for Engineers

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Designing and Modifying Residences for Aging in Place

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Introduction

I'll never forget the sick feeling in my stomach the first time the realization came to me. My once very active mother was making every excuse in the world not to leave the house in which I had grown up. She would not even allow me to take her to places I knew she loved. Her reasons were totally out of character and implausible. What was going on?

I will take you down the same train of thought where my thoughts flew. A year before, she had slipped on the ice taking the trash out from a back deck. Falling on the steps, she had broken one of her kneecaps. Given her advanced age, it was slow to heal. In the process, favoring one leg had put undue stress on the opposite side hip, which had begun to deteriorate severely. Now, though it seemed her knee had mended, she would not leave home. Moreover, the suddenly obvious answer flashed into my mind.

My mother was afraid of her steps. Literally. The memory of the intense pain from the fall, coupled with the weakness in her hip, left her frightened and unsure of her ability to successfully climb down the front or back steps. Pain and the fear of more pain had made her a prisoner in her slightly elevated home.

Without saying anything, I drove to a nearby home improvement store. There I bought all the components I would need. Once back at her home, I spent the remaining hours of daylight installing sturdy railings leading down from her front porch to the walk below, and easy to grip handrails down from the back deck to the back yard.

Suddenly, my mother was once again free. However, the year she spent in captivity was burned into my mind. My fault. My stupidity. I had no clue because I had never known that kind of failure. Moreover, she was too proud to admit that she was afraid or to ask for help.

I write this because my mother is not remotely an isolated case. There are millions of homes in our country where aging parents and other occupants face steps needed to exit from their homes. These are steps they no longer have confidence or strength to negotiate. They also face life with a bewildering array of technology with which they have never felt comfortable. Bathrooms have become dangerous places. Their second floors and basements are no longer even accessible to them. They must sometimes grope their way through a fog of confusion to accomplish daily tasks that were once mundane and second nature. All the while they remain silent because they don't want to "be a burden" and ask for help.

Some problems they face cannot be helped. However, many can, with the simple installation of equipment and hardware, or a few modest changes in routine. This writing is to familiarize others with problems faced by our aging population and possibly ourselves, along with suggestions on how to mitigate these issues in our residences.

Because someone needs to remove the invisible bars.

The Scope Of This Work

Every design or building issue dealing with the disabled or handicapped cannot be dealt with here.

Massive laws have been passed to guide design decisions for buildings intended for use by the disabled. Many of these focus on commercial buildings financed with taxpayer funds, institutional projects where users regularly come when facing health challenges, and multi-family housing of various types, possibly used for occupancy by the elderly.

Where published guidelines for public facilities cross building types, I will touch on them. Since pictures are worth more than words, where possible, I will include graphic illustrations of guidelines from the United States Access Board. Understanding the intent of such rules can at least open a glimpse into similar issues also faced in less public settings.

My focus here, however, will be on private residences. Millions of private homes are becoming more difficult to use as we age. Aging-in-place refers to the desire to stay in a familiar home as

long as possible in life. According to the Center for Disease Control, it is “ability to live in one’s own home and community safely, independently and comfortably, regardless of age, income or ability level.” The easiest way to do that is to adopt the living facilities to changes in physical capabilities anticipated to arise. Otherwise, our beloved homes can slowly become prisons. So according to the AARP, over ninety percent of polled seniors want to stay home as they age. This creates challenges for their children.

My intention with this course is to look at what can be done to make it possible to stay in our homes for as long as possible, despite the debilitating effects of advancing age. I wish to demystify what is needed to age-in-place, rather than in an institutional setting. Also, to hopefully do so, while not driving our children crazy with concern for us.

Problems To Be Expected With Aging

We have a long history of aging, pretty much since the beginning of time. It is no longer difficult to predict what will happen in our lives and bodies as we add to our years.

The balance will become a significant issue. This problem can arise from a loss of physical strength, effects of different medications, cognitive and visual impairments. Without thinking through a strategy to prevent or at least minimize falls, an issue with balance can become a significant health hazard. It’s a really good idea to periodically determine if loved ones (or you) can safely do these:

- Climb up and down stairs with confidence
- Stand and sit down again on chairs, beds, toilets, etc.
- Get into, bathe and safely exit bathtubs and showers
- Drive and return from destinations, from the standpoint of both physical and cognitive capability
- Bend down and pick up items from the floor or lower shelves
- Easily carry items like grocery bags and laundry baskets
- Successfully use public transportation

- Keep the home and property clean
- Properly use all appliances
- Manage personal health

A consequence of deciding to stay at home, whether alone or not, is the strong possibility of home accidents. Depending on the severity of the accident and whether injuries occur, if someone falls, they may not be able to get back on their feet. Cognitive issues like dementia can lead them away, but not necessarily back home. Extended periods of solitude, especially around holidays and in periods of inclement weather, can foster feelings of depression. In the presence of confusion and absence of assistance, medication use can turn dangerous when ignored, taken in excess or inadvertently combined with other medicine. Limited mobility leads to other issues like avoiding grocery shopping or failure to make scheduled health appointments. There are also various health conditions like strokes or Parkinson's disease where the victims can simply no longer function alone.

The trick lies in making such assessments, without letting the person you love realize that you are thinking about making changes in their lives. Regardless of the peace-of-mind, such changes may bring to you.

Even if your loved one will allow you to make changes, it's a very good idea to ease into them gradually. Prioritize the changes you (and they) feel will be beneficial and set a time frame to implement them. Discuss options and let the resident choose which ones will best meet their needs. Then accomplish agreed upon tasks in portions. Give those you love a chance to adapt to a few changes before the next set is implemented.

If all that sounds like it will be easy, it won't.

Expect Resistance

Don't Expect Gratitude:

Sometimes we do what we have to do, regardless of the resistance faced. However, don't expect aging loved ones to be grateful when we suggest or implement changes in their lives. Excuse me while I slip into my increasingly familiar role of an aging adult for a moment.

No one likes to change, not even us. We have set routines, set ways to do things, habits we cannot break if we tried, and even ways we've developed to do things based on many, many years of experience learning to get it right. Regardless of whether another way seems like a better choice to you, if we haven't decided on the necessity of change ourselves, it will most likely be nothing doing.

No one likes to admit they can improve or be improved, not even us. If we felt like there was a better way to accomplish something, we would already be doing it that way. What we generally don't care for, is someone younger than we are, telling us how much better they can make our lives, especially when they are our children.

We don't intend that anyone should decide for us, which of our possessions we will need to eliminate to declutter. What we own, we own for a reason. We'd rather take chances with falling than give that valuable item away. Store it in another place for a while? That's ridiculous. Why pay for storage when we can keep storing it here?

No one likes role reversals, not even us. When we have been in charge of our whole adult lives, we don't expect to have anyone dictate anything to us. We are the decision makers and problem solvers in our relationships. We have years of experience and hard-earned wisdom on our side. If we want your advice, we will ask for it.

No one likes admitting they need help, not even us. We have spent lifetimes helping others who need it. We have little interest in feeling helpless, tired, weak or damaged. Because in our minds, we are still strong, twenty-year-old problem solvers. To admit otherwise, will be to acknowledge the coming end of our time. Do we need help? No, but thank you anyway.

Graduated Change

The best-proven approach on how to get aging loved ones to let others help is to implement changes in phases. Really! These are based on stages and correspond with phases of the aging slowly coming to terms with the idea that, somewhere along the line, agility has been traded for wisdom.

Phase 1 – Fairly Unaware:

At this point, while others may see problems developing, the resident does not. There is no motivation for them to live any differently than before. They won't discuss the issue, seek out information or acknowledge any need. At this point, there is no point in attempting to implement any changes.

Phase 2 – Pondering:

The resident is becoming aware that maybe, just maybe, problems are surfacing that it might be possible to counter. Maybe something should change. This realization is often triggered by a bad event, like a fall with injuries. Now the resident is at least open to discussing options and specific solutions to the things they now perceive to be issues.

Phase 3 – Implementing:

At this point, residents are beginning to accept that changes are implemented. If changes are implemented gradually, resistance is less likely to occur. The changes required should be made. It's not a bad idea to start with small changes that could precipitate which would be required. Everyone should be involved in the process. Changes in one space may involve taking the room from the original state to the new state.

Phase 4 – Maintenance:

Residents are beginning to accept that changes will be necessary to maintain their status quo. If their situation might make that impossible. A resident who is usually a point no one would want to be in. Changes that hold out hope. This is usually a point no one would want to be in. Continuing probably wasn't worth it.

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