

# WHY DON'T WE JUST STAY HOME?

*For more and more seniors, aging comfortably and safely in their own home is a real option.*

Back in 1952, when I was very young, my grandfather came to live with us in my parents' house. It was not long after grandmother died, and it was decided he shouldn't stay alone. He was 78 and in a wheelchair.

The family couldn't afford private nurses. There was a nursing home in town but because of some sort of family pride, that also wasn't an option. Dad said that was for folks who had no family.

Having grandpa stay with us wasn't easy. We had a rather small, three-bedroom place in town. So to make it work, mom and dad moved him into their room; it was the biggest. They took my sister's room, she took my little bed, and I got the couch.

The wheelchair wouldn't fit through any of our doorways, so grandfather kept a cane to help him stand while one of us would partially collapse his chair and get it into the next room. He also used his cane to go to the bathroom by himself, and to trip me and send me sprawling if he caught me running in the house.

Even so, I remember grandpa falling more than once. It scared everyone.

After six months or so things got back to normal when he moved over to my Aunt May's big house. I saw him there every time we went to visit or to get my haircut – she was the exclusive barber for her three grandsons and me.

All of her doors were big and wide; some were double. But grandfather still kept his cane for trips to the bathroom. And he was as vicious as ever with it, only now he had four targets to try and trip instead of just me.

Six months later he was with my Aunt Edna whose children were all grown, and whom we didn't visit very often, and after that he was supposed to be back with us. It didn't happen. Grandfather fell in the bathroom, went to the hospital and died of "complications," which is all anyone ever told me at the time.

My story is quite unremarkable for that day and age. It's the way most families cared for their elderly up until about a generation or two ago.

Then, people pretty much gave up on the idea of trying to make a home double as a hospital for gram and gramps. Houses are dangerous places for people whose motor skills aren't working the way they used to. So it was assumed by many, if not most, baby-boomers that when they grew older and more frail, they would find a nice nursing home or assisted living facility to live in.

But aging has taken on a whole different look now. Now we have everything from aerobics classes and dating sites to yoga and zumba sessions designed for people whose age has reached the higher double digits.

Technology has brought us around almost full-circle, so that those of us who want to grow older in our own comfortable, familiar place can do that with a high level of safety.

AARP statistics show that about 10,000 boomers turn 65 every day; a big and growing demographic that demands attention. Nearly 90 percent of them would prefer to stay in their homes as they grow older if they could, the survey says.

A burgeoning industry with the rather awkward (though descriptive) name of "Aging in Place" has developed, and its future is indeed bright.

Semico, a semiconductor company that also does research on end-user markets, released projections in July last year showing that just the health and wellness monitoring market for Aging in Place alone will reach \$30 billion in 2017.

Older people have the same problems as everyone else, only amplified.

Everybody falls down sometime. But according to the Center for Disease Control, falls are the leading cause of injury and death in older people.

Everybody forgets to take a pill once in a while. But statistics show that by age 70, a person may have 12 or more prescription medications. And not being able to administer one's own medications unsupervised is the reason for 40 percent of nursing home admissions.

Like Bette Davis said, being old is not for sissies.

These are concerns for older people themselves, but they are also major worries for their children and grandchildren.

"I know all about those worries," said Linda Bohmbach of Home Healthsmith, a Rhode Island company that specializes in making modifications to homes for elderly and disabled people. "I'm helping my parents who live out of state, to make them comfortable in their home.

"Most people prefer to stay in their own house if possible. What we do is set up a free assessment



**BEFORE & AFTER – ramp rental project done by Home Healthsmith in Carolina, RI.**



**Bill and Linda Bohmbach**

in their home. We meet with them and their family to find out what they want to do, and suggest which modifications their home will need to make it happen.

“Each case is different, obviously,” she said.

Linda’s husband Bill owned an elevator company, which he sold a little over three years ago to devote full-time to Home Healthsmith. He has over 30 years experience in equipment installation and maintenance, and is a Certified Aging in Place Specialist (CAPS) from the National Association of Home Builders.

Once they determine the family’s goals, they can suggest different ideas how to achieve them.

“Modifications may be small or large. The home may need ramps installed outside, or perhaps inside as well, depending on the floor plan. We may need a chairlift for stairs, or an elevator installed. Or we may need to install a vertical platform lift to go from one level to the next. The client may require bath lifts in the bathrooms. There are a number of options available now. We work with the architect when needed.”

Grab bars and railings are a part of almost every modification, especially in the bathroom. And they don’t have to be the cold, hospital-style chrome ones anymore; color-coordinated models are available now.

“We look at everything in the home, in every room in the home. Lighting, light switches, non-skid

flooring, cabinets, closets,” Linda explained.

Once they agree on a plan and the work is done, companies like Home Healthsmith provide ongoing assistance to the homeowner.

“For example, we maintain things like smoke and carbon monoxide detectors whether we installed them or not. Just last week we had a client call about a lighting fixture in their bathroom, and we had a crew sent right out,” she said. “We do whatever the client needs, including general property maintenance. We cover all of Rhode Island, the South Shore of Massachusetts and right up to Worcester. That’s the area we feel we can effectively offer the fastest service to.”

They also work with people with ALS, MS and Parkinson’s, and veterans with disabilities.

“We work closely with Mary Ellen Thibobea, the local director for the American Parkinson’s Disease Association, and with Mike Holty with the Wounded Warrior Project,” she said. “In fact, a portion of the proceeds from each installation we make is donated to Wounded Warrior.”

### ***I’ve Fallen and I Can’t Get Up!***

Electronic monitoring for older people who decide to continue to live independently has become amazingly high-tech. Home Healthsmith does not deal with those products directly, but they have

formed relationships with companies that do.

Electronic monitoring gadgets are everywhere, like a benign “Big Brother” watching.

One of the most basic is the Personal Emergency Response System, or PERS. This is a home device connected to a 24-hour call center directly via the phone.

The device is worn as a bracelet or pendant and has a button that activates the call. As soon as the center gets the alarm, someone will call a designated third person, a family member and/or medical emergency personnel.

Typically, PERS can be rented from \$15 to \$50 a month, which generally includes the monitoring fee, or be purchased from \$200 to \$1,500, plus the monthly fee.

There are many companies offering PERS. You can ask around for a name, or do a computer search.

Then there are other gadgets you can hang onto PERS, such as one that monitors the bathroom and notifies the call center if you go in but don’t come out in a reasonable amount of time.

Another, Quiet Care Plus, adds a motion sensor to tell the monitor that you’re moving around like you should, and also goes off if your house gets too hot or too cold. You can set it up to watch for a lot of different, unusual occurrences.

E-Neighbor Plus detects anything out of the ordinary in your home, like a faucet running for too long or your refrigerator door not being opened for a day.

Most of these add-ons to PERS will run a couple of hundred bucks, plus a small monthly monitoring fee.

Then you can get some really handy, inexpensive gadgets most homes should have, like the Saf-T-element Cooking system. It’s a set of plates that fit over the burners on a cook stove and turn a burner off if it reaches a pre-set temperature.

The Temperature-activated Flow Reducer runs about \$40, and screws onto the faucet in the sink or bath and monitors the temperature of the water. If it gets too hot, it shuts off the flow so you don’t get scalded.

There are many more electronic gadgets to make a home safer for the elderly or for others who need a little assistance with their day-to-day living but demand independence as well.

If you or a loved one fall into that category, you will be utterly amazed at the possibilities that now exist.

And don’t be intimidated. We’re a long way past “1984,” and “Big Brother.”