

Choosing How You Want to Live

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Aging is gradual. Just ask anyone who is experiencing it. Physical senses such as hearing or vision along with the slowdown of physical activity sometimes seem so gradual you don't even notice it until you realize you can't read the telephone book without glasses or a magnifying glass. It's the same way with the realization that help is needed. It sort of sneaks up on a person or may come suddenly after a fall, an accident or a serious illness. It may be temporary to begin with until the person is back on her/his feet or may be once or twice a week. It may be provided by a daughter who helps carry in the groceries or mops the kitchen floor once a week, the son who comes over once a year to clear leaves out of the gutters or a spouse who now has taken over the heavy vacuuming because it's too painful to do. These are all instances of long-term care and are a far cry from entering a nursing home. Indeed the services, programs, and entitlements associated with long-term care are supportive and ideally promote the highest degree of independent living in a person's own home or in a community setting.

Strange as it may seem, housing plays a very important part in long-term care. Whether it is the family home, a mobile home, an apartment, senior housing, retirement housing, residential care homes, or a skilled nursing facility, a person's "home" determines how they will live as they age. Some people look for a retirement home that will allow them the freedom of traveling while not worrying about the safety and upkeep of their home. Another type of retirement housing that some individuals choose are retirement villages such as Sun City where all seniors above a certain age live in their own homes which are built with special modifications to meet the needs of an aging resident. Socialization, amenities, and safety seem to be primary keys to choosing this type of housing and long-term care.

Mobile home parks operated specifically for the senior population are also popular choices for housing in lieu of maintaining a large house. There are pros and cons to this type of housing as with all the others.

Senior housing usually means apartment living and in many cases can be subsidized by federal monies for qualifying individuals. This type of housing can differ depending on additional services provided. Usually however, the individual lives independently in his/her own apartment with few additional resources available at no charge. Services can usually be purchased however, such as home delivered meals, in-home provider help, or an emergency response system.

Residential care homes offer 24-hour supervision in a social setting when an individual is having great difficulty coping with the tasks of every day living within their own home or apartment. Also called board and care homes or assisted living facilities, these residences can be a private home that serves as home to small numbers of disabled and elderly to a large institutional-like setting that offers the same type of services offered with the board and care homes. Licensed by the state, these homes offer 3 meals a day, assistance with personal care (bathing and dressing), and will assist in giving medications.

Regardless of what type of living arrangement individuals make as they grow older, there almost always comes a time that outside help of some sort or another is required. Long-term care moves along a continuum. As a person ages and becomes more disabled, the structure and the resources of long-term care may need to be utilized to a greater degree.

Community resources is a term that specifies what's available to assist with long-term care in each community. It may be there for an aging individual such as Sarah who is 86 years old or be

available much earlier in life to someone like Jim, who has been physically disabled since his early 40's. Jim and Sarah both need help with daily activities such as meal preparation, grocery shopping, and personal care.

Resources vary from community to community, state to state. Some programs are state or federal funded and mandated to serve a segment of the population wishing to remain within the community. The names of the programs may be different but the services are familiar:

Home health agencies (Medicare certified); Provide care by nurses, physical therapist, occupational therapist, speech therapist, and social workers. They must be ordered in the home by the treating physician and are paid for by Medicare, Medi-Cal or private insurance. Treatment is usually short-term unless otherwise indicated by the physician and justified by the payer.

Home delivered meals; For homebound individuals meeting usually meeting an age criteria. Funded with federal money they usually offer congregated meals as well in senior centers throughout the area.

Home care agencies; Usually privately funded or non-profit, employees provide help in the home for activities of daily. May include professional care management to assess client's needs, monitor assistance and address on-going needs. May be reimbursed through long-term care insurance.

Hospice agencies; Provides in-home support and care for the terminal ill patient who wishes to remain at home. In many cases, paid for by Medicare and/or other insurance, these services may include home visits by nurses, home health aides, and social workers.

Emergency response systems: A variety of systems are available to lease or buy which allow individuals living alone to contact a neighbor, friend or fire station in an emergency by pressing a button worn around their neck giving the individual contact 24 hours a day in case of an emergency.

Other resources available are support groups, national associations such as the Alzheimer's Association, Cancer Society, Arthritis Foundation, etc. Various public agencies can offer assistance such as the Veterans' Service Office, Social Security, senior centers and Employment Development Department.

It's important to expand your thinking when you hear "long-term care". This type of care is sometimes called a "patchwork" of help because a variety of informal or formal care may be utilized to assist individual and the family. This term should not imply less that quality. If you have ever had a patchwork quilt or remember seeing such a homemade quilt, you may have admired the design, the skill in putting it together, and its durability. This patchwork of services can be as useful, dependable and like the quilt of years past usually costs a lot less to put together.