

# Aging in Place

## Merging Desire with Reality

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### KEYWORDS

- Aging in place • Older adults • Person-centered care • Life course perspective
- Interdisciplinary • Gerontechnology • Care coordination

### KEY POINTS

- There is urgency for nursing to engage with interdisciplinary colleagues to help older adults not simply live longer, but live healthier lives with less disability.
- Aging in place, whereby older adults remain at home or a similar preferred setting for as long as possible with as much ability and dignity as possible, involves addressing health-related and age-related changes within a coordinated plan of health care, social, financial, housing, technology, and resource use.
- In the best of circumstances, aging in place represents a physical and social environmental model, enabling older adults to stay connected, maintain dignity, pride, independence, and autonomy, and maximize financial resources.
- The challenge, therefore, is addressing the wide variety of living arrangements matched to the older adult's present and future function to predict a trajectory of care.
- To create successful aging in place, community as well as family/person support are required.

### INTRODUCTION

#### *Aging in Place Defined*

The Centers for Disease Control and Prevention define aging in place as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.”<sup>1</sup> From a life course perspective, aging in place is a situation whereby older adults remain at home or a similar preferred setting for as long as possible with as much ability and dignity as possible. It involves addressing health-related and age-related changes within a coordinated plan of health care with social, financial, housing, technology, and resource considerations. Surveys

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of US adults show that more than 90% of 65-year-olds to 74-year-olds and 95% of those older than 75 years, who are living in single-family detached homes, wish to remain there as long as possible.<sup>2,3</sup> Place is therefore a broad and complex conceptual matrix, embracing both the physical and the social environment. Its psychological component has a distinctive meaning for each person.<sup>4</sup> Stereotypes of older adults living among friendly community and family supports fail to represent the situations of many, and increase of the aging population drives an imperative for serious advanced planning.

Aging in place independently, in a safe, comfortable environment of one's choice, is philosophically attractive, whether it refers to one's home, community dwellings, or a special facility. However, the idyllic dreams of restful recreation, vacation travel, or visits to relatives are often economically or physically impossible. In reality, there are issues that challenge an aging adult's safety, health, and economic security beyond the choice of location. Numerous intrinsic and extrinsic factors threaten possibilities for safe and sound health in the residence of one's choice. Disparities exist between the older adult's desire to live independently, realities of declining health and function, and the financial ability to secure adequate housing. Seeking approaches that facilitate aging in place logically poses challenges beyond health care. Social scientists, adult protective organizations, and governmental agencies began addressing the increasing populations of older adults as a major challenge of the millennium.<sup>2</sup> Surveys of older adults document that poor health, low quality of life, and loss of mobility that accompany late life must refocus efforts beyond just increasing life span to goals of increasing health span.<sup>5</sup> The need for solutions to promote and maintain health, offer social support, and ensure safe environments calls for interprofessional and cross-disciplinary collaboration and a perspective that encompasses these factors. Along with interdisciplinary involvement, there is need for a unifying perspective to conceptualize the myriad of issues confronting aging in place. There is growing evidence that a model viewing aging in place within a life course perspective is particularly well suited to this task.<sup>6-8</sup> This approach has been used by social scientists for decades to analyze people's lives within structural, social, and cultural contexts, with balanced effort in each of these areas.<sup>8</sup> In applying these principles to aging in place, these 4 key tenets are addressed: (1) consumer/older person decision making, (2) technology as a core support structure, (3) interdisciplinary focus, and (4) placement of care coordination as a proven method of intervention.

## REALITIES OF AGING ENVIRONMENTS

Many older persons reside in home environments not particularly suited to social, safe, mobile, and active aging. Many determinants of health and active aging are beyond the influence of the health system and include family caregiver support, adequate financial resources, access to social and community resources, and safe neighborhoods. Many older persons reside in home settings not fully supportive of their life stage needs. Most houses have been designed for persons who are never going to age, with obstacles in 3 major areas: getting in and out of the house, up and down stairs, and using the bathroom.<sup>9</sup> Home infrastructure deterioration occurs over time and is compounded by physical demands associated with maintaining a home and increases in property taxes and usefulness costs.<sup>10-12</sup> Limited or no access to transportation because of the built community environment may limit the older adult's daily functioning. Available transportation may be unusable because of concerns about safety, personal security, flexibility, reliability, and comfort in public transit.<sup>13</sup>

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