

The Northland Caregiver Podcast

Episode 5: Tips for Safely Aging in Place

LEEZA: Welcome to the Northland caregiver, a podcast that's all about providing support to family and unpaid caregivers looking for helpful information and advice on how to safely and effectively care for aging loved ones, family members, friends, and themselves along the way.

I'm your co-host, Leeza Ochsner, from Duluth Aging Support, a nonprofit behind this podcast on a mission to help enhance the lives of older adults and caregivers in the Northland through outreach, awareness, advocacy, and collaborative partnerships. And here with me is your host and educator, occupational therapist, Dr. Mary Lou Donovan.

Happy New Year, and welcome back to another episode of The Northland caregiver. If this is your first time tuning in, we're excited to have you join us for an important conversation about aging in place.

For today's episode, Mary Lou and I will be discussing some tips to help your loved one or care recipient, safely age in place. And when we say aging in place, quote, unquote, what we're talking about is when someone chooses to stay in their own home as they age, instead of moving to another living setting.

So, Mary Lou, can you explain why making your home safe and accessible is so important as we age?

MARY LOU: Yeah, these principles can actually be used by anyone of any age for our caregivers listening if you live in the same or a different home than the care recipient. We hope this information will give you some idea of things to be aware of that could be hazardous to you or the person you're caring for. And even more importantly, we hope it will provide you with tips for improving the safety and accessibility of the home for everyone.

For this episode, we're going to refer to the home as a place you and your care recipient live. So, according to a study by the National Institutes of Health, and I quote, "Many older adults want to age in place or stay in their own homes as they get older but may have concerns around safety getting around or other daily activities. A few changes could make your home easier and safer to live in and help you continue to live independently," unquote.

LEEZA: So, what are some examples of specific concerns you've encountered from various individuals as they age in place? Can you share some of those?

MARY LOU: Sure, yeah. Over the years, I've worked with many older adults who told me things like, "I'm having such a hard time getting up and downstairs, my laundry is in the basement. So, I just washed things by hand. And sometimes I just sleep on the couch because it feels easier. But what really worries me most is the bathroom being on the second floor."

Or they'll say "Boy, that nice deep tub I've enjoyed for so many years is getting harder for me to get in and out of."

Or they'll say "I just don't want to go out in the winter because my stairs get so icy and I'm afraid I'll fall."

So, if you're having similar thoughts, it's important to figure out how to make your home more safe and accessible. Every person's home is unique. Think about your home and how things are situated as we talk about aging in place in more detail.

LEEZA: Honestly, those examples are already making me think of a few places in my own home that could present some challenges down the road. And it's really helpful to realize that everyone, regardless of their age, can benefit by looking at their living space through the lens of safety and accessibility. So, where should we start?

MARY LOU: Well, to start picture how you typically enter your home, whichever entrance is the most commonly used, then we'll mentally move throughout the house, and I'll give you things to look for specific to each area so you can make the recommended improvements.

LEEZA: Okay, so I'm picturing the stairs leading to my front door. What are some key things we should all be paying attention to in that space, if you will?

MARY LOU: So, things to consider related to your entrances might be in what condition is the path that leads from your door to the garage or street? And are the path paths and stairs free of clutter and in good shape? Is there adequate lighting with an easily access switch in the house to the garage?

LEEZA: And what about things like railings? I'm assuming that's something you'd take into consideration as well?

MARY LOU: Oh, yeah, definitely, you want to consider how many steps there are, whether the scales have railings on both sides for additional support. If there are nonskid surfaces on the stairs, or if there's a landing to place a walker safely. Suppose there's a ramp present, you want to consider the same features railings, a nonskid surface, and a safe landing space.

So, when thinking about your entrance, it's also important to take into account things like the front door. For example, how heavy is it? Some front doors can be so heavy and hard to get open. So, think about can you maneuver through both the storm and screen doors while using a mobility device like a walker or cane or wheelchair or is it a sliding door? If it's a sliding door that takes different physical skills to use. Can you lock and unlock the door? Turn the handle move across the threshold even when you're using a walker? And is the door wide enough to allow a wheelchair or walker to move through?

LEEZA: So, exactly how wide should the door be to fit a wheelchair or walker through it?

MARY LOU: Well, the recommendation for door width is that it be at least 32 inches wide so it can accommodate a wheelchair.

LEEZA: That's good to know. But what about if you live in an apartment or say a condo and use an elevator to get to your door? What should you be mindful of in a situation like that?

MARY LOU: Oh, that's a great question, Leeza. If you use an elevator, you should be thinking about whether the controls can be reached, and reached in a timely manner. In other words, can you get in and out of the elevator door safely with your belongings, I worked with a woman who had

limitations in her shoulder motions, and used a wheelchair for mobility. It made it very difficult for her to reach the elevator buttons. Together, we invented a soft ended stick that she could use to operate the buttons and boy was she thrilled she could do it herself.

LEEZA: I love that idea! What about addressing things like the difficulty of getting your mail or newspaper? For example, say my mailbox is attached to the house, which is right by the front door. But I see many homes with mailboxes at the end of the driveway, which I would think may not always make it easy to safely retrieve your mail, especially when it comes to our lovely winters in the Northland.

MARY LOU: Very true. I'm glad you brought that up. So, I live in a rural area. And I have to trek down my driveway to retrieve my mail. And sometimes my driveway is very slippery. So, it's always smart for a person to think about what would happen to them if they fell on that mail run. So, an easy fix might be bring your phone with you or at least let someone know where you're going.

LEEZA: That makes sense. What about if you use a walker wheelchair to get around?

MARY LOU: Well, while preparing this podcast script, I spoke to Don Burnett, who's the executive director for the access North Center for Independent Living of Northeast Minnesota. Don explained that his organization could provide home modifications for people with disabilities in Northern Minnesota, and Northwest Wisconsin. They have a program that builds ramps for people with disabilities, and it has a sliding fee scale. For many of our listeners interested in learning more, we'll be sure to include the contact information for access north in the show notes of this episode.

LEEZA: What a great resource for our listeners to take advantage of! Thank you for sharing that and connecting with him. I know we covered the front entrance in quite a bit of detail so far. But what about some recommendations you have in terms of improvements in other areas of the home?

MARY LOU: Well, when you step through your most commonly used door the next part of the home that you'll access is the foyer or a front hallway. For example, think about is there adequate lighting are those switches easy to reach is the flooring in good condition. And if there are rugs there, are they secured to the floor? And finally, look around and make sure that the area is free of tripping hazards like shoes, or purses or umbrellas.

As we talk about assessing other parts of your home, you will hear me repeat some of the same questions as before, so that you can be thinking about some of the same safety and accessibility concepts applied throughout your whole house. In general, you want to check the flooring, and lighting. Make sure pathways are open and not cluttered. You also want to look at any furniture and make sure it's solid. And it's a good height for you or your care recipient to safely sit and stand.

Now as we head along on our tour of the house, we may make our way to the kitchen. So again, we're looking at the flooring, is it flat where it meets entrances to other rooms? Is it free? Is the floor free of tripping hazards like pet dishes or trash? Are the doorways wide enough for a walker or wheelchair to go through? And is there adequate lighting. And again, are light switches at each room entrance that are within easy reach. Sometimes people just have floor lamps in some rooms, and you have to make your way all the way over to that lamp before you can turn it on, which again can be kind of a safety hazard.

LEEZA: And what about counters and cupboards? I've been in many homes where the counter seems so low and others where they almost seem too high. Is there a counter height that's best for accessibility?

MARY LOU: That's another great question Leeza. It's definitely important to assess the height of the counter. Some homes were built specifically for person who's either shorter or taller, but typically countertops are 32 to 36 inches high and that makes it best for accessibility. However, if a person uses a wheelchair for mobility, you want to think about how they would be able to reach the countertop or if they could pull their chair under a spot to work. And also, most kitchens have storage spaces above and below the countertop. You want to think can a person get to those spaces without climbing on a stool.

LEEZA: Okay, I'm totally guilty, Mary Lou, of climbing on a stool to reach something that's at the very top cupboard, especially around baking season. But when it comes to everyday items, I've actually started to place them within reach. So, kind of those lower cupboard spaces, so I don't have to climb.

MARY LOU: While I know it's tempting to use stools, I highly recommend against it because those can be a big fall factor. I can't tell you how many older adults I've worked with who have fallen off a stool in the kitchen and ended up with a broken hip or shoulder dislocation as a result. So, you definitely want to prevent setting yourself up for a fall.

And I'm also glad, Leeza, that you brought up the placement of commonly used objects and their location. As I often recommend to place the items that you use most frequently within convenient reach often between your shoulder and knee levels. Anything above or below that area makes you reach and stretch further and don't get me wrong, reaching and stretching is good. But going for a heavy glass or serving bowl that's located on the highest shelf of a cupboard above your head may not be the best idea, especially if you have some decreased upper body strength or challenges with your balance.

So, you want to place heavy items that you use most often in the front space of your lower cupboards and light items used often on the bottom shelves of the upper cupboards. Consider keeping items you know you use every day right out on the counter. I know some people don't want to keep things out in the counter, but in the long run, it's safer. And that's one of the main goals for aging in place.

LEEZA: That's really helpful, Mary Lou. How about appliances? Are there certain things to consider when it comes to those?

MARY LOU: Appliances are definitely another important part to consider. For example, where are those appliances located? So, your big appliances, your sink, stove, and fridge should form somewhat of a triangle so that it's easy to move items between them. Think about how hot items are moved between surfaces. Because again, that can be a huge risk for burns. So, is there a room for a small cart that can be used to safely move those hot items? Or could you slide the items down a counter instead of lifting them?

LEEZA: So, in addition to the location, kind of the triangle that you talked about, does it matter if the stove is gas versus electric?

MARY LOU: Absolutely, Leeza. The gas stove or a gas stove is more dangerous than an electric one, especially if a person has decreased motion in their shoulders or hands, or if they have decreased vision or cognitive skills.

In fact, it's usually the first question I asked families. Some other things to check for on a stove include where the controls are located, are they toward the front or back on the top or front facing front mounted controls are preferred for safety reasons and ease of use. Obviously, you're not reaching over a hot burner or an open flame for the control in the back of the stove. And you want to look at the oven door...is the oven door easy to open and close and are their oven mitts handy?

Another thing you might want to consider is whether the controls can be removed from the unit temporarily, to eliminate the possibility of a person with a cognitive loss, turning the stove on.

LEEZA: Those are great ideas, especially if there are other appliances, they can use to heat up food like a microwave. How about the refrigerator? I know there are many changes that have been made to refrigerators in the past few years because I've been in the market for a new one myself. But what are some things that can be done to make it easier to access the fridge or freezer for example?

MARY LOU: Well, you can do a few things. For example, I worked with older adults who have arthritis in their hands or wrists, and they tie a loop of something sturdy on the handle of the fridge so they can slip their forearm through and pull the door open without putting more stress on their small finger and wrist joints. If the person you care for uses the fridge, you can also consider putting the items they consume most often towards the front within easy reach.

LEEZA: I really liked the handle idea for the fridge. So, what about smaller everyday items like a microwave, coffee maker, tea kettle or toaster? What are your recommendations in terms of those?

MARY LOU: For the microwave, make sure it can be easily reached. For example, you know, could a person safely put in and take out a bowl of hot soup without spilling it? If not, perhaps the microwave could be moved to the counter if it was up high because that again could be a real source of potential burn for a person. So, the other thing is to think about if the person you're caring for is going to use a microwave do they know how to use the controls. Sometimes, maybe just putting a little sign on stop and goal may be helpful for that.

And when assessing those smaller kitchen items like coffee makers and kettles, you want to pay attention to whether there's an automatic shut off. And if the toasters and toaster ovens are unplugged when they're not being used, it may be safer to keep those small appliances that are used more frequently right on top of the counter instead of lugging them in and out of the cupboard.

Another safety consideration people might not think about in the kitchen is actually the sink. And ask yourself if the person you're caring for can reach and operate the sink controls. Sometimes it's wise to keep sink stoppers or plugs out of sight so a person with cognitive impairments doesn't flood the kitchen floor while they're helping with the dishes. There is a device you can put on your faucet spout that is a lever that needs to be pushed to the side to let the water run that can really help prevent leaving the faucet running. You can also check if there's a control on the water heater to check the temperature to avoid scalding. And lastly, for kitchen items, make sure you check on the accessibility of garbage and recycling bins and sharp objects, like knives, silver, and scissors.

And also check on where cleaning supplies are stored. Anything that could be harmful to a person who may not recognize their correct use. You want to make sure that those are put in a safe place.

LEEZA: Wow, that is a lot to consider for just one part of the house! But the kitchen is an area most of us tend to use quite frequently. So, it makes sense that we'd spend some extra time there during our aging in place home tour, if you will. What about other areas of the home like the living room, bathroom bedroom, laundry room? What would you recommend for all of those to ensure that they're also safe and accessible?

MARY LOU: As I mentioned earlier, you'll start to notice a pattern in what you're looking for from one room to the next. So, consider the same things you look for in the entryway or kitchen and then apply those ideas to the rest of the house. Remember to check out the flooring the lighting, make sure the walkways are open and uncluttered. And that the furniture solid again in a good height for a person to be able to sit and stand from in a safe manner.

LEEZA: Can you elaborate a little bit more on what you mean by furniture seating height? Aren't most chairs or couches, you know, more or less the same in terms of the height?

MARY LOU: Well, if any of you have ever sat on a sofa that was very soft, you know, sunk down in it, and you couldn't get out of it. That's the kind of seating that you want to have a person avoid.

So, you know, it's important to make sure that whoever you're caring for can easily get up or down from the furniture by themselves without having a fear of falling. And meaning that furniture has to be a good height for them. The cushions aren't going to be too soft, and that their arms to push up from the chair when they're standing. For example, chairs with two arms like a captain's chair are easier to use for someone who may have decreased lower body strength or balance issues. On the other hand, those rockers and swivel chairs aren't recommended because they can become a fall hazard.

LEEZA: That makes sense. So how about other areas of the home like the bathroom?

MARY LOU: Similar to the living room, you want to be looking for some of the same things in the bathroom like flooring and lighting and easy access.

LEEZA: I have a nightlight in my bathroom. Is that something you recommend caregivers utilize as well?

MARY LOU: A nightlight is always a great idea, not only in the bathroom, but the hallway leading to the bathroom and maybe even in the bedroom. Nightlights can make environments quite a bit safer, so people aren't traveling around in the dark.

And in addition to that, another thing that people want to pay attention to in a bathroom is the height of the toilet.

LEEZA: Is there a recommended height?

MARY LOU: Yeah, a lot of people don't think about this. But a standard height for most toilets is anywhere between 14 to 15 inches from the floor to the rim of the toilet bowl. And then the toilet seat will add about another inch and a half. The Americans with Disabilities Act or the ADA indicates

that toilets must be between 17 and 19 inches from the floor including the seat. That gives you somewhat of an idea of where a toilet seat height should be. And that toilet seat should be high enough so that sitting, and standing aren't excessively difficult for your care recipient. Both feet should rest flat on the floor when seated.

And also having a grab bar next to the toilet can also be very helpful for you and your care recipient. You always want to encourage the person you're caring for to do as much of an activity as they can. So, having a grab bar by the toilet could help lessen the amount of lifting that a caregiver is doing.

Another thing people often don't think about is ensuring that the toilet flushing controls and the faucets are user friendly. And make sure also that any supplies for bathing or toileting are within easy access.

LEEZA: What about safety and accessibility tips for the bathtub or shower?

MARY LOU: While ideally you want to ensure your care recipient has a walk-in-shower with a low step to get in. That doesn't always happen in many homes. But grab bars and a nonskid floor surface should be present in any shower or tub arrangement. And by grab bars, I don't mean towel bars. I've seen a lot of people do that. Those aren't typically attached to wall studs and those may not hold when any weight is put on them. If you have a bathtub, it's important to use a nonskid surface on the bathtub floor or a nonskid rug that you step on as you enter and exit the tub and also in the bottom of the tub. So, oftentimes having a bath bench for your care recipient to sit on during the shower can really increase their safety.

LEEZA: Now that we've covered a few rooms in the house, I'm assuming we should be assessing some of the same items in the bedroom. For example, is the flooring safe or throw rugs tacked down and is good lighting easy to access? Is there anything else to consider for the bedroom that we maybe didn't address in some of the other rooms?

MARY LOU: You hit on some of the key points in the bedroom Leeza. However, you also want to make sure that the person you care for has a lamp and a phone next to where they sleep that they can easily access.

And another thing that's important to consider is the height of the bed. Some of the beds and mattresses now are so high. So, can the care recipient easily get in and out of the bed? And can they safely access the closets and drawers and open and close the windows, maybe draw the shades and handle the weight of the bed covers? Those are things people might not be thinking about.

LEEZA: So many great tips for improvements. And again, I probably need to relook at some of those in my bedroom. What about if you have stairways inside your home?

MARY LOU: When it comes to stairways, it's important to be mindful of things like slippery stairs and also if railings are in place. An example of slippery stairs would be polished or painted wooden stairs. And again, this is a place where we recommend a nonskid surface be applied. As far as railings go, ideally, they should be attached on both sides of the stairs and extend a bit beyond the bottom of the stairs and the top of the stairs for the highest level of safety. Recommended heights for a stair railing are anywhere from 35 to 38 inches.

LEEZA: So, we've covered the bedroom, the bathroom, the kitchen, the entryway. Is there anything else that we're missing?

MARY LOU: We did cover a ton of rooms there. The only thing we didn't touch on yet is the laundry room. Ideally, it'd be nice to have the washer and dryer on the main level. But if those machines can't be moved to the main level, recognize that it can be challenging for you and or your care recipient to haul laundry up and down the basement stairs. And that challenge is one that's only going to increase with age. If the washer and dryer are on the lower level, I recommend that you take smaller loads or place dirty laundry in a pillowcase or large net laundry bag and just toss it to the bottom of the stairs. And then send the empty laundry basket down the stairs by itself. To bring up clean laundry placed the laundry basket in front of you and move it and yourself up one step at a time.

LEEZA: Okay, I feel like with how much we covered, we almost need an Assessment Checklist to have on hand, you know for each room. What do you think Mary Lou?

MARY LOU: I'm glad you said that Leeza because there's actually a Home Safety Assessment Checklist out there already so we don't have to reinvent the wheel. Listeners can find a link to a checklist in our show notes to print out and use as a reference when they're making improvements to their home.

There is one more thing I want to mention around safety though and that's to make sure your home has a smoke alarms and carbon monoxide detectors. Make sure there are well marked exits or emergency exits and that phone devices are an easy to access places.

LEEZA: So, while some of the recommendations we discussed may require some additional expertise and costs like the ramp, for example, the rest seem fairly manageable and inexpensive to implement, especially when you think about the safety, accessibility and independence more than anything that these improvements can provide for the person you're caring for.

MARY LOU: Yes, many of the suggestions mentioned today aren't expensive or difficult to do. And while others might cost more, I really recommend doing them sooner versus later so you and your loved one can benefit from the increased safety and accessibility they provide.

LEEZA: So, as a reminder for our listeners, you can find the home and safety checklist we mentioned today as well as recommendations for various heights placement of different grab bars and so much more in the show notes of today's episode.

As always, we like to wrap up every episode with a little self-care tip and answer a question from a Northland caregiver in our community. And since this podcast, you know, or this episode really is about aging safely at home, our caregiver tip today is to find a spot in your home where you can take a few minutes for yourself to unwind, enjoy a delicious cup of tea or hot cocoa and really take a moment to focus on three things you're feeling grateful for.

MARY LOU: It's really important that we as caregivers don't forget to make time for ourselves. And there is a lot that we all have every day to be grateful for.

MARY LOU: And speaking of caregivers, what is our caregiver question about this month, Leeza?

LEEZA: Our question has to do with helping one of our caregivers figure out how to get her grandma who loves coffee to use her new coffeemaker she got as a gift. Any tips you can share for something like this, Mary Lou?

MARY LOU: Well, this question might be specific to the coffeemaker, the answer I'm going to give is one that can be applied in many circumstances where the person has to change how they operate a piece of equipment, or a tool. As we age, it can be challenging to learn new things and remember the new things we learned, however, what can often help is to think about which parts of the task your grandma might already be able to do, and then address the aspects she might need help with. In order to successfully complete that new task. You want to figure out where the holdup might be for your grandma to use the new coffeemaker, so have your grandma make coffee.

While you're there, just stand back and watch without saying or doing anything. This will help you establish a baseline of her abilities. The critical thing here is to observe what she can and cannot do. For example, is she able to pick up the pot, get water in the pot and put the water in the coffeemaker to replace the pot in the right spot? Can she get the coffee filter, put the filter and correct amount of coffee for the amount of water added into the coffeemaker? Can she find and use the on button and once that coffee is made, can she pick up the entire coffee pot and pour two cups of coffee without spilling? And again? Can she easily turn off the coffee if it doesn't automatically shut off?

LEEZA: Whew! That's a lot of steps for making coffee. And as an avid coffee drinker myself, I honestly hadn't thought about all those steps that are involved in the process in such detail. So, what do you recommend after she's made some of those observations about her grandma and how she makes the coffee?

MARY LOU: Well, I'd want to know what that person observed. You know, where did grandma get stuck, and where what did she have no trouble doing? For example, if your grandma can't lift the pot, when it's empty, it's not going to be a safe container. Or excuse me, it's not going to be a safe coffeemaker for her to use. However, if she can lift the pot and go to the sink, she might not need to make a whole pot of coffee. Talk with her about how much coffee she wants to make, perhaps you could put a piece of tape on the coffeemaker in half or fill up the water to that line. It might be helpful to have her slide the pot with the water on the counter to the coffeemaker, or better yet have the coffeemaker right by the sink. I know, I do that in my own house. If she has trouble with a coffee and filter, those can be left by the coffee maker and the coffee can be premeasured by you or another family member and even placed in a filter so that no measuring would be needed.

If she can't find the on button for the coffeemaker, you could place a bright piece of tape right on the on button. And the other thing to think about as you wait for the coffee to finish being made, and this one's kind of a tricky one because you can get coffee makers that stopped releasing the coffee if the pots removed, but eventually that coffee is going to come out. So, you may have to leave a written cue that says something like get your plate and muffin ready, while the coffee is being perked. And if she can't get a cup or two out of the cupboard, you can set the cups out in the counter so they're easy to reach. And if that coffee maker doesn't automatically shut off, can she turn it off? Again, another marker on the pot that says off may help there.

One other technique that can help your grandmother learn to use her new coffeemaker may be to write steps using simple directions and tape it by the coffee maker. I once worked with a woman in an assisted living facility and her family actually did many of the steps that I described here. So, I learned many of these tricks, if you will, from that very caring family. And because of this family's creativity, their mom was able to make her coffee in the mornings with a sense of pride and independence.

The one last thing you want to think about is how your grandma will move the cup of hot coffee to where you're both sitting. But in order to know that, we'd have to know whether she uses a mobility device like a walker or a wheelchair, and then we'd be able to make recommendations on moving that hot coffee. However, it's another good thing for you to be aware of and to observe the next time you're together.

LEEZA: I was also going to suggest maybe the route of instant coffee with a tea kettle to boil the water, as you know, another alternative. But it sounds like some of those same steps would probably apply in terms of the tea kettle like filling it up and being able to lift it to pour the water for example.

MARY LOU: Great idea, yea great suggestion, Leeza.

LEEZA: If you have a caregiver question, you'd like us to answer in another episode of The Northland Caregiver, you can send your questions to podcast@duluthagingsupport.org or give us a call at 218-576-7123 and leave any questions you have for us in a message on our voicemail, and we'll do our best to answer them in future episodes.

In the meantime, don't forget to subscribe to our podcast, The Northland Caregiver on duluthagingsupport.org/podcast. It's also available on Spotify, Apple podcasts, or wherever you find your podcasts.

MARY LOU: Thanks again for tuning in. And we hope you'll join us next month to talk about a topic most folks aren't really eager to discuss, but it needs to be addressed. And that's incontinence. Many caregivers struggle with incontinence issues with their loved one and we'll be sure to provide helpful information on this topic, share another self-care tip and answer another question from a local caregiver in the Northland.

MARY LOU & LEEZA: Until next time, take care.

LEEZA: The Northland caregiver podcast is brought to you by Duluth Aging Support, a nonprofit organization that helps enhance the lives of older adults and caregivers in the Northland through outreach, awareness, advocacy, and collaborative partnerships.

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