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At complex, University of Missouri touts 'aging in place'

BY JANE GLENN HAAS • Orange County (Calif.) Register
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University of Missouri nursing professor Marilyn Rantz checks the sensor in the bed of a resident at TigerPlace nursing home Tuesday, Jan. 13, 2009, in Columbia, Mo. Tiny sensors hover unobtrusively over the toilet, shower and doorways to detect the resident's movements inside her apartment. Pneumatic tubes tucked in the mattress and beneath her easy chair measure weight shifts. Caregivers and researchers at the University of Missouri-Columbia study the data, noting changes in behavior that could signal medical problems. (AP Photo/L.G. Patterson) L.G. Patterson

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COLUMBIA, MO. • Everybody says the best deal is to "age in place," to never leave the confines of home for some sort of community care.

But the problems of "in place" can be horrific, starting with health care and crossing into social isolation.

At the same time, 76 million aging baby boomers will get older, and options for housing plus care are costly and require seniors to move from residential living to assisted living to nursing homes.

One study, just completed, is said to prove the financial benefit as well as the social and personal benefits to aging in place.

"Adults want to remain healthy and independent during their senior years, but traditional long-term care often diminishes seniors' independence and quality of life," says Marilyn Rantz, a professor at the University of Missouri's Sinclair School of Nursing. "Aging in place enables most older adults to remain in the same environment and receive supportive health services as needed. With this type of care, most people wouldn't need to relocate to nursing homes."

Q. There is nothing new to the senior preference to stay at home rather than move to a facility. What did your study find?

A. At Tiger Place, adjacent to the University of Missouri, we have discovered that we can save Medicare and Medicaid dollars with nurse care coordination. We do early illness detection and coordinate with other health care providers.

Our service package increases as more care is needed and then decreases as the patient's needs decrease.

We have successfully uncoupled the housing cost from the care cost. Putting the two together — in an assisted living home, for example — is part of the high-cost component.

Q. Seems as if this is pretty simplistic and bound to work well. What's new?

A. Intuitively, we all knew this would work. The cost of care should go up and down. But we had to prove that.

Q. So people rent the apartment separate from the care they receive?

A. Yes, and about a third of them are using long-term care insurance to pay the cost of care. As we look ahead to a larger aging population, we can expect to see more of that type of insurance used.

Q. You are advocating apartment-style living, community meals. Is that similar to residential care?

A. Usage depends upon the person and their social network.

Co-housing makes a whole lot of sense with a wellness component. It's got to have a really strong independent focus. One that maintains good health and encourages functionality.

I think we all want to go to bed one night and just not wake up. We want to think we can be active until "the end" and then face a very rapid decline in health. Well, that is pretty much what we are seeing.

Aging In Place is a four-year project used at Tiger Place, an independent living community of 54 apartments that helps senior residents stay healthy and active and avoid hospitalization and relocation. Residents receive care services in their apartments. (University) researchers use sensors, computers and communication systems to discreetly monitor residents' health.

The results were published in a recent issue of Nursing Outlook.

Q. People who age in place often depend on family. Are they still around?

A. We involve the family in the care process and delivery. Nothing changes. Except independence. That's the key. (For more information, see agingmo.com).