

Chapter 19

Aging in Place: Maintaining Your Independence at Home

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“Aging in place” is a rapidly expanding movement with emphasis on creating a safe and workable alternative to the traditional model of out-of-the-home living and care for aging adults. This model utilizes all available financial resources of the aging adult and all available community resources to create a safe environment for the individual to maintain his or her independence in the least restrictive environment possible. The number one choice of aging adults is to “stay put” and to continue living in their own home.

This chapter discusses the “aging in place” model, universal design of homes, and suggestions to assist Denver metro area aging adults to maintain living independently in their homes. Aging adults in other communities can use this model to explore resources available in their communities.

19-1. Demographics

The State of Colorado anticipates a 20 percent increase in its total population, growing from 4.7 million to over 5.6 million in the decade of 2005 to 2015, according to the most recent Colorado Governor's White House Conference on Aging Report ("Governor's Report"). However, during this same decade, the aging adult population, comprised of people 60+ years of age, will increase 49 percent, from 651,000 to 970,000. The Denver metro area presently has 46.7 percent of the state's senior population and will experience higher growth in this age group than the entire rest of the state. Overall, the Denver region has a lower concentration of older adults than the nation as a whole, at 12 percent versus 16 percent.

Additionally, Colorado ranks fifth in the U.S. in the number of baby boomers (those born between 1946 and 1964) as a percentage of the state's total population. In 2011, the first baby boomers will turn 65, qualifying them for Medicare and full-benefit Social Security Retirement Income. The Governor's Report states that Colorado will not realize the full impact of its aging baby boomers for another 15 or 20 years. Currently, 66 percent of Colorado's total senior population is between the ages of 60 and 74. Additionally, there are over 500 centenarians alive in Colorado.

Eight counties comprise the Denver Regional Council of Government (DRCOG) Denver region: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson. Adults aged 60 to 74 comprise 66 percent of the DRCOG Denver region's population. In the year 2000, there were 261,286 adults 60+ years old in this region. By 2007, this age group had a 25 percent increase in population, to 327,184. The 60+ age group is projected to increase 4 percent per year from 2004 to 2020 due to the aging of the baby boomer population.

The DRCOG Denver region statistics include the fact that older women are three times more likely to live alone than older men. Fifty percent of the older adults living alone are ages 75 and older. Also, 77.4 percent of all groups of older adults live in owner-occupied units, with 80 percent of the 60- to 74-year age group, 74.4 percent of the 75- to 84-year old group, and 56.5 percent of the 85+ age group living in their own independent living environments.

As the demographics change, so, too, will the demands of our aging population to challenge the paradigm and the demand for home-based care and aging in place, rather than receiving care and living outside an aging adult's home, such as in an assisted living facility or nursing home.

19-2. Aging in Place

"Aging in place" is defined by the National Aging in Place Council as the ability to continue to live in the familiar environment of one's home in a safe, independent, and comfortable manner, regardless of age, income, or ability level. To accomplish this goal, at a minimum, an aging adult's home must have easy access in and out of the primary entrance; be free of clutter; and have safe, non-slip flooring surfaces, wide hallways, good lighting, easy

access to bathroom and sleeping areas, and stable furniture. The very best time and way to accomplish this goal is to do so before there is a crisis and a need for barrier-free and easily accessible living.

Aging adults are encouraged to obtain universal design in any new home and to implement these modifications in any existing home. A good aging in place design checklist for applicability for new home and remodel construction can be found at www.toolbase.org/Home-Building-Topics/Universal-Design/aging-in-place-checklists. Also, many good checklists are found on the AARP website. See “Resources” in section 19-8.

19-3. Creating a Safe Environment

Clutter, Lighting, and Rugs

Pick it up and store it away, throw it away, or recycle it — but get rid of it now! Clutter, be it magazines, newspapers, paper, clothing, boxes, too much furniture, hobby paraphernalia, or just plain “stuff,” presents a very unsafe home environment ripe for causing medical conditions or falls that may result in serious physical injuries or even death. You need to have adequate maneuverability in all your rooms to access them safely, without risk for fall.

Throw rugs of any size, any style, and in any room are of significant concern for causing falls and injuries. The best advice is to remove them all. Always keep your bath rug off the floor until needed during bathing. If you just cannot bring yourself to get rid of the rugs, at least take the very basic step of securing the edges with two-sided tape. Carpeting should be in good condition and preferably pile carpeting having a thickness of one-half inch or less.

I recently met an octogenarian friend for dinner and found the following safety concerns in her home that are just ripe to cause her to fall: shag carpeting on the step from the garage to the house, topped with a second unsecured shag scatter rug; a loose throw rug placed on top of the carpet inside the entry room; no hand railing for the stairs; and very dim lighting immediately inside the house.

As a friend of an aging family member or adult, it is your responsibility to express your concerns and assist the aging adult to rectify these safety issues. Take a very gentle approach in expressing any concerns. Perhaps the aging adult is not objective enough to see these concerns and will appreciate your assistance. Maybe he or she will need time to think about these concerns. Or perhaps he or she will be unwilling to address any of these safety concerns, because “my house has been this way for 40 years.”

Faster than the blink of an eye, an aging adult can catch his or her toes, cane, walker, or crutches on something, lose his or her balance, fall, and sustain an injury of some magnitude. Falls often also occur because the lighting is inadequate, such as the aging adult getting up at night and not turning on a light.

More often than not, injuries such as head injuries and hip, arm, or back fractures are very serious. If the aging adult is you, this sort of fall accident and subsequent injuries may, unfortunately, cause you never to be able to return to living in your home. Do not take

this chance: the odds are against you. Maintaining your safety and health is important. All of the rooms in your home must have good lighting and safe, non-slip flooring, and be uncluttered with furniture and “stuff.”

Stairs

How can you get into and out of your home? Where would you live if you could not get into your home because of stairs and structural barriers, or if you could get inside your home, but then could not access the bathroom or bedroom because of stairs? Universal design recommends that your exterior entrance be barrier free and that you get rid of any stairs, both outside and inside your home. This may mean exploring the option of modifying your home to make it accessible or moving to a different home. While your health is good and stable, explore all of your living options.

Due to economic conditions, now is not the best time to sell your home anywhere in America, including in the Denver metro area. However, anyone who is over 60 years old ought to live in a ranch-style, single-level home with a step-free access. This is especially important for someone who already has had a stroke or a brain injury, or who has medical conditions such as diabetes, heart or lung disease, or severe arthritis. In an instant, you can sustain an injury or exacerbate an existing medical condition, which prevents you from living in your multi-level home. What are your options if you are unable to sell your home and need a different home? Explore them before the need arises, so you can make a good decision without the additional stress of having the necessity to act.

When you either start to modify your home or look for a new one, first examine the entrance. Do you need a ramp? Is there adequate room for one? Can the surface be protected from adverse weather? The majority of folks go in through their attached garage entrance, as it usually affords the fewest number of stairs.

If you need to install a ramp, the recommended ramp incline is a 12:1 ratio. What this means is for every inch of height, the ramp must be 12 inches in length. This keeps the incline safe and manageable for anyone propelling a wheelchair, pushing someone in a wheelchair, or walking up the ramp using an assistive device such as a walker or cane. If there is inadequate room for a permanent ramp, explore whether there is adequate room for a portable ramp, which tend to be lightweight, durable, and can be purchased at many medical supply or specialty stores.

Steps into a home usually do not have hand railings, as most city building codes only require a railing if you have four or more steps. However, do some good pre-planning and have stair railings installed on all your outside stairs, preferably on both sides. AARP's website has a link to “certified aging in place” (CAPS) professionals who are trained in common remodeling projects and other home modifications that can help people live independently in their own homes.

Once you are inside your home, assess your other stair issues. Do you have a multi-level home? Are your bathrooms only on different levels, and if so, how will you access them? Do you need to remodel your home to add a main floor bathroom or master bedroom suite? Are there any steps to other rooms or areas? If the need arose, are your stairways designed to accommodate a “stair glider” or could you have an elevator installed?

Plan your future need for an elevator by having closets built stacked on top of each other; later, they can be used as the elevator shaft.

A stair glider is an adaptive apparatus that has a railing installed on the wall with a seat attached to it and is electrically powered up and down by the person sitting on it or walking on the stairs next to him or her. If your home has a continuous stairway, the approximate cost of a new stair glider with a 300-pound weight capacity installed is \$2,500. However, the price for the stair glider increases with increased load capacity, with a maximum of 500 pounds for most manufacturers.

If you have a flight of stairs with a platform halfway, or have two sets of stairs such as in a tri-level or bi-level, you will need to purchase two or more separate stair gliders to accomplish transit up or down these stairs. This situation requires a potentially dangerous transfer between the stair glider seats of each section. The recommended stair width if you are building a new home is four feet, which allows adequate space on the stairs for both the stair glider lift and people walking on the stairs. There are numerous Internet websites for stair gliders.

Hallways and Doors

The minimum recommended hallway width is 36 inches. However, a width of 42 inches or more is optimal. Entrance doorways should be 36 inches to allow for 32 inches of clear width for ingress and egress. Bathroom doorways often are too narrow, especially in older homes. Homes built prior to the 1970s tend to have a standard width of 24 inches for bathroom doors. Most bathroom doorways now tend to be at least 28 inches, which is still too narrow to allow someone to walk in easily using a regular-width walker or crutches or to propel a wheelchair.

You need to be able to access and enter your bathroom easily and safely. Examine all your bathroom doorways to determine if the width can be increased, preferably to at least 36 inches to allow for 32 inches of clear width for passage of most wheelchairs and walkers. If it does not have this clearance, then widen the door as much as possible. Explore your options for all your doors, which may include installing a pocket door, which is a sliding door that fits entirely inside the wall, rather than a hinged door. This will allow for increased inside space to maneuver and yields a wider door clearance.

Bathroom

Here's where the costly fun really begins. It goes without saying how important this room is to everyone's health and well being. Yet, the majority of homes have excessively small and inadequately designed bathrooms with narrow doorways. Many homes have no bathroom on the main living floor or none with a tub or shower. You need at least one fully accessible bathroom on the main floor that, preferably, also has either a shower or tub-shower combination for bathing.

After you have assessed your doorways, next assess your toilet setup. Consider installing an ADA-recommended toilet with 17 or more inches of floor-to-bowl height. Such a toilet may be high enough for most people without the need to purchase an elevated

toilet seat for it. Then assess the clearance for installing grab bars on the walls. Frequently, there is inadequate space alongside the toilet because it is located between a sink vanity and bathtub or because you are renting your home, both situations thus preventing the installation of grab bars. An excellent option is to purchase a “toilet safety frame” that easily installs on and removes from the toilet. This adaptive equipment allows for grab bars on one or both sides of the toilet and can be purchased from most medical supply companies.

The bathroom on the main living area needs to have a shower or tub-shower combination for bathing. In a new or remodel construction, it is important to brace the walls around the tub, shower, and toilet to prepare for the future installation of grab bars that can support 250 to 300 pounds. All towel bars should be replaced with securely anchored grab bars. Frequently, an aging adult will lose her or his balance in the bathroom and grab the towel bar for support, which promptly pulls out of the wall, thus not preventing the fall. Existing tub-shower combinations or showers can be easily adapted for safe use by the installation of a handheld showerhead, grab bars, and a portable bath bench. Bathrooms need to have a nightlight, non-slip flooring, and lever-style door handles.

In addition to the traditional medical supply stores, many “big box” stores are rising to the demand of baby boomers to carry adaptive bathroom equipment. Much of this adaptive equipment also may be purchased from online vendors. There are numerous options for bathroom and adaptive equipment that meets the specific needs of the aging adult. However, the best way to explore all options for this equipment is to work with rehabilitation professionals such as physical and occupational therapists.

Bedroom

When you purchase a new or existing home, always get one that has a main-floor master bedroom suite (*i.e.*, bedroom and full bathroom). The bedroom must have adequate room for you to maneuver around the bed and other furniture, should contain no clutter (which includes electrical cords on the floor and throw rugs), and should have safe flooring surfaces and good lighting. Your bedside lamp should be close to the bed so you easily can turn it on without falling out of bed. Nightlights and touch lights next to the bed are recommended. Always have an easy-to-reach telephone by your bed.

Assess your bed height for ease of getting on and off the bed. A good height for most people is approximately 22 inches. The new, thicker, pillow-top mattress sets can be great if your bed height is too low, or a curse if you are short. If your mattress is too tall, you may need to place it directly on the floor to shorten its height. Step stools are not recommended, as it is just too easy to fall while using them.

If the bed is too short, placing blocks under the legs easily raises it. Many stores carry these pre-made blocks, usually four to six inches high. A “bed cane,” which is a grab bar attached to a piece of plywood and which slides between the mattress and box spring, can assist an aging adult in getting into and out of bed. These devices are available at most medical supply stores or online.

Finally, assess your clothing storage. Can you easily reach the clothing and shoes in your closet and dresser drawers? Does your closet need to be redesigned with lower clothing rods for easier reach? Is the clothing you most frequently use placed in the most easily

accessible drawers or storage areas? Do you need to get rid of your unused clothing clutter? If you have a short reach or have difficulty bending, consider purchasing adaptive equipment such as a reacher.

Kitchen

Kitchens need to be “user friendly” and reflect the adaptations for any limitations, such as bending and lifting, you might have. Frequently used items need to be stored in easily reached cabinets, drawers, and shelves. The microwave should be placed at a comfortable height and a safe, reachable distance from the table or countertop edge. Does your kitchen have adequate usable counterspace next to the refrigerator? Again, the clutter issue arises: Can you store countertop items that are not frequently used? Do you have a side-by-side refrigerator?

If you use an assistive device such as a walker, does it have a tray so you can transport items such as food and dishes? Does your kitchen have usable, seated workspace for you at the kitchen table or countertops? Do you have safe chairs to use that do not have rolling casters? Did you remove all throw rugs? Do you have a safe, non-slip flooring surface? If you have lifting concerns or tire easily, do you have a cart to transport food and other items around your kitchen?

Laundry Room

Many homes have a washer and dryer located in the basement. Safe independent living requires that these be located near the bedrooms or on the main floor of your home. A good option is to purchase a stackable washer-dryer, which can be placed in an existing closet. Front-loading machines are preferred because they are easy to use for anyone with or without compromised mobility and they are energy efficient. Many aging adults admit to being unable to carry their laundry down the stairs. To accomplish this task, many throw their laundry down the stairs to the basement, walk down the steps, and then pick it up and carry it to the washer. This option is fraught with obvious peril and danger. Bottom line: do not do this!

19-4. Nutrition

Statistics show that 85 percent of aging adults have some nutritional concerns. The options for meals, if you do not live in a retirement or other community that provides meal service, are either to buy your groceries and cook or to sign up for Meals on Wheels through Volunteers of America. Frequently, use of paid home care assistance for grocery shopping and/or meal preparation is an excellent choice for the aging adult.

Grocery Shopping

For most aging adults who are unable to shop themselves, the optimal manner to buy groceries is to have a friend, family member, or a paid caregiver shop for them. If this is not a viable option for you, the next best option is to order your groceries from a local grocery store. Six local grocery store organizations were surveyed for this chapter.

King Soopers

King Soopers has the best program for grocery ordering and delivery service in the Denver metro area. Groceries can be ordered either by telephone at (303) 778-5464 ((303) 778-KING) Monday through Friday (7:00 a.m. to 7:00 p.m.) or 24 hours a day on the Internet at www.KingSoopers.com by clicking on the "Home Shop" button.

The delivery charge is \$9.95, with a required minimum order of \$50. An additional \$9.95 charge applies for ordering groceries through the telephone call center. Delivery is provided seven days per week, and the person must choose a two-hour delivery window of 10:00 a.m. to 12:00 p.m., 12:00 p.m. to 2:00 p.m., 4:00 p.m. to 6:00 p.m., or 6:00 p.m. to 8:00 p.m. The call center is open Saturday and Sunday only for purposes of handling delivery issues. A limited number of King Soopers stores make these deliveries, so your delivery might come from a store not located in your neighborhood.

Safeway

Safeway does not offer grocery delivery in Colorado.

Albertsons

Grocery delivery seems to vary store by store, with some stores doing limited grocery delivery. Talk to the store manager to find out if the store in your area delivers.

Sunflower Farmers Market

Grocery delivery seems to vary store by store, with some stores doing limited grocery delivery. Talk to the store manager to find out if the store in your area delivers.

Vitamin Cottage Natural Grocers

These stores do not offer grocery delivery. However, various supplements and health care products can be ordered online at www.vitamincottage.com, with delivery through UPS.

Whole Foods

These stores do not offer grocery delivery or online ordering of products.

Meals on Wheels

The Volunteers of America Meals on Wheels Program has operated since 1973 and serves adults aged 60 years and older in Adams, Arapahoe, Clear Creek, Denver, Douglas, Gilpin, and Jefferson counties. Eligibility requirements for the program are being home-bound and at least 60 years of age. The participant's spouse or disabled household dependents can determine their eligibility for meals by calling the Meals on Wheels program at (303) 294-0111.

Participants' meals are free of charge, with a current suggested contribution of \$2.50 per meal. However, no aging adult is denied meal service due to an inability to contribute. Additionally, Meals on Wheels provides nutrition education and assistance to help home-bound, aging adults access other available services.

This program also has "Dining Center Services" in the seven counties it serves and operates 31 dining centers that serve hot meals. The suggested contribution per meal also is \$2.50. Participants in this program must be 60 years or older, and may include an eligible participant's spouse and residents who live in the facility where a dining center is located.

The home meals delivery program, as of Spring 2009, has a waiting list of over 400 aging adults, due to decreased program funding in this difficult economy. Any tax-deductible contribution to this program can help alleviate this significant wait list and will be appreciated.

19-5. Emergency Response Systems

Any aging adult who lives alone is strongly encouraged to have an emergency response system and an emergency evacuation plan in place. At a minimum, an aging adult, especially someone who is mobility challenged, always needs to carry either a cordless phone or a cell phone and have "911" programmed into the phone. Also needed are working smoke and carbon monoxide detectors, a kitchen fire extinguisher, and a plan for evacuating the home, should the need arise.

A highly recommended option is to obtain a 24-hour, corporate, emergency response system. These systems require the aging adult to wear either a waterproof wristband or necklace that contains an alert mechanism, which can be easily located and used in an emergency situation such as a fall.

These systems also require installation of a box that plugs into a telephone line. There are numerous companies who provide this and additional services such as medication reminders. The companies researched for this chapter had advertisements in the published copy of the South Metro Denver *Seniors Blue Book*. (See www.seniorsresourceguide.com.) Listings vary between the published guide, which has a North and South Metro Denver directory, and those listed on the website.

All companies had an initial installation and activation fee of \$50 to \$100 and a monthly charge of \$25 to \$46. Most companies operate on a month-to-month basis and do not require a contract. Some had *Senior Blue Book* installation and activation discounts. AARP members get special pricing on these emergency response systems through ADT by calling (800) 209-7599.

The companies researched for this chapter, but *not* endorsed as to quality of service, equipment, and products, include:

Philips Lifeline
www.lifelinesys.com
(800) 380-3111

Personal Alert Systems
www.personalalert.com
(800) 728-0263

American Medical Alert Company
www.amac.com
(800) 286-2622

Gold Eagle Systems
www.goldeaglesystems.com
(303) 770-2227

Prior to choosing an emergency response company, check out the products, service, and company in the same manner as you choose any service provider: carefully and after being fully informed.

19-6. Home Care

Home health care benefits under Medicare Plans A and B, including eligibility requirements, extensively are discussed in Chapter 2, “Medicare,” and Chapter 22, “Hospital Discharge Planning.” Skilled services through a home health agency may, in many cases, be enough in-home care to facilitate the aging adult to improve, transition to a higher functional level, and regain his or her independence. However, if it is not, unskilled home care may be needed. An aging adult who has no unpaid source of care from family and friends may have to rely solely on paid home care. This can be obtained through many agencies and increases the cost of independent living.

The *Seniors Blue Book*, available at www.seniorsresourceguide.com, has an extensive list of both skilled home health care and unskilled home care providers. The listings vary between the published guides and those listed on the website. Just as there are numerous home care providers who can provide unskilled care such as companion care, respite care, light cleaning, cooking, transportation to medical appointments, bathing, dressing, assistance with toileting, and doing laundry, so, too, do the hourly rates and services provided vary.

Home care rates average around \$22 per hour. Most companies charge the lowest rate for basic companion care while doing no other work, such as light cleaning. Hourly rates tend to be lower for a longer shift; an overnight, 24-hour shift can be \$250 to \$300. If the aging adult needs round-the-clock care from an in-home care provider, the monthly cost can run \$7,500 to \$10,000. In comparison, the average monthly cost of an assisted living facility is between \$2,500 and \$4,000 and a skilled nursing facility is \$6,600.

Most companies require a three-hour minimum commitment and have various cancellation policies. Some require a refundable deposit similar to a retainer prior to starting services. The majority of home care companies provide workers who are their employees, with all the benefits that go with being an employee, such as workers’ compensation and liability insurance. However, some companies act only as a referral service and send “independent contractors” to work with you.

A word of caution if you hire an independent contractor and that person is injured while working for you: *you may be financially responsible for any workers' compensation claims.* This means you will have to pay *all* of the injured person's medical bills, potentially his or her lost wages, and any other costs of the claim. Most liability coverage on a person's home will be inadequate to cover a workers' compensation claim, so be very careful in these hirings. It may be well worth the extra \$4 to \$5 per hour to hire someone who is fully bonded, insured, and employed by a company.

Finally, many home care companies will bill your long-term care insurance for you or accept Medicaid home-based community services (HCBS) for your home care services. However, you are ultimately responsible for these costs if you pay privately and not through HCBS.

19-7. Funding Your Home Care Needs

The cost of maintaining independent living in your own home can become very expensive depending on your care requirements. The optimal time to explore your options is in advance of these needs. Long-term care insurance is the very best option for future funding of unskilled home care services. However, this insurance only can be purchased while you are healthy and eligible for this insurance. See Chapter 7, "Long-Term Care Insurance," for more on this option.

Another option for funding your home care is to explore a reverse mortgage on your home. See Chapter 20, "Reverse Mortgages," for more information. Talk to an elder law attorney prior to finalizing the reverse mortgage option, if you think you may ever need to apply for Medicaid to fund your unskilled home care and any future skilled nursing care. Medicaid will fund HCBS to help you stay living as independently as possible in your own home. See Chapter 4, "Medicaid," for more information. However, pulling cash out from your home may adversely affect your Medicaid eligibility.

Also see the National Council on Aging publications, "Use Your Home to Stay at Home: A Planning Guide for Older Adults" and "Use Your Home to Stay at Home: A Guide for Homeowners Who Need Help Now," which can be found at www.naic.org by clicking the "A Guide to Aging in Place" button, followed by the "Consumer Booklets" button.

Finally, there might be some community resources, such as faith-based and charitable organizations, that can provide assistance. Also, veterans may be eligible for home care assistance and should explore this possibility. For further information, see Chapter 6, "Veterans' Benefits."

19-8. Resources

National Aging in Place Council

1400 16th St. N.W., Ste. 420
Washington, D.C. 20036
(202) 939-1784
www.naipc.org

This organization has great information. Go to the link on their website titled "A Guide to Aging in Place," which connects you to the consumer booklets entitled "Modifying Your Home Environment to Promote Greater Independence," "Use Your Home to Stay at Home," and "Use Your Home to Stay at Home: A Guide to Homeowners Who Need Help Now." There are numerous other helpful articles on this website.

AARP

601 E St. N.W.
Washington, D.C. 20049
(888) 687-2277
www.aarp.org

Go to the AARP website and click on "Family," then "Home Options." You also can search "universal design" for housing information. This website has numerous excellent articles on universal design and aging in place, including checklists for bathrooms, bedrooms, kitchens, entrances, lighting, stairways, and hallways. Suggestions include:

"Special Needs Checklist for Home Design"
www.aarp.org/family/housing/articles/home_special_needs_checklist.html

"Understanding Universal Design: What is Universal Design?"
www.aarp.org/families/home_design/

Checklists for rooms and areas in the home, including bathroom, bedroom, kitchen, and hallways:

www.aarp.org/family/housing/livable_communities/

"Creating an Accessible Home"
www.aarp.org/family/housing/articles/accessible_homes.html

Downloads from www.aarp.org/family/housing/:

"Home Modification: Your Key to Comfort, Safety and Independent Living"

"Your Home and Community: Are They Ready for You?"

"Taking Steps to Prevent Falling Head Over Heels"

Denver Regional Council of Governments (DRCOG)

1290 Broadway, Ste. 700
Denver, CO 80203
(303) 455-1000
www.drcog.org

The link to “Area Agency on Aging” has good information on aging in our community, especially in the “Four-Year Area Plan on Aging” and “Getting There: A Resource Guide to Transit Services for Older Adults in the Metropolitan Denver Area.” This website also has an excellent list of links to other websites of interest to aging adults.

Volunteers of America: Meals on Wheels Program

2660 Larimer St.
Denver, CO 80205
(303) 294-0111
www.voacolorado.org

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