

OLDER ADULTS AND IN-HOME SAFETY

EXECUTIVE SUMMARY

More than 10,000 people a day are turning 65 in America.¹ But as old age edges closer, unbidden, our bodies and our homes are often not ready for that new stage. How can we ensure more healthy older people are living well in healthy homes? It is a huge quality of life issue. It is a major dollar cost issue too, for society and for individuals and families.

Most people over 50 live independently within their communities, and that actually is true even for people over 80—more than 75 percent live in their own homes.² That's how most of them want it, too, according to surveys from AARP.³

While aging in place may be their preference, it's not always easy. Housing costs keep rising. The aging U.S. housing stock, combined with costs to repair and modify, creates another obstacle. And some houses just may not easily be modified (no way to create single-floor living and avoid stairs, for instance). On the human side, our aging bodies begin to show their vulnerabilities, too. By age 85, more than two-thirds of individuals have some type of disability no matter what our income or race/ethnicity.⁴

All these factors make it more likely that older people fall. Falls are the leading cause of injury-related death in older adults, and most falls occur at home.⁵

On average, an older adult falls every second of every day. That totals 29 million falls, with more than 7 million older adults requiring medical treatment or restricted activity.⁶ And since many older adults do not talk to their doctors about their falls, the problem is likely even larger and more complex than current statistics reveal.

Falls at home continue to increase, despite increased attention over the past decade to aging in place, age-friendly communities and home safety. The problem is particularly urgent because the older population is growing at such a fast clip.

In North Carolina alone, for example, there will be more people over 65 next year than there will be 17 and younger. Many older adults also will live longer than previous generations did. One in four adults now 65 is projected to live into his 90s. Those extra years can add enjoyment of life and family, yet they also add to the challenge of not outliving one's assets. And for those who have still not recovered from the recession of 2008-09, or who are struggling with chronic disease such as diabetes or heart disease, the burdens and risk can multiply quickly.

What is being done? On the encouraging side, programs abound to create safer, healthier homes and prevent falls. Non-profit groups like Rebuilding Together focus on low-income homeowners, many of them veterans, whose critical home repairs often include building a ramp or installing grab bars, which can reduce the risk of falls. Some state governments including Maine and Virginia have passed tax credits to help homeowners make modifications like curbless showers, which can make homes safer and more accessible. Corporations and foundations such as Kresge, Wells Fargo Housing Foundation, Home Depot and Lowe's lend financial and human muscle to support efforts across the country to help older adults live more safely and comfortably at home.

Reducing the risk of falls in the first place is the starting place for many programs, such as supervised balance and exercise classes like Otago. Programs such as STEADI work from the physician angle to identify at-risk patients, risk factors that can be modified, and clinical and consumer fall-prevention strategies.

A research study called CAPABLE (Community Aging in Place, Advancing Better Living for Elders) teams a registered nurse, occupational therapist and handyman to help older people live more comfortably and safely in their homes. The National Council on Aging (NCOA) and multiple state agencies and partnerships tackle fall prevention with an emphasis on evidence-based programs.

This collective effort is heartening for health professionals, the aging services community, government, non-profits, businesses and thousands of individuals who see the need firsthand. Yet there is still a mismatch between overwhelming need and muted response. Unless preventive measures take hold more swiftly and pervasively, the human and dollar costs of treating falls will keep burgeoning.

TRENDS. A few trends are helping to illuminate potential solutions:

- **THE CONNECTION BETWEEN HEALTH AND HOUSING IS EMERGING MORE STRONGLY.** Rather than being an “either-or,” fixing a housing problem can be viewed as addressing a health problem at the same time. Meanwhile some organizations are widening their work from “fixing homes” to revitalizing a specific neighborhood, knitting together wider partnerships with residents for safety, walkability, health and other concerns.
- **LEADERS AND PLANNERS ARE USING DATA STRATEGICALLY.** Layering and applying data is getting more refined. Using GIS (geographic information system) helps layer data such as emergency room reports on falls with the location of people 65+, low-income populations, community revitalization efforts, service providers and walkability features. Local leaders add on-the-ground expertise to help pinpoint targets.
- **FUNDERS AND PROGRAM LEADERS ARE INSISTING ON MORE UP-FRONT ACCOUNTABILITY AND EVIDENCE-BASED EFFORTS.** Cost-effectiveness is emphasized; new models for repayment-for-services are being explored.
- **OPENNESS TO NEW MODELS IS COMING.** Value-based payment, integrated care, and sustainability have begun to influence the approaches that some health care and service providers are testing.
- **TECHNOLOGY CAN HELP.** In-home monitoring devices for older adults have been around for a while, like sensors on a couch that detect if a person has not moved in several hours. But designers have also been working on things like a thin, wearable “air bag” for hips, which could activate to cushion impact in case of a fall.⁷ There’s also an electronic, in-home version of the Otago exercise program, with a large screen TV and software that alerts monitors to pain or missed sessions.

NEXT STEPS. Those interested in intensifying efforts in fall-prevention may want to explore several questions.

WHAT ADDITIONAL RESEARCH NEEDS TO BE DONE? Though quite a bit of research has been done on fall-prevention and evidence-based interventions, even more could help zero in on the most effective interventions for low-income vulnerable adults 60+ or for locations with particular characteristics. And, given the large number of older people who do not report falls, it might be worthwhile to explore more ways to overcome a common reason they give, “I did not want to be sent to a nursing home.”

WHAT IS THE GREATEST FELT NEED AMONG PARTNERS AND EXPERTS WHO ARE IN THE THICK OF FALL-PREVENTION EFFORTS? Besides money, is there a missing ingredient that a new investment or new player could provide to markedly accelerate effort in preventing falls?

At a higher strategic level, the question for Meals on Wheels America is “How do we identify the most affordable, accessible and scalable solutions for vulnerable older adults at-home? Which aspect of the problem are we going to tackle?” The resources to go both “wide and deep” are not at hand, so leaders must make hard and far-sighted choices up front.

- **Where in the fall-prevention continuum is the most effective place to increase impact?** To help the most needy and the most at-risk? Among low-income vulnerable adults 60+, are there characteristics that could indicate a segment where it would be most effective to concentrate? Or might tying the work into a broader community revitalization effort energize more participants and partners?
- **To help low-income adults living at home, what is the best model** that enables necessary home modifications as well as improves balance, mobility and health status?
- **What is the optimal funding source for such a model?** How scalable is such a model? If such a model does not exist, how could it be created and tested without chewing up years of debate and political discussion?

At times the deck seems stacked against a solution, given the large number of at-risk older adults, their growing percentage of the population, America’s older housing stock, and the huge costs of treating falls. Undaunted, Meals on Wheels America offers this paper to jumpstart just such an ambitious exchange of ideas and search for solutions.

