Home Safety & Modification Webinar, Part 2:
Promising Practices and Tools for Promoting Home Modification

March 21, 2019
NCOA and USC Collaboration

Increasing Home Modification Activities and Awareness

- **Home Safety and Home Modification Resource Inventories**—
  Programs, Tools, and Funding
- **National Home Safety and Home Modification Workgroup**
- Home Safety and Home Modification Webinar Series
  - Part 1: [Creating Better Homes for Aging in Place](#)
  - Part 2: Promising Practices and Tools for Promoting Home Modification
Presenters

• **Emily Nabors**, Program Manager, University of Southern California (USC) Leonard Davis School of Gerontology

• **Holly Spiegel**, Home Safety Coordinator, Home Safe Home Program, Motion Picture & Television Fund

Emily Nabors, MSG
Program Manager
Fall Prevention Center of Excellence
Leonard Davis School of Gerontology
University of Southern California
USC Leonard Davis School of Gerontology

- Applied Research
- Information Dissemination
- Professional Education and Training
People Aging in Community
Inadequate Housing
# Home Modification’s ROI

## Change the environment, behavior

<table>
<thead>
<tr>
<th>✓ Make daily activities easier</th>
<th>✓ Increase activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Reduce falls, injuries</td>
<td>✓ Increase social connectedness</td>
</tr>
<tr>
<td>✓ Avoid institutional settings</td>
<td>✓ Support caregivers</td>
</tr>
<tr>
<td>✓ Cost effective</td>
<td>✓ Reduce depression</td>
</tr>
</tbody>
</table>
Evidence Is Growing...

Because of the high prevalence and large eligible population, addressing home hazards with the assistance of an occupational therapist would prevent the greatest number of medically treated falls ($n=45,164$) and avert the most in direct medical costs ($442$ million).
Community Aging in Place, Advancing Better Living for Elders (CAPABLE) Program

- Functioning: among 75% participants, ave. 49% improvement
- Depression in 53%, Home hazards from 3.3 to 1.4, Nursing home admissions, Hospitalizations

• Medicare Savings: $10K per participant per year

Collaboration

“Achieving quality design must involve not only design professionals...but also providers of care and services to the elderly, who have a detailed understanding of users’ needs and the performance requirements they impose.”

Potential Partners

**Housing**
- Remodelers
- Contractors
- Businesses
- Architects
- Service Coordinators
- Realtors

**Health Care**
- Nurses
- Occupational Therapists
- Physical Therapists
- Home Care Workers

**Aging**
- Senior Centers
- Area Agencies on Aging
- Case Managers

**Disability**
- Centers for Independent Living
- Rehabilitation Centers
- Assistive Tech
• Evidence-Based Programs, Best Practices in Home Modification
• Home Assessment Tools
• Home Modification Funding Resources
# Home Modification Program Inventory

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Website/Contact</th>
<th>Program Goals &amp; Target Audience</th>
<th>Program Description</th>
<th>Delivered By</th>
<th>Training Requirements</th>
<th>Program Costs</th>
<th>Key Words</th>
<th>Published Articles about Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPABLE: Community Aging in Place, Advancing Better Living for Elders</td>
<td>[Website](<a href="http://www.johns">http://www.johns</a> Hopkins lifeline.c om/capabi lity)</td>
<td><strong>Goals:</strong> To reduce the impact of disability among low income older adults by addressing individual capacities and home environment. <strong>Target Audience:</strong> Low income older adults</td>
<td>5-month, client-led program  Occupational Therapist provides up to 6 home visits, Registered Nurse (up to 4 home visits), handyman (full day’s work of home mods, assistive devices, and repairs).  Directly addresses all risk factors for falls: medications, low vision, decreased leg strength, safe ADL ability, and home safety risks.  Addresses participants’ own goals, e.g., to get upstairs, take a shower, or walk out the front door—and beyond</td>
<td>Occupation al Therapist, Registered Nurse, and Handyman</td>
<td>CAPABLE has a training curriculum for Occupational Therapists and Nurses, including self-paced electronic modules and an interactive in-person or Skype-type training, plus follow-up support calls once the clinicians start to implement CAPABLE. It includes a training manual for both Occupational Therapists and Nurses.</td>
<td>Most of the costs are staff costs (RN, OT, and Handyman)  • Interventionist training time  • In-home visit duration  • Travel time  • Supervisory meetings  • Visit preparation time  • Care coordination time between OT, RN and handyman  Non-staff time costs include:  • Supplies and labor for home modifications, repairs, and assistive devices  • Program materials  • Mileage (for driving to participants’ homes)</td>
<td>Participant directed</td>
<td>Home environment</td>
</tr>
</tbody>
</table>

---

**USC Leonard Davis School of Gerontology**

University of Southern California
Funding Resource Guide

Funding Sources for Home Modification

The National Council on Aging (NCOA) partnered with the University of Southern California (USC) Leonard Davis School of Gerontology on a home modification and home safety programs, assessment instruments, and funding sources to provide resources for families and professionals.

For information on NCOA’s National Falls Prevention Resource Center; visit: https://www.ncoa.org/center-for-healthy-aging/falls-resource-center. The Fall Prevention Center of Excellence and efforts in home modification, visit: www.stopfalls.org and www.homemods.org. If you have any questions, please contact homemods@usc.edu.

RESOURCE CATEGORIES

• Housing/Community Development Funding Sources
• Lending Funding Resources
• Social & Vocational Supports
• Health Care & Insurance Sources
• Tax Funding Sources
• Select Non-profit Organizations
• Innovative National, State & Local Funding Sources
• Non-profits Offering Loans
• States & Localities Offering Tax Credits


USC Leonard Davis
School of Gerontology

University of Southern California
Home Assessment Tools

- Professionals & consumers
- Emphasis on interaction of individual and environment, activities
Executive Certificate in Home Modification Program

- Five 3-week Courses & Final Exam
- Comprehensive curriculum
- Offered 4-5 times annually
- [www.homemods.org](http://www.homemods.org)
For more information

www.homemods.org

• Executive Certificate in Home Modification Program
• National Directory of Home Repair and Modification Providers
• Resource Library

Emily Nabors: emily.nabors@usc.edu
For more information

www.stopfalls.org

– Home Modification Resources
– Printer-Friendly Fact Sheets
– Articles, Links, Coalition Resources

Emily Nabors: emily.nabors@usc.edu
Our mission at MPTF is to support our entertainment community in living and aging well, with dignity and purpose, and to help each other in times of need.
PATIENT CENTERED CARE
Every journey begins with the first step of articulating the intention, and then becoming the intention.
-Bryant McGill
You don’t give people dignity. You affirm it.
so much more than grab bars...
20’ paver pathway & 25’ Trex ramp
Look at your new ramp Pumpkin!
Free Samples

NOT UGLY GRAB BARS Great Grabz & Invisia

www.Noslipstrip.com

www.teakworks4u.com
Kurapia installation

Our CEO
Bob Beitcher

If it doesn’t spark joy....

https://ccuh.ucdavis.edu/kurapia
Technology
...a few examples

Scrip Talk (free for clients, depending on pharmacy)
www.envisionamerica.com

Lively Wearable
www.greatcall.com

iBill (free for blind or visually impaired)
https://www.moneyfactory.gov/uscurrencyreaderform.html

Tracking technology for cognitively impaired, autistic
www.projectlifesaverinternational.com
Lifestyle & Habits Education

proactive

Definition of proactive

1 [pro- + reactive]
   : acting in anticipation of future problems, needs, or changes
Beyond The List

See All The Doctors

http://www.homesweethomecareinc.com
EVIDENCE BASED PRACTICE OR
HOW DO YOU MEASURE WHAT DOESN’T HAPPEN?
<table>
<thead>
<tr>
<th>Author</th>
<th>Year Published</th>
<th>Title/Description</th>
<th>Findings</th>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eriksen, Greenhalgh-Stanley, Engelhardt</td>
<td>2015</td>
<td>Home Safety, Accessibility, and Elderly Health: Evidence from Falls</td>
<td>First, the presence of safety and accessibility features reduces the likelihood of a serious fall for the widowed by 20 percentage points. Given the mean prevalence of falls of 11.6%, this is a substantial effect. The bulk of the effect is concentrated among men and those 75 and older. Therefore, our results suggest that housing investment in safety could significantly reduce serious falls among the elderly. Although somewhat speculative, back-of-the-envelope calculations suggest that over a two-year period on average each dollar of housing investment in home safety and accessibility features is associated with a 93-cent reduction in medical costs from fewer non-fatal falls. ...calculations suggest that for those 75 and older, the reduction in medical costs appears to far exceed a dollar-for-dollar return</td>
<td></td>
</tr>
<tr>
<td>Keall, Pierse, Howden-Chapman, Cunningham, Cunningham, Guria, Baker</td>
<td>2015</td>
<td>Home modifications to reduce injuries from falls in the Home Injury Prevention (HIPI) study: a cluster-randomised controlled trial</td>
<td>26% reduction in the rate of injuries caused by falls at home. Injuries specific to the home-modification intervention were reduced by 39%</td>
<td>26% FALLS REDUCTION</td>
</tr>
<tr>
<td>Szanton, Wolff, Leff, Roberts, thorpe, Tanner, Boyd, Xue, Gurulnik, Bishai, Gitlin</td>
<td>2015</td>
<td>Preliminary Data from Community Aging in Place, Advancing Better Living for Elders, a Patient-Directed, Team-Based Intervention to Improve Physical function and Decrease Nursing Home Utilization: The First 100 Individuals to Complete a Centers for Medicare and Medicaid Services Innovation Project</td>
<td>“…number of ADLs for which they were having difficulty was reduced by almost 50%..... CAPABLE tripled the percentage of people who reported no difficulty with walking and increased by 50% the number who said they had no difficulty with self-care. The number of people who reported no difficulty with performing their usual activities more than doubled from baseline to reassessment.</td>
<td></td>
</tr>
<tr>
<td>Palvanen, Kannus, Piirtola, Niemi, Parkkari, Jarvinen</td>
<td>2014</td>
<td>Effectiveness of the Chaos Fall Clinic in preventing falls and injuries of home-dwelling older adults: A randomized controlled trial</td>
<td>The multifactorial Falls Prevention Programme reduces the rate of falls and related injuries by almost 30%</td>
<td>30% FALLS REDUCTION</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Title</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
<td>-------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Stark</td>
<td>2009</td>
<td>Client-centered home modifications improve daily activity performance of older adults</td>
<td>After home modification, participants perception of their daily activity performance at home improved significantly and was maintained 2 years post-modification.</td>
<td></td>
</tr>
<tr>
<td>Petersson, Kottorp, Bergstrom, Lilja</td>
<td>2009</td>
<td>Longitudinal changes in everyday life after home modifications for people aging with disabilities</td>
<td>Participants who received home modifications reported a significant improvement in self-rated daily activity abilities.</td>
<td></td>
</tr>
<tr>
<td>La Grow, Robertson, Campbell, Clarke, Kerse</td>
<td>2006</td>
<td>Reducing hazard related falls in people 75 years and older with significant visual impairment</td>
<td>Hazard-related and non-hazard related falls were reduced in the home safety program compared with social only visits.</td>
<td></td>
</tr>
<tr>
<td>Gitlin, Hauck, Winter, Dennis, Schulz</td>
<td>2006</td>
<td>Effect of an In-Home Occupational and Physical Therapy Intervention on Reducing Mortality in Functionally Vulnerable Older People: Preliminary Findings</td>
<td>Results: &quot;The only single item with a large difference and that reached statistical significance was willingness to make home modifications to stay independent: &quot;...intervention participants exhibited a 9% reduction in risk of 14 month mortality&quot;</td>
<td></td>
</tr>
</tbody>
</table>

9% MORTALITY RISK REDUCTION
<table>
<thead>
<tr>
<th>Authors</th>
<th>Year</th>
<th>Title</th>
<th>Study results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gitlin, Winter, Dennis, Corcoran, Schinfeld, Hauck</td>
<td>2006</td>
<td>A Randomized Trial of a Multicomponent Home Intervention to Reduce Functional Difficulties in Older Adults</td>
<td>Study results suggest that modifying environmental and behavioral factors can ameliorate functional difficulties and concomitant concerns such as fear of falling, poor self-efficacy, and home hazards.</td>
</tr>
<tr>
<td>Campbell, Robertson, La Grow, Kerse, Sanderson, Jacobs, Sharp, Hale</td>
<td>2005</td>
<td>Randomised controlled trial of prevention of falls in people aged &gt;75 with severe visual impairment: the VIP trial</td>
<td>There were 41% fewer falls in the participants of the home safety program compared with those who did not receive the program.</td>
</tr>
<tr>
<td>Davison, Bond, Dawson, Steen, Kenny</td>
<td>2005</td>
<td>Patients with recurrent falls attending Accident &amp; Emergency benefit from multifactorial intervention - a randomised controlled trial</td>
<td>The intervention group had 36% fewer falls.</td>
</tr>
<tr>
<td>Nikolaus, Bach</td>
<td>2003</td>
<td>Preventing Falls in Community-Dwelling Frail Older People Using a Home Intervention Team</td>
<td>The intervention reduced reported falls by 31%.</td>
</tr>
</tbody>
</table>
Funding / Donations
“Be Willing To Ask Anyone For Anything, Twice.”
Partnerships
Client Advocacy
www.mptf.com

or

Holly Spiegel, Project Coordinator
Home Safe Home Program
MPTF

hspiegel@mptf.com
818-876-4059