“But I’ve always lived here”: Evidence Informed Analysis on Aging in Place

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The global trend of population aging is on the continual rise due to longer life expectancies and lower fertility rates. It is predicted that by the year 2036 one in every four individuals will be a senior citizen. In some areas, the availability of long term care facilities is not sufficient to meet the needs of the population, resulting in seniors living in hospitals up to 6 months awaiting a room. This problem is expected to continue to grow. While age related declines compromise an individual's ability to maintain their personal well being and household, maintaining independence is essential in the perception of successful aging. Aging in place is the primary goal in the aging population; US housing data suggests that this is accomplished by 80% of older adults. In addition to benefiting the emotional needs of seniors, aging in place has significant financial benefits on both the individual and the community at large. The exploration of this topic is essential to determine and meet the changing needs of the aging population in a way that preserves lifelong health and wellness.

**INTRODUCTION**

**Definition:** Aging in place is defined as living in one's home within the community while having the ability to identify resources that support personal and environmental change. A home is described as a detached house, a condominium, or an apartment unit, including apartments in senior-designated buildings. Aging in place refers to the modifications made to the homes and/or community of an older individual in order to allow for a more functional, independent, and safe environment for long term progression through aging.

**Goal:** Allow an older person to maintain some control in their lives, allowing them to keep their identity including their current social and community links and preserve their well-being. One of the most important goals is maintaining their independence.

This review serves to locate and highlight the clinician's role in the process of Aging in Place.

**METHODS**

- Search USA: 2010-2019; Aging in place, Challenges, Aging in place AND quality of life, Aging in place AND modification(s)
- Review of 7 articles

**RESULTS**

- **Benefits:** Providing care in the community and within the older adult's home is more cost effective than institutional care. Older adults that age in place exhibited decreased symptoms of depression and increased independence in performing ADLs.
  - Estimated Annual Costs: Nursing Home - $86,000; Assisted Living $60,000, Aging in Place: $26,000
- **Modifications/Maintenance:** Modification may include changes to the lifestyle, home and community. Modifications are not necessarily making changes to your current home, but can also refer to moving to a lower maintenance home such as a condominium or apartment.
  - Minor Modifications for a safe home:
    - Open up hallways and living spaces by removing furniture
    - Eliminate trip hazards
    - Additional lighting
    - Traction mats on bathroom floor
    - Elevated Toilet Seat
    - Doorbell and smoke detector signaling by light - for hearing impaired
  - Major Modifications for a safe home:
    - Installation of grab bars, walk-in tubs, ramps, stair lifts
    - Increase door width
    - Increase hallway width
- **Factors Contributing to Decision Making:** Just as there are physical declines and unpredictable changes that occur within a person, the demands of a home can fluctuate in unpredictable ways. The older adult that wishes to age at home must be prepared to address the challenges that arise in the home such as changing furnace filters and light bulbs to maintain a safe, livable home environment.
  - Additional Factors:

**CLINICAL RELEVANCE**

The demands of the environment and the abilities of the person must align or a maladaptive situation occurs. Clinicians must thoroughly assess the abilities of their patient and determine pitfalls in their home and community.

- Modify the environment
- Train up patient abilities or teach safe compensations
- Make recommendations to change placement to ensure needs are met
- Clinicians are responsible to address not only the motor aspects but psychosocial and socioeconomic factors that significantly affect patient resources
- Clinicians must confidently speak up if a patient/client's situation is mismatched
References


