If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.

This handout is for reference only. It may not include content identical to the PowerPoint. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.
Aging in Place Virtual Conference

Introduction: Defining the Concept of Aging in Place

Kelly Dickson, CScD, OTR/L
Monday, February 5th, 2018

Objectives

As a result of this course, participants will be able to:

1. Define the concept of aging in place
2. Discuss the strengths & limitations of current long-term care (LTC) services & supports that assist older adults who want to remain in their homes
3. Identify the distinct role of occupational therapy (OT) in assisting older adults who wish to live and participate in their communities
What is **aging in place**?

- “The ability to live in one’s own home & community **independently, safely, & comfortably**, regardless of age, income, or ability level” (CDC, 2013)

---

**Why care about aging in place?**

- **Population of U.S. is rapidly aging**
  (Administration for Community Living, 2016)

- More likely to experience onset & persistence of physical, cognitive, & psychosocial impairments
  (Gitlin, Szanton, & Hodgson, 2013; National Coalition on Aging, n.d.)

- **87%** of older adults want to age in place
  (AARP Livable Communities, 2014)

- **Significance of home**
  (Gitlin et al., 2013; Siebert, 2003)
Personal themes related to aging in place

(Wiles, 2012)

Case Study: Mrs. H—Part 1

PERSON
- 86 year-old widow
- Deals with chronic conditions
- Feels anxious & depressed

ENVIRONMENT
- Lives alone in her 2-story home of 50+ years
- Family lives more than 1-hour away
- Receives some help from neighbors & friends

OCCUPATION
- Struggling to care for her home & herself
What can be done to assist those seeking to age in place?

- Older adults frequently seek assistance in the form of long-term care (LTC) (Gitlin et al., 2013)
  - **Definition**: non-medical services & supports that address personal care needs, such as assistance with ADLs and IADLs
    (United States Department of Health & Human Services, 2017)

- **20%** in residential care facilities; **80%** in communities
  (Ball, 2012; University of Pittsburgh Institute of Politics, 2013)

- **Primary intention**: provide **external support** to address older adults’ care needs

---

Current LTC services & supports for aging in place

- **External support**
- **Care coordination**
Current LTC services & supports for aging in place

<table>
<thead>
<tr>
<th>External support</th>
<th>Care coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Transportation assistance</td>
<td>• Team-based care</td>
</tr>
<tr>
<td>• Home companions</td>
<td>• Referrals to best services that match needs</td>
</tr>
<tr>
<td>• Personal care</td>
<td>• Education</td>
</tr>
<tr>
<td>• Emergency response systems</td>
<td></td>
</tr>
</tbody>
</table>

Current LTC services & supports for aging in place

<table>
<thead>
<tr>
<th>Formal assistance</th>
<th>Informal assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Paid caregivers, such as employees from agencies</td>
<td>• Unpaid caregivers, such as family members, neighbors, &amp; friends</td>
</tr>
<tr>
<td>• Annual spending on formal LTC: $132.9 billion (Robert Wood Johnson Foundation, 2014)</td>
<td>• Annual spending on informal LTC: $234 billion (Congressional Budget Office, 2013)</td>
</tr>
</tbody>
</table>

70% of older adults require LTC for an average of 3 years (University of Pittsburgh Institute of Politics, 2013)
Strengths of LTC services & supports

“Do for”

“risky”
“difficult”
“impossible”

“safe”
“easy”
“possible”

Limitations of LTC services & supports

- Aging population = Increased demand for LTC but **insufficient supply** (Smith & Feng, 2010)
  - Waiting lists
  - Limited availability of long-term caregivers
  - Inaccessible Medicaid programs
  - Unaffordable out-of-pocket fees

- Due to the reality of resource barriers, 60% of older adults who receive formal LTC experience adverse consequences related to unmet needs (Freedman & Spillman, 2014)
Limitations of LTC services & supports

- Not all older adults are ready to accept help in their homes (Graham, 2017)
  - 28% of patients offered home health care refuse services upon discharge from hospital
  - 6% of patients who agree to home health care upon discharge refuse it later
    - Risk for difficult, incomplete, or slower-than-anticipated recovery
    - Odds of being readmitted to the hospital within 30-60 days DOUBLE

- Why no services?
  - Communication breakdown, misconceptions about services, pride about independence, cost, etc.

Case Study: Mrs. H—Part 2

Baseline status

“risky”

“difficult”

“impossible”
Case Study: Mrs. H—Part 2

!!!

+ LTC assistance

Best case scenario

?!!?!?

+ LTC barriers

Worst case scenario
Need for current & future solutions

- FIXED supply of LTC resources (Marek & Rantz, 2000)
- Increasing demand for LTC
- Unmet needs

Better distribution of LTC?
Different options for care?
How to MEET needs?

OT
What is the distinct role of OT in aging in place?

- No health care profession is more skilled than OT at determining each older adult’s personal & environmental strengths & barriers in order to maximize independence & safety in daily activities

- OT process: 
  - Education
  - Problem solving
  - Skills training

Activate older adults to “do for themselves”

Outcomes of OT Intervention

What is realistic & meaningful?

Acute Conditions

“Back to normal…”

Chronic Conditions

- Improve
- Slow decline
- Maintain

WITH…
- QOL
- Knowledge
- Skills
- Resources
Case Study: Mrs. H—Part 3

+ OT assistance

Use adaptive equipment for bathing
Use joint protection strategies for home management
Use pacing strategies for community mobility

“safe”
“easy”
“possible”
Case Study: Mrs. H—Part 3

“I feel more confident…”

“I feel like myself again…”

“I want to try going to church more often…”

+ OT assistance

Summary

Aging in place is:

- A broad & meaningful concept
- Primarily supported by LTC services & supports
  - Strength: ADL/IADL task completion
  - Limitations: fixed resources & unmet needs
- Best understood & addressed by occupational therapy professionals who consider:
  - Person
  - Environment
  - Occupation
# Aging in Place Virtual Conference

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, February 6th, 2018</td>
<td>Traci Herc</td>
<td>Person: Who are we helping to Age in Place</td>
</tr>
<tr>
<td>Wednesday, February 7th, 2018</td>
<td>Beth Fields</td>
<td>Environment: Where and how do we promote Aging in Place</td>
</tr>
<tr>
<td>Thursday, February 8th, 2018</td>
<td>Christine Daeschner</td>
<td>Occupation: What interventions do we target to promote Aging in Place</td>
</tr>
<tr>
<td>Friday, February 9th, 2018</td>
<td>Pamela Toto</td>
<td>Programming: Evidence-based strategies for Aging in Place</td>
</tr>
</tbody>
</table>

---

**Questions?**
Thank You!
Kelly Dickson, CScD, OTR/L
dicksonk@upmc.edu

References

References (Continued)