

## Annotated Bibliography

Bell, J. D., Bell, J., Colmenar, R., Flournoy, R., McGehee, M., Rubin, V., . . . Vasquez, V. B. (2002). Reducing Health Disparities Through a Focus on Communities: A PolicyLink Report (pp. 1-51). Oakland, CA: PolicyLink.

Reducing health disparities through a focus on communities: A PolicyLink report

The area in which individuals live can affect their health in a positive or negative way. Education and income level are strong predictors of health outcomes, but residential segregation and isolation are risk factors for health and contribute to health disparities as well, with the African American population being affected the most. Several long-term changes that could begin to minimize health disparities include to incorporate health services within community resource centers, add health clinics and centers in schools and other public facilities, develop new partnerships, allow residents to participate by identifying problems and making decisions, include local community leaders as well as policymakers, and conduct health assessments to gain knowledge and initiate action.

Evans, G. W., Kantrowitz, E., & Eshelman, P. (2002). Housing Quality and Psychological Well-Being Among the Elderly Population. *Journal of Gerontology: Psychological Sciences*, 57B(4), P381-P383. Retrieved from <https://doi.org/10.1093/geronb/57.4.P381>

Housing quality and psychological well-being among the elderly population

Implications from this cross-sectional study show that older adults are typically very bonded to their homes, regardless of their socioeconomic status. This attachment greatly impacts the mental health of these individuals. The results of this study indicate that the quality of housing impacts the mental health of the individual by improving their quality of life.

Fänge, A. M., Oswald, F., & Clemson, L. (2012). Aging in Place in Late Life: Theory, Methodology, and Intervention. *Journal of Aging Research*, 1-2. doi: 10.1155/2012/547562. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3350964/>

Aging in place in late life: Theory, methodology, and intervention

Aging in place refers to the ability to live in one's own home despite the evolving life changes and conditions that occur at this stage in life, but this term presents differently among populations due to culture, demographic, legal systems, etc. According to various studies conducted, seniors reported that they wanted to remain active and involved within

their community, but inability to access community services, such as transportation, presented as barriers for this population. Offering home visits for seniors is a supported intervention approach aimed to prevent any future problems from occurring and to educate the individuals on potential risks that would affect their health, activity, and participation.

Garcia-Esquinas, E., Perez-Hernandez, B., Guallar-Castillon, P., Banegas, J. R., Ayuso-Mateos, J. L., & Rodriguez-Artalejo, F. (2016). Housing Conditions and Limitations in Physical Function Among Older Adults. *J Epidemiol Community Health*, 70(10), 954-960. doi: 10.1136/jech-2016-207183. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/27225681>

#### Housing conditions and limitations in physical function among older adults

This study assessed mobility, agility, frailty, and IADL disability in 2,012 adults aged 60 years and older who experience poor housing conditions including but not limited to living in an apartment without an elevator and having poor or no heating. Adults living with more than two poor housing conditions showed more limitations in their mobility, agility, and frailty. The study concluded that poor housing conditions are directly linked to physical function limitations in older adults.

Gitlin, L. N., Hauck, W. W., Dennis, M. P., Winter, L., Hodgson, N., & Schinfeld, S. (2009). Long-Term Effect on Mortality of a Home Intervention that Reduces Functional Difficulties in Older Adults: Results from a Randomized Trial. *Wiley Online Library*. doi: 10.1111/j.1532-5415.2008.02147.x

#### Long-term effect on mortality of a home intervention that reduces functional difficulties in older adults: Results from a randomized trial

This long-term study explored physical and occupational therapy intervention programs consisting of 319 adults aged 70 years and older that focused on modified strategies, home modifications, safety, fall recovery methods, and physical exercises. These interventions positively impacted the older adults by lengthening their life up to 3.5 years. Based on the results, these interventions are cost-efficient and could delay mortality and loss of function.

Granbom, M., Evelyn-Gustave, A., Gitlin, L. N., & Szanton, S. (2018). Helping Older Adults Age in Place: Environmental Modifications of the CAPABLE Program. *American Occupational Therapy Association*. Retrieved from <https://www.aota.org/publications-news/otp/archive/2018/aging-in-place.aspx>

## Helping older adults age in place: Environmental modifications of the CAPABLE program

This study reported on the CAPABLE program in Baltimore, MD that provided environmental modifications for older adults with functional limitations. Of the 258 older adults served, each participant received an average of 15.9 environmental modifications such as structural adaptations, home repairs, assistive devices, and regular household items while adhering to a maximum budget of \$1,300 each. This program was found to reduce difficulties with activities of daily living (ADLs), increase participation in instrumental activities of daily living (IADLs), reduce depressive symptoms, and decrease medical expenses by \$10,000 per year per individual.

Jutkowitz, E., Gitlin, L. N., Pizzi, L. T., Lee, E., & Dennis, M. P. (2012). Cost Effectiveness of a Home-Based Intervention That Helps Functionally Vulnerable Older Adults Age in Place at Home. *Journal of Aging Research*. doi: 10.1155/2012/680265

## Cost effectiveness of a home-based intervention that helps functionally vulnerable older adults age in place at home

This study examined the cost effectiveness of the Advancing Better Living for Elders (ABLE) Program with 319 community-dwelling older adults, which addresses difficulties, goals, and safety through physical and occupational therapy interventions and home modifications. This program was found to reduce functional difficulties while lowering mortality rates among the participants. Lastly, this program was shown to be cost effective and reasonable when compared to other home-based interventions that do not involve medications, but further research is warranted.

Krieger, J. & Higgins, D. L. (2002). Housing and Health: Time Again for Public Health Action. *American Journal of Public Health*, 92(5), 758-768. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447157/>

## Housing and health: Time again for public health action

Health conditions such as respiratory infections, asthma, lead poisoning, physical injuries, and mental health disorders can occur because of poor housing conditions. Potential solutions to prevent these health conditions is to make healthier homes by creating housing guidelines and codes as well as to developing a program that is aimed to eliminate poor housing conditions. Examples of these programs include periodic visits from a community health worker who provides assessments, education, and resources, which have been shown to improve health outcomes, lower mortality rates, and decrease medical visits.

Lau, D. T., Scandrett, K. G., Jarzebowski, M., Holman, K., & Emanuel, L. (2007). Health-Related Safety: A Framework to Address Barriers to Aging in Place. *The Gerontologist*, 47(6), 830-837. Retrieved from <https://doi.org/10.1093/geront/47.6.830>

Health-related safety: A framework to address barriers to aging in place

A new concept of health-related safety in the home and community refers to decreasing predictable harm as much as possible among community-dwelling adults. The goal of this study is to find the causes of negative health events in hopes to manage or remove these causes within the home and the community. To initiate this change, the authors suggest implementation at the micro, mezzo, and macro levels by identifying potential hazards for individuals, design or re-evaluate safety practices, and maintain evaluation practices, respectfully.

Lecovich, E. (2014). Aging in Place: From Theory to Practice. *Anthropological Notebooks*, 20(1), 21-33.

Aging in place: From theory to practice

The older adult population aged 60 years and older is expected to double in size by the year 2050, and the majority of this population want to age in place to maintain their independence and remain active within the community for as long as possible. The term aging in place has many definitions, but ultimately, it refers to remaining in one's own home within a community while maintaining a certain level of independence. Community care, or home visits, from a variety of workers, such as health care providers, caregivers, and meal delivery services, is a suggested intervention to help older adults age in place safely, which will decrease medical expenses and the need for long-term institutional care.

Mathieson, K. M., Kronenfeld, J. J., & Keith, V. M. (2002). Maintaining Functional Independence in Elderly Adults: The Roles of Health Status and Financial Resources in Predicting Home Modifications and Use of Mobility Equipment. *The Gerontologist*, 42(1), 24-31. Retrieved from <https://doi.org/10.1093/geront/42.1.24>

Maintaining functional independence in elderly adults: The roles of health status and financial resources in predicting home modifications and use of mobility equipment

Findings from this study suggest that a targeted approach to help the older adult population before they have a dire need of home adaptations would be preferable to assisting them with problems after they already have a need. Therefore, care should be provided in a proactive manner and the financial limitations of the older adults should be

taken into consideration. This study indicates that a proactive approach to physical limitations is preferable in conjunction with attention to their financial status as a barrier to these supports.

O'Sullivan, M. M., Brandfield, J., Hoskote, S. S., Segal, S. N., Chug, L., Modrykamien, A., & Eden, E. (2012). Environmental Improvements Brought by the Legal Interventions in the Homes of Poorly Controlled Inner-city Adult Asthmatic Patients: A Proof-of-Concept Study. *Journal of Asthma*, 49(9), 911-917. doi: 10.3109/02770903.2012.724131

Environmental improvements brought by the legal interventions in the homes of poorly controlled inner-city adult asthmatic patients: A proof-of-concept study

The purpose of this study was to develop an intervention to make landlords provide safer living conditions for individuals with asthma because the presence of mold, cockroaches, rodents, and dust significantly worsens asthma symptoms. Interventions used in this study included helping these individuals seek legal assistance to force landlords to fix leaks, exterminate pests, or allow rental of a safer apartment. Results revealed that these interventions significantly lowered hospital visits and admissions and reduced medication usage among the participants.

Oswald, F., Wahl, H. W., Schilling, O., Nygren, C., Fange, A., Sixsmith, A., . . . Iwarsson, S. (2007). Relationships Between Housing and Healthy Aging in Very Old Age. *The Gerontologist*, 47(1), 96-107. Retrieved from <https://doi.org/10.1093/geront/47.1.96>

Relationships between housing and healthy aging in very old age

This study concluded that adults age 75 to 89 years old who lived alone across five European countries were independent in their activities of daily living (ADLs), have positive mental health symptoms, and experience less symptoms of depression if their homes are accessible, if they believe their homes are useful and meaningful, and if they understand that they are solely responsible for their housing situation. It is suggested that housing and health care employees should address home modifications from a multidisciplinary approach. However, during these home assessments, the work orders should not be finalized without taking into consideration the individual needs and preferences of the older adults.

Stark, S., Keglovits, M., Arbesman, M., & Lieberman, D. (2017). Effect of Home Modification Interventions on the Participation of Community-Dwelling Adults with Health Conditions: A Systematic Review. *American Journal of Occupational Therapy*, 71, 7102290010. <https://doi.org/10.5014/ajot.2017.018887>

## Effect of home modification interventions on the participation of community-dwelling adults with health conditions: A systematic review

Millions of community-dwelling adults have difficulty or are dependent for at least one activity of daily living (ADL) or instrumental activity of daily living (IADL).

Implementing home modification interventions has been shown to reduce fall risk, improve caregiving outcomes, and improve functional performance among these older adults. The adults who received home repairs along with physical and occupational therapy sessions showed increased participation in ADL/IADLs, increased confidence in their balance, increased ability to manage daily activities, and increased home safety.

Szanton, S. L., Thorpe, R. J., Boyd, C., Tanner, E. K., Leff, B., Agree, E., . . . Gitlin, L. (2011). Community Aging in Place, Advancing Better Living for Elders (CAPABLE): A Bio-Behavioral-Environmental Intervention to Improve Function and Health-Related Quality of Life in Disabled, Older Adults. *Journal of the American Geriatrics Society*, 59(12), 2314-2320. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3245364/>

Community aging in place, advancing better living for elders (CAPABLE): A bio-behavioral-environmental intervention to improve function and health-related quality of life in disabled, older adults

This study examined the effectiveness of the CAPABLE program with 40 older adults who are classified as low-income and have difficulty completing at least 1 activity of daily living (ADL) or 2 instrumental activities of daily living (IADLs). The program consisted of a select number of home visits from an occupational therapist and a registered nurse, in addition to receiving an average of \$1300 in home repairs. This multi-component intervention program was shown to improve daily function and well-being among the participants, but further research is warranted.

Will, A. (2015). Aging in Place: Implications for Remodeling. *Joint Center for Housing Studies, Harvard University*. Retrieved from [https://www.jchs.harvard.edu/sites/default/files/w15-4\\_will\\_1.pdf](https://www.jchs.harvard.edu/sites/default/files/w15-4_will_1.pdf)

Aging in place: Implications for remodeling

According to the Joint Center for Housing Studies, 44% of adults 65 years and older are in need of modifications regarding accessibility within their own home. Unfortunately, less than one-third of homes do not have basic accessibility features such as one no-step entrance, along with a bedroom and full bathroom on the entry level. Since the baby-boom generation is reaching retirement age, home improvement spending is rising

significantly as 45% of adults age 55 and older are planning to remodel in the next 3 years in order to age in place safely; moreover, the majority of this population does not associate aging in place with home accessibility features, meaning they feel their current homes can accommodate them as they age in place.

Wise, D. A. (1999). The Economics of Aging Program and Report. *The National Bureau of Economic Research*. Retrieved from <https://www.nber.org/reporter/summer99/>

The economics of aging program and report

Based on this report, the U.S. population is living longer, retiring earlier, and saving little money while the cost of medical care is steadily increasing. With the large aging population, social security, employment pensions, and personal savings are all continuously evolving, but it is reported that 401(k) eligibility and contributions are increasing overtime. Employees can generally begin to receive post-retirement benefits between 50-55 years old but do not become eligible for social security and Medicare until age 62 and 65, respectively; moreover, due to this economic structure, employees are often offered larger pension payments if they decide to continue working, but these payments rarely outweigh the retirement benefits, resulting in early retirement.