

Strategies for Effective Home Modification in Older Adults

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Abstract

There are various barriers to home modifications to prevent falls among the older population. Several strategies may be necessary to overcome these barriers and implement effective home modifications. The need for home modification should be assessed, which requires a home evaluation by a specialist. In Japan, welfare housing environment coordinators have been trained to provide advice on home modifications suitable for people with disabilities. In addition, in Japan, home assessment and advice on home modification before discharge from acute care hospitals for older people is allowed as a medical reimbursement, and a system for effective home modification is well established. Human resource training and medical policy arrangements on home modifications could improve the cost-effectiveness. In Japan, a system has been established to support the costs of home modification and environmental maintenance. Financial support has reduced the barrier to home modification. Fixed grab bars or shower chairs can be rented, which may be more cost-effective than purchasing them and may shorten the time required for installation. There may be psychological barriers to home modification for older population. Since many older people do not recognize the importance of home modification, promotion to convey the value of home modification may be necessary. Training of staff to engage in home modification, public financial support for modification, and ideas for reducing psychological hesitation may help to reduce the barriers for home modification and to enable effective home modification.

Keywords

home modification, geriatric management, fall, cost-effectiveness, financial support

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We read with great interest the article by Wiseman et al. and appreciate the authors' efforts to examine the barriers for home modification to prevent falls in older adults.¹ The study concluded that the financial aspect was the main problem, and additional investigation is needed to improve cost-effectiveness. Several strategies for overcoming these barriers and implementing effective home modification are considered necessary, and we would like to describe them here.

Not all older people need home modifications. We should screen the need for home modification, which requires professional home assessment. Our systematic review shows that the engagement of occupational therapists, including advice on home modifications, will lead to the prevention of falls,² and there is a need for staff who can provide such advice. In Japan, welfare housing environment coordinators have been trained to provide advice on home modifications suitable for people with disabilities. In addition, in Japan, home assessment and advice on home modification before discharge from acute care hospitals for older people is allowed as a medical reimbursement,

and a system for effective home modification is well established. This human resource training and medical policy arrangements might improve the cost-effectiveness of home modification.

In Japan, a system has been established to support the costs of home modification and environmental maintenance. In Japan, there is a long-term care insurance system in which the government covers the cost of nursing care for older people who need nursing care, and up to 200,000 Japanese yen

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can be paid from the long-term care insurance for home modification. This financial support has reduced the barrier to home modification. It is also possible to rent assistive technologies by long-term care insurance. Fixed grab bars or shower chairs can be rented, which may be more cost-effective than purchasing them and may shorten the time required for installation.

Although not mentioned in this paper, there may be psychological barriers to home modification in older people. Many older people are not willing to identify themselves as aged and may not want to have extensive home modifications. They may not be willing to restrict the space of their living environment by setting a grab bar. It has been reported that many older adults do not believe that home modifications would reduce the risk of falls, which is a barrier to promoting home modifications.³ Promotion of the value of home modification may be required. In addition, many welfare modifications do not address the design aspects, which may reduce patients' motivation to modify their homes. Therefore, design-oriented home modification may reduce psychological barriers.

Training of staff to engage in home modification, public financial support for modification, and ideas for reducing psychological hesitation may help to reduce the barriers for home modification and to enable effective home modification.

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