

Home visits appear not to be effective, but better evidence may show some benefits for some groups from some interventions



Home visits targeting fall prevention had no effect on falls

What is the aim of this review?

This Campbell systematic review assesses the effectiveness of home visits in preventing impairment, institutionalization, and death in older adults, as well as identifying factors that may moderate effects. The review summarises findings from 64 studies.

Fourteen of the studies were undertaken in Great Britain, and the United States each, 11 in Canada, 5 in the Netherlands, 3 in Japan, 4 in Australia and New Zealand each, 2 each in Denmark, Taiwan, and Sweden, and 1 each in Switzerland, Finland and Italy.

Home visits by health and social care professionals aim to prevent cognitive and functional impairment in older adults, thus reducing institutionalisation and prolonging life. Overall, home visits do not achieve these aims. Higher quality evidence is needed to determine how and for whom home visits may be effective.

What did the review study?

Home visits by health and social care professionals are a preventive intervention targeted primarily towards older adults. Their main aim is to maintain the health and autonomy of community-dwelling older adults. This type of preventive intervention involves strategies to reduce a variety of risk factors older adults face for morbidity and mortality relating to physical, functional, psychological, environmental and social issues.

This review examines the effectiveness of home visits in reducing impairment, institutionalization, and death in older adults. Factors that may moderate effects are identified.

What studies are included?

Included studies are randomized controlled trials assessing the effectiveness of visits by health or social care professionals (not directly related to recent hospital discharge) for persons aged 65 years and above who are living at home. Less than 50 percent of the study population had to be without dementia.

A total of sixty-four studies with 28,642 participants were included. All studies are from developed countries, with the largest number from the United States and United Kingdom, with 14 studies each.

What are the main results in this review?

Overall home visits are not effective in maintaining the health and autonomy of



How up-to-date is this review?

The review authors searched for studies published until December 2012. This Campbell Systematic Review was published in May 2014.

What is the Campbell Collaboration?

The Campbell Collaboration is an international, voluntary, non-profit research network that publishes systematic reviews. We summarise and evaluate the quality of evidence for social and economic policy, programmes and practice. Our aim is to help people make better choices and better policy decisions.

About this summary

This summary was prepared by Ada Chukwudozie and Howard White (Campbell Collaboration), based on the Campbell Systematic Review 2014:3 “Home Visits for Prevention of Impairment and Death in Older Adults: A Systematic Review” by Sean Grant, Amanda Parsons, Jennifer Burton, Paul Montgomery, Kristen Underhill and Evan Mayo Wilson (DOI: 10.4073/csr.2014.3). The summary was designed, edited and produced by Tanya Kristiansen (Campbell Collaboration). Financial support from the American Institutes for Research for the production of this summary is gratefully acknowledged.



community-dwelling older adults. Preventive home visits did not reduce absolute mortality, and did not have a significant overall effect on the number of people who were institutionalised.

There is high quality evidence of no effect on falls from interventions targeting fall prevention. There is low quality evidence of small statistically significant positive effects for functioning and quality of life.

Home visits are not effective in maintaining the health and autonomy of community-dwelling older adults

It is possible that some programmes have modest effects on institutionalisation and hospitalisation. However, heterogeneity in target population and intervention design, as well as poor reporting of in studies of design, implementation and the control condition make this difficult to determine.

What do the findings in this review mean?

Home visits for community-dwelling older adults do not significantly reduce mortality and morbidity. Estimates of treatment effects were statistically precise. So further small studies of multi-component interventions compared with usual care would be unlikely to change the conclusion.

However, there is a possibility that there may be beneficial effects of some interventions for some populations. Poor reporting of how interventions and comparisons were implemented means these cannot be identified in this review. If researchers continue evaluations on these types of interventions, a clear theory of change describing the programme theory of change and implementation is needed, and all measured outcomes must be reported.