

Program Implementation of CAPABLE With Community-Dwelling Older Adults During the COVID-19 Pandemic

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DOI: [10.5014/ajot.2022.76S1-PO75](https://doi.org/10.5014/ajot.2022.76S1-PO75)

Date presented: April 1, 2022

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PURPOSE: Currently the implementation and feasibility of evidence-based programs to increase safety and independence within the homes of older adults is critical [1,2]. Within the US an estimated 12 million people aged ≥ 65 who are living in their own homes need equipment to aid with basic ADLs, however roughly five million seniors lack those items [3]. The CAPABLE (Community Aging in Place Advancing Better Living for Elders) program model utilizes an interdisciplinary and client-centered approach for older adults/seniors who reside within low economic residential areas [1]. CAPABLE focuses on improving safety and functional independence within the home environment through services provided by an OT, RN, and home contractor [1]. The purpose of this study is to contribute to the gap in evidence to understand the implementation and outcomes of the CAPABLE program within a midwest major city; where older adult residents are more likely to live alone than those within 37 peer regions in the US [4].

DESIGN: For this program, 53 older adults were screened based on referrals from our non-profit community organization during July 2020-July 2021. Inclusion: ≥ 60 years of age, homeowner, has difficulty with ≥ 1 ADL/ IADL, score ≥ 4 on the STEADI fall risk scale, score ≥ 7 on the SPMSQ cognitive Scale, and ≤ 10 on the PHQ-8 depression scale. The data was gathered through various quantitative surveys and self-report measures completed throughout the CAPABLE program.

METHOD: A comprehensive pre and post assessment was given, which included: ADL independence, functional mobility, cognition, frailty, pain, sarcopenia, nutrition, medication use; along with home environmental hazards/issues. Along with the Client-Clinician Assessment Protocol (C-CAP) which is an OT/RN pre/post assessment based on the CAPABLE implementation protocol and addresses functional ability/tasks, readiness for change, and client directed goals. A descriptive analysis was used to assess the sociodemographic composite, pre and post implementation data, home repairs/modifications completed, and durable medical equipment provided.

RESULTS: 31 (58.4%) participants completed the CAPABLE program; 1 unenrolled (1.9%) and 21 (39.6%) declined program participation. A descriptive analysis of the demographics include: 1) Gender: 29 women (93.5%); 2) Race/Ethnicity: 26 (83.9%) identified as Black/African-American and 4 White (12.9%) 3) Average Age: 71; and 4) Average Income: \$23,304. Through a descriptive analysis a 0.8 point increase was observed from the baseline Readiness to Change Score of 1.8 where a client considers a change in habits/routines within the next 6 months; to the post score of 2.6 which indicates a change within a month with a defined plan of action. Of the 88 OT ADL/IADL goals addressed 55 (61.3%) were met, and of the 51 RN functional goals addressed 35 (68.7%) were met. PEG-Pain scale of 0-10, there was a 0.9 average score reduction from pre (6.1) to the post (5.2) assessment, which fell within the moderate pain range. PHQ-8 depression scale showed an average score reduction from the pre (6.6) mild to the post (4.5) none-minimal range. The DME provided (N = 129): bathing (28.7%), toileting (10.9%), dressing (19.4%), and mobility (17.1%). Finally, 96.6% participants reported benefitting a 'great deal' from the program, and 86.2% believed the program made their lives exceptionally easier.

CONCLUSION: CAPABLE was feasible to implement amidst COVID-19 restrictions, and demonstrated within this cohort of older adults improved ADLs/IADLs independence; decreased pain and symptoms of depression; increased readiness to change habits and routines toward tasks, and client satisfaction with the therapeutic intervention and home repair/modification services.

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