Enabling Aging in Place: Designing and implementing an inter-professional, multi-component intervention for older adults with disability

Sarah L. Szanton, PhD CRNP
Assistant Professor
Johns Hopkins University School of Nursing
sszanton@son.jhmi.edu
Disability as a gap

• The gap between a person’s abilities and their environment

Verbrugge, Jette, 1994
Mrs. B
If disability is the gap, how to approach?
Past focus on individual

• Many programs focus on underlying impairments in individuals
  – Nursing visits (Bourman, 2008, Huss, 2008,)
  – OT visits (ABLE for example) (Gitlin 2006, Gitlin, 2009)
  – PT visits
Past focus on environment only

- Administrations on Aging provide as common sense
Disability gap for low-income older adults

- Significant disparities in housing quality (Golant, 2008)
- More likely to have chronic conditions and more likely to be disabled (Minkler 2006)
- Fewer resources to address both
Inter-professional components:

- Building from OT intervention
- Adding RN and Handyman
- Each catalyst for function separately and synergistically
Theory before intervention

Lawton, 1973
Study design

• Randomized control study (N=41)
• Baseline and 6 month follow-up
• Low-income functionally vulnerable older adults (≥ 1 ADL or ≥ 2 IADL limitations)
• Cognitively intact
• Intervention group received all three interventions
• Control group received equivalent amount of “attention.”

Szanton, 2011
• Recruited through Commission on Aging, Baltimore Housing Department and CHAI
• 80% African-American
• Average age 79 (range 66-92)
• Average ADL limitations were 2.3
• Average Quality of Life rating (0-100) = 60
Intervention

• Participant-centered
• Goal –centered
• First visit for each discipline is assessment and helping participant decide goals.
• Next visits, a combination of following up, modifying, training etc based on the participants’ goals
• OT: 6 visits, RN:4 visits, Handyman: til done
## CAPABLE pilot participants’ evaluation

<table>
<thead>
<tr>
<th>How much did participation in CAPABLE….</th>
<th>Control</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“a great deal”</td>
<td>“some”</td>
</tr>
<tr>
<td>Helped them take care of selves</td>
<td>53%</td>
<td>15%</td>
</tr>
<tr>
<td>Made life easier</td>
<td>15%</td>
<td>38%</td>
</tr>
<tr>
<td>Benefited them</td>
<td>31%</td>
<td>62%</td>
</tr>
<tr>
<td>Believe CAPABLE would help others</td>
<td>31%</td>
<td>38%</td>
</tr>
</tbody>
</table>
## CAPABLE results

(average change by group) from 0-24 weeks

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>24 week</td>
</tr>
<tr>
<td>Difficulty with ADLs (0-5 possible score)</td>
<td>2.6 (1.4)</td>
<td>2.1 (2.3)</td>
</tr>
<tr>
<td>Difficulty with IADL (0-5 possible score)</td>
<td>2.0 (1.1)</td>
<td>1.8 (1.9)</td>
</tr>
<tr>
<td>Quality of Life (0-100)</td>
<td>63</td>
<td>55</td>
</tr>
</tbody>
</table>
Community Support

- Baltimore City Commission on Aging
- Baltimore City Housing Authority
- Baltimore Deputy Health Commission for Healthy Homes
- Civic Works, Americorps
- CHAI
- Rebuilding Together
- GEDCO
Inter-professional challenges

• Ecological model as central to the disciplines
• Differences in culture between RN and OT
  – Examples: energy conservation vs. exercise
Lessons learned re community partnerships

- Study designs are sensitive
  - Particularly with vulnerable population

- City/county/State employees are your allies
  - Termed “bureaucrats” but have same goals as you
  - Often can make your ideas apply across many thousands of people
Discussion and Questions