



CAPABLE AND MEALS ON WHEELS: A LANDSCAPE ANALYSIS

FEBRUARY 2019



MEALS on WHEELS
AMERICA



Copyright © 2019 by Meals on Wheels America

This analysis was produced by Meals on Wheels America with funding from The Home Depot Foundation. As a part of its ongoing commitment to improving the homes and lives of military veterans and their families, The Home Depot Foundation funds veteran home repairs supporting the clients of select local Meals on Wheels programs.

Special thanks to Allison Foreman, Executive Director of Ypsilanti Meals on Wheels in Ypsilanti, Michigan, Sarah Szanton, Professor, Johns Hopkins School of Nursing and Jatunn Gibson, Director, Aging in Place, Habitat for Humanity.

In reproducing any excerpts of this report, please provide a credit. Sample credit: “CAPABLE and Meals on Wheels: A Landscape Analysis was produced by Meals on Wheels America and made possible by a grant from The Home Depot Foundation.”

PURPOSE OF THIS REPORT

The purpose of this report is to investigate the current work around the evidence-based falls prevention strategy of the Community Aging in Place – Advancing Better Living for Elders (CAPABLE) program. The intention is to understand how senior nutrition programs can consider the CAPABLE program as a means of holistically addressing the complex needs of their clients.

This analysis provides an in-depth look at one promising fall prevention strategy. For additional information on the safety hazards that seniors face in their homes and existing efforts to address those hazards, see Meals on Wheels America's [Older Adults and In-Home Safety](#) report from 2018.

THE ISSUE

Most older adults prefer to live out their lives in their own homes and communities. Nearly 90 percent of people over age 65 want to stay put for as long as possible.¹ Yet two major forces converge and conspire to make that difficult. First, our homes are not built with older adults in mind. Only 1 percent of America's housing stock offers accommodations to support individuals as they age, such as zero-step entrances, wheelchair accessibility, easy-to-access electrical controls and utility features like lever-style handles on faucets and doors.² Second, disabilities appear more frequently as we age. Among Americans 65 and older, almost 39 percent experience some type of disability.³

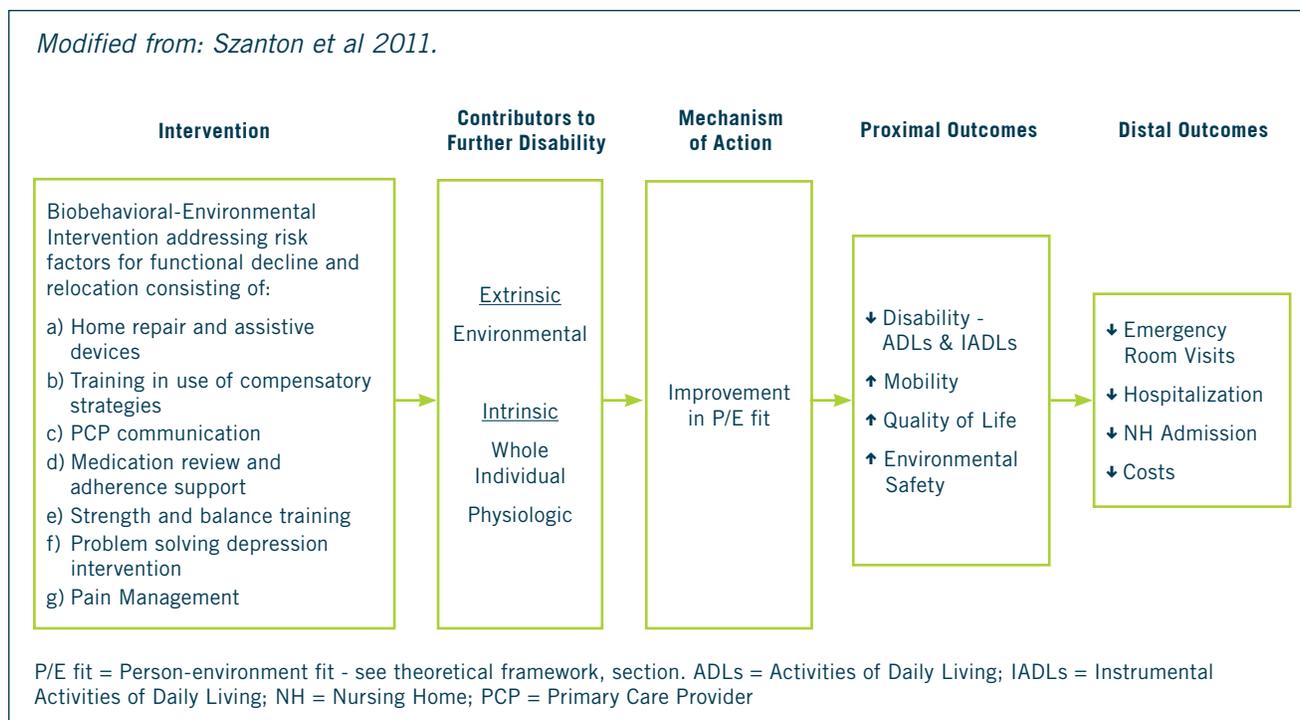
Disabilities are a major predictor of an older adults' ability to live independently at home versus being admitted to a long-term care facility.^{4,5} Disabilities are also a risk factor for falls in older adults. Falls are one of the most costly medical expenditures for older adults, resulting in \$50 billion dollars in healthcare costs annually.⁶ The Centers for Disease Control and Prevention (CDC) has calculated that every year, one in four older adults falls, resulting in about 2.8 million emergency room visits and 800,000 hospitalizations.⁷ Falls often do not result in death, but do cause serious harm, such as broken bones or head injuries. Moreover, falls are preventable. In 2015, the National Council on Aging (NCOA) produced the [Falls Free®: 2015 National Falls Prevention Action Plan](#), a product of a White House Conference on Aging pre-conference.⁸ This plan highlighted the need to expand evidence-based fall prevention programs while also addressing both the physical mobility of older adults and the home environment in which they reside.

The Meals on Wheels network is uniquely situated to deliver solutions to prevent falls and support aging in community because staff and volunteers of these community-based programs are in the homes on a regular basis. Meals on Wheels programs can and should be a player in delivering solutions that reduce the likelihood of falls and increase environmental safety for our clients. However, understanding how to implement evidence-based programs in environments they were not designed in can be a challenge. Connecting what works with those best suited to deliver it and creating a sustainable model is the next step in scaling solutions for keeping older adults at home and in their community.

A SOLUTION

WHAT WORKS

Community Aging in Place – Advancing Better Living for Elders (CAPABLE) is an evidence-based program, developed at the Johns Hopkins School of Nursing, that addresses both the individual and environmental barriers to aging in place. CAPABLE is performed over five months guided by the patient in partnership with a nurse, occupational therapist and handyman to reduce the fear of falling, increase environmental capacity to age in place and address identified patient goals.⁹ The figure below depicts the CAPABLE intervention, including the proximal and distal outcomes it addresses.



One of the unique components of the CAPABLE intervention is that the client directs the work done by the CAPABLE team. The model uses structured, motivational interviewing to understand the client's major motivations to change their behavior and establish goals to improve their quality of life. The four-role team includes the client, a registered nurse, and occupational therapist, and a handyman. The registered nurse interviews the participant to prioritize the client's individual goals. The occupational therapist and participant work on functional goals while also evaluating and recommending modifications to make the home more accessible. Finally, the handyman completes the prioritized modifications.

This falls prevention strategy may be considered for adoption by Meals on Wheels programs. It holistically addresses the needs of client. Additionally, it has been identified by the Evidence-based Leadership Council to be an evidence-based falls prevention strategy eligible for Title III reimbursement.¹⁰

ON THE GROUND INSIGHTS

WHATS CURRENTLY HAPPENING

Across the country, organizations are looking at whether or not CAPABLE could benefit their clients. They are assessing their capacity and the potential partnerships needed to successfully implement, scale, and sustain CAPABLE as a much-needed multifactorial, client-directed solution. Additionally, changes in the CHRONIC Care Act, giving Medicare Advantage plans additional flexibility to pay for nonmedical services, like the handyman component of this program of CAPABLE, create the opportunity for sustainability in implementing this kind of needed solution.¹¹

Here are just a few examples of how organizations, including community-based Meals on Wheels programs, are implementing or looking to implement CAPABLE:

- In Michigan, Ypsilanti Meals on Wheels recently received an award through the Ann Arbor Area Community Foundation's Vital Seniors: A Community Innovation Competition to partner with Habitat for Humanity Huron Valley in offering CAPABLE to clients in Washtenaw County.¹²
- Also in Michigan, CAPABLE is being adapted to MiCAPABLE adding a social work component and serving the Medicaid population.¹³
- AARP and Habitat for Humanity International have teamed up to implement CAPABLE in several markets across the nation.
- The National Center for Healthy Housing is working with the Archstone Foundation and the Harry and Jeanette Weinberg Foundation to fund CAPABLE interventions in four markets leveraging local partnerships between health centers and community-based partners, like Rebuilding Together.

FUTURE WORK NEEDED

While CAPABLE is a proven model for falls prevention, cost savings to healthcare, and most importantly supportive to keeping elders at home, there is still work to be done in understanding how to scale this model. It is important to monitor changes from Centers for Medicare and Medicaid Services (CMS) regarding supplemental benefits that may or may not support home modifications. Additional study and refinement is needed to ensure programmatic fidelity can be maintained, while implementing CAPABLE in different community-based settings. CAPABLE is certainly a promising program for Meals on Wheels providers to consider adopting to support aging in place. However, any implementation efforts should consider building this as a sustainable business model.

KNOWN CAPABLE PROVIDERS, FUNDERS, & PARTNERS

- [AARP Foundation](#)
- [American Occupational Therapy Association](#)
- [Ann Arbor Area Community Foundation](#)
- [Archstone Foundation](#)
- [Area Agency on Aging for Luzerne & Wyoming Counties](#)
- [Cathedral Square Corporation, Inc.](#)
- [Catholic Social Services of the Diocese of Scranton](#)
- [Centers for Medicare and Medicaid Services](#)
- [Colorado Visiting Nurse Association](#)
- [Community Housing Solutions of Guilford, Inc.](#)
- [Families USA](#)
- [Family Health Centers of San Diego](#)
- [Habitat for Humanity International](#)
- [Harry & Jeanette Weinberg Foundation](#)
- [John A. Hartford Foundation](#)
- [Johns Hopkins School of Nursing](#)
- [Leading Age](#)
- [Meals on Wheels America](#)
- [National Council on Aging](#)
- [National Institutes of Health](#)
- [Northwest Housing Partnership](#)
- [Rebuilding Together](#)
- [Rita & Alex Hillman Foundation](#)
- [St. David's Foundation](#)
- [The Home Depot Foundation](#)
- [The Robert Wood Johnson Foundation](#)
- [Ypsilanti Meals on Wheels](#)

ADDITIONAL RESOURCES

- [Johns Hopkins School of Nursing - CAPABLE](#)
- [NCOA's National Falls Prevention Center](#)
- [USC's Falls Prevention Center of Excellence](#)
- [National Home Safety- Home Modification Work Group](#)

BIBLIOGRAPHY

- 1 Farber N, Shinkle D, Lynott J, Fox-Grage W, Harrell R. Aging in Place. Washington DC; 2011. <https://assets.aarp.org/rgcenter/ppi/liv-com/ib190.pdf>.
- 2 Joint Center for Housing Studies of Harvard University. Projections & Implications for Housing a Growing Population: Older Households 2015-2025. Cambridge; 2016. http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/harvard_jchs_housing_growing_population_2016.pdf<http://www.jchs.harvard.edu/housing-a-growing-population-older-adults>.
- 3 He, Wan and Luke J. Larsen USCB. Older Americans With a Disability: 2008 – 2012 American Community Survey Reports, ACS-29. Washington, D.C.; 2014. <http://www.census.gov/content/dam/Census/library/publications/2014/acs/acs-29.pdf>.
- 4 Stearns SC, Norton EC, Yang Z. How Age and Disability Affect Long-Term Care Expenditures in the United States. *Soc Policy Soc.* 2007;6(03):367. doi:10.1017/S1474746407003697
- 5 Wouterse B, Huisman M, Meijboom BR, Deeg DJH, Polder JJ. The effect of trends in health and longevity on health services use by older adults. *BMC Health Serv Res.* 2015;15(1):574. doi:10.1186/s12913-015-1239-8
- 6 Florence CS, Bergen G, Atherly A, Burns E, Stevens J, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. *J Am Geriatr Soc.* March 2018. doi:10.1111/jgs.15304
- 7 Centers for Disease Control and Prevention. Important Facts about Falls. Centers for Disease Control and Prevention. <https://www.cdc.gov/homeandrecationalsafety/falls/adultfalls.html>. Published March 7, 2017. Accessed March 14, 2018.
- 8 Cameron K, Schneider E, Childress D, Gilchrist C. Falls Free: 2015 National Falls Prevention Action Plan.; 2015.
- 9 Szanton SL, Thorpe RJ, Boyd C, et al. Community Aging in Place, Advancing Better Living for Elders: A Bio-Behavioral-Environmental Intervention to Improve Function and Health-Related Quality of Life in Disabled Older Adults. *J Am Geriatr Soc.* 2011;59(12):2314-2320. doi:10.1111/j.1532-5415.2011.03698.x
- 10 Tumlinson A, Burke M, Alkema G. The CHRONIC Care Act of 2018 : Advancing Care for Adults with Complex Needs. Publications. 2018;(March):1-5. https://www.thescanfoundation.org/sites/default/files/chronic_care_act_brief_030718_final.pdf.
- 11 Breysse J. Helping Older Adults to Age Gracefully in Place. <https://nchh.org/2017/05/helping-older-adults-to-age-gracefully-in-place/>.
- 12 Ann Arbor Area Community Foundation. Vital Seniors. <https://www.aaacf.org/Impact-Initiatives/Vital-Seniors>. Published 2019.
- 13 Spoelstra S, Kohler M, Roth J, Evelyn-Gustave A, Schueller M SS. Implementing CAPABLE as MiCAPABLE in a Waiver. *Innov Aging.* 2017;s1:1392. doi:10.1093/geroni/igx004.5126