Supporting Aging in Place for Tenants in Permanent Supportive Housing

Findings from a randomized control pilot of the CAPABLE intervention

ISSUE

Permanent supportive housing (PSH) using a Housing First approach is an evidence-based practice that has been recognized as the “clear solution” to chronic homelessness by the U.S. federal government. Yet a significant portion of the population that now resides in PSH is at high risk of premature onset of geriatric conditions that can jeopardize ability to live independently. Indeed, the target population for PSH includes people considered to be chronically homeless who have an average age under 60 year old but experience significant accelerated aging and risk for premature mortality. To date, there has been limited research that considers whether and how PSH programs can help tenants maintain independent living as they get older and age in place.

INTERVENTION

CAPABLE (which stand for the Community Aging in Place, Advancing Better Living for Elders) is a person-centered, evidence-based intervention that was designed to reduce the effect of problems with physical function among low-income older adults living at home by addressing an individual’s capabilities and the home environment. It consists of a 10-session home-based program delivered over 5 months that involves individualized action plans developed by the older adult in conjunction with an occupational therapist (OT), nurse, and maintenance worker. CAPABLE has shown improvements in basic and instrumental activities of daily living (ADLs, IADLs) as well as overall cost savings across multiple clinical trials. In 2020-21, a randomized control trial was conducted to pilot CAPABLE with 60 tenants living in PSH.

RESULTS

As shown below, the 27 PSH tenants who received CAPABLE as compared to 30 tenants that served as waitlist control group showed substantial improvements in 4 key health outcomes. Limitations in IADLs and depression went down; quality of life and fall efficacy went up.

CONCLUSION

CAPABLE is an evidence-based practice that can be successfully implemented in PSH to improve outcomes among an aging population. Further dissemination and a larger experiment of CAPABLE in PSH is warranted.

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