

# Integrating Health Care and Supportive Services with Housing

Rose Ann DiMaria-Ghalili, PhD, RN, CNSC, FASPEN,  
FAAN

Associate Professor of Nursing  
Doctoral Nursing and Nutrition Science  
[rad83@drexel.edu](mailto:rad83@drexel.edu)



DREXEL UNIVERSITY

College of

Nursing and Health Professions

# BPR: Healthy Aging Begins at Home

## Recommendations for Health and Housing

- New CMS initiatives for health care and LTSS targeting those living in publicly assisted housing
- Expand Independence at Home Demonstration project
- Reduce falls
- CMS incorporate housing-related questions into health-risk assessments
- Extend Money Follows the Person
- Track state coverage on housing-related activities and services on health outcomes
- Hospitals should incorporate questions about housing as part of discharge planning to prevent hospital readmissions



DREXEL UNIVERSITY

College of

Nursing and Health Professions



# Aging in Place VS Aging in the Right Place\*

\*Golant, 2015



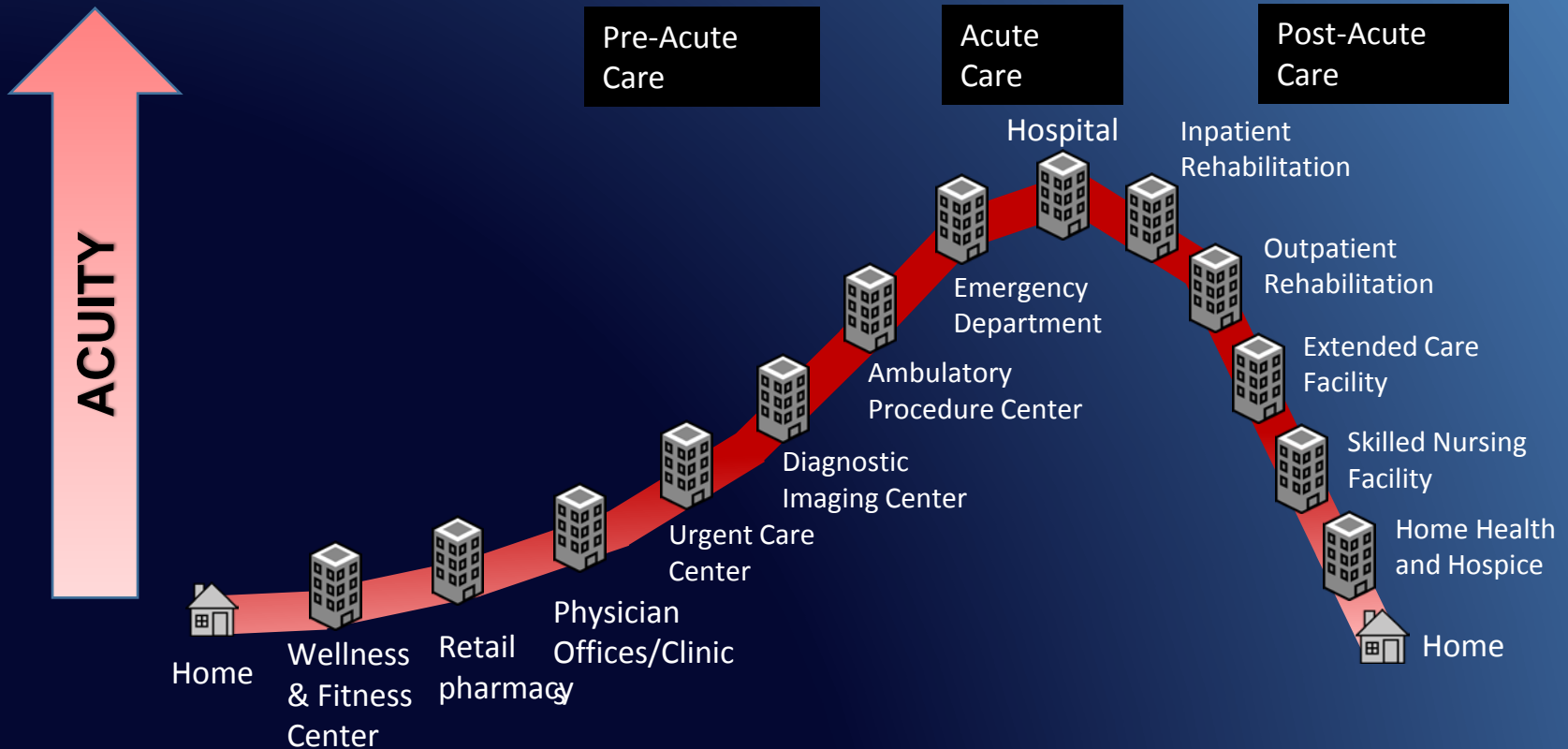
DREXEL UNIVERSITY

College of

Nursing and Health Professions

# CONTINUUM OF CARE

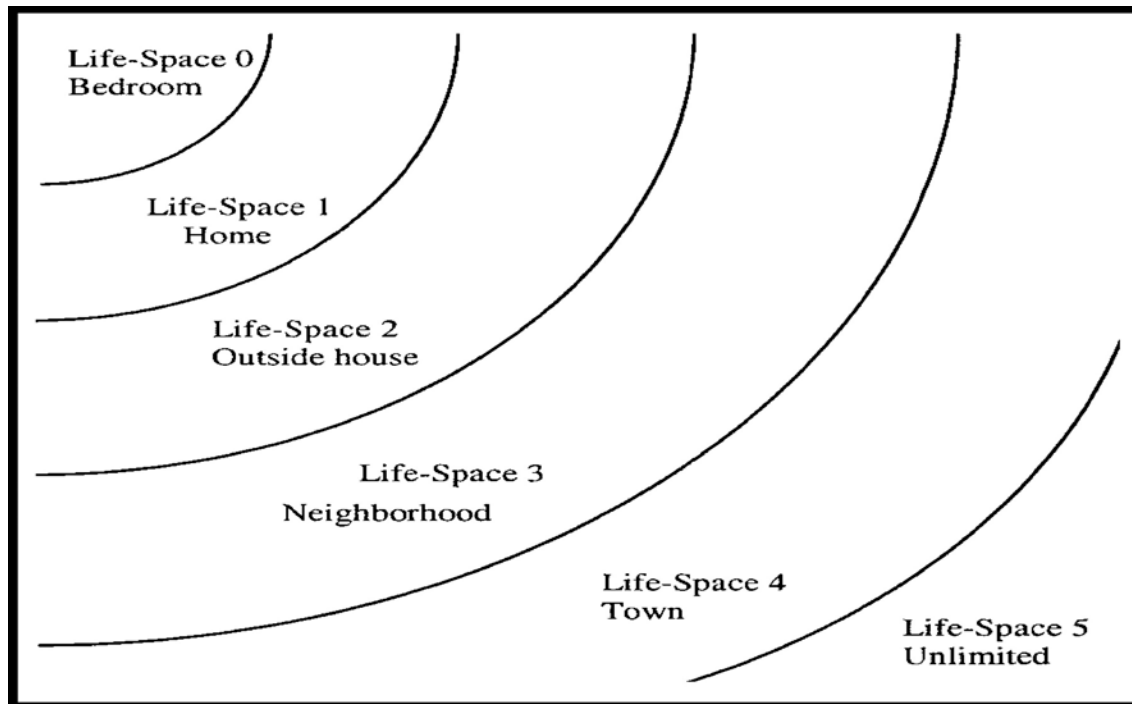
Most appropriate care in the most appropriate setting.



Source <https://hga.com/media/publications/health-matters-planning-continuum-care>

# AGING IN PLACE and FUNCTIONAL STATUS

Conceptual model showing life-space levels as a series of concentric areas radiating from the room where a person sleeps.



Claire Peel et al. PHYS THER 2005;85:1008-1019

# Aging in Place and Activities of Daily Living

## Basic Self-Care

Bathing, Dressing, Walking, Transferring, Self-Feeding,  
Toileting

## Instrumental Activities

Housework, Preparing Meals, Taking Medications,  
Shopping, Ability to use Transportation, Manage Money



DREXEL UNIVERSITY

College of

Nursing and Health Professions

# INNOVATIVE MODELS

By Sarah L. Szanton, Bruce Leff, Jennifer L. Wolff, Laken Roberts, and Laura N. Gitlin

DOI: 10.1377/hlthaff.2016.0140  
HEALTH AFFAIRS 35,  
NO. 9 (2016): 1558–1563  
©2016 Project HOPE—  
The People-to-People Health  
Foundation, Inc.

## AGING & HEALTH

# Home-Based Care Program Reduces Disability And Promotes Aging In Place

**Sarah L. Szanton** (sszanto1@jhu.edu) is an associate professor of nursing and of health policy and management at Johns Hopkins University, in Baltimore, Maryland.

**Bruce Leff** is an associate professor of medicine and nursing at Johns Hopkins University.

**Jennifer L. Wolff** is an associate professor of health policy and management at Johns Hopkins University.

**Laken Roberts** is PhD student in nursing at Johns Hopkins University.

**Laura N. Gitlin** is a professor of nursing and medicine at Johns Hopkins University.

**ABSTRACT** The Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program, funded by the Center for Medicare and Medicaid Innovation, aims to reduce the impact of disability among low-income older adults by addressing individual capacities and the home environment. The program, described in this innovation profile, uses an interprofessional team (an occupational therapist, a registered nurse, and a handyman) to help participants achieve goals they set. For example, it provides assistive devices and makes home repairs and modifications that enable participants to navigate their homes more easily and safely. In the period 2012–15, a demonstration project enrolled 281 adults ages sixty-five and older who were dually eligible for Medicare and Medicaid and who had difficulty performing activities of daily living (ADLs). After completing the five-month program, 75 percent of participants had improved their performance of ADLs. Participants had difficulty with an average of 3.9 out of 8.0 ADLs at baseline, compared to 2.0 after five months. Symptoms of depression and the ability to perform instrumental ADLs such as shopping and managing medications also improved. Health systems are testing CAPABLE on a larger scale. The program has the potential to improve older adults' ability to age in place.

# Housing Considerations

---

Table 1. Top Ten Common Repairs or Modifications to Support Functional Goals of Community Aging in Place, Advancing Better Living for Elders Participants

---

- Install railings in stairwells
  - Install or tighten railings at home entrances
  - Install grab bars in tub area
  - Install nonskid safety treads for tub or shower floor or supply rubber bath mats
  - Improve lighting (repairs, motion sensor lights, bulbs)
  - Repair holes, broken tiles, or tears in linoleum flooring
  - Install raised toilet seats
  - Add chain extensions to ceiling fans and lights
  - Install flexible shower hoses
  - Install doorbells
- 

Szanton et al 2015



DREXEL UNIVERSITY

College of

Nursing and Health Professions

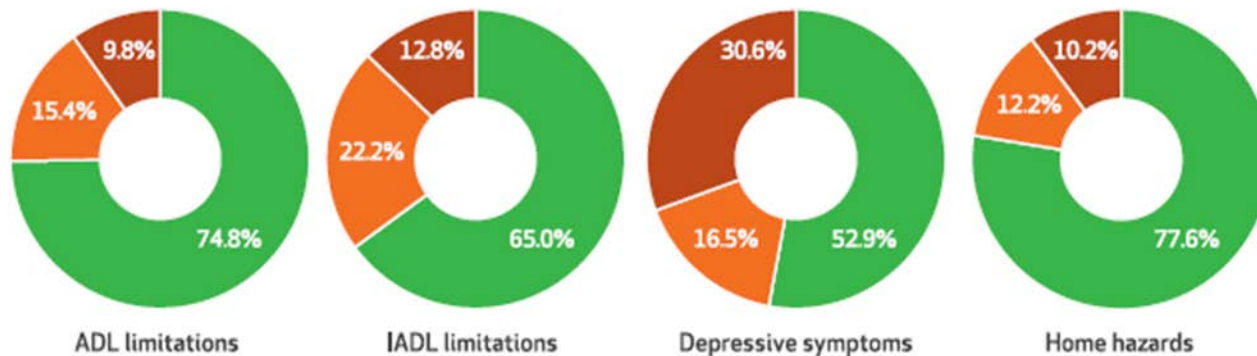


# Outcomes

## EXHIBIT 1

Changes in limitations in activities of daily living (ADLs) and instrumental activities of daily living (IADLs), depressive symptoms, and home hazards among participants in the CAPABLE study

■ Improved ■ Stayed the same ■ Worsened



**SOURCE** Authors' analysis. **NOTES** The percentages show the shares of participants who improved, stayed the same, or did worse in any category from a baseline level to five-month follow-up. CAPABLE is Community Aging in Place, Advancing Better Living for Elders.

Szanton et al, 2016



DREXEL UNIVERSITY

College of

Nursing and Health Professions

**THANK YOU**



DREXEL UNIVERSITY

College of

Nursing and Health Professions