

from testing CAPABLE in 3 cities in Michigan through a program called MI-CAPABLE. The 5th will present efforts by the AARP Foundation to scale CAPABLE through multiple channels and markets. The discussant will provide perspectives on barriers and opportunities to implement CAPABLE in diverse income settings and global health context.

CAPABLE IS ASSOCIATED WITH DECREASED DISABILITY IN LOW INCOME OLDER ADULTS IN BALTIMORE

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We present final results from the 281 CAPABLE participants in a CMMI project. Participants were low-income, cognitively intact, older adults with functional difficulty. They were 74.9 (SD=7.4) years old and predominantly African American (80%) women (83%). They had an average of 3.3 (SD 1.33) chronic conditions and reported difficulty in 3.9 (SD 2.04) out of 8 activities of daily living at baseline. Five months later, at the conclusion of the program, participants had difficulty with only 2.0 (SD 2.05) of 8 ADLs. 75% of the study participants reported difficulty with fewer ADLs at follow-up. In multivariate models, age, race, and depressive symptoms at baseline were not related to improvements. Depressive symptoms improved in 53% of the cohort. Home hazards decreased from an average of 3.3 hazards (SD=1.83) to 1.4 hazards (SD=1.14). Participants who had been hospitalized in the prior year benefited as much as their non-hospitalized counterparts ($p=0.14$).

THE INFLUENCE OF INTRA- AND EXTRA-INDIVIDUAL FACTORS ON THE ASSOCIATION BETWEEN FUNCTIONAL PERFORMANCE AND DISABILITY

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Disability is a serious health outcome in older adults, as it increases the risk for further functional decline, injuries and falls, institutionalization and even mortality. Disability reflects the gap between an individuals abilities and the environment in which that person functions. Consequently, in this study the moderating effects of environmental factors (i.e., home hazards) on the pathway from physical performance towards disability were studied using the baseline data of the CAPABLE study. Mean age of the the sample ($n=300$) was 75.7 years and 88% was female. The average

score on the Short Physical Performance Battery were 4.9 (theoretical range 0–12, higher scores indicate better performance) and 4.0 and 5.9 for ADLs and IADLs, respectively (theoretical range 0–16, higher scores indicate more disability). Older adults had on average 8.8 home hazards. Preliminary analyses showed main effects of both home hazards and physical performance and some interaction effects on ADLs and IADLs.

COST SAVINGS FOR CAPABLE PROGRAM DRIVEN BY DECREASES IN HOSPITAL AND LONG-TERM CARE FOR PARTICIPANTS

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The direct cost for CAPABLE program participation, including visits, coordination, mileage, home repairs, modifications, and assistive devices, was \$2825 per participant. In a population of low income participants we used finite mixture model regression estimates in a Markov model to estimate monthly average expenditure and likelihood of high cost or low cost utilization for eight healthcare service categories. We found that Medicaid spending was \$833 less per month for the average CAPABLE participant, compared to a matched comparison group in the observation period (observations ranged from 6 –24 months). While home health care utilization and primary care provider visits increased, the CAPABLE program was associated with decreased likelihood of hospital and long term care which drives overall lower spending in participants. The extent of the decrease could pay for program participation, as well as provide further savings for Medicaid.

IMPLEMENTING CAPABLE (COMMUNITY AGING IN PLACE FOR BETTER ELDERLY LIVING) AS MICAPABLE IN A WAIVER

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Normalization Process Theory was used to adapt CAPABLE to MiCAPABLE for a Medicaid Waiver adding social workers (SWs) to address psychosocial needs, and modifying the electronic health record to monitor fidelity. The Home and Community Based Medicaid Waiver serves low-income, nursing home eligible adults in the community to delay institutionalization. Kotter Change model guided implementation of MiCAPABLE for 55 participants at 3 Waiver sites. Mean age was 66.8 years (standard deviation 11.64, range 42–96), 83.64% ($n=46$) female, and 71.15% ($n=37$) Caucasian, 25.00% ($n=13$) African American. Mean occupational therapist (4.26 [SD 1.65]), RN (3.13 [SD 1.12]), SW (1.79 [SD 1.53]) visits; 2.83 (SD 0.89) interdisciplinary coordination events. Enrollment/data collection is ongoing. Reductions in falls, depression, pain, institutionalization, and cost will be reported. We will also present lessons learned in adding a new component to an established model. Testing implementation of adapted interventions is recommended prior to scaling-up to improve sustainability.