

Tailoring Your Knowledge Translation Strategies for Your Intended Users

KTDRR's 2023 Virtual KT Conference

November 6, 8, and 9

Center on
**KNOWLEDGE TRANSLATION FOR
DISABILITY & REHABILITATION RESEARCH**

Making Older Adults More CAPABLE: Lessons Learned Implementing an Aging-in-Place Program

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National Rehabilitation
Research and Training Center
on Family Support

Disclosures and Partnerships

- ▶ The National Institute on Disability, Independent Living, and Rehabilitation Research (90RTGE0002)
- ▶ Johns Hopkins School of Nursing
- ▶ Community Partners: Allegheny County Area Agency on Aging, Residential Resources
- ▶ Interventionists: Traci Herc (OT) and Paula McKinley (RN)
- ▶ Study Team Members: Everette James, Tucker Alchin, Kayla Valente, Junha Park, Caylee Yanes, Molly Ennis, Ava Giatras

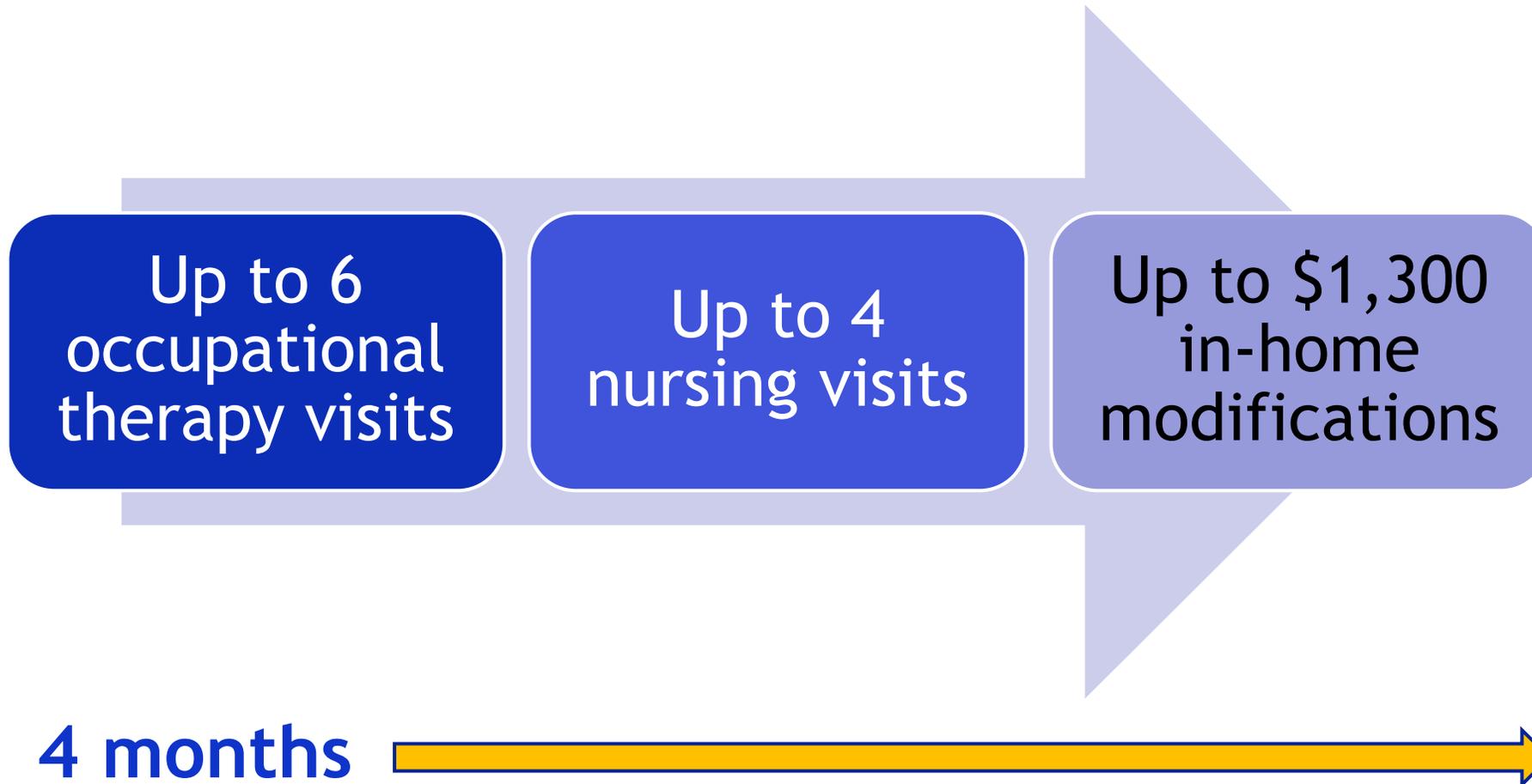
CAPABLE Background

- ▶ Community Aging in Place – Advancing Better Living for Elders (CAPABLE)
- ▶ A person-centered intervention delivered in the home to help older adults age in place
 - Assessment, goal setting, problem-solving, home modifications

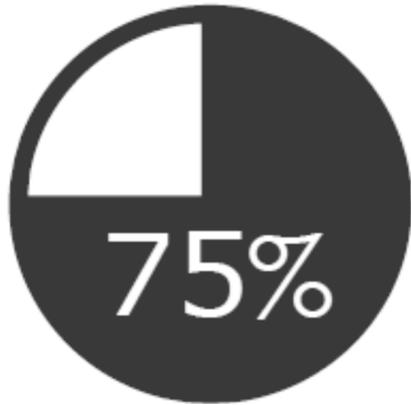


(Szanton et al., 2011)

What Is the Timeline?



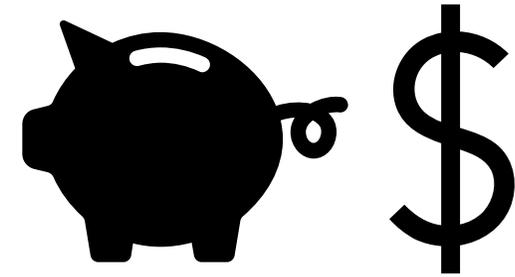
Outcomes Demonstrating CAPABLE Success



**Improved their
independence in daily
activities**



**Cut their disability in half
(# of self-care tasks with
difficulty)**



**\$3K cost yielded \$30K
savings in inpatient &
outpatient expenditures**

(Szanton et al., 2017, 2019)

Need for Our Project

- ▶ CAPABLE has not been implemented and tested in an Area Agency on Aging (AAA) with consumers who are not eligible for Medicaid waivers
- ▶ CAPABLE has not included care partners.

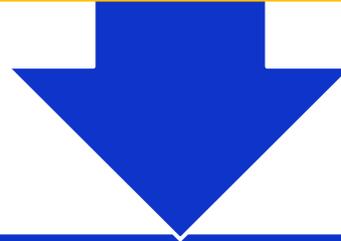
Our Project Timeframe

Pilot Test CAPABLE with AAA and Care Partners (2020-2021)

Pilot with older adults and care partners (n=12)

Telephone-based individual interviews with older adults and care partner ('dyads') interested in CAPABLE (n=10)

Focus groups with administrators and case managers from AAA (n=14)



Deliver CAPABLE and disseminate products (2022-2024)

Deliver program to older adults and care partners (n=90)

Communicate with AAA about needs and progress, hold interventionist meetings to discuss needs and successes, intervention progress monitoring

Consolidated Framework for Implementation Research (CFIR)

Intervention characteristics

Adaptability

- (+) Adding care partner to intervention
- (+) Expanding inclusion criteria related to disability

Complexity

- (-) Number of interventionists
- (-) Length of service
- (-) Adding care partner

Cost

- (+) Low-cost attractive to agencies
- (+) Free to older adults
- (-) Unable to cover higher cost modification (e.g. stairglide)

Outer setting

Client needs and resources

- (-) Initial referrals inappropriate or unable to tolerate intervention (e.g. disability, caregivers)

Inner setting

Networks and communication

- (+) New enrollees
- (+) Study screen for cognition
- (+) Care partner; physical or social support
- (-) Large number of care managers within an agency

Characteristics of individuals

Knowledge and beliefs

- (+) Intervention targets preventing or delaying need for additional HCBS
- (+) Experience working in the community with older adults
- (-) Different model than home health

Self-efficacy

- (+) Ability to establish rapport with dyad

Process

Planning

- (+) Standardized assessment tool
- (+) Electronic documentation
- (+) Flowchart for visits
- (-) Need duplicate information sheets

Executing

- (+) Value and purpose of visits
- (-) Electronic documentation
- (-) Scheduling visits with dyads
- (-) SAFER HOME

Reflecting and evaluating

- (+) Goal setting
- (-) Some inappropriate dyads



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Special Issue: Implementation Science in Gerontology: Intervention Research

Implementing CAPABLE With Care Partners Through an Area Agency on Aging: Identifying Barriers and Facilitators Using the Consolidated Framework for Implementation Research

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Our Project Timeframe (cont'd)

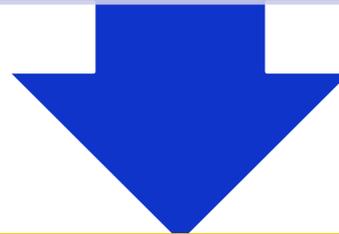


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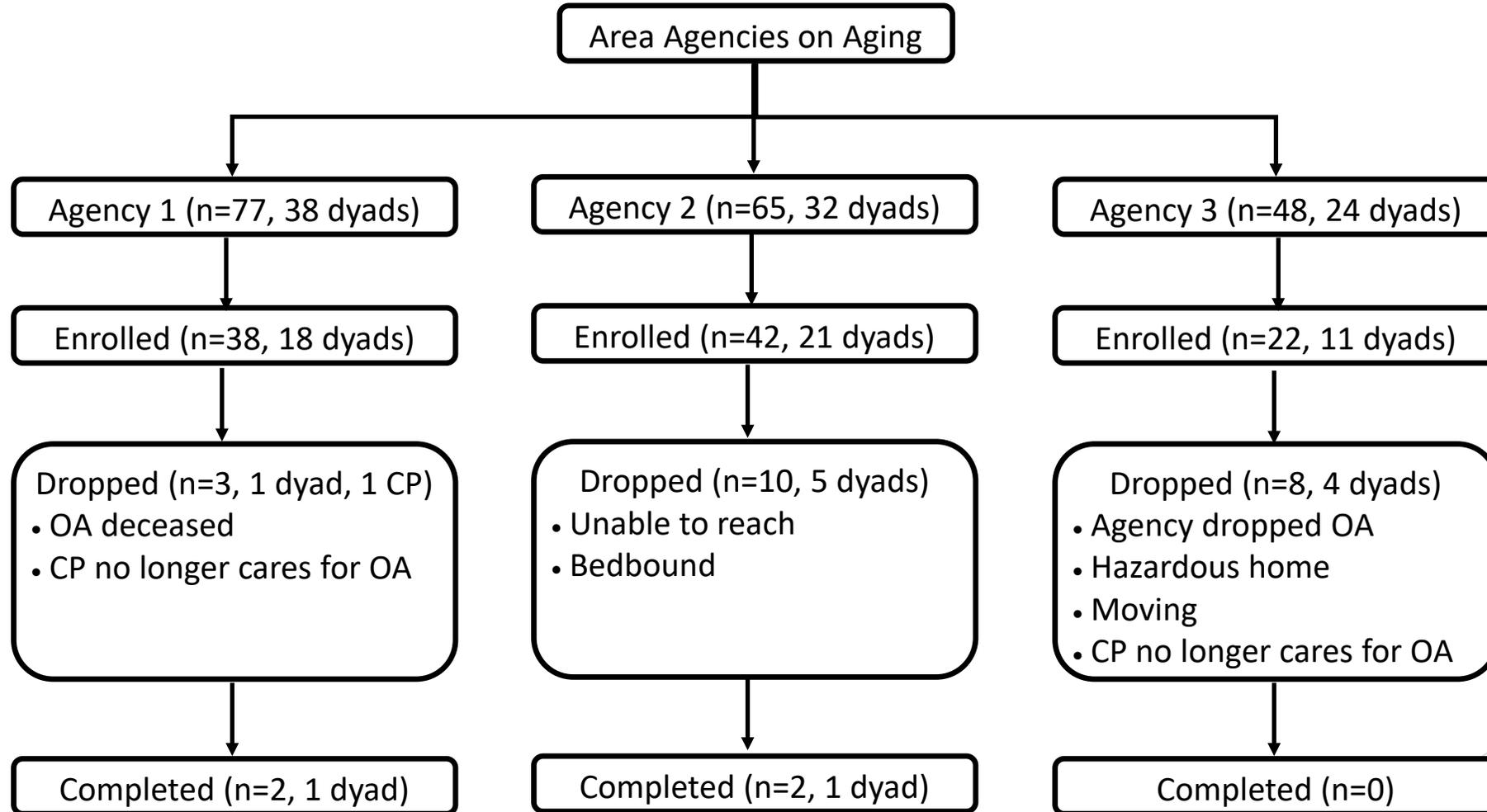


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Current Status



Barriers Identified During Implementation

Data Source	Barrier	Evidence
AAA communications	Limited number of referrals for potential participants	Average referrals/agency = 2/month
Team meetings	Referrals do not meet eligibility criteria	Enrollment rate from referrals = 53%
Participant logs	Many participants enrolled in CAPABLE do not complete the program	Program completion rate = 63%

Strategies to Address Barriers

Few Referrals

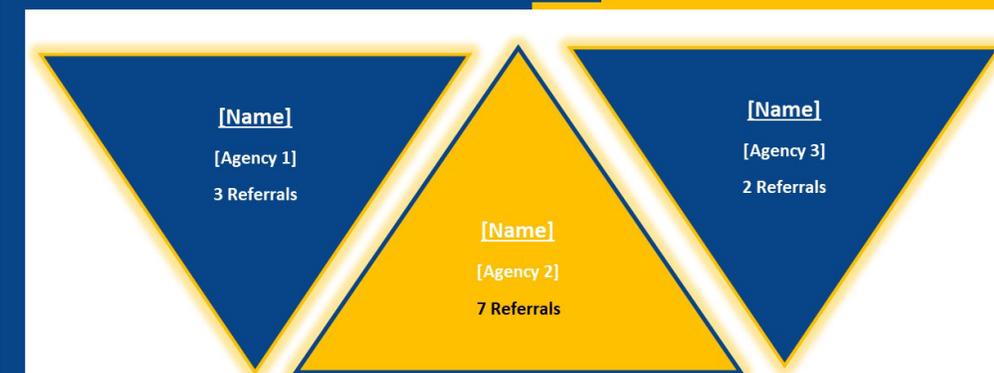
- Expanded eligibility criteria
- Sent routine progress updates to AAA

Poor Program Fit

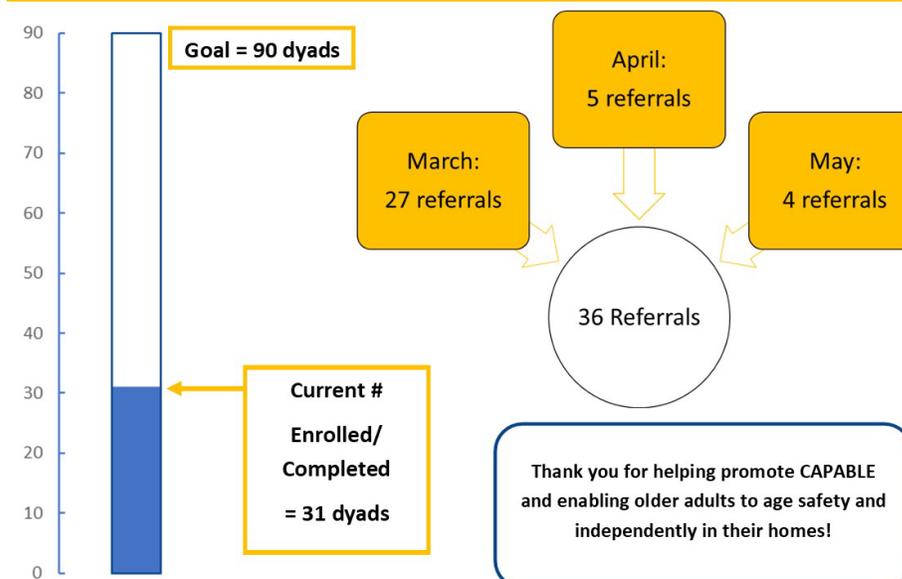
- Prioritized educational meetings with the AAA

Low Program Completion Rate

- Tailored intervention duration to participant needs
- Decreased time between referral, baseline visit, and first program visit



Status Update (March—May)



PARTICIPANT 21 CAPABLE SUMMARY

02/10/22

RECEIVED REFERRAL
FROM:
LIFESPAN

STUDY ACTIVITIES

Start Date: 02/17/22
End Date: 10/17/22
Number of Visits: 4 OT visits, 4 RN visits

GOALS SET:

INCREASE STRENGTH & MOVE SAFELY AROUND HOUSE

- Limited activity
- Unable to walk up steps
- Fear of falling



PROBLEM AREAS

ADDRESS INCONTINENCE

- Occasional leaking when moving toward bathroom
- Wears depends all the time

ADAPTED ENVIRONMENT & TAUGHT PROBLEM SOLVING

- Walked around home without cane.
- Made home modifications: grab bars.
- Used grab bars to steady self around the house.

SUCCESSFUL STRATEGIES



TAUGHT EXERCISES

- CAPABLE Exercises & kegel exercises practiced.
- Able to make it to the bathroom without leaking.

GOALS ACHIEVED:

IMPROVED
MOBILITY IN THE
HOME &
ADDRESSED
INCONTINENCE



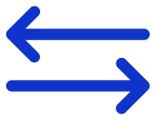
Key Takeaways



- ▶ Communicating regularly with study partners and interventionists helps to identify implementation barriers early.



- ▶ Sharing success with the team during project implementation can reinforce study purpose and needs.



- ▶ Adapting project activities, while maintaining intervention fidelity, can improve retention.

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Thank you!

- ▶ Questions?
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Q&A

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