The evidence for health, social care and technological interventions to improve functional ability of older adults are unevenly distributed across intervention areas.

The evidence for health, social care and mobility interventions to improve functional ability of older adults includes mostly home-based rehabilitation and health services delivered by visiting healthcare professionals, and is of low or critically low quality.

What is this evidence and gap map (EGM) about?
By 2030, the global population of people older than 60 years is expected to be higher than the number of children under 10 years, resulting in major health and social care system implications worldwide. Without a supportive environment, whether social or built, diminished functional ability may arise in older people.

Functional ability comprises an individual’s intrinsic capacity and people’s interaction with their environment, enabling them to be and do what they value. This map assesses the evidence on home-based health and social care as well as mobility interventions to improve functional ability of older adults living at home.

What studies are included?
The EGM includes randomized controlled studies and systematic reviews that assess the effect of interventions to improve functional ability of older adults living at home or in other places of residence. The interventions were classified as home-based health, social care, and mobility interventions. Impact on body function and structures as well as activities were considered as outcomes.

There are 548 included studies (120 systematic reviews and 428 randomized controlled trials) in the map.

What is the distribution of evidence?
The most common interventions were home-based rehabilitation for older adults (n = 276) and home-based health services for disease prevention (n = 233), mostly delivered by visiting healthcare professionals (n = 474).
There was a relative paucity of studies on personal mobility, building adaptations, family support, personal support and befriending or friendly visits.

The most measured intrinsic capacity domains were mental function (n = 269) and neuromusculoskeletal function (n = 164). The most measured outcomes for functional ability were basic needs (n = 277) and mobility (n = 160). There were few studies which evaluated outcome domains of social participation, financial security, ability to maintain relationships and communication.

There was a lack of studies in low- and middle-income countries (LMICs) and a gap in the assessment of health equity issues.

What do the findings of the map mean?

There is substantial evidence for interventions to promote functional ability in older adults at home, including mostly home-based rehabilitation for older adults and home-based health services for disease prevention. Remotely delivered home-based services are of greater importance to policy-makers and practitioners in the context of the COVID-19 pandemic.

This map of studies published prior to the pandemic provides an initial resource to identify relevant home-based services which may be of interest for policymakers and practitioners, such as home-based rehabilitation and social support, although these interventions would likely require further adaptation for online delivery during the COVID-19 pandemic.

There is need to strengthen assessment of social support and mobility interventions and outcomes related to making decisions, building relationships, financial security, and communication in future studies.

More studies are needed to assess LMIC contexts and health equity issues.