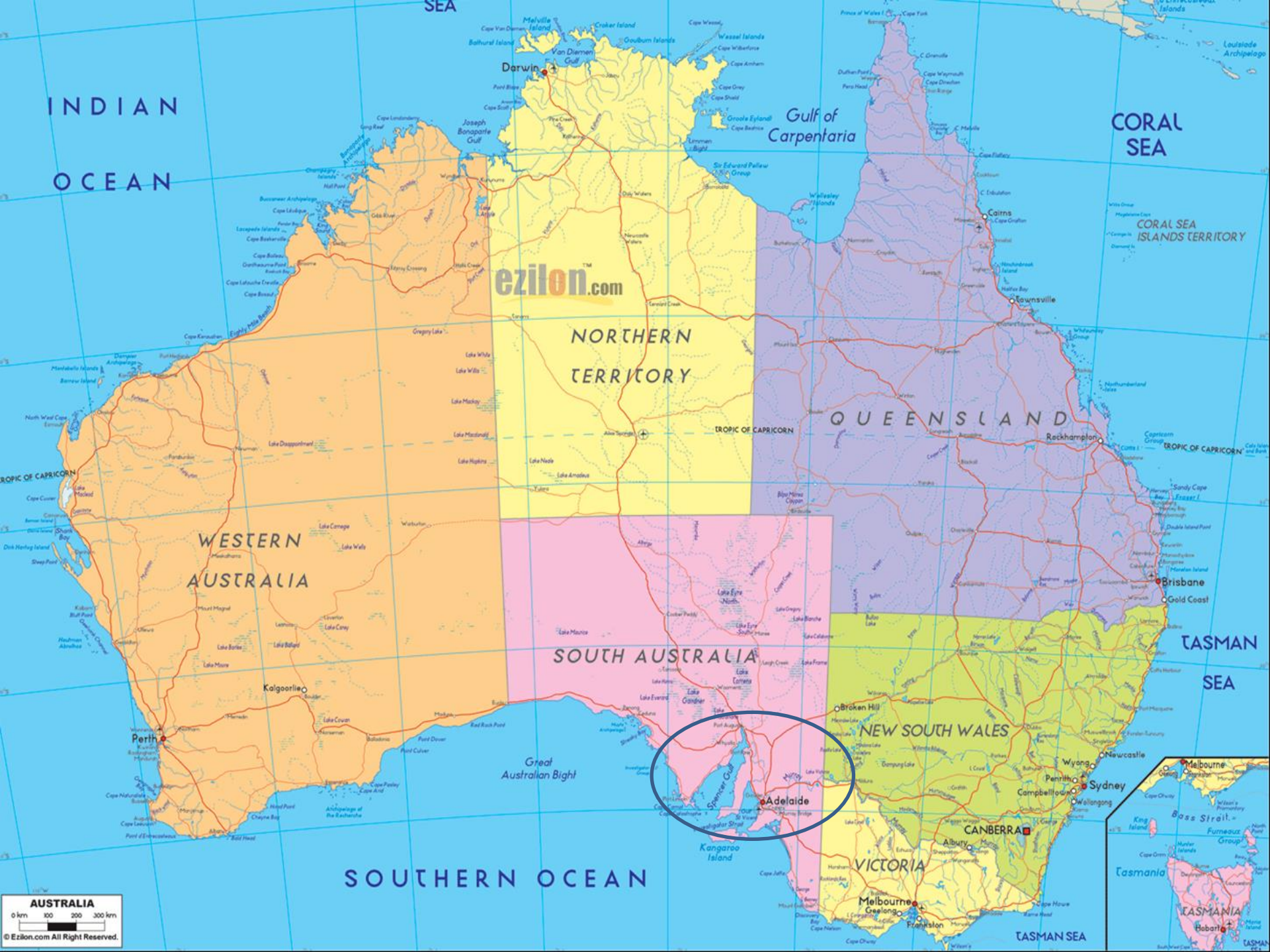




*An
operational
framework
for healthy
ageing*



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NORTHERN TERRITORY

QUEENSLAND

WESTERN AUSTRALIA

SOUTH AUSTRALIA

NEW SOUTH WALES

VICTORIA

TASMAN SEA

SOUTHERN OCEAN

AUSTRALIA
0 km 100 200 300 km
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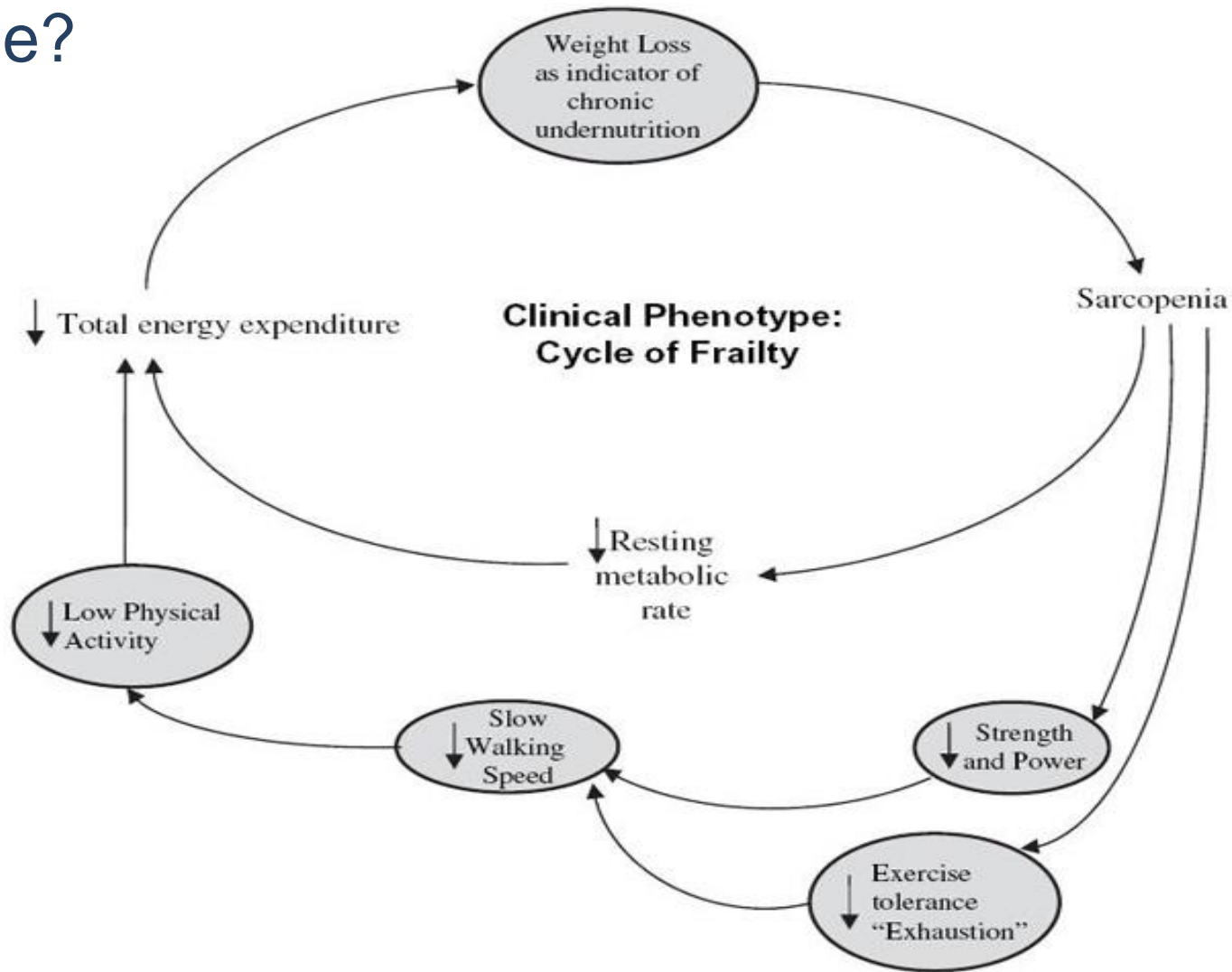
Highercombe, Hope Valley: case study



- ✓ 126 residents, mostly high care
- ✓ generally people over 85 yrs
- ✓ have 5-8 chronic illnesses and frailty; may have
- ✓ disabilities or physical and cognitive decline.
- ✓ Tell us they prefer to stay at home with support.

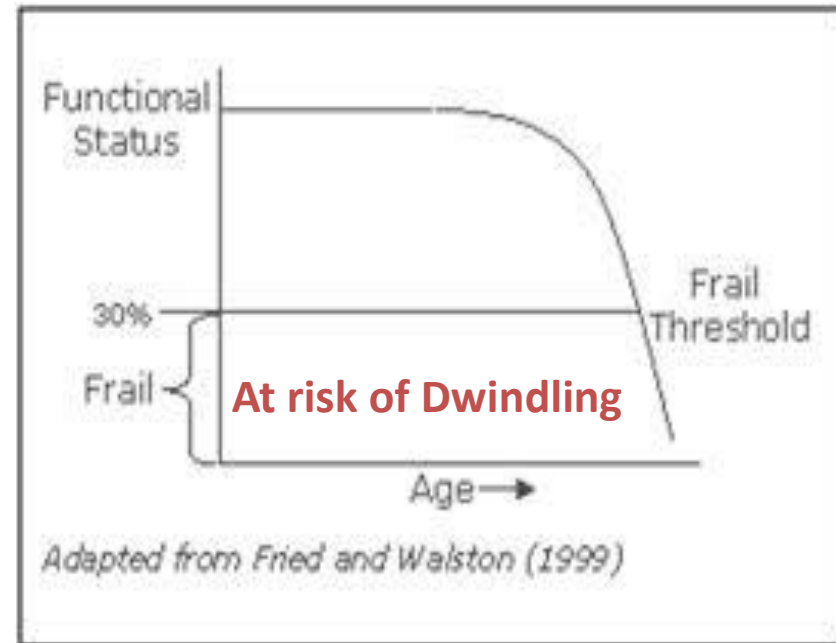


So what brings elderly people into residential care when their preference is to stay at home?



What are the characteristics of someone with frailty?

- Decreased strength & endurance
- Low physical activity
- Decreased independence with activities of daily living.
- Report being tired or exhausted and
- Underweight, having minimal appetite.



Lets talk about Dwindling



Good Lives for Older People



Increased likelihood of 'dwindling'

“a process characterised by slow but increasing functional loss resulting in dependence on high level care and a gradual decline towards death” (Ryburn, Wells & Foreman, 2008).



What did the literature tell us about residential aged care services in Australia?

- There is ***inattention*** to health promoting interventions for our customers
- The current service designs lack a theoretical and empirical base
- That older Australians fear a move into residential care, preferring instead an early death



Avoidable
decline

Is frailty and the consequences of frailty treatable?

■ Fried: Yes


- Improve physical function
- Improve nutrition

■ Rockwood: Yes

- Ameliorate deficits
- Treat disease
- Improve physiological reserve

Healthy ageing does not happen by chance!.

We planned a structured approach steeped in research from Health Promotion theory, ecological theory, health promoting settings, systems thinking and Positive Psychology theory to embed strategies and thinking that enable and promote the health and wellbeing of residents and staff.




Our aim was to increase
healthy life expectancy and
prevent avoidable decline


Steep decline in health, due to factors such as inactivity, can be reversed at any age. Our aim is to address the fitness gap of older people (see ① below) by encouraging and supporting them to participate in exercise based activity.



 *early life interventions*

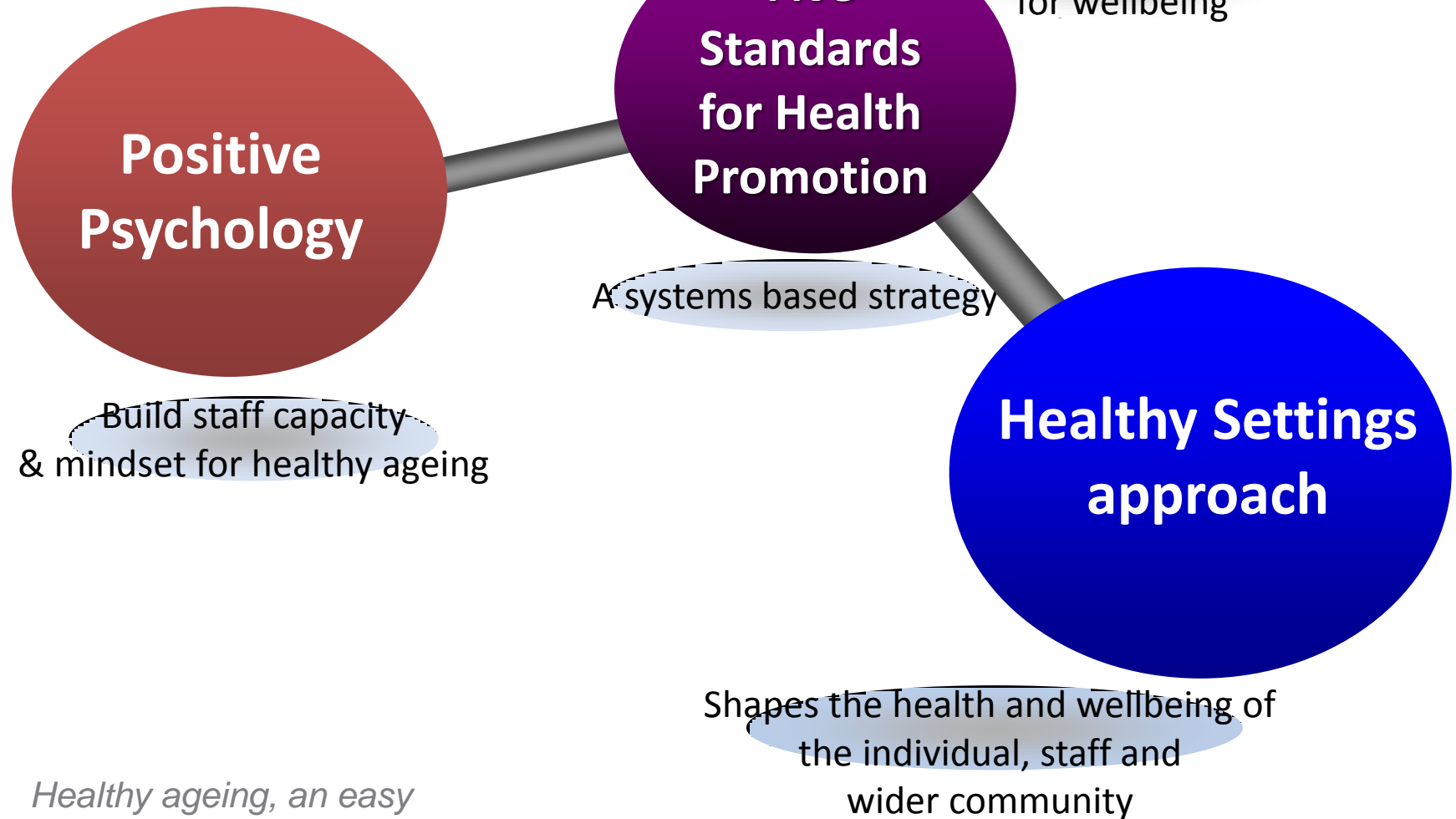
 *adult life interventions*

 *older age above the disability threshold*

 *below the disability threshold, where interventions improve the quality of life*

Exercise based activity can assist older people to remain above the disability threshold (see ②).

Healthy Ageing Approach



Healthy ageing, an easy choice

5 Standards for Health

Promotion guide our practices

St 1:
Health promoting
Services policy

St 2:
Assessment,
interventions
for health
promotion,
illness
prevention &
rehabilitation

St 3:
Information &
health literacy
for healthy
choices

St 4:
Healthy
workplace

St 5:
Partnerships
for Health
Promotion

We used positive psychology to build staff positive mindset

- **Positive character** – *scientific study* of traits, strengths, emotional intelligence
- **Positive emotions** – *scientific study* of thinking, feeling and doing to access more 'feel good' emotions
- **Positive organisations** – *scientific study* of 'enabling' environments
- **Positive health** – *scientific study* of building capacity to live well

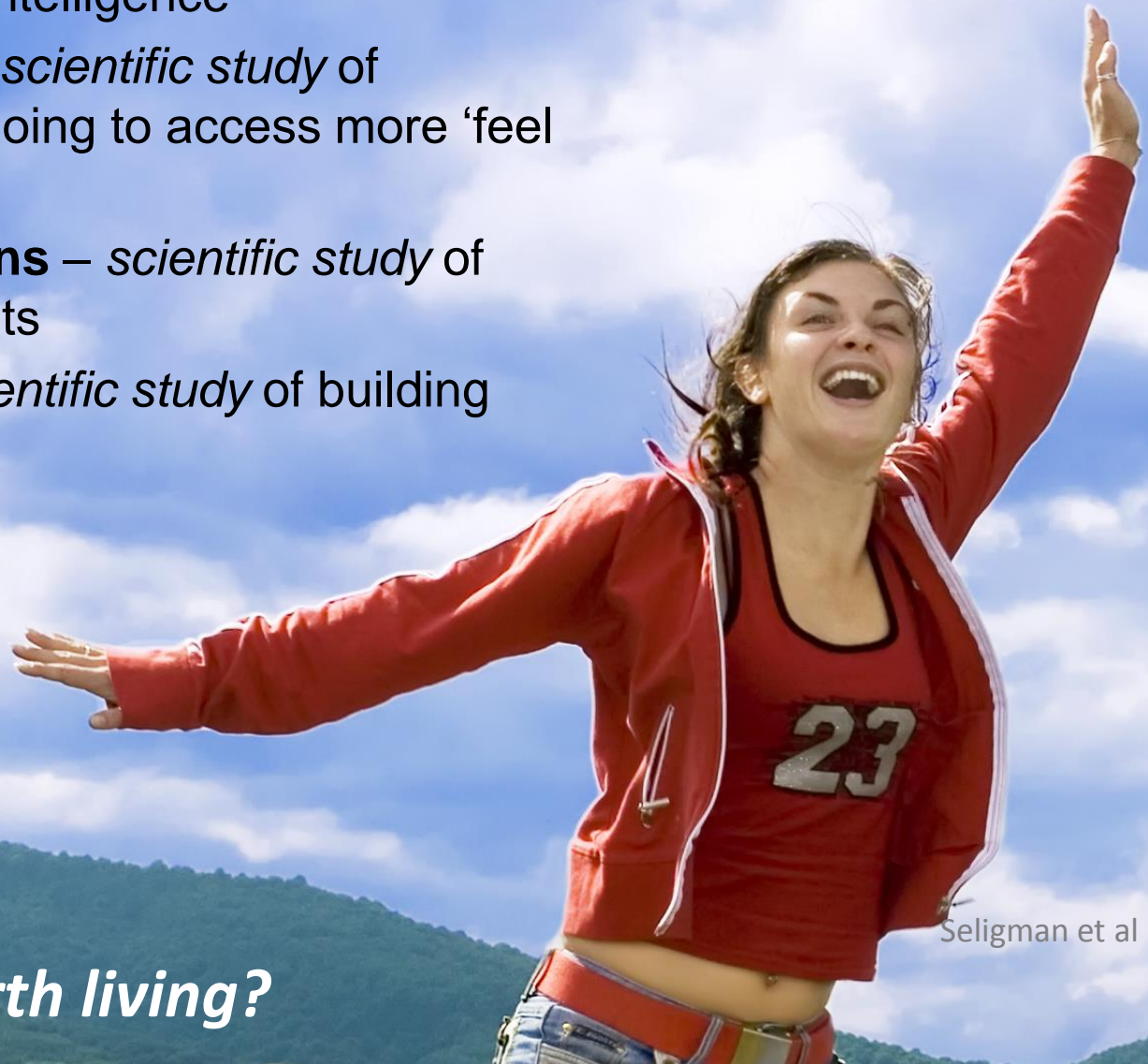
Positive emotion

Engagement

Relationships

Meaning

Accomplishment



Seligman et al 20

What makes life worth living?

the
DANCE
of leadership

RESPONSE

The capacity to respond rather than react, making a conscious choice, not acting out of habit

+

ABILITY

An individual's talent to exercise control over their own behaviour and over events that affect their life. This comes about through genuine self belief.

The science of well-being

Aspirational intentional actions to advance healthy ageing, which include:

Be Active

Keep learning

Take notice and engage

Connect with others

Access more positive emotion

Choose well and speak up

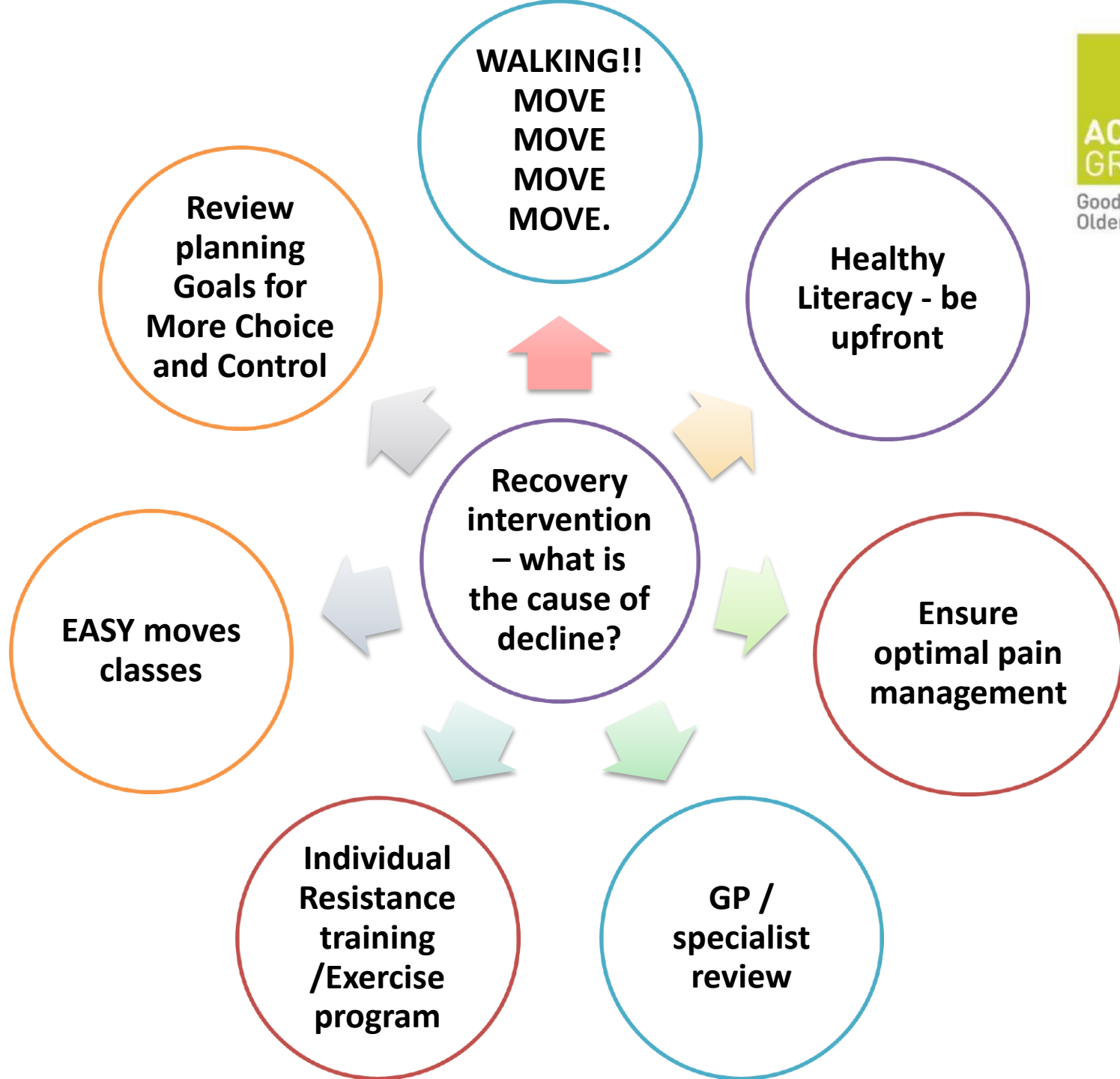
Knowledge Transfer: addressing the enablers & barriers within the setting & embed systems



Good Lives for
Older People



This systematic approach addressed low physical & social activity to promote recovery



An outcome model for health promotion



Measures included:

Social outcomes

- Quality of life – World Health Quality of life Bref + semi structured interviews
- Functional Independence & Equity: participation levels in social and physical activities - threshold

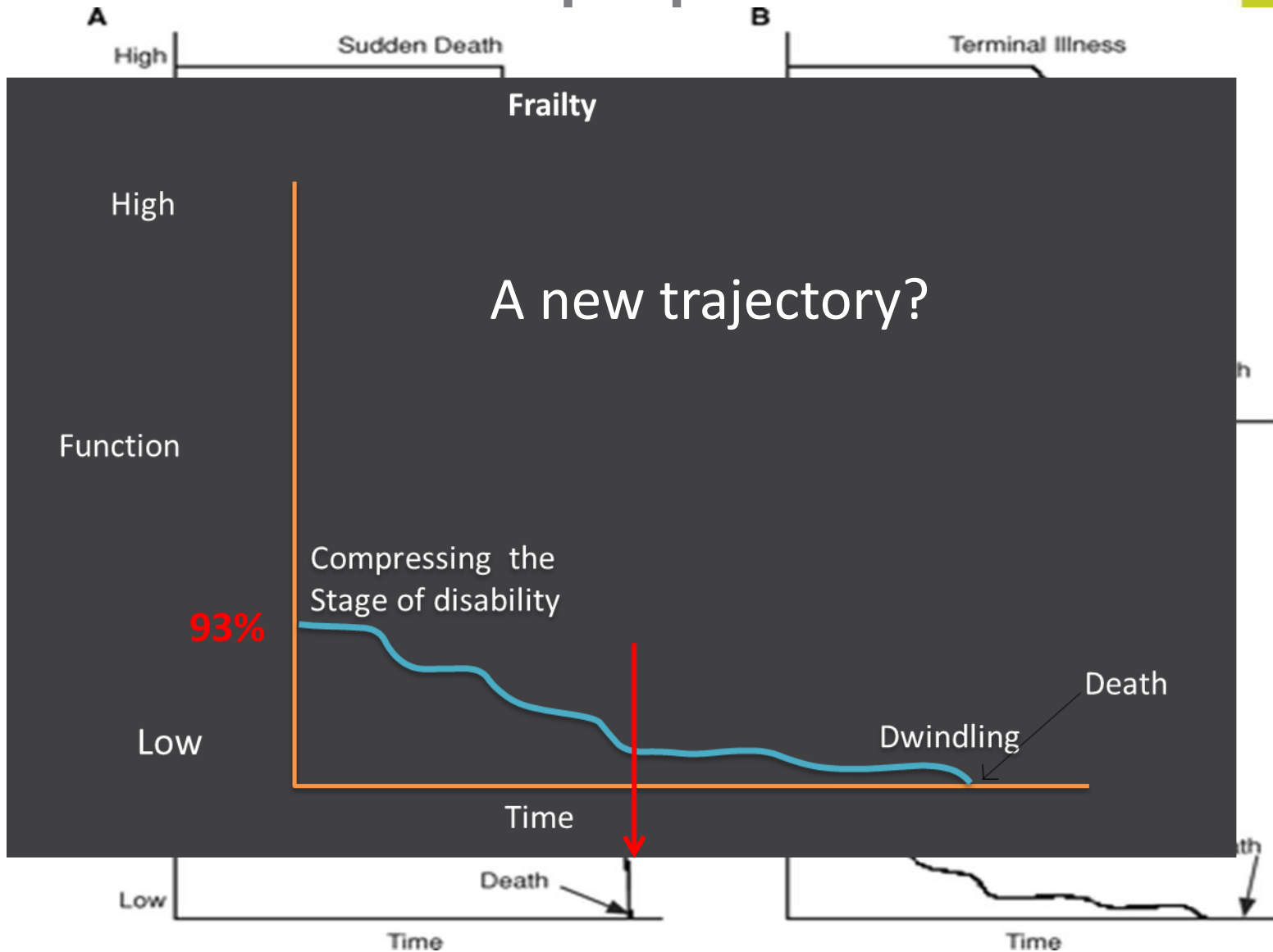
Health outcomes

- Disability – ambulatory status before death
- Reduced morbidity – early intervention & recovery

How older people function and



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.....Walk until you die!

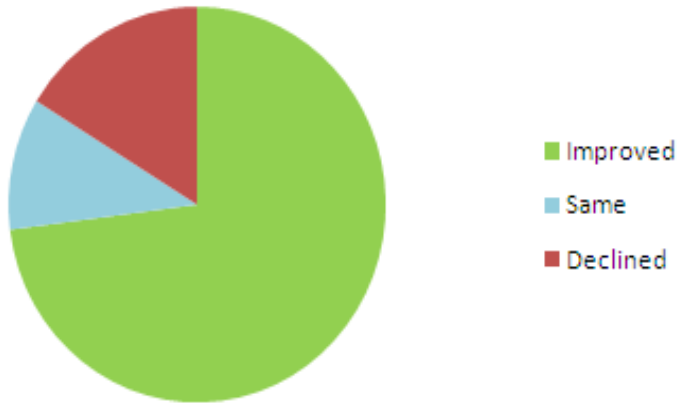
- Of our 30 residents who deceased in 2012, only 2 (7%) were non-ambulatory at time of death.
- The remaining 28 residents (93%) were continuing to walk up to their death, with the utilisation of various walking aids and levels of assistance.
- The most common ambulatory state was the ability to walk with the aid of a four wheeled walker and an assist (n = 19, 63%).

Measuring Resident quality of life using the WHOQOL-BREF

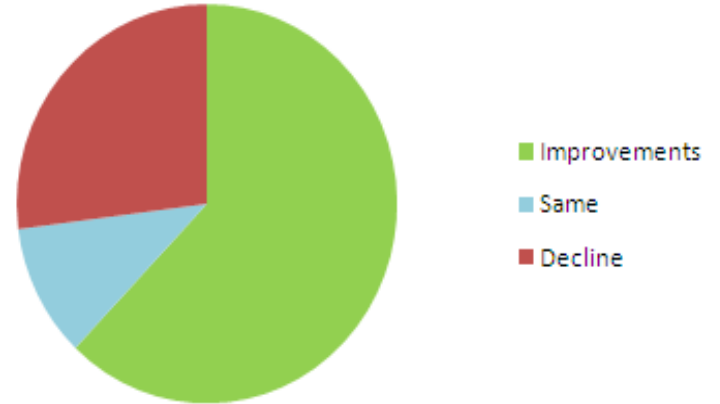


Good Lives for Older People

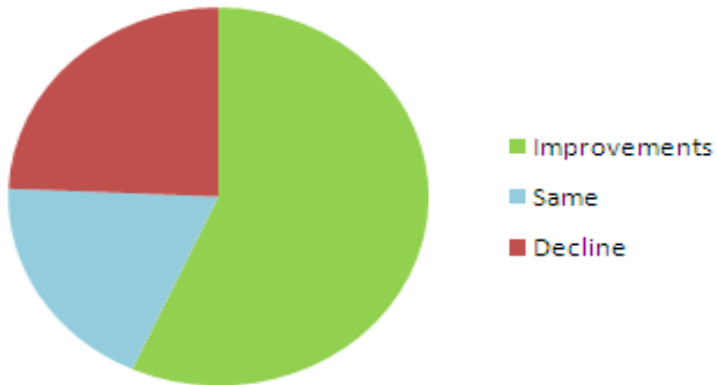
Physical Health QoL



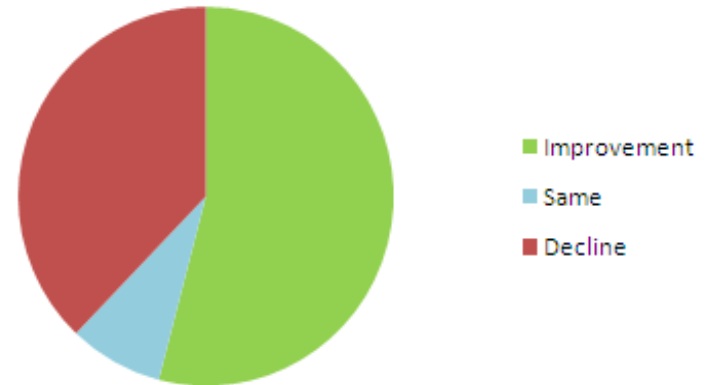
Change in Psychological QoL



Change in social relationships



Change in Environment QoL



What does healthy ageing mean in a residential home?



“I’m able to concentrate on the physical side with the help of the gymnasium program, the masseur which I have once a month – I have a full body massage. I’ve got physiotherapists who look after my back and leg problems. So actually, speaking again, I’ve got very little else I need to make my life any more pleasant” (Frank, 88)

“Well, I think what I do here is a good life because if I was home I wouldn’t be going to the gym and things like that. My arthritis is better since I’ve been here and exercising so much. I go to the gym twice a week and I go to the exercises four times a week” (Violet, 83)

Summary

With a systematic approach to integrating the physical and social enablers for healthy ageing the aged care setting has the ability to increase their customers healthy life expectancy, avoid preventable decline and improve their quality of life.

