



“Health has no Age” - Intermediate evaluation results of a comprehensive approach to develop residential aged care into a health promoting setting

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Krajic K, Cichocki M, Quehenberger V, Adamcik T



Overview

- Background
- Objectives and Design of the project „Health has no Age“
- Needs Assessment - results
- Intervention: Strategy development – experiences and results
- Discussion
- Preliminary Conclusions



Background

- Health Promotion becomes more accepted also for older people – e.g. “Healthy/Active Ageing”
- But LTC clients (severe and multiple health problems – chronic illness, functional impairment, frailty, dementia) have not yet been fully accepted for Health Promotion
- LTC staff is increasingly considered an important target for healthy workplace or health management programs
- Health promotion for relatives of LTC clients is getting more accepted, when relatives are primary informal carers; but hardly in residential care
- LTC settings have not been targeted by comprehensive settings development – although some come close to total institutions like prisons



Research Program

- A seven year interdisciplinary research program at LBI for Health Promotion Research – in collaboration with scientific, health policy and health promotion partners
- Overall subject is health promotion in organisational settings (Schools, hospitals, long-term care)
 - Using the setting for health promotion to reach target groups
 - Developing these settings into health promoting environments
- Program line HPL: focus on development of a knowledge base for health promoting residential care settings for the aged
- Literature analysis and development of a working concept
- Expert studies: needs and options for HP in LTC in GER + AUT
- Development of two large scale projects
 - Epidemiological research on health promotion needs of staff and residents in 8 German nursing homes (conducted by University Bielefeld)
 - Pilot project on comprehensive health promoting setting development in Vienna



Interventions on positive health : Examples for targets

	Body	Mind	Social Status
<u>Functional capacity</u> (judged by experts)	Hearing capacity eyesight Mobility	Orientation Ability to experience happiness Ability to communicate	Having friends, relatives sufficient money available
<u>Subjective Well-being</u> (Quality of Life)	No pain Feeling sufficiently strong	Feeling happy Feeling self-confident	Feeling well-supported, embedded Feeling needed
<u>Attractiveness</u> of the individual (perceived by others) on the basis of..	Others perceive my body as attractive	Others perceive me as intelligent	Others perceive me as commanding social resources

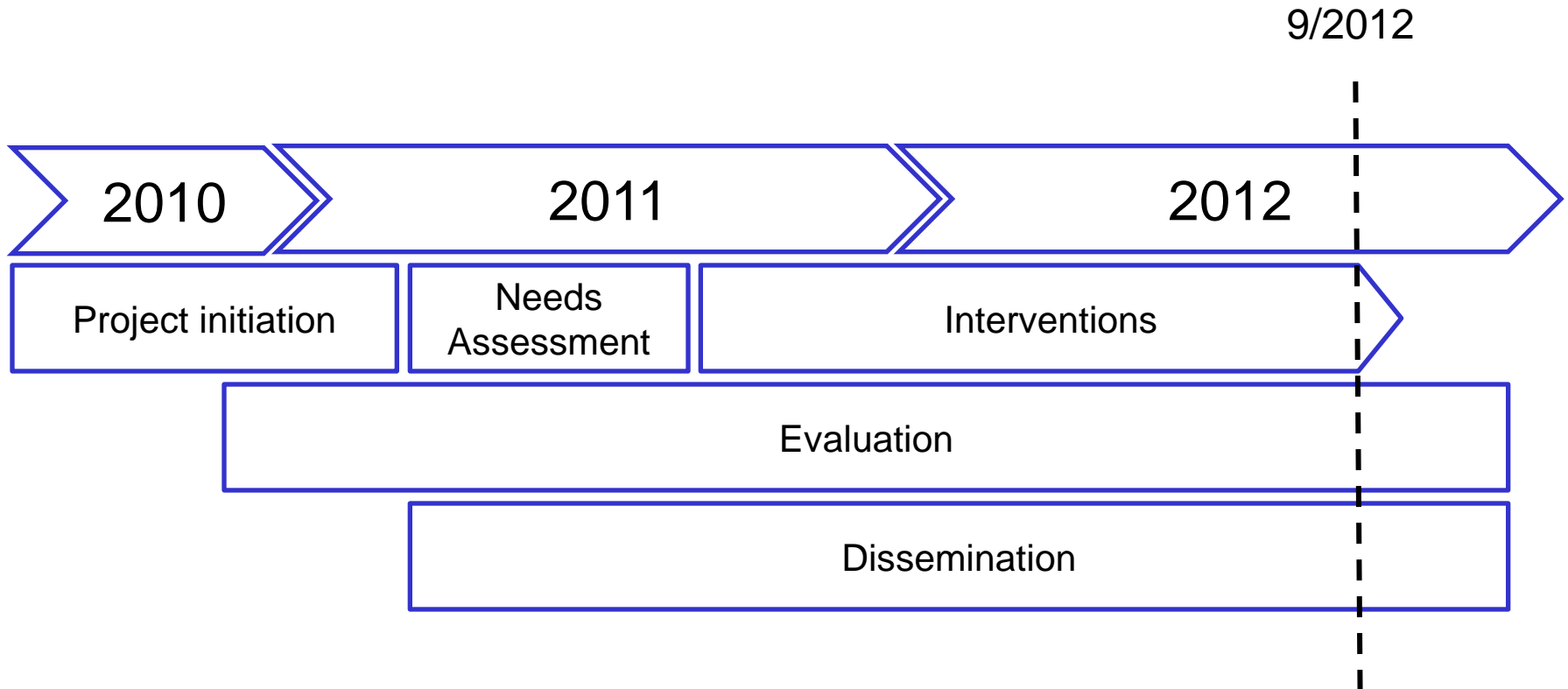


Vienna Project - „Health has No Age“

- Pilot project in 3 residential homes (900 residents/ 370 staff) in cooperation with
 - National and regional health promotion agencies, Austrian Social Insurance Association + KWP as important provider of residential care for the aged in Vienna (9000 residents in 31 institutions)
 - Combination of externally supported organizational/ quality development process and an experimental research program
 - Some external resources for local implementation
- Scientific aims
 - Test feasibility/ acceptability of a settings approach for health promotion in residential aged care
 - Test specific tools for needs assessment in residential homes as basis for development and also some epidemiologically relevant data
 - Evaluate organizational/ quality development process of including health promotion into the overall quality and developmental strategy of the organisation
 - Specify/ evaluate specific interventions (e.g. mobility enhancement)
 - Develop knowledge relevant for science, practice and policy



Project phases





Needs Assessment

Target group	Method	Based on	Plan	Outcome
Users	Interviews	WHOQOL-BREF, EQ5D, SLQA	300 persons	345 persons
	Professional assessment	EQ5D, NBA	300 persons	335 persons
Staff	Questionnaire	SALSA, COPSOQ, BGW	60% of 367 employees	235 (64%) employees
	7 health circles	Workplace Health Promotion	45 employees	46 employees
Relatives	6 focus groups		30-40 participants	40 persons
Voluntary workers	6 focus groups		30-40 participants	34 persons
Management	Self assessment	18+1 HPH strategies/ PRICES survey	3 institutions	3 institutions + central office



Users: Description of sample

- 345 out of 500 randomly selected interviews accomplished by external interviewers (with professional experience in Aged Care)
- Non-participants: only rarely lacking capacity, mainly refusals („no interest“)
- 72% living in apartments, the others mostly in ward-like structures
- 80% women
- 86 years in average
- 6 years average usage of residential care

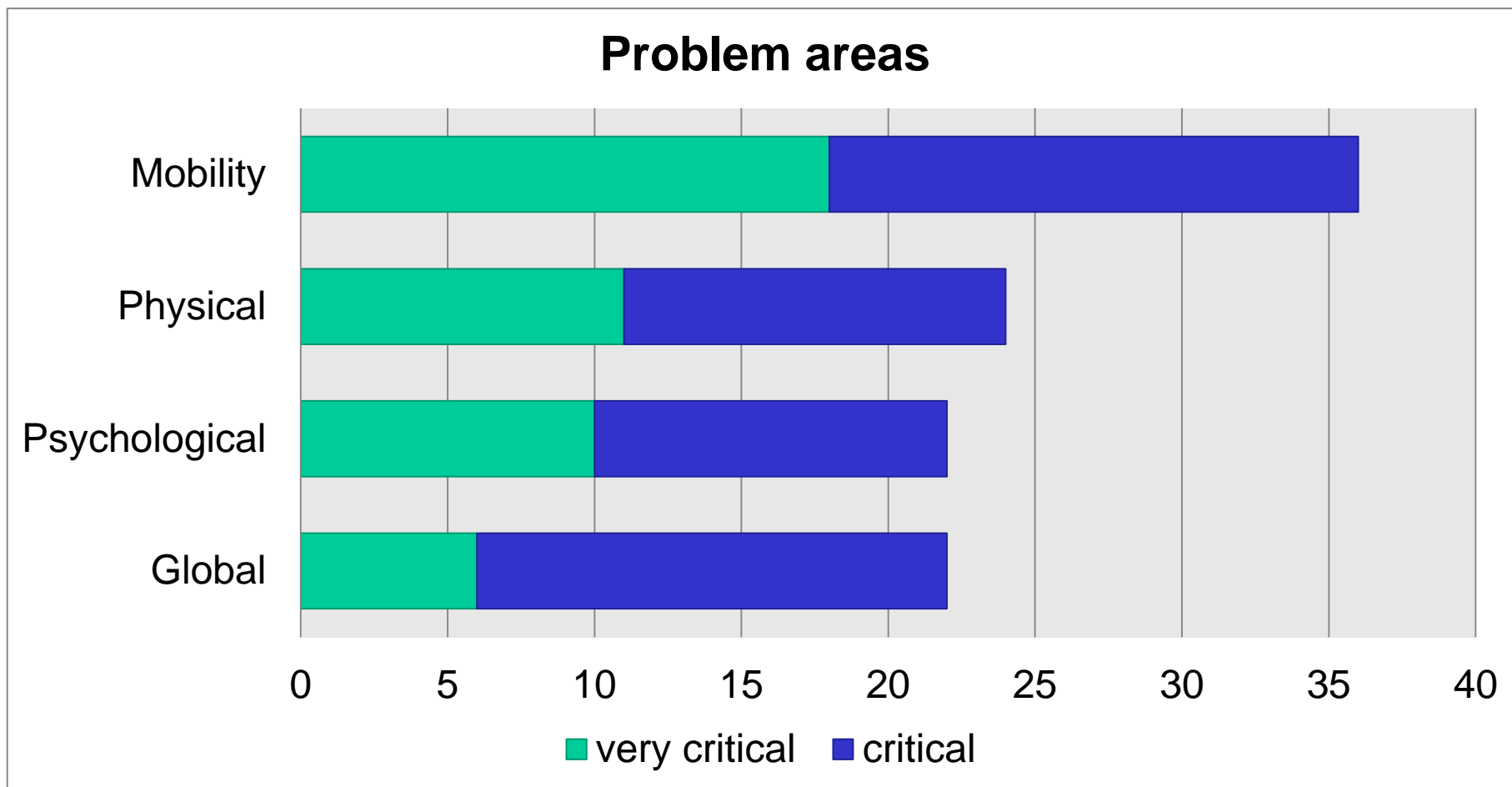


Users NA Results – some highlights

- The average social network size is not larger than 3 persons
- 45% have problems to move around
- 33% don't participate in activities of the institution
- 27% do not like the food in the institution
- 26% experience pain to a degree that hinders them in their daily activities
- 7% do not feel comfortable in the institution
- 7% do not feel accepted by the employees
- There are considerable differences between the three institutions concerning
 - Support for the enactment of autonomy / choice
 - Acceptance of residents by (some) staff members
 - Support in maintenance of devices (hearing aids etc.)

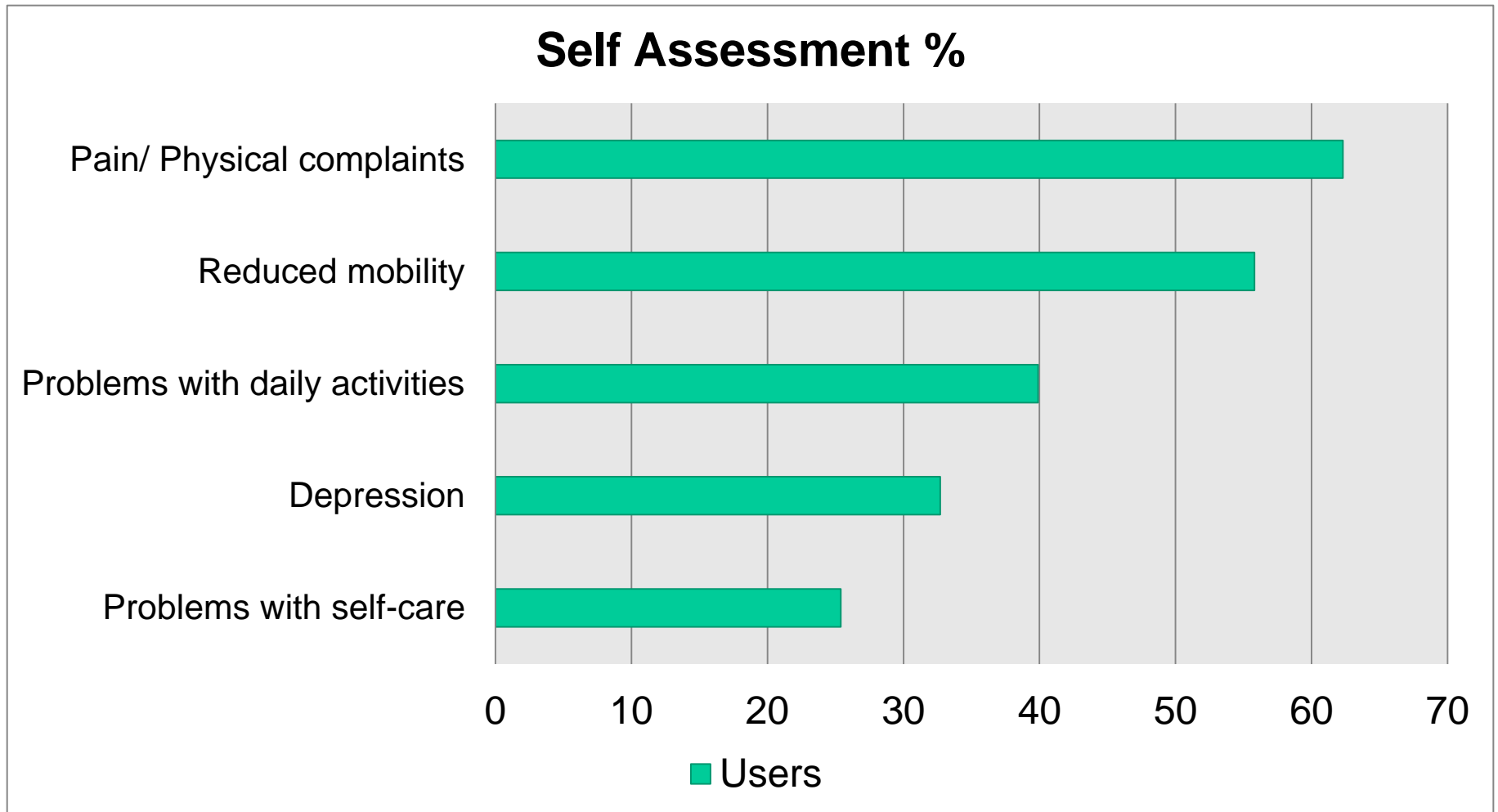


WHO.QoL- health-related quality of life



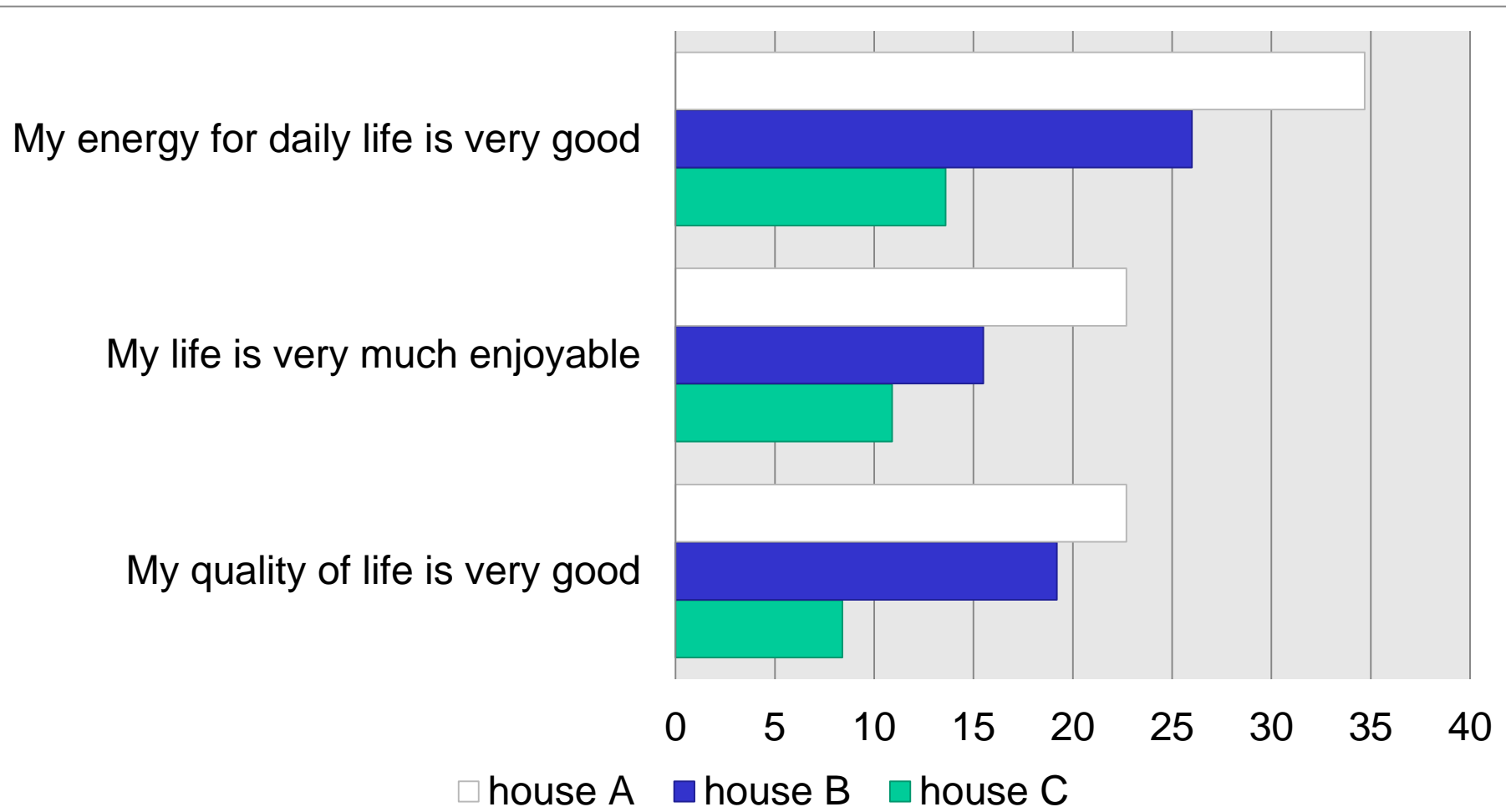


EQ5D – health status





WHO.QoL: Differences in perceived quality of live between organisations





Staff: Description of sample

- Size 235 (64% of 367 employees)
- 35% nursing staff (KWP 41%)
- 73% women
- 65% > 40 years
- 49% > 10 years in same profession
- 60% > 5 years with current employer
- 40% with migration background

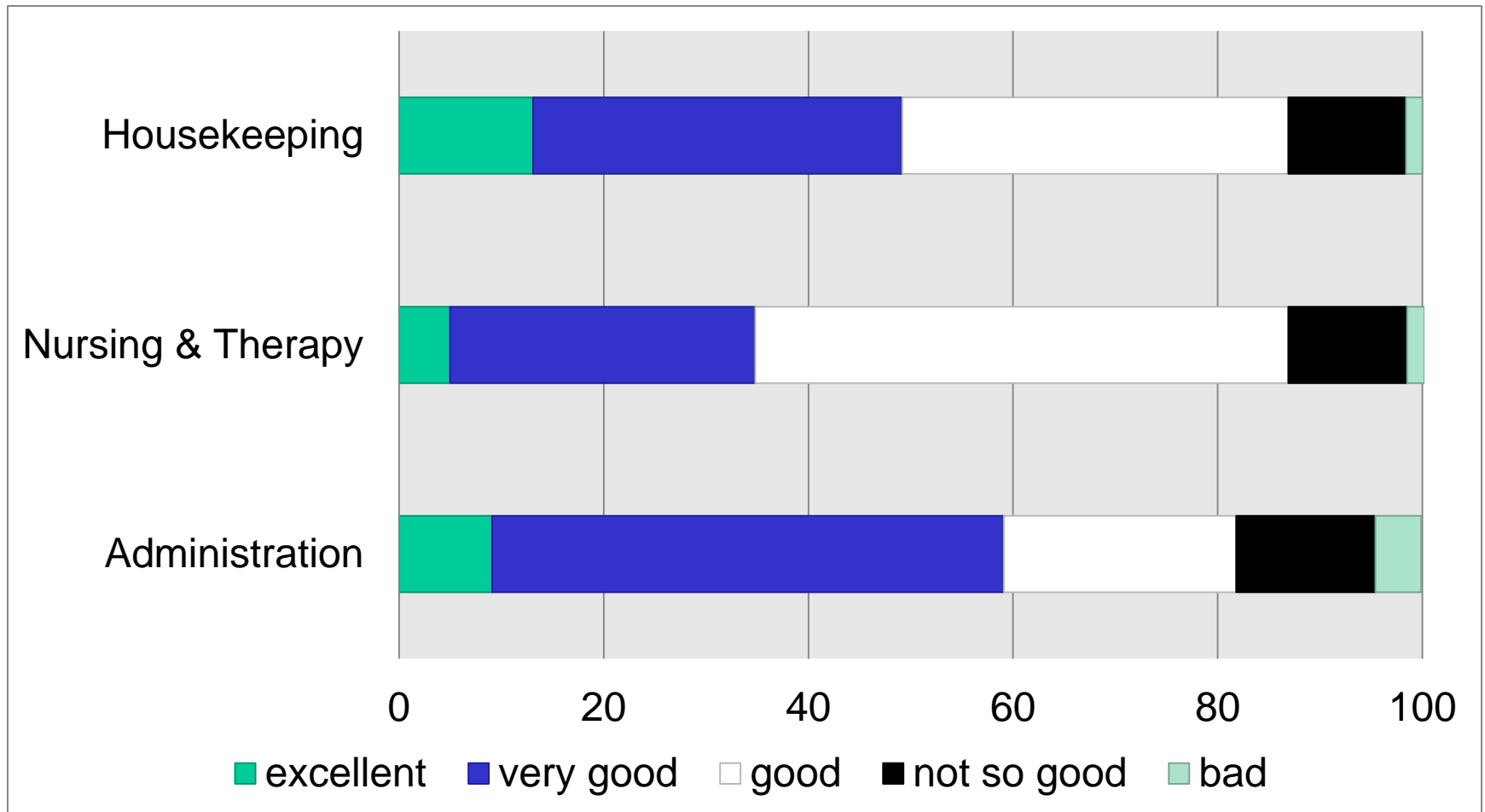


Staff NA Results: Examples

- 40% describe their health status as excellent or very good, another 43% as good
- Main pressures on work are time pressure, stress, lift/ carry heavy weights
- Main disorders on work are headaches, backaches, fatigue, exhaustion, muscle pain
- Indications of problems in leadership/ organisational culture
 - 22% do not feel valued by their colleagues
 - 27% cannot communicate about mistakes in daily work



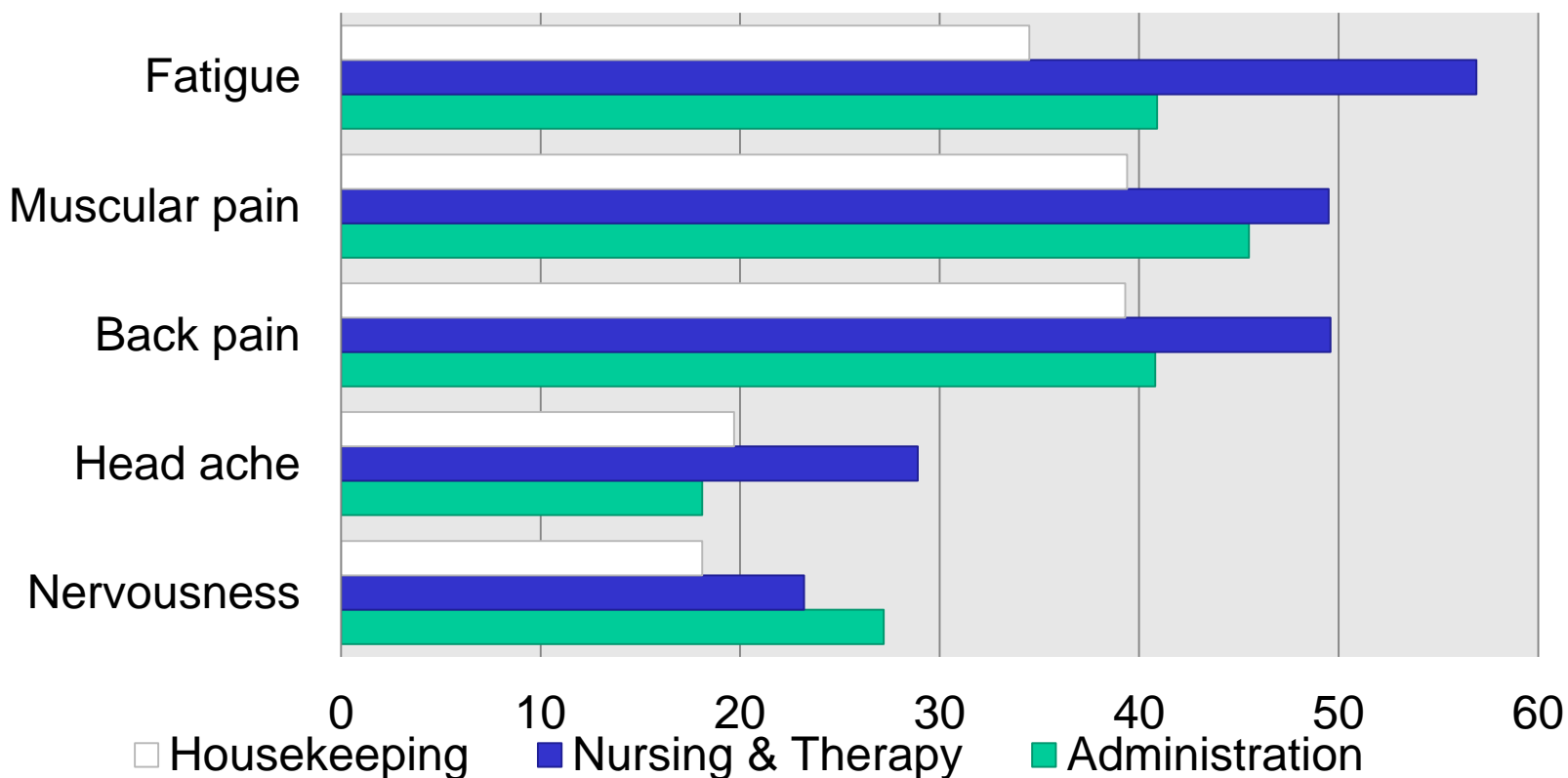
Health status – differences between professions





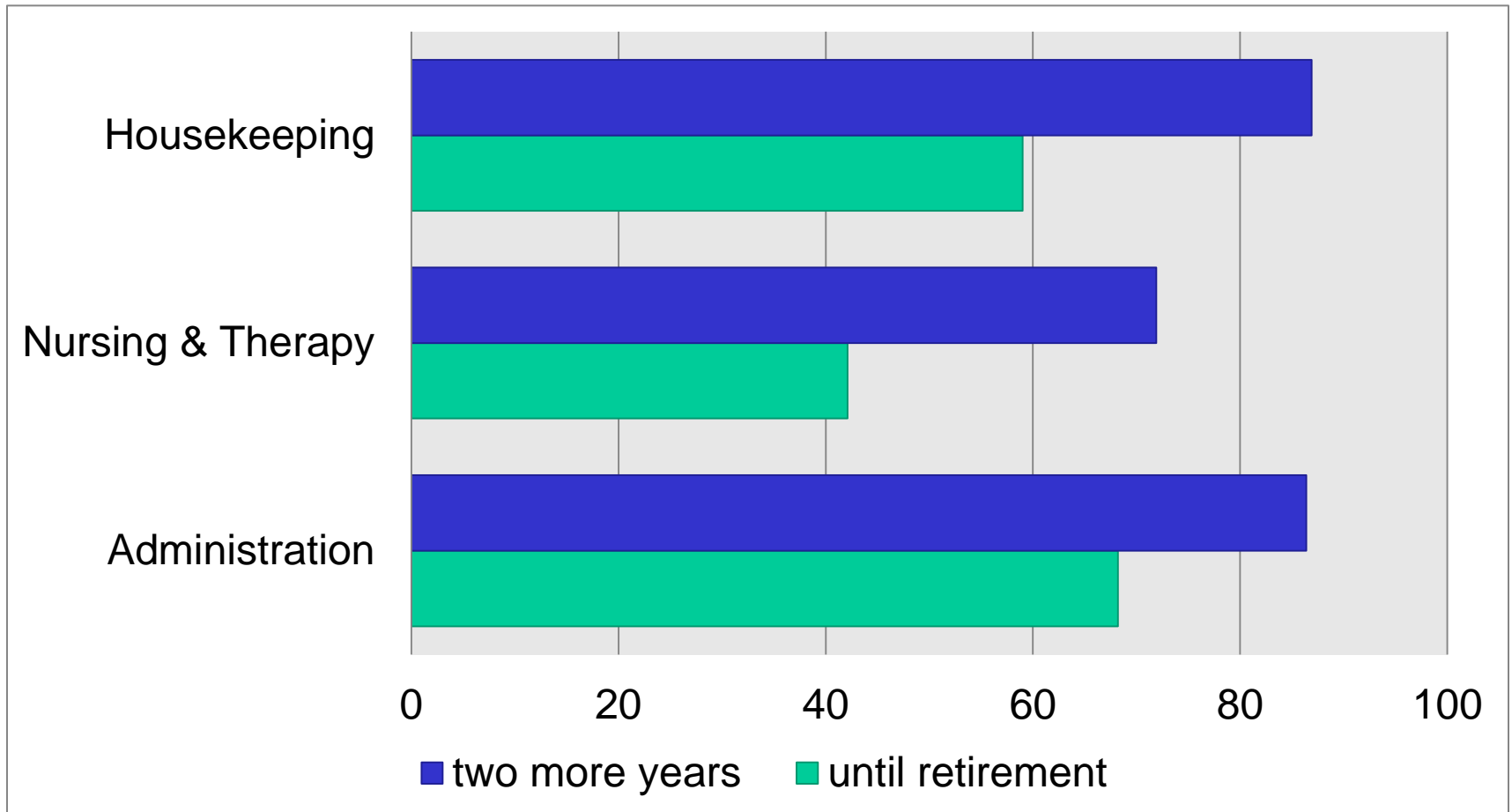
Frequent physical and psychological complaints

(frequent = Σ always, daily and weekly)





Self-appraised long term workability





Intervention: Organisational strategy development

- Aiming at developing a strategic plan for moving towards a health promoting setting for all target groups
 - Why a plan? Short project duration – need for realistic products
 - focus on strategy, as step before implementation
 - But also implementation of whatever measures can be identified short term - and resources are available
- Steering groups in each of the units, supported by management consultant
- On going communication and strategic work with different levels of management of the overall organisation 'KWP, responsible for 31 units
- Evaluation of this process by document analysis, participant and non-participant observation, interviews and a standardised self-assessment instrument



Results 1: Issues of the Needs Assessment taken up by steering groups





Further intermediate results+ Experiences

- No written overall strategic plan – neither on local nor on overall level
- But: Specific measures implemented
 - several small, immediate measures on the local level
 - some more structural measures on the overall level (staff health promotion manager, training for mobility enhancement for all staff concerned)
- Focus of attention on staff health
- HP for residents
 - Expectations directed towards re-engineering process by KWP top management
 - Besides mobility enhancement no further HP innovations for the large group of „old“ residents
 - Resident’s representatives no further invited into steering group
- Several issues still in process – unclear, if new perspectives and management plans will come up – and which



What happened to the issues taken up by the steering groups?





Discussion 1

- Sharp reduction of complexity of the comprehensive settings approach
 - Partly due to a very short overall timeframe demanded by project partners from practice and policy
 - Partly due to a difficult interaction of (participatory) HP project with an overall centralised re-engineering process
 - Turned out as a very useful complementary process for staff health
 - But still open: Project just as a channel for irritations and frustration of staff - or really increasing „staff orientation“ of the organization?



Discussion 2

- Residents: Will the new model provide the expected answers for unmet needs? And will there be a spill over also to the “old residents” – who will be a majority for the next 4-5 years
- Relatives: Unclear so far whether the organization is acknowledging this as relevant are for quality improvement
- Organisational change? No written strategy document, but some structural measures; interaction with centralised re-engineering process problematic?



Preliminary conclusions

- A health promoting settings approach in residential homes seems acceptable and feasible – in principle
- There are adequate needs assessment tools and procedures for all groups concerned
- This includes methods for collecting and analysing data on subjective health and health related experiences of many users
 - We now have more empirical data on health status and health promotion needs of users and staff in residential care in Austria
 - But if this to become part of quality management, LTC organizations need extra resources (money, external interviewers etc.) to include residents' perspectives
 - And there is not guarantee that results will be taken up!
- We proved usefulness of specific tools related to interventions
- Feasibility and even effectiveness of mobility intervention ok
- Not so clear concerning strategy development
- Changes in practice in the participating units? Sustainability?
- New options for LTC and HP policy?



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Die Piloteinrichtungen

 **Haus Tamariska-Sonnenbad**
„Ein Haus in der Dornröschenstadt“
Zachoklegasse 89
1220 Wien
Tel: 01 / 28 05 454
Mail: haus.tamariska@kwp.at

 **Haus Wieden**
„Ein Haus, das bewegt!“
Ziegelhofgasse 6a
1040 Wien
Tel: 01 / 58 903
Mail: haus.wieden@kwp.at

 **Haus Gustav Klimt**
„Ein Haus mit künstlerischem Flair“
Fellnergasse 31
1140 Wien
Tel: 01 / 91 49 084
Mail: haus.gustav.klimt@kwp.at



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Die Eckdaten

Das Pilotprojekt „Gesundheit hat kein Alter“ hat im Jänner 2011 gestartet und hat eine 24-monatige Projektlaufzeit.

Das Projekt wird vom Hauptverband der österreichischen Sozialversicherungsträger, der Wiener Gesundheitsförderung und dem Fonds „Gesundes Österreich“ finanziert und organisiert. Wissenschaftlich begleitet wird „Gesundheit hat kein Alter“ vom Ludwig Boltzmann Institut für Gesundheitsförderungsforschung.

Die Piloteinrichtungen sind Häuser des Kuratoriums Wiener Pensionisten-Wohnhäuser (KWP).

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„Lebens- und Arbeitswelt SeniorInnenwohnhaus gestalten“





Thank you for your attention!
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Contact:

Ludwig Boltzmann Institute – Health Promotion Research
Untere Donaustraße 47/3.OG
A-1020 Wien
Austria

<http://lbihr.lbg.ac.at>

Karl Krajic, PhD, Assoc.Prof.: karl.krajic@lbihr.lbg.ac.at

Martin Cichocki, Dr., MPh: martin.cichocki@lbihr.lbg.ac.at

Project homepage: www.gesundheithatkeinalter.at