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Good Lives for  
Older People

## The Healthy Ageing Framework

Research into Practice  
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Northern Region Residential Services Manager

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Why Healthy Ageing?

The four key components to progress healthy ageing

Our purpose

How do we achieve a whole of system paradigm shift?

Target Outcomes



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### What is Healthy Ageing

- *Healthy ageing encompasses principles of healthy lifestyles to achieve positive ageing, active ageing and health promotion outcomes*
- *Healthy Ageing is the ability to continue to function mentally, physically, socially, and emotionally as the body slows down its processes (Hansen-Kyle, 2005, p46)*

Healthy ageing; an easy choice



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**Current State**

- Viewed as .....accommodation for older people with diseases demanding medical intervention (Kane & Kane, 2005)
- Reality.....often traditional services that focus on comfort care
- ..... This approach is by its nature, costly

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**How older people function and how they die...**

The figure consists of four line graphs arranged in a 2x2 grid, each plotting 'Function' (y-axis, from Low to High) against 'Time' (x-axis).  
1. **Sudden Death** (top-left, red background): A horizontal line at a high level of function that drops vertically to a low level at the end, labeled 'Death'.  
2. **Terminal Illness** (top-right, purple background): A horizontal line at a high level of function that gradually declines to a low level, labeled 'Death'. A red box highlights the word 'Cancer' near the end of the curve.  
3. **Organ Failure** (bottom-left, blue background): A horizontal line at a high level of function that gradually declines to a low level, labeled 'Death'. A red box highlights 'Lung', 'Heart', and 'Liver' near the end of the curve.  
4. **Frailty** (bottom-right, green background): A horizontal line at a high level of function that gradually declines to a low level, labeled 'Death'. A red box highlights 'Dementia', 'Strokes', 'Arthritis', 'Parkinson's', and 'Hip Fracture' near the end of the curve.

Lansley, JR, Lynn J, Hogan, C. Profiles of Older Medicine Decedents. JAGS 50:1108-1112, 2002

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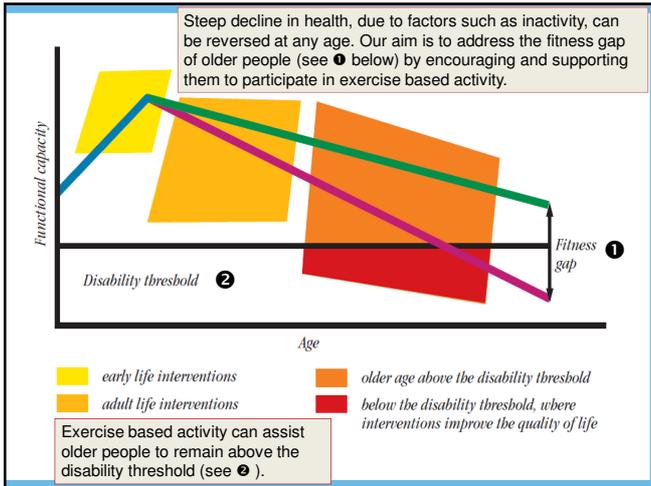
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### Aged Care Reform

Productivity Commission Report      Aged Care Standards

- ✓ mostly financial reform
- ✓ draft standards aim to promote person centered approach / more health promoting

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### Next step?

Exercise Prescription?      Early intervention & Rehabilitation?

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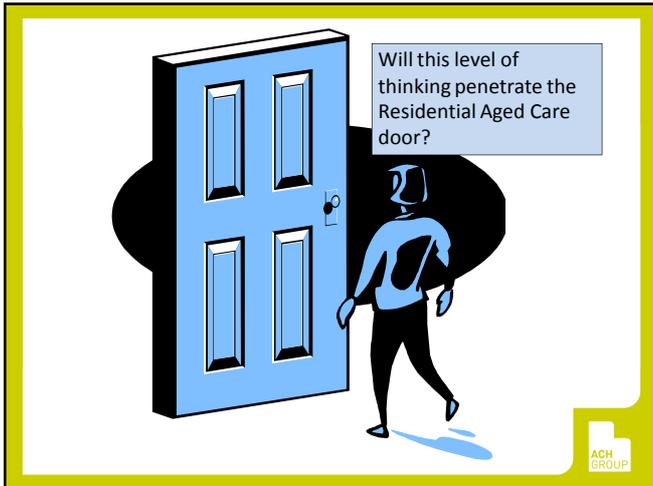
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Frequently all levels of the aged care workforce inadvertently reinforce decline *'through a mindset for inevitable decline'*. *This fixed mindset is not always challenged by our tertiary and vocational teaching systems.....*

***A Mindset for Healthy Ageing is not embedded***

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**Fixed Mind-set**  
Intelligence is static

Leads to a desire to look smart and therefore a tendency to...

**Growth Mind-set**  
Intelligence can be developed

Leads to a desire to learn and therefore a tendency to :

- embrace challenges
- Persist in the face of setbacks
- See effort as path to mastery
- Learn from criticism
- Find lessons and inspiration in the success of others and reach ever higher levels of achievement

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Our purpose is to create health promoting environments where.....

*Healthy Ageing is an easy choice*



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Health is created within the contexts of where people live, love, play and work

Therefore optimal health can be achieved when healthy choices are enabled by:

- The physical environment
- Social environment

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## Ecological Health promotion

- Expands responsibility for health beyond the individual to the community and environment.
- Calls for **Aged Care leadership** to move towards integrating a whole system health promotion approach to progress healthy ageing across the lifespan.



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## Five Standards for Health Promotion

A framework for reorienting our service and building a healthy community



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### 5 standards for Health Promotion

- **Standard 1:** The organisation has a written policy for health promotion – This policy is implemented as an overall quality system and is aiming to improve health outcomes. The policy is aimed at residents, staff and relatives/families.
- **Standard 2:** describes the organisations obligation to ensure the assessment of residents needs for health promotion, disease prevention and rehabilitation.
- **Standard 3:** states the organisation must provide residents with information relating to their health conditions and establish health promotion interventions in their care planning.
- **Standard 4:** gives management the responsibility to establish conditions for the development of ACH group homes as a healthy workplace.
- **Standard 5:** deals with continuity and cooperation, demanding a planned approach to collaboration with other health care service sectors and institutions.



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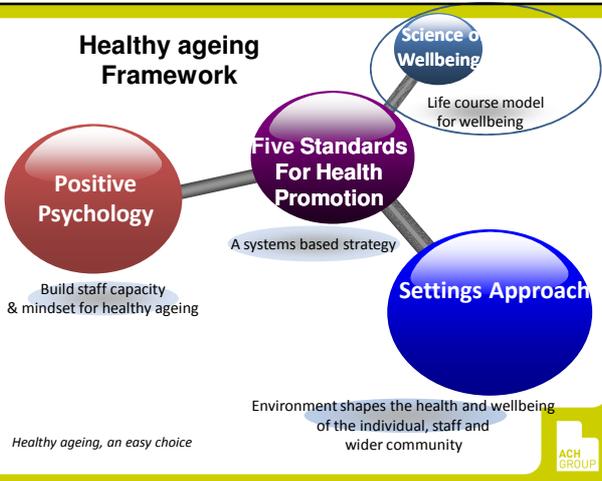
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### Healthy ageing Framework



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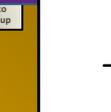
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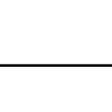
# Science of Wellbeing

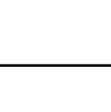
Say yes to being active  


Say yes to savouring  


Say yes to learning  


Say yes to connecting  


Say yes to positive emotion  


Say yes to Speaking up  


## 6 key understandings for optimal wellbeing across the lifespan

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## Partners in Positive Ageing (PiPA)

**Pathway** to optimal human functioning across the life course..we teach the model to staff so that they can apply it to their own lives and families...

**6 ingredients for positive ageing**

Staff enable and promote residents engagement in the model through coaching and monitoring participation

The *Partners in Positive Ageing model (PiPA)* is a structured approach (partnership) to **share responsibility** (between staff and residents) for the health outcomes of older people in our facilities.

Assessment	Keep learning
Be Active Exercise/ fitness / rehabilitation	Noticing, savouring, engagement
Early interven- tion working pairs	Strengthening relationships
Health literacy— empowering our staff/residents	Access more Positive emotion
	Speak Up

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The enablers for healthy ageing

The setting enables healthy choices by making them safe and accessible



Healthy ageing an easy choice

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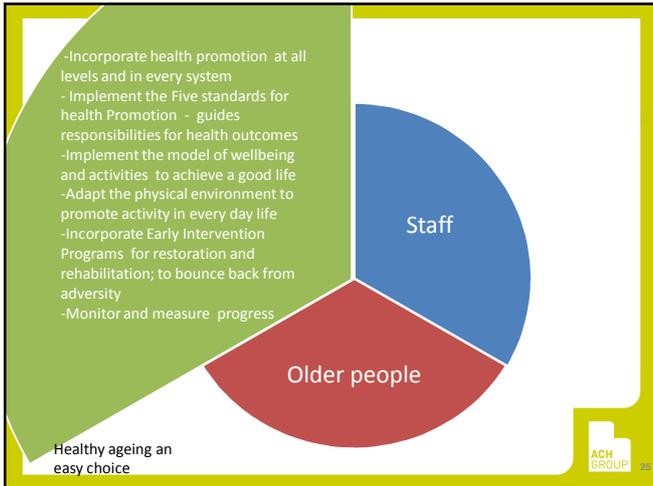
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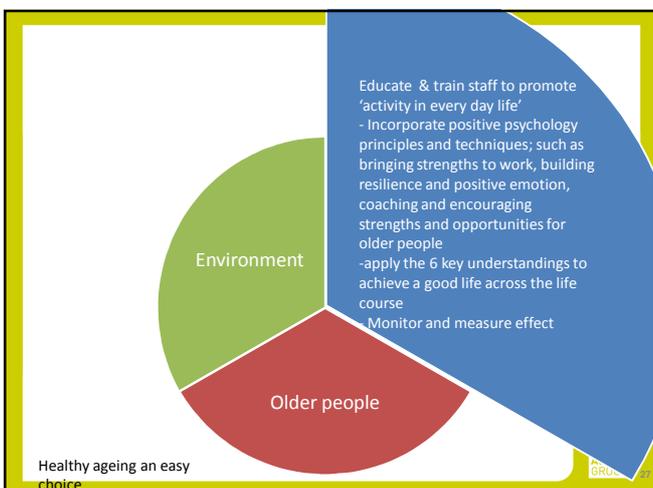
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**In a nut shell**

- o **Staff** promote healthy ageing
- o **Systems** promote healthy ageing
- o **Health promotion education** promotes healthy lifestyles/ healthy choices
- o **Procedures/policies** and ultimately **practises** promote healthy ageing
- o **The organisation and wider community** promote healthy ageing

*How these interact is ultimately the 'ecological approach'*

AGING WITH ATTITUDE

Art that challenges and expands the perceptions of aging

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Our results include:  
 Participants: n=70  
 - 73% of Residents who participated in the WHOQOL BREF survey from their admission in 2009/10 until 2011 indicated improved quality of life  
 -Nearly 20% of this sample group indicated improved 'health'

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More than 85% of staff indicated value and interest in training sessions in 2011 that addressed health literacy, early interventions, positive psychology, workplace wellbeing and health promotions/healthy ageing.



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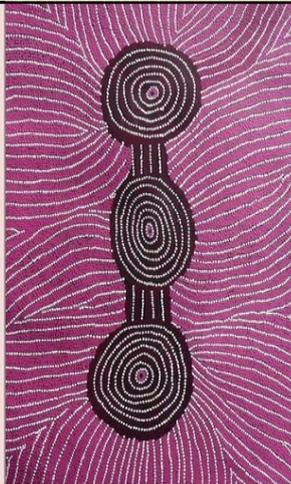
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**So do health promoting interventions cost more?**

**No.....**Our sites are using the ACFI tool which is an appropriate instrument for the promotion of healthy ageing....why? How?

- Pain based – 90% of residents have pain – bring into play allied health in a greater way
- Use the complex health component... initially, rehabilitate the resident and then continue with same funding to maintain them...
- Some resource costs associated with developing a gym/equipment
- The cost is in training staff in 'a mindset for healthy ageing'



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**Where to from here?**

Our goal is to extend healthy life expectancy – by focusing on physical and psychosocial wellbeing

- We do this by directing 80% of attention into early intervention strategies (prevention) using our care workers to implement this approach, monitored by the EN's.
- This enables RNs, Physio, OT's to focus on more acute needs with the aim of restoring /recovering residents (physical & social) and avoiding events that may lead to hospitalisation.



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**Parting questions to prepare for Healthy Ageing in the future**

- o Are health promoting interventions/services/strategies embedded into your organisations culture?
- o Is recovery or restoration or rehabilitation easily accessible in order to bounce older people back from adversity?
- o Do you invest in early interventions to prevent or reduce inevitable decline?
- o Do you have robust health promoting systems / models in place that promote healthy ageing across the life course? for residents and staff?
- o Do you train and develop in your staff ... a 'mindset for healthy ageing'?



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