## Lifestyle Matters: an occupational approach to healthy ageing

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### Introduction

Lifestyle Matters is an occupation based health promotion programme for older people designed through the application of occupational science theory and research

### Overview

- Background to the work
- The emerging evidence base
- Development of the programme
- Findings
- Work undertaken in Europe in the customisation of the programme

### The wider context

Global ageing: 'The greatest triumph and challenge of the twenty first century'

World Health Organisation

## Implications: from intervention to prevention

 Active ageing – 'the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age ...'

### Potential role of occupation

- Occupational therapists: well-placed
- Relationship between occupation, health and wellbeing
- Occupational science and the evidence base
- Question: given the above, can occupational therapists play a role in preventing ill health?

### Two studies

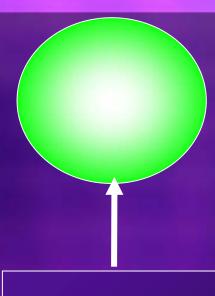
 Living a meaningful existence in old age (Jackson 1996)

Well Elderly Study (Clark et al 1997)

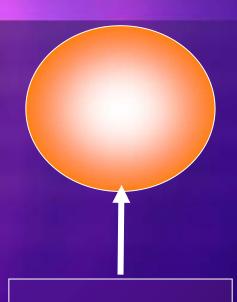
### Principles of Lifestyle Redesign

Rather than focusing on the delivery of individual activities or interventions Lifestyle Redesign takes a wider approach believing that positive changes can only be sustained if they are embedded within what a person does on a day to day basis.





Group based occupational therapy focusing on lifestyle redesign



Control group

Social activities

Non-professionally led



No treatment

### Findings of a randomised trial

- Significant benefits for individuals participating in Lifestyle Redesign across a number of health, function and quality of life domains
- Findings of social group (control)
- Results of six month follow up

### Questions

- Would older people living in this country want and benefit from a programme of this nature?
- What would a 'Lifestyle Redesign' intervention look like and who could deliver this?
- What might the practical issues be in terms of establishing a programme and inviting people to attend?

### The present study



## Development of the programme in partnership with older people

**Steering group** 

Focus group for older people

Occupational therapists and therapy assistants

Older people

**Voluntary sector** 

Evidence base

### Explored a range of themes

- Activity and health
- Maintaining mental well-being (sleep, keeping mentally active, memory)
- Maintaining physical well-being (nutrition, pain, keeping physically active)
- Occupation in the home and community (transport, new learning, technology)

### Menu of themes (cont)

- Safety in and around the home
- Personal circumstances (dealing with finance, social relationships, maintaining friendships, dining as an activity, interests and pastimes, spirituality)

### Organisation of the session

Each session followed a similar format:

- Introductory activity
- Discussion
- Practical activity

Monthly visits or outings – a way of putting skills into practice

### **Preliminary findings**

- Community living older people were successfully recruited to participate with involvement being maintained over eight months and beyond
- The combination of peer support, didactic teaching and individual sessions were reported to have been highly successful in meeting need, enabling participants to transfer learning into their day to day life

### **Preliminary findings**

- The participants all described receiving highly tangible gains as a consequence of their involvement in the programme with changes they made to their lifestyles being extremely varied
- Their perceptions of benefit were in the main related to improved engagement and mental well-being

### Preliminary findings

- Improvements in confidence, self-belief and contentment
- Taking forward new learning
- Friendship and companionship

## Participants made link between occupation, health and well-being

 I think that the more active you keep the healthier you keep. I mean you can drop dead just the same but on the whole a lot of these people that just sit and don't do anything, they need some exercise. I mean they could even sit in a chair and exercise. It's good for the muscles isn't it? It keeps them walking because once you vegetate you've had it haven't you?

I certainly think exercise is beneficial having a good laugh and when I say exercise it was both physically and mentally ... you realise how true the saying is 'if you don't use it you lose it' because I was slipping into that.

## Improvements in confidence, self-belief and contentment

And I think that what I have gained is confidence, which I lacked in certain areas ... so it's made a huge difference to me that I couldn't have believed really.

## Identified and achieved individual goals

My life is totally different to what it was 18 months ago and I don't know whether I would have come out of that totally had I not been involved in the Lifestyle group.

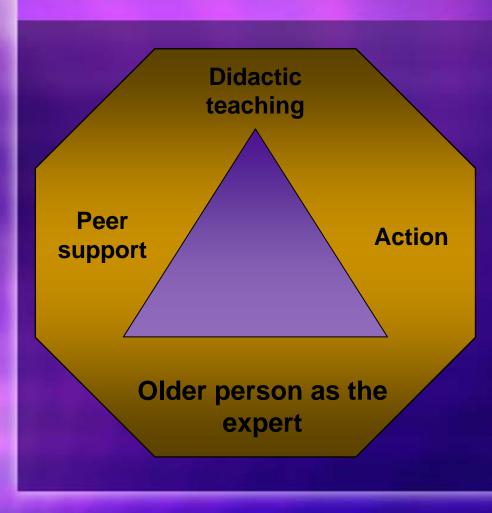
# Ingredients contributing to the success of the programme

### The programme was challenging

- Involved component of doing, moving beyond the comfort zone
- Participants came to understand the relationship between occupation, health and well-being
- Learned of the importance of occupational balance

- Developed skills in occupational analysis and ways to adapt existing occupations to enable participation
- They had the opportunity to experience new occupations and to make informed choices in terms of whether to engage in these

### Older person as the expert



A model of preventive health

## Working with / within community

- Utilisation of resources available
- Helping older people to reshape the communities where they live
- Fostering a sense of belonging

## Mix of group / individual sessions

- Programme customised to meet the needs of each person
- Group members provided 'role models'
- Support network helping each other to achieve individual goals

## Occupation in older age: a **European Perspective**

- To take forward the work started in America (Clark et al, 1997) by developing culturally relevant versions of a programme for older people inspired by Lifestyle Redesign
- To involve older people and occupational therapists in participating countries in the development of country specific programmes
- To use the work as a basis for exchange regarding the similarities and differences across different countries

### The Countries Involved....

- UK
- The Netherlands
- Belgium
- Norway
- Georgia
- Portugal



### Three aspects to take into account

Delivery of a programme

Undertaking research into the process/ outcomes of the programme

Identifying and agreeing the programme

## Preparation of country specific programmes

 Use of US manual as a stimulus for discussion with older people in the UK and identification of further ideas for inclusion

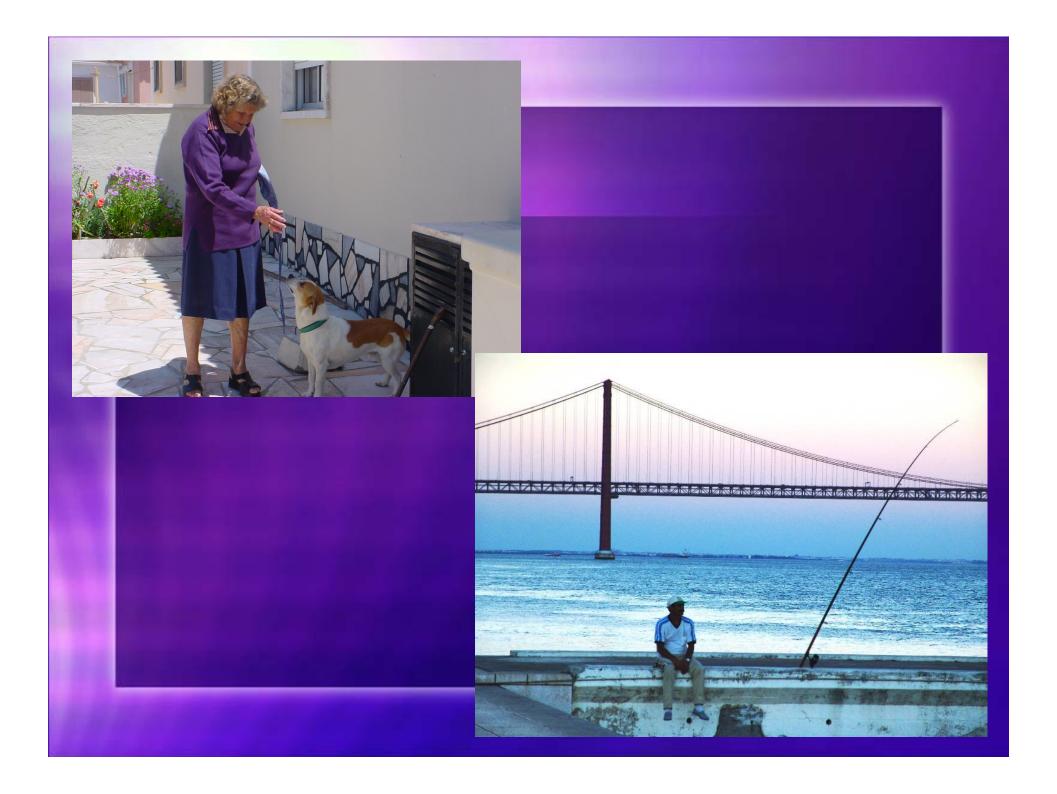
 Needs analyses with older people (in all countries apart from the UK) to identify significant themes for inclusion within the manualised programme

### Family and social contacts.....

- Extent of family involvement varies; older people in Portugal and Georgia are more likely to live within the family (but may be alone during the day)
- Older people from Belgium, Norway and The Netherlands prefer not to ask their family to provide care
- Older people from the UK and Netherlands stressed the importance of being able to say <u>NO</u> to their families

### **Extending working Life....**

- Older people from the Netherlands and Portugal want access to voluntary work
- Rural living Portuguese older people cannot envisage a life without work and have no hobbies



### Other priorities

- Use of information technologies
- Social contact, particularly for Portuguese older people
- Personal safety and managing crime for older people in the Netherlands, Belgium and the UK
- Impact of environmental challenges, particularly in Norway

#### Outcomes

- Manualised programmes published for two of the countries –UK and Norway
- Two further manuals in preparation Belgium and The Netherlands
- Themes for Portugal and Georgia still being identified

### Student involvement achieved in all the countries

- Data collection and analysis for ENOTHE project
- Original research in associated areas
- Participation in UG and PG education and practice (including e-learning) constructed out of the original US programme and our research
- Participation in cross cultural education and exchange

## Increasing stakeholder involvement

- Nordic e-network; Irnorway@yahoogroups.com Includes Norway, Sweden and Denmark
- Zoom; Flemish network across different agencies and disciplines
- National stakeholder group in Georgia
- Substantial UK research collaborations

### Developments

- Older people involved in module development, delivery and in student assessment
- Current funded review of relevant outcome measures (UK)
- UK research collaborations and inclusion of Lifestyle Matters in forthcoming NICE guidelines

### Benefits....

- New understandings
- EU research has attracted attention and interest
- Potential for greater impact



The Main Message

All older people want to remain active and retain quality of life

### References

Clark F, Azen S, Zemke R, Jackson J, Carlson M, Mandel D, Hay J, Josephson K, Cherry B, Hessel C, Palmer J & Lipson L (1997) Occupational therapy for independent-living older adults: a randomised controlled trial. *Journal of the American Medical Association*, 278, 1321-1326.

Clark F, Stanley P, Azen R, Zemke R, Jackson J, Carlson M, Mandel D, Hay J, McBee L & Lipson L (2001) Embedding health promoting changes into the lives of independent living older adults: long term follow up of an occupational therapy intervention. *Journal of Gerontology: Psychological Sciences*, 56B, 1, 60-63.

Clark F, Stanley P, Azen R, Zemke R, Jackson J, Carlson M, Mandel D, Hay J, McBee L & Luo Roger (2001) Cost effectiveness of preventative occupational therapy for independent living older adults. *Journal of the American Geriatric Society*, 50(2), 1381-1388.

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