Health Promotion Quality Initiatives for Older People: Evaluation of Quality Initiatives

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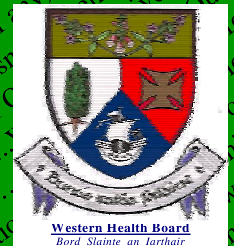

Health Promotion Quality Initiatives for Older People : Evaluation for Older People of Quality Initiatives

Report by

The Department of Public Health
Western Health Board

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June 2002

Executive Summary

In July 1999 as part of the Health Promotion Strategy, "Promoting Health in the West", the Western Health Board decided to look at ways in which health promotion activities can be included in the development of services and a number of new health promoting initiatives were established. Among these initiatives was a staff-training programme in health promotion for older people, which was set up by Services for Older People in conjunction with the Department of Health Promotion. The programme involved training health care workers to become involved in implementing health promotion initiatives in their own workplace.

Following their training, the health care workers returned to the workforce and using the skills they learned, designed a health promoting initiative aimed at targeting older people in their care. Health promoting initiatives took place in Community, Acute hospital service and Long term care settings. The health care workers were given guidelines to follow while developing their initiatives. These guidelines were broad and wide-ranging covering issues such as maintaining people in their own homes, enhancing social environments, healthy eating, smoking and exercise for older people. Whilst the training programme was evaluated (Evans, 2002), the Quality Initiatives were not followed up in detail.

This evaluation was intended to establish whether health-promoting initiatives were implemented by the health professionals and to assess the standard of the initiatives.

The evaluation comprised the following elements:

- Questionnaire to health professionals.
- Group discussion with older people.

The evaluation established that:

- Intersectoral components and Holistic components were very poorly represented in the Quality Initiatives.

- Sustainable components were the strongest represented priniciples of health promotion amoung the Quality Initiative.

- Not all Quality Initiatives were empowering, with less than half (46%) providing older people with the ability to adapt a healthier lifestyle.

- Older people felt that the Quality Initiatives were a good idea and that all older people should be involved in such initiatives.

- Quality Initiatives were not sustainable, with only a small proportion (35%) of health care professionals planned to further develop or start new initiatives.

- In terms of health promotion according to the WHO, only 35% of Quality Initiatives obtained a score of over 50 out of 100.

A number of recommendations are suggested to enhance and further develop existing Quality Initiative.

- The WHO Principles of Health Promotion should be taken into important consideration by health care professionals when planning to implement Quality Initiatives.
- Sufficient funding should be allocated to enable the initiatives to be developed to their full potential.
- In order for Quality Initiatives to be successful, closer partnerships (both inside and outside the health services) need to be made, which will help fund initiatives and assist health professional in the planning and running of initiatives.
- Relatives and older people should be more actively involved in both the planning and actual implementation of the Quality Initiatives.

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1. Introduction

1.1 Background.

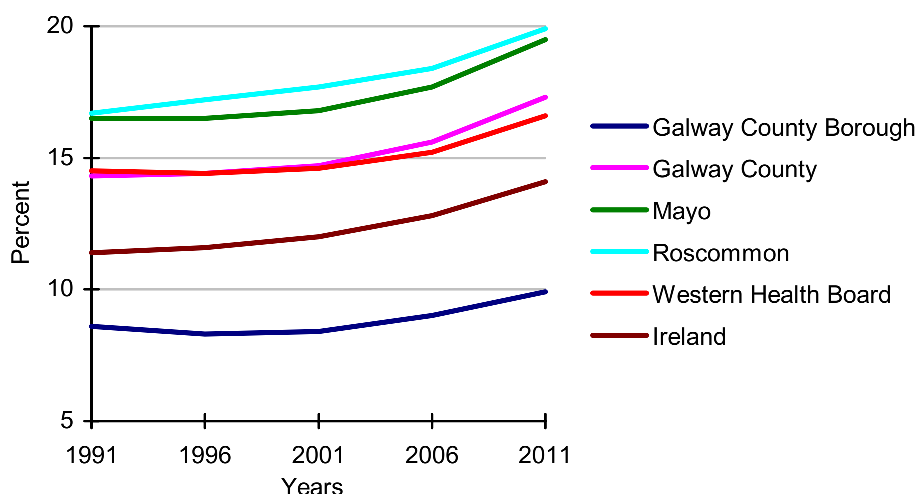
Life expectancy throughout the western world has increased with improvements in sanitation and health care. Due to major medical advancements the number of deaths as a result of infectious disease (such as TB) has been curbed but chronic diseases such as coronary heart disease (CHD) have emerged as the primary killer among older people. This has lead to an increase in the elderly population. Life expectancy for young people in Ireland compares favorably with other countries. However this is in stark contrast to the opposite end of the spectrum, with life expectancy for older people (65+) for both men and women being the lowest in the EU "The challenges for the Irish system are to improve longevity so that we can expect to live as long as our European counterparts, and to increase the number of illness and disability free years in later life, thereby 'adding years to life and life to years'"(National Council on Aging and Older People).
Irelands proportion of over 65's is at its highest level and continues to grow, with population projections predicting that this trend will continue. Fahy (1995) has estimated that the population of people over 65 years will grow by almost 120,000 persons in the period 1991-2011. This shows an estimated increase of 26% in the number of elderly people in Ireland by the end of the year 2011.

The Western Health Board has a higher proportion of older people than Ireland as a whole. In 1996, 14% of the Western Health Board's population were over 65 years of age compared to 11% for Ireland as a whole; (Central Statistics Office, 1997). Population projects for the older population within the Western Health Board show that older people (65+) as a percentage of total population will rise from 14.6% in 2001 to

16.6% in 2011 in the Western Health Board compared with 12% in 2001 to 14.1% in 2011 in Ireland as a whole (Figures adapted from Fahy 1995).

This highlights the particular importance attached to the health of older people in the Western Health Board.

Figure 1.1 Projections of Persons Aged 65 Years or more as a Percentage of Total Area Population



Source: Fahy, 1995.

The Concern with health promotion among people in Ireland has its origins in the Department of Health's health strategy; *Shaping a Healthier Future-A Strategy for Effective Healthcare in the 1990's* (Department of Health, 1994). In the strategy it stated that, one of the priorities (from 1994 - 1997) would be given to; 'promoting healthy aging, with the assistance of the National Council for the Elderly and in co-operation with the statutory and voluntary bodies with older people'. While the population of older people is growing and is set to continue to grow, "the challenge facing our society is the quality and cost of this longer life span" (Southern Health Board,2000). Health Promotion is necessary to insure that these later years of life are happy and healthy and not hampered by disease and disability.

The need improve the health of older people has been highlighted by the World Health Organization (WHO) which has set targets for improving the health of older people. WHO believes that all people in Europe should have a life expectancy of at least 75 years. The targets are aimed at bringing about improvements in the health of people aged 65 years and over.

At a more local level, the Western Health Board developed a strategy to address the health needs of older people (WHB,2000). In the first of its seven aims the strategy emphasises the need to promote the health of all older people in the region.

1.2 The Benefits of Health Promotion to Older People.

Health promotion gives the individual the power to live and survive on his/her own for longer. It gives the individual a great sense of independence and mental and physical empowerment. Many diseases which cause disability and poor health in old age are due to behavior in earlier life, however it is never too late to start improving ones health and health promotion for older people in later life can improve longevity and benefit health and overall quality of life.

While for individuals the chances of a long healthy life are improving, there will be large numbers of older people in need of health care and social support. In order to provide this care and support, vast resources, human and financial are necessary. As the number of older people rise these resources are going to become scarcer. However, if Health promotion tactics intervene at an early enough stage, before the person is totally dependent on health care workers, it will dramatically reduce the pressure on waning resources.

Research carried out by WHO (1995) shows that health promotion can be used to prevent cardiovascular disease in older people. Since the risk factors are the same in older as in younger populations, studies show that lifestyle changes (stop smoking, take up physical

activity, loose weight, healthier eating) can reduce cardiovascular disease and improve overall health in all ages, including young and old.

Health promotion for older people can be used to reduce the levels of disablement of those already ill. Early recognition, treatment illness, positive thinking, knowledge of illness and social support are all important elements of health promotion which combine to enable older people to cope better with their illness by helping them to help themselves and to prevent the onset of psychological distress and possible withdrawal from society. For many older people who are ill, housebound or living in residential care, measures which enable them to remain mentally and physically active and to participate in the wider community are essential for improving their quality of life (National Council on Aging and Older People;1998).

1.3 Background to Practice in Promoting the Health of Older People.

In July 1999 the Western Health Board launched its Health Promotion Strategy, "Promoting Health in the West". The strategy was based on widespread consultation with the public, Western Health Board staff, and evidence from best practice (Evans, 2002). As part of the Health Promotion Strategy, the Western Health Board decided to look at ways in which health promotion activities can be included in the development of services and a number of new health promoting initiatives were established. Among these initiatives was a staff-training program in health promotion for older people, which was set up by Services for Older People in conjunction with the Department of Health Promotion. The programme involved training health care workers to become involved in implementing health promotion initiatives in their own workplace. A total of 337 staff attended the programme.

Following their training, the health care workers returned to the workforce and using the skills they learned, designed a health promoting initiative aimed at targeting older people in their care. Health promoting initiatives took place in Community, Acute hospital

service and Long term care settings. The health care workers were given guidelines to follow while developing their initiatives. These guidelines were broad and wide-ranging covering issues such as maintaining people in their own homes, enhancing social environments, healthy eating, smoking and exercise for older people. Whilst the training programme was evaluated (Evans, 2002), the Quality Initiatives were not followed up in detail.

This evaluation was intended to establish whether health-promoting initiatives were implemented by the health professionals and to assess the standard of the initiatives.

1.4 Aims and Objectives.

The aim of the research was to determine:
The effectiveness of the Quality Initiatives implemented by health professionals.

More specifically, the objectives of the research were to determine:

- Whether Quality Initiatives had been put into practice.
- Difficulties experienced when implementing Initiatives.
- Whether Quality Initiative promote health.
- Whether or not the older people felt the Quality Initiative was successful in improving their health.

2. Methodology

2.1 Introduction

The World Health Organisation stated that there are seven principles of Health Promotion . In order for a Quality Initiative to be health promoting in the 'truest' sense, it must therefore strive to contain elements of each of the seven principles, as set out by the WHO (1998), which state that health promotion should be:

Ø· Empowering

Ø· Participatory

Ø· Holistic

Ø· Intersectoral

Ø· Equitable

Ø· Sustainable

Ø· Multi-strategic

From: Health promotion evaluation: recommendations to policy makers (WHO. 1998)

The Quality Initiatives that have been reviewed in this report have been assessed in relation to the WHO principles of health promotion, and are rated to see if they have succeeded in including all of these principles. The WHO principles are being used as a marker/assessing tool in an attempt to establish what degree of health promotion the Quality Initiatives have been successful in achieving.

The research methodology comprised the following:

∉# Questionnaire to health professionals.

∉# Group discussion with older people.

2.3 Questionnaire to health professionals

A randomly chosen number of health professionals' were targeted. They received the questionnaire by post. The questionnaire consisted of a number of multiple choice and

open-ended questions. They were asked to complete the confidential questionnaire to establish whether or not the effects of the Quality Initiative improved the health of the participants.

In particular, the questionnaire to health professionals, aimed to determine:

- The nature of the Quality Initiatives.
- Reasons for choice of Quality Initiative.
- Whether the Quality Initiative satisfied the WHO's criteria for health promotion.
- Difficulties encountered when choosing/organising a Initiative.

2.4 Group discussion with older people.

Two health care services were chosen, and permission was granted to conduct semi structured The discussion groups with a number of people in their care. The two health care services were selected because of their close proximity to Galway city (and the stage at which the Quality Initiative was at, programmes in the early stages were avoided.)

The discussion groups were to determine whether there were any differences in the perceived affects of the Quality Initiative between the older people (participants) and the health professionals'(facilitators). Group discussions were held in a Community setting, and a Long Term Care setting. Both were based in Galway. There were five to six older people present at each group discussion, and three different Quality Initiatives were examined.

One interviewer asked all the questions. The purpose of the discussion was explained to the interviewees and their consent was obtained to conduct and tape (audio) record the interview. The duration of the discussion was approximately 20 minutes.
The discussion groups were tape (audio) recorded and transcribed. The responses on the transcript were then grouped into key themes that emerged. A number of direct quotes from the transcripts were then used to demonstrate each of the emerging key themes.

In devising the interview methodology, consideration had to be given to the ability of patients to communicate their views and perceptions. Face to face interviews were chosen because: It was felt that a less structured approach to data collection would yield more meaningful results from elderly clients, many of whom may have difficulty completing structured questionnaires. An unstructured approach whereby a number of key topics are discussed was thus thought to be more appropriate. One interviewer asked all the questions. The purpose of the discussion was explained to the interviewees and their consent was obtained to conduct and tape (audio) record the interview. The duration of the discussion was approximately 20 minutes. The discussion groups were tape (audio) recorded and transcribed. The responses on the transcript were then grouped into key themes that emerged. A number of direct quotes from the transcripts were then used to demonstrate each of the emerging key themes.

Face to face discussion with older people involved in the Quality Initiative aimed to elicit:

- Whether or not the Older people played a role in the planning and implementation of the Initiative.

- Did the Older people enjoy the Initiative?

- Whether or not the older people felt that they benefited personally from the Initiative.

- What changes, if any would the older people make to the Initiative.

3. Group Discussion.

3.1 Introduction

A sample of older people residing in a Long stay hospital setting and a Community setting. Three group interviews based on three different Quality Initiatives were carried out. The following key themes emerged:

3.2 Overall perception of Quality Initiatives

All of the older people that were interviewed felt that the introduction of a Quality Initiative was a good idea and nobody felt that it was a waste of time. All participants seemed to acknowledge that as well as benefiting personally and enjoying the Quality Initiative, most felt that the introduction of such Quality Initiatives should also be considered a necessary part of older people's lives. For example, when asked about one particular Quality Initiative aimed at educating older people about the introduction and the value of the Euro currency, one patient said:

"It was badly needed, it (Euro) is here to stay, we just have to get on with it."

3.3 Impact on Emotional Health

3.3.1 Older people are happy with Quality Initiatives.

All but one of the older people interviewed were happy with the Quality Initiative in their setting. One lady commented that she *"wouldn't care"* if the Quality Initiative was ended. The Quality Initiative in question involved erecting personal photographs on the bedroom walls of long stay patients. The participant did not like the idea because the photographs erected featured a picture of her when she was younger and she did not like to look at it because it made her feel very old. However it must be noted that all the other people involved in this particular Quality Initiative were very happy with their

photographs. One very old lady in particular, who was lying motionless in her bed, seemed to 'light up' when her photograph (a picture of her when she was a young nurse) was shown to her, clearly raising her spirits. This highlighted the positive emotional impact, the Quality Initiative had on the lady. All older people seemed to enjoy the benefits arising from the introduction of the Quality Initiatives and were happy with the way they were run. For example, one man who took part in a training programme about the Euro commented that:

"It was good, there was a woman in from the bank and she gave us a good lecture"

3.3.2 Making older peoples' lives easier.

Some older people highlighted how the Quality Initiatives had made their lives easier. When people were asked about a Quality Initiative which involved providing a mobile shop which visited the hospital every week were also very happy with the efficient way in which the shop was run. One lady when asked if she would change anything about the service stated:

"I don't think so, everything we want she (shopkeeper) she has it, and if she doesn't have it with her she'll go down to the town and bring it back up (to the ward) straight away on the same day"

3.4 Impact on Quality Of Life

3.4.1 Quality Initiatives should be aimed at *all* older people.

All the older people interviewed, felt that Quality Initiatives, like the ones that they are involved in, should be targeted at all older people. They felt that the Quality Initiatives were an important part of improving their quality of life by helping them to learn new things as well as introducing a new activity into their sometimes monotonous daily routine. One lady who used the mobile shop, which visited her hospital once a week, was asked whether she thought that every hospital should have a shop. She responded in favour of the idea, saying:

"Of course, why shouldn't there be, sure isn't it very handy, and you look forward to it coming"

Others, acknowledging the value of the Quality Initiatives, expressed worry for other less fortunate older people who are not lucky enough to avail of the benefits of the Quality Initiatives. Those who undertook the education programme about the Euro stated that such learning programmes were essential to all older people. One man when asked whether or not all settings with older people should have similar education programmes about the Euro he said:
"Oh yes, I'd say some old people will get it hard alright, a lot will get caught out"

3.6 Discussion

The interviews with the older people revealed that all, with the exception of one, were very enthusiastic and happy with the Quality Initiatives that have taken place in their setting. They were overwhelmingly in favour of more Quality Initiatives being introduced and expressed worry and annoyance at the prospect of a discontinuation of Quality Initiatives in their setting.

4. Results

4.1 Holistic Components

Looking at the Holistic components of the Quality Initiative, aspects of Physical, Mental, Social and Spiritual health were examined. Table 4.1 shows what holistic aspects were evident in the Quality Initiatives. Mental health of participants was the strongest component with 34% of Quality Initiatives 'helping older people to solve problems for themselves' and 32% 'helping older people to deal with unpleasant feelings'. Spiritual health of participants was the weakest component with less than 10% of Quality Initiatives 'helping older people to gain meaning of their own life'.

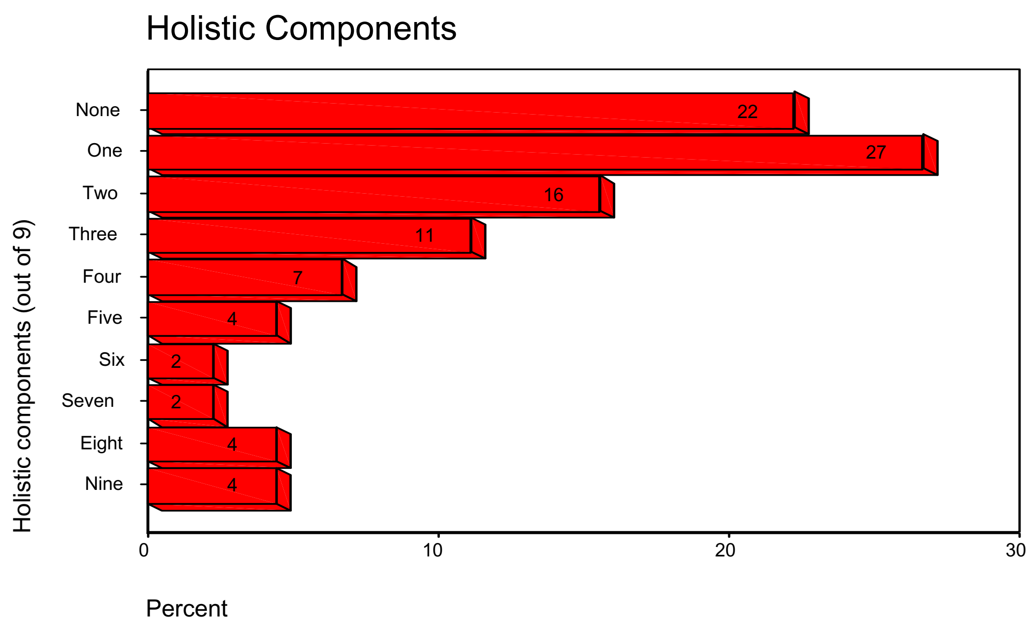
Table 4.1.

Holistic components of Quality Initiative	No	%
Physical activity for participants *(Physical*	14	30
Health)	11	23
Encourage non-smoking *(Physical Health)*	12	25
Ensuring a nutritious diet for participants *(Physical*	16	34
Health)	15	32
Helping participants to solve problems for themselves *(Mental Health)*	10	22
Helping participants to deal with unpleasant feelings *(Mental Health)*	14	30
Helping participants to build relationships with their peers *(Social Health)*	12	25
Helping participants to build relationships with their family and friends *(Social Health)*	9	19
Helping participants to build relationships with facilitators *(Social Health)*		
Helping participants to explore and gain meaning of their own life *(Spiritual Health)*		

There were nine separate components of holistic health which were considered. Three based on physical well being, two based on mental well being and social well being and one based on spiritual well being of the older people. In order for a Quality Initiative to be fully holistic in its approach to older people, it would have to include all nine components. Fig. 4.1 shows how many out of nine holistic components were incorporated into the Quality Initiatives. More than one in five initiatives failed to include any holistic considerations, whilst the majority of the initiatives only included one element of holism. Only 4% of the initiatives were successful in incorporating all

nine components and were deemed to be fully holistic in their approach to promoting health amoung older people.

Fig. 4.1



4.2 Participative Components

As can be seen from Tables 4.2.1 and 4.2.2, nearly all of the Quality Initiatives incorporated staff and work colleagues in the planning process and implementation. However, the older people themselves were only involved in the implementation of half of the Quality Initiatives, with slightly more involvement in the planning stages. The relatives of older people had very little input into either the planning or implementation of the Initiatives.

Table 4.2.1

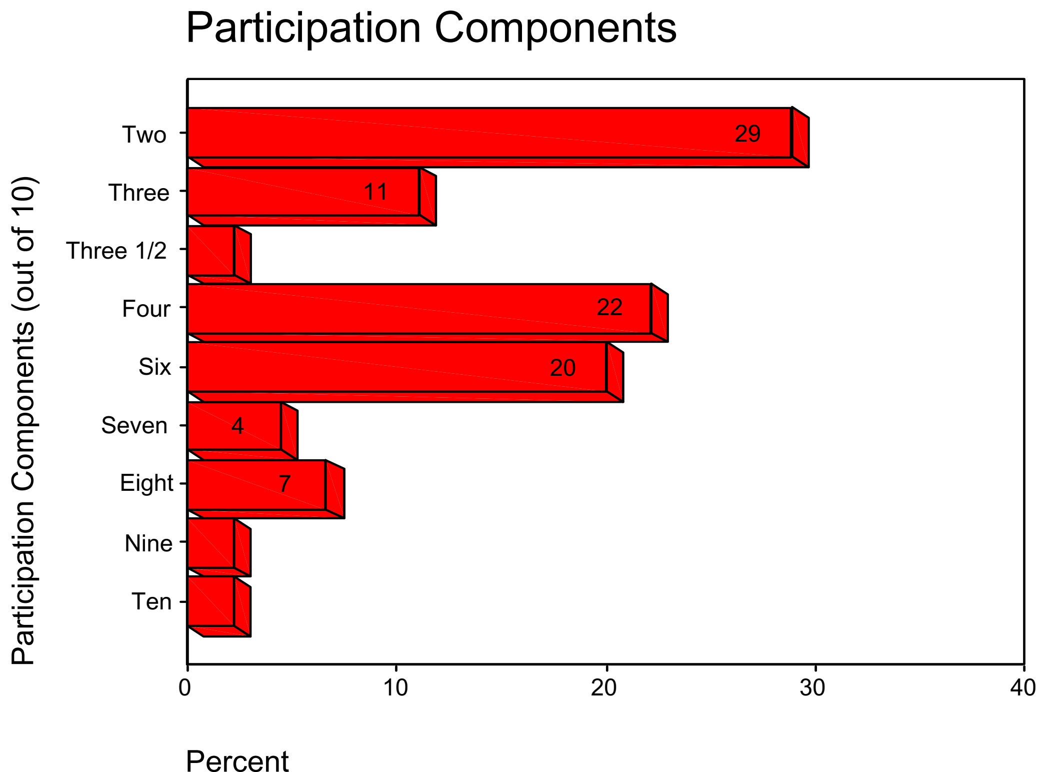
People involved in the planning of Quality Initiatives	No	%
Staff/work colleagues	43	90
Older people	30	62
Older peoples relatives	11	23
Other	5	10

Table 4.2.2

Implementation/setting up of Quality Initiatives	No	%
Staff/work colleagues	43	90
Older people	25	52
Older peoples relatives	11	23
Other	6	12

There were 10 separate components identified in order to measure how participative Quality Initiatives were. These included considerations that were taken into account during both the planning stages and the actual implementation of the initiatives. Fig. 4.2 shows how many out of ten participative components were incorporated into the initiatives. In order for Quality Initiatives to be carried out in a fully participative manner, a score of ten would be required. Most initiatives were deemed not be participative in their approach and only included two (out of ten) elements of participation. A very low number of initiatives (2%) were seen as fully participative.

Fig.4.2



4.3 Equitable Components

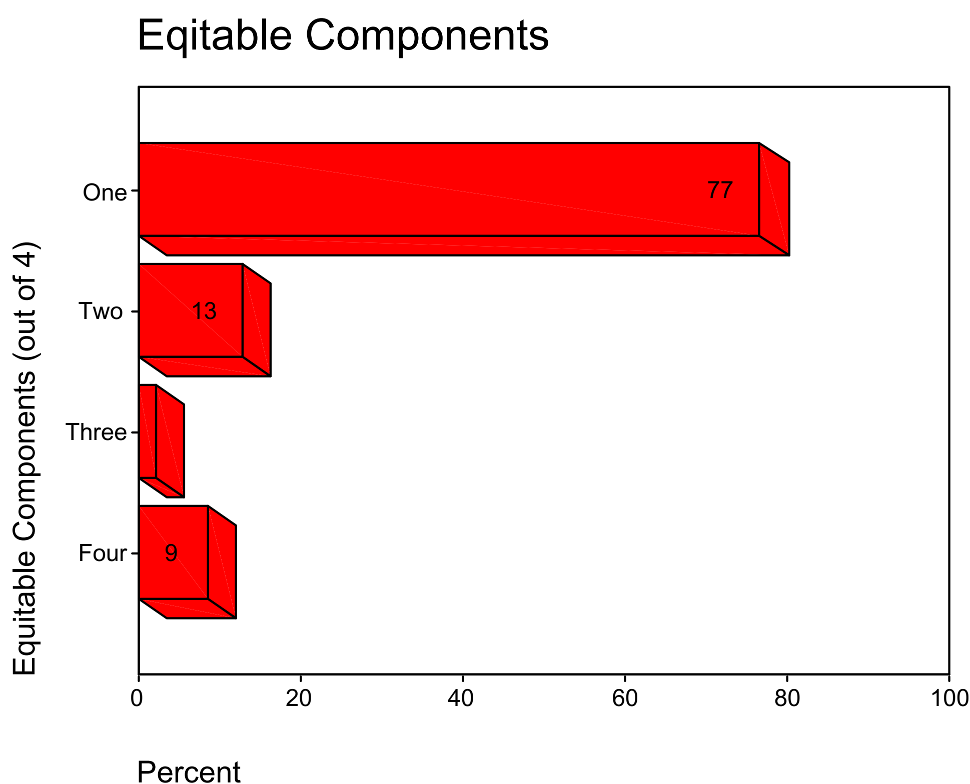
The majority of the Quality Initiatives (54%) were aimed at improving the health of all the older people in each of the particular health settings. However there was also a large proportion of initiatives (44%) that were only aimed at improving the health of a specific group of older people.

Table 4.3

Who Quality Initiative was aimed towards	No	%
All older people in the setting	26	54
A specific no. of older people	21	44
A particular age-grouping of older people	6	12
People suffering from certain illness	14	30

Four components were identified for measuring how equitable Quality Initiatives for older people were. The focus of the equity components was to ensure that initiatives were aimed at all older people in different health settings. Fig. 4.3 analyses the initiative's score out of four. The vast majority of initiatives rated poorly with 77% only incorporating one of the four equity components. Less than 10% of initiatives were successful in maintaining full equity.

Fig. 4.3



4.4 Sustainable Components

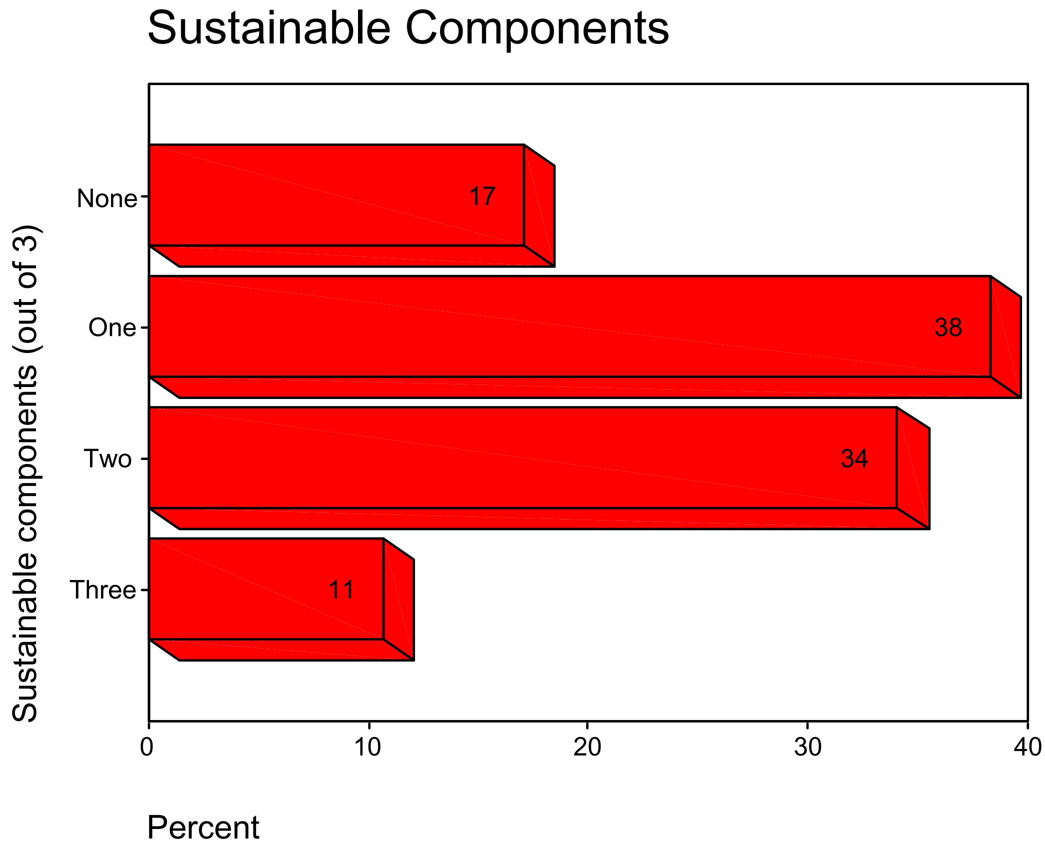
As can be seen in Table 4.4 half of the Quality Initiatives were up in progress during the time this report was being prepared. Only a few Initiatives (4%) were still at the planning stage and had yet to start. Almost half of the Initiatives were finished and had not been extended or continued, however a number of new Quality Initiatives were being prepared to replace old and finished ones with 35% of health professionals involved in Quality Initiatives planning to further develop existing Initiatives.

Table 4.4

Stage that Quality Initiatives are at	No	%
Still at planning stage	2	4
Currently in progress	24	50
Finished	21	44

To measure how sustainable Quality Initiatives were, three components were examined. These included how long the initiatives had been in place and plans to further develop initiatives or to create new ones. Fig. 4.4 shows how many sustainable components out of three were incorporated into the initiatives. Almost one in five initiatives did not have any sustainable components, whilst only 11% were successfully included all three components and were seen to be fully sustainable.

Fig. 4.4



4.5 Intersectoral Components

4.5.1 Making Partnerships

Making partnerships with others is a key element of any Quality Initiative in order for it to be intersectoral. A large proportion of Quality Initiatives (88%) were successful in developing some form of partnership with others. Three forms of partnership were identified as being important to the Quality Initiatives. Table 4.5.1 identifies these partners and the level of involvement each had in the Quality Initiative. Less than half (48%) of the Quality Initiatives involved partners who work within the health services. Only 21% recruited partners from outside the health services. Less than 1 in 5 (19%) of Quality Initiatives involved a combination of partners from within and outside of the health services.

Table 4.5.1

Partners involved in Quality Initiatives	No	%
Partners who work in the health services	23	48
Partners who work outside the health services	10	21
Combination of partners who work within and outside the health services	9	19

4.5.2 Type of Partners

Another important aspect of successful partnership is the involvement of partners from all sectors of the community. This requires input of partners from the public, private and voluntary sectors. Altogether 58% of Quality Initiatives had some involvement from the three sectors. As table 4.5.2 shows partners from the public sector, were the most common, with 30% of Quality Initiatives having partners from this sector. Voluntary and private sector partners were not as common, with less than 1 in 5 associated with the voluntary sector and only a few (12%) involved private sector partners.

Table 4.5.2

Partners involved in Quality Initiatives	No	%
Public sector partners	14	30
Voluntary sector partners	8	17
Private sector partners	6	12

4.5.3 Level of participation

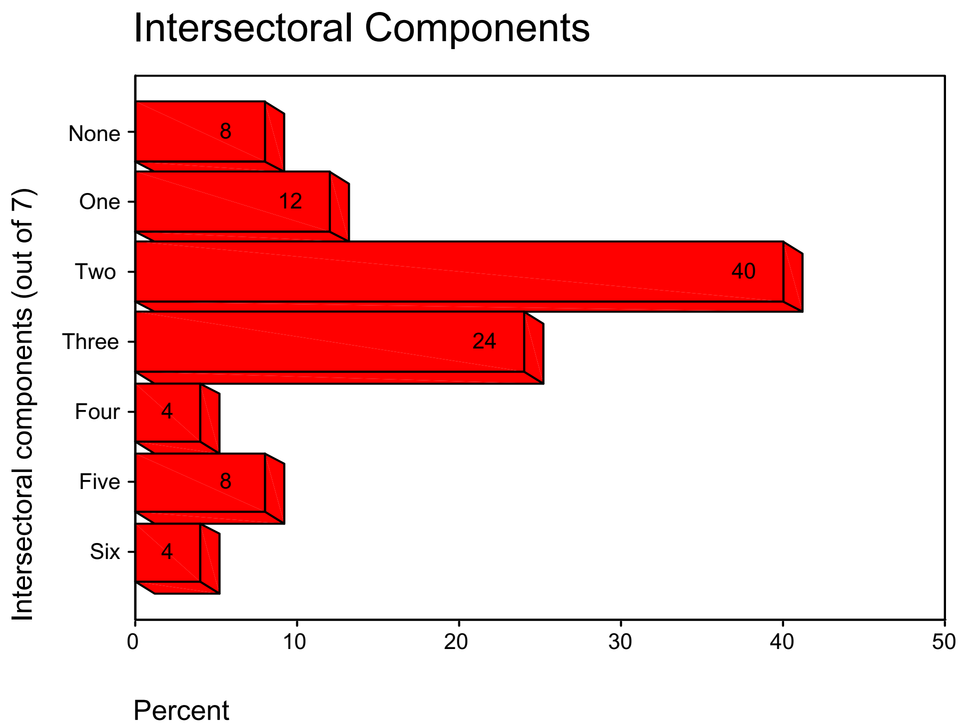
The level of participation of these partnerships is another important element of any Quality Initiative. In order for the partner's involvement to be worthwhile, they must be substantially involved in the Quality Initiative. Health care workers running the Quality Initiative should work closely with the partners. Table 4.5.3 shows that only12% of Quality Initiatives achieved a full of participation by allowing its partners having shared authority with the health care workers involved in the Quality Initiative.

Table 4.5.3

Level of Participation	No	%
Shared authority	6	12
Joint planning	10	21
Consultation during planning	9	19
Received general advice	2	4
Received information	4	8

In order to determine whether or not Quality Initiatives were intersectoral, seven aspects of how successful the initiatives were in terms of developing and sustaining partnerships with various other sectors of the health services. Fig. 4.5 shows how many intersectoral components out of seven, were included in the initiatives. Some initiatives (8%) failed to include any intersectoral components. The majority were successful in accounting for only two (out of seven) intersectoral components. However, none of the initiatives managed to incorporate all seven components, resulting in no Quality Initiative reported as being fully intersectoral.

Fig. 4.5



4.6 Multi-strategic Components

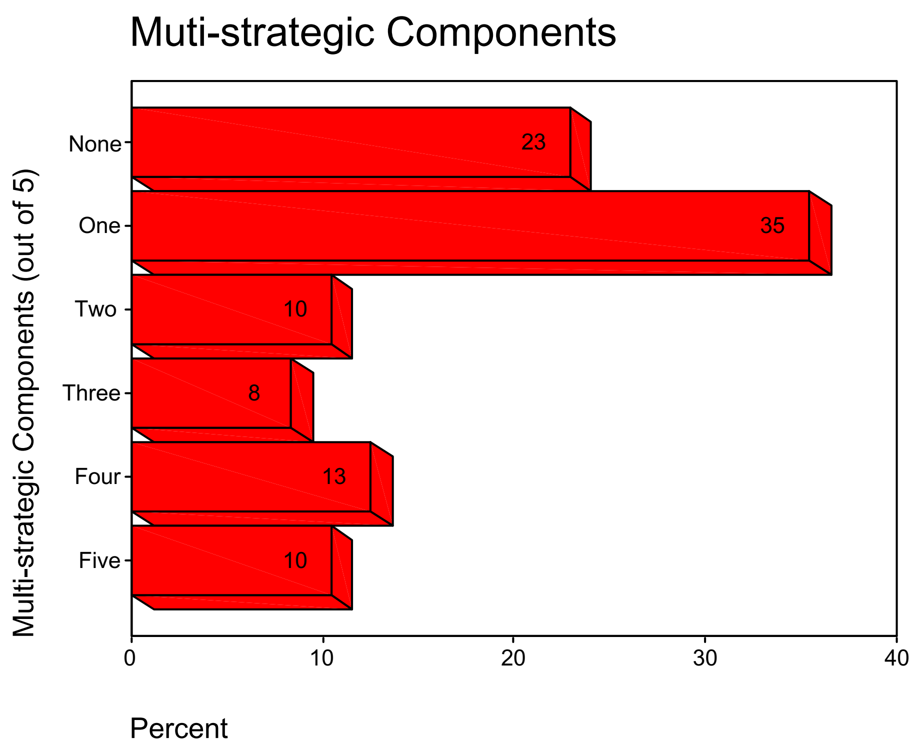
Table 4.6 shows that of the multi strategic elements taken into consideration when the Quality Initiatives were being prepared, the 'development of supportive environments' was the most prevalent. Only one quarter of initiatives made allowances for/considered Policy developments and/or Organisational change, when the Quality Initiative was being prepared.

Table 4.6

Multi Strategic elements of Quality Initiatives	No	%
Policy developments	12	25
Education/Learning	20	42
Organisational change	12	25
Development of personal skills	17	35
Development of supportive environments	27	56

To try and gauge how (if at all) multi-strategic initiatives were, five components were identified. The components focussed on different aspects of policy developments, and organisational and environmental change, brought about through the Quality Initiative. Fig. 4.6 sows that only 10% of the initiatives under taken were multi-strategic, whilst almost one quarter of initiatives did not incorporate any multi-strategic components.

Fig. 4.6



4.7 Empowering Components

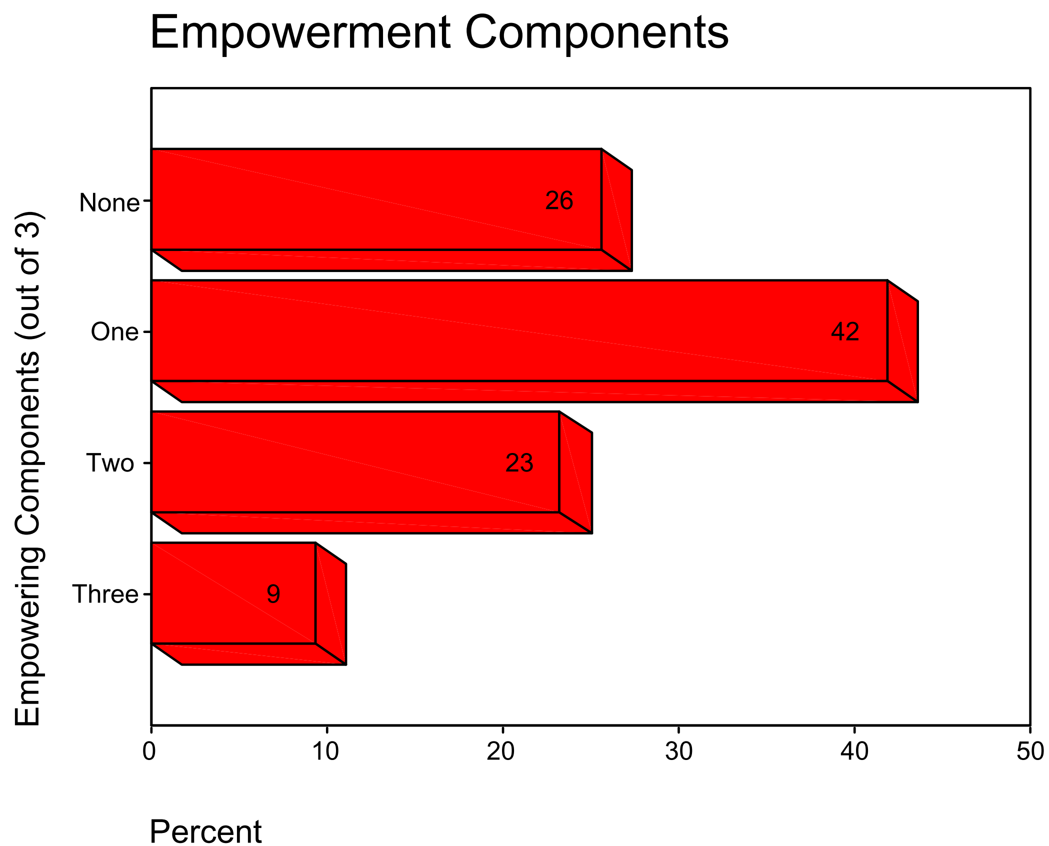
Table 4.7 that less than half of all Quality Initiatives succeeded in providing the older people with more choice and control over their personal health, or giving them the ability to adapt to a healthier lifestyle. Only a few Initiatives were successful in providing the older people with more power over their socio-economic factors that affect their personal health.

Table 4.7

Empowerment components of Quality Initiatives	No	%
Provided more choice and control over individual health	23	48
Provided ability to adopt to healthier living	22	46
Provided more power over socio-economic factors affecting health	8	17

Three different ways of promoting health through empowerment were identified. Empowerment is a complex issue, but one which is considered an essential element of any health promoting Quality Initiative. Fig. 4.7 highlights how many out of three empowerment components were successfully included in each initiative. Only a few initiatives (less than 10%) incorporated all three elements of empowerment, whilst almost half of the initiatives managed to only include one (out of three) components. Over one quarter (26%) of initiatives did not incorporate any of the components of empowerment.

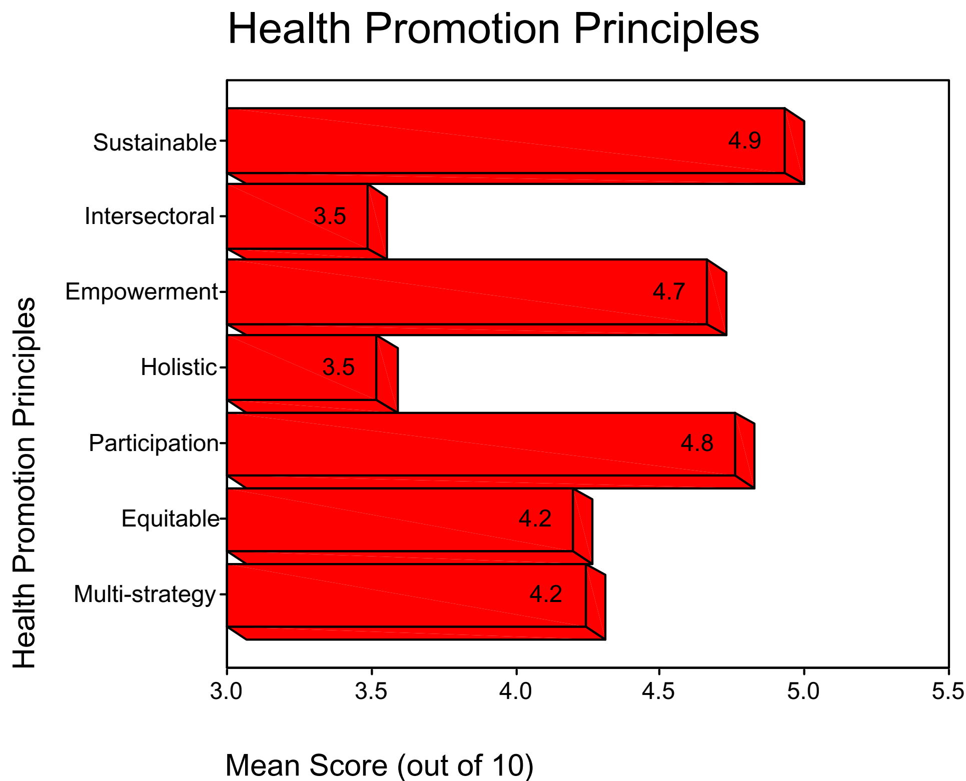
Fig. 4.7



4.8 Health Promotion Principles

Each Quality Initiative was assessed in terms of its health promoting capability. The seven principles were developed by the WHO (1998) in order to enable health promotion evaluationTo enable comparisons between components each case was weighted, so that each component was scored out of ten. Fig. 4.8 shows that the Quality Initiatives all rated very poorly on all seven measures of health promotion. Of the seven, initiatives rated lowest on Holistic and Intersectoral principles, scoring less than four out of ten. The most prevalent health promotion principles of the Quality Initiatives were Sustainable (4.9 out of 10) and Participative (4.8 out of 10). However these combined results of all Quality Initiatives failed to yield a score of over five (out of ten) for any of the seven health promotion principles. This shows that on the whole, in terms of the WHO principles, the Quality Initiatives scored poorly in terms of health promoting qualities.

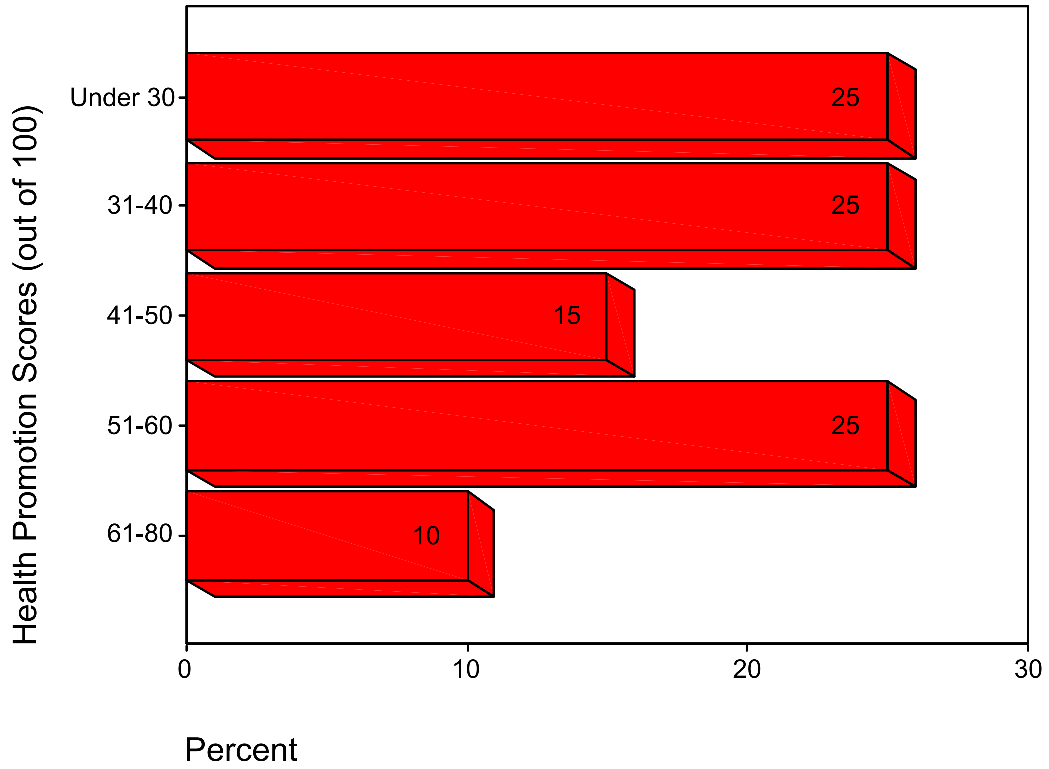
Fig. 4.8



4.9 Health Promotion Index

The scores of how the Quality Initiatives rated in terms of the seven WHO health promotion principles were combined. The sum scores were weighted to give a score out of 100. Fig. 4.9 shows that of all the Quality Initiatives, half (50%) rated very poorly, with a score of less than 40 (out of 100). Only 35% of the initiatives scored over 50 (out of 100). However, none of the Quality Initiatives that were analysed in this report scored over 80 out of 100. This shows that none of the Quality Initiatives could be seen as fully health promoting

Fig. 4.9


Health Promotion Index
Health Promotion Scores (out of 100)
Under 30
31-40
41-50
51-60
61-80
25
25
15
25
10
0
10
20
30
Percent

5.Discussion

Quality Initiatives were put in place in different health care settings aimed at improving the health of older people. The aim of the Quality Initiatives was to promote health amoung older people, improving their quality of life. The evaluation was designed to establish whether the initiatives undertaken were successful in promoting health amoung participating older people. In order to carry out the evaluation, the seven health promotion principles identified by the WHO (1998) were used as a guideline to assess the initiative's health promoting capability.

A wide range of different Quality Initiatives were examined, from "exercise programmes for the elderly in a community setting" to "providing a shop for the elderly in a long stay hospital". Forty eight Quality Initiatives were analysed in total, however only a small proportion were seen to be fully health promoting in respect to the principles of health promotion as set out by the WHO (1998).

By weighting results and developing a scoring system to view each aspect of health promotion amoung the Quality Initiatives, a very clear and concise picture of the standard of initiatives, in terms of the WHO principles can be seen. When the combined results from the Quality Initiatives were examined in terms of the WHO principles (section 4), initiatives rated poorly. In particular *Intersectoal* and *Holistic* principles were very poorly represented.

Sustainable components were the strongest represented principles of health promotion amoung the Quality Initiatives. However, while the vast majority of initiatives (96%) were currently in progress or finished, only 35% of the initiative co-ordinators planned to further develop or start new initiatives. This is a significant and worrying trend which

has developed amoung health care workers who organise and co-ordinate these Quality Initiatives. The support of health care professionals is a key part to developing future initiatives. The high proportion of health professionals not wishing to engage themselves in future Quality Initiatives, indicates a need for greater support for Quality Initiatives. This is a very important issue which needs to be addressed urgently. Some health care professionals in charge of co-ordinating initiatives complained of not receiving adequate financial support to fully implement initiatives. Sufficient funding should be allocated to enable the initiatives to be developed to their full potential. The health care professionals views as well as older peoples must be taken into consideration if initiatives are to be successful.

Some health care professionals involved in Quality Initiatives felt disheartened at the lack of support received when carrying out the initiatives. This lack of support from other sectors within and outside the health services can be seen from the very low *Intersectoral* score. Only one in five initiatives were successful in recruiting partners from outside the health services and only 12% of initiatives involved private sector partners. In order for Quality Initiatives to be successful, closer partnerships need to be made, which will help fund initiatives and assist health professional in the planning and running of initiatives.

Through out the group discussions with the participants, they seemed to be very happy with the running of the Quality Initiatives. However, whilst the older people had few complaints with the running of the initiatives, they seemed to have little or no input into the planning of the initiatives. Whilst *Participation* did rank second highest of the seven principles, most (90%) of the planning for the initiatives was carried out by health professionals, showing little involvement of the older people in the important planning stages. There seemed to be a lack of communication also between the initiative co-ordinators and the older people's relatives. Only 23% of relatives of the older people had an input into the planning of the initiatives. Perhaps relatives and older people should be more actively involved in the well being of the older people, if not in the actual implementation of the initiatives surely in the planning stages.

An integral part of any health promoting Quality Initiative is to focus on improving the lifestyle and well being of the participants, by introducing them to ways of adapting to a healthier lifestyle. This notion of empowering individuals to live healthier lives was not adequately represented in the Quality Initiatives. Less than half (46%) of the initiatives provided the older people with the ability to adapt a healthier lifestyle. This is an important issue, which needs to be addressed. Enabling someone, (regardless how old they are) to live a healthier life is the essence of health promotion.

During the group discussion with the older people regarding how the Quality Initiatives had impacted on their well being, a very positive response was aired. It was clear from the discussion, that the older people felt that the initiatives were a good idea and that all older people should be involved in such initiatives. The older people were grateful for the time and effort made by the co-ordinators of the initiatives and were happy with the way in which they were carried out. A positive and enthusiastic response was evident in the vast majority of participants. Whilst the positive response from the group discussion with the older people was both striking and encouraging, this view can not be representative of the entire sample because it was only the views expressed by participants in three out of 48 (6%) Quality Initiatives.

When the Quality Initiatives are viewed in terms of their health promotion scores, a much less positive response can be seen. Whilst many older people may have found the initiatives enjoyable and a welcome break from their daily routine, the Health Promotion Index shows that in terms of health promotion according to the WHO, only 35% of initiatives scored over 50 out of 100. This clearly shows that the majority of Quality Initiatives rated very poorly in relation to promoting health amoung the older people.

6. Conclusions and Recommendations

The evaluation examined Quality Initiatives that were aimed to promote health amoung older people, who were being cared for in different types of health based settings. The key findings of the report can be summarised as follows:

- Intersectoral components and Holistic components were very poorly represented in the Quality Initiatives.

- Sustainable components were the strongest represented priniciples of health promotion amoung the Quality Initiative.

- Not all Quality Initiatives were empowering, with less than half (46%) providing older people with the ability to adapt a healthier lifestyle.

- Older people felt that the Quality Initiatives were a good idea and that all older people should be involved in such initiatives.

- Quality Initiatives were not sustainable, with only a small proportion (35%) of health care professionals planned to further develop or start new initiatives.

- In terms of health promotion according to the WHO, only 35% of Quality Initiatives obtained a score of over 50 out of 100.

Overall, it was concluded that the majority Quality Initiatives for Older people, whilst enjoyed by the older people, were not in fact health promoting. A number of recommendations are suggested to enhance and further develop existing Quality Initiative.

- The WHO Principles of Health Promotion should be taken into important consideration by health care professionals when planning to implement Quality Initiatives.

- Sufficient funding should be allocated to enable the initiatives to be developed to their full potential.

- In order for Quality Initiatives to be successful, closer partnerships (both inside and outside the health services) need to be made, which will help fund initiatives and assist health professional in the planning and running of initiatives.

- Relatives and older people should be more actively involved in both the planning and actual implementation of the Quality Initiatives.

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Appendix 1

A Chara,

This is a short questionnaire to find out your opinion of the Quality Initiatives that have been set up in your setting to promote the health of older people.

This survey is important and the results will help in the planning of future Quality Initiative for older people. We would therefore appreciate it if you could spend a few minutes filling in the enclosed questionnaire. The survey is completely confidential.

Please complete the questions by putting a circle round the appropriate number e.g. ②
The questionnaire should be returned in less than three weeks using the free-post envelope provided.

If you have any queries about the questionnaire or about the survey in general please contact me at the above number.

Thank you very much for your help.

Yours sincerely,

____

Sean Conneely
Public Health Department.

Appendix 2

Questionnaire No

Q1 Which (if any) of the following did your Quality Initiative include:

CIRCLE NUMBER

	Yes	No
Physical activity for participants (if yes, specify) ____________ ____________	1	2
Encourage non smoking (if yes, specify) ____________ ____________	1	2
Ensure a nutritious diet for participants (if yes, specify) ____________ ____________	1	2
Help participants to solve problems for themselves (if yes, specify) ____________ ____________	1	2
Help participants to deal with unpleasant feelings (if yes, specify) ____________ ____________	1	2
Help participants to build relationships with their peers (if yes, specify) ____________ ____________	1	2
Help participants to build relationships with their family and friends(if yes, specify) ____________ ____________	1	2
Help participants to build relationships with facilitators (if yes, specify) ____________ ____________	1	2
Help participants to explore and gain meaning of their own life (if yes, specify) ____________ ____________	1	2

Q2. Who was involved in the planning of your Quality Initiative?

Please circle number

	YES	NO

Staff	1	2
Older people	1	2
Older peoples relatives	1	2
Other	1	2

Please indicate (mark with an x) the level of participation the older people had in the **planning** of your Quality initiative .

E.g.: 0= The participants were told nothing

5= The participants were included in every stage of the project.

No Control **Full Partnership**

0 1 2 3 4 5

Q3. Who was involved in the implementation/ setting up of your Quality Initiative?

Please circle number

	YES	NO
Staff	1	2
Older People	1	2
Older peoples relatives	1	2
Other	1	2

Please indicate (mark with an x) the level of participation the older people had in the **implementation/setting up.**

No	**Full**
Control	**Partnership**

0	1	2	3	4	5

Q4. Who was your Quality Initiative aimed at?

Please circle number

	Yes	No
All Older People in medical services in your setting	1	2
A specific no. of older people in care	1	2
A particular age-grouping of older people	1	2
People suffering from certain illness	1	2

Q5. What stage is the Quality Initiative at?
Please circle number

Still at planning stage	1
Currently in progress	2
Have yet to begin	3
Finished	4

Q6. How long has your Quality Initiative been in place? _____weeks.

_______months

Q7 Is there any plan to further develop existing Quality Initiatives?

CIRCLE NUMBER

	Yes	No
I yes, specify ____________________ ____________________	1	2

Q8 Did your Quality Initiative make partnerships with others?

Yes	1	CONTINUE
No	2	GO TO Q12

Q.9 Which (if any) of the following partners were involved in your Quality Initiative?

CIRCLE NUMBER →	Yes	No
Partners who also work in the health services.	1	2
Partners who work outside the health services.	1	2
A combination of partners who work within the health services and health services and partners who work outside the health.	1	2

Q10. Please indicate level of participation.

Shared Authority	1
Joint Planning	2
Recommendations	3
Consultation	4
Received information	5

Q11 Which (if any) of the following partners were involved in your Quality Initiative?

CIRCLE NUMBER →	Yes	No
Public sector partner (if yes, specify) ______ ______	1	2
Private sector partners (if yes, specify) ______ ______	1	2
Voluntary sector partners (if yes, specify) ______ ______	1	2

Q12 Which (if any) of the following were taken into consideration when you were developing you Quality Initiative?

CIRCLE NUMBER →	Yes	No
Policy developments (if yes, specify)	1	2

______________________________		
Education/learning (if yes, specify) ______________________________ ______________________________	1	2
Organisational change (if yes, specify) ______________________________ ______________________________	1	2
Development of personal skills(if yes, specify) ______________________________ ______________________________	1	2
Development of supportive environments (if yes, specify) ______________________________ ______________________________	1	2

Q13 Which (if any) of the following does your Quality Initiative provide?

CIRCLE NUMBER →	Yes	No
More choice and control over their health (if yes, specify) ______________________________ ______________________________	1	2
The ability to adopt to healthy living behavior within his/her own environment (if yes, specify) ______________________________ ______________________________	1	2
More power over socio-economic factors that affect their health (if yes, specify) ______________________________ ______________________________	1	2

Q14. How much money (approx.) was allocated for evaluation of your Quality Initiative?

€__________

Q15. Was any money allocated for evaluation of your Quality Initiative?

Yes	No
1	2

If Yes, state how much €________

Q16. Has any assessment been made to ensure that your Quality Initiative has met its objectives?

Please circle number

Yes	No
1	2

If Yes, briefly state how……………………………………………………………

…………………………………………………………………………………….

Q17. Did you set Performance Indicators for your Quality Initiative?

Please circle number

Yes	No
1	2

If Yes, briefly state how……………………………………………………………

…………………………………………………………………………………….

Q18. Do you plan to start a new Quality Initiative?

Please circle number

Yes	No
1	2

If Yes, briefly state how……………………………………………………………

…………………………………………………………………………………….

Thank you for your assistance.

Appendix 3

Group Discussion with Older People.

Group Interview 1. Introduction of the Euro Programme. *Community setting*

Q1. Do you remember the education programme about the introduction of the Euro?

Q2. Can you tell me a bit about it?

Q3. Did you enjoy it?

Q4. Did the Euro programme help you to prepare yourself adequately for the currency changeover?

Q5. Did you have a choice whether to participate in the programme or were made participate?

Q6. Do you think that there should be more learning programmes like the Euro training sessions?

Q7. Was there anything about the programme you did not like?

Q8. Did the programme help you to make new friends/get to know people better?

Group Interview 2. Photographs mounted on patients' bed room wall.
Long Stay Hospital setting

Q1. Did the nurses have pictures erected on their bedroom wall?

Q2. Do you think that having photographs of your family and friends erected was a good idea?

Q3. Do the photographs make you feel better?

Q4. Would you like more photographs to be put up on the walls?

Q5. Would you be sad/disappointed if the photographs had to be taken down off the walls?

Q6. Do you think all places like this should have photographs of family and friends on their bedroom walls like this one?

Q7. Are there any <u>other</u> changes that you would like to make to your bedroom which would make it nicer?

Group Interview 3. Mobile Shop. ***Long Stay Hospital setting***

Q1. Have you used the mobile shop?

Q2. Do you think that the introduction of the mobile shop was a good idea?

(Why do you think it was a good idea?)

Q3. Do you think that every home/hospital should have a shop?

Q4. Do you think the shop could be improved?

(Do you think it should come more often than once a week?)

Q5. Do you feel the shop gives you more independence since you no longer have to rely on staff and can buy things for yourself?

Q6. Do you look forward to the shop, each week?

Q7. If the shop stopped would you miss it?

Q8. Is there anything about the shop that you would like to change/improve?

(I.e. Choice of goods, times its open, etc.)