



Well for Life Evaluation

Highlights from the evaluation
– phase one projects

November 2005

go
for
your
life™



Well for Life Evaluation

Highlights from the evaluation of phase one projects

November 2005



Well for Life, *a way of life*

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Introduction

The Department of Human Services, Aged Care Branch would like to acknowledge Rosemary McKenzie and Lucio Naccarella from The Program Evaluation Unit (PEU), The University of Melbourne who provided a Support and Evaluation role to Well for Life projects and who undertook the evaluation.

Well for Life is an innovative program that aims to improve nutrition and physical activity for frail older people by focusing on change in policies and practices in providers of Home and Community Care Planned Activity Groups (PAGs) and among Public Sector Residential Aged Care (PSRAC) agencies. Through its emphasis on nutrition and physical activity Well for Life upholds the principles of the *go for your life* campaign.

Well for Life brings together health promotion approaches, a strong evidence base and opportunities for partnership between aged care and other areas of the primary care sector.

The aim of Well for Life is to improve the overall quality of life of older people attending PAGs or living in PSRAC facilities.

Well for Life has been implemented in care-focussed settings that have not traditionally included health promotion approaches as part of organisational culture and practice. The complex needs and frailty of people receiving aged care services require intensive input from care providers, often resulting in time and resource limitations for activities not directly care-related. In addition, older people themselves may not recognise or embrace health promotion messages and activities.

Well for Life is ground-breaking, in that it challenges established systems, attitudes, and practices with the aim of improving the health and well-being of frail older people in aged care settings. A fundamental assumption underpinning Well for Life is the need for multi-level action across organisations, the aged care workforce and with older people and their families and carers. It is also premised on the notions of capacity building and evidence-based practice, although paradoxically the evidence base on practice change in aged care is relatively limited. Over time, Well for Life could be expected to contribute to that evidence base.

Given the context and fundamental premises of Well for Life, this modestly funded first roll out of projects in PSRAC and PAGs has achieved considerable success across a range of dimensions, particularly in terms of participation, workforce development and prospects for sustainability.

Well for Life projects used a range of strategies to contact and engage a large number of participants and residents, (including many people with dementia); staff and to a lesser extent, carers. An array of drivers for, and barriers to implementation were identified, most of which were anticipated, given the cultural, organisational and target group context. The projects showed persistence and flexibility in dealing with challenges and achieved strong reach with the aged care workforce, participants and residents. In particular, participants with dementia had the opportunity to be involved and specific strategies were employed to optimise their participation and enjoyment. Support by management, commitment and enthusiasm by staff, and the enthusiasm of participants and residents were significant factors in achieving strong reach.

Evaluation of the projects suggests that Well for Life also has intangible benefits that are not easy to document. These benefits are around challenging prevailing stereotypes of what frail older people can do, and what improvements might be achieved in old age in health and enjoyment of daily life. This challenging of stereotypes is embedded in Well for Life principles and is expressed through simple changes in staff practices, and participation by residents and participants in physical activity and better nutrition. Changes in stereotypes may take many years to emerge, and the effectiveness of Well for Life at this stage of implementation may be as a catalyst for change and a springboard for those in aged care settings – management, staff and older people – who are already advocates of being ‘well for life’ regardless of age or impairment.

Much has been learnt from the evaluation component included in this first year of Well for Life. By documenting project reach and the factors that influence project implementation, the evaluation has broadened understanding about planning and implementing Well for Life activities in ‘real world’ aged care settings. It contributes to a better understanding of how evidence-based interventions might be translated into practice change throughout the sector. Particular strengths of Well for Life so far include, workforce development, increased organisational health promotion capacity and the expressed commitment of projects to sustainability.



Well for Life, a way of life

Well for Life Evaluation

Highlights of the Evaluation

Well for Life Aims

Well for Life is an innovative program that aims to improve nutrition and physical activity for frail older people by focusing on change in policies and practices among providers of Home and Community Care Planned Activity Groups (PAGs) and in Public Sector Residential Aged Care (PSRAC) agencies.

Well for Life itself brings together health promotion approaches, a strong evidence base and opportunities for partnership between aged care and other areas of the primary care sector.

In its first year of operation, the Aged Care Branch of the Victorian Department of Human Services (DHS) funded 25 Well for Life projects across 5 DHS regions: Eastern Metropolitan; Southern Metropolitan; Hume; Grampians; and Gippsland.

The Well for Life Incentive Grants provided agencies with the opportunity to purchase equipment, support staff development and training as well as enable partnerships and links with local community networks.

Well for Life was also supported by a resource kit, *Well for Life Improving nutrition and physical activity for residents of Aged Care Facilities* together with a Support and Evaluation role provided by The Program Evaluation Unit, The University of Melbourne.



Well for Life Objectives

The objectives of Well for Life are:

- ▶ To improve motivation, knowledge and skills of staff, in both PSRAC facilities and PAGs, as well as carers of older people attending PAGs, to promote the health and well-being of older people with a focus on nutrition, physical activity and recreation.
- ▶ To engage management support in developing organisational culture and initiatives that promote older persons' health and well-being.
- ▶ To increase opportunities for health and active living activity within PAGs and PSRAC through grant-based incentives.
- ▶ To support staff, by encouraging professional information exchange and linkages with government funded and private sector programs and services in the local community. For example, Falls Prevention Programs, Active Script, Walk & Talk, strength training, gentle exercise, and delivered meals.
- ▶ To develop information regarding planning and implementing Well for Life that can be transferred to other agencies, communities and / or settings.

RE-AIM Evaluation Framework

RE-AIM is an innovative evaluation approach designed to capture the effects of health promotion interventions in real world settings and to encourage the translation of research and evaluation findings into better practice (Glasgow et al, 1999).

RE-AIM captures the vital areas of interest for a range of stakeholders seeking to assess and measure the effect and impact of an intervention –

Reach – engagement and participation of the target population for the intervention,

Effectiveness – the effects or impacts of the program, both positive and negative,

Adoption – uptake of the intervention in agencies and settings,

Implementation – the extent to which the intervention is implemented as intended in the real world,

Maintenance – the extent to which a program is sustained over time.

Together, the notion of capacity building and the RE-AIM framework provide a comprehensive and flexible approach to provision of support and to guide evaluation. The RE-AIM framework enables data collection and monitoring of implementation to be addressed in a systematic manner.

Key premises which underpinned evaluation design

Health promotion for frail older people is a fundamental principle of Well for Life and the support and evaluation method is grounded in both knowledge of, and commitment to, the notion of Integrated Health Promotion.

Evaluation approaches can and should be used as a tool to strengthen project development, planning and implementation.

Process and impact evaluation of Well for Life are required.

Impact evaluation will be possible to the extent that satisfactory pre-intervention data can be collected which might enable a pre- and post- intervention assessment of various measures of participant functional capacity, as well as agency capacity to deliver health promoting interventions.

Experiences and effects for individual participants, for carers (where possible and appropriate) and for agencies are to be explored and documented.

Quantitative and qualitative data regarding the successes and challenges of implementing Well for Life are required, taking account of the residential and community contexts in which the initiative is implemented.





The most widely implemented strategies in **physical activity** were strength training, chair-based exercise and walking groups.

Nutrition strategies included assessment of individual participants, review of organisational nutrition practices, development of a nutrition manual for the organisation, nutrition education for staff, carers and participants and practical cooking and shopping sessions.

One agency offered themed picnic days that included nutrition, physical activity and social opportunities.

Evaluation Design

The aim of the evaluation was to provide both quantitative and qualitative information regarding the success and challenges of Well for Life in a range of community and residential settings, to inform future extension.

The **objectives** of the evaluation of Well for Life were:

- ▶ Develop agency and participant profiles, including: functional Activities of Daily Living (ADL); age; living arrangements; other activities attended; numbers attending services
- ▶ Investigate how carers are included in program activities, what level of involvement is achieved and benefits to carers and/or families
- ▶ Determine the level of partnerships established in each region and how links were achieved and maintained
- ▶ Determine the extent to which the target population has been accessed and individual needs met, including people with dementia
- ▶ Examine the attitudes of agencies and individuals to Well for Life and by extension, the willingness of both groups to adopt Well for Life
- ▶ Determine the success and challenges of implementing Well for Life in various agencies and areas
- ▶ Anticipate the level of sustainability of Well for Life into the future
- ▶ Evaluate how successful Well for Life has been in improving nutrition and physical activity in frail older people as well as documenting the motivating factors and barriers to people participating in the program.

Effectiveness can be defined as project impact, and the extent to which project objectives are achieved.

The Well for Life evaluation considered effectiveness in relation to:

- ▶ the extent to which projects engaged participants and residents in new activities and behaviours;
- ▶ the extent to which staff knowledge and skills in promotion of physical activity and healthy nutrition have increased, and
- ▶ the extent to which organisational capacity for health promotion and partnerships increased.

Key Findings

The 12-month evaluation of Well for Life has identified the following major areas of achievement consistent with the aims and objectives:

Organisational commitment

The successful recruitment of 25 agencies to develop and implement health promotion projects focused on nutrition and physical activity for older people attending PAGs or living in PSRAC facilities. Agency enthusiasm for and commitment to the principles of Well for Life was generally a strong, shared characteristic of funded projects. There was evidence of the development of organisational policies and processes within agencies to support Well for Life principles and activities.

Workforce development

The implementation of training and professional development activities for staff to increase the capacity of the aged care workforce to promote healthy nutrition and physical activity for participants and residents.

Participation

Strong reach, with a total of approximately 1648 participants, 332 staff and 36 carers participating in Well for Life. Actual participant and resident reach combined is estimated to have been between 60%–80% of the level of reach anticipated by projects at commencement.

Project capacity building and evaluation

Further development of a Support and Evaluation strategy delivered by PEU. Projects reported that such support contributed to increased capacity for planning, implementation and evaluation.

Targeted health promotion

The development of multi-level strategies and activities (organisational, staff, participant and resident foci) to improve the health and well-being of frail older people.

The development of resources and targeted use of tools (for example organisational nutrition guide, physical assessment tools) to support and sustain Well for Life activities.

The development of a range of new opportunities for PAG participants, residents and carers to participate in Well for Life physical activity and healthy nutrition activities.

Partnerships and service linkages

The development of partnerships with relevant agencies to strengthen and sustain Well for Life principles and activities. A particular highlight of new partnerships is the relationships and networks developed between PAGs and PAG staff.



Well for Life Evaluation

Highlights for the Organisation

Eight agencies reported that Well for Life had contributed to their organisational development. They cited the incorporation of Well for Life into their agencies operational plans and the review of nutrition and physical activity policies and structures. This finding needs to be considered in light of the high level of reported management commitment to, and support for, Well for Life.

Furthermore, projects reported establishing organisational structures, such as Steering and Reference groups.

“Well for Life is a great concept and it is everyone’s right to have access to this wonderful program.”

PAG Coordinator Wangaratta

Well for Life project personnel have identified strong prospects for sustainability. This optimism is largely grounded in the level of workforce development; organisational development and partnerships achieved to date, but it also reflects the commitment of

staff and agency management to Well for Life principles and their passion in advocating health promoting approaches in aged care. The sustainability findings were therefore a mixture of confidence in newly developed skills and partnerships, and a commitment to new health promoting approaches in aged care.

Regular assessment and reassessment of participants was frequently flagged as a priority, in addition to continually seeking feedback from both staff and participants.

The barriers to sustainability were related to funding and staff concerns, with several agencies commenting that the projects sustainability would be jeopardised without continued financial support, or that aspects of the projects may need to be reduced or eliminated. A high level of support for Well for Life activities in the community was reported, as was strong support from the senior levels of the agency.

An intention to extend the current project was reported by several agencies, and most will either continue or increase staff training programs.



At an organisational level evidence suggests promising development of health promotion capacity, not only in terms of workforce, but in organisational policies and practices and in the substantial development of agency partnerships and professional networks.

I must say that for me personally Well for Life has been like a breath of fresh air! . . . Previously sweet biscuits and cakes made up the morning tea. Now our participants receive beautifully presented plates of colourful fruit cheeses and savoury delights.

The funds helped us make some great purchases such as the Digi walkers and the table tennis which has generated interest from previously sedentary participants.

Our participants and staff have also become actively involved around planning activities that will provide them with increased physical well-being. Some of these include guest speakers, dancing, walking group, exercise circuit, bowling and exchanging healthy recipes with each other.

Shire of Yarra Ranges Final project report

Well for Life is an innovative program that aims to improve nutrition and physical activity for frail older people by focusing on change in policies and practices in providers of Home and Community Care Planned Activity Groups (PAGs) and among Public Sector Residential Aged Care (PSRAC) agencies.

Well for Life itself brings together health promotion approaches, a strong evidence base and opportunities for partnership between aged care and other areas of the primary care sector.

By continually reinforcing the benefits of exercise and nutrition, maintaining current programs and when necessary, varying the activities provided, agencies reported a strong desire to capitalise on the project's success and aim for its continuation should funding allow. The importance of physical activity and/or nutritional awareness has been recognised generally, with many agencies incorporating these themes into their standard policy and practice.

Well for Life Evaluation

Highlights for Workforce Development



Overall, a total of 1648 participants took part in Well for Life activities. A total of 36 carers were reached. A total of 332 staff were involved in Well for Life activities, mainly in workforce development activities of training and upskilling. Actual participant and resident reach combined can be estimated to have been between 60%–80% of the level of reach anticipated by projects at commencement.

The evaluators . . . provided tools (based on resources in the Well for Life Kit) to assist in the evaluation of staff knowledge and skills resulting from training. However, few projects were able to provide significant data on staff changes, although accredited training was provided in many projects, with some projects undertaking small-scale evaluations of resident and staff attitudes, knowledge and perceived skills. Some observations can be made based on these activities and on the anecdotal material provided by project personnel during workshops and in final reports.

A range of projects conducted separate physical activity and nutrition upskilling sessions for staff provided by local physiotherapists, dietitians and other allied health professionals. Projects that provided evaluation material to PEU indicated that these sessions were valued by the vast 'majority' of participants; that the 'majority' of participants felt that their knowledge and skills had increased, that the 'majority' would encourage other colleagues to undertake upskilling because of the benefits, and importantly, that the 'majority' felt confident in using new knowledge and skills with participants.

"Useful having physiotherapist present to demonstrate equipment and explain techniques."

Staff participant Physical Activity Training session, Shire of Yarra Ranges





At the staff level, while evidence of effectiveness in terms of new knowledge and skills is limited, the proxy indicator of high participation in training and professional development and the wide spread reporting of staff motivation suggest that essential prerequisites of staff practice change are present.

At the participant level, it is anticipated that this initial achievement in workforce development will contribute over time, to gradual and cumulative change in the culture of aged care service delivery. Such change would of course be dependent on ongoing workforce training and development.

Agencies have conducted training programs for staff, with a view to further upskilling when time and funding allowed. Staff members were generally enthusiastic and positive about the content.

Reach Strategies

A range of strategies were used to recruit staff and professional providers including:

- ▶ direct invitation; use of existing professional networks; appointment by a project coordinator or steering group.

Participants were predominantly reached by:

- ▶ direct promotion; via face-to-face presentation; and information sheets/flyers.

A substantial proportion of the more than 300 staff who participated in Well for Life received formal training in fitness appropriate for older people from accredited external providers such as Arthritis Victoria and Council on the Ageing (COTA). Some staff gained a Certificate III and IV in Fitness from FitNation or TAFE Colleges. It can be assumed with a degree of confidence that formal training will result in an increase in staff knowledge and skills.

Well for Life Evaluation

Highlights for Participants



In Tallangatta, 5 regular PAG participants in strength training have improved their weight bearing capacity and self-report (in feedback and evaluation sessions) that they are feeling stronger and better in themselves.



A severe stroke victim in a Wimmera high care residential facility has significantly improved strength in his weaker impaired side and is contributing more effectively to dressing and transfer tasks after only 12 weeks of strength training.



A man in his 80s in a Wangaratta PAG resumed swimming after 20 years, supported by Well for Life, and is now joined by 6 other PAG members in a weekly, much enjoyed aquatic program.



A 100-year-old resident in a Central Victorian high care residential facility, after initial reservations, now eagerly awaits her weekly chair based exercise sessions.

Hepburn Health Service/Hepburn Shire Council

A joint project between the Hepburn Shire Council (PAGs) and the Hepburn Health Service (PAGs and Residential Aged Care). The project aimed to empower participants to improve their independent living skills, increase their levels of nutrition, continue their exercise programs in a home environment and encourage the involvement of carers of residents of aged care facilities. The program was based upon a social model of health – consideration of the whole person, including the social, physical and mental aspects of people's lives.

... where information has been provided, it is clear that food based activities and learning are of pleasure and interest to residents and PAG participants.

Manager, Primary Care, Rural North West Health

Challenges

The evaluators provided projects with materials to assist in the assessment of participant attitudes and knowledge as a result of Well for Life participation, but few projects were able to provide a body of data on these indicators to the evaluators.

Evaluation of the effectiveness of Well for Life for health outcomes at the participant level proved challenging due to lack of participant level information . . . However, the well documented benefits of increased participation in physical activity and improved nutrition (as outlined in the evidence based Well for Life Resource Kit) lead the evaluators to anticipate that regular participation by older people in Well for Life activities will lead to functional and quality of life improvements.

Strategy implementation for Well for Life participants with dementia

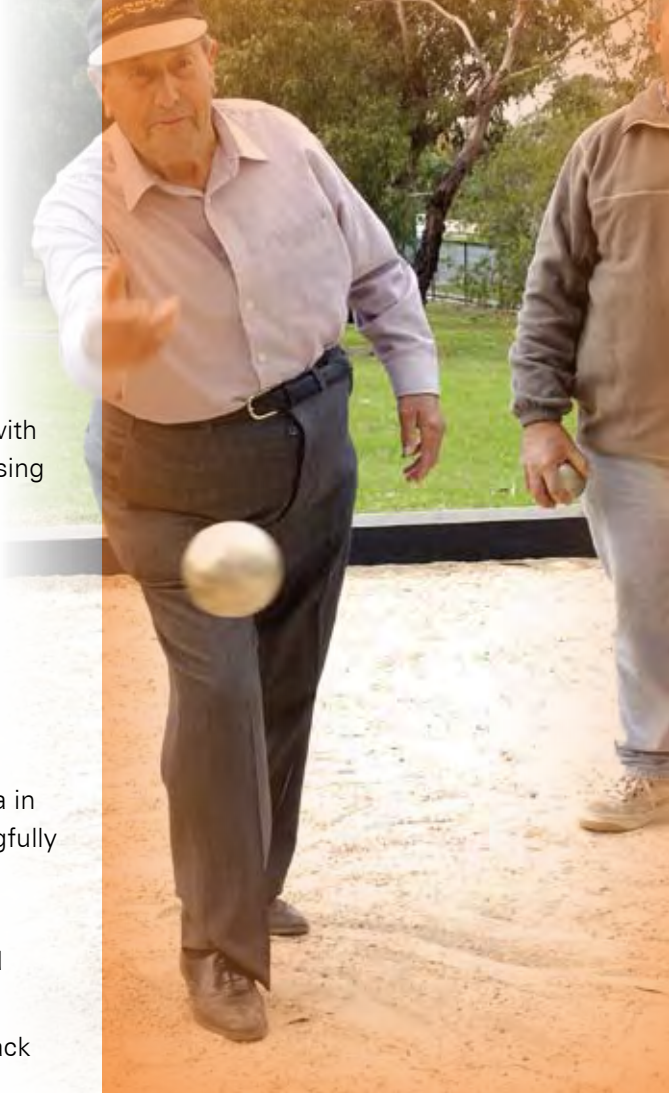
Nine agencies reported having a specific focus on participants with dementia with project staff committing significant time in optimising involvement. An additional six projects reported the inclusion of people with dementia in Well for Life activities.

A range of strategies were employed to respond to the needs of people who have dementia, including:

- ▶ Instructions that are uncomplicated and easy to understand, smaller groups for closer supervision, tasks repeated frequently to encourage participation and recollection.
- ▶ Equal involvement of participants and residents with dementia in all activities even when they seem unable to participate meaningfully or execute the exercises effectively – participants permitted to execute them to the best of their ability.
- ▶ Provision of necessary encouragement, positive feedback and support, including ‘winner’s rewards’ and emphasis on fun.
- ▶ Provision of one-on-one assistance, gaining participant feedback to determine if and how much the activity was enjoyed, individually and in groups involving staff.
- ▶ Clear nutrition education sessions conducted for participants and residents with dementia, carers and staff; samples of high energy, high protein nutrition supplements given to participants who had a poor intake and/or had lost weight.
- ▶ Provision of alternative exercises for those unable to use weights safely.
- ▶ Provision of separate physical activities, keeping them on a basic level – e.g. activities with balloons, sheets, big balls.
- ▶ Plan to run a separate Strength Training group for PAG participants with dementia.

Key Challenges

Sixty percent of agencies included people with dementia in Well for Life activities. Nine agencies reported focussing specifically on participants with dementia, with a further 6 agencies noting that persons with dementia participated in Well for Life, reaching overall 207 participants and residents with dementia.



Implementation of strategies

The following comments were provided on the extent of implementation of strategies for participants with dementia:

It was “challenging at first to implement activities for participants, particularly physical activity focused, but progress is being made.”

“All strategies for participants and residents with dementia were implemented, and with encouragement and reassurance people have participated with increased confidence, appearing to gain a sense of satisfaction and pleasure from the activities.”

“Staff are now more aware of nutritional intake, swallowing actions and the importance of including physical activity into the program for people with dementia.”

Compilation of comments from nine agencies provided in Self Assessment Summaries

Well for Life Evaluation

Highlights for Health Promotion



The majority of agencies were positive about maintaining Well for Life, with a clear commitment to the Well for Life principles.

Over a third (38%) of agencies reported that Well for Life had contributed to their agency's health promotion resources.

Several agencies commented that it enabled them to purchase new equipment and develop new tools including, a nutrition manual, and assessment and consent forms to support physical activity programs.

The learning and capacity building function of the support model has contributed to Well for Life achievements. There was wide variability in the experience, knowledge and skills of staff implementing Well for Life.

The support component contributed to an increase in health promotion planning and evaluation knowledge, particularly for those not working in primary care settings.

Continued capacity building in health promotion is required to advance cultural change in the aged care sector.

Highlights for Partnerships

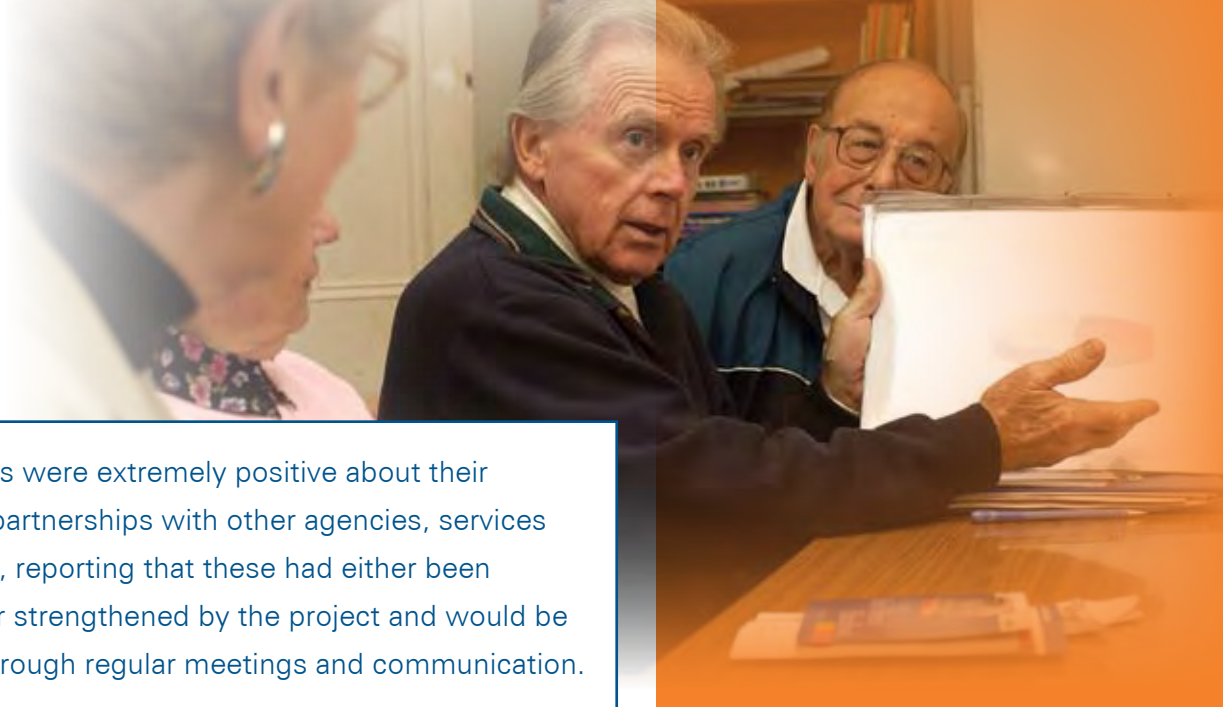
The contribution of Well for Life to the agency's partnerships with other agencies and organisations was regarded positively, with almost half (48%) of projects rating this highly.

Both internally and externally, new partnerships were established and existing partnerships were strengthened as a result of Well for Life.

The formation and strengthening of partnerships were key features of Well for Life projects.

... **partnerships** served to establish projects, develop strategies to sustain the projects and to provide ongoing support to service providers.

Partnerships were established with other agencies (e.g., local government, CHS, hospitals, Arthritis Victoria); with health professionals (e.g., physiotherapists, dietitians, strength trainers, nurses); with other health promotion programs (e.g., Falls Prevention Programs; physical activity programs – Active Script) and with other related initiatives (e.g., PCP and municipal public health promotion plans).



Most agencies were extremely positive about their professional partnerships with other agencies, services and providers, reporting that these had either been established or strengthened by the project and would be maintained through regular meetings and communication.

Hepburn Health Service/Hepburn Shire Council

A significant achievement of the project was the creation of links between the community care and residential care sectors across the Shire. The project brought together a multi-disciplinary team of staff including: physiotherapists, PAG staff, nurses, catering staff and dietitians, and mentor visits were conducted to all campuses. Many challenges have arisen, however, which have hampered the development of the project – change of coordinator, staffing issues, initial organisation taking more time than expected, lack of carer involvement and participant apprehension. Nonetheless, the situation is steadily improving, as teething problems are addressed. Staff members have been enthusiastic contributors and are in favour of continuation of the project, believing that with added support, education and funding, programs will be sustainable.

“It was easier building the relationship with the physio and dietitian with the Well for Life Kit already available for them to use as an educational package.”

Co-ordinator of Social Support,
Shire of Yarra Ranges

CONCLUSIONS

Well for Life is groundbreaking in that it challenges established systems, attitudes, and practices with the aim of improving the health and well-being of the frail older people in aged care settings. Over its first twelve months of implementation it has harnessed and strengthened the commitment and skills of those in the aged care sector seeking new approaches and practices. The enthusiasm of this committed group of staff and managers has been an important motivator for the initial success of Well for Life.

Well for Life achieved wide-ranging success in meeting its objectives of improved individual knowledge and skills amongst staff; development of organisational cultures promoting Well for Life principles; involvement by PAG participants and PSRAC residents in physical activity and sound nutrition practices; and development of sustainable partnerships between agencies and between health professionals and care providers. This has been a promising beginning and with sustained effort and commitment, Well for Life can become fully integrated in the aged care environment.



Well for Life – phase one funded agencies by region – 2003-04

Region

Agency

Eastern Metropolitan

Yarra Ranges Shire
Inner East Community Health Service

Gippsland

Bass Coast Community Health
Bass Coast Regional Health
Gippsland Migrant Resource Centre
Latrobe City
Latrobe Community Health Centre
Mallacoota District Health & Support Service
West Gippsland Healthcare Group

Grampians

Rural Northwest Health
East Wimmera Health Service
Ballarat District Nursing & Health Care
Wimmera Health Care Group
Hepburn Shire Council & Hepburn Health Services

Hume

Goulburn Valley Primary Care Partnership
Upper Hume Primary Care Partnership
Glenview Community Care Inc.
Mitchell Community Health Service
Central Hume Primary Care Partnership
Murrundindi Shire Council

Southern Metropolitan

Inner South Community Health Service
Casey/Cardinia Community Health Service
Peninsula Community Health Service
Central Bayside Community Health Service
part Southern Health (Kingston Centre)



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