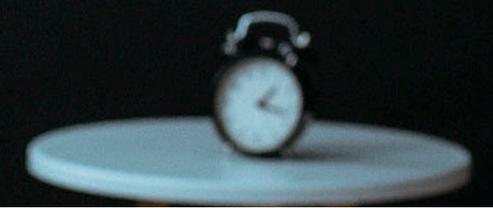




COMPREHENSIVE ASSESSMENT TOOL FOR
OLDER ADULTS
LIVING IN THE
COMMUNITY



In 2017, the World Health Organisation (WHO) created recommendations for personalised care delivery that highlight the link between “healthy ageing” and the occurrence of health problems across key areas of older adults’ lives. For example, problems experienced due to hearing and visual impairment, falls, loss of mobility and social support, and a decline in mental health are strongly linked to an older person’s reduced ability to maintain their health and independence. If these problems can be identified early, actions can be taken to prevent, delay or reduce the effect of age-related disability. A common misconception is that no treatment exists for age-related impairments. However, the WHO evidence compiling research from over 600 studies has illustrated that a simple exercise regime supervised by a physiotherapist can improve an older person’s mobility, balance, cognitive function, reduce joint pain and falls.

The project was designed as part of a quality improvement project to determine the occurrence of these common ageing-related problems amongst McLean Care’s home care package consumers located in rural New South Wales. To identify these problems, the research project trialed the use of the ACT™ digitised assessment and planning tool. This evidence-based comprehensive assessment tool is designed to describe the health domains the WHO has linked to “healthy ageing.”

Under the leadership of Professor Ian Philp, the ACT™ digitised assessment tool was designed to be used with older persons living at home to capture and prioritise health and care-related problems (e.g. describing the percentage of people experiencing problems with performing activities in their daily life). Because of the well-documented poorer health outcomes and access limitations in rural areas of Australia, there is a need to improve the health of older adults by getting a clear picture of which problems are experienced by each person and if there are there any common problems within the client group.

McLean Care is committed to providing innovative and sustainable home-based aged care solutions that support older population’s health and care needs while enabling them to “age in place,” or living where they choose, for as long as possible.

BACKGROUND

The research was designed to follow the WHO Integrated Care for Older Persons framework, which describes the domains related to healthy ageing¹. Participants were recruited across the research period from 19 October through 2 November 2021 from consumers receiving home care packages. The research team examined the prevalence of problems across the following domains: vision and hearing, activities of daily living, nutrition, mobility, social participation, loneliness, violence against older people, accommodation and finance, cognition, and depression.

Demographic information was collected at the beginning of each phone interview. The assessments were conducted via phone interview with a trained assessor and Bond University student, and the total interview time per participant ranged in length from 23 minutes to 2 hours. Data was entered electronically and deidentified to protect the privacy of participants. The feedback and insights from the interview process will be applied to improve future research using the ACT assessment tool and may assist McLean Care with planning future services to better meet the needs of rural clients.

Profile of research participants

In total, of the 62 home care package consumers contacted, 22 older people took part in the research. More women took part than men (61% vs. 39%). The average age was 78.5, with the oldest participant being 96 years old. The project deliberately targeted consumers receiving home care packages who resided in the New England region of New South Wales in Australia.

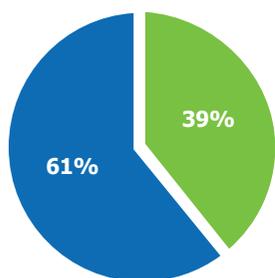
RESEARCH DESIGN



¹ World Health Organization. (2017). *Integrated care for older people (ICOPE): Guidance on community-level interventions to manage declines in intrinsic capacity*. <https://www.who.int/publications/i/item/9789241550109>

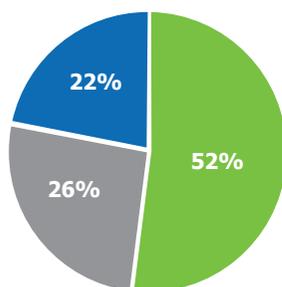
STATISTICS

GENDER



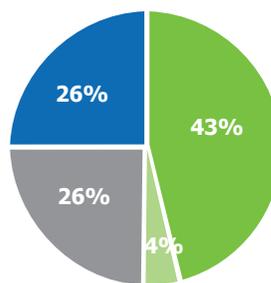
■ Female ■ Male

LIVING ARRANGEMENTS



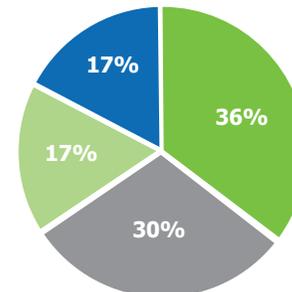
■ Alone ■ Couple
■ With extended family

MARITAL STATUS



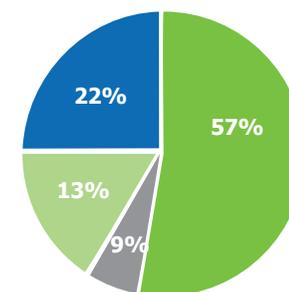
■ Widowed ■ Separated/Divorced
■ Married living together ■ Single

DOES SOMEONE PROVIDE CARE FOR YOU?



■ No ■ Yes: Partner
■ Yes: Child ■ Yes: Other

EDUCATION STATUS



■ Secondary Education ■ University/College
■ Primary ■ Vocational Education

Overview of results

The research yielded meaningful results regarding the participants' health and care needs. Not surprisingly, more than half of participants needed some form of support in relationship to daily activities such as shopping (86%), performing housework (100%) and bathing or showering (63%).

Overall health rating

61% rated their overall health as "fair or poor," with 39% rating their health as "good, very good, or excellent."

Personal safety

In relationship to personal safety, 96% felt safe within and outside of their homes, 96% had someone to call in case of emergency, and many reported the use of personal alarms to aid in their safety.

Accommodation

96% were happy with their living conditions and felt their homes were set up for their needs.

Daily activities (looking after yourself)

A large majority of the participants needed help with housework, transport, and assistance with shopping from a carer or McLean Care. 63% of participants needed a form of support to aid with showering and bathing, whether from equipment such as a shower chair or a McLean Care support worker.

Falls

13% of participants indicated that they have had a fall in the past year.

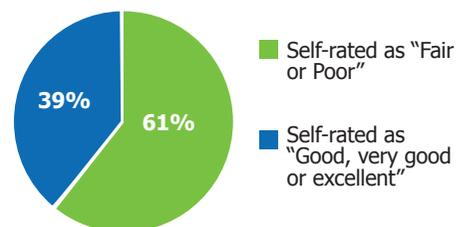
Sleep

45% of participants reported difficulty sleeping in the past month.

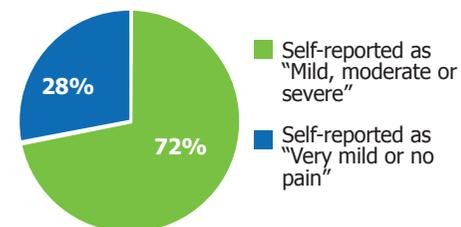
Pain

72% reported bodily pain rated as "mild, moderate, or severe" in the past month.

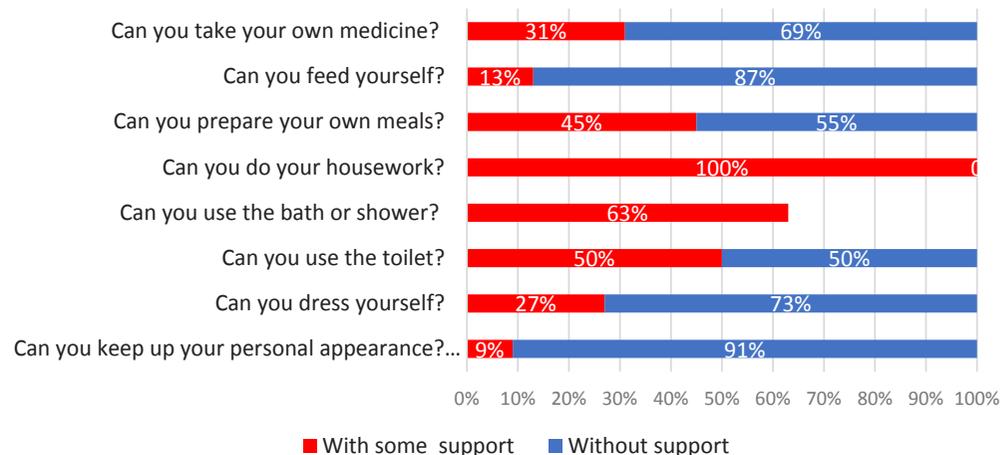
OVERALL HEALTH



BODILY PAIN



Difficulty with daily activities (looking after yourself)



Mobility (getting around)

A significant number of participants reported difficulties with getting around indoors (40%), managing stairs (68%), walking outside (72%), walking outdoors (72%). These percentages indicated that the participants relied on mobility aides or equipment such as sticks or four-wheeled walkers to get around. 86% relied on a carer or a support worker to perform their shopping; 81% required a carer or support worker to assist them to access medical appointments.

Cognition and memory

27% of participants self-reported concerns about their memory or forgetfulness. A mini-memory test was administered to all participants, with 27% not able to recall the three words used. The participants who were unable to recall the three words were not necessarily the same participants who self-reported concerns about their memory.

Mental health

36% of participants have felt down, depressed or hopeless in the last month. A few expressed their challenges with feeling down have been exacerbated by the isolation caused by COVID-19 restrictions. 22% of participants were concerned about being a burden to people who are close to them. 40% of participants had experienced a recent loss or bereavement.

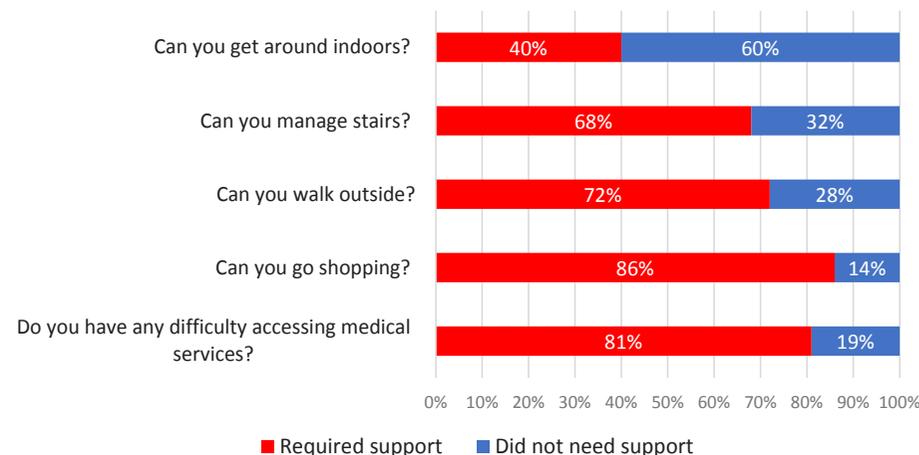
Loneliness

52% of participants reported experiencing loneliness, either sometimes or often.

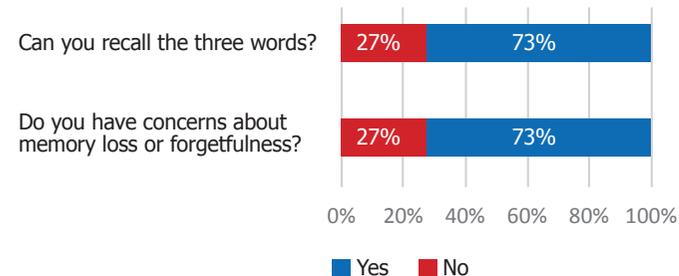
Social participation

96% of participants reported using modern technology such as mobile phones or tablets to communicate with family and close friends. 87% reported that they were able to pursue leisure interests, hobbies and learning activities that were important to them.

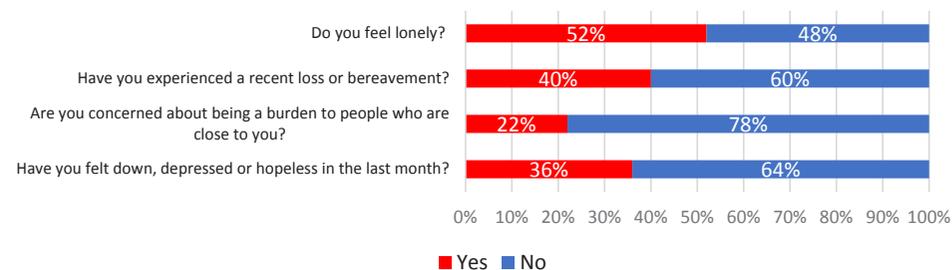
MOBILITY (Getting Around)



COGNITION AND MEMORY



MENTAL HEALTH



There were notable positive results of this research. The majority of older adults assessed felt safe inside and outside of their home and were not under threat of violence. Similarly, 96% have maintained connections with their family or friends using modern technology. 96% were happy with their home accommodation and felt it was set up for their needs. Most clients with difficulty looking after themselves reported their function had been restored by adding equipment or aides in their home, such as rails, ramps, over the toilet chairs and shower chairs. 16 of the 22 participants (73%) rated "good or very good" satisfaction with their current home care package services.

Although the percentage of the participants who had bodily pain was high (72%), it is notable that 28% reported "very mild" or "no" bodily pain. 45% reported problems with sleeping, which can have broad health implications that include immune function, weight gain, heart disease and diabetes.

Further understanding of what specific aspects of thinking (attention, concentration, or memory) were challenging to the individuals with memory concerns may provide insight into the most appropriate and effective available supports.

The digitised format of the the ACT™ assessment tool was useful for remote administration with participants living in geographically isolated locations where face to face assessments were more challenging to administer. It was also useful during the COVID-19 pandemic when Government-mandated lockdown requirements prevented face-to-face meetings with participants.

The findings from this research project may be used to inform future service development and care program planning for McLean Care, with the aim of improving health outcomes for older people in rural Australia based on the WHO guidance. Specific programs that may be appropriate based on these findings are a social support program (including virtual meet-ups) to reduce loneliness, group exercise or balance training to reduce falls and pain, and increase mobility, and a sleep hygiene and sleep tracking program to improve sleeping patterns.

CONCLUDING COMMENTS