

# Promoting Healthy and Active Ageing

## Lesson 09

# Promoting Healthy Lifestyles and Disease

## Prevention

# Intended Learning Outcomes

- Explain lifestyle modifications that promote healthy aging.
- Discuss preventive interventions for common non-communicable diseases.
- Develop health education and health promotion strategies tailored to older adults.

# What are the areas we can focus when promoting healthy ageing?

- Healthy diet: protein, hydration, micronutrients.
- Physical activity: strength, balance, endurance.
- Cognitive stimulation: lifelong learning, social participation.
- Preventive care: immunization, cancer screening, fall prevention.

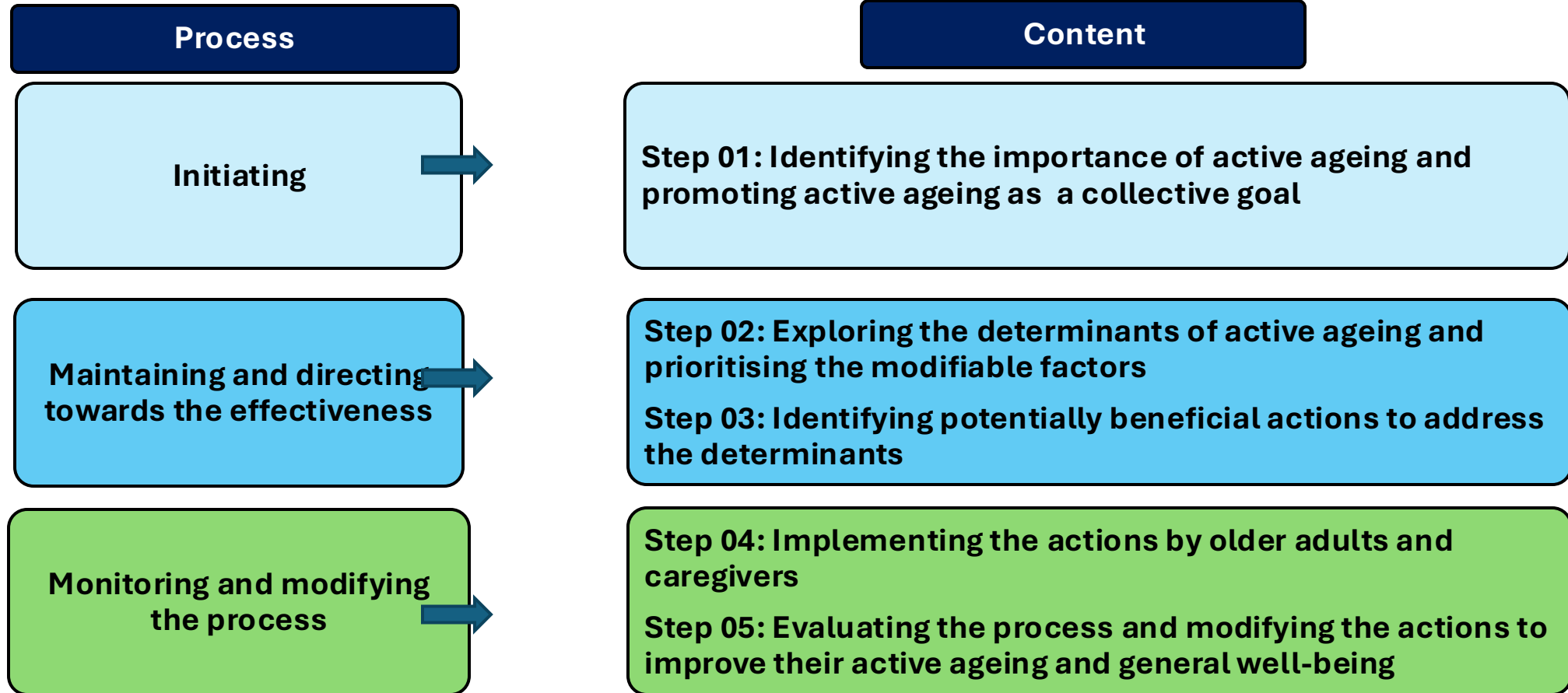
# Continuing from lesson 07... Determinants of healthy ageing



# An intervention to promote active ageing among a group of older adults in an elderly care home in Sri Lanka.

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# Conceptual framework of the intervention



# Prioritised determinants

## Mutually agreed list of determinants by residents, caregivers and researchers

| Areas discussed   | Promoting factors   | Hindering factors  |
|---|---|--|
| <b>Physical health and well-being of older adults</b>                 | 1. Regular physical exercises<br>2. Low salt, sugar and oil consumption<br>3. Awareness of active and healthy ageing            | 4. Sedentary lifestyle (e.g. watching TV, sleeping or sitting on a chair mostly during day time)<br>5. Less concern towards monitoring BP, Weight, BMI, etc<br>6. Body weakness and pain |
| <b>Psychological health and well-being of older adults</b>            | 7. Adequate sleep during night time<br>8. Leisure activities (e.g. gardening, reading, creative work, listening to music, etc.) | 9. Feeling sad, worry, unhappy<br>10. Feeling of separated from family and neglected   |
| <b>Spiritual health and well-being of older adults</b>                | 11. Engaging in hobbies interested (e.g. gardening, reading, birds watching, singing, dancing, etc.)                            | 12. Feeling of dependency or under control of care home manager (lack of freedom)  |
| <b>Environmental and social health and well-being of older adults</b> | 13. Clean and tidy garden<br>14. Interest to participate  | 15. less interaction with other residents, loneliness  |

# Participants' views when understood the concept...

**“Ahh.. Yes. I like singing. I would love to sing so that others can hear.” (Resident 03)**

**“I love watching birds. I can teach others about the birds that visit our garden. We will have more topics to talk.” (Resident 07)**

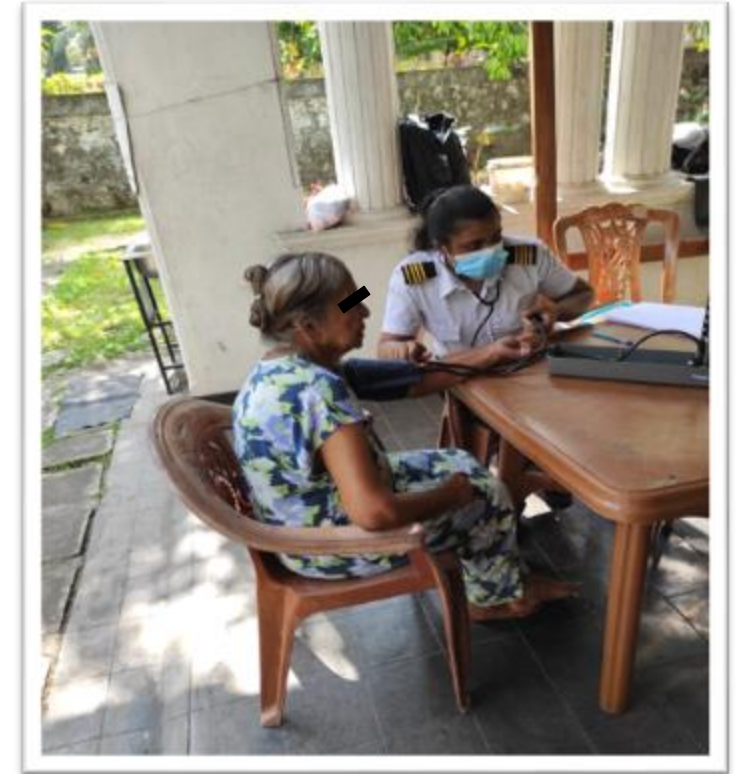
**“I will join gardening. I like to see plants grow. Perhaps we can have more vegetables to eat.”  
(Resident 10)**

**“I was worried about their safety. But, yes she can sit outside and engage in making flower pots with others.” (Caregiver 01)**

# Planning potentially beneficial actions

| Actions/ Activities  | Determinants addressed by each action/activity |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
|--|--|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
|  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| <b>A. Health camp</b>  |  | X |   | X | X | X |   |   |   | X  |    |    |    | X  |    |
| <b>B. Exercise programme</b>   | X  |   | X | X | X | X | X |   |   |    |    | X  |    | X  | X  |
| <b>C. Measure perceived happiness</b>  |  |   |   | X |   |   | X | X | X |    |    |    |    | X  | X  |
| <b>D. Measure the level of engagement and involvement in actions</b>                         | X  |   |   |   | X |   |   | X |   | X  |    |    | X  | X  | X  |
| <b>E. Gardening</b>  | X  |   | X |   | X | X |   | X |   | X  | X  | X  | X  | X  | X  |
| <b>F. Maintain adequate rest and sleep</b>   |  |   | X |   |   |   | X |   |   |    |    |    |    |    |    |
| <b>G. Meal planning</b>  |  | X |   | X |   |   |   |   |   |    |    |    |    |    | X  |
| <b>H. Promote Individual leisure activities (eg:reading, meditation, sewing)</b>             |  |   | X |   |   | X |   | X | X | X  | X  | X  |    | X  |    |
| <b>I. Entertainment Activities (singing, dancing, games, story circles, etc)</b>             | X  |   | X |   | X | X |   |   | X | X  |    | X  |    | X  | X  |
| <b>J. Interact with nature (bird watching, watching the plants grow, watching the skies)</b> | X  |   | X |   |   |   | X | X | X | X  | X  | X  | X  | X  | X  |

# Implementing Actions



Pics: © Kalpani Abhayasinghe

## Health Camp

# Implementing Actions (*cont.*)



Pics: © Kalpani Abhayasinghe

## Daily Exercises

# Implementing Actions (*cont.*)



Pics: © Kalpani Abhayasinghe

## Gardening

# Implementing Actions (*cont.*)



## Spiritual and religious activities

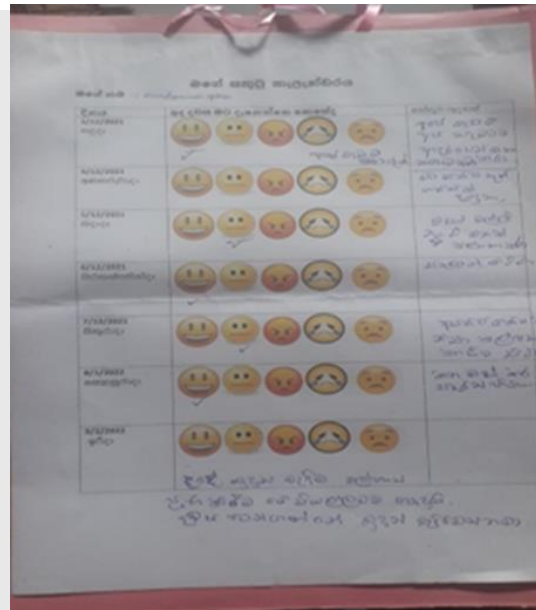
# Implementing Actions (*cont.*)



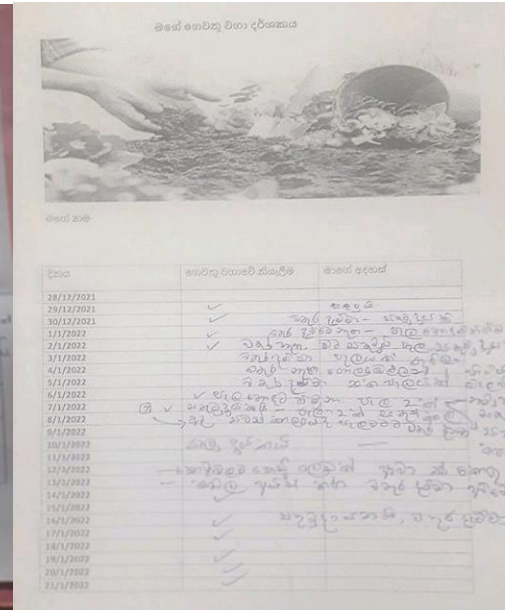
## Leisure and entertainment activities

# Monitoring and evaluating the process using simple but sensitive tools

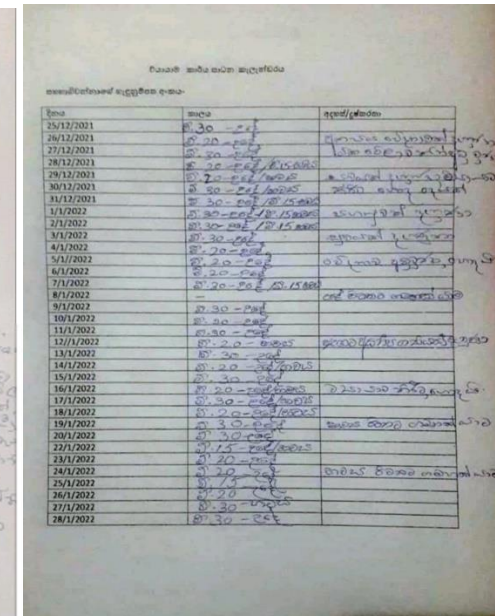
- Happiness Calendar
- Gardening Calendar
- Exercise Calendar
- Participation Calendar
- Sleep Diary
- Meal Plan and the weekly menu
- Wellness Calendar
- Pain Calendar



**A Happiness Calendar**



**A Gardening Calendar**

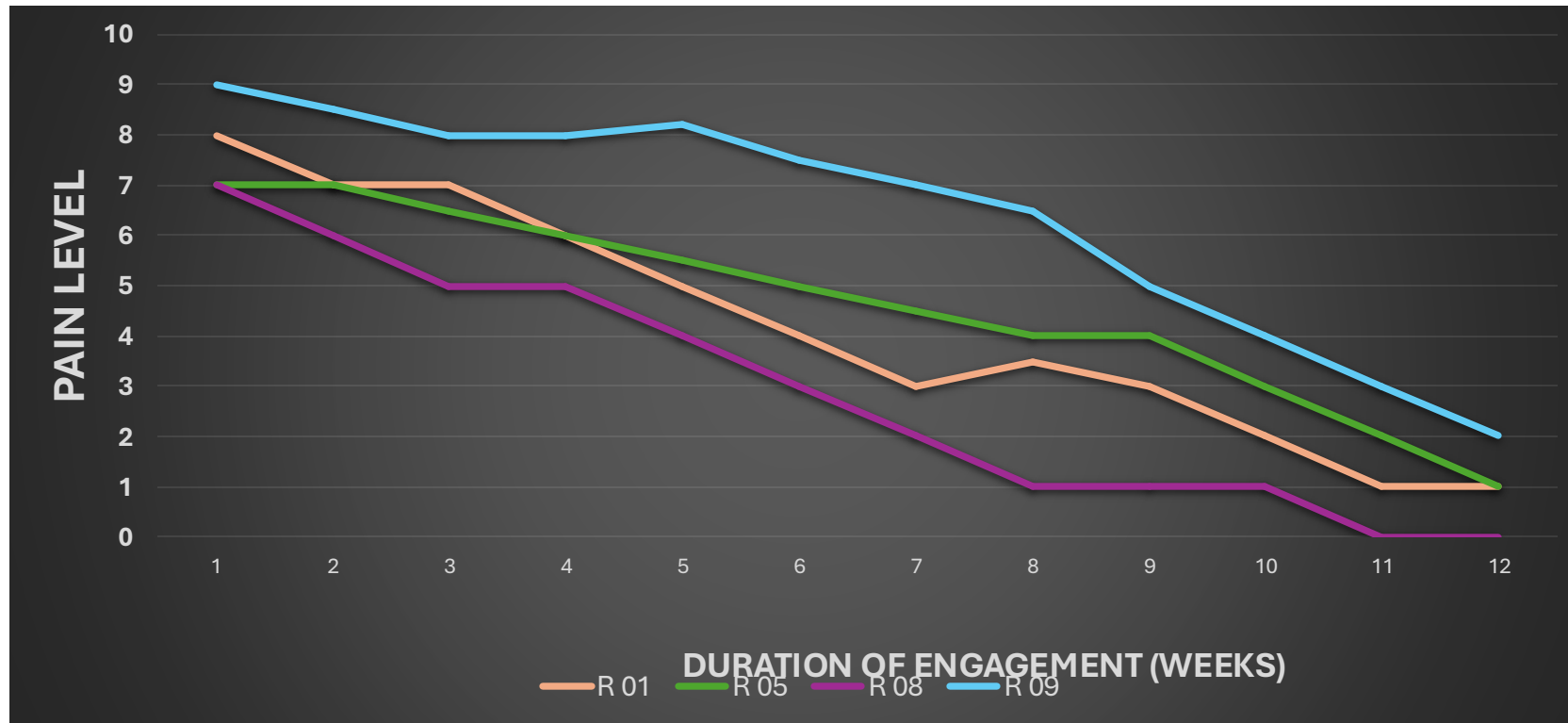


**An Exercise Calendar**

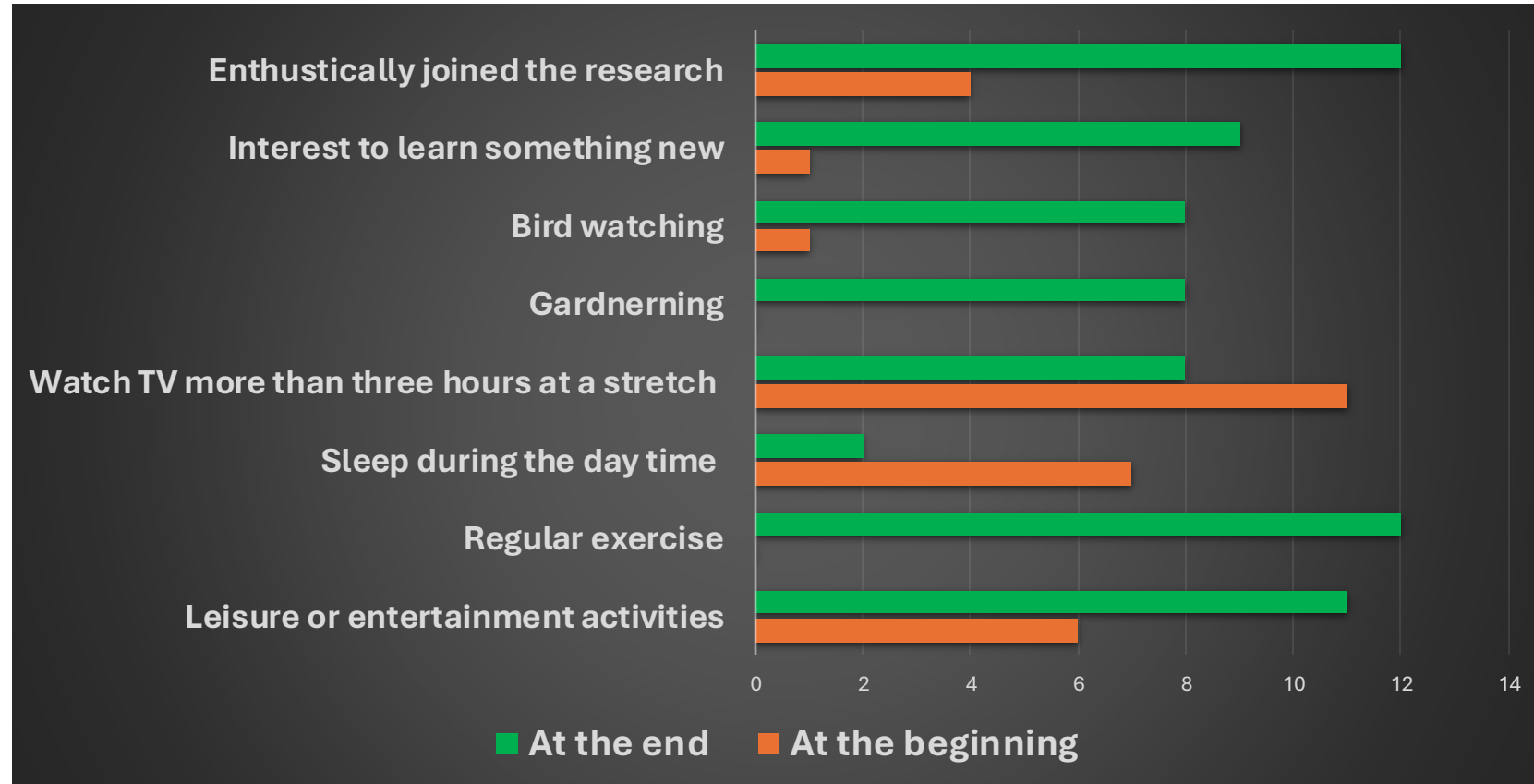
# At the end of 03 months...



# Level of pain reported by the participants



# Level of participation in activities



# Participants' views at the end of three months...

**“I first thought that I can’t do any exercises as my body was killing me. But when I started I felt better. Pain levels also less now.” (Resident 05)**

**“That happiness calendar is pretty good. When we scored it every day, we could see whether we were really sad or happy most days. I actually started feeling happy for seeing my improvement.”  
(Resident 01)**

**“Gardening gave us hope for another day and purpose to wake up in the morning. I am eager to see my plants every morning. I feel so happy to see them growing.”(Resident 07)**

**“I didn’t think that I have a family here. I was thinking of home and almost forgot I belong here. Thanks to [the intervention] I feel happy now.” (Resident 04)**

**“Health camp is a really good opportunity for all of them. [Happily] I can’t take all of them to see the doctor at once. I like to see you coming daily and I will help with your tests as well.” (Caregiver 01)**

**“We don’t waste time watching TV or sleeping during the day now. We have much work that we love do. And we are happy. So we sleep well.” (Resident 10)**

**“During the power-cut we used to sleep. Now, we all sit in the living room and sing. Some days we tell stories. We have a story circle. It is much fun. I too feel relax after my busy day.” (Caregiver 03)**

**“When I sing, she [R 02] started to dance. Then all joined. We had much fun that day.” (Resident 07)**

**“We now notice how many birds visit us. We listen to their singing. Try to recognise them by voice. We wait for them now.” (Resident 01)**

**“Many people think they don’t like to sing or dance when they grow older. I too asked them always to listen to dhamma talks or pirith chanting. But I am glad you pick that and pushed us through.” (Caregiver 01)**

**“All these years I was feeling blank. And now I see how many things are there to make you happy.” (Resident 01)**

**“We realized that we still can do a lot of things. We did all these activities happily. That is necessary to stay healthy.” (Resident 12)**

# What are these outcomes tell us finally?

- Positive change occurred in participants lifestyle in terms of awareness, attitudes, belief systems and practices as a result of taking part in this health promotion intervention.
- This kind of interventions focus on the active ageing and lifestyle modifications can be implemented effectively to create a change even among those who live in elderly care homes (who are considered a socially-isolated or neglected groups in the society.)

## Example 2: Community-based interventions



Source: HelpAge Sri Lanka

# Community-Based health Promotion interventions



Pics: © Kalpani Abhayasinghe

- Raising awareness and Community empowerment



1. Roleplay before visiting houses



2. A child measuring waist circumference of a village woman

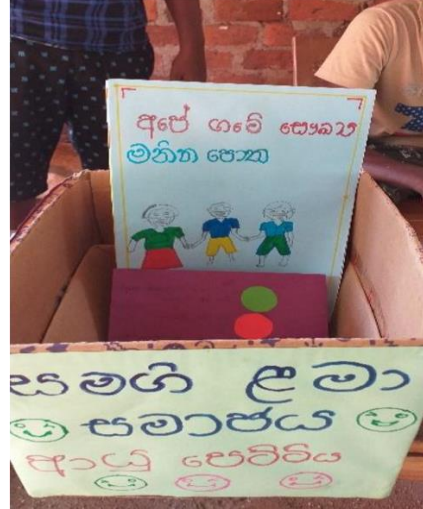


3. Children visit households to inspect how much salt/ sugar/oil they consume per day



4. Presenting the findings at their community symposium

Pics: © Kalpani Abhayasinghe



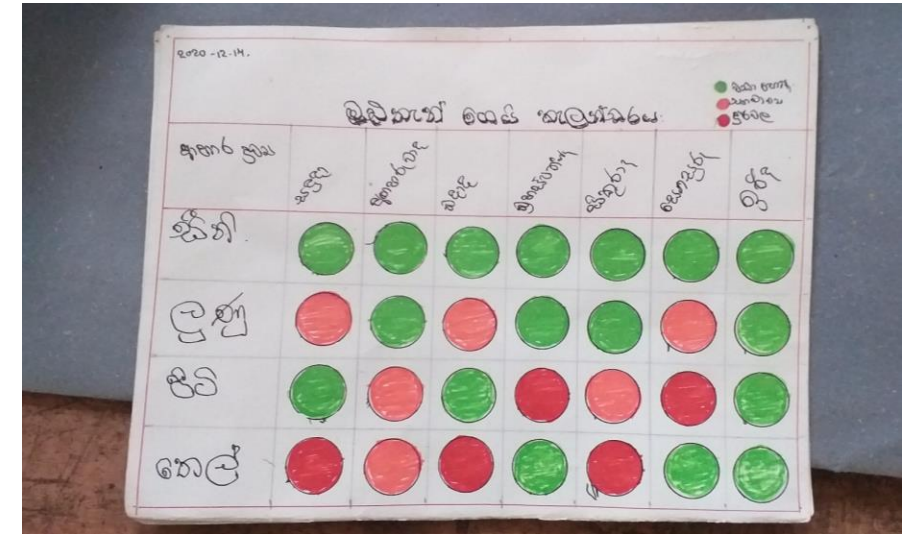
Pics: © Kalpani Abhayasinghe

***“Hada Patiya”*** is a simple tool that developed as a scale to measure the waist circumference.

Acknowledgement: Prof Duminda Guruge and his team, Department of Health Promotion, RUSL, Sri Lanka

# Measuring the NCD risk in kitchen... (“Kitchen Calendar”)

“Kitchen Calendar” use to mark the daily consumption of sugar, salt, oil and flour in households. They use colour codes to indicate over consumption, adequate amount of consumption.



Pics: © Kalpani Abhayasinghe

# Example 03: Awareness Programmes at multiple levels



# PPIE and Research Workshops



## Ageing Research Workshop

### Transitions in later life: From maintaining independence, through to frailty and advanced dementia

We would like to invite you to join our workshop presenting findings from UK and Sri Lankan research on key transitions in later life.

#### Why?

Sri Lanka has the highest proportion of older adults in South Asia. What lessons can be learnt from the UK to address the needs of an ageing population in Sri Lanka?

#### What will we cover?

The workshop will explore the trajectory of ageing from promoting independence and well-being in the community through to supporting care needs for those with increasing complexity and dependency. In particular, this interactive workshop will consider:

- How can we maintain health and wellbeing in early frailty and who should deliver a frailty prevention service for older people in the community?
- How can we manage clinical uncertainty for those with advanced dementia and older adults at the end of life?

and dependency. In particular, the interactive workshop will consider:

- How can we maintain health and wellbeing in early frailty and who should deliver a frailty prevention service for older people in the community?
- How can we manage clinical uncertainty for those with advanced dementia and older adults at the end of life?

#### Who should attend?

We are inviting a range of practitioners, researchers and ministry of health workers with an interest in older adults, frailty and dementia. Please register online and make use of this unique opportunity.

**Tuesday 14th November 2017**

Hall B, National Institute of Mental Health,  
Mulleriyawa New Town, Colombo  
10.00 – 14.00 (lunch and refreshments provided)

Registration cost: LKR 1000

Please register online for this workshop at: <http://www.ird.lk/arw/>

If have any questions, please contact:

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# Further Reading:



Thank  
you

