

POSTER ABSTRACT

Impact of a nurse-led health promotion intervention in an aging population: Results from Community Health Consultation Offices for Seniors

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Anne Esther Marcus-Varwijk^{1,2}, Lilian Peters³, Tommy Visscher⁶, Carolien Smits¹, Adelita Ranchor⁴, Joris Slaets^{2,5}

1: Windesheim University of Applied Sciences, Research Group Innovating with Older Adults, The Netherlands;

2: University of Groningen, University Medical Center Groningen, Department Internal Medicine, The Netherlands;

3: University of Groningen, University Medical Center Groningen, Department of General Practice & Elderly Care Medicine, section Midwifery Science, The Netherlands;

4: University of Groningen, University Medical Center Groningen, Health Psychology Section, The Netherlands;

5: Leyden Academy on Vitality and Ageing, Leiden, The Netherlands;

6: Windesheim University of Applied Sciences, Research Group Healthy Cities, The Netherlands

Introduction: The global increase of the number of older people and the accompanying increase of chronic conditions underline the necessity of health promoting interventions. Interventions that detect frailty in an early stage and that promote health-related behavior, seem promising to prevent falls, decrease morbidity and improve quality of life in community-dwelling older persons. This study examined the impact of a nurse-led health promotion intervention "Community Health Consultation Offices CHCO" for seniors on: 1 health-related outcomes self-reported health status, falls and fractures, biometric measures, and health-related behavior, and 2 care needs related outcomes e.g. health profiles. The intervention aims to promote healthy aging for vulnerable community-dwelling older persons.

Methods: With a quasi-experimental design, we evaluated the CHCO-intervention in community-dwelling older persons of 60 years and older in the Northern regions of the Netherlands. Older persons were included in the intervention group if they complied with the following inclusion criteria: frailty Groningen Frailty Indicator >3, overweight, or smoking. Older persons participating in the National Program Elderly Care study were taken as a "care-as-usual" group. Changes in self-reported health status, falls and fractures, and health profiles, were compared between the intervention group and care-as-usual group. In the intervention group, biometric measures were conducted by the nurse and older persons were asked about their health-related behavior. Based on the Groningen Frailty Indicator and Intermed for the Elderly Self-Assessment scores, they were segmented in health profiles: vital, difficulties with psychosocial domains, physical and mobility complaints, and difficulties experienced in multiple domains.

Results: In total 403 subjects were included in the intervention group and 984 subjects in the care as usual group. After one year follow up, better self-reported health status of subjects

in the intervention group was found, however these changes were not statistically significantly. No significant changes in falls were recorded in intervention group and care as usual group. Within the intervention group, 17% subjects headed transition to a worse health profile between baseline and one-year follow-up whereas in the care as usual group, 5% subjects headed transition to a worse health profile. Self-reported health related behaviors and the prevalence of hypertension, hyperglycemia and overweight remained stable in the intervention group during the one year follow-up period.

Discussions: The CHCO-intervention showed that two or three consultations with a district nurse did not improve health e.g. behavior, physical functioning, frailty and care needs in older persons.

Conclusions: Our study showed that the CHCO-intervention does not improve health related behavior or improvement in health profiles in community dwelling older persons measured after one year follow-up.

Lessons learned: A more comprehensive approach is needed to improve health of older persons.

Limitations: Our care as usual group was compiled after the start of the study and therefore no data on health-related behavior and biometric measurements could be collected in this group.

Suggestions for future research: Further research in personalized approaches in health promotion targeting older populations is recommend.

Keywords: frailty; nursing; frail elderly; geriatric assessment; community health services
