
CONFERENCE ABSTRACT

Healthy Age Friendly Homes Programme: Evaluation of a Multi Stakeholder Intervention to Ageing in Place

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Introduction: Healthy Age Friendly Homes (HAFH) Phase 1 Pilot is a pilot programme aimed at creating a service to identify older people living at home and supporting them to age in place. It is a multi-stakeholder project, evaluated by Maynooth University and funded by Sláintecare, with the programme being delivered by Age Friendly Ireland hosted by Meath County Council.

There were 768,900 persons living in Ireland aged 65 and over in April 2022, an increase of 139,100 older people since 2016. With an increasing population of older people; increased supports and services are required to adapt to this change. The aim of this programme was to take a multi-pronged approach encompassing health, housing, community and social supports, and technology, to support older people to remain independent at home, for as long as possible.

Recruitment: A sample of convenience was sought across 9 counties. A National Manager and 9 Local Co-ordinators were appointed by Age Friendly Ireland, who conducted a series of awareness campaigns to encourage older people to self-refer into the programme. In addition, a multi stakeholder recruitment approach was utilised, working with services such as personnel in local government, health services, transport, community and voluntary groups, Gardaí, elected members and others, to identify those in communities who may benefit from the programme.

Methods: Participants received a home visit from one of 9 Local Co-ordinators who conducted a personal assessment with each individual, covering the four key domains of health, housing, community/social and technology needs. Work orders were prepared based on individual needs assessments including referral to services such as befriending teams, health practitioners and assistance with completion of documentation relating to housing grants, and other opportunities available to older people such as rightsizing.

Consenting research participants received two phone calls, at the beginning of the intervention and at 6 months post intervention. Data was collected on; Health Status (EQ-5D), Social Supports - The Oslo Social Support Scale (OSSS-3), Quality of Life - The CASP-12, Loneliness - The UCLA and on Self-Efficacy - The GSE scale. A randomised sample was chosen from each geographical region to undertake a qualitative interview, recording perceptions of the programme. The topic guide was created in line with the RE-AIM framework for intervention studies.

Results: To date, 169 participants have taken part in the research evaluation presented. At baseline, 23% reported that their house does not meet their needs. Less than one quarter (24%) had previously applied for a housing adaptation grant. 21% of participants reported moderate problems with mobility, 25% reported moderate problems with pain/discomfort, and 16% reported slight

problems with anxiety or depression. 18% of participants reported poor social support and a mean score of 27.24 was reported on the CASP-12. The programme was positively received by participants; one of the most positive aspects reported was the social interaction gained.

Conclusion: The HAFH programme has been well received by participants and demonstrates how partnerships between local government, community and health services, can positively enhance the lives of older people living in the community.