

MI Affordable Assisted Living – Activities Planning Model & Assessment

Overview

The Affordable Assisted Living (AAL) Activities Planning model provides a wellness based assessment tool and planning process to maximize healthy aging opportunities for tenants in AAL residences. The model promotes using practice grounded assessment data to guide the development of personalized healthy aging plans for tenants and to provide organizations with the basis for identifying unmet needs and improve program planning for wellness and activities.

The model also promotes the use of evidence based programs when available. Evidence-based practice refers to the use of research and scientific studies as a basis for developing programs that promote wellness and disease prevention. Programs such as A Matter of Balance, Healthy Moves for Aging Well and others have proven to improve balance and fitness levels in older adults. See the following links for more information on these programs:

<http://www.healthyagingprograms.org/content.asp?sectionid=32>
http://www.michigan.gov/miseniors/0,1607,7-234-43880_43590-157295~,00.html

Process

The general process involves:

1. A face to face interview with a tenant, utilizing the AAL Activities Planning Assessment (attached), that is completed by AAL activities planning staff. The assessment addresses core areas including exercise and fitness and other issues affecting health and well-being. The model also promotes goal setting for activities planning.
2. A meeting with AAL service provider staff to review results of the assessment as well as securing information on a tenant's physical and mental health status. The AAL Activities Planning Assessment does not duplicate information collected with the AAL service provider or MI Choice clinical assessments. It is important for the AAL service provider to convey to activities staff any concerns regarding a tenant's level of readiness to participate in anticipated activities. Contact to the tenant's physician may be appropriate in some circumstances.
3. A meeting with the tenant to finalize goals in areas identified by the tenant for AAL activities opportunities. The model is not a clinical evaluation or a care planning instrument for formal personal and health related services and does not promote formalized reassessments or scheduled follow up on goals set by tenants.

Outcomes

- The process targets wellness and prevention programs to AAL activities planning and improves or supports AAL staff ability to plan and advise tenants on matters of health improvement and targeted activity programs.
- The assessment provides customized information for each tenant to manage their activities plan.
- The model uses tested assessment items to support data driven decision making for activities planning and development of activity resources.

- The model also provides linkages to evidence based programs for improved benefits to tenants from activities and supports community engagement through partnership with area resources such as parks, libraries and others.
- The model provides for the development of a communications framework across AAL programs for shared practice and resource information.

Evidence Based Programs Available for Older Adults:

The Michigan Office of Services to the Aging (OSA) supports evidence based programs, including the core program; Personal Action Toward Health (PATH). The PATH program provides seniors with an opportunity to set goals in nutrition and fitness, and help those with chronic disease learn to take control of their condition, as well as how to enhance the ability to communicate with their medical care provider. OSA provides funding for PATH and other evidence based programs through regional Area Agencies on Aging.

PATH is a lay-led participant education program. Participants are adults experiencing chronic health conditions such as hypertension, arthritis, heart disease, stroke, lung disease, and diabetes; their family members, friends and caregivers can also participate. PATH focuses on problems common to individuals suffering from chronic diseases. Trained lay leaders facilitate six weekly sessions, each session lasting 2.5 hours. Individuals are taught to control their symptoms through relaxation techniques, healthy eating, managing medications, communication with health providers and other sessions. To view a PATH program video, click on the following link:

<http://www.youtube.com/watch?v=n6tGFkS24e8>

Other programs that may be available locally are:

A Matter of Balance Program: This volunteer lay leader model teaches practical coping strategies to reduce the fear of falling. In addition to exercise training, other program components include group discussion, skill development and assertiveness training. The group-based course is led by trained lay leaders over 8 sessions last 2 hours.

EnhanceFitness: is a group exercise program led by a certified fitness instructor. Classes meet 3 times a week.

Healthy Eating: Healthy Eating for Successful Living in Older Adults is both an education and support program to assist older adults in the self-management of their nutritional health. The workshop is conducted over 6 weekly sessions.

Tai Chi: This simplified, 8-form, version of Tai Chi, offered in community settings has been proven to decrease the number of falls and risk of falling in older adults.

Arthritis Foundation Exercise Program: This exercise program has been found to increase joint flexibility, range of motion and muscle strength.

Contact your local Area Agency on Aging to determine what evidence based programs are available and explore funding opportunities for local programs in AAL settings.

Michigan Affordable Assisted Living - AAL Activities Planning Assessment

Tenant Name: _____

Date: _____ AAL Residence: _____

EDUCATION (Highest level completed – circle number)

1	2	3	4	5	6	7	8	9
No schooling	8th grade / less	9 - 11 grades	High school	Technical or trade school	Some college	Bachelor's degree	Graduate degree	Other
Comments								

A) EXERCISE AND PHYSICAL FITNESS

1. PARTICIPATION IN FITNESS / EXERCISE PROGRAM (Code for total hours of exercise or physical activity in last 3 days)

1	2	3	4	5	6	Comments
None	None, but usually participates	Less than 2 hours	Less than 3 hours	Less than 4 hours	4 hours or more	
Comments						

2. PREFERS TO EXERCISE ALONE OR WITH OTHERS

1	2	3	4	
In group - formal class	Alone	No preference	Does not exercise	
Comments				

3. ARE YOU SATISFIED WITH YOUR FITNESS LEVEL?

1	2	Comments
No	Yes	

4. ARE YOU INTERESTED IN A PROGRAM TO IMPROVE YOUR FITNESS LEVEL

1	2	Comments
No	Yes	

5. WHAT OBSTACLES OR BARRIERS KEEP YOU FROM STARTING IN OR STAYING WITH AN EXERCISE PROGRAM? (Probe as necessary) (Circle all that apply)

1	2	3	4	5
Functional limitations(e.g., limited range of motion, fatigues easily)	Lack of knowledge about how to start	Lack of motivation	Pain	Physical restrictions(e.g., from medications, disease or doctor's orders)

6. EXERCISE - RELATED ACTIVITY PREFERENCE AND INVOLVEMENT (check mark under appropriate number)

1	2. No	3. Preferred, not involved	4. Preferred, involved	5. If preferred, check time desired		
				Am	Aft	Eve
a. Biking	a.	a.	a.			
b. Dancing	b.	b.	b.			
c. Hiking / walking / running	c.	c.	c.			
d. Pilates, yoga, Tai Chi	d.	d.	d.			
e. Swimming / aqua fitness	e.	e.	e.			
f. Treadmill / steppers	f.	f.	f.			
e. Other	e.	e.	e.			
Comments						

B) RECREATION - ACTIVITY PREFERENCE AND INVOLVEMENT

1	2. No	3. Preferred, not involved	4. Preferred, involved in activity	5. If preferred, check time desired		
				Am	Aft	Eve
a. Cards, games, or puzzles	a.	a.	a.			
b. Collecting	b.	b.	b.			
c. Computer activity	c.	c.	c.			
d. Conversing or talking on the phone	d.	d.	d.			
e. Cooking	e.	e.	e.			
f. Crafts or arts	f.	f.	f.			
g. Discussing / reminiscing about life	g.	g.	g.			
h. Educational courses	h.	h.	h.			
i. Feeding or watching birds	i.	i.	i.			
j. Gardening or plants	j.	j.	j.			
k. Genealogy	k.	k.	k.			
l. Going out to restaurants / activities (e.g., movies, concerts)	l.	l.	l.			
m. Helping others / volunteering	m.	m.	m.			
n. Music or singing	n.	n.	n.			
o. Reading, writing, crossword puzzles	o.	o.	o.			
p. Shopping	p.	p.	p.			
q. Travel	q.	q.	q.			
r. Watching TV or listening to radio	r.	r.	r.			
s. Hiking, walking/wheeling outdoors	s.	s.	s.			
t. Other	t.	t.	t.			
Comments						

C) NUTRITION

1. DO YOU FEEL YOU'RE EATING A HEALTHY DIET?

1	2	Comments
No, not as often as I'd like	Yes	

2. ARE YOU INTERESTED IN A PROGRAM TO IMPROVE YOUR DIET

1	2	Comments
No	Yes	

D) SOCIAL RELATIONSHIPS

1. HAS CLOSE FRIEND IN COMMUNITY (e.g., campus or housing site)

1	2	Comments
No	Yes	

2. COMFORT LEVEL IN SOCIAL SITUATIONS

1	2	3	4
Comfortable in group situations	Comfortable with one-on-one situations	Uncomfortable in both one-on-one and group situations	Comfortable in both one-on-one and group situations
Comments			

3. PERSON IS PRIMARY CAREGIVER FOR ANOTHER INDIVIDUAL

1	2	Comments
No	Yes	

E) COMMUNITY INVOLVEMENT

1. FEELS COMMUNITY IS SUPPORTIVE, NURTURING

1	2	Comments
No	Yes	

2. PURSUES INVOLVEMENT IN LIFE OF COMMUNITY (e.g., makes or keeps friends; involved in group activities; responds positively to new activities)

1	2	Comments
No	Yes	

3. PARTICIPATES AS VOLUNTEER ON CAMPUS OR IN COMMUNITY

1	2	3	4
No, not interested	No, would be interested	Yes, less than 3 hours / week	Yes, more than 3 hours / week
Comments			

4. BECAUSE OF LIMITED FUNDS, HAVE YOU HAD TO MAKE CHANGES IN DOING THINGS YOU ENJOY AND HAVE ALWAYS DONE (e.g., going out to eat or to a concert)

1	2	Comments
No	Yes	

F) EMOTIONAL / PSYCHOLOGICAL

1. LOOKS FORWARD TO AND IS CHALLENGED BY NEW OPPORTUNITIES

1	2	3
No, feels no new opportunities or things to look forward to	No, views change or new opportunities as stressful	Yes
Comments		

2. WHAT GIVES YOU A SENSE OF WELL-BEING

1	2. No	3. Yes	Comments
a. Classes	a.	a.	
b. Dining	b.	b.	
c. Employment (paid)	c.	c.	
d. Financial well-being	d.	d.	
e. Spiritual	e.	e.	
f. Travel	f.	f.	
g. Visiting with family / friends	g.	g.	
h. Volunteering	h.	h.	
i. Other (specify):	i.	i.	
Comments			

G) MEMORY

1. HOW WOULD YOU RATE YOUR MEMORY?

1	2	3	4
Good, no problems	Occasionally forgetful (e.g., names, dates)	Becoming a problem (e.g., forgets appointments, gets lost, repeats self)	Very frustrating to me or others

G 1. Memory Comments

2. HAS ANYONE TOLD YOU THEY'RE CONCERNED ABOUT YOUR MEMORY?

1	2	Comments
No	Yes	

3. ARE YOU INTERESTED IN PROGRAMS TO IMPROVE MEMORY?

1	2	Comments
No	Yes	

H) SPIRITUAL

1. DO YOU FEEL YOUR SPIRITUAL NEEDS ARE BEING MET?

1	2	Comments
No	Yes	

2. ABLE TO TALK WITH SOMEONE IN COMMUNITY ABOUT SPIRITUAL, ETHICAL OR PHILOSOPHICAL ISSUES

1	2	3	
No, not interested	No, would like to be engaged in such conversations	Yes	
Comments			

PERSON'S EXPRESSED GOALS FOR ACTIVITY SERVICES PLANNING (Please Specify in person's own words). Please consider available evidence based program options, other available activities and current or potential community partnerships (e.g. libraries, parks and community groups)

A. Exercise & Fitness

B. Recreation

C. Nutrition / diet

D. Social relationships

E. Community Involvement

F. Emotional/Psychosocial Well-being

G. Memory

H. Spiritual

G. Other

The clinical assessor of personal care and health related services has indicated that the tenant's health status is acceptable for activities or programs of interest:

1. No 2. Yes Comments:

SIGNATURE OF PERSON COORDINATING THE ASSESSMENT: _____

DATE: _____