

Feasibility of health promoting senior meetings

Thematic panel 8

Reablement as a strategy to regain independence: its challenges and impacts

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Abstract

Senior meetings are one type of health promoting intervention which has shown promising effects on self-rated health, physical function, leisure engagement and postponing dependency in activities of daily living. In addition, senior meetings have been found to be cost effective. However, the existing evidence is limited to controlled trials rather than trials in ordinary clinic. Therefore, little is known about aspects of feasibility during implementation of health promoting senior meetings in ordinary clinic. The purpose of this study was to explore feasibility aspects and experiences of participants during implementation of health promoting senior meetings in a Swedish municipality context.

A mixed methods approach was used to explore feasibility aspects related to intervention and recruitment procedures. The study sample included (1) older people who were recruited consecutively and invited to participate in health promoting senior meetings as they applied for health care and/or home help services in the municipality of Östersund, Sweden, and (2) professionals involved in the recruitment process. Inclusion criteria were "early" home care services e.g., meals on wheels, safety alarms, and health care services was limited to persons applying for an outside walker. The intervention was multi-professional and led by an occupational therapist, a physiotherapist, a dietitian and a district nurse. Each session included a mix of short lectures and group discussions about for example the importance of engagement in meaningful activity, healthy eating, social contacts and physical activity. The data collection included information on the flow of participants during recruitment and participation in the intervention, field notes covering the experience of implementing the intervention, a survey covering adherence to recruitment procedures and qualitative interviews exploring the experience of participants.

The results indicated that the senior meetings were experienced as positive and strengthening the participants' in dealing with health related concerns. Recruitment rates were lower than expected indicating that recruitment procedures and/or inclusion criteria might need to be modified before large scale implementation. The significance of the study is related to the potential of health promotion in a municipality context. Implementation of effective and cost effective health promotion has the potential to improve public health and to mitigate the expected increase in societal costs related to the ageing population. This study contributes with knowledge on feasibility aspects of relevance for a successful implementation of health promoting senior meetings.

Introduction

In Sweden, as in many other countries, the demographic profile will change substantially during the decades to come. There will be increasing numbers of older people and, therefore, the health and well-being of older people is an important societal issue (1-3). During the same time period the age/dependency ratio will change and have a significant impact on budgets within health and social care calling for the development of innovative solutions to address health and social care needs in a cost-effective manner. The promotion of active and healthy ageing (2, 3) has the potential to enhance health and well-being among older people and thereby impact upon the expected increase in costs for health and social care (4, 5).

Active and healthy ageing has been described as the continued engagement in occupations that are subjectively meaningful to the individual (6). Highlighted as an important factor for health and well-being among older people (2, 3), continued occupational engagement should constitute an important focus in health promotion for older people. Several trials have demonstrated that health promotion that includes a focus on occupation result in positive effects on self-rated health (7-11). There is however no consensus regarding the most optimal design of a health promoting intervention or how it should be adopted to a local context. For example, two recent trials demonstrated that in relation to control groups, a reduced or postponed functional decline could be identified for those participating in occupation-focused interventions (12) or multi-professional interventions (10). In addition, when different formats of occupation-focused interventions were compared a one-session discussion group were identified as the most cost-effective intervention (11). Given the results of recent trials, it seems as if health promotion for community-dwelling older people

may include only a few sessions and still be effective. Thereby interventions may be implemented at a relatively low cost, especially since a group format seems to result in more positive effects than an individual format (10, 12).

Even though recent randomized controlled trials provide promising effects for health promotion, the question of how to identify the most appropriate target group and how to recruit a sample that would most benefit from health promotion needs to be further elaborated. For example, in two trials including community-dwelling older living in ordinary housing independent of home help, approximately 2/3 of the persons eligible declined to participate due to a lack of interest, lack of time or due to poor health (10, 12). With a majority of participants declining to participate, the interpretation of the results becomes complicated in terms of generalizability i.e., how well the identified effects could be expected to translate to the identified population. Furthermore, in order to identify and recruit participants for health promotion, there is a need to set up inclusion criteria as to identify specific risk groups of older people for which appropriate interventions should be implemented.

Taken together, it seems reasonable to propose that municipalities should implement health promotion for community-dwelling older people but precisely what type of health promotion and how to best identify a suitable target group needs to be further elaborated. In addition, there is a need to explore health promotion from a clinical perspective in terms of identifying an intervention format that is both feasible to implement and feasible in terms of procedures for recruiting a suitable target group. From a municipality perspective, we can argue that those seeking early home-care services are a risk group () and could be a suitable target group. Becoming dependent on home care has a negative impact on life satisfaction according to Johannesen et al. (13, 14) and therefore it is relevant to consider to health promotion as a means to support older people to maintain their health and highest possible level of independence. In addition, declining mobility also seems to be a risk factor for future decline in functioning (15). By building on existing evidence, research is needed to address issues of feasibility and implementation of health promotion for older people in a municipality context.

The purpose of this study was to explore feasibility aspects and experiences of participants during implementation of health promoting senior meetings in a Swedish municipality context.

Methods

In 2015, the health and social care administration in the municipality of Östersund, Sweden, decided that an increased focus should be placed on health promotion interventions. During the fall, the project *Health promoting senior meetings* was initiated and financed by the social investment fund in the municipality. During 2016-2017 (April) health promoting senior meetings has been piloted in the municipality. In order to address the purpose of the study, a mixed methods approach was applied. Feasibility aspects were explored by the use of a web-based survey, ongoing data collection, (e.g., recruitment process, field notes) throughout the project and the experiences of participants was explored by qualitative interviews.

Ethics

Participants in the study were given written and verbal information about the study, and informed of their right to decline participation at any time without consequences to their right and access to other societal services. The study was approved by the Ethical Board at Umeå University, Dnr: 2015/268-31Ö.

Contextual background

The study was conducted in the municipality of Östersund in Sweden. In 2015 the municipality had a population of approximately 61000 persons who mainly lived in the urban area but also in sparsely populated rural areas. Within the community care administration, community-based health and social care was provided in 16 geographical districts. Health and social care professionals were organized in teams that consisted of an occupational therapist, a physiotherapist, a district nurse, a social care manager, a home care manager and staff. No specific health promoting intervention for older people were included as part of ordinary services in the municipality. Therefore, the development and piloting of a health promotion program was a new service, complimentary to already existing services.

Development of the program the senior meetings

In order to ensure the clinical relevance and enhance implementation, the research was guided by principles for participatory action research (PAR) (16) . In this study PAR involved participation of (i) the target group for the program (i.e., older people) and (ii) those professionals (i.e., occupational therapists, physiotherapists, social workers and district nurses) who were most likely to be involved in recruitment of participants or the implementation the program. A method for PAR, proposed by Taylor and Hammel (16), was used. The steps in the PAR process focused on (a) identifying a suitable target group for the intervention, and (b) developing the health promotion program. In the process of developing the health promotion program a working group consisting of an occupational therapist (the main author) and two physiotherapists met to discuss how a health promotion program could be designed and which aspects should be considered for inclusion criteria. During the meeting, the author presented the current state of knowledge related to health promoting interventions for older people, similar to the introduction of this article. After the meeting, the author summarized what had been discussed in the format of a preliminary program for health promoting senior meetings. Another result of the first meeting was that the group concluded that a district nurse should be included in the working group so that also other areas of importance for health for older people were acknowledged in the ongoing process of program development. In two subsequent meetings, the content of the program was further elaborated. The working group that contributed to the development of the first version of the program included one occupational therapist, two physiotherapists and one district nurse, all experienced working with older people in the community.

Another facet of the PAR process was to include a reference group of older people. The reference group included 3 female representatives from local senior organizations. The dialogue with the reference group focused on what type of concerns older people were likely to experience in relation to activity, participation and health and to critically reflect on the specific program, developed by the working group, and to what extent the program addressed these concerns. Based on the discussions and feedback given from the reference group, the content and design of the program was either confirmed as sufficiently good or modified and subject to another round of input from the reference group.

The program

The program consisted of two group meetings, initially held by an occupational therapist and a physiotherapist, and one individual follow-up by telephone by the occupational therapist. After the first groups had been conducted, also a dietitian and a district nurse were involved in one senior meeting each. Each senior meeting was 2 hours and included lectures, movies and discussions related to activity, participation and health. A short coffee break was also included. During the sessions, the group leaders paid close attention to support participants to engage in discussions, to acknowledge the participants' experiences and facilitate exchange of knowledge among participants. The senior meetings were organized at a modern, easy accessible senior center located in the city center.

The first meeting included a lecture about the importance of and the effects of physical activity. The participants were given a leaflet with a series of exercises for improving balance and strength, were instructed how to perform the exercises, tried the exercises and were encouraged to do the exercises at home. In relation to the lecture, participants shared their experience of exercising. The first meeting also included a lecture and discussion about the link between occupational engagement and health and factors that has an impact on opportunities to be active, for example housing accessibility. The participants were encouraged to share experiences related to their occupational engagement and occupational balance. The lecture also focused on the importance of healthy eating and participants were given a leaflet about healthy eating for older people.

One week after the first meeting an individual telephone follow-up was conducted by the project coordinator to provide the participant the opportunity to raise questions individually.

The second group meeting was introduced by talking about the experience from the previous meeting, if participants had reflected upon or made any changes in terms of their daily activities. The occupational therapist held a lecture about strategies for managing daily activities for example in terms of environmental adaptation or technical aids but also about available resources in the community. The lecture included issues related to transportation and issues related to communication and participation through internet-based media and the use of new technology e.g., smartphones and tablets. The physiotherapist focused on

information about physical activities in the community. By the end of the second meeting, participants were given information leaflets about different activities available for seniors in the municipality and how to seek societal support and health care. Participants who did not attend the second meeting were given the same written information with a letter.

At the time when a dietitian and a district nurse became involved in one senior meeting each, the issues around healthy eating was handled by the dietitian and medical concerns were handled by the district nurse.

Target group

The process of deciding how to define the target group was based on a combination of a literature review and a reasoning process based on experiences in the working group and in the reference group. More specifically, the first author conducted a literature review and presented the results for the working group and the reference group. Based on discussions in both groups, the group of older people that was identified as suitable for the health promotion program were those who were considered to be at risk for further decline based on the following criteria's: (i) applicant for "early" home help services e.g., help with cleaning, shopping, food delivery and safety alarms and (ii) applicant for outside walker. These two criteria can also be confirmed as signs for an increased risk of decline based on existing research. For example, restrictions in performing activities of daily living (ADL) has been found to be associated with future functional decline (17) Furthermore, disability in mobility is associated with a decline in ADL (15). In addition, when selecting criteria's for identifying a suitable target group for an intervention it is also relevant to consider criteria's to identify those persons who are not suitable for a program. Two exclusion criteria for the program were selected based on ethical and practical grounds: potential participants should have no apparent cognitive or communication problems and have no terminal disease.

The number of potential participants in the municipality was estimated to be approximately 240 persons each year, based on a dialogue with social workers responsible for needs assessments as persons applied for home care services.

Recruitment of participants

At first contact with a social worker or a physiotherapist, given the inclusion criteria, potential participants were informed about the health promoting senior meetings. In all, 19 social workers and 9 physiotherapists were involved in the process of identifying potential participants. All social workers and physiotherapists were informed verbally and provided with written information about the senior meetings and routines for recruitment. Over time, reminders about the study were given to the involved social workers and physiotherapists by email.

For those who were identified as potential participants and willing to receive more information, the social worker or physiotherapist informed the project coordinator (first author). Within two weeks, the project coordinator provided more information about the senior meetings and the research study by telephone. Participants were recruited consecutively and invited to the senior meetings as sufficient number of participants had accepted to participate. On all occasions, approximately six participants were invited.

Evaluation of feasibility aspects

Throughout the piloting of health promoting senior meetings quantitative and qualitative data were collected in order to explore experiences of participants and feasibility aspects (e.g., recruitment and flow of participants) during implementation.

Experiences of the participants

An empirical, qualitative study design, with an inductive character, was chosen to explore the experience of participants. Data were collected by qualitative interviews following a semi-structured interview guide developed by the second author. The questions focused on how the participants in various ways had experienced participating in the senior meetings. In all, nine participants were recruited for the interviews and each informant was interviewed twice. The age of participants ranged from 79-89 years and six participants were women. The first nine interviews were conducted one week after the first senior meeting made by EB. The nine follow-up interviews were conducted by an experienced occupational therapist after completing the program, whether they participated in the second meeting or not. All

interviews were conducted by telephone. The interviews lasted a maximum of 30 minutes and were recorded and transcribed verbatim.

The transcribed interviews were analyzed according to content analysis process (18). In the first step of the analysis process the second author listened through the audio-taped interviews and read through the transcribed interviews several times to provide a broad understanding of the content. The broad understanding was then discussed with the third author. Content that did not meet the purpose was sorted out and the remaining text provided the material for the analysis. The text was divided into three sections based on the interview guide's question areas; participants' experiences and thoughts before, during and after the senior meetings. Then we identified meaningful units, which were condensed in order to shorten the text but still maintain the entire content. The condensed meaning units was coded in to categories that reflected the core message of the interviews. These categories constitute the manifest content, and finally the codes were abstracted into categories and the overall theme.

Implementation

To explore recruitment procedures and the roles of those involved in recruitment, a web-based survey was used. The survey included questions related to awareness of and knowledge about the senior meetings, the role each professional had in recruitment. In all, the survey was distributed to 19 social workers and 9 physiotherapists. In addition to the survey, field notes were kept throughout the whole project period. The field notes included information about the flow of participant during recruitment and implementation of the senior meetings,

Results

The results are presented under headings for each of the feasibility aspects explored: (a) experiences of the participants, (b) recruitment and flow of participants, and (c) practical concerns during implementation of the senior meetings.

Experiences of the participants

The analysis of the interviews resulted in one theme “knowledge and acknowledgement can be motivating and affect lifestyle”. In relation to the theme, three categories were identified.

The first category included expectations and factors that promoted or restricted participation in the senior meetings. Concerning expectations, participants stated that curiosity and interest were main reasons for participating in the senior meetings. To participate was seen as a chance both to gain new knowledge but also to meet other people in a similar situation and to feel less alone. However, the interest to participate also could be challenged by a somewhat frightening feeling of engaging in something new and unusual. Participants described that they did not know exactly what the content of the senior meetings would be but anyway they choose to participate and aimed to attend the senior meetings. A proposal from some participants was that a clear invitation both by phone and by a letter would have made it more clear what the meetings actually would include. One factor that restricted participation was other events that instead was prioritized, e.g., family matters or visit to the doctor or physiotherapist. Also opportunities for transportation and the setting where the senior meetings were held had an impact on how easy it was to participate. Some participants could get quite close to the setting by car but instead difficulties to find a vacant parking lot could be problematic. For persons who used the local buses, two problems were identified. First, the nearest bus stop was located somewhat far from the setting for the senior meetings and therefore could make it challenging to walk that distance. Another problem was that the time for the meeting was not well synced with the timetable for the bus. Even though these two concerns were experienced as problematic they did not restrict participation.

The second category included experiences of the session and the content of the senior meetings. The information that was provided during the meeting was described in positive terms as good, detailed and easily accessible. Some thought it was too much information, and some wanted more information. Even though the participants were aware of much of the information that was provided during the senior meetings, the participants considered it to be a useful reminder. For example, by engaging in some physical exercises the participants appreciated the support to learn how to perform the exercises correctly.

Another component of the intervention that was appreciated was that they received some material on for example healthy eating, food preparation and physical exercise, so they could continue for example exercises at home. The participants appreciated that they could raise health-related and practical concerns they had and also receive answers to those concerns. Participants experienced that the leaders “tied things up” with all the areas that were raised, and they felt that the leaders knew what they were taking about. Overall, the participants thought that the concept was good and it was fun to participate. The provision of information on power point slides during lectures seemed to reinforce what was discussed. In all, they expressed that it was a good program that touched important areas of everyday life to which they could relate. The topic that seemed to be most appreciated was the parts that were related to information about physical exercise. In contrast, topics that some participants experienced as difficult was information the use of new technology as a means for participation and social contacts.

Although the participants were satisfied with the meeting overall, they emphasized that they lacked information about how to get in contact with health services because they found it difficult to call the different health care services. In addition, the size of the group was identified as a factor that had an impact on discussions and the interaction in the group. Due to drop-outs, the group sizes were smaller than intended and the participants stated that they had appreciated more participants in the group. They felt that they could learn from each other by listening to the other participants and to share tips and advice on different things but thought that opportunities to discuss and exchange experiences were limited if there were too few participants. However, the participants expressed that it felt safe to talk in a small group and although they wanted more participants in their groups they did not want a too large group. An ideal situation seemed to be that a group should contain four to six individuals, stated by some participants.

The third category included how the participants had experienced that senior meetings had affected their situation. Even though much of the information provided and the focus of discussions concerned areas in which the participants already had knowledge, the chance to discuss was expressed as an “eye-opener” or reminder to actually engage in for example physical activities at home, adjust their home to reduce fall risks or to consider eating habits

in order to get sufficient energy. Social interaction and spending time with others was seen as a driving force to be active, compared to when being alone. Even though participants had experienced the topic new technology as a bit complicated, most participants described that they already used for example a smart phone or computer on a daily basis for example to pay bills and engaging in social media.

Recruitment

The rate in which participants were identified and recruited was far below the expected recruitment rate. From January 2016 to April 2017, forty-one potential participants were identified and of these 27 (66 %) were willing to participate. The mean age was 79 years (64-91) and 21 were women (63%). Of the 27 who accepted to participate, 21 persons participated in the first senior meeting and 12 in the second meeting. In relation to all potential participants identified and in relation to all willing to participate, 51 % and 78 % respectively participated in at least on senior meeting. The low recruitment rate in combination with unexpected drop-outs (e.g., illness) made planning and the actual implementation challenging. The aim was to recruit approximately six participants for each session but for most groups sudden drop outs resulted in smaller groups.

Implementation

The web-based survey was answered by 14 out of 19 social workers and 7 out of 9 physiotherapists. Out of these 21 professionals, 16 stated that they were familiar with the program and the content of the program, 13 thought that the program addressed a relevant need, 16 knew which the intended target group was, 9 stated that they were not sure which role they were expected to play in recruitment, 10 had not met or informed anyone about the senior meetings, 10 experienced problems with informing and recruiting participants. The problems described were that during initial contacts with persons applying for help from the municipality, there was a lot of information that needed to be provided to the person and the information about senior meetings was easy to forget.

Discussion

By the use of a mixed methods approach, we explored feasibility aspects and experiences of participants during implementation of health promoting senior meetings in a Swedish

municipality context. Within the area of intervention research on active and healthy aging there is an increasing evidence base that indicates that the health of older people can be maintained or improved and at the same time lead to lower societal costs. The knowledge gained from this study has a direct impact on our continuing implementation of health promotion in the actual municipality and can also inform other similar initiatives in other municipalities.

The promotion of active and healthy ageing is imperative for the health and well-being of older people and for a cost-efficient use of resources. In this perspective, resources it not only an issue of monetary values but also about how to use the existing staff in an efficient way. Considering the hopeful evidence base, to aim for an evidence based practice in relation to health promotion seems to be the path to choose. However, along this path, the translation of research findings from controlled trials to ordinary clinic is in itself a complex matter (19, 20). In order for health promotion to become truly effective, identifying a suitable target group and reaching that group is vital. As the results from our study indicate, recruitment procedures seem to be a critical issue for health promotion to reach its full potential. In our study, a larger proportion of those invited to participate were willing to participate than in some previous trials indicating that the population we targeted found participation in health promotion a relevant option. A remaining challenge concern recruitment since we seem to have reached far fewer persons than our preliminary estimates indicated. In addition, preliminary data from a parallel trial in which we retrospectively follow all persons who were allocated some kind of home help over time, indicate that the expected number of potential participants in fact should be even higher than the 240 persons per year which we estimated beforehand. Given that health promoting senior meetings have proved to result in a range of health benefits, it is of outmost importance that a higher proportion of those

Experience of participants

The results showed that although the participants did not experience the information on the senior meetings as new, it was still appreciated. By meeting others in similar life situation, being provided with information, trying out exercises and discussing everyday matters and challenges, the participants became inspired to take action in their everyday life. Our results

are in line with previous studies in the field showing that participation in senior meetings can be a “key to action” (21) leading to positive health outcomes both in the short term and long term (10, 22, 23).

The results indicate that the design of the intervention seems to be feasible as appreciated by the participants but some features need to be highlighted since they can be improved. In order to enhance opportunities for participation, the setting and how to manage transportation is important. A likely situation is that senior meetings organized by the municipality will be held in some of the municipalities own settings and in addition to ensuring that the indoor environment is accessible and that the rooms are well suited for a senior meeting also the outdoor environment needs to be considered including access to parking and transportation by bus. Information about the content of each session is easy to provide and to enhance clarity for the participants, this information could be provided both verbally and by mail. Given that many participants stated that they used smart phones, the use of e-communication could be considered as a compliment. Unexpected drop-outs might in fact not be so unexpected given that many persons in the target group may experience sudden illness restricting participation but also that many persons have a lot of other activities that he or she prioritizes before attending a senior meeting. To achieve an optimal number of participants it seems reasonable to invite a few more persons than originally planned since drop outs can be expected. For example, after the first phase of our project, we have started to invite around 8-10 participants to each meeting to increase the chance of having a sufficient number of participants for each session.

While this study is an example of the translation of evidence to practice, so far the study has been conducted as a project very close to, but not completely integrated in to ordinary practice. The next step in our process of integrating health promotion into ordinary municipality services is to continue with involvement of all involved stakeholders as to identify how procedures should best be designed in order to reach our identified target group and implement health promotion. While our focus for this study was health promoting senior meetings, also other formats of health promotion could be considered. Considering that approximately half of all potential participants were willing to learn more and to participate in senior meetings, the persons who were not interested in senior meetings

could benefit from some other kind of health promotion. For those who do not consider a group format to be interesting, other formats may be more appropriate. Even though we argue that senior meetings seem to be an intervention format that yields a broad range of positive effects and has proven to be cost effective, preventive home visits and physical activity counselling are interventions delivered in an individual format that also have shown positive effects (24, 25). Instead of thinking of how to identify the (one) most optimal format of health promotion, a more relevant question would be how to identify an optimal mix of interventions that attracts a high proportion of potential participants. We believe that the inclusion criteria applied in our study were effective in identifying a population suitable for health promotion but can conclude that more efforts are needed to reach a higher proportion of the intended target group.

Conclusion

Health promoting senior meetings for older people in a municipality context were experienced as positive of those participating and a high proportion of those who met inclusion criteria were willing to participate. However, it seems as if a small proportion of those who met inclusion criteria were actually informed and invited to participate. Therefore, further development will be needed to increase the number of potential participants that are identified and offered to participate in health promotion in order to reach the full benefits of health promotion.

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