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## CONFERENCE ABSTRACT

### **Be Your Best': an innovative, co-designed approach to frailty**

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**Introduction:** Frailty is a condition in which the individual is vulnerable and at increased risk of poor health outcomes including death when exposed to stressors, such as illness or injury. As we age, frailty is common, affecting one in two people aged 65 years or more.

There are many ways to measure frailty, reflecting different theoretical approaches, and different methods to address frailty. Predominantly, frailty is addressed by targeting physical therapy type activities, as loss of functional ability is one of the hallmarks of frailty, and this reflects an emphasis on loss of abilities, or an accumulation of deficits.

Other approaches include a focus on the health assets that an individual may possess, that serve a protective effect against the impact of frailty. For example, engaging in community activities.

Consistent with this approach is the idea of frailty as a fulcrum, where health assets may outweigh the impact of health deficits and so mediate the impact of frailty on an individual. This idea highlights that frailty can change over time, and that its impact on an individual can be modified.

With this approach in mind, and the observation that the majority of frailty interventions do not include health consumer partnerships, we embarked on a co-design process to better understand health consumers' perspectives.

**Methods:** We conducted a series of co-design sessions with health consumers. We asked about their understanding of the term 'frailty'; emotional responses to 'frailty'; and for their partnership to help co-design the 'Be Your Best' frailty intervention and prevention program.

**Results:** Early engagement with consumer representatives shaped project development. Health consumers have provided input on the importance of language and knowledge about the term 'frailty' in the community, indicating that it is an emotionally laden term, carrying assumptions about capacity and a lack of independence. They advocated the importance of having a choice of strategies/intervention(s); and interventions considered most likely to be effective were those that addressed mobility and exercise, cognition, and mood or social connection. 'Be Your Best' interventions will be community-based and provide a suite of integrated options for the health consumer to choose from.

**Discussion:** These early outcomes show promise in directing a program that will develop a set of co-designed interventions, that also represents a departure from previous prescriptive approaches to addressing frailty.

**Conclusions:** Consumer engagement, and therefore choice is likely to lead to more effective and sustainable intervention outcomes.

**Lessons learned:** The importance of co-design and co-production of consumer directed care, and an emphasis on the preventive potential of frailty interventions

**Limitations:** To date, these are findings from a cohort with a defined and distinct demographic profile.

**Suggestions for future research:** Next steps are to engage with a broader population of health consumers, and to trial a pilot of the proposed interventions.