



MY OCCUPATIONAL ENGAGEMENT HOME PROGRAM (MYHOeME)



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SYNOPSIS OF THE BOOK

In "My Occupational Engagement Home Program," crafted by occupational therapy, we unveil a powerful resource aimed at promoting healthy aging and improving the quality of life for older people.

This unique guide is designed to empower the older people to actively participate and engage in their daily routines. Through carefully planned activities and strategies, it fosters independence and a sense of purpose, ensuring that every day is filled with meaningful engagement.

But it doesn't stop there—this book also serves as a lifeline for caregivers. By offering practical insights and tailored programs, it alleviates the burden of caregiving, making it easier for loved ones to support the aging process.

With a focus on enhancing physical, social, and cognitive well-being, "My Occupational Engagement Home Program" is a comprehensive book that equips older people and their caregivers with the skills and knowledge needed to navigate the aging journey gracefully and joyfully.

Discover the transformative power of occupational engagement and embark on a path to healthier, happier aging for you or your loved ones.

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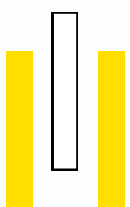
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This book is a testament to the collective efforts of these individuals and organizations. Their contributions have paved the way for a program that we believe will make a meaningful difference in the lives of older adults in Malaysia and beyond. To everyone who has played a part, big or small, in this endeavor, we offer our sincere thanks. Your support, guidance, and collaboration have been indispensable, and we are immensely grateful for your commitment to the well-being of older adults and the realization of our shared vision.

With heartfelt appreciation.

INTRODUCTION



(A) The Aging Population in Malaysia: Implications for a Demographic Shift

Malaysia is experiencing a significant demographic shift, marked by a rapidly aging population. This trend is primarily attributed to declining birth rates and increased life expectancy, leading to a transformation in the country's age structure. According to the World Bank, Malaysia's median age has risen from 22.1 years in 1990 to 30.5 years in 2020, indicative of the profound impact of aging on the nation's population composition.

As of 2020, Malaysia's aging population (aged 65 and above) constituted approximately 7.8% of the total population. This proportion is projected to escalate rapidly in the coming decades, intensifying the challenges posed by this demographic transition. By 2030, it is estimated that Malaysians aged 65 and above will comprise around 14% of the population, pushing Malaysia into the ranks of aging nations. This transformation has direct implications for healthcare, social services, pensions, labor force dynamics, and economic growth.

INTRODUCTION

The shift towards an aging population has far-reaching consequences. The strain on healthcare and social services will inevitably amplify as the elderly population requires increased medical attention and specialized care. The demand for geriatric care, chronic disease management, and long-term care services is anticipated to surge, necessitating adaptations within the healthcare system. Additionally, this demographic transition could exert pressure on the pension system and social safety nets as the proportion of elderly individuals relying on these benefits rises.

The impact on the labor force cannot be overlooked. As the aging population grows, a shrinking workforce could emerge, potentially influencing economic productivity and growth. Policymakers will need to consider strategies to engage older workers, encourage extended working years, and ensure a supportive work environment to harness their experience and expertise.

The transition to an aging population also underscores the importance of holistic policies that address the well-being and quality of life of the elderly. Creating age-friendly communities, promoting active and healthy aging, and fostering social inclusion are vital components of this endeavour.

In conclusion, Malaysia's demographic landscape is undergoing a significant transformation characterized by a rapidly aging population. This trend is driven by declining birth rates and increased life expectancy, propelling Malaysia towards the status of an aging nation. As the proportion of elderly individuals continues to grow, Malaysia must prepare for challenges and opportunities in healthcare, social services, labor force dynamics, and overall economic sustainability. Strategic policies and investments will be crucial in ensuring a successful transition to a society that values and supports its aging population.

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B) Challenges Confronting Older Adults in Malaysia: A Holistic Examination of Health and Well-being

The aging demographic in Malaysia is confronted with an intricate web of challenges that have sweeping implications for their physical, medical, psychosocial, and cognitive dimensions of well-being. This multifaceted landscape profoundly influences their participation in daily activities, engagement in leisure and social pursuits, and ultimately shapes their overall health and quality of life.

Physically, the elderly grapple with issues such as sarcopenia, frailty, and musculoskeletal disorders. Sarcopenia, characterized by the decline of muscle mass and strength, undermines their physical capabilities, making routine tasks more laborious (Hairi et al., 2010). Frailty, a condition marked by heightened vulnerability, increases the risk of falls, hospitalization, and even mortality (Hairi et al., 2010). Musculoskeletal disorders, including arthritis, osteoporosis, and back pain, exacerbate mobility limitations and discomfort, constraining their ability to perform daily activities.

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The realm of medical concerns further compounds these challenges. Chronic conditions such as diabetes and hypertension are prevalent among older individuals, necessitating vigilant management to prevent complications (Ministry of Health Malaysia, 2018). Managing these conditions amidst age-related changes demands a careful balance between medical oversight and lifestyle modifications.

The psychosocial dimension holds equal importance. Depression, social isolation, and loneliness frequently impact older adults due to triggers such as empty nest syndrome and the migration of younger populations to urban areas (Puthussery et al., 2016). The empty nest syndrome can erode self-esteem and trigger feelings of purposelessness, exacerbating the risk of mental health issues (Puthussery et al., 2016). Meanwhile, the migration of younger family members from traditional communities leaves older adults bereft of social support networks, fostering a sense of isolation that can further compromise their mental and emotional well-being.

Collectively, these challenges precipitate a diminished ability to participate in occupational areas and activities. Older adults often struggle to engage in activities of daily living, pursue leisure interests, or even sustain enthusiasm for their hobbies. The cumulative impact of these challenges fosters a cycle where reduced participation can lead to depression, social isolation, and a further decline in overall health and well-being.

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Effectively addressing these multifaceted challenges demands a comprehensive approach. Healthcare interventions should emphasize preventive measures, the management of chronic conditions, and the promotion of healthy lifestyles. Psychosocial interventions, including community-based support groups and initiatives to counteract loneliness, can play a pivotal role in fostering a sense of belonging and emotional well-being.

In conclusion, the challenges facing older adults in Malaysia are multi-pronged, spanning physical, medical, psychosocial, and cognitive spheres. These challenges not only compromise their ability to perform daily activities and engage in various occupations but also contribute to a downward spiral of mental health issues and social isolation. Addressing these challenges necessitates a holistic strategy that amalgamates medical care, psychosocial support, and community engagement to enhance the well-being and quality of life for Malaysia's aging population.



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C) Impact of Age-Related Challenges on Occupational Engagement and Benefits of Participation for Older Adults

The multifaceted challenges faced by older adults in Malaysia, including physical limitations, medical conditions, psychosocial issues, and cognitive decline, often impede their ability to engage fully in various occupational areas. These challenges manifest in limitations across activities of daily living (ADLs), leisure pursuits, instrumental activities of daily living (IADLs), and social participation, shaping their overall well-being and quality of life.

In ADLs, the older population may struggle with tasks such as bathing, dressing, and meal preparation due to physical frailty or musculoskeletal disorders (Hairi et al., 2010). This hampers their independence and can lead to a sense of loss of control. Similarly, in IADLs, managing finances, transportation, or household chores becomes arduous due to cognitive decline or declining physical abilities (Arokiasamy et al., 2012). Leisure activities like gardening, sports, or artistic pursuits may be hindered by physical limitations, reducing opportunities for enjoyment and personal fulfillment.

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Despite these challenges, engaging in occupational activities holds immense potential for improving the well-being of older adults. Research has shown that participation in ADLs promotes physical fitness, maintaining muscle strength and mobility (Hairi et al., 2010). For instance, engaging in simple stretching exercises can help combat sarcopenia and improve overall physical health. By staying active in leisure pursuits, such as walking, swimming, or dancing, older adults can enhance cardiovascular fitness, reducing the risk of chronic diseases (Arokiasamy et al., 2012).

Occupational engagement also exerts a positive influence on psychological well-being. Participation in meaningful activities fosters a sense of purpose and accomplishment, combating feelings of depression or loss associated with aging (Kaur & Noroozi, 2021). For instance, engaging in a hobby like painting or playing a musical instrument provides a creative outlet and a source of joy. Social participation, even if in small gatherings or clubs, offers opportunities for connection, reducing feelings of loneliness and promoting a sense of belonging (Puthussery et al., 2016).

Furthermore, occupational engagement has psychosocial benefits. Participation in community activities or volunteer work bolsters self-esteem and nurtures a sense of contribution (Kaur & Noroozi, 2021). For example, volunteering at a local library or mentoring younger generations instills a sense of purpose and strengthens social ties. Engaging in activities that reflect one's interests and passions enhances life satisfaction, enriching their sense of identity and purpose.

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Cognitively, involvement in diverse occupational activities sustains mental agility. Learning new skills or engaging in intellectually stimulating tasks, such as puzzles or book clubs, has been linked to preserving cognitive functions and even delaying cognitive decline (Arokiasamy et al., 2012). This cognitive engagement challenges the brain and maintains neural pathways, promoting mental sharpness and cognitive resilience.

In light of the challenges that older adults in Malaysia face across physical, medical, psychosocial, and cognitive domains, a comprehensive intervention strategy is imperative to mitigate the potential deterioration of their well-being. A socially integrated program that amalgamates cognitive stimulation, social interaction, and physical activity holds the key to preserving the quality of life of older individuals.

Drawing on the rich cultural values and beliefs of the Malaysian population, it is evident that the involvement of caregivers and family members is of paramount importance. Aligning with cultural norms, personal religious beliefs, and the deeply ingrained concept of filial piety, a program that fosters a sense of interdependency between older individuals, their caregivers, and family members is crucial. By embedding these values within the program, the likelihood of success is significantly heightened.

Such a program would be designed not only to address the age-related challenges but also to fortify the existing support structures within the older person's life. By promoting cognitive engagement, the program counters cognitive decline and empowers individuals to maintain mental acuity (Stuck et al., 1999). Social interaction fosters a sense of belonging and combats loneliness, aligning with the findings of Puthussery et al. (2016). Physical activity, catered to individual abilities, boosts physical health and contributes to a greater sense of autonomy (Hairi et al., 2010).

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As an outcome, the proposed program reinforces the interplay between occupational engagement and well-being, offering a multidimensional solution to the challenges faced by older adults. It capitalizes on cultural values, personal beliefs, and the concept of interdependence to ensure the initiative's success. By involving caregivers and family members, the program recognizes the holistic nature of well-being in the context of aging.

As an outcome, the proposed program reinforces the interplay between occupational engagement and well-being, offering a multidimensional solution to the challenges faced by older adults. It capitalizes on cultural values, personal beliefs, and the concept of interdependence to ensure the initiative's success.



By involving caregivers and family members, the program recognizes the holistic nature of well-being in the context of aging.

OBJECTIVE OF THE PROGRAM

Program Objectives:

Enhancing Well-being through Comprehensive Occupational Engagement for Older Adults

1. Foster Meaningful Social Interaction

The program's first objective is to provide tailored cognitive stimulation activities that challenge and engage the cognitive faculties of older adults. By offering intellectually stimulating tasks, puzzles, and memory exercises, the program aims to counter cognitive decline and preserve mental agility, aligning with the findings of Arokiasamy et al. (2012). The objective is to enable participants to maintain cognitive functions, make informed decisions, and enhance their overall cognitive well-being.

2. Promote Holistic Cognitive Stimulation

The second objective centers on fostering meaningful social interaction among older adults. Through regular group discussions, collaborative projects, and social events, the program seeks to combat feelings of social isolation and loneliness identified by Puthussery et al. (2016). By creating an environment that encourages interpersonal connections and a sense of belonging, the objective is to enhance participants' psychosocial well-being and overall quality of life.

OBJECTIVE OF THE PROGRAM

3. Enable Customized Physical Engagement

The third objective focuses on enabling older adults to engage in physical activities tailored to their individual abilities and preferences. Building upon the benefits highlighted by Hairi et al. (2010), the program will offer a range of physical activities such as gentle exercises, walking groups, and seated yoga. This objective aims to improve participants' physical health, enhance mobility, and instill a sense of accomplishment.

4. Empower Family and Caregiver Involvement

Recognizing the significance of family and caregiver support, the fourth objective aims to empower family members and caregivers in the program. Workshops and training sessions will be organized to equip them with the knowledge and skills necessary to provide appropriate care and support. By involving caregivers, the program aligns with cultural values and the concept of interdependence, as recognized by Stuck et al. (1999). The objective is to enhance the overall well-being of older adults by fostering a supportive and enabling environment.

In conclusion, these four objectives collectively form a comprehensive framework for the program that aims to enhance the well-being of older adults in Malaysia. By targeting cognitive, social, physical, and interpersonal dimensions, the program aligns with research findings and cultural values to provide a holistic approach to occupational engagement. Through the accomplishment of these objectives, the program aspires to empower older adults to lead fulfilling lives, characterized by cognitive vitality, social connectedness, physical health, and family support.

APPLYING THE PERSON- ENVIRONMENT-OCCUPATIONAL PERFORMANCE (PEOP) MODEL

Person-Environment-Occupation-Performance (PEOP) model as shown in figure 1 is a model based on a client-centred approach in which the client needs to actively set a goal, plan, and participate to promote their own occupational performance. According to Baum & Christiansen, 2005, p.244), the PEOP model is described as “a client-centred model organized to improve the everyday performance of necessary and valued occupations of individuals, organizations, and populations in the world around them”.



This model is a system model which enhance the dynamic and reciprocal of the interaction of the person, environment, and occupational performance elements.

This model is appropriate for a variety of individual, group, and institutional needs across the lifespan (Cole & Tufano, 2008). Thus, this model is suitable to determine the engagement of the retirement in occupations which requires a collaboration relationship between all the three components to achieve a positively occupational performance that in result may lead to participation in activity and well-being.

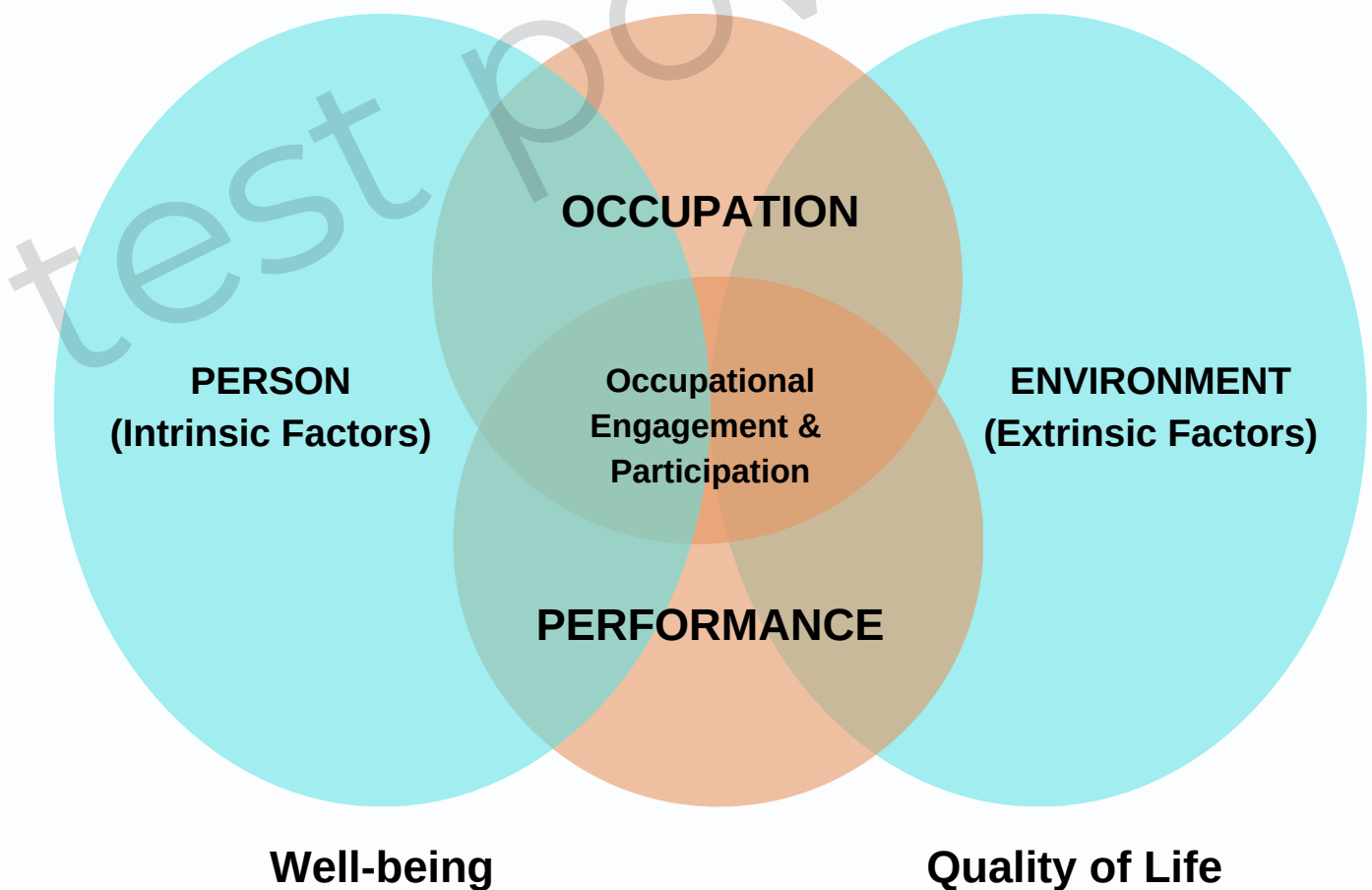
APPLYING THE PERSON- ENVIRONMENT-OCCUPATIONAL PERFORMANCE (PEOP) MODEL

Occupational performance is emphasized in the PEOP model and involves three components:

- 1) characteristics of the person which includes physiological, psychological, motor, sensory/perceptual, cognitive, or spiritual;
- 2) environmental factors (cultural, social support, social determinants, and social capital, physical and natural environments, health education and public policy, assistive technology; and
- 3) characteristics of the occupations engaged/activity, tasks and roles performed by the individual that influence the life. The interaction between the person and environmental components positively or negatively influences occupational performance.

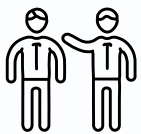
Therefore, this framework can be enhanced in developing the concept of occupational engagement to formulate holistic approach establishing a collaborative relationship between the client and practitioner. The practitioner gains understanding of the client's needs and goals by asking relevant questions and listening to their story. The model identifies key factors affecting the client's performance, both personal abilities and environmental influences. Using this information, the practitioner creates a practical and step-by-step intervention plan.

APPLYING THE PERSON- ENVIRONMENT-OCCUPATIONAL PERFORMANCE (PEOP) MODEL



**Figure 1: Person-Environment-Occupation
Performance (PEOP) Model**

OVERALL PRINCIPLES OF MYHOeME: ENHANCING OCCUPATIONAL ENGAGEMENT FOR OLDER ADULTS



Holistic Approach

MYHOeME embraces a holistic approach by addressing cognitive, social, physical, and familial dimensions of well-being. Recognizing the interplay between these aspects, MYHOeME aims to optimize overall quality of life for older adults.



Person-Centered Tailoring

MYHOeME is grounded in person-centered care, tailoring activities to individual preferences, needs, and abilities. This personalized approach ensures that each participant receives interventions that resonate with their uniqueness.



Evidence-Based Practices

MYHOeME draws on established research and best practices in gerontology and occupational therapy. By relying on empirical evidence, interventions within MYHOeME are designed to be effective in achieving desired outcomes.

OVERALL PRINCIPLES OF MYHOeME: ENHANCING OCCUPATIONAL ENGAGEMENT FOR OLDER ADULTS



Cultural Sensitivity

Cultural values, beliefs, and norms are integral to MYHOeME's design. Activities and interactions are culturally sensitive, reflecting the diverse backgrounds of participants and ensuring that the program resonates with their cultural identities.



Interdisciplinary Collaboration

MYHOeME thrives on interdisciplinary collaboration, involving professionals from various fields including occupational therapists, social workers, psychologists, and gerontologists. This collaborative approach ensures a comprehensive and well-rounded program.



Family and Caregiver Involvement

MYHOeME recognizes the pivotal role of family and caregivers. Involving them in planning, implementation, and support through workshops and training sessions aligns with the program's commitment to holistic care.

OVERALL PRINCIPLES OF MYHOeME: ENHANCING OCCUPATIONAL ENGAGEMENT FOR OLDER ADULTS



Sustainability

MYHOeME is designed for long-term sustainability. It incorporates mechanisms for ongoing evaluation, adaptation, and improvement based on participant feedback and evolving needs, ensuring enduring effectiveness.



Empowerment and Choice

MYHOeME empowers participants to actively shape their engagement activities. Their preferences and feedback influence program direction, fostering a sense of ownership and enhancing the overall experience.



Outcome-Focused

MYHOeME defines clear, measurable outcomes in cognitive engagement, social interaction, physical well-being, and family support. Regular assessments track progress, guiding adjustments to optimize participant outcomes.



Inclusivity

MYHOeME prioritizes inclusivity, making the program open and accessible to a diverse range of older adults. Participants, regardless of physical abilities, cognitive status, or cultural background, can benefit from MYHOeME's offerings.

OVERALL PRINCIPLES OF MYHOeME: ENHANCING OCCUPATIONAL ENGAGEMENT FOR OLDER ADULTS



Community Integration

MYHOeME fosters community integration by forging connections with local communities, senior centers, and resources. This integration expands participants' support networks and provides opportunities beyond program activities.



Continuous Learning

MYHOeME encourages a culture of continuous learning. Regular training, workshops, and seminars for participants and facilitators ensure that the program remains informed by the latest research and practices in gerontology.

In summary, the principles of My Health – The Occupational Engagement Home Program (MYHOeME) underscore a person-centered, evidence-based, culturally sensitive, and collaborative approach. By adhering to these principles, MYHOeME seeks to holistically enhance the well-being of older adults, empowering them to maintain cognitive, social, and physical vitality, while fostering a supportive environment rooted in their unique needs and cultural values

SPECIFIC PRINCIPLES OF THE MYHOeME

The following are specific principles whilst conducting the activity with the MYHOeME. Some principles are adapted from the group Cognitive Stimulation Therapy (CST) (Spector et al., 2010).



Structured Diversity

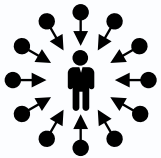
Design activities that cater to diverse preferences and abilities while maintaining a structured routine. Activities should include options for physical, social, cognitive, and psychological engagement, allowing participants to choose based on their interests and capabilities.



Collaborative Inclusivity

Encourage a collaborative atmosphere where participants and carers collaborate to plan and choose activities. Ensure that all participants, regardless of their individual capabilities, can participate in activities and contribute their ideas.

SPECIFIC PRINCIPLES OF THE MYHOeME



Person-Centered Engagement

Prioritize person-centered engagement by adapting activities to individual preferences, needs, and abilities. Participants should feel that the activities are tailored to their uniqueness, fostering a sense of empowerment and ownership.



Evidence-Informed Adaptation

Continuously adapt activities based on real-time feedback and observations. Draw on evidence-based practices to modify activities and ensure they remain effective and engaging for participants throughout the program.



Family-Caregiver Collaboration

Collaborate closely with family members and caregivers in planning and implementing activities. Their insights into participants' needs and preferences are invaluable for creating a supportive and enriching experience.

SPECIFIC PRINCIPLES OF THE MYHOeME



Cultural Sensitivity

Ensure that activities respect participants' cultural values and beliefs. Activities should be culturally sensitive and inclusive, allowing participants to comfortably engage and relate to the content.



Multi-Sensory Stimulation

Incorporate multi-sensory elements into activities to engage various senses, enhancing participants' sensory experiences and promoting cognitive connections.



New Ideas, Thoughts, and Associations

Encourage participants to explore new ideas, thoughts, and associations during activities. This stimulates cognitive flexibility and creativity, enhancing cognitive functioning.



Orientation Sensitivity

Utilize orientation strategies, both explicitly and implicitly, to help participants maintain a sense of time, place, and context within activities.

SPECIFIC PRINCIPLES OF THE MYHOeME



Opinions Over Facts

Foster discussions that encourage participants to share their opinions rather than focusing solely on factual information. This promotes personal expression and interpersonal engagement.



Reminiscence for the Here-and-Now

Use reminiscence as a tool to connect participants to their present experiences, creating bridges between past memories and current engagement.



Triggers for Recall

Provide triggers such as familiar objects, photos, or prompts to aid participants' recall of memories and experiences, enhancing cognitive engagement.



Continuity and Consistency

Maintain continuity and consistency between activity sessions to provide a sense of structure and familiarity, supporting participants' comfort and engagement.

SPECIFIC PRINCIPLES OF THE MYHOeME



Implicit Learning

Incorporate implicit learning techniques, encouraging participants to learn and engage without explicit instruction, enhancing cognitive and psychological engagement.



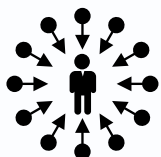
Stimulating Language

Design activities that stimulate language use and communication, encouraging participants to express themselves and engage in meaningful conversations.



Stimulating Executive Functioning

Develop activities that challenge participants' executive functioning skills, such as planning, problem-solving, and decision-making.



Person-Centeredness

Place participants at the center of activity planning, ensuring that their interests, preferences, and capabilities guide the selection and design of activities.

SPECIFIC PRINCIPLES OF THE MYHOeME



Respect

Cultivate an atmosphere of respect where participants' opinions, experiences, and contributions are valued and honored.



Involvement & Inclusion

Create opportunities for active involvement and inclusion of all participants, fostering a sense of belonging and community.



Choice

Offer choices within activities to empower participants to make decisions that align with their preferences and capabilities.

FUN Fun

Infuse a sense of joy and fun into activities to enhance participants' motivation and emotional well-being.

SPECIFIC PRINCIPLES OF THE MYHOeME



Maximizing Potential

Encourage participants to push their boundaries and explore their potential, fostering personal growth and self-discovery.



Building/Strengthening Relationships

Foster the development of meaningful relationships among participants and carers through collaborative activities and shared experiences.

By integrating these principles, My Health – The Occupational Engagement Home Program (MYHOeME) aims to create a comprehensive and enriching experience that addresses diverse aspects of well-being. This holistic approach, guided by these principles, is designed to promote cognitive vitality, emotional well-being, physical health, and interpersonal connections for older adults, all within an environment of respect, empowerment, and joy.

PROCEDURE OF MYHOeME FOR OLDER PEOPLE : A FIVE-WEEK PROGRAM

1 Participant Selection

Identify eligible participants based on inclusion and exclusion criteria, including the older people and their spouses/caregivers.

2 Group Formation

Create a group with a maximum of five individuals.



3 Week 1 - Initial Session

- Conduct a pre-test to assess the clients' health-related, perceived social support, and cognitive well-being using standardised tools → SF-12, MSPSS, and SLUMS.
- Briefing related to the program to the clients during the first session.
- Develop a schedule program on their daily engagement in activities for the elderly.
- Facilitate a program based on selected theme (physical activity).
- Conclude the session with the clients.
- Documentation and reporting all activities conducted.

PROCEDURE OF MYHOeME FOR OLDER PEOPLE : A FIVE-WEEK PROGRAM

4 Week 2 - Second Session

- Review and discuss the daily schedule of activity engagement from the first week.
- Create and facilitate the second week schedule of activity engagement for the individuals.
- Facilitate a program based on selected theme (social activity).
- Conclude the session with the clients.
- Documentation and reporting all activities conducted.



5 Week 3 - Third Session

- Review and discuss the daily schedule of activity engagement from the second week.
- Create and facilitate the third week schedule of activity engagement for the individuals.
- Facilitate a program based on selected theme (cognitive activity).
- Conclude the session with the clients.
- Documentation and reporting all activities conducted.

PROCEDURE OF MYHOeME FOR OLDER PEOPLE : A FIVE-WEEK PROGRAM

6 Week 4 - Fourth Session

- a. Review and discuss the daily schedule of activity engagement from the third week.
- b. Create and facilitate the third week schedule of activity engagement for the individuals.
- c. Facilitate a program based on selected theme (leisure activity)
- d. Documentation and reporting all activities conducted.

7 Week 5 - Fifth Session

- a. Review and discuss the daily schedule of activity engagement from the fourth week.
- b. Conduct a post-test to reassess the clients' health, social, and cognitive well-being using SF12, MSPSS, and SLUMS.
- c. Provide a comprehensive summary of the program and conduct a closing ceremony of the program for the clients.

8 Documentation and Submission

Prepare and compile all relevant documentation and submit to the program committee for evaluation and review

FLOWCHART OF THE PROGRAM

Identify eligible participants based on inclusion and exclusion criteria, including the older people and their spouses/caregivers.

Create a group with a minimum of five individuals

Conduct a program for five weeks follow the module.

Week one: Initial Session

- Conduct a pre-test.
- Briefing related to the program to the clients.
- Develop a schedule program on their daily engagement in activities for the elderly.
- Facilitate a program for 1st week → Physical Activity.

Week Two: Second Session

- Review and discuss the daily schedule of activity engagement from the first week.
- Create and facilitate the second week schedule of activity engagement for the individuals.
- Facilitate a program for 2nd week → Social Activity.

Week Three: Third Session

- Review and discuss the daily schedule of activity engagement from the second week.
- Create and facilitate the third week schedule of activity engagement for the individuals.
- Facilitate a program for 3rd week → Social Activity

Week Four: Fourth Session

- Review and discuss the daily schedule of activity engagement from the third week.
- Create and facilitate the fourth week schedule of activity engagement for the individuals.
- Facilitate a program for 4th week → Leisure Activity.

Week Five: Fifth Session

- Review and discuss the daily schedule of activity engagement from the fourth week.
- Conduct a post-test.
- Provide a comprehensive summary of the program.
- Conduct a closing ceremony of the program for the clients.

Prepare and compile all relevant documentation and submit to the program committee for evaluation and review.



REMARKS

- Provide a program duration of 5 weeks.
- Explain to clients and caregivers the objectives and overall implementation of the MYHOeME program.
- Inform clients and caregivers about the daily activity schedule that they are required to complete during each session.
- Discuss the selection of suitable activities with clients and caregivers.
- Set session dates for each week (5 weeks).
- Provide necessary equipment such as computers, LCDs, speakers and other relevant equipment requires during the sessions.
- Capture pictures during each session for presentation in the final session and report documentation.



WEEK 1 - 4

SESSION	ACTIVITY	REMARKS	EQUIPMENT REQUIRED
Introduction (10 minutes)	<ol style="list-style-type: none"> 1. Welcome all members to the group. 2. Select a group name. 3. Select and sing the team song with the group members 4. Select a leader (volunteer) to discuss on the reality orientation (date, month, year, place, season, name) using the white board. 5. Discuss on the current affair using newspaper, picture, etc. 6. Provide refreshment for the group members. 	Ensure safety precaution (i.e. Risk of fall, cultural sensitivity, physical limitation, medical illness etc.	<ul style="list-style-type: none"> • White Board • Marker Pen • Reality Orientation Chart (if necessary) • Newspaper • Picture
Main Activity (30 minutes)	<p>Conduct the activity based on the selected theme</p> <ul style="list-style-type: none"> • Week 1 : Physical Activity • Week 2 : Social Activity • Week 3 : Cognitive Activity • Week 4 : Leisure Activity 		<p>Example of activities:</p> <p>Week 1 : Physical Activity</p> <ul style="list-style-type: none"> • Ball • Balloon • Domestic activity • Gardening <p>Week 2: Social Activity</p> <ul style="list-style-type: none"> • Art / Creative <p>Week 3: Cognitive Activity</p> <ul style="list-style-type: none"> • Indoor Games • Story telling • Money management <p>Week 4: Leisure Activity</p> <ul style="list-style-type: none"> • Board Games • Watching movie/TV /listening to radio
Closing (10 minutes)	<ol style="list-style-type: none"> 1. Thanks all the members in the group for attending and contribute to the session. 2. Ask for feedback and reflection on the activity conducted. 3. Reminder for next session 4. Farewell (say goodbye) 		

DAILY SCHEDULE ACTIVITIES ENGAGEMENT FOR ELDERLY (WEEK 1)

NAME :	NO IC :
AGE :	ADDRESS :

TIME DAY	MORNING (5.00am - 11.00am)	DOM.	AFTERNOON (12.00pm - 3.00pm)	DOM.	EVENING (4.00pm - 7.00pm)	DOM.	NIGHT (8.00pm - 12.00am)	DOM.	REMARKS
	TYPE OF ACTIVITY & TIME SPENT		TYPE OF ACTIVITY & TIME SPENT		TYPE OF ACTIVITY & TIME SPENT		TYPE OF ACTIVITY & TIME SPENT		
MONDAY	1. 2. 3.								
TUESDAY	1. 2. 3.								
WEDNESDAY	1. 2. 3.								
THURSDAY	1. 2. 3.								
FRIDAY	1. 2. 3.								
SATURDAY	1. 2. 3.								
SUNDAY	1. 2. 3.								

DAILY SCHEDULE ACTIVITIES ENGAGEMENT FOR ELDERLY (WEEK 2)

NAME :	NO IC :
--------	---------

AGE :	ADDRESS :
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TIME DAY	MORNING (5.00am - 11.00am)	DOM.	AFTERNOON (12.00pm - 3.00pm)	DOM.	EVENING (4.00pm - 7.00pm)	DOM.	NIGHT (8.00pm - 12.00am)	DOM.	REMARKS
	TYPE OF ACTIVITY & TIME SPENT		TYPE OF ACTIVITY & TIME SPENT		TYPE OF ACTIVITY & TIME SPENT		TYPE OF ACTIVITY & TIME SPENT		
MONDAY	1. 2. 3.								
TUESDAY	1. 2. 3.								
WEDNESDAY	1. 2. 3.								
THURSDAY	1. 2. 3.								
FRIDAY	1. 2. 3.								
SATURDAY	1. 2. 3.								
SUNDAY	1. 2. 3.								

DAILY SCHEDULE ACTIVITIES ENGAGEMENT FOR ELDERLY (WEEK 3)

NAME :	NO IC :
AGE :	ADDRESS :

TIME DAY	MORNING (5.00am - 11.00am)	DOM.	AFTERNOON (12.00pm - 3.00pm)	DOM.	EVENING (4.00pm - 7.00pm)	DOM.	NIGHT (8.00pm - 12.00am)	DOM.	REMARKS
	TYPE OF ACTIVITY & TIME SPENT		TYPE OF ACTIVITY & TIME SPENT		TYPE OF ACTIVITY & TIME SPENT		TYPE OF ACTIVITY & TIME SPENT		
MONDAY	1. 2. 3.								
TUESDAY	1. 2. 3.								
WEDNESDAY	1. 2. 3.								
THURSDAY	1. 2. 3.								
FRIDAY	1. 2. 3.								
SATURDAY	1. 2. 3.								
SUNDAY	1. 2. 3.								

DAILY SCHEDULE ACTIVITIES ENGAGEMENT FOR ELDERLY (WEEK 4)

NAME :	NO IC :
AGE :	ADDRESS :

TIME DAY	MORNING (5.00am - 11.00am)	DOM.	AFTERNOON (12.00pm - 3.00pm)	DOM.	EVENING (4.00pm - 7.00pm)	DOM.	NIGHT (8.00pm - 12.00am)	DOM.	REMARKS
	TYPE OF ACTIVITY & TIME SPENT		TYPE OF ACTIVITY & TIME SPENT		TYPE OF ACTIVITY & TIME SPENT		TYPE OF ACTIVITY & TIME SPENT		
MONDAY	1. 2. 3.								
TUESDAY	1. 2. 3.								
WEDNESDAY	1. 2. 3.								
THURSDAY	1. 2. 3.								
FRIDAY	1. 2. 3.								
SATURDAY	1. 2. 3.								
SUNDAY	1. 2. 3.								

JADUAL AKTIVITI BAGI WARGA EMAS (MINGGU 1)

NAMA :	NO KAD PENGENALAN :
UMUR :	ALAMAT :

MASA HARI	PAGI (5.00pg - 11.00pg)	DOM.	TENGAHARI (12.00t/hari - 3.00ptg)	DOM.	PETANG (4.00ptg - 7.00ptg)	DOM.	MALAM (8.00mlm - 12.00mlm)	DOM.	REMARKS
	JENIS AKTIVITI & MASA DIJALANKAN		JENIS AKTIVITI & MASA DIJALANKAN		JENIS AKTIVITI & MASA DIJALANKAN		JENIS AKTIVITI & MASA DIJALANKAN		
ISNIN	1. 2. 3.								
SELASA	1. 2. 3.								
RABU	1. 2. 3.								
KHAMIS	1. 2. 3.								
JUMAAT	1. 2. 3.								
SABTU	1. 2. 3.								
AHAD	1. 2. 3.								

JADUAL AKTIVITI BAGI WARGA EMAS (MINGGU 2)

NAMA :	NO KAD PENGENALAN :
UMUR :	ALAMAT :

MASA HARI	PAGI (5.00pg - 11.00pg)	DOM.	TENGAHARI (12.00t/hari - 3.00ptg)	DOM.	PETANG (4.00ptg - 7.00ptg)	DOM.	MALAM (8.00mlm - 12.00mlm)	DOM.	REMARKS
	JENIS AKTIVITI & MASA DIJALANKAN		JENIS AKTIVITI & MASA DIJALANKAN		JENIS AKTIVITI & MASA DIJALANKAN		JENIS AKTIVITI & MASA DIJALANKAN		
DAY ISNIN	1. 2. 3.								
SELASA	1. 2. 3.								
RABU	1. 2. 3.								
KHAMIS	1. 2. 3.								
JUMAAT	1. 2. 3.								
SABTU	1. 2. 3.								
AHAD	1. 2. 3.								

JADUAL AKTIVITI BAGI WARGA EMAS (MINGGU 3)

NAMA :	NO KAD PENGENALAN :
UMUR :	ALAMAT :

MASA HARI	PAGI (5.00pg - 11.00pg)	DOM.	TENGAHARI (12.00t/hari - 3.00ptg)	DOM.	PETANG (4.00ptg - 7.00ptg)	DOM.	MALAM (8.00mlm - 12.00mlm)	DOM.	REMARKS
		JENIS AKTIVITI & MASA DIJALANKAN		JENIS AKTIVITI & MASA DIJALANKAN		JENIS AKTIVITI & MASA DIJALANKAN		JENIS AKTIVITI & MASA DIJALANKAN	
ISNIN	1. 2. 3.								
SELASA	1. 2. 3.								
RABU	1. 2. 3.								
KHAMIS	1. 2. 3.								
JUMAAT	1. 2. 3.								
SABTU	1. 2. 3.								
AHAD	1. 2. 3.								

JADUAL AKTIVITI BAGI WARGA EMAS (MINGGU 4)

NAMA :	NO KAD PENGENALAN :
UMUR :	ALAMAT :

MASA HARI	PAGI (5.00pg - 11.00pg)	DOM.	TENGAHARI (12.00t/hari - 3.00ptg)	DOM.	PETANG (4.00ptg - 7.00ptg)	DOM.	MALAM (8.00mlm - 12.00mlm)	DOM.	REMARKS
	JENIS AKTIVITI & MASA DIJALANKAN		JENIS AKTIVITI & MASA DIJALANKAN		JENIS AKTIVITI & MASA DIJALANKAN		JENIS AKTIVITI & MASA DIJALANKAN		
ISNIN	1. 2. 3.								
SELASA	1. 2. 3.								
RABU	1. 2. 3.								
KHAMIS	1. 2. 3.								
JUMAAT	1. 2. 3.								
SABTU	1. 2. 3.								
AHAD	1. 2. 3.								

FITT OF THE MYHOeME

FITT was developed based from the review of literatures and Focus Group Discussion (FGD) which were conducted among the older people.

a. Physical Activities

No	Activities	Frequency	Intensity	Time	Type
1	Mild-sedentary	Everyday	MET \leq 1.0 - \leq 1.5	at least 60 mts/day, everyday	Example Sitting quietly (e.g., watching television and car driving) and standing (e.g., during computer work)Lying, sitting and stationary standing. Individual or group or with carers.
2	Light activity	Everyday	MET $<$ 1.5 to $<$ 3.0	at least 60/day, everyday	Example - Example leisurely walking (slow walking ($<$ 4km/h) light swimming, vacuuming, mopping, and other house-cleaning activities, washing the car, light gardening. Individual or group or with carers.
3	Moderate activity	Everyday	MET \leq 3.0 TO $<$ 6.0	at least 60 mts/day, everyday	Example : swimming or water aerobics, jogging, walking quickly (4 - 7 km/h) dancing, doing yard work, leisurely biking. Individual or group or with carers.
4	Vigorous activity	Once a week	MET $<$ 6.0	30mts/week (or needed)	Very fast walking ($<$ 7km/h)running or biking at a fast pace, swimming laps, doing heavy yard work, such as prolonged digging or shovelling, playing basketball or tennis, jumping rope. Individual or group or with carers

Notes: Moderate activities is sufficient

b. Cognitive Activities

No	Types of Cognitive Activity	Frequency	Intensity	Time	Type
1	Mental Exercises and Puzzles	Several times a week	Varies with difficulty. From simple to complex puzzles	15-30 minutes per session	Crossword puzzles, Sudoku, brain teasers, logic games
2	Reading	Daily or several times a week	Varies with material. Fictions to non-fictions	30 minutes to 1 hour	Al-Quran, surah, hadis, Books, newspapers, magazines
3	Learning a New Skill or Hobby	A few hours per week	Varies with complexity	Ongoing commitment	Learning a musical instrument, new language, craft
4	Social Interaction	Weekly or more often	Varies with activity. Refer social activity table	Varies with activity	Going to the mosque, Spending time with friends, family, clubs, outings
5	Physical Activity / Exercise	Refer Physical activity table			
6	Meditation and Mindfulness	10-20 minutes a day	Low to moderate	Daily commitment	Mindfulness exercises, meditation
7	Brain Training Apps	A few times a week	Varies with app	15-30 minutes per session	Computer games, Brain training apps and games. Online games
8	Nutrition	Ongoing commitment	N/A	N/A	Balanced diet with antioxidants and Omega-3 fatty acids
9	Sleep	7-9 hours of quality sleep each night	N/A	N/A	Regular sleep routine
10	Cognitive Rehabilitation Programs	Determined by healthcare professionals	Varies with program	Determined by program	Targeted cognitive exercises and therapies
11	Lifelong Learning	Varies with course schedule	Varies with subject	Varies with course duration	Enrolling in courses, workshops, online classes

Please note that the "Intensity" and "Time" columns are provided as general guidelines and can vary depending on individual preferences and abilities. Additionally, "Intensity" can vary within each category of cognitive activity based on the specific tasks or challenges chosen by the individual.

a. Social Activities

No	Activities	Frequency	Intensity	Time	Type
1	Social related with community - e.g religious activity, gotong royong, celebrating frestival, volunteer, neighbour, kenduri etc	Everyday	Low to moderate (durations)	2 - 3 times /week	Group Acitvity either face to face or using IT
2	Social activity related to family e.g visiting children / grandchildren / taking care family face to face or using IT	Everyday	Low to high (durations)	min 2 hrs/day	Group Acitvity either face to face or using IT
3	Social activity related to friends e.g. membawang, vactions, almuni, mengeteh / cofee talk /	Everyday	Low to high (durations)	at least 2x /week	Group Acitvity either face to face or using IT

EVALUATIONS OF THE PROGRAMME

Three different aspects were assessed to determine the effectiveness of MYHOeME program among the older people in Malaysia. This includes aspect related to Health-Related Quality of Life, perceived social support and cognitive well-being. The outcome measures related to these aspects were the Malay version of 12-item short form health survey (SF-12), the Malay version of Multidimensional of Perceived Social Support (MSPSS-M), and the Saint Louis University Mental Status Examination (SLUMS).

HEALTH-RELATED QUALITY OF LIFE (HRQOL)

The Malay version of 12-item short-form health survey (SF-12) is a self-reported outcome measure assessing the impact of health-related Quality of Life (QoL) on an individual's everyday life perspectives. The SF-12 is a shortened version of the SF-36. The SF-12 are a subset of SF-36 which consist of one or two items from each domains of the health concepts in the SF-36. It includes eight domains of health outcomes, including physical functioning (PF), role-physical (RP), bodily pain (BP), general health (GH), vitality (VT), social functioning (SF), role-emotional (RE), and mental health (MH). Summary score were constructed independently into two components: physical component summary (PCS) – PF, RP, BP, GH and mental component summary (MCS) – VT, SF, RE, MH.

EVALUATIONS OF THE PROGRAMME

SOCIAL SUPPORT



The Malay version of Multidimensional of Perceived Social Support (MSPSS-M) is a self-administered outcome measure which designed to assess the level of social support of an individual. It contains of 12 items which makes it simple to use and can be quickly administered and scored (Zimet et al., 1988). MSPSS-M consists of three different domains includes family, friends and significant others. It is rated on a seven-point likert scale; with responses ranging from very strongly disagree (score 1) to very strongly agree (score 7).

EVALUATIONS OF THE PROGRAMME

COGNITIVE FUNCTION

The Saint Louis University Mental Status Examination (SLUMS) is a 30- point clinician-administered screening questionnaire designed to assess cognitive function among the older people. It evaluates orientation, memory, attention, and executive functions. The SLUMS is similar to the Mini-Mental State Examination (MMSE) but includes additional tasks like numeric calculation, animal naming, and figure recognition. It takes about 7 minutes to complete and has scoring standards for different educational levels. There are two different scoring structures, which depend on an individual's level of education. For individuals who have not completed a high school education, the SLUMS score structure is as follows: 25–30: Indicates regular cognitive function; 20–24: Indicates mild cognitive impairment; 1–19: Indicates dementia. For individuals who have completed a high school education, the SLUMS score structure is as follows: 27–30: Indicates regular cognitive function; 21–26: Indicates mild cognitive impairment; 1–20: Indicates dementia.



MONITORING

MONITORING REPORT OF THE MYHOeME

SESSION		DATE	
ACTIVITY		TIME	
ACTIVITY USED TODAY			

For each member, rate their interest, communication, enjoyment, and mood shown in today's session with number from 1 to 5 as follows (use scale of 2 and 4 to reflect ratings in in between description given:

NO	NAME	ATTENDED (YES / NO)	INTEREST	COMMUNICATION	ENJOYMENT	MOOD
1						
2						
3						
4						
5						

MARKS SCALE

ITEMS	INTERPRETATION		
	1	3	5
INTEREST	No interest	Shows some interest	Shows great interest
COMMUNICATION	Little or no communication	Some response	Communication well
ENJOYMENT	Does not show enjoyment of the session today	Shows some	Enjoys the session greatly
MOOD	In low mood today, appears depressed or anxious	Some signs of good mood	Appears happy and relaxed today

Comments: _____

Facilitator Name :

SUMMARY

In conclusion, "The Occupational Engagement Home Program (MYHOeME)" has endeavoured to address a pressing concern that transcends the boundaries of Malaysia and touches upon a global demographic shift—the aging population. Our journey through this book has delved into the multifaceted challenges confronting older adults in Malaysia, a nation that cherishes its traditions and cultural values. Through the lens of occupational therapy, we have explored how engagement in social, cognitive, leisure, and physical activities can be a beacon of hope for older individuals seeking to enhance their health and well-being.



The aging population in Malaysia is an undeniable reality, and it presents both challenges and opportunities. As we stand on the cusp of a demographic shift, it is imperative to embrace a holistic perspective that encompasses the physical, cognitive, and emotional aspects of well-being. "MYHOeME" has been designed to offer a comprehensive solution—a program that not only improves health but also fosters a deeper connection between older adults and their caregivers, in harmony with the rich tapestry of Malaysian culture.

SUMMARY

Occupational therapy, as elucidated within the pages of this book, emerges as a pivotal role player in the context of activity prescription. Beyond the mere scheduling of activities, it emphasizes meaning, therapeutic value, and personalization. Older individuals and their caregivers are equipped with the knowledge and tools to plan and implement activities that are not only enjoyable but also tailored to meet individual needs, ultimately fostering a higher quality of life.



One of the cornerstones of "MYHOeME" is its alignment with national and international policies and initiatives. Rooted in the principles of the National Policy of Ageing (Dasar Warga Tua Kebangsaan), we echo the global sentiment embodied in the World Health Organization's Sustainable Development Goal 3 (SDG3) of Health and Well-being. As a program, we are committed to ensuring that older Malaysians enjoy a life that is characterized by good health, active engagement, and emotional well-being. We strive to be a living testament to the ideals set forth in the white health paper by the Ministry of Health Malaysia.



SUMMARY



At its core, "MYHOeME" is not merely a program; it is a catalyst for change, a means to empower older adults and their caregivers to lead healthier, happier lives. It is a tool that can be wielded within the comfort of one's home, fostering a nurturing environment that transcends the bounds of age. It signifies a shift towards a future where the elderly are not just recipients of care but active participants in their well-being.

In conclusion, the pages of this book have been written with the hope that "MYHOeME" will be embraced by individuals, families, and healthcare professionals alike. We envision a future where older adults in Malaysia and beyond are engaged in meaningful activities that enhance their lives, where occupational therapy is celebrated as a guiding light, and where our principles align with the collective vision of a healthier, happier aging population.

May "The Occupational Engagement Home Program (MYHOeME)" be a beacon of hope for older adults and their caregivers, forging a path towards a brighter, more fulfilling future—one enriched by the enduring bonds of family and the wisdom of age.

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