Health Promotion for Older Americans

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Synopsis

As American lifespans increase, there is greater concern for the quality of those longer lives. The Department of Health and Human Services, through its many component agencies, has inaugurated a major initiative to promote health and fitness among older Americans to improve life quality and to reduce health care costs. The older population is a fertile ground for such an initiative, because studies indicate that the elderly are extremely health-conscious and very willing to adopt habits that will maintain good health.

Investigation disclosed six target areas of concentration at which the health promotion initiative could be aimed: fitness-exercise, nutrition, safe and proper use of drugs and alcohol, accident prevention, other preventive services, and smoking cessation.

The initiative includes cooperative programs with States; dissemination of printed information; nutritious meals for the elderly; a Food and Drug Administration consumer education program; Centers for Disease Control programs on accident prevention; a special task force to deal with Alzheimer's disease; and, in cooperation with States, a media campaign of health promotion for the elderly. At least three national health and senior citizens organizations are working closely with HHS agencies on the initiative.

A separate Department effort involves the encouragement of fast-growing health maintenance organizations to promote health and prevention for their Medicare members and the persuasion of Medicare beneficiaries generally to seek second medical or surgical opinions.

State and local government and the private sector, responding to Department initiatives, have also been developing programs for the aging. Their interest and participation ensures that special health promotion and disease prevention efforts directed toward elderly Americans will continue and proliferate.

MANY OF US ARE AWARE that the average American lifespan has significantly increased during the past century.

In 1900, only 4 percent of the population was age 65 and older; today 11 percent of the population is 65 or older (*1*). By the year 2030, it is anticipated that persons in this age group will constitute 21 percent of the population (*2*).

Clearly, these gains in longevity are important. We must go beyond this measure of health, however, and consider also the quality of life.

Although most persons age 65 and over consider themselves to be in good health, approximately 80 percent of them suffer from at least one chronic condition. These older Americans, on the average, experience 39 days of restricted activity and 14 days confined to bed rest each year (*3*).

Health promotion activities can educate people about the associations between lifestyle health habits and the leading causes of death and disability. Programs can assist people in changing behaviors that may lead to illness. While all illness and disease cannot be eliminated, the well-being of older Americans can be improved through the adoption of good health practices.

Public and private expenditures for the health care of the elderly are projected to be in excess of $120 billion in 1984 (*4*). Efforts aimed at avoiding illnesses can reduce costs in addition to making life more rewarding for older persons.

My message is that it is not too late to improve the health of older Americans. Several studies indicate that older people are very concerned about the high costs of health care and are anxious to maintain

their functional independence. They are very interested in their health and are willing to change their behavior to improve their health—some believe their willingness to adopt healthy behavior exceeds that of any other age group.

Health Promotion Initiative

Within the Department of Health and Human Services (HHS), several health promotion efforts for the elderly are now in progress.

In the forefront is the joint Public Health Service (PHS) and Administration on Aging (AOA) health promotion initiative, which is drawing attention to the need for health promotion for older persons and helping national, State, and local agencies and organizations create their own programs.

Initiated by Surgeon General C. Everett Koop and Commissioner on Aging Dr. Lennie-Marie Tolliver, this effort involves several HHS agencies. Let me provide a brief review of the background that led to the development of this initiative.

"Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention" (*1*) states: "The long term goal of a health promotion and disease prevention strategy for our older people must not only be to achieve further increases in longevity, but also to allow each individual to seek an independent and rewarding life in old age, unlimited by many health problems that are within his or her capacity to control."

A more specific objective concerning the quality of life was also developed: ". . . by 1990, to reduce the average annual number of days of restricted activity due to acute and chronic conditions by 20 per cent, to fewer than 30 days per year for people age 65 and older" (*1*).

In 1983, the National Institute on Aging (NIA) published a health promotion agenda that had similar goals for the elderly. Though many activities are underway to achieve these goals, special attention is currently being given to health promotion. And NIA is soliciting research designed to specify how psychosocial processes, interacting with biological processes, influence health and effective functioning in the middle and later years. More recently, two new program announcements have been released to further knowledge on factors related to health promotion and disease prevention.

The NIA is calling for research and training for researchers to specify how particular behaviors and attitudes influence the health of people as they age, and how particular social conditions affect the development and potential modification of these behaviors and attitudes.

Not only are the health behaviors and attitudes of middle-aged and older people themselves involved, but also those of formal health care providers and of family and friends. These behaviors and attitudes include medical beliefs about the nature of the aging processes. They also include behaviors believed by older people to promote health and functioning, as well as "illness behaviors" that involve how older individuals monitor their bodily functioning; how they define and interpret symptoms perceived as abnormal; whether they take or fail to take remedial action, utilize formal health care systems, and comply with prescribed regimens; and how they approach death.

More than 30 grants have already been funded in this newly emerging area, which is called "behavioral geriatrics" research. There is a special Emphasis Career Development Award to provide behavioral scientists with needed biomedical, clinical, or epidemiologic training to engage in careers in behavioral geriatrics research. Additionally, the NIA is encouraging research on social environments influencing health and effective functioning in the middle and later years. Research is needed on how the quality of aging is affected by the subtle and continuing interplay between individuals growing older and the beneficial or adverse circumstances in the day-to-day social situations they face.

Market Research on Health Concerns

We are working to find out what activities have the most potential for improving the health of people in this age group. A study entitled "Aging and Health Promotion: Market Research for Public Education," conducted by the Office of Disease Prevention and Health Promotion, the NIA, and the National Cancer Institute (all components of the Public Health Service) and by the Administration on Aging was undertaken to help provide answers (*3*). The study's authors reviewed the literature on the health problems of older people and assessed, through qualitative research, the actual concerns reported by older people. They also examined the interest of older people in their health and their ability and desire to change their behavior. Focus group discussions were held with some 90 older people from different parts of the country to understand their views and to learn from their insights.

The results revealed that, while older persons are very interested in maintaining and improving their health, knowledge about specific habits and their association with chronic diseases and conditions

was limited. Six primary areas were identified as significantly related to conditions prevalent in the elderly and having the potential for change: fitness-exercise, nutrition, safe and proper use of medicine, accident prevention, preventive services, and smoking. We have learned a great deal about how to address these issues.

Fitness-exercise. Physical fitness improves cardiovascular function, muscular strength, endurance, and flexibility, and reduces the risks of heart attacks, broken bones, and lower back pain. Unfortunately, too few older Americans know about proper exercise and the accompanying benefits. Fifty-seven percent of those 65 and older do not exercise on a regular basis, according to national surveys (*3*). Some programs have already been developed that address the exercise needs of older Americans, even those who are confined to wheelchairs and beds.

Nutrition. Nutrition is important in maintaining good health for people at all age levels. Recently, many links have been established between diet and disease. For example, osteoporosis is associated with a lack of calcium and exercise (*3*). Some studies have suggested that more than 30 percent of cancers are linked to diet. (*5*).

In the focus groups, it became evident that many people knew what not to eat, but they were unable to describe what constituted a balanced diet. Some education programs have been created, but there is a need for simple and well-integrated information on what a healthy diet is, rather than only on what ingredients or foods are to be avoided. We suspect that this is true for all age groups, not just older people.

Drugs. Proper use of drugs and alcohol is another crucial factor in the maintenance of health. Older Americans consume 30 percent of all prescription drugs and a disproportionate amount of over-the-counter medicines (*6*). Several people in the focus groups expressed concern over the interactive effects of the different drugs they were taking. They expressed a need for more information and guidance from health care providers. Efforts should be directed toward the training and education of health professionals about the special needs of the elderly.

Accidents. Another major cause of disability and death is accidents, particularly falls and automobile accidents. One of the reasons that the elderly sustain so many injuries during automobile accidents is that only 10 percent of them report that they regularly use their safety belts. (*7*). While the exact cause of the many falls that result in, or are associated with, hip fractures has not been established, falls are attributable in part to unsafe living environments and poor physical condition.

Although there is clearly a need for improvement in the use of seat belts, many older people are aware of the risk of falling and have taken steps to make their home environments safe. Community programs should be created to reinforce this behavior and to provide additional information, especially to those persons who may not be aware of their high risk for accidents.

Preventive services and smoking. There are two other areas of importance in health promotion for older people—preventive services and smoking. Guidelines with respect to screening procedures and tests are being developed by various professional groups. The appropriate application of these recommended procedures should be encouraged. All people should be advised to stop smoking and never to start the habit at any age. Evidence now suggests that even if people quit smoking at age 50, their risk for cancer decreases (*7*).

Another central purpose of the survey was to determine whether older people are a suitable audience for health promotion activities. The focus groups revealed that older persons are very conscious of their health and that they try to figure out ways to stay healthy. Other studies also indicated that, when educated about health habits, older persons had higher levels of compliance and behavior change than those in other age groups. This leads us to the conclusion that older people constitute an interested and enthusiastic audience for health information.

Joint PHS-AOA Efforts

Let me describe some of the special features of our health promotion initiative.

- At my request, the governors of almost every State have named persons to coordinate health promotion activities for older people. Generally based in the State health department or State office on aging, these coordinators will receive resources to help make programs in their States a reality.
- To provide support and technical assistance to State and local agencies, the AOA, with assistance from the AOA-PHS Health Promotion Steering Committee, developed a publication distribution

plan consisting of more than 30 publications in the four priority areas of injury control, proper drug use, better nutrition, and improved physical fitness. One document, "A Healthy Old Age: A Source Book for Health Promotion With Older Adults," (*8*) has already been printed for this initiative. AOA sent more than 15,000 copies to State agencies on aging, community and migrant health centers, Indian tribes, service units of the Indian Health Service, and OASIS projects (mini-senior centers located in department stores). Other materials will be distributed during 1985 as they are issued by AOA and PHS.

- AOA will develop two new documents for this initiative: the first, a process guide for use by State and local health aging units to set up health coalitions and programs; the second, an annotated bibliography on health promotion.
- AOA sponsors nutrition programs that provide meals to older persons; more than 3.5 million people participated in 1983. In that same year, AOA served more than 9 million older persons through its programs, many of which include health promotion activities. In addition, AOA supports numerous health-related projects through its discretionary funding of education and training programs in gerontology as well as through its research and demonstration grants.
- In conjunction with several other agencies, the Food and Drug Administration (FDA) has created a seminar series addressing the issue of geriatrics and drugs. Also, a series of articles on the elderly and nutrition is now appearing in the magazine The FDA Consumer. Guidelines for geriatric drug testing are under development. A coordinated effort to investigate many of the issues related to geriatric drug use is ongoing. In addition, FDA is involved in major consumer education initiatives on sodium labeling, patient education on prescription medications, and health fraud. The agency conducted two consumer outreach programs designed to teach economically disadvantaged black elderly how to reduce sodium in their diets and to make the rural elderly more aware of health promotion messages on nutrition, medications, and medical devices. With regard to health fraud, a special unit is being established to address this specific issue in the drug area. FDA's consumer affairs officers, located throughout the country, continue to work with State and local organizations to bring priority health education messages to the elderly.
- Accident prevention for older Americans has received attention from the Centers for Disease Control (CDC). CDC recently produced "Prevention of Injury to Older Adults," (*9*) a selected bibliography providing an overview of the magnitude of injuries among older adults and the types of health education methods and programs being conducted to reduce them. CDC has also initiated a project with the Dade Country, FL, Department of Public Health to assist the county in designing and conducting an epidemiologic population-based study of the elderly to determine the causative factors of nonwork-related injuries. This project will develop, implement, and evaluate a model prevention program designed to reduce the incidence of injuries and their associated costs.
- As part of the initiative, the Department has awarded more than $1 million in grants for health education projects aimed at the elderly to 51 community and migrant health centers in 29 States.
- In 1983, I assembled a special task force to evaluate the current medical knowledge of Alzheimer's disease, an incurable condition that affects approximately 2 million older Americans. In September 1984, a report on "current knowledge, promising directions, and recommendations" was issued. In conjunction with this departmental effort, AOA has launched a major campaign for the development of support groups for families of older persons with Alzheimer's disease. The goal of this effort is to inform the aging network about the nature of Alzheimer's disease and to encourage the development of support groups to help families cope with the problems created by the disease. AOA has developed a four-volume technical assistance "Handbook on Alzheimer's Disease" (*10*) to provide background materials and to assist States and local governments, health professionals, and families in grappling with this problem.
- As a centerpiece of this initiative, we will be providing materials and technical assistance to States to assist them in conducting public education programs on health promotion for older adults. Under the direction of the Public Health Service, a variety of radio, television, and print materials will be produced for local distribution, including public service announcements and broadcast materials for talk shows. Print materials will provide indepth information on specific health topics and alert the public to the campaign. Regional workshops will be convened to familiarize participants with public education materials and to give assistance on how to work with the media and provide health promotion services for older people.

Outside help. A program of this magnitude is a major undertaking and one which the Federal Gov-

ernment cannot conduct alone. I am very pleased to say that we have already been joined by a number of organizations that share our interest in the health promotion needs of older people. The following organizations will participate in this effort:

- The American Association of Retired Persons (AARP) will produce public service announcements in collaboration with HHS and distribute them along with HHS-developed materials to State contacts. AARP is working with the Office of Disease Prevention and Health Promotion on all aspects of materials development for the public education program.
- The American Hospital Association will sponsor with HHS a teleconference for health care providers to increase professional attention to the needs of older Americans. This teleconference will follow a series of regional training sessions.
- The National Council on Aging and its many member organizations have already begun to urge their members to participate actively in these programs. We believe that this type of support will be essential to the success of the program.

Health Care Financing Administration Efforts

The Medicare program has several initiatives underway designed to promote better health and prevent illness among the elderly.

HMOs. We are preparing to implement a law that fosters greater participation of health maintenance organizations (HMOs) and competitive medical plans (CMPs) in the Medicare program. The structure of HMOs gives them incentives to provide comprehensive services and promote healthy lifestyles. Provision of preventive procedures and education on appropriate practices to promote good health assist HMO members in avoiding expensive hospital stays. We know that health education of patients is effective in decreasing their use of ambulatory health care services as well.

In a recent demonstration conducted by the Health Care Financing Administration (HCFA) it was found that health education provided by an HMO resulted in a significant decrease in total medical visits and minor illness among the HMO members. We are convinced that, because of their preventive focus, HMOs offer great potential to the elderly as high-quality, cost-effective health care delivery systems.

Nearly 900,000 Medicare beneficiaries now receive their health care from HMOs (*11*). The new law will make HMOs and CMPs an even more attractive alternative by allowing them to pass on cost savings to beneficiaries in the form of increased services or reduced premiums. We expect a dramatic rise in HMO enrollment by Medicare beneficiaries, by as many as 600,000 in the next 3 to 4 years, with a 50- to 100-percent increase in the number of contracts between HMOs and Medicare.

Second opinion. Medicare also has an active program to encourage beneficiaries to obtain second opinions before undergoing elective surgery. Avoidance of unnecessary surgery is an important component in the promotion of good health. Medicare will pay for the opinion of a second physician to assist beneficiaries in deciding if an operation is necessary or if it might be avoided in favor of an alternative medical treatment. HCFA has also encouraged private insurance companies and State Medicaid programs to pay for second opinions for their members. If a patient is reluctant to ask his or her physician for a referral to another physician, we have established a national toll-free number to call for help in locating specialists in the patient's area. Medicare beneficiaries may also obtain that information from their local Social Security office. Helping people decide whether surgery is necessary, advisable, or avoidable will discourage inappropriate procedures and any needless risks associated with them.

Preventive services. Recent laws have expanded the Medicare benefit package to include coverage for pneumococcal and hepatitis B vaccines. These two vaccines have demonstrated their ability to prevent unnecessary illness and lost productivity.

We are also funding several other research projects involving preventive services. We are studying how the opportunity to obtain preventive services relates to individuals' decisions to join HMOs rather than participate in the traditional fee-for-service system, the effect of this type of insurance coverage on the amount of preventive care used, the amounts of preventive care used in prepaid systems versus fee-for-service settings when there are no out-of-pocket charges, the responsiveness of consumer demand to changes in the price of preventive care, and the effects of preventive services on the cost of care in the clinic setting.

Conclusion

Many health promotion programs for older Americans have begun within the Department of Health

and Human Services. Public and private organizations have been very responsive to the initiative on the aging, and they are continuing to develop new programs that serve the needs of the elderly. Continued public-private collaboration can ensure that the impact of this initiative is not short-lived. Resources can be directed at the development of programs at the State and local levels. On a national level, we can continue to stimulate health promotion activities for older persons. All of these efforts will contribute to the maintenance and improvement of the health of the elderly, enabling them to enjoy more satisfying lives.

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