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Health Promotion and Disease Prevention for Older Adults: Programs That Work

Focus

Health Challenges Faced by Older Adults

Americans are living longer than ever before. Millions can now look forward to years of life that their parents or grandparents did not enjoy. Poor health, in fact, is no longer accepted as an inevitable consequence of aging. The number of older Americans is greater than ever before, and today's older Americans constitute the healthiest generation of older adults ever. As the number of people over age 65 continues to grow, however, the nation and all its institutions and organizations face a major challenge: meeting the needs of an unprecedented number of older adults.

Prominent among those needs is staving off the effects of the chronic conditions that become more common with age. As the nation's population ages and the number of older persons continues to increase, so too does the number of individuals who have chronic conditions that can limit their activities and that pose challenges to the healthcare system and to society at large. Despite the ongoing improvements in older Americans' health, 8 in 10 still have at least one chronic condition, and 7 in 10 have more than one. The most common health challenges facing older people today are arthritis, affecting 48 percent of those over age 65; high blood pressure, affecting 37 percent; hearing loss, 32 percent; heart disease, 15 percent; diabetes, 10 percent; and major depression, 5 to 15 percent. Having multiple conditions further increases an individual's risk of losing functional abilities. Therefore, as the number of persons with chronic conditions increases, so does the number of those who face limitations of their activities.

Without proper management, these conditions can rob people of important functional abilities, limit their activities, and make individuals dependent on others for care. Fortunately, however, research has identified methods and programs that can help older persons live healthier lives despite chronic conditions. According to extensive evidence, changes in lifestyle and other low-cost preventive measures effectively reduce the risk of disease, disability, and injury, as well as the cost of health care for older Americans. Making these methods widely known and available to the older population is therefore crucial to preparing society to meet the needs of its aging population.

Bringing Prevention Programs to Older Americans

The U.S. Administration on Aging (AoA) of the U.S. Department of Health and Human Services (HHS) has taken a leadership role in bringing programs that foster these needed lifestyle changes and preventive measures to America's older citizens. Through its Evidence-Based Disease Prevention Program (EBDPP), AoA brings knowledge drawn from scientifically rigorous research to bear on the task of assisting communities across the nation to implement interventions that help seniors take better care of their health. Demonstration projects funded by EBDPP, each of which has the backing of research-based evidence, also provide service models that other community groups serving older people can adopt for their own needs.

The EBDPP initiative symbolizes AoA's commitment to reducing older Americans' risks of disease, disability, and injury, in accordance with the objectives of *Healthy People 2010* and with HHS Secretary Mike Leavitt's *500-Day Plan*. This plan is a simple declaration of the Secretary's focus areas

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that includes actions the Department can complete within 500 days that will yield results within 5,000 days. The AoA commitment to prevention advances the Secretary's plan to transform the healthcare system so that "in 5,000 days, the Secretary sees a nation in which wellness and prevention are sought as rigorously as treatment." In addition, AoA's commitment to community-based prevention services advances the Secretary's plan to improve the human condition around the world so that "in 5,000 days, the Secretary sees a nation . . . supporting community-based approaches to closing the healthcare gap, particularly among racial and ethnic minorities . . ."

Evidence-Based Solutions

Evidence-based interventions effectively improve people's health behaviors because they apply the results of research published in peer-reviewed journals to the design of intervention programs. The articles published in these journals have undergone the scrutiny of recognized experts in the relevant fields, ensuring that they meet accepted standards of research design and execution. HHS supports numerous studies that, among other results, have identified interventions that can effectively help people achieve such beneficial changes as increasing their physical activity, bettering their nutrition and medication management, stopping smoking, preventing falls, and improving self-management of chronic conditions.

Since 2003, AoA's EBDPP has offered grants that fund demonstration projects in a dozen communities across the country to provide access to proven programs for reducing the risk of disability and disease among older people who have or are at risk of developing chronic health conditions. In addition to these community-based efforts, an AoA grant to the National Council on the Aging supported the establishment of the National Technical Assistance Center on Prevention for the Elderly, which aids community organizations in creating their own evidence-based prevention and health promotion programs.

Beyond a basis in research, the success of programs that effectively help older people manage their

chronic conditions also depends on organizational teamwork. At the national level, a number of Federal agencies have joined with private foundations to help community-based aging service organizations provide evidence-based programs. At the community level, organizations providing aging services team up with healthcare provider organizations to bring evidence-based prevention programs to their local populations. Every EBDPP grant project is built on the joint efforts of a community service provider organization, which delivers the intervention to local people; a health organization, which oversees and ensures the quality of the program's healthcare components; an Area Agency on Aging, which links the program to other services and disseminates successful interventions within the local area; and a research organization, which oversees the project's program evaluation component.

Each grant project focuses on a particular health issue facing older people for which research has identified an intervention that effectively helps reduce the risk for disability or disease. These interventions help to prevent falls, increase exercise, improve nutrition and medication management, and enable self-management of chronic conditions. The EBDPP grant program overall demonstrates how community-based organizations serving the aging can provide demonstrably effective programs to help older people improve their health.

Spotlight

Harvest Health: A Chronic Disease Self-Management Program

An AoA grant to the Philadelphia Corporation for the Aging (PCA) focuses on effective self-management of chronic conditions, which is a key to avoiding the disability that these conditions can cause. Effective self-management requires individuals to have the knowledge and self-confidence to practice appropriate health behaviors. To help low-income seniors learn how to live active, healthy lives while managing chronic health conditions, PCA is bringing the Chronic Disease Self-Management Program (CDSMP), a

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proven system of health training, to Center in the Park, a nonprofit senior center serving 5,000 predominantly African American members in the city's northwest section. The program teaches the skills and attitudes needed for individuals with chronic conditions to play a major role in maintaining their own health.

Developed by Stanford University Medical School professor Kate Lorig, Dr.P.H., and tested at the Stanford University Patient Education Research Center on nearly 1,000 middle-class white seniors who participate in a healthcare organization, CDSMP was shown to improve peoples' ability to communicate with their physicians and to manage the cognitive symptoms associated with their conditions. Those who completed the program also exercised more and reported less distress, fatigue, disability, and limitation on their activities and social roles as well as better overall health.

The PCA is adapting CDSMP to Center in the Park clientele, 85 percent of whom have one or more chronic conditions, including 62 percent with high blood pressure, 56 percent with arthritis, 29 percent with diabetes, and 19 percent with a heart condition. The project aims to improve participants' health behaviors, health status, self-efficacy in dealing with their health, and ability to manage their physical and psychological symptoms. It also aims to reduce the number of hospitalizations and visits to physicians and emergency rooms.

CDSMP is a 6-week series of workshops that brings together persons with different chronic conditions to learn the skills they need to manage their symptoms and treatments, as well as to maintain or even increase their involvement in their regular activities. The highly interactive, 2-hour weekly sessions are led not by health professionals but by a pair of specially trained lay leaders who themselves have chronic conditions. These leaders provide role models of successful self-management as they guide the group through a carefully structured curriculum that presents material in terms that participants can understand and relate to their own lives. Participants gain confidence and insight by getting to know and



A Healthier You: Based on the Dietary Guidelines for Americans (2005)

This book provides information on every day healthy eating and physical activity for life. A

Healthier You is grounded in the comprehensive science-based advice of the official *Dietary Guidelines for Americans, 2005*. This one-stop, easy-to-use resource will help you make wise food and physical activity choices to manage your weight by providing healthy eating patterns and ways to use the nutrition facts labels; tips for eating out; 100 easy, healthy recipes; helpful Web sites; reproducible worksheets to track your progress; and steps for incorporating physical activity into your life. Available from **GPO** by calling (866) 512-1800 (Stock No. 017-001-00555-0) \$12.95. Available on the Internet at www.health.gov/dietaryguidelines/dga2005/healthieryou.

learning from people like themselves who have successfully acquired the skills of effective coping. In addition, a companion book, *Living a Healthy Life With Chronic Conditions, 2nd Edition*, and an exercise tape enhance each participant's learning experience.

The highly focused program explores such issues as dealing with pain, frustration, isolation, and fatigue; using exercise to maintain or improve strength, flexibility, and endurance; using medications correctly; improving communication about the condition with friends, relatives, and health professionals; improving nutrition; and evaluating possible new treatments. A 4½-day training course prepares program graduates to become workshop leaders.

The PCA project also includes careful evaluation of both the process and the impact of presenting CDSMP at Center in the Park. Process measures will include attendance, participants' answers to questionnaires, expert observation of the sessions, and interviews

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with staff. Impact evaluation will assess changes in participants' health status; their health behaviors such as exercise; their ability to communicate with their physicians; their confidence and self-efficacy concerning management of their conditions; and their use of health care, including physician and emergency visits, hospitalizations, and skilled nursing care. Along with PCA and Center in the Park, other partners in the project are the Community and Homecare Research Division of Thomas Jefferson University's Jefferson College of Health Professions, which is responsible for evaluation research, and the Albert Einstein Healthcare Network, which is responsible for the quality and appropriateness of program content, as well as for the program's health screening component.

Resources

The U.S. Administration on Aging (AoA) provides information about its **Evidence-Based Disease Prevention Grants Program**, as well as about the grantees, on its Web site. Available online at <http://www.aoa.gov/prof/evidence/evidence.asp>.

The **You Can! Steps to Healthier Aging** campaign sponsored by AoA has resources for encouraging better nutrition and increased physical activity for older Americans. Available online at <http://www.aoa.gov/youcan>.

The **"Healthy Aging"** Web site of the Centers for Disease Control and Prevention provides a wide range of information on health issues affecting older people. Available online at <http://www.cdc.gov/aging/>.

The Stanford Patient Education Research Center Web site contains information about the **Chronic Disease Self-Management Program** and other self-management programs developed by the center. Available online at <http://patienteducation.stanford.edu/programs/>.

The **Healthy Aging Resource Center** is the AoA technical assistance center at the National Council on Aging. It provides resources, including manuals,

toolkits, and examples of model evidence-based programs, for older people. Available online at <http://www.healthyagingprograms.com/index.asp>. **NIHSeniorHealth.gov**, a Web site for older adults, was developed by the National Institute on Aging (NIA) and the National Library of Medicine (NLM) to provide reliable, easy-to-understand aging-related health information in an easily accessible online format. Each health topic includes a section on frequently asked questions.

NIA has a wide range of publications, many of them free, about health issues affecting older adults. Available online at <http://www.niapublications.org/>.

The NLM provides information on a wide range of health issues in a format suitable to users with low vision. Available online at <http://www.nlm.nih.gov/medlineplus/lowvision.html>.

The health section of the **"FirstGov for Seniors"** Web site has links to a wide range of programs and resources. Available online at <http://www.firstgov.gov/Topics/Seniors.shtml>.

Seniors and Food Safety provides information from the Food and Drug Administration on how older people can avoid foodborne illnesses. Available online at <http://vm.cfsan.fda.gov/~dms/seniorsb.html>.

Activities

In an effort to counter the upward trend in opiate abuse by older adults, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Food and Drug Administration (FDA) are sponsoring an advertising campaign to encourage older adults to **"Do the Right Dose"** when using prescription pain relievers. The intent of the campaign is to make people aware that prescription pain medications are safe when used correctly but can lead to addiction if misused. The campaign, which includes radio and print public service announcements, also has the support of the Administration on Aging (AoA) and is part of the **As You Age** educational

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campaign sponsored by FDA, SAMHSA, and AoA. To view the “Do the Right Dose” materials, visit <http://asyouage.samhsa.gov/dotherightdose/>. The As You Age campaign provides public education materials designed to warn older adults about the dangers of mixing certain prescription drugs or mixing medications and alcohol. Materials include brochures, print ads, and public service announcements. To view or download materials, visit <http://asyouage.samhsa.gov/materials/default.aspx>.

The Center for Healthy Communities at the Medical College of Wisconsin is the sponsor of the **Healthy Aging Initiative**, which has as its primary goal to promote healthy aging and improve the quality of life of older adults through community-based health programs, research, and service-learning educational opportunities for medical students and residents. The initiative also supports campus-based classroom and extracurricular activities to increase medical students’ awareness of geriatrics and gerontology. Accomplishments of the initiative include Community Care for the Elderly, a community-based health and social service program for frail, older adults; Chat and Chew programs in elderly public housing projects; and the establishment of a student chapter of the American Geriatrics Society, which plans and coordinates aging-related student outreach activities. For more information, visit http://www.family.mcw.edu/c_haging.htm.

As part of its Aging Initiative, a major goal of the Environmental Protection Agency (EPA) is to develop a **National Agenda for the Environment and the Aging**. The Agency held a series of public listening sessions and workshops across the country to obtain input from older Americans and has issued several reports as well as a draft National Agenda. Components of the National Agenda are as follows: To identify research gaps in environmental health hazards on older adults, to prepare for an aging society in the context of smart growth, and to encourage older Americans to become involved in their communities to reduce environmental

hazards and protect the environment. To learn more about efforts to protect the environmental health of older Americans, visit EPA’s Aging Initiative Web site at <http://www.epa.gov/aging/>.

Keep Active—Get Movin’ at 50 Plus is an online interactive fitness program designed to promote the health and well-being of older adults by increasing fitness. The program focuses on building endurance, strength, flexibility, and balance and shows how regular activities—such as gardening, vacuuming, or walking—contribute to fitness. The goal is to accumulate at least 30 minutes of regular physical activity at least 5 days a week. The tutorial is organized in six sessions: Fitness in Motion (two sessions), Finding the Time, Playing It Safe, Confronting Challenges, and Sticking to It. The program is available at <http://www.aarp.org/learn/tech/wellbeing/a2003-04-23-keepactivesession1.html>. The Web site also contains additional resources.

The Active Aging Partnership (AAP) provides tips and advice on active aging and is the sponsor of several activities for older adults as part of its **National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older**. Advice is provided on steps for beginning strength exercises, causes of inactivity, ways to eat better, steps for beginning endurance exercise, exercising safely, and ways to test fitness. The AAP Web site also provides useful information from its partners on aging and physical activities, conferences and future events, and other resources. To learn more about the National Blueprint, visit <http://www.agingblueprint.org>.

In the Literature

Promoting the Oral Health of Older Adults Through the Chronic Disease Model: CDC’s Perspective on What We Still Need To Know by B.F. Gooch et al. *Journal of Dental Education* 69(9):1058–1063, September 2005. The Centers for Disease Control and Prevention’s chronic disease model uses a multicomponent

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approach to health promotion. This article discusses the model and application of the model to comprehensive prevention programs to promote oral health in older adults. The authors comment on gaps in knowledge about components of programs, measurement of oral diseases and risk factors, and the effectiveness of preventive interventions at self-care, clinical, and community levels for dental caries and oral and pharyngeal cancers.

The Importance of Preventive Health Care in Post-Menopausal Women by S. Palacios et al. *Maturitas*, August 26, 2005.

This article presents data confirming the importance of preventive health care in post-menopausal women. The three main causes of mortality and disability for post-menopausal women in developed countries are cardiovascular disease, cancer, and osteoporosis-associated fractures, and there are agreed recommendations for preventive measures for these three disorders. Other disorders such as urinary incontinence, visual and hearing impairment, and cognitive dysfunction also affect quality of life in post-menopausal women. Because women may be reluctant to raise questions about some disorders, physicians must look for risk factors for these diseases in their patients. The authors advocate for prevention and treatment to improve the quantity and quality of life.

Promoting Physical Activity Among Older People by S.L. Hughes et al. *Generations* 29(2):54–59, Summer 2005.

This study addresses the issue of adherence to enhanced levels of physical activity by summarizing findings from three randomized trials on exercise interventions designed to build self-efficacy for exercise and for adherence to exercise over time among older adults. Most current physical activity programs for older adults do not incorporate behavior changes needed to help participants adhere to regular physical activity over time. The authors found strong and compelling evidence regarding the benefits of physical activity for older adults and recommended designing interventions that participants in exercise programs can implement on their own at home as well as providing systematic reinforcement for improving exercise performance over time.

Injury Prevention for Older Adults by A.M. Dellinger and J.A. Stevens. *Generations* 29(2):60–64, Summer 2005.

The three most common causes of injury and death in older adults are falls, motor vehicle accidents, and suicide. This article describes the public health burden of injuries in older adults and discusses interventions to address the causes of both fatal and nonfatal injuries in this population. The authors conclude that injuries among older adults are a preventable public health issue and find that while the mechanisms of injury differ for falls, car accidents, and suicide, there are common risk factors such as depression and visual impairment. They argue for a holistic approach to injury prevention, suggesting that comprehensive interventions affecting multiple causes of injury may be the best way to reduce the public burden of injury among older adults.

Osteoporosis Screening of Postmenopausal Women in the Primary Care Setting: A Case-Based Approach by B.J. Edwards et al. *Gender Medicine* 1(2):70–85, December 2004.

This case-based review addresses screening for osteoporosis in the primary care setting. The authors conduct a literature review of relevant articles and also assess clinical guidelines on osteoporosis. Approximately half of post-menopausal women will sustain an osteoporosis-related fracture in their lifetime, yet 75 percent of women between the ages of 45 and 75 years have never discussed osteoporosis with their primary care physician. Because osteoporosis is so prevalent and osteoporosis-related fractures are a major cause of morbidity and mortality in older adults, increased awareness is necessary.

Meetings

58th Annual Scientific Meeting of the Gerontological Society of America. Orlando, FL. Visit <http://www.agingconference.com>. **November 18–22, 2005.**

ICAA Active Aging 2005. Orlando, FL. Visit <http://www.icaa.cc/convention/convention.htm>. **December 1–3, 2005.**

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The White House Conference on Aging: The Booming Dynamics of Aging. Washington, DC. Visit <http://www.whcoa.gov>. **December 11–14, 2005.**

2006 International Conference on Aging, Disability, and Independence. St. Petersburg, FL. Visit <http://icadi.phhp.ufl.edu/generalinfo>. **February 1–5, 2006.**

2006 Joint Conference of NCOA and the American Society on Aging. Invest in Aging: Strengthening Families, Communities, and Ourselves. Anaheim, CA. Visit <http://agingconference.org/agingconference/jc06/index.cfm>. **March 16–19, 2006.**

2006 American Geriatrics Society Annual Scientific Meeting. Chicago, IL. Visit <http://www.americangeriatrics.org/news/meeting/annualmeeting2006.shtml>. **May 3–7, 2006.**

2008 World Congress on Aging and Physical Activity. Tsukuba, Japan. Visit <http://www.isapa.org>. **July 2008.**