

OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

LIKE WINE AND CHEESE, WE CAN IMPROVE WITH AGE

If you're part of the baby boom generation born between 1946 and 1964, you're part of the proverbial slow-moving pig heading towards the tail of the python. This year, the first baby boomers turned 62. And between 2005 and 2025, the number of Oregonians 65+ years old will almost double, from 454,318 (12% of the population) to 853,778 (19% of the population).

The prevalence of many chronic diseases, such as arthritis, cancer, heart disease and stroke, increase with increasing age. Nationally, more than 80% of older adults live with at least one chronic condition and 50% have at least two. These chronic conditions are major contributors to healthcare costs, functional limitations, and the need for long-term care.

While many older adults are living with health-related challenges, a majority still live independently. More than 90% of older Oregonians currently live at home, either alone or with others; 7% live in assisted living, residential care, or adult foster care settings; and fewer than 3% are in nursing facilities.

This *CD Summary* reviews data on the key health behaviors and clinical preventive services contributing to healthy aging, provides new recommendations for physical activity, and describes community resources that support independent living for Oregon's seniors.

HEALTH RISK BEHAVIORS

The Centers for Disease Control and Prevention reports that three health behaviors — smoking, poor diet, and physical inactivity — were the root causes of almost 35% of US deaths in 2000.¹ Avoiding tobacco, eating well, and being physically active, however, are easier said than done.

As Table 1 shows, older Oregonians have challenges — and some

Table 1 Modifiable Risk Factors by Age Group*

| | Age | 55–64 | | 65–74 | | 75–84 | | ≥85 | |
|--------------------------------------|-----|-------|--------|-------|--------|-------|--------|------|--------|
| | Sex | Male | Female | Male | Female | Male | Female | Male | Female |
| Sedentary lifestyle | | 44% | 45% | 44% | 49% | 49% | 58% | 57% | 62% |
| Overweight/obese | | 74% | 63% | 73% | 60% | 60% | 53% | 51% | 39% |
| Eat <5 fruits and vegetables per day | | 81% | 68% | 78% | 65% | 73% | 60% | 77% | 48% |
| Smoke every day | | 15% | 11% | 9% | 9% | 5% | 4% | 0% | 3% |

interesting differences by sex — in all three areas. On the positive side, the percentage of both men and women in Oregon who report eating more fruits and vegetables, smoking less, and having a healthy weight increases with age. However, this may be the result of those with less healthy habits dying earlier, rather than a substantial increase in healthy behaviors. And both men and women report less physical activity as they age.

In comparing men and women among cohorts of increasing age:

- Men are more likely to be overweight/obese and eat substantially fewer fruits and vegetables than women of the same age.
- Women are increasingly more sedentary than men and a small percentage continue to smoke in older ages.

CLINICAL PREVENTIVE SERVICES

A look at receipt of clinical preventive services shows less difference between the sexes, but some areas are concerning. As Table 2 (*verso*) shows, too many older adults didn't receive a flu shot in the previous year or a pneumonia vaccine ever. Most older adults are not receiving regular screening for colorectal cancer.

While older adults may visit their physician to address a specific health concern, these visits are opportunities to ensure that prevention messages and recommended screenings occur:

- Managing chronic conditions like hypertension and high cholesterol;
- Scheduling recommended screenings and immunizations;
- Addressing the need for physical activity, healthy eating, and avoiding tobacco products; and
- Assessing depression (which may influence older adults' health risk behaviors) using screening tools such as the short Geriatric Depression scale, or simply asking, "Do you often feel sad or depressed?"

AVOID INACTIVITY!

Physical activity plays a critical role in the health and independence of older adults — from preventing or managing chronic conditions (diabetes, heart disease, stroke, arthritis, cancer) to helping reduce falls, anxiety, stress, and depression.

The 2008 Physical Activity Guidelines for Americans were released by US Dept. of Health and Human Services in October of this year. (See www.health.gov/paguidelines.) Representing the first major science review of physical activity in more than a decade, the guidelines provide recommendations for specific populations including older adults. As the box, (*verso*), shows, there are four key recommendations for *all* adults. Recognizing that older adults are a varied group, there are four additional guidelines specific to older adults and younger adults with chronic conditions.

*Oregon BRFSS 2005–06. Note: "Sedentary lifestyle" defined as not meeting CDC recommendations for moderate activity (5+ days/week and 30+ min/day) or vigorous activity (3+ days/week and 20+ min/day).



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2008 Physical activity recommendations for all adults:

1. Avoid inactivity. Some physical activity is better than none.
2. For substantial health benefits, adults should do at least 150 minutes a week of moderate-intensity aerobic physical activity in episodes of at least 10 minutes.
3. More health benefits will occur with higher amounts of aerobic activity.
4. Muscle-strengthening activities should be done at least 2 or more days per week

Additional guidelines for older adults, and younger adults with chronic conditions:

5. When older adults cannot do 150 minutes of moderate-intensity aerobic activity per week because of chronic conditions, they should be as physically active as their abilities and conditions allow.
6. Older adults should do exercises that maintain or improve balance if they are at risk of falling.
7. Older adults should determine their level of effort for physical activity relative to their level of fitness – moderate activities can be defined as “I can talk while I do them, but I can’t sing”, to allow older adults to pick an appropriate level of activity.
8. Older adults with chronic conditions should understand whether and how their conditions affect their ability to do regular physical activity safely.

RESOURCES

Additional resources to help clinicians prescribe physical activity to older adults include:

- The “Exercise is Medicine” campaign, jointly sponsored by the American Medical Association and the American College of Sports Medicine, provides a variety of sample assessment, prescription, and marketing tools (www.exerciseismedicine.org/physicians.htm).
- The National Institute on Aging’s free *Exercise: A Guide* offers older adults information and sample strength, balance, and flexibility exercises and monitoring tools. Available at www.nih.gov/nia.

COMMUNITY RESOURCES TO SUPPORT AGING

Area Agencies on Aging (AAAs) in each county or region of Oregon coordinate services such as information and referral in locating senior resources and services, senior meals programs, and caregiving support. A list of Oregon’s AAAs can be found at <http://oregon.gov/DHS/spwpl/offices.shtml>. Oregon’s Network of Care website at <http://oregon.networkofcare.org/> provides county-specific listings of aging- and disability-related resources.

REFERENCES

1. Centers for Disease Control and Prevention. Healthy Aging for Older Adults. www.cdc.gov/aging/ (accessed November 2008).

Table 2 Clinical and Preventive Services by Age Group†

| | Age | 55–64 | | 65–74 | | 75–84 | | ≥85 | |
|--|-----|-------|--------|-------|--------|-------|--------|------|--------|
| | Sex | Male | Female | Male | Female | Male | Female | Male | Female |
| No flu shot previous year | | 71% | 65% | 38% | 37% | 22% | 27% | 23% | 27% |
| Never received a pneumococcal vaccine | | 73% | 73% | 38% | 34% | 23% | 22% | 22% | 20% |
| No sigmoidoscopy or colonoscopy within 5 years | | 47% | 51% | 41% | 39% | 39% | 43% | 44% | 56% |
| No cholesterol check previous 5 years | | 12% | 10% | 8% | 8% | 9% | 11% | 21% | 22% |

†Oregon BRFSS 2005–06. Note: “Clinically depressed” defined as responding positively to any one of three questions asking about having been told by a doctor that they’re depressed, being on medication for depression, or scoring high on the Patient Health Questionnaire.