Adding Years to Life and Life to Years

A Health Promotion Strategy for Older People
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A Health Promotion Strategy for Older People
This publication has been prepared by Dr Harold Brenner and Dr Emer Shelley

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Foreword

As Minister of State with responsibility for Ageing and Older People, I am very pleased to be associated with the publication of the Health Promotion Strategy for Older People, a document which represents the culmination of a process begun in 1994 with the publication of the Health Strategy, Shaping a Healthier Future. This Health Strategy pointed to the need for promoting healthy ageing in conjunction with the then National Council for Elderly - a goal which was re-iterated in the 1995 Health Promotion Strategy, in which older people were identified as a priority population group with particular health promotion needs.

Both of these publications recognised the importance of promoting healthy lifestyles among older people and envisaged the development of a comprehensive healthy ageing programme. Adding Years to Life and Life to Years - A Health Promotion Strategy for Older People is the first pillar of this three part programme and will form the basis of the remaining strands.

The challenge was to identify specific tangible areas, where through positive lifestyle change, improvements in the health and well-being of older people could be enhanced and I believe that this publication has achieved this. It provides a review of the current health status of older people in Ireland, identifies relevant models of good practice, sets priorities and makes definite recommendations as to how measurable health gain can be achieved. I am confident that in time these recommendations will result in a real improvement in quality of life enjoyed by older people in Ireland. This is further evidence of the Government’s continued commitment to services for older people as outlined in the Action Programme for the Millennium. I would like to thank all those involved in the consultation process and congratulate those who contributed to the production of this excellent report.

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Tom Moffatt T.D
Minister of State
Department of Health and Children
INTRODUCTION

Health Status
Life expectancy for young people in Ireland compares favourably with other EU countries. However, with the onset of middle age, Irish life expectancy figures begin to slip down the EU rankings and by the age of 65, life expectancy for both men and women is the lowest in the EU.

On the basis of this indicator, it appears that older Irish people are in relatively poor health. However, there are signs that life expectancy will improve in coming years. Projections prepared for the Council assume that, by the year 2011, men at 60 years of age will be living an extra 2.1 years and women an extra 2.5 years compared to 1991 (Fahey 1995).

Mortality gives only part of the picture of the health status of a population. Many diseases or accidents are not fatal but may cause considerable disability and reduce quality of life. A major study of older Irish people in the community found that almost half of the respondents had major health problems (Fahey and Murray 1994). The study also found that almost one in four people showed significant signs of psychological distress and that the major contributing factor was the onset of poor health and disability rather than old age itself.

The challenges therefore for the Irish health system are to improve longevity so that we can expect to live as long as our European counterparts, and to increase the number of illness and disability free years in later life, thereby ‘adding years to life and life to years’.

European Developments in Healthy Ageing
The World Health Organisation (WHO) Regional Office for Europe has set targets for improving the health of older people. The targets state that life expectancy in the region should be at least 75 years and that there should be a sustained and continuing improvement in the health of all people aged 65 and over (1993). The strategy outlined by WHO for reaching these goals includes promotion of lifestyle changes, the creation of supportive environments and the provision of appropriate support services for older people.

Article 129 of the 1993 Maastricht Treaty gives the EU a degree of competency in the field of public health for the first time and Member States are encouraged to collaborate in improving the health of all Europeans. Three areas for action have been identified: (1) health promotion, information, education and training; (2) health monitoring and the establishment of comparable health indicators; (3) accidents and injuries. Older people are explicitly included within the scope of the health promotion programme which runs from 1996-2000.
The potential of health promotion for older people has also been recognised in an Ageing Well Europe programme of health promotion and disease prevention for and with older people. The programme is co-ordinated by Eurolink Age and has been developed with the support of WHO and the EU. One of the aims of the programme is to promote the exchange of information and good practice between EU countries. The National Council on Ageing and Older People has been the Irish co-ordinating organisation in the programme for some years now. A 1997 report of a Eurolink Age workshop on Adding Life to Years identified the reasons why health promotion for old age is so important:

- The proportion of older people is rising—people over 65 constituted 9 per cent of the European population in 1950, and will make up 18 per cent in 2020, with the proportion aged over 80 quadrupling.

- While for individuals the chances of a long healthy life are improving, there will be larger numbers of older people in need of health care and social support.

- Much of this poor health is preventable. The greatest scope lies in lifelong health promotion. However, action can be taken to promote the health of older people, and even the ‘oldest old’ and those already in poor health. Many interventions are known to be effective (Eurolink Age 1997, p7).

Can Health Promotion for Older People be Effective?

It is widely accepted that health promotion for a long, healthy and active life should ideally begin as early as possible, since habits formed when young may well be maintained into old age. Young and middle-aged people are often more receptive than older people to changing their lifestyles and, as such, they tend to form captive audiences for health promotion programmes, being easily identified in the school or the workplace.


An Irish study on the prevention of falls among older people in long-term care found that with the introduction of appropriate preventive measures the incidence of falls among the study group was considerably reduced (Journal of Health Gain 1997).

A 1995 WHO study found that there is considerable potential for the prevention of cardiovascular diseases in older people. The risk factors are largely the same in older people as in younger populations and there is evidence that lifestyle changes (stopping smoking, adopting a healthy eating pattern, engaging in moderate physical activity and controlling weight) can reduce cardiovascular disease and improve overall health in all age groups, including older people.
Health Promotion and Older People: Special Considerations

Although older people may be less likely to have harmful health and lifestyle habits than younger adults, they are also often less aware of the effect of behavioural patterns on health. They may have negative attitudes to altering their behaviour, believing that they are too old to benefit from such changes. Health promotion messages may also have changed over the lifetimes of older people and it is important that an unhealthy lifestyle in earlier life should not inhibit an older person from taking more positive action in later life.

Health promotion programmes for older people and the settings in which they are provided must take account of the physiological, social and economic changes which are associated with ageing and which are often beyond the control of older people themselves. Programmes also need to take account of the fact that many key determinants of health for older people are outside the health care sector. Thus, policies in a wide range of areas including pensions, housing and transport have a major impact on the health and well-being of older people.

Health promotion for older people also has an important role to play in reducing the disabling effects of illness among those who are already ill. Early recognition and treatment of illness is essential in enabling older people to cope with illness and to prevent the onset of psychological distress and possible withdrawal from society. For many older people who are ill, housebound or living in residential care, measures which enable them to remain mentally and physically active and to participate in the wider community are essential for improving their quality of life.

However, too often health education and preventive measures such as screening are not provided to older people. This suggests to the National Council on Ageing and Older People that there is a lack of understanding and belief in Ireland in the health and social gains which well-targeted and focused health promotion and prevention measures would bring to older people.

Background to this Strategy

The Council has an ongoing research programme on promoting the health and autonomy of older people and has published a number of reports in this area (Kelleher 1993, National Council for the Elderly 1993, Fahey and Murray 1994). In the 1994 report, the Council made a recommendation to the Minister for Health that the design and planning of a programme for the promotion of the health of older people be given consideration as a matter of priority.

In 1994 a commitment was given by the Department of Health in its strategy document, Shaping a Healthier Future, A Strategy for Effective Healthcare in the 1990s, to the reorientation of the health services so that the primary focus will be on improving people’s health and quality of life. In 1995 the Department published a detailed strategy for the promotion of health in Ireland, A Health Promotion Strategy ... Making the
Healthier Choice the Easier Choice. It provided a review of the health status of the Irish population and set out a detailed programme containing specific goals and targets and a plan of action for their achievement. Much of the emphasis in the document was on preventing premature mortality in the population as a whole, most particularly in people under 65 years of age.

However, older people were identified as one of the priority population groups with particular vulnerabilities. The goal in relation to older people was to increase the proportion who enjoy an active, independent and healthy old age. One of the actions planned in this area was ‘the development, in conjunction with the National Council for the Elderly (now the National Council on Ageing and Older People), of a national programme to promote ‘healthy ageing’ in Ireland: this programme will seek to promote the health and autonomy of older people’ (p21).

The Healthy Ageing Programme
The publication of Adding Years to Life and Life to Years: A Health Promotion Strategy for Older People, in association with the Department of Health and Children, marks the launch of the Council’s Healthy Ageing programme. The strategy complements the existing national strategy on health promotion and reflects the thinking of other relevant national strategies and policies, for example, the national cancer strategy and the national alcohol policy. It gathers together and analyses much of the information which is available on mortality, morbidity, lifestyle and behaviour trends amongst older people in Ireland. National goals and targets for improving the health and well-being of older people are set and recommendations for action, which build on existing initiatives, are outlined.

The strategy addresses health promotion for older people in its broadest sense, acknowledging the impact of environmental and social factors such as housing, security, transport, attitudes and income on the quality of life of older people. It recognises that many sectors outside of the health services have an important contribution to make and that the fostering of a co-ordinated approach to health promotion for older people is essential to the successful implementation of the strategy. Finally, it recognises that the concept of health promotion for older people has only recently begun to receive the recognition it deserves and that much still needs to be done to convince health professionals, older people and society in general that health promotion for older people is worthwhile. The evaluation of new and existing initiatives designed to promote healthy ageing and the identification of models of good practice will have an important role to play in ensuring that health promotion for older people is on the agendas of all relevant service providers and policy makers.

Michael White
Chairman
National Council on Ageing and Older People
CHAPTER ONE

HEALTH PROMOTION FOR OLDER PEOPLE–A BACKGROUND

1.1 Introduction
The National Council on Ageing and Older People is an advisory body to the Minister for Health on all aspects of ageing and the welfare of older people. It succeeds the National Council for the Aged (June 1981 to January 1990) and the National Council for the Elderly (January 1990 to March 1997). Included in the Council’s terms of reference is a requirement to advise the Minister on measures to promote the health, welfare and autonomy of older people. It may also assist the development of national and regional policies and strategies designed to produce health gain and social gain for older people by undertaking research, identifying and promoting models of good practice and providing information and advice based on research findings.

The development of a health promotion strategy for older people emerged from research initiatives by the Council. The Council’s work is available in a series of publications; two of these, Measures to Promote Health and Autonomy for Older People: A Position Paper (Kelleher 1993) and Health and Autonomy Among the Over-65s in Ireland (Fahey and Murray 1994), are central to the development of the strategy.

The principal recommendations of the document The Years Ahead ... A Policy for the Elderly (Working Party on Services for the Elderly, 1988) are:

- to maintain older people in dignity and independence at home
- to restore to independence at home those older people who become ill or dependent
- to encourage and support the care of older people in their own community by family, neighbours and voluntary bodies
- to provide a high quality of hospital and residential care for older people when they can no longer be maintained in dignity and independence at home.

The document states that a successful policy of health promotion would reduce the incidence of disease and handicap among older people and increase the number of older people who are healthy and active.

The recommendations contained in The Years Ahead are acknowledged in Shaping a Healthier Future: A Strategy for Effective Healthcare in the 1990s (Department of Health, 1994). This strategy emphasises the use of concepts of health gain and social gain in focusing health services more clearly on improvements to health status and quality of life. Importantly, the strategy indicates priority to the promotion of healthy ageing with the
assistance of the National Council on Ageing and Older People, in co-operation with statutory and voluntary bodies associated with older people.

Although concerned with the whole population, the main thrust of *A Health Promotion Strategy ... Making the Healthier Choice the Easier Choice* (Department of Health 1995) is directed towards the under-65s. However, it identifies older people as a priority population group and establishes the goal of increasing the proportion of older people who enjoy an active, independent and healthy old age. It also outlines the following aims and action plans in relation to older people:

- developing, in conjunction with the National Council on Ageing and Older People, a national programme to promote ‘healthy ageing’ in Ireland: this programme will seek to promote the health and autonomy of older people
- promoting self-respect, dignity and a positive role for older people in society
- developing programmes that encourage pre-retirement age groups to remain fit, active and independent for as long as possible
- developing programmes for the carers of older people.

In 1995, the National Council on Ageing and Older People proposed the phased development of a Healthy Ageing programme; an initial feasibility study concluded that health promotion for people over 65 years has an important role to play in improving both life expectancy and the quality of life of older people in Ireland. It recommended that the mission statement of the programme should be:

Healthy Ageing aims to promote the health and independence of older people.

The objectives of the programme are to:

- improve life expectancy at age 65 and beyond
- improve the health status of people aged 65 and beyond
- improve the lives and autonomy of older people who are already affected by illness and impairment.

The programme has three strands, of which this strategy for the promotion of the health of older people in Ireland is the first. The strategy provides an overview of the health status of the older population and an assessment of its needs; it identifies priority problem areas and key settings for health promotion activities; it sets national goals and targets for improving health and well-being, and identifies interventions which are most likely to improve the health and well-being of older people.
The second strand involves the development of an information and support network for promoting the health, welfare and autonomy of older people. The network will play an important role in fostering an integrated approach to health promotion for older people across all sectors. It will act as a resource on healthy ageing by providing such services as:

- a database on health promotion initiatives, good practice in healthy ageing and materials on healthy ageing
- fact files and information updates on healthy ageing issues; the Council has recently launched a fact file series entitled *Ageing in Ireland*
- seminars on priority areas in health promotion for older people.

In the third strand of the Healthy Ageing programme the evaluation of new or existing initiatives designed to promote the health and well-being of older people will be encouraged. In this way the programme will seek to identify models of good practice for healthy ageing which will then be promoted through the information and support network. During the 1997-1998 period, the evaluation of the following three initiatives will be supported by the programme:

- **A Home Safety Accident Prevention Programme for Older People:** This is a new initiative in the Eastern Health Board, the objective of which is to undertake a case-control evaluation of safety and security standards before and after the introduction of a home safety scheme to prevent unintentional injury in people aged 65 and over.

- **‘Lifewise’ and the Older Person:** The objective of this initiative in the North Eastern Health Board is to adapt ‘Lifewise’, an existing health education programme, to meet the needs of older people and to train older people to deliver the programme to their peers. It will involve the evaluation of the feasibility and effectiveness of the programme in enabling older people to acquire information and skills which help them make positive decisions in relation to their health.

- **The Evaluation of the ‘Go For Life’ Campaign:** The objective is to measure the success of the ‘Go For Life’ campaign (a joint initiative of Age & Opportunity and the Irish Sports Council), in achieving its stated aim, that is, to encourage older people to be more physically active.

### 1.2 Development of healthy ageing strategies

Recognition of the importance of health promotion for older people probably originated in the US with the *Older Americans Act 1965* which set out objectives for the health of older people. The 1979 Report of the Surgeon General prompted the development of US strategies in relation to health promotion and ageing (US Department of Health and Human Services 1979). Australia and Canada have well-established health promotion policies for
older people, and a large number of community-based health promotion programmes for older people are established in European countries.

Most health promotion programmes have their roots in the provisions of the Ottawa Charter, which arose from the first International Conference of Health Promotion organised by the World Health Organisation (WHO) and held in Ottawa in 1986 (WHO 1986). This Charter enunciates five key elements of health promotion action: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services.

In 1977 the World Health Assembly adopted resolutions relating to health for all the citizens of the world by the year 2000. Subsequently a set of 38 targets was adopted by the European countries of WHO as being appropriate to the attainment of their policy of Health for All (WHO Regional Office for Europe 1985). These targets were amended in 1991 (WHO Regional Office for Europe 1993). The amended sixth target underpins health promotion for older people:

By the year 2000, life expectancy in the Region should be at least 75 years and there should be a sustained and continuing improvement in the health of all people aged 65 and over.

WHO has adopted a programme for healthy ageing, and is developing its work in reducing morbidity among those aged over 65. It sets targets in four dimensions for healthy ageing:

- ensuring equity in health by reducing gaps in health status between countries and between groups within countries
- adding life to years by helping people achieve, and use, their full physical, mental and social potential
- adding health to life by reducing disease and disability
- adding years to life by increasing life expectancy.

In 1992, the United Nations Principles on Ageing were adopted by the General Assembly. In summary these were: older persons should have independence, remain integrated in society and be able to contribute to community activities; have the best family or community care and have access to the best health care; be treated fairly and be free of exploitation and abuse; and be able to experience self-fulfilment. The year 1999 has been designated as the United Nations International Year of Older Persons.

The EU supports Eurolink Age, a network concerned with older people and issues of ageing; the National Council on Ageing and Older People is a member of its Governing Council. Among the specialist programmes that Eurolink Age has developed is the Ageing Well Europe programme. This programme was launched in 1992 with the aims of
improving the health of older people, promoting the involvement of older people in community health programmes, promoting ‘healthy alliances’, and increasing the knowledge and awareness of the health and health needs of older citizens in the EU. Ireland is one of nine EU countries participating in the programme. An Action Plan to promote the health of the older people of the EU has been developed by Ageing Well Europe, based on the structure of the Ottawa Charter for Health Promotion (Eurolink Age 1996, 1997).

1.3 Rationale for health promotion
The term health promotion has been variously interpreted, but the 1984 WHO definition remains pertinent and useful:

Health promotion is the process of enabling people to increase control over, and to improve their health.

It follows that health promotion is a positive concept relating to personal development and the exercise of personal choice; its activities include influencing social and environmental changes which promote health and well-being, and encouraging measures to prevent illness as well as to optimise treatment.

The following summarises the rationale as it is presented in A Health Promotion Strategy (Department of Health 1995):

- Health promotion acknowledges that the primary causes of premature mortality and preventable morbidity are linked to unhealthy behaviours and lifestyles, and that individuals wishing to adopt a healthy lifestyle may be prevented from doing so by adverse social and environmental conditions which are often beyond their individual control.

- Health promotion at an individual level involves educational processes enabling people to acquire information and skills that will help them in making good decisions in relation to their health. At a community, regional and national level it involves the development of appropriate policies, structures and support systems.

- The key determinants of health are often outside the health care sector. The activities of many sectors, both public and private, have an impact on health; this necessitates a health dimension to their policies which will facilitate the multisectoral approach to health promotion.

- The rationale for health promotion relies on a number of underlying assumptions; these include:
  i. health is essentially a resource for everyday living
  ii. lifestyles are key determinants of health
  iii. lifestyles are themselves determined by the individual’s social, economic, cultural, physical and ethical environment
iv. lifestyles are also determined by the amount of information and the level of skill that the individual possesses in relation to his/her own health.

- The rationale for health promotion leads to an expectation of benefits in relation to several aspects of health. In general terms, benefits may be expected in the areas of health gain and social gain. These benefits relate to quality as well as to quantity of life, characterised as adding life to years and years to life. In specific terms the benefits would include:
  
i. enhancement of levels of perceived health and well-being
ii. reduction of levels of illness
iii. reduction of the incidence of disease
iv. reduction of the incidence of accidents.

1.4 Health promotion and older people
While the rationale for health promotion is usually set in the context of programmes for children and young and middle-aged adults, health promotion also has an essential role to play in improving the health and well-being of older people. However, it is important that older people themselves, health professionals and society in general are convinced of the value of health promotion in the lives of older people. Negative attitudes to ageing among people of all ages and beliefs that older people cannot benefit from changes in behaviour must be overcome. Older people must not be excluded from health promotion activities and preventive measures routinely offered to younger people. Older people must be encouraged and enabled to participate in all aspects of life which promote their health and well-being.

The arguments for health promotion for older people are compelling. They include the following:

- A good quality of life will be maintained in well older people
- The effects of illness or disability in older people will be lessened
- The contribution of older people to society will be maximised
- Escalating health care costs associated with an ageing population will be partly offset.

Older people are a diverse group, most of whom are fit and healthy. Health promotion for older people is about prolonging the period of healthy ageing experienced by most older people and encouraging full and active participation in society. In some instances, health promotion for well older people may not need to be very different than for middle-aged or younger people, and older people may be included in programmes for the general population. However, special programmes which take account of the particular needs of older people are also required to enable and empower older people to increase control over, and to improve their health and well-being.
Both the younger (65-74) and the older (75 and over) populations include people in different categories of health status and dependency levels. This diversity requires different approaches to health promotion for older people than for younger age groups.

While health promotion for all ages is about preventing illness, for older people it may also be about lessening the effects of illness or disability among those who are already ill or disabled. In addition, equal and early access to geriatric and other services is essential to ensure early recognition and treatment of illness and, where appropriate, planning for rehabilitation. For many older people, social interaction and other measures which improve quality of life, are essential elements of health promotion.

As a population group, older people are subject to certain considerations which attend the later years of life, and which have strategic implications for health promotion. The most important of these are as follows:

- Some people entering older age do so with chronic disease.
- The risks of cancer, heart disease, stroke and respiratory disease are higher in older people.
- With increasing age, older people experience an increased tendency to loss of fitness, mobility and strength. The very old tend towards physical frailty.
- Poorer vision and hearing contribute to less social contact as well as to an increased risk of accidents.
- Ageing is associated with less capacity to recover quickly from illness.
- Dietary and nutritional requirements change as people get older.
- Factors associated with ageing such as loneliness, more frequent bereavement, poor adjustment to retirement, inadequate income, poor health and functional incapacity may lead to psychological distress if not anticipated and appropriately managed.
- Mental health problems are an important cause of disability in older people. Depression is the commonest mental disorder; the prevalence of dementia increases with age.

The health of successive cohorts of older people will be affected by the extension and success of health promotion programmes to younger age groups; a healthy lifestyle acquired in early adulthood may well be maintained throughout life. This would result in those reaching the age of 65 being healthier, with the real prospect of adding years to life and enabling active membership of the community for as long as possible. Although it may be
more difficult for older people to change behaviours of a lifetime it is certainly possible, especially if they become partners in the health promotion process.

There is good evidence for using modifiable risk factors in older people as a basis for health promotion programmes. In one large randomised study in the US (Omenn et al. 1997), a multi-faceted health promotion programme for older people was introduced. The programme emphasised an increase in physical activity, a reduction of excess alcohol use, the identification and amelioration of hazards in the home and the detection and correction of visual and hearing deficits. The group receiving health promotion intervention had significantly fewer restricted activity and bed disability days during the first year of follow-up compared with controls. They had significantly less functional decline and significantly fewer persons suffered falls. After two years, with no additional intervention, the intervention group was still doing better, although as expected the differences diminished.

1.5 Current Irish health promotion initiatives for older people
There are a considerable number of initiatives in Ireland which promote the health of older people, originating from both the statutory and voluntary sectors. There are general community initiatives for older people which encourage participation in a range of social and cultural activities, as well as initiatives which are directed at improving older people’s lifestyles, for example, in relation to physical activity and diet. There are also programmes which aim to improve the environment in which older people live, for example those addressing security and safety issues. A variety of other programmes address issues such as preparation for retirement and mental well-being.

However, although there are recent improvements in respect of the co-ordination of services for older people, there is no integrated approach to health promotion for older people. Both current and proposed health promotion initiatives for older people must be developed within a strategic framework. Many sectors contribute to health promotion for older people; its success will depend largely on the integration of their individual activities.