Health Promotion For The Aging

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Article:

INTRODUCTION

Millions of Americans die prematurely each year from diseases which are preventable. Additional millions needlessly suffer the debilitating consequences of chronic disease, The responsibility for the existence of these conditions cannot be placed solely on deficiencies of our health care delivery system. It is estimated that about four-fifths of the nearly two million annual deaths in this country and more than half of the disability caused by chronic disease are strongly related to detrimental individual behavior and habits of living.[1] The cost of treating these chronic diseases is staggering.

> The United States is spending nearly. 9 percent of its gross national pro-duct on health care. Though health care expenditures have risen more than 300 percent in the last decade, there is little data to indicate that the health of the population has improved in proportion to the increasing amount of money society spends on it. In fact, it is becoming increasingly difficult to demonstrate a relationship between the presence of health providers, and the overall wellness of a population.[2]

A partial solution to the escalating costs may be a shift from the curative aspects of health care to an emphasis on prevention. During the past several years, a good deal has been writ-ten about preventive medicine and health education. Yet, of the total health care dollar spent in this country, less than one per-cent is directed toward health education.[2] This fact, coupled with the prevalence of premature chronic disease, emphasizes the need to implement and evaluate programs which provide the opportunity for individuals to examine those environmental hazards and personal habits affecting their health status.

Over a decade ago, Belloc and Breslow demonstrated that individual lifestyles have a direct relationship on longevity and the quality of life.[3] The impact of this "individual.' orientation has been the expansion of the wellness movement. The wellness movement has capitalized on the increased health awareness of the American population. Generally, the wellness revolution has focused on school-based programming efforts or programs geared toward young adults. Rarely have aging populations been an identified target group for wellness implementation plans. Four reasons could explain this apparent lack of attention to the aging population.

First, the health needs and interests of the aged differ significantly from those of younger persons, Young people are often provided with information concerning health which may not have direct implications for them for several years. The aging, however, often have immediate health concerns associated with a variety of symptomatic needs directly related to years of negatively established lifestyles, The urgency and complexity of health needs and interests of the aged is a key difference between programming priorities for youth as opposed to aging groups. It may also explain why educators are reluctant to design aging-oriented programs. Existing wellness programs have most often been directed toward reduction of debilitating health behaviors over time as opposed to immediate intervention of existing problematic concerns.

Even within selected health topical areas, needs and interests may vary significantly between aging populations and younger target groups. In consumerism, for example, fad diets may be a major interest area for college age

students while the same students show little interest in funeral consumerism. However, the exact opposite may be true for a senior citizen group.

A second reason for not directing wellness programs toward the aged may be related to a difference in perception of tilt concept of "personal age." While the school age child may view personal age as a finite number of years lived, the aged are more likely to perceive age in terms of the approximate number of years left to live. If a person has the latter view of personal age(he/she would be more likely to adopt an appropriate lifestyle-one which could extend the number of years of life he/she may possibly live. Because the aged are more likely to have this view of "personal age," health education programs may provide added relevance. Yet, the fact that a 65 year old person may ha, a maximum of five years of life remaining, while a person who is 15 years old may have 50 years of life ahead of him, has supported the growth of wellness programs for the younger group. The rationale for this youth orientation is that with fixed resources, the adolescent target group would have the most gain.

A third reason relates to the fact that lifestyles carried into later stages of life have become deeply engrained. Habits a lifestyles are extremely resistant to change at any point across the lifespan, but, may be particularly so for the aging. In addition to habits that become engrained over several years, the elderly may be experiencing significant life change occurrences that may cause an even greater reliance on familiar habits/lifestyle patterns. For example, the loss of a spouse a move away from children may intensify a previously established smoking or drinking problem. Again, there may be unrealistic perception on the part of some individuals that "you can't teach an old dog new tricks."

Finally, the nature of learning for this target group requires unique teaching strategies which differ from traditional health promotion approaches. Traditionally, many- health education efforts have been characterized by lecture oriented, fear directed approaches. The nature of the adult learner (or any learner) is contrary to this approach. Elderly learners respond better to personally relevant approaches that involve them directly. They like to share experiences and relate better to approaches that include a variety of learning strategies. Most of our professional preparation programs have neglected to provide an educational focus to the unique learning characteristics of the aging. Thus, we often use the same teaching methodologies with the aging as we use with school children or college populations and become frustrated at our failures with adult learners.

For example, when discussing the wise use of over-the-counter drugs and prescription medications, it has been proven beneficial to have the aging role play the questions they wish to ask of their physician and pharmacist and to help them to develop a practical system to monitor daily drug taking. By pro-viding the aged with analogous practice experiences, the likelihood of them adopting these skills at a later date significantly increases.

Programming Considerations: Wellness and Aging

None of the aforementioned reasons have any real basis for omitting wellness programming efforts for the aging. In fact, enhancing the quality of life for aging Americans is likely to be a major future direction for health educators.[4]

The goal of a wellness-oriented program for the aging should be the development of an "activated client," an individual who is willing to assume responsibility for his/her own health and one who has substantial information on which to base sound decisions regarding health related behaviors. Health activation is education for self-care. Its premise is that through the acquisition of health knowledge and techniques, a person will be aware of what constitutes health, assume greater responsibility for his/her health, be able to cope with illness, be able to use the health care system appropriately, and enhance the patient-provider relationship.

The development of a health promotion program for the aged should include input from three different sources: the potential target group, experts in the developmental nature of aging, and health educators. It is important to determine from the prospective target audience, those topics that have relevance to personal problems (i.e., what

health problems are of most importance). The second group that should have input into the development of a wellness program for the aged involves experts in the area of aging. Since characteristics of learning vary across the age span, input from those individuals knowledgeable in developmental aspects of aging is critical for overall program success. Also, content and methodological strategies should be derived from individuals with strong health education backgrounds. It will be anticipated that the inclusion of these sources will function to develop tentative program objectives that are educationally and philosophically sound, as well as ad-dressing the problems, needs, and interests of the prospective target group. Table One depicts a list of suggested objectives in four content areas for a wellness program for the aged.

TABLE ONE

Sample Goals of a Wellness Education Program for the Aged

Listed below are some sample goals for a wellness education program for the aged. These are presented to serve as a guideline of possible program goals. The exact goals of any program would depend on a variety of factors including the problem needs and interests of the learner.

Consumptive Behavior

— to understand the impact of smoking on wellness

— to train participants in the effective utilization of various behavioral approaches to smoking cessation and responsible use of alcohol

— to understand the relationship of responsible drinking to wellness

— to evaluate the effectiveness of various over-the-counter remedies

— to understand the role of prescriptive medication in maintaining wellness

Nutrition and Weight Control

— to impart and understand the importance of diet in an effort to promote wellness.

— to delineate the role of food in a fitness program

— to point out options available in the market place

— to discuss the psychosocial and health implications of obesity

— to outline behavioral techniques to control weight

Physical Fitness

— to understand physical fitness in terms of its relationship to health and wellness

— to develop a physical fitness regimen uniquely designed and tailored to each individual

— to compare the participants' exercise habits prior to their involvement in the program with the level following participation

Stress

— to understand the effects of stress on our level of wellness

— to encourage the use of the relaxation response in the course of everyday living

— to utilize various approaches to controlling stress in order to find the most suitable to each individual

— to train participants to utilize effective coping strategies in dealing with stress

Upon completion of the tentative objectives, each objective should be screened in light of a valid philosophy of education for a health promotion program. Such a program should encompass some or all of the following components:

-- The program should have as a prime objective the selection of competent instructors. A literature review should be undertaken to determine specific skills and appropriate motivational strategies needed by the instructor to effectively educate the target audience.

-- The health promotion program for the elderly should have an affective and decision-making component in addition to a cognitive component. The ability to assist the target group in making valid decisions entails much more than just the dissemination of information.

-- The program should utilize all appropriate educational and group process activities.

— Relevant, up-to-date, accurate and unbiased information must be the focal point of the health promotion program for the elderly, based upon interests and needs of the population to be served.

Additionally, a target population composed primarily of aging participants requires several unique considerations related to how people learn. Some components of the psychology of learning which are important for this age group include the following:

— Individuals learn through a variety of methods. Alternatives to traditional learning strategies must be utilized to enable the instructor to reach a wider range of participants.

-- Participants may span a wide range of educational and cultural backgrounds. These factors should be taken into consideration when developing a program.

— Various theories of learning as they relate to aging populations should be studied to determine what aging learners are capable and incapable of doing.

Table Two highlights several additional characteristics of die aged learner.

Summary

The ideal wellness program geared to the aged should have a two-fold thrust. First, a common sense approach to the concept of wellness with an emphasis on positive lifestyle acquisition and behavior change in the latter stages of life should be the focus of a wellness program for the aged. Benefits associated with change of detrimental lifestyles would be stressed. The relationship of lifestyles and future health status would be a key program theme. Second, the program should incorporate individual involvement in the approach to wellness education. Basically, the concept of individuals' responsibility for health must be stressed. In addition to the dissemination of information, appropriately trained educators can help the aged develop the life skills necessary to enhance many lifestyle behaviors conducive to health.

It is obvious that the development of wellness education programs for the aged presents a unique challenge for the heal educator. However, it is a challenge that the health educator should be prepared to encounter in order to meet the heal education needs of Americans in the 1980s and 1990s.

TABLE TWO
The Aged Learner[5]

Characteristics of Aged Learners

1. The aged learner differs from the adolescent learner with respect to the readiness to learn, range of experiences, concept of time and age, and self-concept.

2. The ability of the aged to learn is dependent upon motives and needs related to the tasks of adulthood and developmental states.

3. The aged learner has a greater orientation toward action learning. In other words, the aged are concerned with how learning will impact socioeconomic standing, vocational concerns and practical needs of everyday living.

How the Aged Learn

1. For the aged, learning is a life-long process that considers the learner to be resourceful, self-directed and unique.

2. The learning process for the aged involves an holistic approach which requires conditions that are conducive to growth and self-direction.

3. The aged learn best when the instructional program uses teaching strategies which are problem-centered and experience-oriented.

4. For the aged to learn, the learner must want to learn, have proper supportive resources and have a clear picture of the desired behavior.

Evaluation of Learning

1. For the aged, evaluation should be geared toward assessing whether the adult has become more self-directed.

2. Evaluation should be based on sound educational theory and relate to predetermined educational objectives.

3. Evaluation should include process evaluation measurements and measurements which will improve the theory and practice of educating the aged.

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