



CDC's Prevention Research Centers are striving to help adults age with health and strength.



The Prevention Research Centers are a network of academic health centers, partner communities, and public health practitioners that conduct community-based participatory research to prevent disease and disability.

FACING THE ISSUES

- *More than 36 million Americans are older than 65, and the number will reach more than 70 million during the next 25 years.*
- *Approximately 80% of older adults have at least one chronic condition (e.g., diabetes, heart disease, cancer, arthritis) and 50% have at least two.*
- *About 11 million older adults living at home have chronic conditions and report limited ability to perform daily activities, which decreases quality of life and increases the need for costly long-term care.*
- *Older adults can maintain health, independence, and function by being active and receiving preventive health care.*

Setting an Agenda

A set of Prevention Research Centers (PRCs) forms a network to research factors associated with healthy aging—the maintenance of optimal physical, mental, and social well-being and function. The network identifies interventions that promote healthy aging and assists in the translation of such research into sustainable community-based programs. Physical activity and mental health in older adults are among the network's priority issues.

Physical Activity for Healthy Aging

Several centers as well as the Healthy Aging Research Network are encouraging and increasing physical activity among older adults. Physical activity helps increase mobility, flexibility, and strength and improves coordination and balance, all of which are essential for older adults to maintain independence. When combined with other healthy lifestyle practices, physical activity can reduce the risk for chronic disease and decrease disability rates.

In Washington State, seniors with diabetes who participate in the PRC-developed program, Physical Activity for Lifetime Success, are counseled by health-care providers about the importance of exercise. Providers develop a written recommendation for each patient, provide a list of local resources, and ask patients if they would like to join a physical activity support program provided by a local senior center. The program pairs each participant with a peer who offers motivation, via telephone calls, for increasing physical activity during a 6- to 12-month period. The senior center also refers participants to other beneficial programs developed and tested by the PRC. Participants periodically complete a questionnaire used to assess their level of physical activity.

Some centers tailor physical activity research to ethnic or cultural groups of older adults. For example, Healthy Path is a PRC project in New Mexico exploring how to help Navajo elders make healthy dietary and physical

activity choices, specifically for the prevention of diabetes. The project incorporates the traditional beliefs, values, and foods of the Navajo culture into educational and activity interventions.

In Allegheny County, Pennsylvania, which has one of the highest concentrations of adults ages 65 or older, a PRC developed and tested Ten Keys to Healthy Aging: 1) prevent bone loss and muscle weakness, 2) control blood pressure, 3) increase physical activity, 4) regulate blood sugar, 5) stop smoking, 6) maintain social contact, 7) participate in cancer screening, 8) get regular immunizations, 9) lower cholesterol, and 10) combat depression. Researchers and community partners continually refine the program and have added behavioral components to increase physical activity, improve eating habits, and enhance social support and mental acuity.

Other Focus Areas for Healthy Aging

Depression. Depression among older adults can contribute to problems in daily functioning and a diminished sense of well-being. Researchers at the PRC in Washington are promoting statewide use of their proven program, PEARLS (Program to Encourage Active, Rewarding Lives for Seniors), to treat minor depression among

chronically ill and homebound older adults. PEARLS reduces symptoms of depression and improves functioning and quality of life. Participants receive private counseling sessions and are encouraged to schedule pleasurable

activities and to resolve their problems using a special problem-solving technique. Physicians are contacted for patients who may benefit from medication. Local social service agencies and senior centers have adopted the program.

Spotlight on Success

In 2005, the EnhanceFitness Program, developed and tested by PRC researchers at the University of Washington in Seattle and their community partners, was granted one of ten Innovation in Prevention awards by the U.S. Secretary of Health and Human Services. The program has also been recognized by the National Council on Aging as one of the top ten physical activity programs for U.S. seniors. Older adults who participate in this physical activity program have shown significant improvements in physical and social functioning as well as decreases in levels of pain and depression. Health-care costs have also been significantly reduced for seniors who participate at least once a week. The program is now offered at 92 community sites in 9 states, and it reaches 3,000 participants.

Oral Health. Maintaining oral health can be a challenge for older adults who are homebound or have limited mobility, and poor care can lead to other health problems. The PRC in New York City is testing a tool used by home-care workers to assess patients' needs to see if it can include oral health needs. A profile of oral care activities and needs is being distributed to home-care nurses who serve mainly African-American and Hispanic clients in the city.

The PRC in Washington is developing a program on computer disk that teaches seniors about oral health care. Changes in participants' knowledge of oral health, confidence, and use of preventive services will be assessed.

Immunization. The PRC in Missouri is developing communications strategies that will contribute to the likelihood of influenza vaccine acceptance by African-American men and women age 50 or older. The researchers explored the population's concerns about the safety of the vaccines, and they are testing messages and dissemination strategies to address those concerns.