What are Seniors Doing to Promote Healthy Aging?

Nancy P. Gordon, ScD
Kaiser Permanente Division of Research
Oakland, CA

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**Aims:** Describe the percentages of seniors taking various actions to promote healthy aging (“Triers”); how well those who try and don’t try to eat healthily and get enough exercise are achieving recommended goals; and whether healthcare provider advice influences behavior.

**Methods:** Analysis of self-reported data from the 2011 Kaiser Permanente Northern California (KPNC) Member Health Survey using SAS Proc Surveymeans and Proc Surveylogistic. Data included responses to checklists of health actions and receipt of advice/counseling from clinicians, health educators, or other health professionals and questions about frequency of engaging in selected dietary practices and exercise.
**Study Sample:** Approximately 6600 men and women aged 65-90 who responded to the survey. Response rate for this age group was 69%. Respondent data were weighted to the age, gender, and geographic composition of KPNC members in 4th quarter 2011.

<table>
<thead>
<tr>
<th>Study Sample Characteristics</th>
<th>All Wtd % (Raw N)</th>
<th>Women Wtd % (Raw N)</th>
<th>Men Wtd % (Raw N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74 yr</td>
<td>57% (2951)</td>
<td>56% (1499)</td>
<td>59% (1452)</td>
</tr>
<tr>
<td>75-79 yr</td>
<td>19% (2720)</td>
<td>19% (1364)</td>
<td>19% (1356)</td>
</tr>
<tr>
<td>80-90 yr</td>
<td>24% (974)</td>
<td>25% (453)</td>
<td>22% (521)</td>
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</table>

All statistics based on respondent data weighted to the age, gender, and geographic composition of the adult KPNC membership.

**Race/ethnicity:** 75% nonHispanic White, 6% Black, 7% Latino, 4% Filipino, 3% Chinese, 3% Other Asian/PI, 2% Other

**Education:** 7% < High school graduate, 24% High school graduate/GED, 31% Some college, 38% College graduate
SURVEY QUESTIONS

Are you currently doing any of the following to improve or maintain your health?

- Getting moderate or vigorous exercise most days
- Taking daily walks or doing 10,000 Steps program
- Trying to eat mostly healthy foods
- Learning what is in food by reading labels/recipes
- Trying to get enough sleep to feel well-rested
- Taking steps to lose weight or maintain weight loss
- Doing enjoyable activities at least once a week
- Doing activities to keep your brain stimulated
- Visiting with people at least once a week
- Taking actions to reduce risk of falling

During an average day, about how many servings of fruits and vegetables do you usually eat? (1 serving = a half cup or a medium piece)

How often do you try to eat reduced fat (low-fat or non-fat) foods?

- All the time
- Most of the time
- Some of the time
- A little of the time
- Never

How often do you try to avoid eating foods that are high in salt or sodium (like most canned, packaged, processed, and "fast" foods and foods seasoned with a lot of salt)?

- All the time
- Most of the time
- Some of the time
- A little of the time
- Never
How often do you usually get physical exercise (such as walking, swimming, gardening, golf, tennis, etc.)?

5 or more times/wk, 3-4 times/wk a wk, 1-2 times/wk, Less than once/wk, Never

On days you exercise, what type of exercise do you usually get?

- Low impact (barely increasing your breathing and heart rate, like an easy walk or swim)
- Moderate (noticeably increasing your breathing and heart rate, like walking fast or uphill)
- Vigorous (causing a large increase in your breathing and heart rate, like running or swimming fast)

How many total hours of sleep do you usually get in a 24-hour day, including naps?

In the past 12 months, have you received advice or counseling from a Kaiser Permanente (KP) doctor, nurse, health educator, wellness coach, or other KP health care professional about:

- Your diet (salt, fats, fiber, etc.)
- Getting enough exercise
- Losing weight
- Getting enough sleep
- How to reduce your risk of falling
Percentages of Seniors Who Try to Eat Mostly Healthy Foods

- All: 73%
- Women: 77%
- Men: 68%
Dietary Practices of Seniors

- Eats ≥ 3 servings of fruit/vegetables per day: 58% W, 38% M
- Tries to eat reduced fat foods most of the time: 57% W, 49% M
- Tries to avoid foods high in sodium/salt most of the time: 67% W, 59% M
- Reads food labels & recipes: 59% W, 44% M
Dietary Practices of Seniors Who Say They Try or Don’t Try to Eat Mostly Healthy Foods

- **Eats ≥ 3 servings fruit/vegetables per day**
  - **Triers**: 64%
  - **Non-Triers**: 35%

- **Tries to eat reduced fat foods most of the time**
  - **Triers**: 65%
  - **Non-Triers**: 29%

- **Tries to avoid foods high in sodium/salt most of the time**
  - **Triers**: 75%
  - **Non-Triers**: 40%

- **Reads food labels & recipes**
  - **Triers**: 70%
  - **Non-Triers**: 28%
Women are significantly (p<.05) more likely than men to try to eat healthy foods and to engage in all 4 recommended dietary practices.

Seniors who try to eat mostly healthy foods are significantly more likely to be following recommended dietary practices.

Among healthy eating “Triers”, women are significantly more likely than men to eat ≥ 3 servings of fruit/vegetables per day and to read food labels and recipes in order to learn what is in their food.

Even among “Triers,” only 23% of women and 15% of men eat ≥ 5 servings of fruit/vegetables per day; > 35% don’t try to minimize high fat foods; and > 25% don’t usually try to avoid high sodium/salt foods.
Percentages of Seniors Who Try to Get Exercise Most Days

Women, by age
- All: 55%
- Women: 51%
- Men: 59%
- 65-74: 44%
- 75-79: 41%
- 80+: 47%
- Moderate or Vigorous: 58%
- Low Impact/Walking: 12%
- 65-74: 47%
- 75-79: 39%
- 80+: 29%
- Moderate or Vigorous: 8%
- Low Impact/Walking: 49%
- 65-74: 53%
- 75-79: 45%
- 80+: 35%
- Moderate or Vigorous: 13%
- Low Impact/Walking: 11%

Men, by age
- All: 68%
- Women: 58%
- Men: 46%
- 65-74: 68%
- 75-79: 58%
- 80+: 46%
- Moderate or Vigorous: 12%
- Low Impact/Walking: 11%
- 65-74: 53%
- 75-79: 45%
- 80+: 35%
- Moderate or Vigorous: 13%
- Low Impact/Walking: 11%
58% of men and 52% of women who get exercise ≥ 3 times/wk say the type of exercise is usually moderate or vigorous.
Exercise Frequency of Seniors Who Say They Try or Don’t Try to Get Exercise Most Days

<table>
<thead>
<tr>
<th>Exercises ≥ 3 times/wk</th>
<th>Exercises ≥ 5 times/wk</th>
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</thead>
<tbody>
<tr>
<td>All</td>
<td>Women</td>
</tr>
<tr>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td>33%</td>
<td>29%</td>
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Legend:
- "Triers"
- "Non-Triers"
Slightly over half of seniors are trying to get exercise (moderate to vigorous or low impact/walking) almost every day. Men are significantly ($p<.05$) more likely than women to report trying to exercise at this level, and among both men and women, the percentages of “Triers” significantly declines with age.

Seniors who try to get exercise most days (moderate to vigorous or walking) are significantly more likely than those who aren’t trying to get exercise $\geq 3$ times a week.

Even among “Triers,” only around half of women and men say they get exercise $\geq 5$ days/week.
While there is no significant gender difference, younger overweight seniors are significantly more likely to be focusing on their weight than seniors ≥ 75 yr.
Percentages of Seniors Who Try to Get Enough Sleep and Get $\geq 7$ Hrs Sleep per Day

<table>
<thead>
<tr>
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<th>Tries to Get Enough Sleep</th>
<th>Gets $\geq 7$ hrs/sleep per day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All</td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>65%</td>
<td>68%</td>
</tr>
</tbody>
</table>
After adjusting for age, while women are more likely than men to say they try to get enough sleep to feel well-rested (OR=1.3, CI=1.2-1.5), they are significantly less likely to get ≥7 hours of sleep per day (OR=0.7, CI: 0.6-0.8). Among women, “Triers” are significantly more likely than “Non-Triers” to sleep ≥7 hrs/day (OR=1.4, CI: 1.2-1.7), but being a “Trier” makes no difference for men.
Women are significantly more likely than men to be taking steps to reduce risk of falls.
Percentages of Seniors Who Are Taking Low Dose Aspirin to Prevent Stroke/Heart Attack

* High risk = History of high BP, high cholesterol, heart disease, diabetes, or stroke.

No significant difference by age, but women are significantly less likely to be taking low dose aspirin as a preventive than men. Only about ¼ of non high-risk men and women take low dose aspirin as a preventive.
Percentages of Seniors Who Engage in Activities to Keep Their Brain Stimulated

<table>
<thead>
<tr>
<th></th>
<th>Women, by age</th>
<th>Men, by age</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>71% 75% 67%</td>
<td>65-74 75-79 80+</td>
</tr>
<tr>
<td>Women, by age</td>
<td>78% 72% 70%</td>
<td>69% 69% 59%</td>
</tr>
<tr>
<td>Men</td>
<td>65-74 75-79 80+</td>
<td>65-74 75-79 80+</td>
</tr>
</tbody>
</table>

Doing brain-stimulating activities significantly declines with age. However, after adjusting for education, age-related decline becomes nonsignificant for women, while remaining significant for men (age 80-90 v. younger groups).
Women aged 65-74 are significantly more likely than men to try to engage in an enjoyable activity at least once/wk, but this difference becomes nonsignificant after adjusting for education. Effort to do ≥ 1 enjoyable activity weekly drops off significantly among the oldest seniors.
<table>
<thead>
<tr>
<th>Education Level</th>
<th>Brain Stimulating Activities</th>
<th>Enjoyable Activity at Least Once/Wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; High Schl Grad</td>
<td>46%</td>
<td>45%</td>
</tr>
<tr>
<td>High Schl Grad</td>
<td>61%</td>
<td>54%</td>
</tr>
<tr>
<td>Some College</td>
<td>74%</td>
<td>65%</td>
</tr>
<tr>
<td>College Grad</td>
<td>81%</td>
<td>72%</td>
</tr>
</tbody>
</table>
After adjusting for age and gender, seniors who attended some college or who are college graduates are more likely to do brain stimulating activities than high school graduates (OR=1.83, CI: 1.54-2.18 and OR=2.93, CI: 2.46-3.49, respectively), while those who did not complete high school are less likely to do so (OR=0.56, CI: 0.44-0.72). A similar pattern was observed re: trying to engage in enjoyable activities at least once a week.
Women are significantly more likely than men to visit with people at least once/wk. Effort to visit with others weekly was not significantly different for those who were married/in a committed relationship v. single/widowed. Senior women are at greater risk for social isolation because they are less likely than men to be in a committed relationship (age 65-74: 61% v. 84%; age 75-79: 49% v 80%; age 80-90: 32% v 72%).
Does Receiving Advice or Counseling from a Health Professional (HP) Make a Difference?

Being counseled about:

- **Diet** ("salt, fats, fiber, etc."): NOT significantly associated with any of the dietary practices
- **Getting enough exercise**: NOT significantly associated with trying to get exercise most days, trying to get moderate or vigorous exercise most days, or exercise ≥ 3 or ≥ 5 times/week.
- **Losing weight**: IS significantly associated with taking steps to lose weight or maintain weight loss among seniors who were overweight (66% v. 45%).
- **Getting enough sleep**: IS significantly associated with trying to get enough sleep to feel well-rested (81% v. 64%).
- **How to reduce risk of falls**: IS significantly associated with taking actions to reduce risk of falling (83% v. 36% for all, 85% v. 52% for those at "high risk")
CONCLUSIONS

While seniors who are trying to eat healthy and to get enough exercise are more likely to be engaging in these behaviors than those who aren’t trying, many “Triers” are still falling short of recommended health behavior goals.

While provider advice about losing weight, getting enough sleep, and reducing fall risk appears to increase seniors’ motivation to engage in these health promoting behaviors, provider advice seems to be less successful at influencing dietary and exercise behaviors.

Results support the utility of health behavior assessment and wellness counseling for seniors, with greater use of health educators and health coaches for motivating and shaping changes in diet and exercise.