
HEALTH BEHAVIOURS AND PREVENTATIVE HEALTH

AGE FRIENDLY THEMES
COMMUNITY SUPPORTS AND HEALTH SERVICES



NPAS GOALS AND OBJECTIVES

Prevent and reduce disability, chronic disease and premature mortality as people age by supporting the development and implementation of policies to reduce associated lifestyle factors.

Promote the development and delivery of a continuum of high quality care services and supports that are responsive to the changing needs and preferences of people as they age and at end of life.

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INTRODUCTION

The National Positive Ageing Strategy (NPAS) of Ireland (2013) identifies four national goals and two cross-cutting objectives. The goals aim to; support the greater participation of older people in all aspects of community life; maintain, improve and manage their health and wellbeing; enable them to age with security and dignity in their homes and communities and to use research to better inform policy responses. The cross-cutting objectives seek to combat ageism and improve information provision.

The Healthy and Positive Ageing Initiative was established in 2014 with the aim of increasing knowledge around the factors contributing to the health and wellbeing of older people. The Initiative seeks to provide partners in wider government and society with a framework to help prioritise actions and to translate the goals of the NPAS and *Healthy Ireland* in order to stimulate local action by stakeholders in Age Friendly Counties.

The work of the Initiative helps to achieve Goal 4 of the National Positive Ageing Strategy and it is also aligned with the goals and actions of *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025*.

The Initiative is jointly funded by the Department of Health, the HSE, and The Atlantic Philanthropies. It is operational in three main areas of activity:

- National Indicators of Positive Ageing, leading to the 2016 publication of the first biennial report on the health and wellbeing of older people in Ireland.
- Local indicators - using data from a survey of older people collected locally.
- Research - additional research to fill data gaps relating to indicators or to the design or configuration of future services and supports for older people.

Many chronic conditions can be prevented, deferred or mitigated through good health promotion, screening and preventative measures. Conversely, many conditions although not life-threatening, if left untreated can lead to disability and can negatively impact on older people's quality of life.

Education about what makes a healthy lifestyle, along with screening – including self-checking for key symptoms (of age-specific conditions) by older people themselves and assessment and treatment for acute and chronic diseases, are all important components of an effective health promotion strategy.

Preventative services are playing an increasing part in primary care for older people, as it is recognised that such services along with rehabilitative care can help to avoid costly and inappropriate forms of institutional care. There has been a welcome increase in services such as influenza immunization and other preventative interventions among older people such as screening for particular cancers or support for giving up smoking.

In 2013, the Department of Health highlighted the importance of immunisation for vulnerable adults as an objective in the Healthy Ireland framework [3] and in

2016, immunisation against the flu became an indicator of positive ageing in Ireland [4]. **However, the HSE, EU and the WHO recommend that 75% of adults aged 65+ receive the flu vaccine each year and this target has yet to be reached in Ireland.**

The National Physical Activity plan commits to "...Increase by 1% per annum the number of older people undertaking at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or 75 minutes of vigorous-intensity activity throughout the week, or an equivalent combination" and to "... decrease by 0.5% per annum in the proportion of older adults who do not take any weekly physical activity."

To achieve these targets it will be important to ensure that older people have opportunities to be active in ways which fit their everyday lives and to remove barriers in the local environment that may impede their ability to be active both physically and socially.

This summary provides evidence from the Healthy and Positive Ageing survey in relation to physical activity, walkability and preventative health.

PREVENTATIVE HEALTH

Non-communicable diseases, such as cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes, represent major causes of disability, ill-health, health-related retirement, and premature death in the EU. The rise in such conditions over the past few decades has been linked to risk factors such as poor diet, inadequate levels of physical activity and excess sedentarism. These behaviours are associated with overweight and obesity, which are themselves risk factors for chronic conditions.

SURVEY QUESTIONS – HEALTH STATUS

Self-rated Health	How is your health in general? Would you say it is... Very Good, Good, Fair, Bad, Very Bad.
Chronic conditions	Do you have any long-standing illness or health problem? (i.e. problems which have lasted or will last for at least 6 months or more)
Limitations	For at least the past six months to what extent have you been limited in everyday activities because of health problems?
Chronic conditions	Has a doctor ever told you that you have any of the following conditions? Arthritis, Osteoporosis, Cardiovascular, High blood pressure or hypertension, Angina, Congestive heart failure, Heart attack, a stroke, Mini-stroke or transient ischemic attack (TIA), High cholesterol, a heart murmur, an abnormal heart rhythm, Any other heart trouble, Diabetes, Chronic lung disease such as chronic bronchitis or emphysema, Asthma, Cancer, Doctor-diagnosed mental illness

FINDINGS

The majority of respondents (70.3%) reported good or very good health. The percentage ranged from 63% to 79%, with Meath having the highest proportion at 79%. Wexford had the highest proportion of older adults (37%) who rated their health as 'fair/bad/very bad'.

The number of chronic conditions reported by respondents varied across the areas surveyed. Less than half (43.2%) of people aged 55 and over reported having a long standing illness or health problem. This

ranged from 33.2% to 54.8%. More than one third (38.2%) have two or more diagnosed conditions and this ranged from 23.2% to 55.4%.

The majority (57%) do not have a long-standing illness or condition that limits their daily activity. However more than one in five (22.2%) have a condition that limits their activity and a further 6.8% are severely limited by a health condition.

SURVEY QUESTIONS – PHYSICAL ACTIVITY

Walking	In a usual week, do you walk in your local area for any of the following reasons? Your local area is defined as being within a 10-15 minute walk from your home a. For recreation b. Health or fitness c. Getting to or from somewhere (i.e., for transport).
Physical activity	During the last 7 days on how many days did you do... a. Moderate physical activities b. Vigorous physical activities
Number of minutes physical activity	How much time did you usually spend doing moderate physical activities on one of those days?

PHYSICAL ACTIVITY

There is considerable evidence supporting the benefits of physical exercise in maintaining most aspects of health and physical functioning as people age. It can increase muscle strength and is associated with lower incidence of cardiovascular disease, osteoporosis and bone loss, and certain forms of cancer. It can reduce the risk of falls, lower blood pressure among those suffering from hypertension, and reduce the risk of stroke and of insulin sensitivity. Similarly, recent research on sedentary behaviour found a link between the amount of time spent being sedentary and a number of risk factors for ill health, such as overweight and obesity and associated metabolic diseases (see link below for further information)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213745/dh_128225.pdf

NATIONAL GUIDELINES

The National Physical Activity Guidelines (2017) recommend that all adults should be active for at least 30 minutes a day. The guidelines recommend moderate activity on 5 days a week or 150 minutes a week including aerobic activity, muscle-strengthening and balance. Despite this recommendation there is evidence that many people aged over 55 years fail to meet these recommended levels of physical activity.

For further information about the National Physical Activity Guidelines

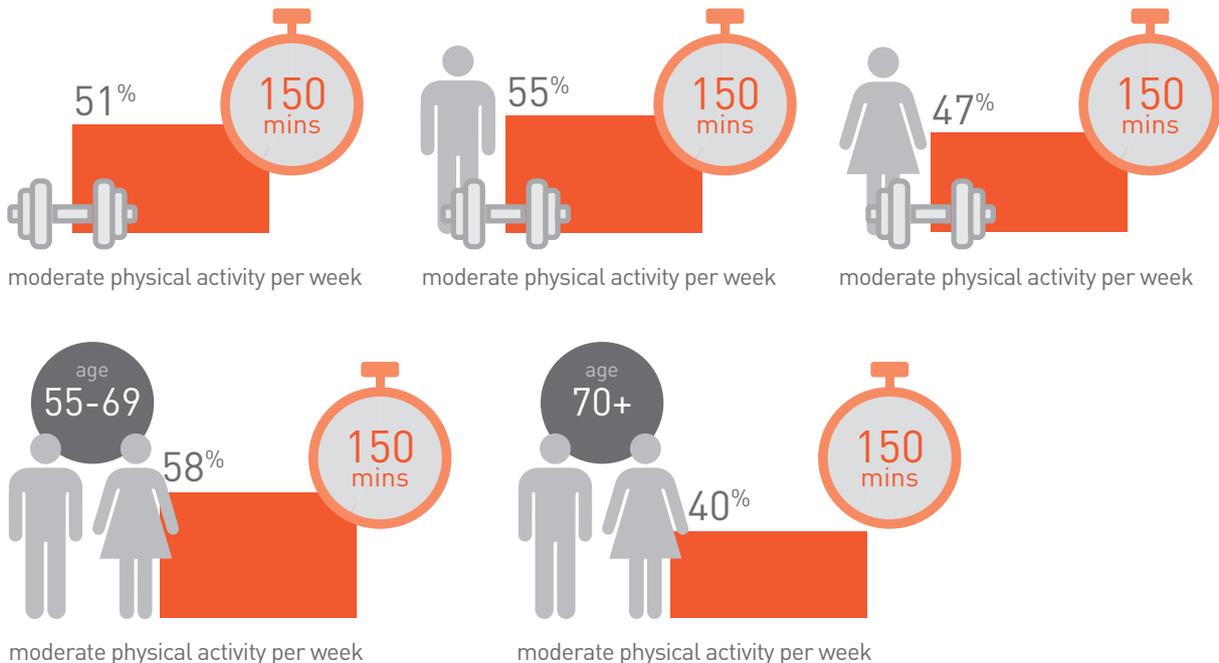
http://health.gov.ie/wp-content/uploads/2014/03/active_guidelines.pdf

FINDINGS - PHYSICAL ACTIVITY

More than half (51%) of participants met physical activity guidelines, ranging from 41.7% in Limerick City to 64.3% in Mayo. A higher proportion of men (55%) than women reported 150 minutes or more of moderate physical activity per week.

More than one in ten people (12.2%) reported difficulty accessing recreational spaces in their area and a further 12% reported that recreational spaces were not available to them. **Our analysis found that those who reported that recreational spaces were either unavailable or difficult were significantly less likely to meet physical activity guidelines.**

Physical activity



"There is no local doctor in [town] at present, I have to travel to the other side of town to access a doctor; this is very expensive, I have to get taxis both ways."

Home care / personal care

"I would think that lots of people like me who need help but won't ask for help, they need a few people sent in to neighbourhoods just to check on their needs and how changing the circumstances and needs to be addressed with regard to personnel hygiene to access their baths and showers."

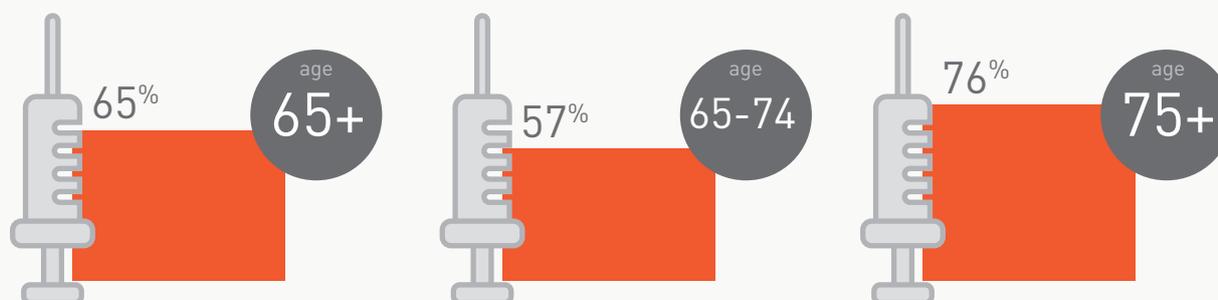
SURVEY QUESTIONS - PREVENTATIVE HEALTH

Flu Vaccination	During the past 12 months, have you received the flu vaccine? During the past 12 months, have you received the flu vaccine?
Cholesterol blood test	During the past 12 months, have you received a blood test to test for cholesterol?
Blood pressure check	During the past 12 months, have you received a blood pressure check?
Mammogram	Women only: During the past 12 months, have you had a mammogram or an x-ray of the breast?
Prostate examination	Men only: During the past 12 months, have you had an examination of your prostate to screen for cancer?
PSA blood test	Men only: During the past 12 months, have you had a PSA blood test to screen for cancer?

FLU VACCINATION

During the 2015/2016 influenza season, in Ireland, 1,856 cases of influenza were hospitalised and eighty-four deaths were recorded. Hospitalisation was highest among children under the age of 5 and adults over the age of 65. Among influenza patients aged 65 and over, 64% were not vaccinated during the 2015/2016 season.

Received the flu vaccination



Just under two thirds (65%) of both men and women aged 65+ received the flu vaccination within the previous 12 months and three quarters of adults aged 75 years and older did so. Uptake of the flu vaccination ranged from 46% to 79% across the 21 local authority areas. People with a medical card, only (70.8%), or those with a medical card and private health insurance (72.1%) were most likely to have been vaccinated against influenza while less than one third (28.9%) of those with no coverage at all had done so.

Women were slightly less likely than men to have been vaccinated against influenza, while adults aged 75+ were more than twice as likely as those aged 65 to 74 to have been vaccinated. Older adults with poorer self-rated health and / or one or more chronic conditions were significantly more likely to have had a flu vaccination in the previous 12 months.

The uptake of flu vaccination remains below the recommendations of the EU. The flu vaccination programme appears to be successful in reaching older adults and those with chronic conditions and poorer self-rated health.

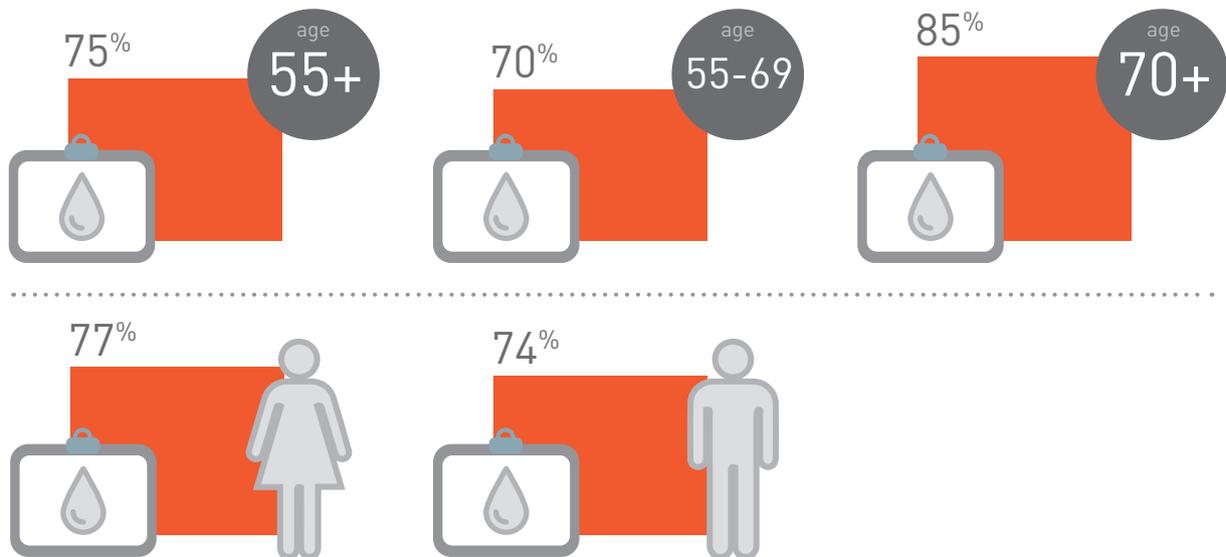
These findings are consistent with the findings from other research – see Preventative Health p.20-21 report by the Healthy and Positive Ageing Initiative. Full list of references available on p65 of Preventative Health.

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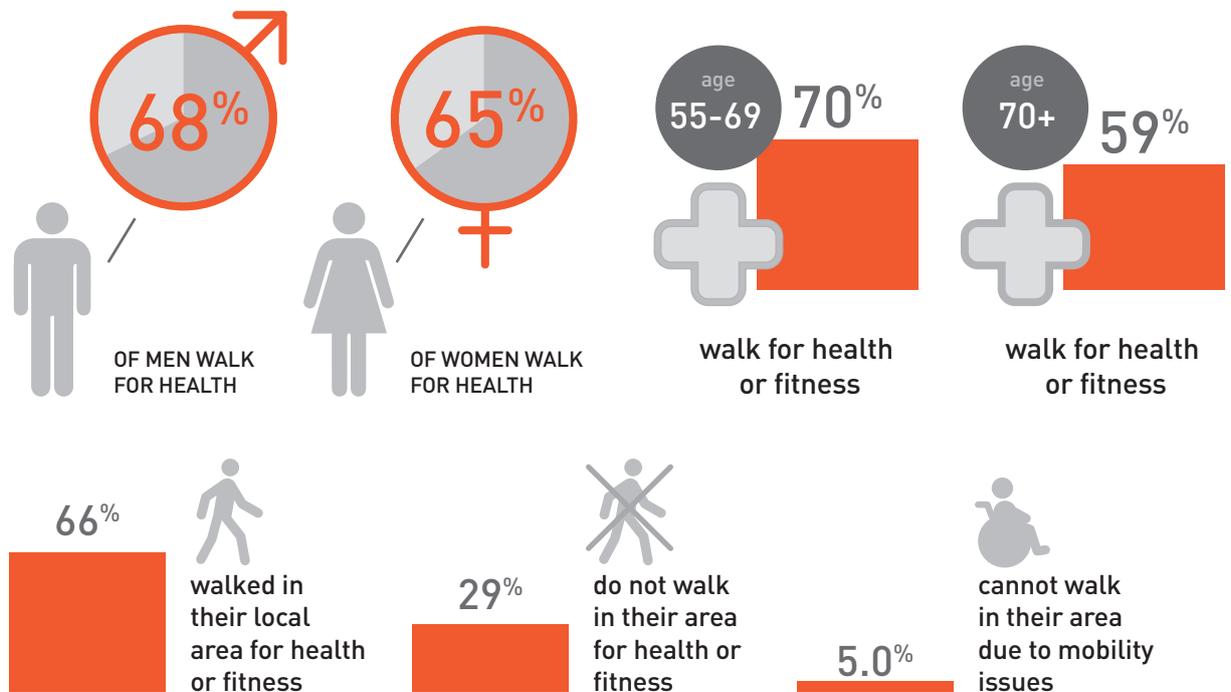
CHOLESTEROL BLOOD TEST

Cholesterol levels are tested to provide information on an individual's risk for a number of chronic diseases including heart disease, stroke and atherosclerosis. High levels of cholesterol are associated with an increased risk of developing coronary heart disease and stroke, with the risk being slightly greater for men than women. High levels of cholesterol may result from hereditary factors or consuming too much saturated fat and other negative health behaviours.

Received a blood test for cholesterol



WALKING FOR HEALTH OR FITNESS





The HaPAI survey is a random-sample survey of community-dwelling people aged 55 and older, living in 21 local authority areas: Dublin City; South Dublin; Dublin Fingal; Dún Laoghaire-Rathdown; Galway City; Galway County; Clare; Limerick City; Limerick County; Kildare; Kilkenny; Laois; Louth; Meath; Wexford; Wicklow; Cavan; Cork City; Cork County; Mayo; and Tipperary.

The questionnaire was developed from a survey framework which mapped the WHO Age Friendly domains to the objectives of the NPAS. Several data and literature sources were reviewed (national/international surveys, research literature, and the WHO Age Friendly Indicators – A Guide) to identify survey questions that were; reliable, valid, have an explicit evidence base, support national and international comparison, are sensitive to change over time, and align directly with the NPAS and Age Friendly Ireland Programme goals.

Older people in two different public consultation sites were invited to comment on the draft questionnaire. In the first session 150 participants attended and gave feedback. Their comments and the gaps identified were addressed prior to the second consultation which involved a group of 30 participants who completed the survey individually. Overall, feedback focused on the overall clarity and accessibility of each question and substantive survey gaps.

Fourteen survey areas were included: outdoor spaces and buildings; transport; housing; safety; social participation; education and lifelong learning; respect and social inclusion; civic participation and employment; communication and information; health status and health behaviours; carers; health services;

psychological wellbeing, and personal safety (elder abuse). Questions on socio-economic status and geographic location were also included to support further analysis of the survey data.

Data was collected between 2015 and 2016 and a multi-stage random-route sampling strategy was used to generate a sample of this population. A random sample of 50 District Electoral Divisions (DED) in each local authority, were the primary sampling units (PSUs). Within each DED a starting address was selected and interviewers then called to every fifth house in order to complete the 10 interviews required in each of the 50 areas. Where two or more older people lived at an address, the interviewer applied the 'next birthday' rule to select one participant.

Each participant completed a Computer-Assisted Personal Interview (CAPI) in their own home with a trained interviewer from Amárach Research. A total of 10,540 interviews were completed. The overall response rate was 56%, and this ranged from 51% to 63% across the areas. Survey response rates typically vary for different groups within a given population and this can lead to biased estimates when reporting results. Therefore, sample weights based on the Census (2011) were applied to the survey data to adjust for differences in participation rates by age, gender, education, and marital status and ensure that the survey results are representative of this population.