

HEALTHWORD
Putting Health Promotion in Motion

October 2004

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HEALTHWORD is a monthly e-mail newsletter produced by the American Society on Aging's Live Well, Live Long project, funded by the U.S. Centers for Disease Control and Prevention. Live Well, Live Long provides education and resources to professionals in the field of aging to help them improve health promotion and disease prevention efforts aimed at older adults. Current and past issues of this newsletter are available on the Live Well, Live Long website at <http://www.asaging.org/cdc/HealthWord.cfm>.

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Many older adults live with chronic depression year-round -- but they can take steps to prevent or ameliorate symptoms

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FEATURE:

NOT JUST 'SEASONAL AFFECTIVE DISORDER': IN OLDER ADULTS,
DEPRESSION CAN BE A CHRONIC DISEASE

By Nancy Ceridwyn

Every year, the holiday season brings out stories about lonely, depressed older adults. Though many of us see depression as a seasonal or transient mood change, for many people ages 60 and older, depression, depressive symptoms, and anxiety are a year-round chronic and debilitating illness.

Older adults do not fit snugly into clinical profiles of people affected by depression and anxiety, yet depressive symptoms and behaviors that identify anxiety are seen in 19 percent of community-dwelling people ages 60 and older. Unfortunately, even if older adults recognize these feelings, and even if low-cost treatment is readily accessible, the stigma of mental illness inhibits many elders from seeking help.

Eighty percent of older adults treated for an episode of depression successfully recover. However, depression in late life tends to recur. New encounters or even continuing environmental conditions may trigger depression or contribute to anxiety disorders.

Campaigns to stem the environmental conditions that bring on depressive symptoms and that improve opportunities for healthy living have anecdotally improved the mental well-being of older adults. For example, over and over, aerobic exercise has been shown to decrease depressive symptoms. It may provide a buffer for nondepressed older adults, keeping their mood elevated so that that stressors of later life do not trigger depression or anxiety. In addition, weight training may have antidepressant properties and has been reported to improve sleep quality.

Poor nutrition in and of itself does not cause depression but can play an important role in affecting its onset and length. The debate continues on the specifics of nutrition and mental wellness. Yet we know that within the brain, poor nutrition can cause impairment of blood circulation, which is important in supplying neurons (brain cells) with the building materials they require for proper function. In 2002, the University of North Carolina Student Health Services showed that skipping meals and eating sweets, coupled with poor appetite or inability to purchase healthy foods, can be associated with depression. The financial constraints of a fixed income may force older adults to eat foods of poor nutritional value.

Other barriers to mental wellness involve misuse of alcohol and medications, side effects of medications, sleep disturbances, and the emotional impact of living with one or more chronic illnesses such as heart disease, stroke, cancer, Parkinson's disease, arthritis, and chronic pain.

Researchers looking for ways to promote "successful" or "vital" aging agree that enhancing mental wellness and preventing depressive symptoms are key to ensuring an active, engaged old age. Their suggested prescriptions for mental wellness include exercise, healthy eating, stress reduction, laughter and humor, optimism, sleep, emotionally enriched environments, and purposeful living.

For more ideas on mental wellness promotion, see the fourth phase of ASA's "Mental Wellness" module, found on the Live Well, Live Long website at <http://www.asaging.org/cdc>.

**TOOLS YOU CAN USE:
SPOTLIGHT ON APPROACHES FOR EFFECTIVE COMMUNITY HEALTH
PROMOTION**

By Chaya Gordon

Every community of older adults has its own particular culture, whether it derives from race, ethnicity, social class, geography, gender, sexual orientation, or other factors. These two community programs highlight effective ways to work with the elders of specific cultural communities on nutrition and physical activity while building community capacity and empowerment. You can adapt the core elements of these approaches to use with any community of elders.

COMMUNITY HEALTH & NUTRITION DEMONSTRATION PROJECT
Cross Cultural Health Care Program, Seattle
Website: <http://www.xculture.org>

For the past two years, the Community Health and Nutrition Demonstration Project has conducted a culturally appropriate health promotion program targeting underserved and unserved Tongan American, Samoan American, Polynesian American, Filipino American, Native Hawaiian, Native American, Hmong, Mien, and Laotian communities to address the high incidence of diabetes and cardiovascular disease. More than 5,000 older adults have participated each year. Core program elements:

- * Taking the time to build relationships in the community before talking about specific health promotion issues
- * Getting buy-in from community leaders
- * Holding program sessions in familiar community locations such as senior centers and community centers
- * Avoiding the use of slick program materials
- * Providing materials and sessions in the community's language
- * Listening to the elders in the program

The 16-week exercise and nutrition curriculum covers topics such as how to modify traditional recipes to make them more healthful. In groups where participants expressed dislike of conventional exercises such as marching in place and knee bends, the program instituted traditional dance forms as exercise.

HEALTHY LIFESTYLES

Centers for Healthy Hearts and Souls, Pittsburgh
Website: <http://www.healthyheartsandsouls.com>

For the past five years, the Healthy Lifestyles program has conducted spiritual and health-based wellness activities to address the high incidence of cardiovascular disease in the African American community. One third of the 700 participants last year were older adults. Core program elements:

- * Involving community members to design and run the program
- * Building on the community's strengths by enlisting the support and involvement of 27 churches
- * Building trust with individuals and communities
- * Holding program sessions in familiar places of worship
- * Developing a successful academic and public health partnership

The 12-week exercise and nutrition curriculum is available six days a week. Among the 90-minute sessions it offers is a 50-minute aerobic workout to gospel music that can be done standing or as chair exercise. The 40-minute nutrition component includes discussion led by facilitators who come from the community.

CALENDAR OF EVENTS

Event: Aging and Safe Mobility Symposium
Date: November 16, 2004, 9:00 a.m. - 3:30 p.m.
Location: Sierra Health Foundation, Sacramento, Calif.

Sponsored by the Center for Injury Prevention Policy and Practice, the Traffic Safety Center, and the Older Californian Traffic Safety Task Force, this free one-day symposium will look at enhancing safe mobility for older adults and promising new programs in aging and mobility. For more information, contact Patti Yanochko at pyanochko@projects.sdsu.edu or visit <http://www.eldersafety.org>.

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Call for Abstracts: Society for Public Health Education (SOPHE) 2005 Midyear Scientific Conference
Submission Deadline: November 19, 2004
Conference location: Boston

The theme of this year's conference, "Health Education and Behavioral Medicine Working Together: A Marathon, Not a Sprint" reflects the fact that it will take place during the same time as the Boston Marathon (April 17). The conference is open only to SOPHE members. The organizers are seeking abstracts in five sub-theme areas:

- * Ecological Model for Behavior Change: What Does It Take to Compete?
- * Leadership: Leading the Pack and Winning the Race
- * Advocacy and Health Policy: Stamina for the Marathon
- * Participatory Research: Planning Your Strategy
- * Evaluation: Ensuring That the Race Is Well Run

To find more information and obtain an abstract application, visit <http://www.sophe.org>.

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Event: 57th Annual Scientific Meeting of the Gerontological Society on Aging
Dates: November 19-23, 2004
Location: Washington, D.C.

GSA's annual meeting is organized to foster interdisciplinary interactions among gerontological healthcare clinical, administrative, and research professionals. The program is organized around the society's four sections: Biological Sciences; Clinical Medicine; Behavioral and Social Sciences; and Social Research, Policy, and Practice. For more information, visit http://www.eshow2000.com/geron/about_the_meeting.cfm.

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Event: Evidence-Based Disability and Disease Prevention for Elders: Translating Research Into Community-Based Programs

Sponsors: Agency for Healthcare Research and Quality, in collaboration with the Centers for Disease Control and Prevention, the Administration on Aging, the National Institute on Aging, and the Centers for Medicare and Medicaid Services

Dates: December 6-7, 2004

Location: Allegro Hotel, Chicago

This free workshop will promote the use of evidence-based disease prevention approaches in community programs for older adults. It has been designed for state teams made up five representatives from these agencies:

- * State unit on aging or the health promotion and disease prevention liaison
- * State department of health chronic disease director's office
- * State Medicaid agency
- * Area agency on aging or community aging-services provider
- * Local health department, local health system, or researcher

Participation will be limited to ten teams. Complete applications should be submitted no later than October 22, 2004. For more information or an application form, contact Laurie Belden at lbelden@nashp.org or at (207) 874-6505.

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For more educational offerings in the field of aging, visit the searchable "Events in Aging" calendar on the ASA website: <http://www.asaging.org/calendar>.

Have an event related to health promotion and aging that you would like to tell your colleagues about? Please submit your event, call for papers, or grant announcements to Nancy Bui at nbui@asaging.org. Include the title, organization, date and time, location, contact information, and a short description of the event.

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SUGGESTIONS AND QUESTIONS. For more information or comments about the newsletter, please contact Nancy Ceridwyn, Director of Special Projects at ASA, at nancyc@asaging.org.

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