

Who Thrives in Older Adulthood? Results from the National Population Health Survey 1994-2004

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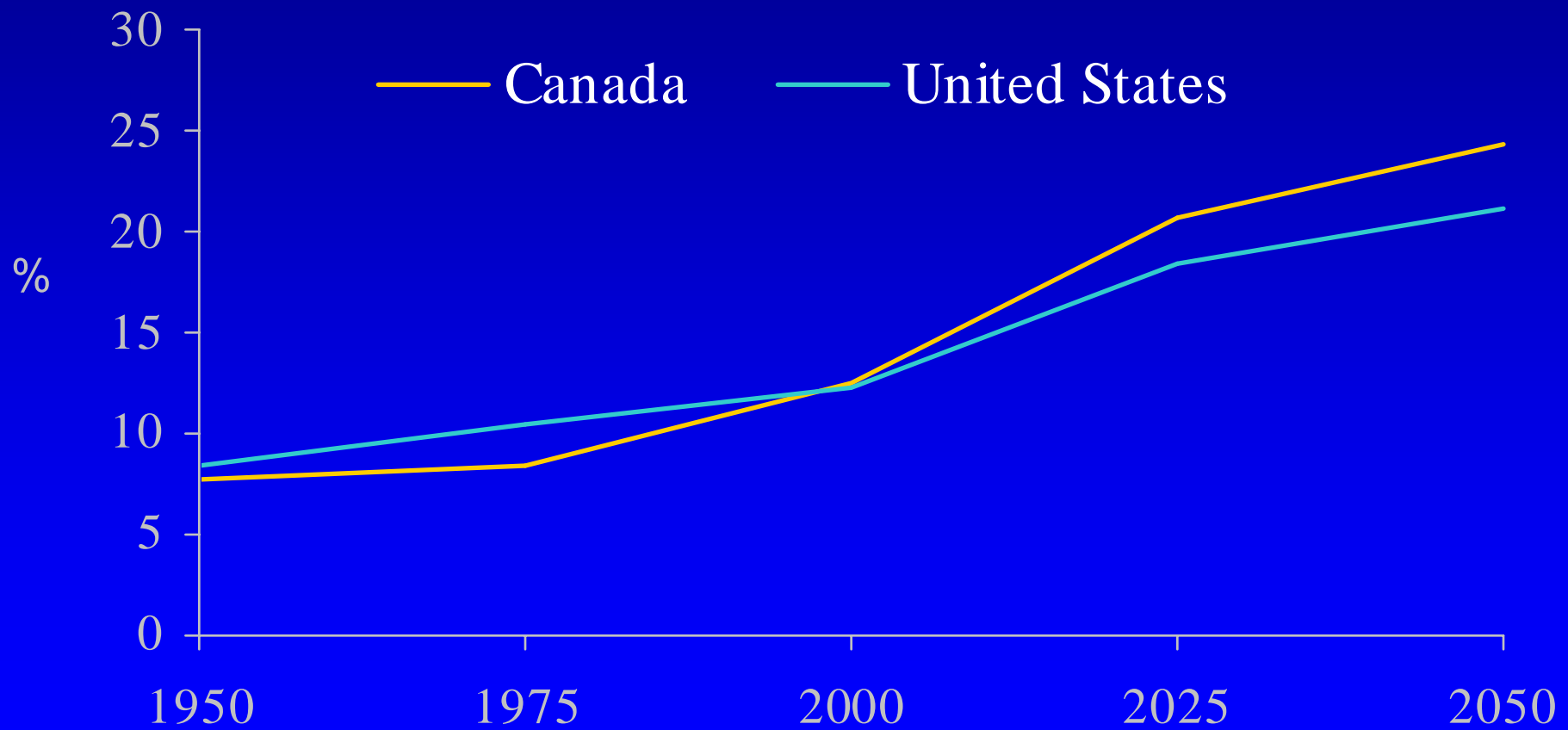
Collaborators

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- Heather Orpana, PhD
- Nancy Ross, PhD

Funding

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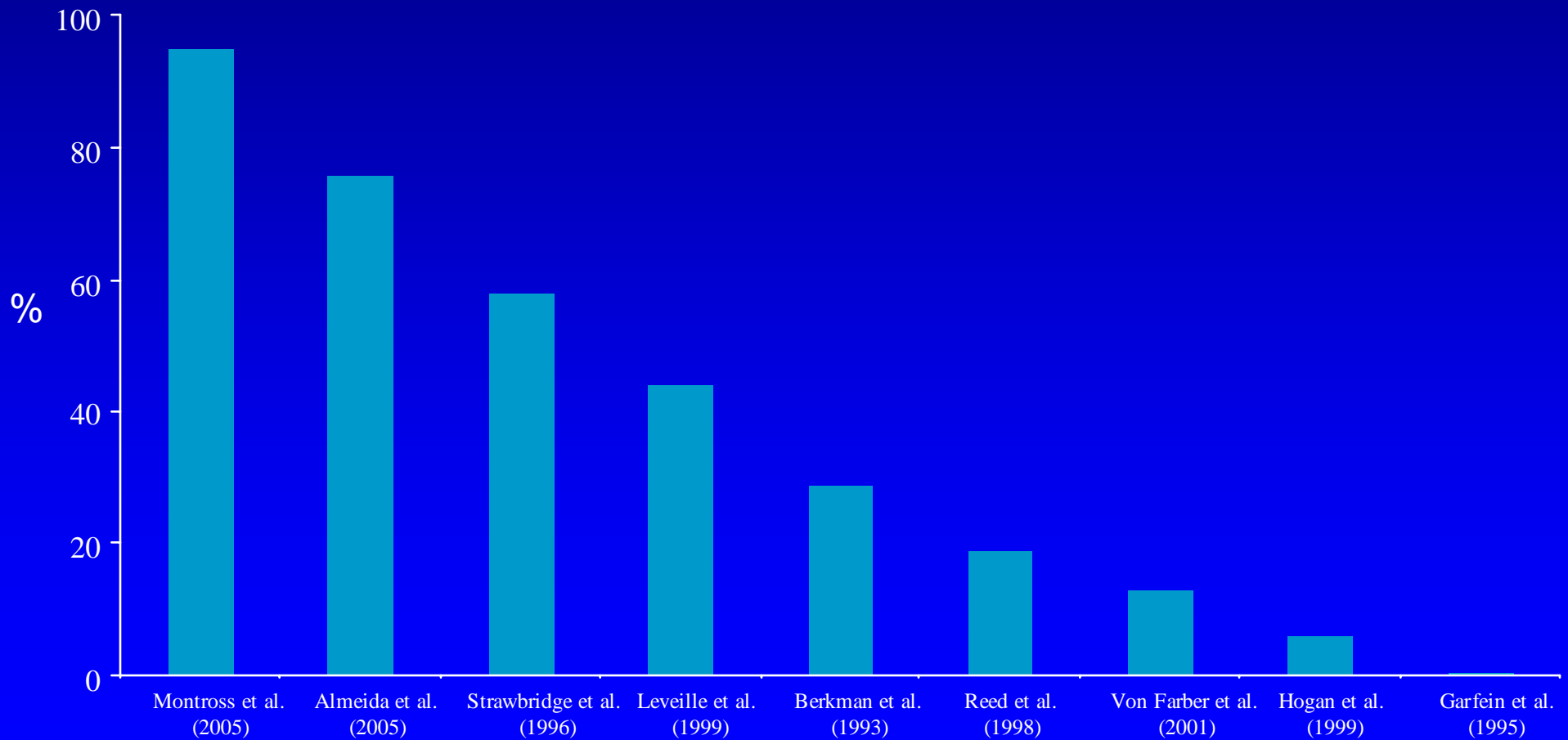
Growth in the older adult population



Definitions of successful aging

- Freedom from disability, high cognitive, physical, and social functioning (MacArthur Foundation Study)
- Absence of morbidity and physical/cognitive impairment in persons who survive to an advanced age (NIA)
- Degree of adaptation to age-associated changes (Berlin Aging Study)
- Avoidance of morbidity until the latest time point before death (J. Fries)

Prevalence of successful aging



Adapted from Depp & Jeste, *Am J Geriatr Psychiatry*. 2006;14:6-20.

Determinants of successful aging

- Younger
- Never smoked
- Physically active
- Socially connected
- Better self-assessed health
- Free of arthritis or cognitive impairment
- Absence of psychopathology
- Favorable financial status
- Live in safe neighborhoods

Limitations in the research

- Inconsistent definitions
- Important comparison groups excluded (institutionalized and deceased)
- Pathology as the primary focus rather than positive health

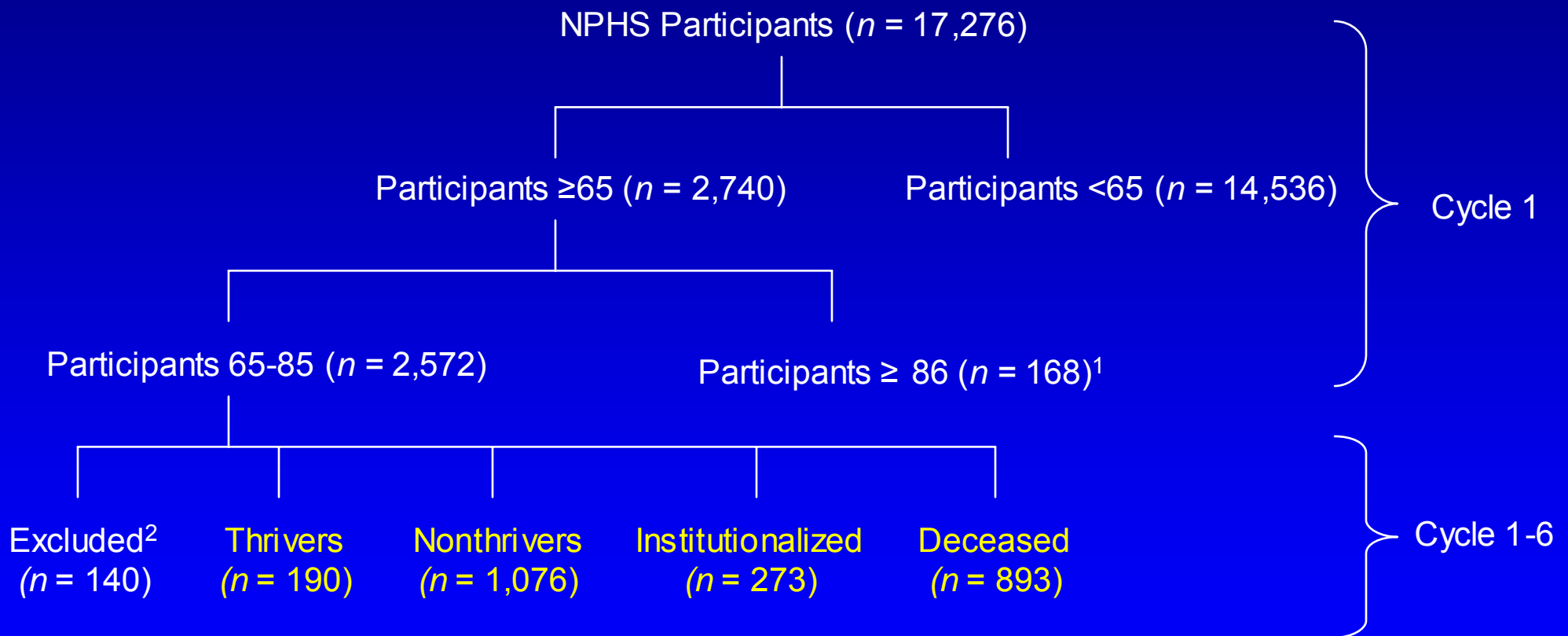
Objectives

1. To assess the prevalence of exceptionally good health (termed “thriving”) over 10 years among community-dwelling older adults
2. To identify the key health, behavioral, psychosocial, and sociodemographic factors associated with thriving in older adulthood

Methods

- Longitudinal data from the Canadian National Population Health Survey
- Starting in 1994–95, Statistics Canada began to administer the NPHS every two years
- We used 6 cycles from 1994-95 to 2004-05
- The attrition rates across all the cycles ranged from 6.7% to 9.3%.
- Deaths (all causes) were confirmed through December 31, 2003 with data from the Canadian Vital Statistics System.

Study participants



¹Following Willcox et al. (2006), the age range was restricted to those aged 65 to 85 at baseline

²Potential thrivers with missing data in at least two survey cycles

Health status measure: HUI3

- Health status was assessed with the Health Utilities Index Mark 3 (HUI3)
- The HUI3 includes a health-status description system based on eight attributes: vision, hearing, speech, ambulation, dexterity, emotion, cognition, and pain/discomfort.
- There are five or six levels per attribute, ranging from no problem through severe disability

HUI 3 (cont.)

Theoretical range: 1.00 (“perfect health”) to -0.36 (lowest possible level of disability across all attributes)

The following categories were created:

- no disability (1.00)
- mild disability (0.89 to 0.99)
- moderate disability (0.70 to 0.88)
- severe disability (< 0.70)

Thriving eligibility criteria

- Have an HUI3 score ≥ 0.89 at each cycle (no or only mild disability)
- Have data for at least 5 out of 6 cycles
- Have no missing data for cycles 1 and 6

Comparison groups

Nonthrivers

- Had at least one HUI3 score <0.89 during the decade
- Survived and were not institutionalized at any point during the 10-year follow-up

Deceased

- Participants who died during the follow-up (1996 to 2004)

Institutionalized

- Participants who were institutionalized anytime during the follow-up

Independent variables

Sociodemographics

- Age
- Sex
- Marital status
- Education
- Household income

Psychosocial

- Psychological distress
- Self-esteem
- Sense of mastery
- Sense of coherence
- Social involvement
- Social support

Health Behaviors

- Smoking
- Alcohol use
- Physical activity
- Body Mass Index

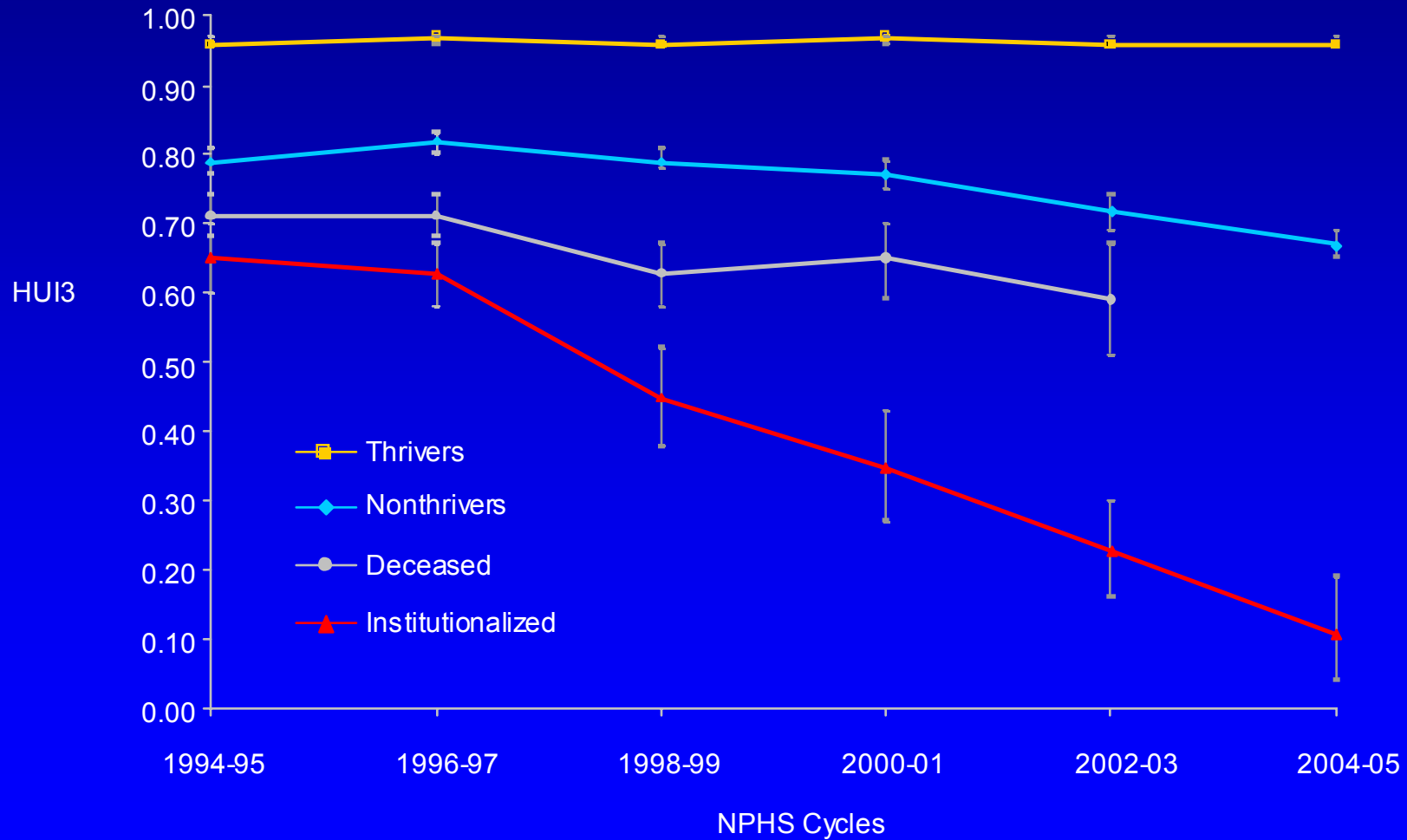
Health status

- Life-threatening illnesses
- Other chronic illness
- Functional limitations
- Self-rated health
- Medication use

Statistical procedures

- Prevalence estimates
- Multinomial logistic regression
- Weights were used to adjust for survey over-sampling and non-response
- SUDAAN (9.0.1) used to obtain valid statistical inferences and national estimates

Means HUI3 scores by NPHS cycles



Note. Weighted means and 95% confidence intervals are presented.

Sociodemographic variables

	Thrivers vs. Nonthrivers	Thrivers vs. Deceased	Thrivers vs. Institutionalized
Female	0.95 (0.57-1.61)	0.82 (0.39-1.75)	2.04 (1.10-3.79)*
Age in years	0.92 (0.87-0.97)**	0.74 (0.69-0.79)***	0.80 (0.75-0.85)***
Married	0.56 (0.32- 0.98)*	0.50 (0.25-1.00)	0.74 (0.40-1.35)
Household income			
Lowest	1.00	1.00	1.00
Middle	1.41 (0.68-2.90)	1.90 (0.76-4.78)	1.36 (0.60-3.05)
Highest	2.17 (1.01- 4.67)*	2.86 (1.08-7.69)*	1.58 (0.66-3.75)

*p<.05, **p<.01, ***p<.001

Psychosocial variables

	Thrivers vs. Nonthrivers	Thrivers vs. Deceased	Thrivers vs. Institutionalized
Perceived social support	0.99 (0.71-1.38)	1.10 (0.76-1.59)	0.93 (0.64-1.36)
Social involvement	1.00 (0.91-1.09)	0.98 (0.88-1.09)	1.07 (0.97-1.19)
Sense of coherence	1.04 (1.01-1.07)*	1.03 (0.99-1.07)	1.03 (1.00-1.06)
Mastery	0.96 (0.89-1.03)	0.98 (0.89-1.08)	0.96 (0.89-1.03)
Self-esteem	1.09 (0.98-1.20)	1.11 (0.98-1.25)	1.10 (0.99-1.22)
Psychological distress (K6)	0.87 (0.77-0.97)*	0.78 (0.67-0.91)**	0.81 (0.72-0.91)***

*p<.05, **p<.01, ***p<.001

Health behavior variables

	Thrivers vs. Nonthrivers	Thrivers vs. Deceased	Thrivers vs. Institutionalized
Never smoked	1.89 (1.10-3.23)*	3.03 (1.49-6.25)**	4.35 (2.44-7.69)***
Moderate alcohol use	1.78 (1.07-2.95)*	2.87 (1.30-6.34)**	2.22 (1.25-3.95)**
Physically active	1.08 (0.62-1.88)	1.46 (0.77-2.78)	1.30 (0.72-2.32)
Normal weight	1.15 (0.67-1.97)	1.07 (0.56-2.06)	0.89 (0.49-1.61)

*p<.05, **p<.01, ***p<.001

Health status variables

	Thrivers vs. Nonthrivers	Thrivers vs. Deceased	Thrivers vs. Institutionalized
Absence of life-threatening illness	1.59 (0.88-2.88)	2.46 (1.21- 4.99)*	1.89 (0.97-3.69)
Absence of other chronic illness	2.24 (1.31-3.81)**	2.09 (1.03- 4.22)*	1.74 (0.95-3.16)
Functional limits	0.50 (0.24-1.07)	0.46 (0.21-1.00)	0.40 (0.19-0.86)*
Self-rated health	1.53 (1.12-2.10)**	1.65 (1.14-2.39)**	1.76 (1.24-2.50)**
Number of medications used	1.07 (0.87-1.33)	1.23 (0.95-1.59)	1.03 (0.82-1.30)

*p<.05, **p<.01, ***p<.001

Conclusion

- Highest socioeconomic level correlated with the maintenance of exceptionally good health
- Absence of non-specific psychological distress is associated with thriving
- A few modifiable lifestyle behaviors are related to maintenance of exceptionally good health
- Surprisingly, perceived social support and social involvement were not associated with thriving

Limitations

- The HUI3 cut-points used to define thrivers may have identified only the healthiest of the healthy.
- Almost 1 in 5 person lost to follow-up in the last cycle
- Reliance on self-reported measures
- Small cell sizes limited more extensive multivariate analyses

Strength

- Large, representative sample of the older population
- Long follow-up period
- Use of a multidimensional health status measure
- Analysis focused on protective factors with a positive outcome

Thank you

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