INSTITUTE ON AGING
NATIONAL INSTITUTES OF HEALTH
UNIVERSITY OF THE PHILIPPINES MANILA

Towards Active Ageing for the Health Workforce

Shelley F. de la Vega, MD, MSc

Professor, College of Medicine

Director Institute on Ageing NIH

University of the Philippines Manila

Objectives

- Discuss Active Aging
- Present preliminary findings from research on retiring and retired staff and faculty in a University
- Present findings from research on sedentary workers in a university hospital
- Recommend actions and research to improve active and healthy aging for the heath workforce.

Active ageing
is the process of optimizing
opportunities for health,
participation and security
in order to enhance
quality of life
as people age.

WHO/NMH/NPH/02.8
DISTR.: GENERAL
ORIG.: ENGLISH

ACTIVE AGEING: A POLICY FRAMEWORK

Active Aging

- **NOT** only physically active/labor force

- Retired people, people with illness or disability can **actively contribute**

- **AIM: extend life expectancy and Quality Of Life**

UP Wellness Initiative for Seniors and Elders (UPWISE)
EIDR PROGRAM

General and Specific Aims

Project 1

1. Build partnerships within the a university community of senior citizens.

2. Describe the Demographic profile of university staff, faculty and retired employees age 55 years and older.

3. Create a framework for use in future policies and services that would benefit the health and wellness of senior citizens in the university communities.

4. To describe how Successful Aging, Active Aging, and Frailty are defined and understood by the respondents.

General and Specific Aims

Project 2

1. Determine the proportion and Active Aging health determinants among University employees and retirees age 55 and older.

   a. To describe the health status of participants using a Comprehensive Geriatric Assessment (CGA) and laboratory parameters.

   b. To describe the Quality of Life of participants.

   c. To determine the proportion of participants who are pre-frail, frail or robust.

2. Create a framework for use in future policies and services that would benefit the health and wellness of senior citizens in the communities.

Research Strategy

III. RESEARCH STRATEGY
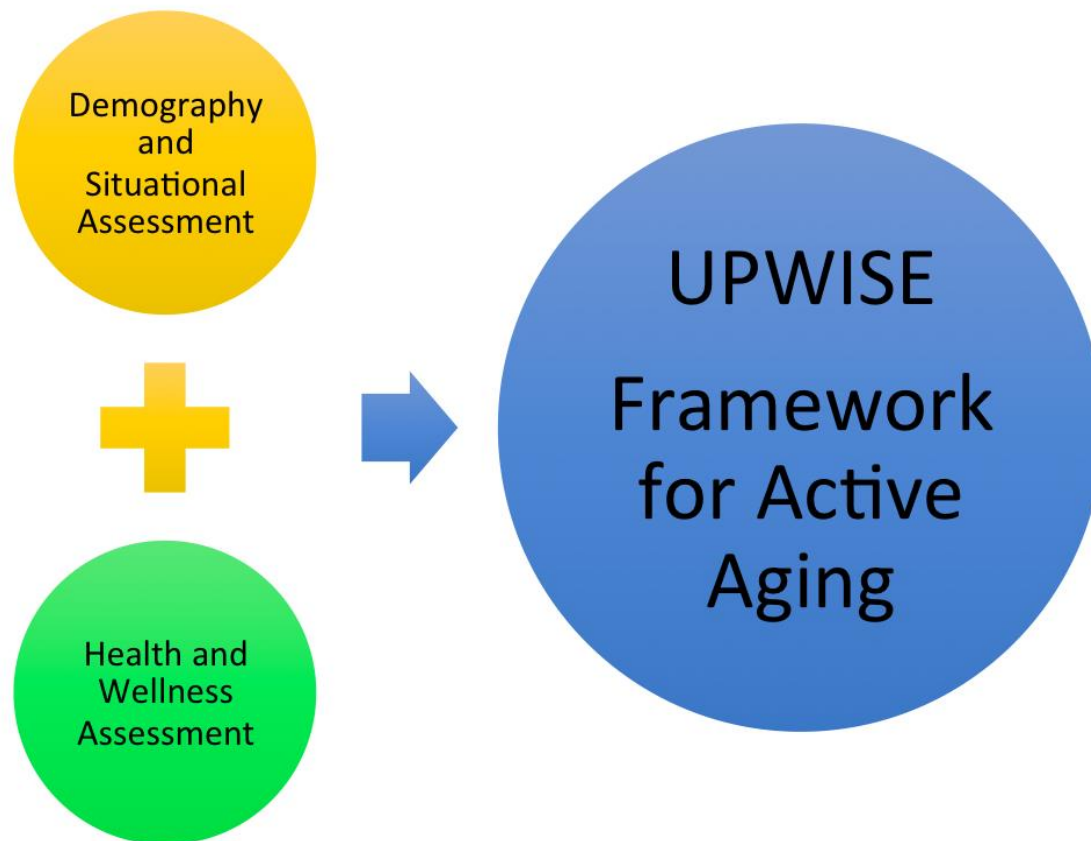
Demographic Characteristics of UPWISE Year 1 Participants

	Total n	Working %	Retired %
Age years (mean ±SD)	**65.6 (±6.6)**	**60.2 (±2.9)**	**71.1 (±4.3)**
55-59	49	98.0	2.0
60-69	103	59.2	40.8
70-79	66	1.5	98.5
Sex			
Male	124	42.7	57.2
Female	94	60.6	39.4
Civil status			
Married	160	50.0	50.0
Single/widowed/separated	58	51.7	48.3

BEHAVIORAL DETERMINANTS

Behavioral Determinants

- <u>Substance Use</u>
  - Alcohol
  - Tobacco use
- <u>Physical Activity</u>
- <u>Oral Health Prevention, Promotion and Treatment</u>

UPWISE YEAR 1 Substances

- "Ever use" of substances
- Most commonly used substance is coffee
- More than 76% have ever used alcoholic beverages.
- Half of the respondents reported use of tobacco, with more among the retired (55%).
- Very few working respondents (9.9%) have ever tried to use illicit drugs.

UPWISE Year 1 Physical Activity

Physical Activity	Total (n)	Working (%)	Retired (%)
Aerobic exercise	176	**90.1**	**85**
Walking	52	27.7	24.0
Running	5	1.0	4.0
Jogging	19	8.9	10.0
Cycling	25	13.9	11.0
Dancing	13	8.9	4.0
Climb stairs	6	3.0	3.0
Sports	7	4.0	3.0

UPWISE Year 1 Physical Activity

Physical Activity	Total (n)	Working (%)	Retired (%)
Balance & Flexibility	**43**	21.8	21.0
Yoga	3	3.0	0
Stretching	37	16.8	20.0
Strength Training	26	11.9	14.0
Weight-lifting	16	8.9	7.0
Push-ups	2	1.0	1.0

UPWISE Year 1
Access and Expenditure to Health Care

Health Facility Frequented	Total (%)	Working (%)	Retired (%)
University Health Service	71.0	56.3	63.5
Public Hospital/ Health Facility	6.5	25.0	15.9
Private Hospital/ Health Facility	22.6	18.8	20.6

Mean Expenditure per Consultation (in PhP)	Php 897.00	Php 834.00	Php 865.00

UPWISE Year 1

HEALTH AND SOCIAL SERVICES

Health and Social Services Determinants

- <u>Background Health Status</u>*
  - Reported Health
  - Geriatrician Diagnosis
- <u>Health Promotion and Disease Prevention</u>
  - Curative Services
    - Medicines
      - Prescribed
      - Over the Counter
      - Traditional
      - Supplements
- <u>Equitable Access to Primary Care</u>
- <u>Spending on Medication</u>

UPWISE Year 1
Functional Independence

Activities of Daily Living	Total (n)	Working (%)	Retired (%)
ADL Score (mean ± SD)	5.8 (± 0.7)	5.9 (± 0.2)	5.7 (± 1.0)
Bathing	210	100.0	93.5
Dressing	211	98.2	96.3
Toileting	210	100.0	93.5
Transfer	211	99.1	95.4
Continence	209	100.0	92.6
Feeding	213	100.0	96.3

Geriatrician Diagnosis
Comprehensive Geriatric Assessment

- TOP 5
  1. hypertension
  2. presbyopia
  3. sleep disturbance
  4. hyperuricemia
  5. hypercholesterolemia

- Three of the top 10 are conditions affecting vision
- Pneumonia is among the top 10.

Medications

- The most commonly reported medications
  - antihypertensives, lipid modifying agents and antihyperglycemic agents.

- More retired persons used antihypertensives and lipid lowering drugs.

- More working participants reported use of antihyperglycemics.

Conclusions on Health

- Highly independent and functional, except for a few retired

- Non-communicable and lifestyle related disease predominate (and medicines for these)

- Visual problems are prevalent

- Pneumonia still in the top 10

- Suboptimal Philhealth and eHOPE privileges among the retired

- Unclear extent of HMO usage and type

Personal Determinants

- <u>Psychological</u>
  - Intelligence and cognition
  - Self efficacy and preparing for retirement
  - Adaptation, coping and resilience

Conclusions on Personal Determinants

- Only a few are learning new skills
- Many want to learn new skills
- University's pre-retirement seminar is most quoted as source of preparation
  - University's financial literacy program and services for health and wellness were also quite low
  - The least cited is the provision of housing opportunities outside UPD.
- GSIS most cited government source of retirement preparation

The Prevalence of Risk Factors that lead to Chronic Disabling Diseases among Tertiary Hospital Administrative and Fiscal Employees

Maetrix Ocon, MD
Department of Rehabilitation Medicine PGH

Specific Objectives

- To determine the presence of the following risk factors among tertiary hospital administrative and fiscal employees:

- To determine the presence of the following chronic, disabling diseases among Tertiary Hospital administrative and fiscal employees:

- To correlate the presence of these risk factors in participants with increased body mass index, waist-hip ratio, and skin-fold thickness, and elevated blood pressure, lipid profile, and fasting blood sugar

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Subject Inclusion Criteria

- regular employment status, ≥18 years old and above, medically stable, non-pregnant, and job description must involve sitting for prolonged periods.

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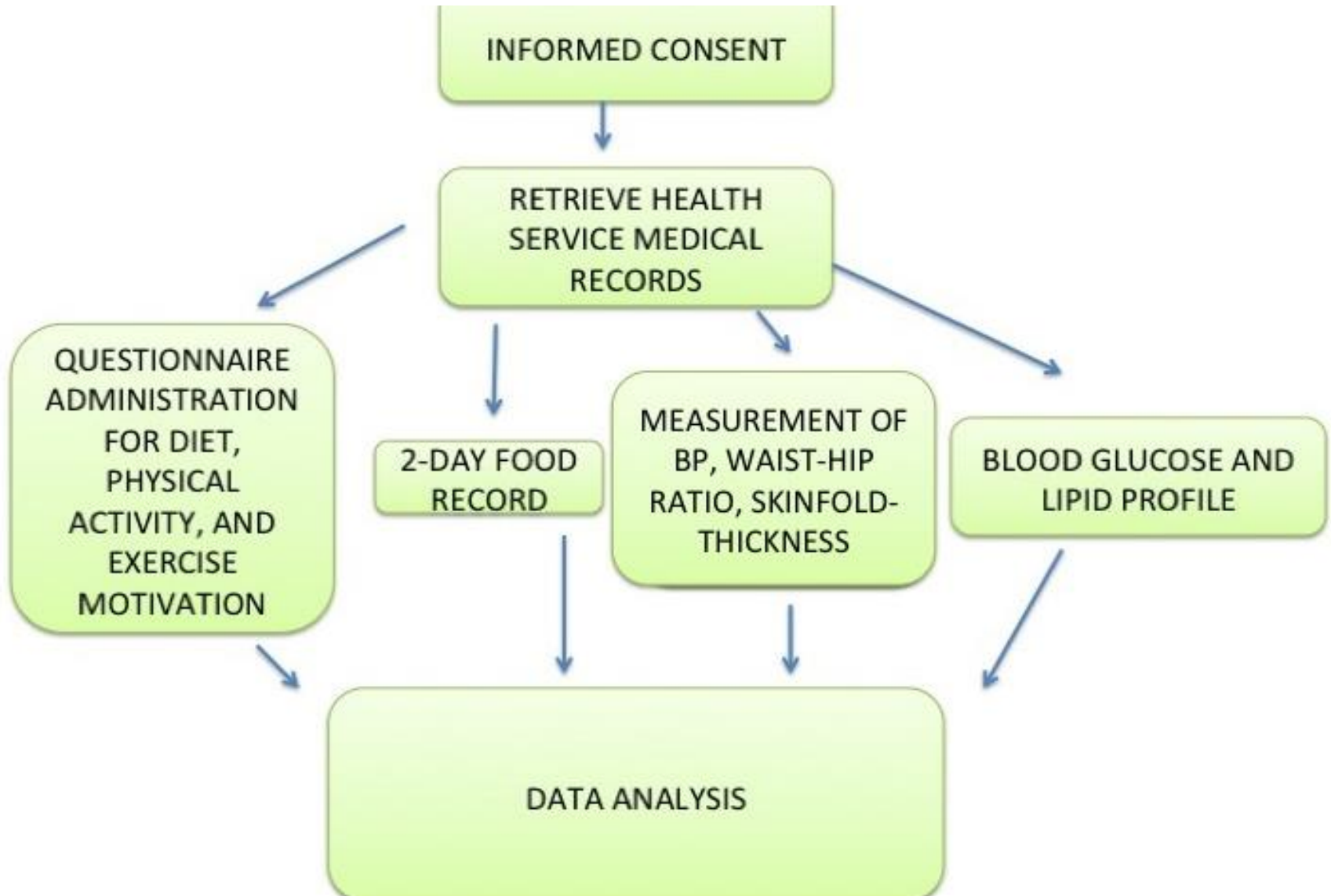
Participant Characteristics

Table 1. Sex, age, and department distribution of the participants

VARIABLE	NUMBER OF PARTICIPANTS (N=196)	PERCENTAGE
SEX		
MALE	74	38
FEMALE	122	62
AGE (years)		
18 to 39	78	40
40 to 59	104	53
60 and above	14	7

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Behavioral Risk Factors

- Sitting more than 5 hours/day:
  - female (87%) vs. male (66%)
  - most common reasons for lack of exercise were being "too busy" or "too exhausted"
- Smoking:
  - significantly higher prevalence of male smokers (36%) compared to females (6%) ($p<0.01$)

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Behavioral Risk Factors and Obesity

- Diet
  - Older participants are more to consume more than the recommended daily intake.
- 66% had Body Mass Index above normal
- 97% of females and 62% of males have abdominal obesity based on waist-hip ratio

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Diabetes Mellitus

- None of the participants had diabetes mellitus

- "Borderline" sugar : 15% of males and 7% of females

  - 60-year-old-and-above group had the most risk for DM (33%)

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Hypertension

- 60 yrs. and above had a significantly higher prevalence of hypertension (36%) (p=.02)

- More males (17%) than females (10%), however, not statistically significant (p=0.16).

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Dyslipidemia

- More male (8%) had dyslipidemia as compared to females,

- "Borderline" more females (37%) had borderline lipid levels.

- Age 60 years and above group had the most number of participants (67%) with borderline lipid levels

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Active Ageing and the Health Workforce

INTERVENTIONS

Interventions for Healthworkers

Type of Worker	Intervention	Study Type	Author	Result
Healthworker	CBT, mental, physical relaxation, change of work schedule, organization change	Meta	Ruotsalainen et al. Cochrane Database Syst Rev. 2015 Apr 7;(4):CD002892. doi: 10.1002/14651858.CD002892.pub5.	Low quality evidence for CBT, mental, physical relaxation, change of work schedule; Need more evidence
Surgeons	targeted stretching micro breaks (TSMBs)	Alternate intervention with and without	Park et. al. Ann Surg. 2017 Feb;265(2):340-346. doi: 10.1097/SLA.0000000000001665.	improved post procedure pain scores in the neck, lower back, shoulders, upper back, wrists/hands, knees, and ankles
HCW 98 female obese	Dietary plan energy deficit of 1200 kcal/day), strengthening exercises (15 min/hour) and CBT (30 min/hour) during working hours 1 hour/week. Leisure time aerobic fitness 2 hour/week.	Cluster randomized 3 months and 12 months	Christensen et al. BMC Public Health 2011, 11:671 http://www.biomedcentral.com/1471-2458/11/671 Christensen et al. BMC Public Health 2012, 12:625 http://www.biomedcentral.com/1471-2458/12/625 FINALE study	significantly reduced body weight, body fat, waist circumference and blood pressure as well as increased aerobic fitness in the intervention group

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Interventions for Healthworkers

Type of Worker	Intervention	Study Type	Author	Result
Nurses age 45 and older Mean age 51-52 years 87%female	Intro to subject/contemplation Reflecting, sharing Mindfulness and relaxation Reflections on age stereotypes Goal setting strategies SOC	RCT with waitlist period	Maatouk I, Mu¨ller A, Angerer P, Schmook R, Nikendei C, Herbst K, et al. (2018) Healthy ageing at work— Efficacy of group interventions on the mental health of nurses aged 45 and older: Results of a randomized, controlled trial. PLoS ONE 13(1): e0191000. https://doi.org/10.1371/journal.pone.0191000	ITT Significant benefit to mental health And psychological QOL Work related mental strain
Hospital employees	Pedometer Food labeling (cafeteria, Vendo) Persuasive messaging Influential employees	Quasi experimental	LaCaille et al. BMC Public Health (2016) 16:171 DOI 10.1186/s12889-016-2828-0	neither group showed significant increases in weight, BMI, or waist circumference over 12 months.

Active Aging in the Workplace

- Health
  - Support for preventive health services
- Behavior
  - Lifestyle and mental health counseling
- Personal
  - Continuing education; new skills
- Physical
  - Healthy food choices

- Environmental
  - Clean area, safety accessibility
- Economic
  - Pension
  - Medication support
- Social
  - Common interest groups
  - Outreach programs
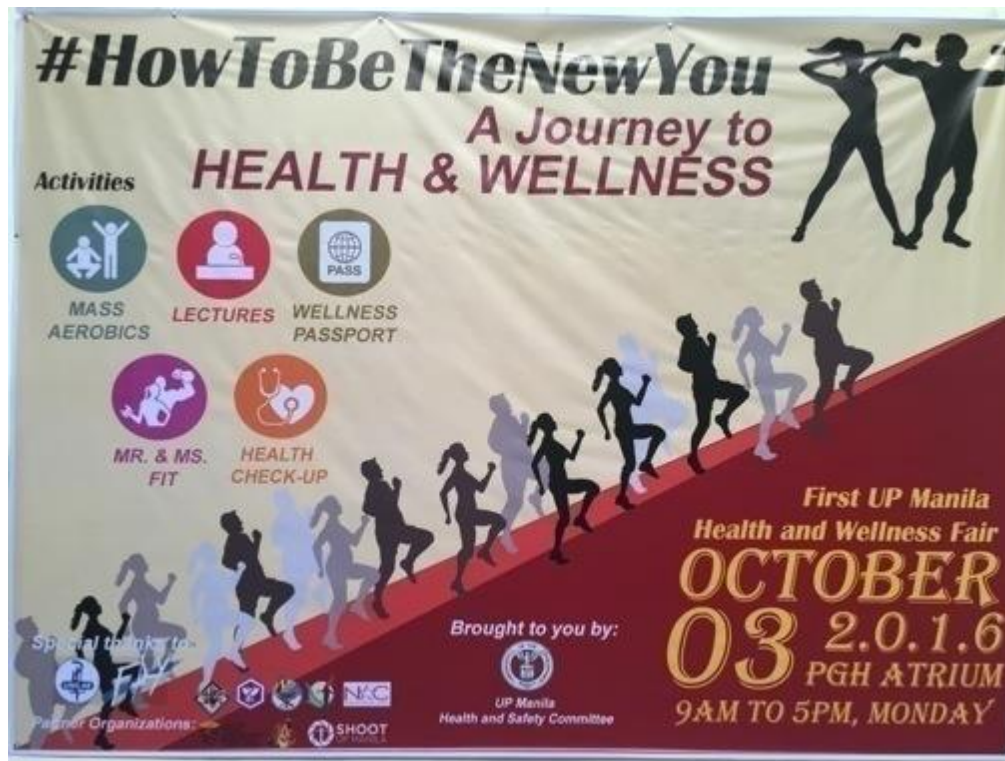
#HowToBeTheNewYou

First Wellness Fair

University of the Philippines Manila and Philippine General Hospital

Research Recommendations

- Comprehensive Geriatric Assessment as research tool
- Variety of Healthworker situations
  - Acute care vs. ER vs. Outpatient
  - Caregivers – paid and unpaid
- Topics
  - Understand role of spirituality and culture
  - Ageism in the workplace
- Technology – apps, social platforms

Review

- Discuss Active Aging
- Present preliminary findings from research on retiring and retired staff and faculty in a University
- Present findings from research on sedentary workers in a university hospital
- Recommend actions and research to improve active and healthy aging for the heath workforce.

VISION
Institute on Aging
NIH UP Manila

The Filipino elderly enjoying a healthy body, mind and spirit, being treated with dignity, and valued as a productive member of society, in a dynamic process unique to himself, and beginning a life of unlimited possibilities.

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