

# Wellness: A New Buzzword at the Aging in America Conference

Elizabeth Sommers, PhD, MPH, LAc; Kristen E. Porter, PhD, MS, MAc, LAc

Over 2,500 professionals attended the *Aging in America* conference held March 11-15th in San Diego, Calif.

*Aging in America* is "the nation's largest gathering of a diverse, multidisciplinary community of professionals in healthcare, social service, government, business and philanthropy with expertise in providing services and products for older adults." Featured programs of the conference included a leadership institute, public policy sessions, general sessions, and posters. Topics were varied and included such titles as "The Rise of Male Caregivers," "The Aging and Latinization of the United States," and the "National Forum on Brain Health." It also celebrated the 60th anniversary of the American [Society of Aging](#) (ASA), the conference host. The 5,000 members of ASA are practitioners, educators, administrators, policymakers, business people, researchers, and students.

## Culture of Wellness

Numerous workshops this year highlighted a "wellness" program focus. We will provide data points for these workshops and research studies. The last several years have seen an upsurge of a newly coined culture of wellness among long term care nursing homes and continuing care retirement communities (CCRC).<sup>1</sup>

This whole-person wellness concept is much aligned with our own philosophy to consider the person holistically: body, mind and spirit. *Healthy People 2020*, a science-based report that provides 10-year health objectives, included older adults as a new category of focus.<sup>2</sup> The older adult population is rapidly growing due to the aging of the "baby boomers." The health of older adults is a concern because 60 percent will be living with more than one chronic condition within 15 years.<sup>3</sup> These conditions include diabetes, cardiac conditions, arthritis, and dementia. The report highlights the need to improve quality of life in older adults, increase access to long-term care facilities, and reduce falls among many others.

## Wellness in Retirement Communities

Dr. Sara McVean Kyle's research surveyed 436 baby boomers using an electronic questionnaire with a convenience sampling method. The survey investigated if a wellness program was an important factor in choosing a nursing home. Her findings suggest that boomers do prefer facilities with wellness programming, with female boomers placing a slightly higher significance on wellness benefits compared to male boomers. Income and education levels did not play a role in determining preference.

Similarly, findings from the [Second National Survey](#) of Whole-Person Wellness in Continuing Care Retirement Communities (CCRC), presented by Cornelia Hodgson and doctors Catherine O'Brien and Perry Edelman, also found the availability of wellness programs was an important factor in

choosing a residence/facility (See Figure 1).

This survey was done in collaboration with [Mather LifeWays Institute on Aging](#) (Evanston, IL), which is "the research and education arm of Mather LifeWays, a 70+ year old, non-denominational, not-for-profit organization whose mission is to create Ways to Age WellSM."

The survey asks about wellness on six dimensions: physical, social, intellectual, emotional, spiritual and vocational wellness. The survey was completed by staff at 81 CCRCs. Main findings showed that the majority of CCRCs either had wellness programs in place or implementing a wellness program was part of their 12-month plan. Respondents included a "moderate impact of wellness programs on health care operations cost, use of the health care center, use of medication, reducing emergency room visits, reducing hospital readmissions and reducing falls."<sup>4</sup> Half of the CCRCs showed a commitment to staff through staff wellness programs, aptly summed up with this respondent statement "Take care of your employees and they will take care of your residents." Staff wellness programs were noted to enhance staff quality of life, work satisfaction, and staff health reducing health benefit claims. Wellness programs were funded through a combination of residents' monthly fees, additional fee-for-service and donated volunteer time.

Cornelia Hodgson and Dr. O'Brien also presented "A Ten-Year Retrospective of Wellness Research." In this presentation, results from 123 senior living communities representing 28 states found that how a wellness center is defined and what is included as part of the wellness center varied greatly. For instance, while 86.6% of wellness centers included a fitness room, 26.8% have a massage room and only 8.5% included "alternative therapies." As one respondent said "Wellness is a holistic philosophy, not a place, that promotes the use of multidimensional programs and services that engage, educate, and empower people to enjoy their highest quality of life."

Dr. Basia Belza, Claire Tilley and Cliff Warner presented "Innovative Approaches to Mind, Body, and Spirit Programming in Retirement Communities." This study reviewed 22 wellness activities that included yoga, massage, Tai Chi and Reiki. Tilley added "There was overall strong support for many of these activities as being beneficial for the mental health and quality of life for older adults." The strongest evidence base for impact was found for exercise programs that used standardized programming.

#### Tai Chi for Fall Prevention & Cardiac Health

*Healthy People 2020* highlighted [fall prevention](#) as a key objective for older adults since falls are the "leading cause of death due to unintentional injury among older adults."<sup>5</sup> At the ASA conference, Dr. Lam of the Tai Chi for Health Institute<sup>6</sup> stated that both [The Centers for Disease Control](#) and the Administration on Aging rate Tai Chi as highly effective for fall prevention in older adults. His program, Tai Chi for Arthritis/Fall Prevention (TCFP), is practiced by five million people worldwide with more than 20 studies evaluating its effectiveness in improving balance, preventing falls and reducing arthritis pain.

Doctors Beverly Roberts, Rhayun Song, and Sukhee Ahn presented "Empowering Older Adults: Tai Chi as an Evidence-based Intervention." They note the mechanisms of Tai Chi that aid older adults in addition to simple relaxation are motor control, weight transference, and attention to body sensation. Research found that one-hour a week of practice for 12 weeks resulted in an increase in stepping velocity, balance and muscle strength, a decrease in gait time, and improved balance and cognitive function. These benefits result in few falls and less depression, two common conditions in older adults that increase mortality. In their presentation, they make note of the Central Sydney Tai Chi trial (N=702), which consisted of one-hour of Tai Chi per week for 16 weeks. Findings

report a 50% relative risk reduction of multiple falls for the Tai Chi group at both 16 and 24 weeks compared to the waiting-list control group.<sup>7</sup>

Ahn's study of fall risk in 687 [post-menopausal](#) women revealed that 22% had osteoporosis, 19% had a fall in the past year, and 39% of those who fell incurred a fracture. All of these were predictors of a 10-year probability of a hip fracture. Ahn also studied 40 post-menopausal women with bone loss through a five month program in which Tai Chi was provided twice a week for a one-hour session. Results showed improvement in balance at both 12 and 20 weeks, reduction in falls, and increase in bone density all compared to the control group.

Roberts, Song, and Ahn also presented seven studies on Tai Chi for cardiac health noting the underlying mechanism reduces blood pressure, aids in glucose metabolism and reduces inflammation. Tai Chi has been found to be more effective than regular exercise (cycling and walking) in reducing blood pressure. Tai Chi has also been shown to reduce cardiovascular risk factors; after a 12-month Tai Chi training, participants showed a reduction in blood pressure, total cholesterol, low density lipo-protein cholesterol, plasma insulin, and high-sensitivity C-reactive protein. The control group, which received mainstream care, showed no significant improvement in these measures.<sup>8</sup>

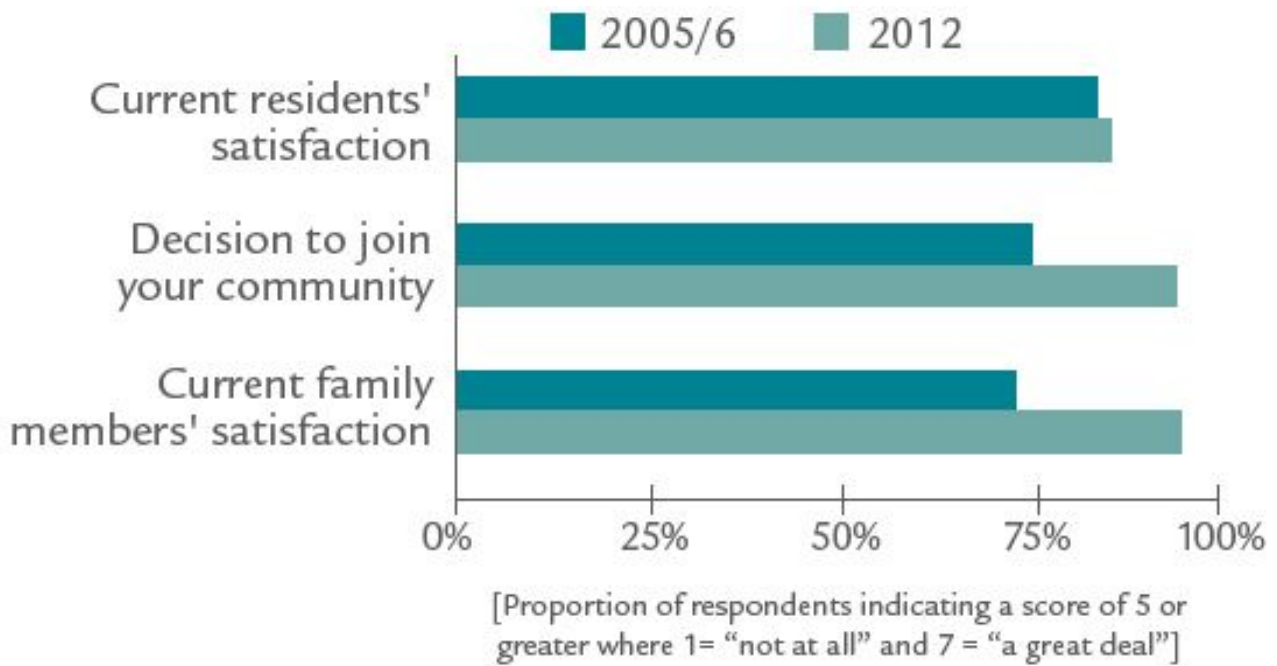
### Implications

The implications of these studies and the encouragement in the aging field to adopt a culture of wellness urge long-term care administrators to add or expand upon wellness services offered to meet the needs of the baby boomer generation. As one CCRC said "Partnering with wellness organizations is imperative to broaden the wellness offerings, expand our campus walls so that we can utilize community offerings more readily..." Twenty-four percent of CCRCs contract with outside providers to meet the wellness needs of their residents and staff. [CAM](#) professionals have an opportunity to be proactive and pursue opportunities at long term care and CCRCs which will assist them in meeting their organizational wellness plan commitments.

The aging of the baby boomer generation will redefine aging in the U.S. The CAM profession should be prepared to meet the body-mind-spirit needs of an aging population which will include provision of continuity of care as older adults age in place or enter retirement or nursing home communities.

The CDC's research portfolio in older adult fall prevention funds translation research of a proven Tai Chi fall intervention. CAM providers are invited to become Tai Chi fall prevention instructors via Dr. Lam's [trainings](#).

Figure 1: Perceived Impact of Wellness Program on Residents'/Family Members Satisfaction and Decision to Join the Community



### References

1. Continuing care retirement communities (CCRC) are privately owned and operated companies offering a residential combination of independent living, assisted living, and nursing home.
2. <http://www.healthypeople.gov/2020/default.aspx>
3. American Hospital Association; First Consulting Group. When I'm 64: How boomers will change health care. Chicago: American Hospital Association; 2007. 23 p.
4. Mather LifeWays Institute on Aging (2013), Second National Whole-Person Wellness Survey, page 8.
5. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=31>
6. <http://www.taichiforhealthinstitute.org/>
7. Voukelatos, A., Cumming, R. G., Lord, S. R., & Rissel, C. (2007). A randomized, controlled trial of tai chi for the prevention of falls: the Central Sydney tai chi trial. *Journal of the American Geriatrics Society*, 55(8), 1185-1191.
8. Ching Lan, Ta-Chen Su, Ssu-Yuan Chen, and Jin-Shin Lai. *The Journal of Alternative and Complementary Medicine*. September 2008, 14(7): 813-819. doi:10.1089/acm.2008.0143.
9. C.C. Hodgson Architectural Group, Edelman P., O'Brien C. (2014) The Second National Survey of Whole-Person Wellness in Continuing Care Retirement Communities, Poster presented at the ASA Aging in America Conference, San Diego, CA.

JULY 2014