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A qualitative study to examine older adults' perceptions of health: Keys to aging successfully

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ABSTRACT

Older adult health is often defined in clinical terms. Research has demonstrated that many older adults self-report aging successfully regardless of clinical health status. This qualitative study used claims data to identify older adults on three levels of health status: healthy and active, managing diseases, or very sick, to better understand how health is defined and maintained. In total, 32 participants from two cities were interviewed. Interviews were audio- and video-recorded and then transcribed. Thematic analysis identified five themes: disconnectedness between objective and subjective health; health defined to include psychological and social components; resilience and coping mechanisms indicative of successful aging; social support systems integral to health; and the goal of maintaining functioning. These results indicate the importance of individual perceptions of health rather than just counts of chronic diseases. Health management programs should provide holistic approaches to maximize health outcomes and to promote successful aging.

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Introduction

Interest in optimizing older adults' health and promoting successful aging has increased as this population grows due to both the aging of Baby Boomers and increasing life expectancy.¹ Although older adults are living longer, they often face a number of health conditions and chronic diseases. Therefore, supporting older adults is of great importance as they strive to live healthy lives, while managing their chronic conditions. The National Council on Aging (2014) reports that 92% of older adults have at least one chronic disease (such as heart disease or diabetes) and 77% have at least two conditions.¹ The ability to manage these conditions and adapt to associated physical or psychological changes is essential to the comprehensive understanding of successful aging. Furthermore, older adults who are able to manage and adapt are less likely to become high health care utilizers.²

Defining successful aging

Understanding how older adults evolve and adapt to life changes is best illustrated by successful aging theories. Successful aging was first defined by Rowe and Kahn^{3,4} as the absence of disease, sound physical and cognitive functioning, and social engagement. However, this definition limits the number of individuals who can be considered successful agers and is confounded by other factors such as income and education.^{5,6} Research demonstrates that older adults rate themselves as having aged successfully regardless of their clinical health status.^{5,7,8} Therefore, other successful aging theories integrate more psychological and social resources.^{9–12} For example, other theories describe how older adults capitalize on their own individual internal and external resources and coping mechanisms.^{9,11} These provide them with the ability to adapt to stressors and compensate for losses in their lives as they age.^{9,11} As aging advances, older adults may be able to draw increasingly from life experiences and resources, thus life satisfaction actually increases with age.¹³ Integrating social and psychological resources provides the ability to buffer potentially harmful stressors that arise from disease and other factors that occur with

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aging.¹⁴ The integration of these theories provides a broader definition of health for older adults.

The key concepts of successful aging include self-perception of health, psychological and social resources, coping mechanisms, and the ability to adapt to life's changes. Thus, the health of older adults can be conceptualized as a dichotomy between the objective and subjective perspectives. The objective aspect of health is the clinical or medical status, such as number of chronic conditions or diseases, while the subjective aspect is self-reported health. Although conditions and diseases are integral to health, the subjective component, or perception of health, is important to consider as well, as it is a powerful predictor of mortality regardless of clinical health status.¹⁵

Little is understood about how to integrate the subjective and objective aspects of health and aging into practical, cost-effective interventions for delivery to older adult populations. Health program design requires an understanding of how older adults define their health, well-being, and the programs they might consider helpful to support their efforts. Older adults' perceptions of health as clinical health status changes over time could help researchers design more effective programs to help maintain and/or improve health status. Thus the focus in this study incorporates a holistic view of health including psychological and social determinants, coping skills, and maintaining health/functionality over time.

Psychological and social determinants of health

Psychological determinants of health generally refer to the internal domains of quality of life, including levels of stress, anxiety, depression, perceived social support, and locus of control.¹⁶ Social determinants of health relate to social structure, environment, income, and access to health care.¹⁷ Coupled together the psychological and social determinants of health significantly affect the health outcomes and mortality of older adults.^{18–21} Older adults who report high levels of life satisfaction, strong social networks, and low stress tend to be lower risk, are more likely to utilize preventive care services, and are thus likely to accrue lower healthcare costs.^{18,22,23} Older adults with high levels of depression and low social support have higher healthcare utilization and therefore higher costs.^{21–23}

The ability to cope with life changes and stressors, such as loss of friends or family, illness, or retirement, and maintain psychological well-being demonstrates high levels of internal resources such as resilience. Resilience is the ability to cope with challenges and adapt to the demands in a psychologically healthy way²⁴ and is associated with high levels of social support and better health behaviors.^{8,25,26} Research has found that high levels of resilience are also associated with adaptive coping skills, optimism, spirituality, and social support.^{26,27}

Other aspects of health for older adults include social support and the ability to maintain independence. The health benefits of social support for older adults are profound.^{19,28,29} Social support is an important resource provided by one's social network and provides the sense that one will receive care in times of need.¹⁹ Older adults derive health benefits both receiving and providing social support to members of their social networks.^{29,30} Pathways include emotional support (providing comfort), informational support (providing information), and instrumental support (task-oriented support such as being driven to a doctor's appointment).¹⁹ Higher levels of social support are associated with better health behaviors, higher self-rated health, better adherence to lifestyle modifications, better cognitive functioning, and less loneliness.^{31–33} Social support is also considered to be a positive coping mechanism as it relies on external resources to assist with health, stress, and emotional regulation.^{34,35}

For older adults, self-reported health also includes the ability to take care of and manage oneself independently. Autonomy or independence is a key driver in maintaining health and successful aging for older adults.^{36,37} The ability to make health decisions, perform activities of daily living (ADLs), continue to drive, and manage medications may significantly influence how older adults perceive their health and well-being.^{38,39}

Statement of purpose

The purpose of this study was to better understand how older adults across a spectrum of health describe their perceptions of health, and to consider how their definitions may influence programs to support health maintenance. This approach attempts to move beyond the clinical model of health and instead provides a holistic insight into what older adults consider the determinants of health and their health needs over time. This qualitative viewpoint can provide an invaluable perspective of what older adults may need from their own resources, families, communities, or support systems (including health plans) to maintain their health and well-being over time and thus consider themselves as aging successfully.

Methods

This study was the first phase of a larger multi-phase study to better understand the health-related issues of older adults with AARP® Medicare Supplement plans insured by UnitedHealthcare Insurance company (for New York residents, UnitedHealthcare Insurance Company of New York). These plans are offered in all 50 states, Washington DC, and various US territories. Of those with fee-for-service Medicare coverage (an estimated 34 million Americans), about 27% (4.2 million) purchase a Medicare Supplement (i.e. Medigap) plan to help defray the out-of-pocket expenses from copayments, coinsurance, and deductibles that Medicare does not cover in entirety. Participants were recruited for in-person interviews from Phoenix, AZ and Chicago, IL. These cities were identified based on their geographic location, enrollment in an AARP Medicare Supplement plan, frequency of research conducted in these markets, and availability of facilities to conduct the interviews. The goal of this first phase was to conduct individual interviews with older adults to better understand their perceptions of health, determinants of health, and resources they may use to maintain health as they age. This study was approved by the New England Institutional Review Board.

Participants

Participants were recruited to achieve a balance across gender and clinical health status. To obtain a diversity of health-related issues, participants were selected based on their Hierarchical Condition Category (HCC) risk scores.⁴⁰ HCC scores are derived from CMS based on medical claims and represent an individual's medical health status. For example, an HCC score of 2 means an individual will likely have healthcare expenditures twice as high as the average Medicare member. The sample was divided into three categories based on these HCC scores: Healthy and Active (HA) (HCC, 0.50 or below), At Risk (AR) (HCC, 0.51–2.80), and Very Sick (VS) (HCC, above 2.80). We oversampled the AR category, since older adults often have multiple chronic conditions. We subdivided the AR category into high and low risk (based on HCC scores) to get health diversity within that group.

The research staff worked with a marketing company to recruit participants. All participants were between the ages of 65–85. Recruiters called members and followed a scripted screener. Eligibility to participate in this study included confirmation of

enrollment in an AARP Medicare Supplement plan. In addition, potential participants (and household members) could not currently or formerly be employed by an advertising agency or a marketing firm. Potential participants (and household members) could not be current or former employees of UnitedHealthcare. A total of 4000 individuals were randomly selected for the marketing company to contact until they reached the goal of recruiting 40 participants. A large pool of participants was provided as it can be difficult to reach participants for marketing interviews, the timing was specific for the days of the interviews, and the study required specific breakdown based on the HCC scores. A total of 20 participants were recruited per city. Sixteen interviews were planned in each city: 4 HA, 8 AR (4 high and 4 low), and 4 VS. Other participants were recruited as alternates and asked to fill in if someone did not show up. Participants were paid \$100 to participate in 1-h interviews, which were audio- and video-recorded for transcription and analysis purposes only.

Data collection

A local facility was identified by the marketing research company. The interview room was set up in a neutral environment. The trained moderator from the marketing firm and the participant were the only two individuals in the room although the research team was behind the one-way window. Interviews were conducted in English using a discussion guide developed specifically for this project.

This discussion guide (Table 1) asked questions relating to how participants defined their health, their health needs, and what they felt necessary to maintain their health. The same moderator conducted all 32 interviews. Limited demographic information was collected in order to assure confidentiality.

Analysis

Audio recordings were transcribed and de-identified for analysis purposes. The coding team consisted of eight members including the moderator. Thematic analysis was then conducted with a smaller subset of the coding team (four members).

Results

Participants were between 66 and 80 years old (Mean = 72). Of the 32 participants 17 were female, 27 were married, 4 were widowed, and 1 was living with a significant other. Each health status

group was well-represented with 8 in the HA, 9 in the AR-Low, 8 in the AR-High, and 7 in the VS.

The coding team identified five distinct themes, defined below with illustrative quotes for elaboration.

Thematic analysis

1) Disconnect between objective and subjective status of health

Participants were asked to rate their health on a scale of 1–10 with 10 being the best health. Even though many fell into the clinical category (as defined by HCC scores) of moderate to serious health issues, there was a pattern of higher than expected self-rated health. Almost all individuals with multiple chronic conditions described themselves as healthy and active, whereas many of those with few to no chronic conditions rated their health lower than expected. During the interviews it became clear that some of the clinically healthier participants were not dealing with underlying health issues and had poor coping mechanisms for changes occurring in their lives (e.g., downsizing, dealing with adult children, and loss of a parent). Yet, those with multiple chronic conditions were able to describe coping mechanisms for dealing with conditions and/or disabilities and appeared to be more resilient to their social changes.

“9 (health rating participant gave). I do have diabetes, but it's under control. Just feel that I try to take care of myself and so far have been able to. Doctor seems to be satisfied with my health.” (At Risk – High, Female, Age 75)

“The only thing that bothers me is my back ... I don't think it would stop me from doing anything. Maybe from doing housework or making a big meal. If I had to go out, I'd still go out. I power through it. (At Risk – High, Female, Age 79)”

“I've been depressed lately. Some days are good, some days I don't get so much done. I just want to read and don't want to deal with things. I feel like I have a lot of pressure. Our house is too big. Financially, we need to move. I have trouble focusing and getting it done.” (Healthy and Active, Female, Age 66)

2) Health includes psychological and social well-being

In describing their health, participants included details regarding their emotional and social well-being. This definition included how these components affected their daily lives and their

Table 1
Discussion guide.

Questions	Prompts
Tell me a little about yourself.	Where do you live? Who do you live with?
What does a typical “day in the life” for you look like?	Do you have others that depend on you? How do you feel as you go about the day?
How does a typical day change depending on your health?	Pain, vision, hearing? On a scale of 1–10, how would you rate your health?
Tell me two-three words that describe your health.	People, online, agencies
Who supports you in all aspects of your life?	Volunteer? Who do you spend time with?
What do these people provide for you?	What types of things help you keep calm and peaceful?
What types of social activities do you engage in?	
What do you do when you need to talk about something – or when something is bothering you?	
How easy or difficult is it for you to bounce back or recover from a stressful or difficult time?	
Can you describe a good day? A bad day?	
What does quality of life mean to you?	What impacts this?
What types of things do you use to take care of your health?	Financial, transportation, medication, personal needs?
What do you need that you currently don't have to take care of your health or live in a healthy way?	Could an insurance company help with these needs?
How do you think your life will change in the future?	Worries or fears as you grow older?

health. Although physical health and medical issues were part of the description, participants viewed their health in a holistic way reflecting quality of life, more in terms of basic needs and comforts.

“Being able to do what and when you want to do it, physically and mentally. Basically good health.” (At Risk-Low, Male, Age 72)

“How well and comfortable one can live the remainder of their life. All needs are met; life is enjoyable, sense of well-being and joy.” (Very Sick, Female, Age 70)

“Independence — the ability to participate in daily activities. I have a friend who everything is a chore for her. She has multiple physical problems, so even getting up in the morning is a problem for her. And her husband is ill, and she has to take care of him, so there’s things that she can’t do because of her own health and his. Her quality of life is on the kids ... The key is remaining healthy more than anything else.” (Healthy and Active, Female, Age 70)

3) Resilience was indicative of aging successfully and coping mechanisms were key in defining well-being

Participants talked about “bouncing back” from difficulties and not letting hardships get the best of them. They described illness as something they just had to deal with but would not let their illnesses define them. In addition, many participants had suffered a number of losses or challenges in life such as the death of close family members, illiteracy, estranged adult children, adult children with special needs, and loss of limbs. Participants talked about their faith in God as a key source of coping. Other coping mechanisms included relying on their family and friends as a support system and looking at the positive things in their lives. Interestingly, a common thought was as simple as “you deal with it”.

“My buddy passed away. I really miss him. He was always the one to keep me on my toes. He was really sick for eight months before he died and that was tough. It hits me hard when something happens but then I can get over it because I look at the positive. ... But I take bad situations and turn them into a positive. I thought if this interview turns out to be a scam I’ll go to the Mercedes-Benz dealership and have them wash my car and I’ll feel better.” (At Risk-Low, Male, Age 82)

“As life goes on, it’s a judgment call. You’ve got to deal with a lot of the negatives that happen in the most peaceful way you can. To get the answers, to get yourself some help. By me going to Him (God), it’s a way to help.” (At Risk-High, Male, Age 74)

4) Support systems impact current and future health

The support of family and friends was an important component to staying healthy. Many men viewed their wives as their primary support but women also included their adult children, other close family members, and friends. The supports did not necessarily need to live in close proximity with the participant in order to be supportive providing emotional support for the participants, particularly as it related to their physical health. In addition, these individuals provided instrumental support, such as taking them to appointments or helping around the house if there were physical limitations. Importantly, the interviewees received much of their health information from the support systems, as well. In addition, physicians with whom participants had a long relationship were also considered a form of support.

“Encouragement. When I’m struggling with something physically or emotionally, my husband. My best friend we can encourage each other. My son. My youngest son is very much support. My

daughter-in-law ... My friend. She lives a mile from me. I can call her and talk to her about anything. I don’t worry it might not be confidential.” (Very Sick, Female, Age 74)

“I don’t usually talk to others about my health, except my wife ... My wife looks for healthy stuff for her. I might have chicken and fish. She’s gotten away from hamburgers and pasta, etc ... She makes sure I don’t slip up and order something that’s not healthy.” (At Risk-Low, Male, Age 72)

5) Maintaining day-to-day functioning is a priority for successful aging

Participants discussed the importance of maintaining independence, which they considered the primary way to stay healthy. When contemplating their future needs, the fear of losing independence was a priority. In addition, participants talked about the significance of having good days (versus bad days). When asked to describe a good day participants reported the importance of enjoying spiritual time, family time, and being calm and peaceful. They included descriptions on enjoying adult children and grandchildren, going where they wanted (even with limitations), and enjoying hobbies. Some participants clearly wanted to be needed by others as that seemed to give them a sense of purpose and fulfillment. Bad days included feeling out of control, stressful, angry and alone, or disorganized. Frustrations with physical limitations could severely impact their day-to-day health.

“To enjoy the activities that I’ve always enjoyed. I don’t want to feel that since I’m getting older that I can’t do things because I’ve hurt myself. It’s to be able to keep doing things. Being able to exercise and watch what I eat. Getting out and being with friends ... Keeps me feeling healthy.” (Healthy and Active, Female, Age 66)

“There are some days. There was one last weekend. I just didn’t feel good. Didn’t feel as productive as I would have been. But not generally. I pretty well go, doing something every day. It’s rare for me to be at something like this. I don’t know why I wasn’t busy and listened to that guy when he called, or the girl, but anyhow, usually home by about this time.” (At Risk-High, Male, Age 74)

Discussion

The purpose of this study was to better understand how older adults across a spectrum of health describe their perceptions of health, and to consider how their definitions may influence programs to support health maintenance. The older adults in this study gave unique perspectives of health with five themes emerging: the disconnect between objective and subjective health status; health has psychological and social components; social support is key in maintaining health; high levels of resilience and coping are needed to deal with challenges; and maintaining independence is a priority.

These themes were consistent with a holistic description of health, which fits well within successful aging theory. The first theme, reflecting inconsistency between clinical health status and self-rated perceived health (objective vs. subjective) was expected. Many with multiple health conditions may still perceive themselves as healthy and aging more successfully than they appear from a clinical perspective.^{5,8} In this study, the reverse view was also apparent for some of the objectively healthy participants, who unexpectedly seemed to be struggling with their health and health needs. During the interviews it became clear that objectively healthy participants were not necessarily as healthy as originally thought. It appeared that for some participants who had been

healthy for most of their lives, it was confusing and frightening to deal with “newer” concerns and health conditions. Conversely, many of the objectively unhealthy participants had been dealing with multiple health issues for years and had developed strong coping mechanisms. In interventions, healthier individuals are often overlooked as it is assumed that they may not need services. These interviews demonstrated that interventions are needed for both healthier and sicker older adults to help them learn to adapt to new health concerns as they age.

The second theme focused on defining health to include psychological well-being. Research confirms the importance of psychological components of health to successful aging, yet they are not always considered in the clinical model of health. This oversight is frequently attributed to the debate around both efficacy and cost of delivering psychological services or interventions.⁴¹ Research has demonstrated that health outcomes such as pain and functioning can improve when treating the psychological components of health.⁴² Knowledge is still limited in what can be delivered in an efficacious and cost-effective way. Promising new research demonstrates the effectiveness of using mobile applications for psychological intervention or stress reduction.⁴³ Mobile applications include a mindfulness intervention, coaching, and cognitive behavioral therapy applications. Studies report success with additional touch points (e.g. in-person, phone calls), and participants report high levels of satisfaction with these mobile applications.⁴³

The third theme centered on resilience and adaptive coping. Specifically, resilience and the ability to deal with life challenges were consistent among those who seemed to have the “worst” clinical health issues. Their coping mechanisms seemed to explain why they perceived themselves as healthy and active. This view is consistent with research demonstrating the benefits for those with high levels of resilience including greater life satisfaction and well-being.²⁶ Thus it is worthwhile to consider interventions to improve resilience among those who may need it the most, such as those with serious life stressors among the clinically healthier individuals. Unfortunately, research on interventions to improve resiliency among older adults is limited.²⁶

The fourth theme described how older adults perceived their support networks and their relationship to their health. Many of the participants appreciated social support from others and the ability to in turn provide support to some of the same people. This perspective supports research on both the benefits of social support and the reciprocity of social support exchanges, or being able to both give and receive, as having significant benefits for older adults.³⁰ Opportunities to improve social support exchanges, such as online resources, should be explored. Low-cost online interventions to improve social support exchanges have demonstrated small but positive improvements in health behaviors and well-being.⁴⁴ These interventions primarily focus on creating an online support network for individuals dealing with similar health issues or concerns. In addition, since the reciprocity of exchanges were noted by participants, including family and friends may also be helpful. Research has demonstrated an added benefit of including family support in health behavior modification and disease management.⁴⁵

As the last theme, participants emphasized the importance of maintaining independence regardless of physical functioning ability. This was also discussed in the context of being able to enjoy their lives and their families. Physical activity, in particular, has been identified as an important aspect of maintaining independence and reducing the risk of comorbidities and mortality especially for those who are managing disease.^{46–48} For instance, research has demonstrated that walking with a partner improves the likelihood of engaging in physical activity.⁴⁹ In addition, there is

research to support that activity trackers such as a Fitbit do encourage physical activity and include online trackers that older adults find useful.⁵⁰ Other resources to improve physical activity include reduced-price gym memberships offered as a value-added service by Medicare Supplement insurance plans.

Other sources of independence centered on the empowerment of older adults making their own health decisions. Many older adults already successfully use online and mobile application resources to get health information and to promote health behavior changes.^{51,52} Similarly, participants in this study reported frequent use of their mobile devices and online resources especially related to their health. Therefore, adapting an online or mobile application to specifically suit their needs, regardless of their health status, could be feasible. This approach should be holistic in nature and include health behavior modifications, medication management, education, and an online support group. Interventions should also address various levels of literacy and provide assistance to those who are not computer literate. The opportunity to have simple yet wide reaching touch points could provide older adults of any health status the support they may need to maintain their health and well-being.

Limitations and future directions

These qualitative interviews may not be generalizable to all segments of the older adult population. Participants interviewed for this study may not be representative of the older adult population, Medicare, or other Medicare Supplement insureds, and may differ in their demographics, socioeconomic, and health status.⁵³ However, the participants in this study provided significant insight on a holistic perspective of health that can provide researchers and clinicians with an understanding of what older adults may need to maintain their health. Future research should consider expanding these insights through a survey with a large generalizable sample. In addition, since perceived health and successful aging is multifaceted in nature, a more complex analysis of survey data would be necessary in order to develop the appropriate health interventions that may be needed in order for older adults to maintain their health in the future.

Conclusions

This study provided older adults with the opportunity to discuss their health, how they perceived their health, and how they could best adapt to changes in the future. Their responses demonstrated that older adults may be healthy and active regardless of their conditions or diseases, have strong social and psychological resources and coping mechanisms, and value their ability to take care of themselves. Therefore, interventions or programs that address their needs from a holistic perspective, integrating psychological and social components, could promote successful aging.

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