A Model-Based Survey of Physical Health in Community-Dwelling Older Adults

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ABSTRACT

Background: Having a better comprehension of older adults’ physical health can help healthcare professionals better design program activities to maintain and promote the health of this population.

Purpose: This study investigated the physical health of community-dwelling older adults and compared physical health differences among different age subgroups, gender, and exercise habits.

Methods: Using stratified random sampling, 384 Taiwanese community-dwelling older adults were recruited in this survey research. Researchers used the Health Model of Older Adults to measure activities of daily living (6 indicators) and physical status (14 indicators). Analysis of variance and independent t test analyzed the data.

Results: Most participant physical health indicators were within normal ranges. Exceptions included central obesity (men: 42.90%, women: 80.30%), abnormal blood pressure (systolic: 47.10%, diastolic: 7%), and deteriorated lung capacity (men: 59.30%, women: 70.70%). Young-old subgroup participants (65–74 years old) and exercisers performed better in their activities of daily living and had better physical status than old-old subgroup participants (> 85 years old) and nonexercisers (all p < .05). Men had better physical status than women (all p < .05).

Conclusions/Implications for Practice: Maintaining an active lifestyle and exercising regularly are essential to delaying or preventing the deterioration of natural aging. Physical tolerance, functional ability, educational level, and gender differences should be considered when designing a health promotion program for this population. It is essential for national health policy to enhance older adult health and promote active and healthy aging.

Key Words: activities of daily living, older adults, physical health, physical status.

Introduction

The effects of aging and a sedentary lifestyle typically lead older adults to experience declining physical functions and increasing incidences of chronic health problems (Chen et al., 2007). Fast-growing elderly populations consume more medical care resources than any other age group (Devon, 2002). Considering the role of health promotion across an individual’s life is critical in maintaining productivity into old age. Understanding the health status of older adults is the foundation in promoting health in this group and providing direction to healthcare professionals.

According to the Health Model of Older Adults (Chen, Hung, Lin, Haung, & Yang, 2011), three domains with four constructs and 47 indicators are essential to older adult health and explain 84.5% of the variance in older adults’ health status. These include the (a) physical health domain, activities of daily living construct (6 indicators) and physical status construct (14 indicators); (b) psychological health domain, emotional health construct (18 indicators); and (c) social–economic health domain, social engagement construct (9 indicators). Of the four constructs, two (activities of daily living and physical status) address the physical health of older adults. Physical mobility was the first domain to appear during the evolution of adult disability (Yeh, Wang, Lin, & Chen, 2010). Older adults with chronic illness exhibited less muscle strength and endurance in lower extremities than their peers without chronic illness (Tang et al., 2008). Concepts of physical health and physical activity correlated strongly with quality of life in older adults (Chen & Lin, 2006). It is evident that the physical health of older adults is of major concern in promoting health in this age group. Better comprehending older adults’ physical health can help professionals design better program activities to maintain and promote old age health.

Several studies have investigated the physical health status of older adults. Most community-dwelling older adults rated their health as excellent, good, or fair; only 27.7% reported