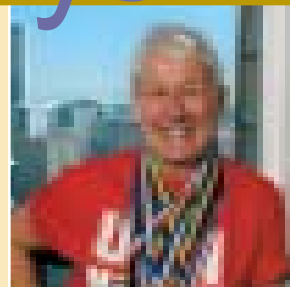


the good older days

After placing eighth in swimming at the German Olympic trials as a young girl, Susanne Schumann became an accomplished athlete in tennis and skiing. Eight years ago a chronic back injury put her back into the pool. Today she swims 1.5 to 2 miles per day and is pleased that her times keep improving — even as she gets older.



● Susanne Schumann

OHSU's Center for Healthy Aging tests a new model for primary care

There is one activity in which we are all engaged 24 hours a day, seven days a week. We never go on a break, we never take a vacation. What is this pursuit to which we are so ceaselessly dedicated? Growing older. And, given our lifelong devotion to the process, each of us inevitably reaches a point where there are fewer days in front of us than behind us.

But are decline and loss of function as we age really inevitable? And what kind of intervention will preserve health or optimum function longer? Those are some of the questions an ongoing OHSU study, based at the School of Nursing and bringing together researchers from multiple health care

disciplines, seeks to answer.

There's no fountain of youth here — as we age, all of us change. But the Healthy Aging Project, an 18-month demonstration project funded by the U.S. Department of Health and Human Services' Administration on Aging, is testing the hypothesis that, given some fresh ways to help people identify and adopt healthy behaviors in middle age and beyond, and given a willingness to put the patient in the driver's seat, an intervention can be developed that will result in lasting, positive behavioral change — and in the long run will mean more vitality, better health and golden years that are truly worth treasuring.

“What we’re evaluating is an intervention in which individuals are encouraged to take charge of their health and engage in health-promoting behaviors — in a way that goes beyond what is typical in primary care settings.”

— Kathleen Potempa, RN, DNSc, FAAN



● Willy Weeks

Willy Weeks has been a professional musician (bass) since the age of 13 and is a self-described adventurer. A glaciologist by education, Willy travels a great deal for his profession, but also for sheer enjoyment. He set a goal as a “HAPster” and successfully accomplished it through appropriate lifestyle change.

“Our goal is to build the science of both remaining healthy as long as possible and functioning optimally as long as possible,” explains Kathleen Potempa, RN, DNSc, FAAN, professor and dean of the School of Nursing and interim director of the OHSU Center for Healthy Aging. “The scope of that science stretches from the genetic predisposition to disease and frailty, to the socioenvironmental factors influencing the expression of symptoms, to adaptations to chronic illness. This gives our center a unique perspective — one of the foremost places in the country where the choices, goals and needs of the aging and the elderly are being investigated. The rapid aging of our population makes this research absolutely vital.”

While most centers around the nation focus on frailty in older adults and on managing chronic illness, OHSU’s Center for Healthy Aging brings the

power of the university’s nursing, family caregiving, genetics and medical specialties to bear on enhancing and prolonging the vitality and independence of aging people. And when illness and dependence do occur, those same strengths are turned to preserving dignity, self-determination and quality of life.

The Healthy Aging Project is based in theories of behavioral motivation. In two phases, the project tests a new patient-driven model of primary care that puts the study participants in charge — and the health practitioners in a supporting role.

The process began with a comprehensive health and lifestyle appraisal, medical history and physical. Participants (in phase one, there are 376 men and women, aged 40 and older) then spent time with a nurse coach who worked with them on defining a goal and making a plan with specific steps for achieving that goal.

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— Kathleen Potempa,
DNSc, RN, FAAN,
professor and dean



“We asked the participants to tell us what was important to them,” says Potempa. “We’ve learned that a positive change in behavior only happens when it’s meaningful to that person. Whatever their health-related goal, we will support and guide them.”

While those goals range from making progress on common wellness issues like diet and exercise to dealing with depression or a chronic medical condition, the unifying element in helping participants achieve them is regular encouragement and feedback. Nurse-coaches contact the participants by phone and/or e-mail at least twice a month — more frequently if the participants request it. At the end of the phase-one study period, a 48-page instrument will assess the participants’ progress toward their goals.

The nurse-coaches were trained in goal-setting techniques and in motivational interviewing skills

that would enable them to elicit vital information and to judge a participant’s readiness to take on a chosen goal — which would determine the approach and intensity of support. One of their early lessons was the power of listening.

“On the surface, most of the participants’ goals looked like standard public health goals: diet, weight, exercise, substance abuse,” says William Gaynor, MPA, associate professor and a co-investigator on the project team. “But it soon became clear that not far below the surface were powerful psychosocial concerns. Families, careers, relationships — most of their goals had an underlying emotional component.”

All of the components are allowed to emerge at the participants’ pace — everything was shaped by what each person thought would bring value to their lives.

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— Kathleen Farrell, D.O.

“What we have in the Healthy Aging Project are nurses, physicians and other health care providers collaborating in a patient-driven environment,” says Kathleen Farrell, D.O., assistant professor of medicine. “This is a new approach, especially for physicians — the medical field tends to be very paternalistic in telling patients what’s good for them, when in fact patients often know what they need to change and will do better when they take the initiative. This creates a new way to look at care.”

Dean Potempa agrees: “What we’re evaluating is an intervention in which individuals are encouraged to take charge of their health and engage in health-promoting behaviors — in a way that goes beyond what is typical in primary care settings.”

So how is the intervention working? The preliminary findings reveal expected results — behavior change requires the active involvement of the participant — and unexpected nuances. For example, many study participants wanted greater attention paid to the spiritual dimensions of health.

It’s clear that perceptions of health vary widely from person to person, and that those perceptions often define behavior. One person’s marathon is another’s walk around the block; one person’s career success is another’s stress-disrupted relationship. Fundamentally, support for behavior change must be individualized, and skilled coaching helps people make positive changes. Six months into the project, 92 percent of participants reported feeling significant improvement in, and real change in, the areas they had identified as important.

While phase one of the project is continuing, the just-begun phase two extends the study to people aged 60 and older who have specific chronic disease diagnoses. Control groups will be added, and a group training intervention will be added to the nurse-coach model. Again, the research will center on testing the efficacy of this new, not merely patient-centered but patient-driven model. The team will also look at any change in utilization of health services by the participants, because one looming question remains: Can this model become a reality in today’s world of escalating health care costs and limited resources?

That answer could be yes, according to researcher Farrell, “if we can create the infrastructure and a care model that is effective, cost-efficient and even cost-saving.”

“It would be very interesting,” adds Gaynor, “to conduct a cost analysis in a phase three of the project.”

Whatever the final results, the Healthy Aging Project is a perfect example of the innovative, collaborative research under way at the School of Nursing — and of the unique opportunities available to OHSU students and researchers.

“Projects such as this,” Potempa says, “offer the chance to work with scientists across the spectrum, from basic science to human application, all centered around health and aging. There is no greater opportunity to find exceptional mentors. In a nutshell, we’re working together on the science that we believe will inform the ways in which modern primary care needs to occur.”