

# Chapter 5

## United Kingdom Health Promotion Initiatives for Healthy Aging

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### ABSTRACT

*People are living longer but not, unfortunately, living longer healthy lives as there is an increasing number of years spent in ill-health from the age of 65 years onwards. Rates of chronic non-communicable diseases are increasing. This purpose of this chapter is to describe how modern healthcare aims to involve patients more in their care (so called self-management) to reduce the incidence of complications linked to chronic disease while attempting to promote healthy ageing. Support for patients' self-management is multifaceted but patients require support from healthcare professionals and this will be discussed as well as the educational requirements of the healthcare professionals who support those patients. How well nurses are prepared for giving patients health promotion advice will be described using an example of research from the United Kingdom. The chapter will conclude with an outline of how healthcare professionals are considered as role models for healthy living.*

### INTRODUCTION

Although one of the greatest achievements of the last century is that people are living longer, that has resulted in us now facing one of the greatest challenges in this century: a rapidly growing ageing population. The world population is rising and the fastest growing group is the over 60 years age group. It is predicted in the United Kingdom (UK) that between 2013 and 2039 the number of people aged 60 years and older will rise by 7 million to almost 22 million people and that will account for 70% of the whole UK population growth (Harper et al., 2016). While people are living longer they are not, unfortunately, living longer healthy lives as there is an increasing number of years spent in ill-health from the age of 65

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years onwards in the UK (Harper et al., 2016). The rates of non-communicable diseases are increasing with chronic non-communicable diseases such as cardiovascular disease, cancer, respiratory disease and diabetes becoming a growing burden.

A recent cross-sectional study found that over 42% of Scots living in the United Kingdom had one or more co-morbidity with almost a quarter of those studied being classed as 'multi-morbid' (>2 co-morbidities) (Barnett et al., 2012). Around 70% of healthcare expenditure in the United Kingdom and Australia is spent on providing care for people with chronic non-communicable conditions and the elderly population account for a significant proportion of this (College of Medicine, 2013).

Scotland has much lower life expectancy rates than the rest of the UK with an average lifespan for men of 77.1 years and 81.1 years for females, but there is wide variation between the different areas of Scotland and between remote / rural and urban living (National Records for Scotland, 2015). Although life expectancy has been very slowly improving in Scotland, the rates remain significantly lower than the rest of the United Kingdom, and despite efforts to improve this, the gap between Scotland and the rest of the United Kingdom is in fact widening. The health of Scottish people when compared with others in Western European countries is poor. Life expectancy rates of males living in Scotland are low and are only surpassed by those of Portugal. Scottish females have the lowest life expectancy rate in Western Europe (Scottish Government, 2015).

Healthcare in Scotland, as in the rest of the United Kingdom through the National Health Service, is free at the point of use. This free healthcare system is available to all British citizens and yet life expectancy has remained relatively static for Scotland over the last decade with only slight improvement. Consequently, health care support for promoting population health has had to change and the effect of that has not yet been measured. The changes necessitated the need for healthcare professionals to be educated in effective methods of promoting and supporting healthy ageing.

This chapter will focus on two main themes; how people are supported to live healthily in their older years, and how healthcare professionals are educated and prepared to support that healthy ageing. Examples of how healthcare has changed over recent years to cope with the ageing population will be discussed with a focus on the changing landscape of the healthcare system in the UK as this aligns with much of the developed world. Additionally, how healthcare professionals are educated to be more effective in their health promotion will be highlighted with specific focus on how this happens in the UK and North America and the effectiveness of this education / preparation will be highlighted using an example from a UK study. Role modeling of health promoting behaviours by healthcare professionals can also impact on people's likelihood to adopt more healthy behaviours as they age and this will be mentioned in the latter part of the chapter.

## **CHANGES TO HEALTHCARE SUPPORT FOR HEALTHY AGEING**

Care of patients with acute diseases was the focus of the majority of healthcare providers in Scotland but a shift around the 1950s was necessary to concentrate more on the promotion of health and the management of increasingly prevalent chronic conditions, particularly in the elderly population (Holman & Lorig, 2004). This was not unique to Scotland as many other countries also reformed health care services to enhance effectiveness. Modern healthcare aims to involve patients more in their care to reduce the incidence of complications linked to chronic disease and the number of readmissions to hospital, while also attempting to improve patients' health, quality of life and well-being (Mead et al.,

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