ABSTRACT. This chapter will focus on conceptual and methodological issues related to health promotion/disability prevention for older people. The first section will begin with a discussion of why older people, as compared to younger persons, are not traditionally seen as targets of health promotion efforts. In recent years several national working groups have been established to examine how older people's health and functioning can be improved. Their objectives and recommendations for older Americans will be reviewed. The second section will address the conceptual framework underlying health and behavior research supported by the National Institute on Aging. The movement from correlational studies to studies of basic mechanisms linking health and behavior will be discussed, with particular attention to interactions with aging processes. Examples of health and behavior research representing these processes will be presented as well as methodological issues in the measurement of health and functional outcomes for older people. Measurement of quality of life in the cognitively impaired is seen as especially difficult. The third section will review several common themes emanating from these research studies. These include attention to a life course perspective, variability in aging processes, alternative research approaches, and intervention strategies for both initiating and maintaining recommended behavioral changes. A fourth section will review current areas of investigation at the National Institute of Aging. Successful intervention strategies in both community and institutional settings will be presented. These include: (1) a comprehensive behavioral and environmental falls prevention program which has been shown to reduce falls in the community; (2) a health education program to increase older women's use of cancer-related health practices; and (3) behavioral strategies for reducing incontinence in nursing homes. A new NIA initiative on special care units for persons with dementia will also be discussed. The fifth and final section will deal with issues involved in the translation of research into policy and practice. Approaches for increasing the relevance of research to policymakers will be discussed.
Demographic trends, coupled with ideological and economic concerns, are revolutionizing the American health care system. The 1990s have brought increased attention to aging, health care and quality of life issues. The current debate on health care reform in the United States is fueled by concerns that the existing system is not adequate to provide health care for the burgeoning numbers of Americans who need care. Despite the huge sums of dollars spent on health care in the United States, older people’s fundamental concerns about health, health care and quality of life remain largely unaddressed. The aging of the population can be viewed as a demographic time bomb that will only increase health care demand and costs.

Developed and developing nations throughout the world are experiencing an unprecedented increase in the number of people who live to the age of 65 and beyond. In 1992, approximately 342 million people (6.2%) across the globe were aged 65 and over. This number represented an absolute increase of 9.7 million people since 1991 (U.S. Bureau of the Census, 1992). Though Europe has the highest proportion of elderly people (14% in 1990), North American populations are not far behind. By the year 2008, 14% of Canada’s population will be 65 years and older, and the U.S. is expected to reach that mark by 2012. Between 1990 and 2025, the percent increase in the Canadian and U.S. elderly population is expected to be 141% and 101%, respectively (U.S. Census, 1992). Though they constitute a very small portion of the world population, people who are 85 years and older are of special concern particularly in the U.S. Currently, this "oldest-old" group (85+) represents nearly 10% of all elderly in the U.S. and is expected to triple in size between now and 2030 (U.S. Census, 1992; U.S. Census, 1993).

The dramatic increases in life expectancy are largely due to declines in mortality among the middle-aged and elderly populations. In 1900, a 65-year old person could expect to live nearly 12 more years; today, the 65-year old could expect to live more than 17 years (U.S. Bureau of the Census, 1993). Yet, decreases in mortality are not without consequences. Most older people are not frail and dependent as aging