
Test Bank for

HEALTH PROMOTION AND AGING

Practical Applications for Health Professionals

Eighth Edition

David Haber, PhD



ISBN: 978-0-8261-8496-2

Copyright © 2020 Springer Publishing Company, LLC

All rights reserved.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior permission of Springer Publishing Company, LLC, or authorization through payment of the appropriate fees to the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923, 978-750-8400, fax 978-646-8600, info@copyright.com or on the Web at www.copyright.com.

Springer Publishing Company, LLC
11 West 42nd Street
New York, NY 10036
www.springerpub.com

ISBN: 978-0-8261-8496-2

The author and the publisher of this Work have made every effort to use sources believed to be reliable to provide information that is accurate and compatible with the standards generally accepted at the time of publication. Because medical science is continually advancing, our knowledge base continues to expand. Therefore, as new information becomes available, changes in procedures become necessary. We recommend that the reader always consult current research and specific institutional policies before performing any clinical procedure. The author and publisher shall not be liable for any special, consequential, or exemplary damages resulting, in whole or in part, from the readers' use of, or reliance on, the information contained in this book. The publisher has no responsibility for the persistence or accuracy of URLs for external or third-party Internet Web sites referred to in this publication and does not guarantee that any content on such Web sites is, or will remain, accurate or appropriate.

CONTENTS

1	Introduction to Health Promotion and Aging	1
2	Clinical Preventive Services and Aging	6
3	Empowering Older Adults	11
4	Exercise and Aging	16
5	Nutrition, Weight Management, and Aging	21
6	Complementary and Alternative Medicine and Aging	26
7	Selected Health Education and Aging Topics	31
8	Mental Health and Aging	36
9	Community Health and Aging	41
10	Long-Term Care and End-of-Life Care	46
11	Public Health Policy and Aging	52
12	Diversity and Aging	58

More chapter-based test questions are provided in the
Instructor's Manual.

CHAPTER 1: Introduction to Health Promotion and Aging

MULTIPLE CHOICE:

1. How have the *Healthy People 2000* and *2010* national efforts impacted older adults?

- *a. The majority of Healthy People initiatives affecting older adults did not receive adequate, or any, support to achieve their objectives.
- b. They increased the proportion of the healthcare workforce with geriatric certification.
- c. They reduced the proportion of older adults who have moderate to severe functional limitations.
- d. They reduced the rate of emergency department visits due to falls among older adults.

Healthy People 2000 and 2010 were national efforts initiated by the U.S. Public Health Service in an effort to reduce preventable death and disability for Americans. The majority of Healthy People initiatives impacting older adults did not receive adequate financial support to achieve their objectives. Few of the Healthy People 2000 and 2010 objectives were met, yet the majority had little to no change or got worse. For example, the Merck Institute on Aging and Health cited results from the Healthy People 2010 initiative and reported many failing grades. Older Americans fell short of the 2010 target goals for only physical activity and obesity, eating fruits and vegetables, edentulism (loss of teeth), reducing hip fractures and fall-related deaths.

2. What do health-promoting initiatives involve?

- a. Socioeconomic factors
- b. Lifestyle
- c. Other nonmedical influences that impact our ability to attain and maintain health
- *d. All of the above

Health is made-up of multiple, interacting factors, including socioeconomic factors, lifestyle factors, and other nonmedical influences that impact ones' ability to attain and maintain health.

3. What do older adults have in common?

- *a. Intensified demand for medical care
- b. Aches and pains
- c. Moving into a nursing home
- *d. All of the above

As people age their likelihood of developing chronic health conditions increases substantially. As such, older adults can expect a higher level of need for medical care.

4. What is considered the best way to lower healthcare costs for older adults?

- *a. Health promotion, disease prevention, and chronic disease management
- b. Fee-for-service
- c. Competition
- d. Death

Health promotion, disease prevention, and chronic disease management are considered the best way to lower healthcare costs for older adults. People are responsible for their own health as part of health promotion, disease prevention, and chronic disease management activities and programs.

5. The percentage of the population age 65 and over is projected to reach ____ in 2030.

- *a. 20%
- b. 30%
- c. 40%
- d. 50%

The average age of the American population has been increasing dramatically since the 1940s “Baby Boom.” The percentage of the population age 65 and over is projected to reach 20% in 2030.

6. What is the “age rectangle”?

- a. Older adults aged 65+ years will live longer with chronic health conditions, and then suddenly die.
- b. The demography of the United States includes a small percentage of older adults aged 65+ years, and at the same time, there is a large percentage of people aged 18+ years or younger.
- *c. The demography of the United States includes nearly equal amounts of older adults aged 65+ years and children aged 18+ years or younger.
- d. The demography of the United States includes an increasing number of racial and ethnic minority older adults aged 65+ years.

The demography of the United States once had a larger percentage of children and few older adults—this was referred to as the aging pyramid; however, with the baby boomer population, advances in medical science and healthcare, a large percentage of people are living longer—result in the United States demography to include approximately equal amounts of children under the age of 18+ years and older adults aged 65+ years (approximately 20%).

7. Describe some of the demands that baby boomers will make on the United States in the next 10 years.

Baby boomers will have a profound impact on the United States healthcare system and healthcare financing in the next 10 years. After soldiers returned from World War II, there was a large surge in births (i.e., there were fewer than 2.8 million births in 1945 but more than 3.4 million in 1946). With advances in medicine and medical technology, baby boomers will grow older with chronic diseases and live longer. Also, as baby boomers retire they will make unprecedented demands on Social Security and Medicare programs, while at the same time, these programs will be supported by a dwindling taxpaying workforce.

8. What is the leading cause of death among older adults age 65 and older, as reported in 2016?
- a. Stroke
 - b. Cancer
 - c. Alzheimer's disease
 - *d. Heart disease

Heart disease is the leading cause of death among older adults age 65 and older. The primary reason heart disease develops in individuals is due to poor health behaviors such as tobacco use, inactivity, poor diet, alcohol abuse, and so on.

9. Describe some of the ways in which Medicaid differs from Medicare.

Medicaid is a state, not federal, program for low-income people. Medicaid policies vary by state for eligibility, services, and payment. Older adults can be eligible for both Medicaid and Medicare if they are both low-income and over the age of 65 years. Medicaid is commonly the largest cost item in most states' budgets.

10. What makes up the greatest percentage of deaths in the United States?
- a. Shortfalls in medical care
 - b. Access to healthcare
 - *c. Behavioral, social, and environmental factors
 - d. Genetic

It is estimated that 60% of premature mortality in the United States is due to behavioral, social, and environmental factors while 10% of premature mortality in the United States is linked to shortfalls in medical care, followed by genetic predispositions.

11. The federal government defines health as which of the following?

- *a. Disease prevention, health protection, and health promotion
- b. Biopsychosocial influences of health
- c. Prevention and self-management
- d. Community partnership, mental health, and physical health

The federal government defines health as (1) disease prevention, which comprises strategies to maintain and to improve health through medical care, such as high blood pressure control and immunization; (2) health protection, which includes strategies for modifying environmental and social structural health risks, such as toxic agent and radiation control, and accident prevention and injury control; and (3) health promotion, which includes strategies for reducing lifestyle risk factors, such as avoiding smoking and the misuse of alcohol and drugs, and adopting good nutritional habits and a proper and adequate exercise regimen.

12. What public service was enacted in 1965 to help persons age 65 or older pay for medical care?

- a. Older Americans Act
- b. Medicaid
- *c. Medicare
- d. Social Security

Medicare was enacted in 1965 to help persons age 65 or older pay for medical care. In 2016, Medicare covered 48 million older adults and 9 million younger persons with disabilities. It is a major player in the U.S. healthcare system, costing \$702 billion in 2017, an increase in costs of 40% from a decade earlier and currently 15% of the entire federal budget.

13. Describe some trends in older adult poverty.

The Supplemental Poverty Measure estimates the poverty rate of seniors to have been 14.5% in 2016 instead of the 9.3% noted earlier by the U.S. Census. The National Academy of Science estimated the poverty rate for older Americans at 19%. The poverty rate is more than twice as high for older Hispanics and Blacks (17.4% and 18.7%) than for older Whites (7.1%), and more than 40% higher for older women (10.7%) than for older men (7.6%), according to the 2017 Profile of Older Americans, published by the Administration on Aging. Combining gender, ethnicity, and housing, the highest poverty rates were experienced among Hispanic women who lived alone (39.5%).

14. What is Social Security?

- a. Federal program designed to provide hospital insurance, and most people do not have to pay a monthly premium for this insurance because they are eligible through the taxes they paid while working
- b. Federal program designed to provide medical insurance and covers physician services, outpatient hospital care, and other medical services such as physical and occupational therapy and some home healthcare
- *c. Federal program designed to protect individuals and their families from loss of earnings due to retirement, disability, or death (when signed into law in 1935, it covered only retired workers)
- d. Largest source of funding for medical and health-related services for people with limited income

Social Security is a federal program designed to protect individuals and their families from loss of earnings due to retirement, disability, or death (when signed into law in 1935, it covered only retired workers). It is an entitlement in that to receive retirement benefits, a person must contribute through payroll tax contributions for 10 or more years. Workers and employers are both responsible for paying half of the payroll tax—6.2% each, with the self-employed paying the full 12.4%, up to a taxable maximum of \$132,900 (in 2019) of earnings.

15. The World Health Organization ranked the United States as _____ in quality of healthcare.

- a. 7th
- b. 17th
- c. 27th
- *d. 37th

WHO ranked the United States 37th in the quality of healthcare, and 50th in life expectancy.