

## Chiropractic's Role in an Aging Society - To Be Determined

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Chiropractic's role in caring for an aging society is still to be determined. What role should we have? What role will we have? It depends on us, the chiropractors, and the efforts we choose to put forth over the next few years.

Recently, I was asked to serve on the American Public Health Association's Task Force on Aging (TFA). It is very encouraging to be one of the many chiropractors from all over the country being invited to serve on committees, task forces and organizations that may shape the future health care system and the policies and laws that govern it. I am honored to be one of those DCs, fueled by a passion for the chiropractic profession and supported by an excellent team - the members of the Chiropractic Health Care Section of the APHA. The Task Force on Aging has worked hard at being inclusive and has invited participation from a broad and diverse group of APHA sections, including our own Chiropractic Health Care Section.

Recently, the TFA completed a scope-of-work document and invited its committee members to identify areas of work in aging that may be relevant to their respective professions and "sections" within APHA. Key points from the document are summarized on page 20. I challenge and encourage the readers of *Dynamic Chiropractic* to envision chiropractic's role in some of these important topical areas, and to offer input on how to best coordinate the task force's efforts with existing or future efforts in the chiropractic field. I look forward to reading your thoughts, which can be sent to me directly (see contact information at the end of this article).

You might ask, "Why should I get involved in this?" Well, read on...

The APHA is the oldest and largest public health organization in this country, with a 130-plus-year history and over 55,000 members and affiliates. The APHA is also one of the most powerful lobbies on Capitol Hill. What the APHA says about health care for aging patients, goes.

As chiropractors, we are already engaged in a great deal of health promotion and prevention in the care of aging patients. We may be engaged in more discussion with patients on healthy behaviors and lifestyles than almost any other health profession. We are also, as a profession, engaged in important work to secure access and affordability of chiropractic care for the country's aging population. For example, we have made great strides in securing the opportunity for chiropractors to care for the veterans who have served our country in times of war. But many health professionals, and a good portion of the American population, simply don't understand the potential role of chiropractic in caring for aging patients. For these reasons, it is essential that we engage actively with the TFA, maintaining a strong chiropractic presence and voice as the proposed "work" of the committee moves forward.

As your chiropractic representative on the APHA-TFA, I would like to serve in a meaningful and productive manner, with the goals and needs of the chiropractic profession in mind. I am asking for your input to ensure that our profession's existing efforts dovetail nicely with the APHA's work on the topic of aging, even if it takes a nudge or two to enhance this professional symbiosis. Truly, the

future role of chiropractic in caring for an aging society is to be determined. I would like to see chiropractic as a "given" for inclusion on geriatric health care teams, and for both the lay public and other health professionals to better understand the potential role of chiropractic as an integral part of health care for aging patients.

For more information about the APHA, the Chiropractic Health Care Section, or the TFA, please contact me by e-mail at the address listed at the end of this article. We would like to see more chiropractors join the ranks of this powerful organization, and take an

increasingly active role in every level of leadership within APHA. Who will be the next generation of chiropractic leaders fighting on the front line of change within the health care system? Will it be you?

Population of interest: All adults aged less than 65 years

#### Orientation to health and disease

- Place strong emphasis on healthy aging by maximizing health promotion, disease prevention, and injury risk reduction initiatives at individual, community, state and national levels.
- Encourage initiatives and solutions that recognize the scarcity of public funds, but also strongly advocate to creatively maximize access to health and supportive services according to need in the least restrictive environment.
- Chronic disease and injury prevention and control:
  - Encourage use of all chronic disease screening procedures insured by Medicare.
  - Encourage appropriate assessment for risks of falling.
  - Minimize incidence of adverse drug events due to polypharmacy.
  - Encourage appropriate and indicated use of various health care services.
  - Encourage adoption of exercise regimens and smoking cessation.
  - Encourage proper nutritional habits and adequate fluid intake.
  - Promote awareness of the potential health risks associated with excess alcohol consumption and self-medication.
- Tertiary prevention to improve or prevent further decline in function due to acute illness, chronic illness, or injury:
  - Maximize availability of rehabilitation therapy services, including gait, balance, and strength training.
  - Promote recovery to resume prior activities and maximize quality of life

#### Community orientation

- Encourage uniform surveillance methods to monitor and report trends in acute and chronic diseases and injuries at state and local levels.
- Promote partnerships among public health departments, area agencies on aging, state units on aging, and disease-specific voluntary organizations in carrying out health promotion, disease prevention, and injury risk reduction programs.
  - Enhance efforts to educate informal caregivers about chronic disease management and available community resources to promote their own health and well-being.

#### Population-based interventions

- Encourage replication or adaptation of "best practices" aimed at health promotion, disease prevention, and injury risk reduction.
- Encourage intergenerational social and recreational activities.
- Promote public policies for chronic care oriented toward consumer choice and service delivery in home and community-based settings.
- Encourage adoption of evidence-based interventions to minimize the incidence of elder abuse and neglect.

#### Regulation, consumer protection, and access to services

- Simplify eligibility and application procedures to maximize access to publicly financed health and social services.
- Improve opportunities for consumers with literacy limitations to learn about services.
- Ensure physical access to all available health and long-term care services.
- Empower consumers to communicate more routinely with their health care providers about diagnosis and treatment options.
- Encourage evaluation of Medicare benefits to reorient focus on healthy aging and maximization of independence, rather than on disease treatment.
- Encourage vigorous investigation of elder abuse and neglect complaints, and strict enforcement of regulations protecting older adults from abuse and neglect.

#### Health care work force

- Promote education and training initiatives to increase the supply of health care professionals and paraprofessionals with proven expertise in geriatrics and long-term care practices and policies.
- Strongly encourage existing health care providers to be proactive in explaining benefits under the Medicare program.

#### Research

- Promote research efforts with funding from public sector and private sector sources to continue building scientific evidence about:
  - promising public health interventions that may improve health status and quality of life;
  - quality of care in existing health care services and service coordination programs.
- Encourage the development and dissemination of state-of-the-art approaches to measure the processes and outcomes of new interventions and existing services.

Interested DCs can comment on the outline above using the following contact information:

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