

The Gerontological  
Health Section of  
the American Public  
Health Association  
Presents

# The Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health 2004



We want you to know™



# Foreword

Congratulations to this year's Recipient and Honorable Mention of the Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health.

This award was created through an endowment provided by Aetna, Inc. in conjunction with the Gerontological Health Section of the American Public Health Association to recognize the best research on older women and public health.

## **The 2004 Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health recipient:**

“Changes in Elderly Women’s Health-Related Quality of Life Following Discontinuation of Hormone Replacement Therapy”

**Debra A. Heller, Ph.D.**

First Health Services Corporation, administrator for Pennsylvania’s Pharmaceutical Assistance Contract for the Elderly (PACE) program, Harrisburg, Pennsylvania

## **Honorable Mention:**

“Aging Successfully — How Does Gender Affect Psychological Well-being Among Elders with Functional Limitations?”

**Ruth D. Palombo, Ph.D., M.S., R.D.**

Independent Consultant for Healthy Aging  
Boston, Massachusetts

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It is our hope that these research papers can contribute to enhanced services to older women throughout the United States.

To Marcia Ory, Ph.D, M.P.H., we extend our deepest appreciation for her efforts in chairing the Gerontological Health Section Older Women’s Committee and coordinating the Award Selection Committee. We thank the entire Selection Committee (members: Donna Cox, Ph.D., Bruce Friedman, Ph.D., Maryam Navaie-Waliser, Dr.P.H., Alison Moore, M.D., and Gerry Eggert, Ph.D.) for their review of this year’s outstanding research papers.

**Janet Kennedy**

*Assistant Vice President  
Aetna, Inc.*

**Steven P. Wallace, Ph.D.**

*Chair, Gerontological Health Section  
American Public Health Association*

# Mission Statement

## American Public Health Association

The American Public Health Association (APHA) is an association of individuals and organizations working to improve the public's health. It promotes the scientific and professional foundation of public health practice and policy, advocates the conditions for a healthy global society, emphasizes prevention, and enhances the ability of members to promote and protect environmental and community health.

## Gerontological Health Section

The Gerontological Health Section of the APHA works to stimulate public health actions to improve the health, functioning, and quality of life of older persons, and to call attention to their health care needs. We are constantly looking for new ways to bring public health innovations to older persons.

## Aetna, Inc.

In keeping with a strong commitment to women's health, Aetna has a dedicated area led by Cheryl Pegus, M.D., M.P.H., which focuses on several initiatives, including heart and breast health and depression, that address the health of women across their lifespan. Dr. Pegus, a cardiologist, is particularly concerned about heart disease, the number one cause of death for women, as well as the disparate prevalence of diabetes and obesity in ethnic minorities. "Millions of women have type 2 diabetes and are unaware of it," explained Dr. Pegus. "Chronic conditions account for the majority of health care costs, and many are more prevalent in women. As health care leaders we have to continue to examine these issues and develop a strategy to proactively address them. Your research on underserved and geriatric populations is critical to our efforts."

As one of the nation's leading providers of health care, dental, pharmacy, group life, disability and long-term care benefits, Aetna puts information and helpful resources to work for its approximately 13.4 million medical members, 11.4 million dental members, 8.1 million pharmacy members and 12.6 million group insurance members to help them make better informed decisions about their health care and protect their finances against health-related risks. For more information, please visit [www.aetna.com](http://www.aetna.com).

## Susan B. Anthony (1820 – 1906)

Aetna, Inc. is pleased to name this award in honor of Susan B.

Anthony, the great women's rights pioneer. Her activism included the following:

- During the Civil War, she worked with the Women's National Loyal League, petitioning Congress in favor of the 13th Amendment to abolish slavery, which was ratified in 1865.
- From 1869 – 1906, Anthony appeared before every Congress to lobby for passage of a woman suffrage amendment.
- In 1873, she was tried and convicted in Canandaigua, NY, for voting in the 1872 presidential election. "I not only committed no crime, but, instead, simply exercised my citizen's rights, guaranteed to me and all United States citizens by the National Constitution, beyond the power of any state to deny," said Anthony about her decision.
- In 1900, at the age of 80, she pledged the proceeds of her life insurance policy to secure the admission of women to the University of Rochester.
- In 1906, she delivered her famous "Failure is Impossible" speech at her 86th birthday celebration in Washington, D.C.
- In 1920, more than a decade after her death, Congress passed the 19th Amendment (The Susan B. Anthony Amendment) to the Constitution.
- Anthony's advocacy for equal rights for women is now recognized through the Susan B. Anthony House, located at 17 Madison St., Rochester, NY 14608.

# Table of Contents

**2005 Call for Abstracts . . . . .3**

**The 2004 Aetna Susan B. Anthony Award for  
Excellence in Research on Older Women and  
Public Health — Winning Paper . . . . .4**

**“Changes in Elderly Women’s Health-Related  
Quality of Life Following Discontinuation of  
Hormone Replacement Therapy”**

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**2004 Honorable Mention . . . . .9**

**“Aging Successfully — How Does Gender Affect  
Psychological Well-being Among Elders with  
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**Ruth D. Palombo, Ph.D., M.S., R.D.**

**Independent Consultant for Healthy Aging —  
Boston, Massachusetts**

# The Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health

## 2005 Call for Abstracts

An overriding goal of the award program is to recognize individuals who make a significant contribution to research on older women and public health. Women are the majority of care recipients and caregivers, so it is important to document their unique health concerns and the role that public health strategies play in improving the health and well-being of American women.

The award-winning paper will: (1) frame a research question and analyses to address an issue of importance to older women and public health and (2) include explicit recommendations for furthering research and practice of relevance to older women.

The criteria for selection are: (1) the importance of the topic; (2) rigor of the design, analysis and conclusions; (3) quality of writing; and (4) the potential benefit to the field.

Candidates are identified by self-nomination in submission to the APHA/GHS Call for Abstracts. Following a preliminary screening of abstracts eligible for this Award, a journal-length article and narrative biosketch are requested from those selected by the review committee (chaired by Marcia Ory, Ph.D., M.P.H.) to submit additional materials.

The winner is expected to attend APHA's Annual Meeting in New Orleans, Louisiana, to receive recognition at the GHS Awards Session and to present his or her findings in a GHS paper session. Honorable Mention may be awarded to other finalists.

“We’re very pleased to award individuals who are providing breakthrough research on the growing health care issues facing aging American women and to support the mission of the Gerontological Health Section,” said Janet Kennedy, Assistant Vice President, Aetna, Inc. “Older women continue to face challenging health care issues as both the provider and the recipient of care. We want to recognize and encourage research to enhance the quality of care and expand women’s choices for care arrangements.”

Marcia Ory, Ph.D., M.P.H., Past Chair of the Gerontological Health Section and Chair of the Gerontological Health Section’s Special Interest Group on Older Women’s Health Issues, chairs the Selection Committee. She notes, “We are delighted that Aetna has chosen to give emphasis to older women’s health issues through their support of this award. We celebrate excellence in research that can make a difference in the lives of older women.”

# The Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health

2004 Award Winner

“Changes in Elderly Women’s Health-Related Quality of Life Following Discontinuation of Hormone Replacement Therapy.”

Debra A. Heller, Ph.D.

**Contributing Authors:** Carol H. Gold, Ph.D.; Frank M. Ahern, Ph.D.; Kristine E. Pringle, Ph.D.; Theresa V. Brown, M.P.A.; and Margaret R. Glessner, Pharm.D.

**Objectives:** Many older women have discontinued hormone replacement therapy (HRT) in view of recent findings. The goal of this study was to determine if HRT discontinuation is associated with changes in health-related quality of life (HRQOL) in elderly women.

**Methods:** We studied women enrolled in Pennsylvania’s Pharmaceutical Assistance Contract for the Elderly (PACE) program, linking prescription claims with data from a longitudinal mail survey. HRQOL measures included the number of days out of the last 30 that physical health was not good and analogous measures for mental health, pain, and interference with activities, as well as a composite “healthy days” measure developed by the Centers for Disease Control and Prevention (CDC). Longitudinal analyses focused on 2,357 women who completed surveys in both 2002 and 2003, and who used HRT at baseline (mean age = 75.5, range = 65-102). Propensity scores were used to match HRT continuers and discontinuers according to type of HRT, other drug use, demographics, and HRQOL at baseline. Analysis of covariance was used to compare HRQOL change in continuers and discontinuers.

**Results:** Between 2002 and 2003, 43% of elderly HRT users discontinued therapy. Analysis of covariance to compare HRQOL change in continuers and discontinuers revealed complex interactions with age. Discontinuers aged 65 – 74 reported greater increases in days in which mental health was not good ( $p<0.05$ ), fewer “healthy days” ( $p<0.05$ ), more days in which health interfered with activities ( $p<0.01$ ), and more days with pain ( $p<0.01$ ). Among women aged 75 – 84, HRT discontinuers reported more days in which physical health was not good ( $p<0.01$ ); no other significant effects were observed in this age group. Relative to HRT continuers, discontinuers aged 85 and older experienced apparent HRQOL improvements following cessation, with fewer days in which physical health was not good ( $p<0.01$ ), fewer days of poor mental health ( $p<0.05$ ), and more “healthy days” ( $p<0.01$ ).

**Conclusions:** These results suggest that there are substantial age differences in response to HRT discontinuation. The results highlight the need for communication between clinicians and patients throughout the HRT discontinuation process, and illustrate the value of monitoring HRQOL as a component of health program administration.

# Executive Summary

## Introduction

Few health topics are currently associated with as much confusion as the issue of hormone replacement therapy (HRT) for postmenopausal women. Although, historically, the results of many observational studies suggested that HRT confers health benefits, recent clinical trial results have raised important concerns about potential risks. In July of 2002, the combination HRT component of the Women's Health Initiative study was stopped due to an excess incidence of coronary events, stroke, pulmonary embolism, and breast cancer among women receiving estrogen and progestin in combination. The well-publicized halting of this trial, along with emerging evidence from other studies, sparked intense debate and ultimately led to an important paradigm shift with respect to HRT. Recent guidelines, such as those released by the U.S. Preventive Services Task Force, state that potential harmful effects of HRT related to breast cancer and cardiovascular risk outweigh benefits such as increased bone density, and that HRT should therefore not be used for the prevention of chronic conditions in postmenopausal women. In January of 2003, the U.S. Food and Drug Administration required that a "black box" warning be added to all estrogen-containing products, citing HRT's risks and warning that HRT should not be used for the prevention of cardiovascular disease. Current recommendations suggest that HRT

should be used for the shortest duration needed to relieve menopausal symptoms, rather than on a long-term basis.

The new guidelines and warnings are in sharp contrast to HRT's cultural history and early marketing, which portrayed hormone replacement as fundamental for the preservation of health, youth, and femininity. Many older women who are now long past menopause initiated HRT decades ago with the belief that they would continue with the therapy for life. The recent shifts in guidelines and practice have therefore presented a dilemma for clinicians and patients, and many women have decided to discontinue HRT.

Enhanced quality of life is a frequently-cited benefit of HRT; however, studies addressing quality of life have produced mixed results, with little evidence of such a benefit for most users. No published studies to date, however, have specifically examined the impact of HRT *discontinuation* on quality of life. In addition, most HRT studies have focused on younger postmenopausal women rather than elderly women. Elderly women are an important segment of the population of HRT users, and more research on elderly HRT users is needed. It is especially important for clinicians to understand potential changes in quality of life that may follow HRT discontinuation, and how women of

There appear to be substantial age differences in older women's response to HRT discontinuation — while women aged 65 – 74 reported declines in health-related quality of life following HRT cessation, women aged 85 or older experienced apparent improvements. The results highlight the need for individualized communication between clinicians and patients throughout the HRT discontinuation process, and illustrate the value of monitoring quality of life as a component of health program administration.

different ages may respond to HRT discontinuation. The goal of this study was to determine if HRT discontinuation is associated with changes in health-related quality of life in elderly women. We studied women enrolled in a state pharmaceutical assistance program for the elderly, linking prescription claims with data from a longitudinal mail survey that addressed health-related quality of life. The availability of longitudinal survey data for HRT continuers and discontinuers provided a unique opportunity to examine the impact of HRT discontinuation on the quality of life of elderly women.

## Women aged 85+ who discontinued HRT improved their HRQOL.

### Results

Of the 2,357 baseline HRT users who completed surveys in both 2002 and 2003, 1,015 women (43.1%) discontinued HRT between the time of their baseline and follow-up surveys. The strongest predictor of HRT discontinuation was type of HRT used at baseline, with combination estrogen/progestin users being three times as likely as estrogen-only users to discontinue HRT. On average, HRT discontinuers had higher annual incomes than continuers. Women who had any baseline use of either cardiovascular drugs or medications to treat osteoporosis were significantly more likely than non-users to discontinue HRT. The total number of non-HRT medication classes used at baseline was also significantly associated with discontinuation — women who used more medications were less likely to discontinue HRT.

ANCOVA analyses revealed striking age differences in the associations between HRT discontinuation and follow-up HRQOL, while statistically controlling for baseline HRQOL. Within the youngest group of women (aged 65 – 74), HRT discontinuation was associated with a significant increase in the days out of 30 in which mental health was not good (adjusted mean change = 1.1 days), fewer healthy days (adjusted mean change = 1.5 days), more days in which physical or mental health interfered with activities (adjusted mean

change = 1.7 days), and more days in which pain made it hard to do routine activities (adjusted mean change = 1.2 days).

Among women aged 75 – 84, HRT discontinuers reported an average of 1.6 more days at follow-up in which their physical health was not good. No other significant differences in HRQOL between continuers and discontinuers were found in this age group.

In contrast to the declines in HRQOL seen in younger HRT discontinuers, women aged 85 or older who discontinued HRT appeared to experience improvements in several HRQOL measures, while older continuers showed declines. Relative to baseline, HRT discontinuers in this age group experienced fewer days in which physical health was not good, while continuers reported more “not good” physical days (adjusted mean changes for continuers and discontinuers were 2.2 and –2.4, respectively). HRT continuers aged 85 or older also reported an increase in days that mental health was not good, while discontinuers experienced a slight decline (2.4 vs. –0.4). For the composite healthy days measure, HRT continuers experienced a mean decrease of 2.8 healthy days, while discontinuers exhibited a mean increase of 2.3 healthy days. In this oldest age group, HRT continuers and discontinuers did not differ significantly in the number of days at follow-up that health interfered with activities or that pain made activities difficult.

### Discussion

Given the large number of women who have either discontinued or will discontinue HRT, it is important to understand the relationship between HRT cessation and quality of life. This is the first study to present information specifically about the impact of HRT discontinuation on HRQOL in elderly women. Our results suggest that HRT discontinuation is associated with changes in HRQOL, but the direction and magnitude of these changes vary according to age.

Depending on the specific measure examined, HRT discontinuers aged 65 – 74 averaged an increase of one to two days per month in which HRQOL was suboptimal. The results described here do not explain what factors may have mediated the HRQOL decline observed among younger women. Possibilities include vasomotor symptoms, such as hot flashes; alternatively, there may be more complex physiological effects of HRT discontinuation that affect mood, pain perception, or other aspects of perceived health.

Our results suggest that the response to HRT discontinuation among women aged 85 or older may be quite different from that of women in their 60's or 70's. In this study, women aged 85 or older appeared to experience improve-

## Women aged 65 – 74 who discontinued HRT decreased their HRQOL.

ments in HRQOL following HRT cessation. The pattern of results observed here is an important reminder that even populations defined on the basis of age — such as PACE, for which the minimum eligible age is 65 — may include a broad range of ages with associated heterogeneity.

The present results point to several areas for further research on the determinants and outcomes of HRT discontinuation. For example, more work is needed to model the time course of change following HRT discontinuation, and to examine whether short-term changes in HRQOL following cessation persist over time. Ideally, future research efforts will evaluate differences in HRQOL change according to the intensity and duration of the cessation process. More studies are also needed to elucidate the potential physiological mechanisms associated with the age differences reported here.

In conclusion, the present study furthers knowledge regarding older women's health in several important ways. First, it provides new information about potential declines in quality of life that women in their 60's and 70's may experience shortly after discontinuation of HRT. The declines observed among younger HRT discontinuers highlight the need for communication between clinicians and patients throughout the discontinuation process. Awareness of potential HRQOL changes may help clinicians and patients to prepare for the discontinuation experience. Specific

strategies designed to optimize the cessation process may also help women discontinue HRT successfully. For example, recent recommendations advocate a gradual discontinuation in which HRT dosing is tapered over a three to six month period.

Secondly, the results of this study suggest that many women aged 85 or older, including those who have used HRT for many years, may be able to discontinue HRT with little or no negative impact on HRQOL. In fact, some women in this age group may experience improvements in quality of life upon HRT cessation, although the mechanisms involved in the observed improvements are not yet understood.

Finally, this study also has implications for health policy in that it illustrates the value of health monitoring and surveillance as a component of health program administration. Health-related quality of life is an important factor that should be considered when making clinical decisions and developing health policies. By including an optional survey in the application process, PACE has demonstrated a commitment to understanding the health status of its older patient population. The use of survey measures such as those described in this study provides a useful framework for the evaluation of program initiatives, and also provides a valuable resource for addressing relevant research questions. We hope that the work described here may encourage administrators of other programs to consider adopting similar health surveillance strategies.

# Biographical Sketch



**Debra A. Heller, Ph.D.**

**Debra A. Heller, Ph.D.**, is a Pharmacy Research Scientist with First Health Services Corporation, the administrative contractor for Pennsylvania's Pharmaceutical Assistance Contract for the Elderly (PACE) program. She is also an Adjunct Assistant Professor of Biobehavioral Health at Penn State University. Her educational background includes a B.S. degree in Biology and M.S. and Ph.D. degrees in Genetics from Penn State.

Dr. Heller's current research interests are focused on pharmacoepidemiology, evaluation of health service programs, and gerontological health. She is particularly interested in how administrative health care data can be used to address research questions about the health and well-being of the elderly. As a member of a multidisciplinary team of researchers from Penn State and PACE, she is involved in collaborative research linking prescription claims data with data on health services utilization and health survey data. The team is presently engaged in a number of ongoing research studies to examine associations among prescription drug coverage, medication use, health-related quality of life, and health outcomes in the elderly.

Dr. Heller was formerly a statistician with the Indian Health Service (IHS) and remains affiliated with the agency as a consulting statistician and as a member of the IHS national Institutional Review Board.

# The Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health

2004 Honorable Mention

“Aging Successfully — How Does Gender Affect Psychological Well-being Among Elders with Functional Limitations?”

Ruth D. Palombo,  
Ph.D., M.S., R.D.

**Objective:** The purpose of this study is to examine how gender influences health and social factors associated with psychological well-being among older adults age 65 and older with and without functional limitations.

**Methods:** This cross-sectional study uses data from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), an annual statewide telephone survey of Massachusetts adults. A total of 333 cases were included in the study. The associations between psychological well-being and demographic, health and social factors were examined on the basis of functional limitation status and gender. Predictors of psychological well-being were determined using multivariate regression models.

**Results:** Negative social support from family and perception of one's health as fair or poor predicted poor psychological well-being among women overall. For women with functional limitations, inadequate emotional support and social disengagement were also significant predictors of poor psychological well-being. For men overall, dissatisfaction with level of social activities was a significant predictor of poor psychological well-being. For males with functional limitations, current smoking and negative social support from family predicted poor psychological well-being. Social resources seemed to play a more important role for women than men overall, and particularly for women with functional limitations.

**Conclusions:** This study identifies the importance of examining gender differences for understanding psychological well-being among older adults. It provides important information on the unique role that adequacy and types of social support resources play in predicting psychological well-being among older women overall compared with men, and particularly for older women with functional limitations. Study findings provide direction to health agencies for program planning, program implementation and resource allocation for older populations, and help to draw attention to the importance of addressing gender differences in strategies to improve the lives and health of older adults.

# Executive Summary

## “Aging Successfully — How Does Gender Affect Psychological Well-Being Among Elders with Functional Limitations?”

Gender can have an important influence on psychological well-being among older adults. As people age, certain life events such as changes in marital, employment and economic status as well as greater losses due to death, illness and moves of family and friends may affect older women and men in unique ways. In addition, men and women may react differently to changes in physical abilities and function, chronic health conditions, coping resources, e.g. adequacy and types of social resources, and perceived control over one's life.

Research studies indicate that gender, e.g. being female, is a significant predictor of disability and that older females compared with older males have greater problems with ADLs. One explanation is that certain chronic conditions such as arthritis that often result in severe disability are more common among older women than among older men. For example, among adults age 65 and older, the prevalence of both arthritis (leading chronic condition) and hypertension (second leading chronic condition) are higher among women compared with men. Finally, older females are more likely to be in institutions, have cognitive impairments, report poorer functional outcomes and experience depression and older men are more likely than women to be married and have a living spouse.

It is important to recognize that people grow old in many different ways, with biological, psychological and social factors exhibiting complex interactions. Despite living with functional limitations and chronic health conditions, elders commonly seek meaningful ways to spend time, maintain close relationships with others, share their expertise and talents, and maximize their potential. This study expands on research that explores different approaches to defining successful aging for those with functional limitations and examines the important role that gender plays when incorporating this growing population of older adults into studies of successful aging. Key research questions focus on gender differences in the way that health and social factors influence psychological well-being among older adults with and without functional limitations.

This study examines how gender and social support resources influence health and psychological well-being among older adults. Study findings provide direction to health agencies for program planning, implementation and resource allocation for older populations, and show the importance of addressing gender differences in strategies to improve the lives and health of older adults.

## Social connections and emotional support play an important role for women with physical limitations.

### Results

#### Gender Differences in Prevalence of Chronic Diseases, Health Behaviors and Health Status

Self-reported data on the prevalence of eight chronic conditions (arthritis, stroke, heart disease, bronchitis/COPD, asthma, diabetes, cancer, high blood pressure) were examined. Arthritis and bronchitis/COPD were more common among females than males. Having had a stroke was more common among males than females.

Among older adults with functional limitations, getting insufficient physical activity or no physical activity was more common among females compared with males. There were no significant gender differences in physical activity for older adults with no functional limitations. Taking medications to feel less sad/unhappy was more common among females overall, and specifically among females with functional limitations than among males. Among older adults with functional limitations, reporting their health as fair or poor was more common among males compared with females.

#### Gender Differences in Prevalence of Social Factors

Older adults were asked if they had a confidante, about engagement with people and activities, if they were satisfied with their level of social activities, whether they needed more emotional support, and whether they received negative social support from family.

Less social engagement was reported among males than among females. Among older adults with no functional limitations only, having no confidante was more common among males than among females. Males and females overall had a similar prevalence of dissatisfaction with their level of social activities, receiving adequate emotional support and receiving any negative social support from family.

#### Discussion

The present study found that among elders with functional limitations, being a female was a strong predictor of depressive symptoms. This study also found that social connections and activities as well as adequate emotional support seem to play a particularly important role for women with functional limitations. This is one of the few studies that has looked at the role of health and social factors among older adults with functional limitations compared with older adults with no functional limitations.

The feminization of old age presents complex issues related to social support and development of strategies to help older women maintain adequate social connections, activities and emotional support. Women compared to men are more likely to live longer and are more likely to live with chronic conditions or functional limitations for longer periods of time. In addition, as life expectancy continues to increase, women are more likely than men to be alone in their later years due to widowhood, divorce or loss of family and friends.

Study findings suggest that as programs for women's health are developed and implemented, special attention should be paid to adequacy of social resources. Addressing social factors in addition to health issues may actually promote improved health and behavioral outcomes for older women. For men compared with women with functional limitations, adequate emotional support and social engagement did not predict positive psychological well-being. Study findings suggest that for males, close contacts and social engagement may be less important for psychological well-being than for females.

## Conclusions

This study identifies the important role that gender plays in understanding psychological well-being among older adults. Although other studies document better physical and psychological health among people with strong social connections and social support, this study identifies the unique role that adequacy and types of social support resources play in predicting psychological well-being among older women overall compared with men, and particularly for older women with functional limitations. Study findings also suggest that for older women, close contact with fewer people who can provide emotional support may be especially important for psychological well-being. Selectivity regarding quality of support may be more important than the quantity of the support and women may be more discriminating regarding the people with whom they spend time with as they age. Perhaps connecting older women on a one-to-one basis to foster individual relationships is one approach that might be particularly useful to enhance psychological well-being and reduce social isolation.

These findings have important implications for clinical and public health practice and for providers who work with older women in communities, assisted living or other group housing settings. Study findings suggest a direct benefit for social resources in predicting psychological well-being, particularly for older women with functional limitations and suggest a likely link between adequacy of social resources and successful aging. Study findings also provide direction to health agencies for program planning, program implementation and resource allocation for older populations, and help to draw attention to the importance of addressing gender differences in strategies to improve the lives and health of older adults.

# Biographical Sketch



**Ruth D. Palombo,  
Ph.D., M.S., R.D.**

**Ruth Palombo, Ph.D., M.S., R.D.**, is former Director of the Office of Elder Health at the Massachusetts Department of Public Health. She is currently an independent consultant focusing on research, training, teaching and program development in the area of healthy aging. She received her undergraduate degree in human nutrition and foods from Cornell University, a masters in nutrition and public health from Teachers College, Columbia University, a masters in health policy and management from the Harvard School of Public Health and a Ph.D. in social policy with concentrations in aging and in substance abuse from the Heller School of Social Policy and Management at Brandeis University.

Dr. Palombo currently chairs the Massachusetts Commission on End of Life Care, a legislative commission dedicated to promoting education and awareness around end of life issues and improving quality of life at the end of life. She is an Adjunct Assistant Professor, Department of Family Medicine and Community Health at Tufts University School of Medicine and Lecturer at the Boston University Gerontology Center. Dr. Palombo is a member of the National Council on Aging's resource team that provides technical assistance and support for the Administration on Aging's Evidence-based Disease Prevention Program. Dr. Palombo served as the Principal Investigator for the CDC-funded Massachusetts WISEWOMAN Project, a comprehensive chronic disease prevention, screening and intervention project for uninsured and underinsured older women, and is currently a member of the CDC WISEWOMAN Consultant and Partners Group. She also served as Principal Investigator on the Aging States Project, a needs assessment of health promotion and disease prevention activities in state health departments and state units on aging. Dr. Palombo served as an advisor on aging issues to the CDC as a member of the Ad Hoc Working Group on Aging of the Advisory Committee to the Director of CDC and as a member of the CDC Aging Advisor's Group.

Dr. Palombo's research interests include development of strategies to promote successful aging among elders with chronic conditions and disabilities, fostering coordination and collaboration between the public health and aging services networks to enhance health promotion and disease prevention programs to educate and empower older adults to make healthy life choices, and end of life issues. She is a frequent presenter at national public health and aging meetings and is an active member of both the Food and Nutrition Section and the Gerontological Health Section of the American Public Health Association (APHA). She is currently Co-chair of the APHA Task Force on Aging.

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The American Public Health  
Association and its  
Gerontological Health Section  
gratefully acknowledge the  
generous support received from  
Aetna, Inc. to endow the Susan  
B. Anthony Award for Excellence  
in Research on Older Women and  
Public Health.

Questions about the Award  
should be directed to the  
Chairperson of the Selection  
Committee, Marcia Ory,  
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