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### Aging Well: Turning Good Intentions into Action Journal Vol. 3 | December 2016

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## into Action

A vitality strategy helps people build and balance their health assets for a lifelong healthy lifestyle.

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Adults over fifty-five consistently cite building financial security and maintaining health as their top two aging concerns (Merrill Lynch 2013). However, even clients committed to building financial security and staying healthy often fail to plan and take consistent action toward building their health and vitality.

There's a substantial gap between intentions for aging well and actions. In 2014, only 12 percent of adults sixty-five plus reported participating in activities that met the federal physical activity guidelines for maintaining health (Federal Interagency 2016). Unfortunately, it's very common for financial assets built over a lifetime to be severely depleted by health conditions. A recent report (Merrill Lynch 2013) shows: 1) 57 percent of older adults retired earlier than expected, and personal health problems was the top reason; 2) retirees with health issues are twice as likely to report being in financial crisis; and 3) 60 percent of bankruptcies in the U.S. can be attributed to medical bills.

#### **A Strategic Opportunity**

This gap between intentions and actions provides a strategic opportunity for relationship building outreach to clients, families and communities. As a top two aging concern, interest in health is real. However, health information overload (where everything causes cancer) and multi-million dollar anti-aging and defyaging marketing campaigns have created an environment where people can recite the purported benefits of a "miracle vitamin," but know nothing about truly ground breaking healthy aging research or how to avoid common roadblocks to increasing health span.

#### **Functional Decline**

One common — but preventable — roadblock to healthy aging is functional decline. According to Healthy People 2020, in 2011, 35 percent of females and 29 percent of males aged sixty-five plus reported



#### HEALTH SPAN IS JUST AS IMPORTANT AS LIFE SPAN

Arecent TransAmerica report (2014) reveals 65 percent of boomers plan to work past age sixty-five or don't plan to retire at all. Of those who do plan to retire, over half expect to work at least part time in retirement. The same report shows that 65 percent of baby boomers say they are trying to stay healthy so they can continue to work. This translates to increasing *health span* — defined as the length of lifespan that is spent in relatively good health.

having moderate to severe functional limitations.

Functional decline is a problem with a proven solution — regular physical activity. Yet few people understand its causes, solutions, or far reaching impacts. A recent report (Ding et. al, 2016) described a global pandemic of physical inactivity and estimated health problems driven by inactivity cost global healthcare systems \$53.8 billion in 2013 alone. Sadly, this is about more than just costs. It's about clients you know right now who are gradually losing physical function; families providing home care to loved ones with diminished functional abilities; and individuals who end up in nursing home care due to loss of strength, mobility and endurance. And it's largely preventable. Many types of regular physical activity can help maintain healthy functioning, and one of the most effective is resistance training.

One of the first research projects demonstrating the impacts of resistance training for older adults is illustrated in Figure 1. Results were reported in 1994, thirty-two years ago, and since then hundreds of studies prove that resistance training delays the onset of

Figure 1. Fiatarone Strength Training Study

#### **Participation and results**

- · 100 nursing home residents
- Age 72-98
- Multiple chronic conditions
- · 8 weeks of progressive resistance training increased:
- Strength by 113 percent
- Walking speed by 12 percent
- Stair climbing power by 28 percent

Source: Fiatarone, et. al. (1994)

physical disability in older adults, is safe and effective for even very frail older adults with multiple chronic conditions, and can effectively reverse age-associated loss of strength and muscles mass (Hurley 2011). Yet, the average person still doesn't know you can prevent and even reverse physical frailty with resistance training. That's tragic, considering the unnecessary physical, financial, and emotional toll frailty exacts on individuals, families, and society as a whole.

#### **The Right Time**

Global attention is focused on activating healthy aging strategies, yet traditional health promotion outlets and approaches have done little to convince individuals to adopt healthy lifestyles. Professionals are in a unique position to provide their clients with information that resonates with their most immediate needs and goals: maintaining health span, and preserving financial, estate and legacy plans.

Establishing your business as a source for reliable healthy aging information demonstrates a commitment to supporting your clients' best interests, and provides opportunities to extend your relationships to client family members and the community.

#### **Creating a Vitality Strategy**

The familiar structure of a financial portfolio can be used to help individuals evaluate their vitality status, mitigate common risks to well-being, and create a practical roadmap for lifelong health. An effective approach creates a simple healthy aging framework, outlines health assets necessary for lifelong vitality and offers proven strategies to make healthy lifestyle changes. It's also important to seek information that is personally relevant to individuals in order to help them move from intentions for aging well into the actions necessary to meet health span goals. Some basic health assets include:

- Functional assets of strength, mobility and endurance
- Foundation assets of resilience and ageless thinking
- Wellness assets in the six dimensions of health

Figure 2 illustrates an example of this approach.

#### **Functional Assets**

Strength, mobility and endurance are three functional assets "mission critical" for maintaining independence. Optimizing functional ability is one of the most effective — yet underused — healthy aging strategies



available today. With only 12 percent of adults sixty-five plus reporting regular physical activity, there is ample opportunity for impacting change (Federal Interagency 2016, Healthy People 2020, Hurley 2011).

Inspiring action requires more than just good information. To help people change lifestyle habits, information and opportunities must be personally relevant, and they must be described and illustrated in ways that resonate with daily life.

Consider, for example, the first functional asset — strength. The standard approach is to offer a compelling statistic: On average, after about age thirty, strength declines at a rate of approximately 1 ½ percent per year (Spirduso et al. 2005).

But that information only becomes personally relevant to your clients when the statistic is described and illustrated in a way that resonates with daily life: 1½ percent doesn't sound like a lot until you do the math. Individuals who aren't challenging their muscle strength on a regular basis can lose 60 percent of their strength by age seventy, and 75 percent by age eighty.

Imagine how difficult it would be to complete simple tasks or engage in activities you enjoy if you lost over half of your strength. It's roughly equivalent to going about daily activities while carrying someone

#### **HOW MUSCLE LOSS IMPACTS FUNCTION**

These MRI images of thigh cross-sections show muscle versus fat mass of three different subjects. The top image is a forty-year-old athlete, the middle is a seventy-four-year-old sedentary man, and the bottom is a seventy-year-old athlete. Note the forty- and seventy-year- old athletes have substantially more muscle mass, so to rise from a chair they may only need to use about 40 percent of their leg

Figure 3. MRI Cross-Sections





These MRI images illustrate thigh cross-sections:

White inner circle = bone Dark area around the bone = muscle White outer layer = fat

- ·Top image: 40-year-old triathlete
- · Middle image: 74-year-old sedentary man
- · Bottom image: 70-year-old triathlete

Source: Wroblewski, Amati, Smiley, Goodpaster & Wright (2011)

strength. The seventy-fouryear-old sedentary man (center image) has much less muscle mass, so may need 80-90 percent of his leg strength and 30 percent of his arm strength to get out of the chair. As the sedentary man continues to lose muscle mass, eventually 100 percent of his leg strength and 100 percent of his arm strength won't get him out of that chair.

Losing large amounts of muscle mass is not due to age; it's due to inactivity.

Helping clients understand that retaining independence requires regular and deliberate strength deposits over the lifespan, and showing what inactivity does to mobility, is personally relevant and actionable, and can literally change the course of a client's life.

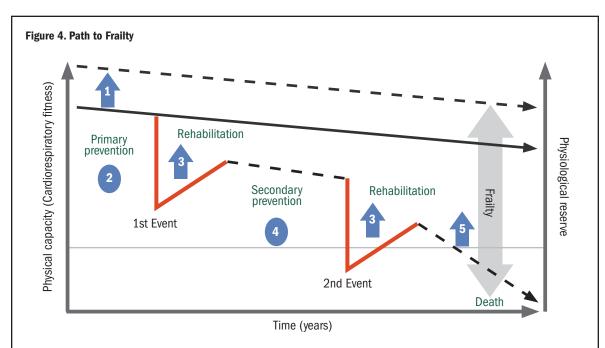


Figure 4: Charansonney (2011). Exercise training can increase initial physical capacity (cardiorespiratory fitness - CRF), prevent acute events, improve recovery after an event, and delay age-related decline of physical capacity (Buchner and Wagner, 1992; cited in Charansonney, 2011).

your same size/weight on your back (i.e., one half the strength requires double the effort). Figure 3 adds a visual illustration in the sidebar, "How Muscle Loss Impacts Function."

Sometimes one "golden nugget" of information can have an immediate and profound life impact. For example, immobility — such as bed rest when hospitalized — can accelerate strength loss to an average of 1-1½ percent *per day*, even in young adults (Bloomfield 1997). Therefore, it's not surprising that up to 60 percent of hospitalized adults over age sixty-five are discharged with a newly-acquired functional deficit. It even has a name, *hospital acquired disability*, and many hospitalized older adults never recover their previous level of function. (D'Ambruoso, Cadogan, 2012; Covinski et al. 2011; Hoogerduijn et al 2007). It *is* surprising that few people know about hospital acquired disability, and even fewer know what to do about it. Figure 4 illustrates this common path to frailty.

When a person experiences a health incident and doesn't recover fully, a health set-back becomes a new functional *set-point*. Another health crisis sends the person further down the path of frailty; and no one intervenes. You probably know someone this is happening to right now.

People need this kind of life altering information. Establishing your business as a source for compelling and reliable health content significantly increases your value proposition to clients. On a broader scale, consider how many individuals professionals reach, and imagine if every client of every professional knew to *insist* on an evaluation of functional status and intervention before hospital discharge. That could have a measurable impact on clients and their families.

#### **Foundation Assets**

Resilience and ageless thinking create the very foundation for lifelong vitality. Resilience is defined as the ability to face and overcome obstacles. It's also related to one's willingness to engage adaptive strategies in order to continue living fully in spite of obstacles. Ageless thinking is closely linked with resilience and relates to our perception of what's possible and probable as we age. Negative expectations of aging can directly impact health choices, behaviors and outcomes, and diminish opportunities for lifelong vitality.

Resilience: Researchers have identified resilience as key to healthy aging and even identified specific building blocks of resilience (Resnick et al 2010), including optimism, self-efficacy, a sense of control and social support (see sidebar, "Resilience in Action"). However, it's doubtful many people have given thought to what it takes to be resilient, or understand how to

#### **RESILIENCE IN ACTION**

At age eighty-two, Eldo fell off a haystack and broke his back and neck. All his horseback riding friends thought he was "done," but the first thing he said at the hospital was, "I can't believe I ruined my whole summer of riding!" He didn't get the memo saying he was done riding, so he was just disappointed to miss the whole summer. Optimism and hope for a positive outcome—two building blocks of resilience.

Next, Eldo took charge of his recovery, asking for a different neck brace. The new one brought him immediate pain relief and a sense of control over his destiny. Self-efficacy and a sense of control—two more building blocks of resilience.

Two days after Eldo got out of the hospital, he hosted a 4th of July BBQ for his riding group. Eldo sent the message loud and clear — don't count me out, I'm still part of the group. Strong social support is another cornerstone of resilience.



Source: Kay Van Norman, Brilliant Aging

This photo of Eldo was taken seven weeks to the day after he broke his back. This first ride was about forty minutes and he gradually built up to longer rides. In mid-October, Eldo went on the group's yearly twenty fourmile horseback ride in Yellowstone National Park.

His mindset of full recovery was key; and so was his refusal to allow negative expectations of age to inhibit his recovery. How different the outcome would have been without resilience and ageless thinking. support resilience for a loved one going through challenges (see Resources below for helpful information and strategies).

Ageless thinking: Ageless thinking requires consciously reframing attitudes and expectations of aging, learning to embrace adaptive strategies to overcome challenges, and focusing on possibilities, not disabilities. Consider the disability movement approach. Thirty years ago, people with severe disabilities were institutionalized, but now young people with disabilities are given resources, tools, and encouragement to overcome them and live fully in spite of challenges. Compare that to when an adult becomes disabled in later life. They're most often given resources and tools to *cope* with disabilities. There's a profound difference in mindset between coping with challenges versus overcoming challenges — resulting in profoundly different outcomes.

A magazine article describing the hospitalization and return home of a ninety-year- old woman after breaking her hip illustrated how negative expectations of aging can drive outcomes. One sentence jumped off the page: "We've known this was coming for a while, because for the last year Mom's been using the walls and the furniture to help get around the apartment."

That's heart breaking. If this woman had any other easily recognizable health symptoms such as a broken arm or a skin disorder, it would have been diagnosed and treated. But instead, she was demonstrating every symptom of physical frailty and the doctor didn't intervene; the family didn't ask for intervention; and the woman herself didn't ask for help. Why? Short answer — because she was ninety! It seemed "normal" to everyone involved.

Frailty is preventable, but losing physical function with age has become so common and predictable that people confuse it with "normal" and unavoidable. This family's experience could have been so much different if someone involved had rejected age stereotypes, recognized frailty as a symptom, and taken steps to intervene. A vitality strategy helps clients recognize limiting stereotypes and offers practical tools to help them advocate for themselves and family members through health challenges.

#### **Wellness Assets**

The Whole Person Wellness Wheel is the third element of a vitality strategy. It illustrates the six dimensions of health — physical, social, emotional, intellectual, spiritual and vocational — as "spokes" on a wheel and promotes consciously building a balanced life.

Without conscious effort, it's easy to let some dimensions of health fall through the cracks. Clients can

use the Wellness Wheel to determine if each spoke is carrying its share of the load to create a balanced life, or visualize if they are missing a spoke entirely

#### **Activating the Opportunity**

The timing is right to leverage healthy aging resources as a value added service to clients. Global attention is currently focused on aging issues, healthcare costs are growing rapidly, and people are increasingly looking to business for leadership in creating healthy communities. In addition, the financial services sector is anticipating the largest transfer of wealth ever recorded from one generation to another (TransAmerican 2014). Strengthening client relationships and building relationships with client families and the community will likely play an even bigger role than usual in maintaining and growing business.

Optimizing health span is integral to life planning. Professionals who address healthy aging in a way that's relevant to client goals of healthcare and living options, as well as clients' financial, legacy, and estate plans, can increase their value proposition and demonstrate a proactive approach to serving the best interest of clients. •CSA



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#### **RESOURCES**

- Aging Mastery Program. National Council on Aging. www.ncoa.org/ healthy-aging/aging-mastery-program.
- Go4Life® from the National Institute on Aging at National Institutes of Health (NIH). https://go4life.nia.nih.gov.
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