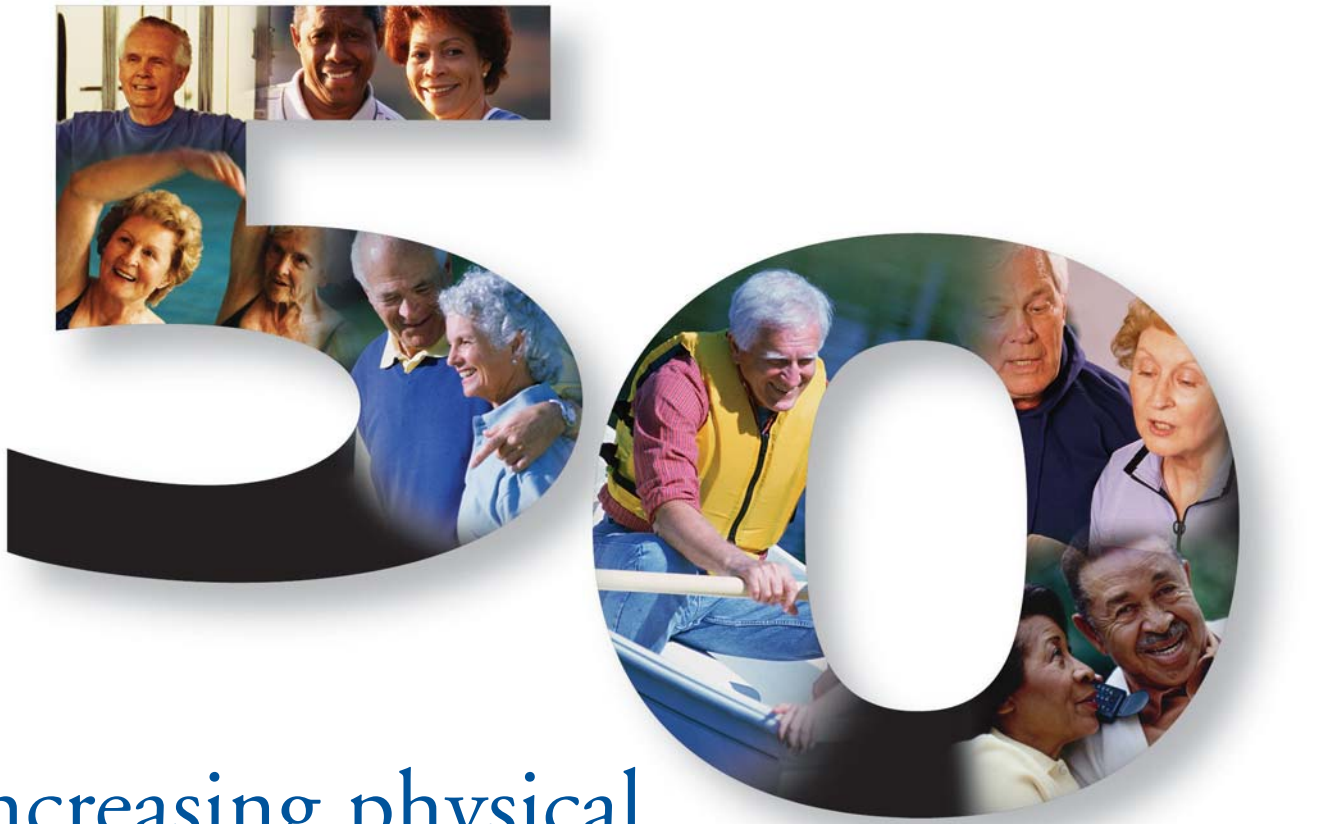

Increasing physical activity participation among 50-plus adults: a new approach

This well-known exercise and wellness programming consultant advocates a fresh strategy for engaging sedentary older adults

by Kay Van Norman, M.S.

The past decade's advances in age-appropriate fitness programming, equipment and instruction have failed to persuade the vast majority of older adults to become physically active. Health promotion specialists discuss such barriers to participation as programming and staff, transportation, cost, environment, and accessibility. However, even in the absence of *any* of these barriers (senior housing), the majority of 50-plus adults are still not committed to regular physical activity. Obviously, other significant issues exist that the active aging field has yet to address.

The traditional "build it and they will come" model has hindered health promotion. This model assumes organizations must add more programming or something *different* (e.g. exercise on a ball, in the water, or with the latest piece of equipment) if they want more people to participate in physical activity. Many health and wellness professionals fail to realize this approach primarily motivates already active clients. Virtually no increase occurs in the amount of people who *add* physical activity to their lifestyle as a result.

By applying the behavioral stages-of-change theory (see Figure 1), it is possible to see that the "build it and they will come" model only meets the needs of people in the action stage, but does not help move individuals through the first three stages of change into action. Nor does this model take into account that only about 20% of people with a less-than-ideal behavior are prepared to change (or take action) at any one time (Prochaska, 1994).

Clearly, increasing physical activity among older adults presents a complex challenge. But the lack of progress to date suggests that health and wellness professionals should consider fresh ideas and approaches to help advance participation. One such approach relies on healthy aging programs and messages designed to address social and psychological barriers to activity.

An informed approach

The active aging field would benefit from a method that seeks *first* to understand the factors influencing older adults' attitudes to physical activity and aging. When applied, this knowledge could help professionals provide programs and messages that engage people and motivate them to become active. To create successful catalysts, health and wellness professionals should:

- Understand how people's personal belief systems about physical activity color their perceptions of all incoming messages.
- Comprehend how media images influence people's perceptions of aging and fitness.
- Create marketing messages with healthy older adults represented by a broad range of body types, ages, abilities and aspirations, to avoid perpetuating stereotypes and alienating the highest percentage of potential clients.
- Use motivation and behavior change research to reach individuals who believe the benefits of physical activity do not apply to them.
- Help change perceptions of aging by providing knowledge, dispelling myths, and making research personally relevant to older men and women.

The first step in adopting this approach involves learning how older adults see physical activity and aging.

Personal belief systems

Behavioral change research is an important piece of the puzzle to understand. Another critical piece comes from *life-course theory*, which states that "lives are influenced by the historical times and places that an individual experiences over their lifetimes" (Bradley and Longino, 2001). The resulting opinions and attitudes formed throughout the life span make up an individual's *personal belief system* (PBS).

Health promoters have failed to recognize the PBS and how it influences assumptions, predictions and behaviors related to physical activity. Because of this, the overall message of wellness has been poorly delivered to older men and women. By understanding the *life-course* of age 50-plus adults, health and wellness professionals can key into PBS's to create programming and program messages of personal relevance to individuals in this age group.

Women and physical activity. Before labor saving devices, women associated physical activity with the hard physical work necessary to care for a family and a home. In addition, society discouraged women at a fairly young age from engaging in vigorous exercise, considered unladylike at best and harmful at worst. This concept is deeply ingrained in the minds of many older women, as the following anecdote illustrates:

> *I was nine months pregnant when I walked in to teach a senior exercise class. These women, ages 65–75, had been in the Young at Heart program for at least 10 years and were personally committed to physical activity. However, they had an absolute fit when I started teaching low-impact aerobics. They were*

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Figure 1. Stages of change.

Pre-contemplation
- Not intending to or ready to change
- May not understand the consequences of the behavior or advantages of making the change
- May be resistant to change
- May view the pros of the negative behavior as greater than the cons

Contemplation
- Some knowledge of the consequences or advantages of the change
- Pros and cons of change are judged about equal
- Intending to or thinking about change, but may not know how to get started

Preparation
- Have determined the pros outweigh the cons
- Intend to make a change
- Have a plan of action for change within six months

Action
- Taking action on a regular basis (i.e. attending a class, eating nutritiously)
- Tend to feel empowered and in control of life
- The greatest risk for relapse

Maintenance
- Sustaining the change for at least six months (i.e. walking daily, quit smoking)
- Old behavior has terminated and prevention of relapse is important
- Behavior change becomes part of lifestyle

Source: J.O. Prochaska and B.H. Marcus, 1994

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convinced I was going to have the baby right there or injure myself if I didn't stop exercising. This was a significant revelation to me, because it translated into the belief "Exercise is great for you unless you are in a delicate condition, then it could be harmful."

This perception is a significant barrier to participation for many individuals, especially those who are physically frail or live with chronic conditions such as diabetes, heart disease, arthritis or osteoporosis. In fact, a recent study identified health problems and pain as the most commonly perceived barriers to exercise (Cohen-Mansfield, et al., 2003). Among older adults, the motivation to increase physical activity requires a belief it is both desirable *and* feasible in light of health status.

The lack of opportunities in sports and physical activity for girls compounded society's negative attitudes about physical activity by females. For example, school policies effectively relegated girls to the role of spectator by requiring them to wear dresses—attire unsuited to playing on swings and monkey bars.

Men and physical activity. Older men also have negative associations with physical activity. Many jobs were physically demanding, and a hard day's work was often followed by more physical work at home. In the 1950s and 1960s, idyllic media images reinforced the idea of men being rewarded with rest and relaxation after a hard day's work.

In general, society encouraged boys to be more physically active than girls. But physical activity for fun was considered frivolous after a certain age. A *grown* man with so much time and energy should do something productive, according to the prevailing attitude.

Moreover, many older men relate exercise and fitness to what they did in the military, meaning tough, grueling and painful boot camp. If *that* is fitness, they think, then a) I don't want any part of it; b) I can't be successful at it, so why bother or embarrass myself trying; or c) anything less (i.e. age-appropriate activity) couldn't do much good anyway.

The advent of technology. Today's older adults have spent a good portion of their lives conceiving of ways to rid themselves of the *burden* of physical exertion. Automation brought a dramatic and welcome change of lifestyle—but only for those who could afford it.

Society made a clear distinction between laborers and *gentlemen,* who did little physical work, and between housewives and *ladies of the house,* who had domestic help. This link between financial success and reduced physical exertion makes the message *Physical activity is something to be sought after and even paid for* a hard sell to older adults, regardless of all the research supporting the claims.

To overcome these underlying barriers, health and wellness professionals must keep in mind the opinions and cultural attitudes that shaped adults ages 50 and older. Unfortunately, the current media messages and social and cultural climate will do little to change long-held personal beliefs, attitudes and assumptions about aging and physical activity.

Media images

The mass media (both visual and print) portrays a seriously narrow image of fitness. If 100 average people of any age were asked to describe the appearance of a fit person, they would give much the same answer: the *body beautiful* images of muscle-bound men and slender women. By portraying these ideals, the media puts fitness out of reach for the average individual and *absolutely* out of reach for the average older adult. Therefore, fitness loses its personal relevance.

There are also distinct images of what it is to be older in our society—images dominated by extremes. Both seriously underrepresented and marginalized by the media, aging adults are reduced to caricatures (Krueger, 2001). At one end, old age is portrayed as a vulnerable period, overshadowed by frailty, dependence and a collective drag on social programs and the economy. This portrayal neglects the broad range of attributes common to older adults, resulting in an overemphasis of any negative aspects of aging (Chodzko-Zajko, 2000).

At the other end are the *woofies* (or Well-Off-Older-Folks). Defined as slender, healthy, financially secure, at leisure, casually but conservatively dressed, and heterosexual, woofies are usually depicted as couples or with children and grandchildren (Vesperi, 2001). Perhaps the woofie has been accepted so readily as a standard for *successful aging* because it represents a welcome change from negative stereotyping.

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While these contrasting images dominate the media and society's perceptions of aging, they do not represent the majority of older adults, who exist somewhere between these two extremes. Unfortunately, these individuals will find few realistic portrayals of *average* people their age in the media. Setting the bar so high or so low has unexamined implications for self-esteem, as well as for the range of available and acceptable *lifestyle* options to which older adults can relate or aspire (Vesperi, 2001).

The mind/body connection

Negative stereotypes and limited views of successful aging can have a significant impact on the self-esteem, body image and self-efficacy of older adults. Evidence has long suggested that beliefs, assumptions and expectations can contribute to sickness and death, as well as to healing (Ray, 2004). Now, a growing body of research documents how the mind's perception of health status or a health incident affects physical symptoms.

Ray reports a study of women with breast cancer, in which 5-, 10-, and 15-year follow-ups show the mind's influence on the body. At these follow-ups, the researchers found that a woman's mental attitude at three months after surgery was a better predictor of death or cancer recurrence than the size of her tumor, the tumor's grade, or her age. Ray's review provides a rich variety of studies demonstrating the mind's power in determining health and well-being.

Today, many people base their identity at least somewhat on body image. Consumer culture's preoccupation with perfect bodies and youthful images creates negative associations with the changes related to aging, demeaning older adults and what it means to be *old* in our culture. Bradley and Longino (2001) point out that people need a well-defined image of *old* before they can recognize the signs in themselves. But it is also possible that individuals need a well-defined *negative* image of what it means to be old before they consider it undesirable.

Perceptions and beliefs have a big impact on the motivation to change. Ongoing negative messages about aging can prevent older adults, especially those with diminished self-esteem and self-efficacy, from believing in their ability to make changes (see Figure 2). Compared to younger people, older individuals do not perceive as much control over being active and have a greater fear of injury (Dishman, 1994). In addition, late-life physical activity choices often depend on a person's perception of age-appropriate behavior (Cousins, 1997).

Changing perceptions

In the face of these generational attitudes, personal belief systems and media messages, the biggest challenge confronting health and wellness professionals is to help individuals change their perceptions. Specifically, efforts should aim to assist people in transforming their views of two things: physical activity, and the degree of control they have over the physical changes associated with aging.

This generation of older adults is the first to experience the miracle of labor saving automation—along with the price it exacts. No one wants to return to scrubbing clothes on a washboard, but people need to reintroduce physical activity into their daily lives. Sedentary adults ages 50 and older can reap tremendous benefits from increasing physical activity levels, even by modest amounts. Health promoters must find ways to reframe physical activity as a blessing, rather than something to avoid.

Figure 2. Things that influence motivation to change.

- Attitudes toward behavior
- Perceived *norms* for behavior
- Individual's belief that certain *referents* (i.e. doctor, spouse, friend) think he/she should or shouldn't perform behavior
- Motivation to comply (or not) with perceived wishes
- Belief that change is positive
- Belief that action taken *will* result in desired change

Source: R.J. Shephard, 1994

For a long time, people have thought of advanced age as a time of gradual physical and mental decline, until dependence and death. One key to changing older adults' perceptions is to help them understand the remarkable amount of control they can have over their strength, balance, coordination, flexibility and endurance as they age by being physically active.

Personal relevance

Strength training research provides an excellent example of how to change perceptions of aging and make physical activity personally relevant for older men and women. Research documents an average strength loss of approximately 1.5% per year from peak strength in early adulthood, resulting in a loss of about 30% by age 60, 45% by age 70, and 60% by age 80. Health and wellness professionals can illustrate that losing half one's strength would be roughly equivalent to doing daily tasks while carrying someone of equal weight.

Also, until the late 1980s researchers, doctors and the general population believed individuals could *not* regain strength after a certain age. Professionals can highlight studies that prove misguided protocols were responsible for the lack of improvement. Maria Fiatarone's 1994 study has special significance, because it included subjects ages 72–98 years with multiple chronic

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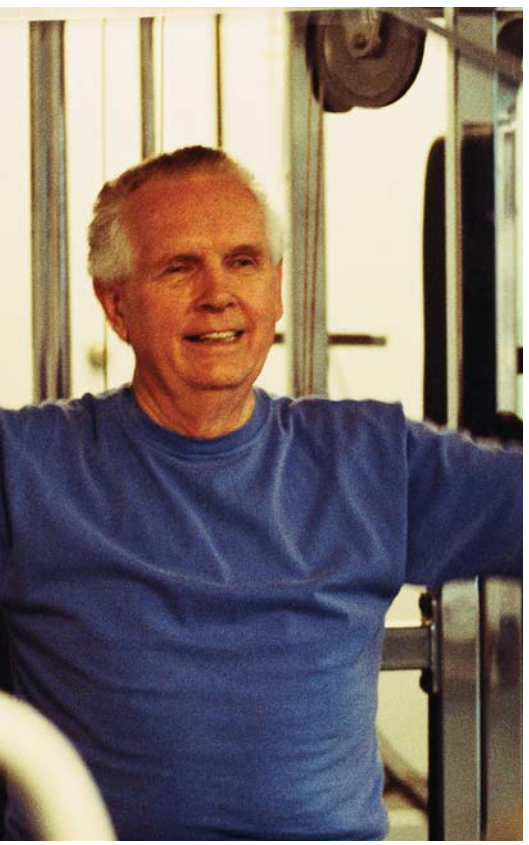

conditions. Significant gains in strength (113%), coupled with very low injury rates, make this study personally relevant to the many aging adults with chronic health issues.

Finally, relating strength training research directly to daily functional tasks can add personal relevance. For example:

- If you must use your arms to help you get out of a chair, you could benefit from becoming stronger.
- If you have ever said no to going somewhere because you were concerned you might not be able to get up the steps of a bus, plane or tourist site, you could benefit from becoming stronger.
- If you have felt exhausted after doing something that was no problem a few years ago, you could benefit from becoming stronger.

Most individuals cannot imagine ever losing so much physical function that they would be unable to manage the activities of daily living. Yet many currently independent older adults are only one or two illnesses or injuries away from dependence.

As a basis for discussing physical activity perceptions, attitudes and facts, health and wellness professionals should consider asking potential clients the following questions:

- One year from now, do you expect to be a) stronger and more agile; b) the same; or c) weaker and less agile?
- What are you doing to ensure or overcome the expected outcome?
- If you expect decline, is your expectation based on a) personal belief systems; b) media images; c) misconceptions; d) norms; or e) research?

Psychosocial factors: keys to change

The traditional model of older adult wellness programming has not helped the vast majority of age 50-plus adults become more active. The lack of progress in engaging sedentary individuals suggests the active aging field would benefit greatly from a new program focus.

The approach introduced in this article seeks first to understand personal belief systems, the impact of ongoing media images on perceived health status, and the behavior change concepts that influence motivation and compliance. By adopting this new model, health and wellness professionals could provide individuals with the healthy aging programs and messages they need to change their perceptions of physical activity and aging. The likely result? More older adults embracing a physically active lifestyle.

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Becoming a health motivator for older adults

Motivation for healthy living comes from more than making a personal commitment to improving your health. Think about the wide range of motivators in your life—a friend, a mentor, an event, your beliefs, your culture, your environment.

We as professionals in aging can become motivators by redefining our work as facilitators, not just teachers or care providers. Our work includes advocating for environments that provide access, developing key partnerships that inspire, using culturally relevant practices that invite participation, and identifying self-empowerment strategies that fit into the lifestyle and daily routine of older adults.

"Blueprint for Health Promotion," the first health promotion Web module developed by the American Society on Aging's Live Long, Live Well project in conjunction with the U.S. Centers for Disease Control and Prevention, outlines ways for professionals in aging to create environments that support healthy behavior.

How do we become motivators? Phase I of "Blueprints for Health Promotion" identifies a three-step model for empowering elders to incorporate healthy activities in everyday life:

1. Look for the pleasures that can be found in change.
2. Realign your view of older adults—seeing them not as "patients" but as self-healers—and help elders adopt that view as well.
3. Teach elders skills to attain the confidence to self-heal.

Here are a few examples of how to use these three steps:

Step one. Dr. David Sobel from Northern California Kaiser Permanente identifies healthy pleasures that reduce a heart health crisis:

- Partnerships and marriage
- Pet ownership
- Education and learning
- Humor
- Siestas
- Sexual activity
- Happiness that buffers from depression

Step two. Language is often a potent signifier of attitudes, beliefs, and moods. Kate Lorig of Stanford University has spent years developing self-help groups for older adults. She helps elders redefine themselves by adopting more self-confident language:

- I can do this
- I have the skills to do this
- This fits into my daily life
- I choose to do this
- I feel pleasure and am satisfied
- I feel support and connectedness to my friends, partner, and care provider

Step three. Professionals working in health promotion education and counseling have successfully used this eight-step process to teach elders how to undertake the process of change:

- Identify a problem (relevant to the older adult's daily life, not to his or her health chart)
- Decide what to accomplish
- Look for alternatives to unhealthy behaviors
- Make short-term plans—a contract for change
- Carry out the contract
- Check the results
- Make adjustments to the contract as needed
- Reward success

But health education doesn't just stop at motivating individuals. The field of health education has expanded from counseling to the "heavy lifting" tasks needed to motivate communities. Addressing barriers to healthy living by creating safe areas for walking and exercise, making fresh foods affordable and easily obtainable, and providing health services at low cost go hand in hand with one-on-one advocacy.

Most of all, health promotion is about building relationships with people—with the individuals you motivate, with the people who care about them, and with community leaders, business owners, and local healthcare providers.

To read the full "Blueprint for Health Promotion" module, visit the Live Long, Live Well project website at www.asaging.org/cdc.