



Viewpoints: looking at the future for older adults

Physical activity is the top solution for successful aging, according to industry experts

by Patricia Ryan, M.S.

The power of physical activity to challenge the issues facing older adults is a foundation belief of many members of the International Council on Active Aging (ICAA). This point of view was recently reinforced in the responses of 210 ICAA thought leaders to the organization's email inquiring about the top issues facing older adults—and the people who care for them.

ICAA members see older adults through the eyes of government, retirement and assisted living, and fitness instruction and recreation. This remarkable mix of perspectives is incredibly consistent in identifying the top issues facing older adults. Consistent, too, is enthusiasm for physical activity. Respondents universally view physical activity as a solution to save billions of dollars in healthcare costs, to maintain mental and emotional health, and to ward off chronic disease.

As the number of older adults increases every day, so does the need for awareness of the issues confronting them. Your active aging colleagues have identified the key areas below. You can use this information, reflecting on specific viewpoints, to aid your ongoing participation in changing the way we age.

Trends in physical activity

- Research that people can age well and be active; mental benefits of exercise
- Yoga; pilates
- Weight training; functional strength; group strength training
- Core, balance and stability exercise
- Also mentioned: walking; personal training; athletic-based activities

The value of exercise is a given for ICAA member respondents. The question they are still asking is: How do we increase the number of older adults who exercise? One underlying theme in the responses is accessibility. Fitness programs must be easy to find and reach, as well as appeal to the functional and social needs of older adults. Also, older adults need to be reminded about the value of unstructured activities, such as walking and stair climbing. A few respondents look at the bigger picture, linking an increase in activity to changes in public policy and social attitudes.

The good news is the sky is the limit for older adults who want to increase physical activity. Respondents list many options and goals for fitness activities.

What are the trends?

“The most important story for older adults is that evidence has increased substantially in the past year reporting regular physical activity reduces the risk of cognitive impairment. Given the high burden of dementia, this potential effect of physical activity is of great importance.”

David Buchner, Chief, Centers for Disease Control Division of Nutrition & Physical Activity

“Balance is more recognized as a core parameter of physical fitness, especially among the aged.”

Debra M. Osorio, P.T.

“Body and Spirit activities are going to rise to new levels, especially with the senior population.”

Shauna Dschaak, Director, Waterford Health & Fitness, Bismarck, North Dakota

“Strength training for the older person has shifted the concept of ‘gentle exercise for gentle people’ to one where the intensity of exercise has increased. 10,000 Steps is now one of the most

popular forms of exercise.”

Dr. Wayne Maschette, Head, School of Exercise Science, Australian Catholic University Limited

“Our personal trainers foresee their clients moving towards more aquatics training as well as organized events, such as Senior Olympics, triathlons and adventure race training. We have seen an increase in stress management program participation and requests for: tai chi, chi kung, yoga, meditation, body work (massage, reflexology, reiki) and pilates.”

Mary Ann Dankert, Director, Wellness Center, East Jefferson General Hospital

“Increasing interest in family participation in physical activity.”

Patti Tompa, TESA Project Co-coordinator, American Association for Active Lifestyles & Fitness (AAALF)

“Mobility and exercise as part of all residential and independent populations’ lifestyle. Not just therapy, but as part of everyday lifestyle.”

Leah Klusch, Alliance Training Center

“Increased marketing of post-injury fitness, targeted to older adults, with training for fitness professionals and personal trainers. Exercise and fitness with a focus on preventing falls and fall-related injuries.”

Pamela E. Toto, M.S., OTR/L, occupational therapist

“Measuring outcomes for fitness protocols.”

Sandy Stoub, Alliance Rehab/Senior FITness

“Tailored fitness classes for older adults (50+ fitness) scheduled mid-morning or noon. The social aspect of fitness programming for the older adult is important. They always arrive early to chat with others and meet for lunch or coffee after classes. Clubs should be

promoting more group personal training. Most seniors do not like going into the gym alone and find sitting on a machine boring.”

Laura Warf, Fitness Director, Interclub des Laurentides

“More specificity of training. Many seniors want to play golf, tennis, swim, etc., so they want to be trained for their individual activity, not everything else.”

Sue Graves, Associate Professor, Florida Atlantic University

Trends in nutrition and weight management

- Prevalence of obesity; economic burden of obesity
- Low-carbohydrate diets
- Nutrition and diet research; supplements; food pyramid; fats
- Also mentioned: antioxidants; omega 3 fats; retailers producing healthier foods

With obesity grabbing headlines over the past couple of years, and the high-protein Atkins and South Beach diets filling the pages of the consumer press, it’s no surprise that ICAA members submit obesity and *low-carbohydrate diets* as top issues. Of course, respondents see the negative impact of overweight on the populations they serve. And everyone is confused about the role of carbohydrate in the diets.

In nutrition, research is likewise focusing on how food and nutrients interact to contribute to well-being. Respondents cite the news in these studies, and urge calming the rush to a diet.

What are the trends?

“Atkins, South Beach, Weight Watchers, Jarred of Subway.... Counting carbs,

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“Continued promotion of evidence-based healthy lifestyle approaches that prevent or slow the progression of disease and disability in older adults, including chronic disease self-management, disease management and primary prevention. Particular emphasis on a national campaign for flu and pneumococcal vaccination.”

Josefina Carbonell,
Assistant Secretary for Aging,
U.S. Department of Health
and Human Services

counting calories, watching fat intake. We're fat. Food is everywhere and there's plenty of it. We eat too much, do too little. Maybe the pendulum is swinging away from 'super size' to 'watch my size.'”

Ed Behan, Biodex Medical Systems, Inc.

“The ‘no-carbs’ diets craze will move to the more educated ‘smart-carbs’ diets. Diet and low-fat products seem to gain ground as the regular fat versions are slowly replaced in most supermarkets.”
Michel Pelletier, Beyond Fitness, Coal Harbour Club

“Back-to-basics nutrition (this trend will strengthen with the updated food pyramid and the emphasis on calorie control for weight management).”
Leslie Nolen, Principal, The Radial Group

“Obesity continues to attract a great deal of attention, too much in my opinion, but we are starting to see that more people are saying that the obesity data are ‘over hyped’ and that we should return our attention to the key lifestyle factors of a healthful diet and regular physical activity.”
Steven N. Blair, President & CEO, The Cooper Institute

“A Study of the Cost Effects of Daily Multivitamins for Older Adults’ (Lewin Group) found that daily use of a multivitamin by older adults is a relatively inexpensive yet potentially powerful way to improve one's health. From the perspective of a payer, the encouragement of the daily use of a multivitamin could be cost beneficial.”
Beth Clay, consultant

Trends in chronic diseases and impairments

- Diabetes
- Alzheimer's disease
- Heart disease; screening; CHD and women; cholesterol; hypertension

- Osteoporosis; U.S. Surgeon General's report on bone health
- Cancer; breast cancer
- Also mentioned: vision and hearing loss; depression and loneliness; falls prevention; joint replacement, sleep disorders and arthritis

Although frequently recognized and studied among older adults, chronic disease may not be age-related. The loss of function as people age, according to studies, has more to do with lack of physical and mental activity than with years lived. ICAA experts believe this good news needs to be better publicized and acted upon.

The number of physical issues confronting older adults is so diverse that no one condition overwhelms the responses. Many mention the relationship of diabetes to obesity. And the familiar diseases associated with aging—cardiac heart disease, osteoporosis and cancer—remain top of mind.

Since respondents know that physical activity can mediate chronic conditions, they again raise their desire for more reliance on exercise and less on pharmaceuticals.

What are the trends?

“The growing body of research evidence that suggests physical activity is beneficial to older adults and is cross cutting in good chronic disease management, injury prevention, and good mental health.”

Ramona L. Rusinak, R.N., Ph.D., Project Manager, Healthy Aging 2010, Arizona Department of Health Services

“Continued promotion of evidence-based healthy lifestyle approaches that prevent or slow the progression of disease and disability in older adults,

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including chronic disease self-management, disease management and primary prevention. Particular emphasis on a national campaign for flu and pneumococcal vaccination.”

Josefina Carbonell, Assistant Secretary for Aging, U.S. Department of Health and Human Services

“The media onslaught of scientific data that demonstrates the clear correlation between poor lifestyle habits (lack of exercise, poor diet, etc.) and a host of common diseases (heart disease, cancer, diabetes, etc.).”

Herb Lipsman, General Manager, The Houstonian

“Osteoporosis prevention and treatment. Finally, it has been getting the needed attention the last few years, but the number of its casualties will continue to grow until the medical community gives it a 100% effort. Of the hundreds of women I meet with an average age of 84, only about 25% are either being screened or treated.”

Nina Buchannan, HRC, RN Health Resource

Public policy and societal issues

- Prescription drug safety; recalls of Vioxx and other pain medications; future for pain management
- Flu vaccine shortage/future supply
- Medicare drug cards confusion and opportunity to control drug costs
- Medicare act revisions that are less known or understood
- Prescription drug rising costs; controversy over importing drugs from Canada and Mexico
- Stem cell research; attention to Alzheimer's disease
- Also mentioned: support for caregivers; proposed changes for U.S. Social Security; accessibility to healthcare; limited budgets and rising costs; U.S. government spending pulled away from healthcare

The sheer number of aging adults will have an enormous impact on public policy. Rising healthcare costs, the loss of pain medication and the multimillion dollar cost of inactivity have sharpened our awareness of the broad social and policy issues that can affect older adults. While the news has focused on drug

withdrawals and the prevalence of obesity, the equally frequent (though less newsworthy to the general press) reports on the ability of exercise to improve health and manage pain without drugs are just as striking.

On the positive side, shaken confidence in drugs can lead older adults to look at alternatives to pain management, including flexibility exercises, general physical activity, nutritional supplements, alternative medicine and stress management techniques.

What are the trends?

“The continuing rise of health care costs. The rate of growth will continue to slow, but I expect it to still grow faster than overall inflation. Health Savings Accounts were a new addition to health care insurance in 2004 and will cover an exploding number of people in 2005 (probably with backlash from some consumers as employers shift more people to such plans). Medicare moves toward full implementation of the drug benefit for seniors in 2006.”
Jeff Schrader, Communications Director for the Chairman, U.S. Senator Larry Craig, U.S. Senate Special Committee on Aging

“Probably the biggest health story in 2004 was the initial offering of a prescription program for seniors. And the second biggest story was the fact that seniors did not jump on the bandwagon, causing a late about-face in procedures for accessing the benefit for low-income seniors.”

Jerry L. Mitchell, The Area Agency on Aging of Northwest Arkansas

“Congress will become more involved in promoting the message of prevention and how it pays to be healthy—for the individual, for the corporation, for the insurance company.”

Katherine M. Hamlin, National Vice President, Health Management Services, Health Fitness Corporation

“Increased public health focus on chronic pain management using self-help techniques and alternative health strategies to complement western medical approaches. This will include programs that emphasize stress management techniques for improving sleep, promoting mental health and relieving pain.”

Jim Concotelli, Ph.D., Vice President of Programs and Services, Horizon Bay Senior Communities

“The death of Ronald Reagan did more than highlight Alzheimer’s Disease and dementia, it began redefining caregiving from a personal challenge to a public issue confronting countless older adults and aging Baby Boomers.”

Brian Bille, Marketing Director, Body Masters Sports Industries, Inc.

Attitudes toward aging

- Research and publicity on positive aging
- Negative stereotypes of aging; pursuit of youth; plastic surgery

An overarching issue in some responses is the portrayal of aging as either a positive or a negative experience. Products and services purported to stop or slow the aging process receive a lot of publicity. At the same time, there exist relatively new portrayals of older adults as active and unaffected by wrinkles.

Beliefs about aging instigate actions. A person who believes that older people don’t exercise and can’t do anything about lifestyle-related diseases is unlikely to experience physical activity. The 60 year-old who enjoys fitness classes three times a week and walks 5K races for charity may not be influenced by media or marketing messages.

As important are the beliefs about older adults held by physicians who recommend (or don’t recommend) activity, and policymakers who shift funds to prevention programs, rather than post-disease medications.

What are the trends?

“In the U.S. we saw both presidential candidates (one 59, the other 62)

attempt to display their ‘youthfulness’ through their physically active lifestyles.”

Bob Karch, Professor, American University

“The spark of a resistance to the traditional images of woman’s beauty dictated by the media, led by Dove’s ‘campaign for real beauty.’”

Erin Billowits, trainer

“The biggest story continues to be the lack of coverage by the media of aging issues, continued stereotypes and negative images of an aging America.”

Richard Ambrosius, The Fountains, Tucson, Arizona

“The media sensationalized anti-aging and reverse aging treatments and interventions, rather than promoting healthy lifestyle choices.”

Lauri Kalanges, M.D., M.P.H., Director, Center for Active Aging & Healthy Living

“The myth that retirement results in a myriad of losses needs to be dispelled. At no time in history has society had the ability of tapping into the vast store of experience and social capital that is present with the current and upcoming generations of retirees and partial retirees. From the perspective of older people ourselves, at no time in history have we been blessed with the potential for healthy longevity, and the opportunity to invest the harvest of a lifetime of learning into creating a better world.”

Paulette Z. Geller, Program Director—Older Adults, Winter Park Health Foundation

Lifestyle choices are personal

A viewpoint expressed among the member comments is the need for older adults to take more responsibility for their own health and welfare. This challenge is well stated by Bill Macy, who directs the Waterford Health & Fitness Club in Medford, Oregon: “Leaders in the field [need to] get the message out that almost all conditions and diseases (certainly not all) are lifestyle choices, and that it is never too late to learn and change for the better.

“There is too much reliance on drugs, quick fixes, fly-by-night programs, diet programs, and short-term fixes,” says Macy. “People look at a physical therapist and medical referral to ‘fix’ them, then believe after six weeks they can go back to sedentary lifestyle and poor choices, knowing they can go back to the doctor to ‘fix’ them again later.” Macy recommends incentives that reward proactive long-term healthy behaviors, rather than reactive ones.

This movement toward personal responsibility is already taking form, according to Dr. Joseph Coughlin at Massachusetts Institute of Technology. Coughlin recommends we “keep an eye on the consumer-directed movement as it evolves from consumer choice to consumer responsibility.”

Robin Dillon at Fairhaven Retirement Community supports this optimistic view. “I believe that in 2005 more doctors will prescribe exercise instead of pills,” says Dillon. “Older adults (55+) are going to opt for exercise, stress reduction, and a diet high in vegetables and whole grains due to increased physician awareness and prescription.”

Public policy cannot solve all the problems that older adults face as they age. But with your guidance and prioritization of physical activity, many of the challenges can be overcome. ☺

Patricia Ryan, M.S., is vice president of education for the International Council on Active Aging.

What are you doing to create the future?

Which direction are you moving in to benefit the people you serve? What do you see happening in the field? Most importantly, how have you succeeded in implementing physical activity? The ICAA wants to hear your story. Email your thoughts and experiences to Julie McNeney at jmcneney@icaa.cc. Your comments will be considered for an upcoming article and may appear in print.