

Well Dunn
WELL DUNN

Health
Exercise
Lifestyle

SUBMISSION TO STANDING COMMITTEE ON AGEING

**Reference: To inquire into and report
on the long-term strategies to address
ageing of the Australian population over
the next 40 years.**

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Corporate Health & Lifestyle

- Personal Development
- Stress Management/Relaxation
- Office Exercise
- Fitness

**Fitness Industry Training
and Education**

- Instructor Accredited Programs
- Seniors Exercise & Health
- Aquatic Exercise

Conference Speaking

- Health, Exercise & Lifestyle
- Positive Aging

I am a Gentle Exercise Instructor who has worked with older adults for the last 16 years, initially involved with a research program conducted by Dr Arn Sprogis in 1986 at Nelson Bay NSW, on " The Results of Exercise on the Over 65's".

In 1987 I commenced the first Over 50's exercise groups in Newcastle and the Hunter Valley and over the years the groups have participated in many research projects for example The National Heart Foundation "Heartmoves" Research Project.

In the 80's and 90's there was very little knowledge available to teach safe and effective exercise to this specialised group. Being very interested in health, exercise and well-being for older adults, I have undertaken a diversity secondary education and certificate training and tertiary studies.

I been involved Australia wide in Fitness Industry conference and workshop presentations since 1992 and lecturing for Instructor Accreditation since 1994. I am a lecturer, author and accredited assessment provider for several national and state bodies, including Australian Network for Fitness Professionals, Queensland Fitlink Training College Queensland Keepfit and WA Fitness and serve on the NSW Fitness Professional Council.

I am passionate about the promotion of pro-active health measures, exercise and positive ageing for all older Australians.

HEALTHY AGEING

Statistics from the NSW Healthy Ageing Framework (1998-2003 pp. 6-7) show 15% of the Australian population in 1990 was 60 years and over rising to 20% by the year 2000. This is due to lowering of death rates, falling of fertility rates, advances in medicine and technology and the ageing of the "baby boomers". As well, many employees are taking advantage of early retirement offers. With this increase in the retired and aged community, people are becoming more aware of age related issues (Brown 1992).

The challenges for Australia in relation to the relatively new field of gerontology and its concern with the health dimension of ageing are complex and multi-disciplinary. Meeting the challenges will allow the older population to be better equipped to live and enjoy the extended life expectancy. Because of the predicted increases in future demand on all aged care services, current research knowledge specific to healthy ageing is required by governments and policy makers. It would also provide information to strategically plan policies, evaluate and implement programs for health promotion.

Healthy ageing encompasses far more than health promotion, it includes the infrastructure necessary to facilitate and promote older people's participation and independence, including access to transport, housing, and a capacity for necessary employment, education and community services. Research suggests that the provision of specialised exercise programs appropriate to the needs of seniors will enhance their capacity to live a full, healthy and extended life.

My work with seniors is toward positive changes of health at a personal level, and the growing concern at a community level about finding ways of enabling older people to enhance their capacity to stay well, independent and maintain quality of life. Links have been established between exercise and positive ageing and exploring the importance of these links is required in planning for the health of the ageing population. There is a need to understand and interpret the perceptions of ageing, exercise and health within a developmental and adaptable framework.

Recognition that exercise is beneficial to older people is fairly recent. Despite benefits and the links between lifestyle and exercise, most older people do not exercise. Studies are needed to record interactive explorations of how older people who exercise, see themselves and are seen by others in relation to ageing, exercise and empowerment. Telling their own story about the lived experience of exercise and older age, by older people themselves will add to the knowledge of how older people live their lives in an increasing older population. This will identify what individual and community and government actions can be taken to facilitate change towards positive ageing and pro-active health policy strategies. By interpreting the data and by documenting the learning associated with long term exercisers, a further outcome may be to develop a model of good practice for the purpose of a national health program.

Profile of the Aged

The profile of this age group is drawn from an area that encompasses wide physical, psychological, emotional and spiritual differences and a possible age span of 40 plus years. Similarly the fitness categories span a wide range from the very fit and young to the frail and aged older adult. Studies show that older people are more concerned with their overall health and this is becoming increasingly important with age. They are better educated, are seeking and have access to more information than their forebears and have more time to exercise. They are seeking to take responsibility for their self care capabilities and live to their best potential.

Some common features of later life include retirement, families leaving home, loss of parents, loss of partner, loss of active interests, adjusting to reaching later stages of life, lessening of mobility and increased risk of injury and illness.

The majority of older people are living their later years in general good health and are keen to continue their participation in community life, challenging traditional notions about older age and retirement. Older adults want to maintain independence and also need to be recognised as individuals, and as part of the community, with skills, values and knowledge to contribute. To support this, networks within the community need to be available for seniors that allow opportunity for purposeful and profitable use of time (NSW Government Healthy Ageing Framework 1997. p9).

The current older generation is different from their parents and to any previous generation of aged people. The aged society is pioneering a new social and political structure, questioning image and status. By documenting and exploring perceptions and experiences of ageing within a rapidly changing society, this will add to the new body of knowledge that is emerging.

Early research in the area of health promotion and disease prevention for the aged population placed heavy emphasis on identifying risk factors for specific diseases. It is now recognised that the ageing process is affected by different combinations of social, psycho-social and behavioural variables across the life span. These variables include attitudes to and perceptions of ageing and exercise.

Promoting health amongst the elderly is relatively new, gaining momentum within the last five years as local, state and federal governments and policy makers realise the positive impact and improvement to be gained. Proof that later life behavioural change will erase a lifetime of damage is being awaited. Stephensen, Smith & Hahn (1993), found there is growing evidence that preventive health care offers real advantages in terms of cost effectiveness, health status improvements and quality of life for all older Australians not just the ill.

Strategies for Healthy Ageing

The aims World Health Organisation (WHO) policies and programs of healthy ageing are to promote *"health through effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health"*. *"This must lead to a change of attitude and organisation*

of health services, which refocuses on the total needs of the individual as a whole person". (World Health Organisation, 1986).

Ageing is a natural life-cycle process and pro-active health services are vital if there is to be a wellness in life throughout the life-cycle. In the past health services have concentrated on providing care to the sick and disabled. It is this segment of the population that is often stereotyped as representative of "old" people and have generally been ignored until they require acute services. The older population is the largest consumers of limited health resources but it is possible to reduce the demand through implementation of health promotion initiatives (Western N.S.W. Health Report, 1994).

Over the past decade, several major economic reports, including studies by the Economic Policy Advisory Commission (1994) and the National Commission of Audit have considered the question of how governments can best provide for an ageing population. Both EPAC and NCA concluded that a rapidly ageing population will have a negative impact on the capacity of Australian governments to fund and deliver health and welfare services. These concerns have been widely echoed in the media and tends to reinforce the perception that older people are a burden to society.

The NSW Government Healthy Ageing Framework, 1997. pp.15-16), states that:

"Rapid increases in the older population projected to occur over the next 50 years pose a challenge to governments and the community, namely to promote activity and productivity among older people and therefore contain escalating health and welfare costs." and reflects that a pro-active healthy ageing policy is vital if older people are to stay well and contribute to the community.

Much has been done in the past decade by health researchers, to set up appropriate health information systems that can generate appropriate and reliable information statistical data for health management. Data has to be analysed and interpreted so as to provide meaningful information that can be used in decision making (Davies & Mansiourian, 1994. p.67). Concepts of primary health care as a key issue to health systems development have been almost universally accepted, yet evidence of public commitment to the implementation aspects is often lacking.

The National Strategy for an Ageing Australia "Healthy Ageing Discussion Paper" (1999) suggests that growing older is a positive experience for a majority of older people and older age can actually present areas of new opportunity. Healthy lifestyle choices can make a difference, even in the presence of chronic illness. It can prevent further complications, have an impact on current problems and lead to a better quality of life.

The several key areas in promoting healthy ageing and preventing illness that could be given further consideration are:

- maintaining physical and mental health
- engaging in physical activity
- preventing falls and injury

- maintaining adequate nutrition
- detecting sensory loss early
- managing incontinence
- evaluating alcohol and other drug usage

There are areas which present as challenges to healthy ageing including:

- dispelling myths around ageing
- convincing older Australians that healthy lifestyles have benefits
- determining the motivational factors to undertake healthy activities and turning these into action
- promoting the design aspects of both communities and houses to foster healthy lifestyles

Research is necessary to provide information for health needs in specific contexts, so that priorities can be set on an informed basis. That then requires considering health and exercise in a larger context that takes account of social, economic and cultural values. It also provides information to enable more effective application of available technology to evaluate policies and programs and suggest priorities for new research. A report released by the NSW Committee on Ageing (1997) acknowledges that as our society changes more and more rapidly, it is vital that governments and providers meet the challenge for older people have access to knowledge and activities which enable them to keep pace with change.

Funding to implement Government Healthy Ageing policy and strategy is available but seems to get mainly absorbed within the bureaucratic machinery of government departments as they all "reinvent the wheel" and develop healthy ageing frameworks at federal, state and local area levels. Feasibility studies, questionnaires, proposals are completed but result in very little filtering through to the grass roots end to finance exercise and healthy lifestyle programs and associated training for older people to exercise.

Health Report Western NSW April 1993, 16, Promoting Wellness for Older People, suggested that the rising life expectancy and ageing of the population necessitated a rethink of what is "normal" in older age.

An assessment of the quality of health of older people includes the following points:

- quality of life
- level of function
- ability to perform normal activities of daily living
- psychosocial well being
- level of dependency on others
- regular and appropriate activity
- affordable healthy food and good nutrition
- intellectual stimulation
- easy social contacts
- accessible and appropriate health services and care

The Wellness Program was established as a result of the National Better Health Program (NBHP). Based on a Canadian model the first centre was opened in

1991 at Narromine. The word "wellness" refers to the quality of life an older person can experience as they age (Smith & Hahn, 1994). The NBHP allocated funding to all the Australian States for older people's health promotion and aims to keep older people well and living independently by:

- education on health issues
- empowering older people in regard to their relationships with health professionals
- establishing satisfactory social connections
- promotion intergenerational involvement
- promoting advocacy in relation to older people's issues
- providing peer training

Attitudes and structural barriers have kept older people's involvement in exercise activities as low as 2% to 5% of the older population, as *"older people themselves often perceive exercise as not for them, and may have previous experiences of exercise which discourages their participation"* (NSW Committee on Ageing, 1997 p.9). Providers for exercise are now catching up with the demographic change, and targeting older people, instead of focusing on younger people and those still in the workplace. Action is still needed at both societal and individual levels to address inequalities in health status that supports and maintains these barriers.

The National Heart Foundation 1998 Risk Factor Study accentuates the poor exercise habits of the Australian population and shows vigorous exercise declines with increasing age. In the 60 to 64 year old age group, only 10% of women and 12% of men engaged in vigorous activity on one or more days per week.

Some middle-aged people may not believe there is a need to exercise regularly. Many believe that an activity such as mowing the lawn or gardening takes the place of exercise and whilst these activities may help retain mobility they do little to promote fitness and health. An older person's perception of physical potential is usually a significant underestimate of what it could be if that person participated in regular physical exercise and as a consequence, many people drift into old age in an unfit state. As activity decreases, body systems progressively fail, and physical independence may be lost.

Infrastructures need to be implemented within exercise programs for the facilitation, education and promotion of healthy ageing by way of exercise networks that extend the physical and psychological boundaries and break down associated barriers. People's cultural and linguistic backgrounds are crucial elements to be considered in determining appropriate healthy ageing strategies. There are some categories of people within Australia who require special attention to facilitate healthy ageing.

This means the provision of adequate good health practice to increase older people's physical and mental challenges and achievement and to increase their pro-active participation as a valued part of the community. Strategies need to be developed for the implementation of instructor training and education for the fitness industry and consultancy for health services industry.

Benefits of Exercise

A paper released by the European Commission for the International Union for Health Promotion and Education, "The Evidence of Health Promotion Effectiveness" (2000. pp10-11), suggests that the key to healthy ageing is to begin health promotion early and incorporate key messages into daily living throughout the span of life. However there is evidence that age 50 marks the beginning of a period in life during which the benefits of physical activity are most beneficial. Evidence shows that regular physical exercise helps regulate blood glucose levels, improves sleep, improves cardiovascular functioning, helps maintain independence in older age, enhances motor control and performance, reduces the risk of falls and enhances cognitive function and mental health. Exercise that maintains healthy lifestyles in old age is directly associated with health gain.

Research by Dr M Fiatarone published in the Journal of American Medical Association 1990 has been instrumental in shattering the stereotypes regarding physical limits of older people. In a project based on principles of rehabilitation medicine and safe progressive resistance overload, ten frail "old old" classification residents aged between 86 and 96 years volunteered. All suffered at least two major chronic degenerate diseases, most used a cane or walking device and eight had a history of falls from muscular weakness. Researchers concluded that a high intensity weight training program was capable of inducing dramatic increases in muscle strength in frail men and women up to 96 years of age. A strength gain of 175 per cent was realised, walking, speed and balance tests improved by an average of 48 per cent. (Nelson, 1997. pp.9-10)

Dr Nelson (1997. P.10) writes "These findings inspired larger clinical trials in our lab and elsewhere - and all confirmed the benefits of strength training." eventually leading her to design the first of many studies around investigating the effects of strengthening exercises on bone density in post menopausal women. Wanting the widest possible audience to benefit from the findings, Dr Nelson turned this research into book form containing accessible and easily implemented home programs. The research created world-wide news when released as it was the first to advocate that strength training may lead to living a vigorously active life. It clearly demonstrated that many of the changes associated with ageing can not only be delayed but even reversed. (Nelson, 1997)

Recognition that exercise is of particular interest for older people is relatively recent. Despite the benefits outlined and the evident link between older people's lifestyle and exercise opportunities, older people as a group are not currently well represented in exercise.

The adoption and maintenance of regular exercise can be in two interrelated parts. Firstly, to change the behaviour of individuals so that they do exercise regularly and secondly, to change the practices of the people who have the power to influence and significantly determine a person's capacity to exercise (Owen & Lee 1989). A major step towards a positive change in relation to the older adult is to get other health professionals onside, especially more Doctors.

Stories from class participants of comments by their Doctor are all too frequent:

- *"you're getting older you know"*
- *"you're not young any more"*
- *"well, you have to expect these things"*
- *"it's your age", "it must be the exercise, stop exercising"*
- *"I would give the exercise away for a few months, here take these pills and come back in a month"*
- *"it's the exercise!. Stop exercising and we will review in 6 months"*

Attitudes to Exercise:

Negative attitude by the medical fraternity and also by family, friends and society in general need to be addressed and turned around. This will take education, persistence, tolerance and awareness but it will happen and is slowly starting to happen now.

On a broad level, positive ageing is an individual, community, public and private sector approach to ageing that aims to maintain and improve the physical, emotional and mental well-being of older people. It extends beyond the health and community services sectors as the well-being of older Australians is affected by many different factors including socio-economic status, family and broader social interactions, employment, housing and transport. Social attitudes and perceptions of ageing can also strongly influence the well-being of older people, whether through direct discrimination or through negative attitudes and images (National Strategy for Ageing 1999). In the discussion paper "Attitude, Lifestyle and Community Support" Analytical Sheet, released by the National Strategy for Ageing Australia (1999) it is reported that The Office for Older Australians encourages the media and wider community to positively portray older people and to acknowledge the valuable and continuing contribution the older population makes to our society.

Older people's participation in exercise is a social health issue. There is an obvious connection between opportunities offered by exercise and the older peoples need to live active and interesting lives. In an information rich, rapidly ageing society with a high rate of early retirement, older people have the time and often the resources to devote to self-improvement, gaining new skills and developing new interests.

For the purpose of health care strategies, it is important to distinguish between individual factors and socially structured factors as influences on the health status of older people. There is a need to recognise the different dimensions to the term health including physical, social, cultural, economic and political and the need to place our understanding of individual lifestyles and collective action within this broader text.

Teshuva, Stanislovski & Kendig (1994.p.3), support this when they suggest that social structural factors include influences such as the general public, health professionals and local environment and that individual factors are older adult's own health goals, and their health-supporting and health-risking actions. There

needs to be a balance between individual action, community action and creating the conditions conducive to health in society and the wider environment. The inextricable links between living conditions and the environment and the importance of these links is what determines the health of the ageing population.

Society's perception of inactivity, illness and frailty associated with the elderly can influence the older persons belief system about themselves. The possible outcome of resulting loss of confidence, the feeling of inadequacy and lack of opportunity can be debilitating for an older adult.

"Ageing in our society often implies the tragic scenario in which the elderly are increasingly victimised by social and biological processes until their progressive deterioration is interrupted by death." (Pratt & Norris, 1994. p.47).

Because society depicts the underlying model is one of loss, the major developmental task of old age then becomes coping with loss. Yet gerontologists have been intrigued by the ability of old people who have endured multiple losses, not only to carry on with the tasks of daily living, but also to derive enjoyment from life.

Contributions that older people make to society, and the social and economic benefits their contribution confers, is not sufficiently recognised. For example, grandparents, especially grandmothers, provide 50% of all childcare. Older citizens contribute 25% of the \$18 billion contribution made annually by volunteers in Australia. Many older people provide financial support for younger family members. Although not measured, these contributions in the national accounts, or GDP, have a significant input on the Australian economy.

Yet in a report from the NSW Government Healthy Ageing Framework (1997), there is evidence to suggest that negative attitudes to ageing and older people result in decreased respect for individuals, to discounting them.

The report goes on to state: "If older people are seen as a burden, without value or potential, they are not included in planning and may be denied the range of opportunities available to others" (NSW Government Healthy Ageing Framework, 1997. p.6). This negative attitude may then have an adverse effect on the strategies for health. In time, older people will be viewed as an integral part of society, an untapped resource, capable of making a valued contribution to the vital and changing world. (Kearsey, 1997 pp xiii-xiv)

The Benefits of Exercise for the Older Population

The physical benefits of regular exercise for the older adult include the prevention and treatment of many degenerative and chronic diseases. Other benefits include improved strength, flexibility, endurance, posture and movement. Improved sleeping patterns and relaxation can also be produced by low to medium levels of exercise. Recovery time after illness and surgery is lessened and survival rate is improved. Psychological benefits reported include lessening of anxiety, depression and increased self-image and social experience.

While benefits of exercise are abundant for the older population there are many

restrictions the elderly face when considering exercise. One of these issues is encouraging people to take responsibility for their own health to increase quality of life. People can be encouraged to do many things that influence health, but activity seems to have profound psychological and physiological effects. Most people over 65 have some form of disability. Most have learned coping strategies to live with the conditions. Tackling an exercise program that may aggravate a chronic condition, takes a lot more courage and effort for some such person.

Middle-aged and older individuals are often thought of as less physically able than younger people. A further problem with encouraging older people to exercise is that they may expect their physical and mental capabilities to decline, and so feel this decline prevents them from doing regular vigorous exercise. This may contribute to the idea that certain activities are inappropriate for older individuals due to their chronological age and so limit participation in particular areas.

If exercise does play such a vital role in life, then an important consideration that should be addressed is how to increase participation? Sprogis (1990) suggested two issues that may increase participation of the older community in regular exercise. These were the involvement of the general practitioner and availability of an exercise program suitable to their needs. Sprogis in his research achieved a 33% participation rate of the applicable population and displayed the influence a patient's doctor and have in encouraging the adoption of exercise.

Exercise Programming and Guidelines

The objectives of a suitable exercise program for the over 50's should be to provide a total program for the "whole person", leading to self-fulfilment, self growth and maintaining fitness and health at an optimal level. Access to appropriate information and sound instruction is essential, as well as choices and opportunities for exercise in an environment where exercise is attractive and convenient.

When designing a program of exercise for the over 50's, physical and psychological factors have to be considered. To combat these factors, physical and psychological components have to be included in the exercise format plan with aims to improve and maintain basic functioning, fitness, self achievement, self-care capabilities and general well-being.

Planning and conducting a class to achieve balanced program and include the following considerations:

- safe and effective program
- a balanced workout of muscle groups
- strength and balance work for falls prevention
- postural alignment
- fitness levels of participant
- skill development
- fun and enjoyment
- experience of challenge and achievement

- safe and comfortable environment
- inclusion of familiar routines
- client goals and education

The fitness components of an effective program need to include:

Physical Components

posture
strength
balance
flexibility
co-ordination
stretching

Psychological Components

self awareness
self esteem
relaxation
achievement
socialisation
stress management

Measurable objectives of a successful program would be:

- to increase the number of older people participation in physical activity,
- to increase the number of older people eating health food,
- to increase the knowledge of older people of risk factors that affect health and well being,
- to decrease environmental barriers to health,
- to decrease the number of older people who are socially isolated, with the overall aim to increase the health status and well-being of the older person.

Provision of exercise programs includes the application of the exercise principles plus consideration of factors over and above what activities are appropriate. Factors of access, transport, toilets, safety, image etc, all play a part in providing an appropriate experience for the senior adult. This is due to the huge range of age, fitness and health conditions within the older adult class participants. The difficulty is identifying and meeting the diversity of individual and group needs ranging from those of a frail person with a chronic condition through to a fit and active senior. The challenge is providing simultaneously an exercise, movement or activity suitable to the individual need and educating the class to exercise within their personal capabilities.

The overall aim of the class is to provide an exercise and/or lifestyle program that improves fitness and health, provides education and awareness that results in the maintenance of self care capabilities and independence.

Older adults need to participate in exercise programs that are designed to extend their physical and psychological boundaries around ageing, to change dominant perceptions and images of ageing, to provide a role model for other older people and to promote quality of life. The far reaching implications are that it provides physical, social and psychological challenges and choices, with the possibilities of positive improvements and changes in the participants lives.

The impact of exercise on ageing is dynamic yet hugely underestimated in it's potential for improving and maintaining longer, healthier and more productive lives of all older Australians.

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