



Research Update

Practical, leading edge research results applied to physical activity for older adults, in plain language for health practitioners and leaders.
Sponsored by the Active Living Coalition for Older Adults (ALCOA).

Ageism and Active Living: Recognizing Social Barriers to Older Adult Participation

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Ageism is discrimination based on age.

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Helping people age better is an important issue in Canada. Regular and moderate exercise can cut age declines in half and reduce the risk of all diseases by 50% (Health Canada, 1999a). Health Canada's *Physical Activity Guide to Healthy Active Living for Older Adults* (Health Canada, 1999b) advocates up to 60 minutes of physical activity each day. It recommends a variety of endurance, strength, balance and flexibility activities. The guide is based on hundreds of studies, which found that older adults get enormous physical, social, and psychological benefits from being active.

Despite national efforts to promote more active lifestyles among all older people, Health Canada states that "progress has now stalled" (Division on Aging and Seniors, 2002, p. 2). Although 91% of the population agrees that physical activity will keep them healthy, 66% of the population could be more active, and older people are the least active generation. According to the National Population Health Survey, only 14% of seniors are sufficiently active.

The gap between what people know and what they are actually doing is not a trivial matter. Without family, physicians and friends encouraging them to have regular and moderate forms of physical activity, older people can get so stiff, so weak, and so unsteady that they do not want to move about very much at all. By age 80, 10% are so frail they are institutionalized, and many more are dependent in some way on others in the community.



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What prevents people from enhancing their later years with regular and moderate exercise? Something is stealing the energy and resolve of older people to enjoy life to the fullest and be the best they could be. That something appears to be bigger than the individual, bigger than their common sense, and bigger than what they actually know about being healthy as they age.

That “something” is a social force called ageism - discrimination based on chronological or assumed age. Ageism is an insidious way of thinking that has infused North American culture for decades. It continues to plague older adults. Our very oldest people (90+) were even socialized to believe that they were not supposed to play at any time in life. This work ethic is a carry over from the Great Depression.

Active, successful aging is dismissed by the public while poor aging is culturally accepted as “normal.” Passive lifestyle habits mean that half or more of our citizens age with unnecessary, multiple and often painful disabilities by the age of 75 (National Advisory Council on Aging [NACA], 1996). Accelerated aging seems to be supported by passive views of retirement, incorrect assumptions about conserving energy in old age, and various social policies, traditions, and ageist stereotypes that have encouraged older Canadians to “take it easy” once they reach retirement. But “taking it easy” is actually the most dangerous road to take. Embracing life proactively is the proven route to better aging. Exercise is a potent regenerating force. An active, older person prevents acute disease, avoids some chronic diseases, and extends health-span close to their end of life.

Ageism exists in all areas of active living - in most sports, in dancing studios,

in fitness centers, in stadiums, community fields, and ballparks. These places are mainly filled with active children and younger adults. Older people do not often see themselves there. Older people may not mind being observers of sport and physical activity, but they do mind participating. Moreover they are not often invited to participate.



Research shows that the top two barriers for elderly women to participate in fitness programs are a lack of confidence in their ability and lack of social support (O'Brien Cousins, 1996). In the general sports scene, older men feel unskilled, unfit, unwelcome, under-valued, or undeserving. Another barrier for both women and men may be their belief that they will come to harm in activity settings. Being active feels too risky. As a result, if they are active at all, they choose lower intensity activities such as lawn bowling, curling, fishing, and gentle walks. Most Canadians consider these activities safe and age-appropriate. To be sure, there are some health benefits with milder activities, but there are more benefits in moderate and vigorous choices. Unfortunately, older people have learned to “act their age.”

In interviews, older people often say, “Why bother?” or “What’s the point?” Active living is worth the “bother” in terms of health, because sedentary adults double their health risks for all diseases. This is the same level of risks as pack-a-day smokers (Division of Aging and Seniors, 2004).

If older people are asked about their passive lifestyles, they easily invent excuses that are socially accepted. A survey of 327 Vancouver women over 70 revealed that they were reluctant or even afraid to do anything active in unsupervised settings. Even going for a walk was unlikely. Some of the inactive women believed that basic exercises would lead to a mortal event (“My heart couldn’t take it”). One woman judged that a typical sitting hip flexion stretch would “explode my heart.” Others feared drowning in an aqua-cise class, falling off an indoor exercise bike, breaking their neck bones on a curl-up, or damaging their knees by doing a modified pushup (O’Brien Cousins, 2000).



In a telephone survey of older Albertans, women aged 56 and older advised others to “talk to your doctor” and “consult the experts” about anything that affected the body physically. Older men seemed to have given up enjoying life in physical ways. They said, “Why bother? It’s not going to change my life a heck of a lot” (O’Brien Cousins and Gillis, 2005). While these self-referent beliefs appear to be individual, they are really not. So many people think this way that the myth has become accepted thinking. Myths like these are

built on years of social learning and self-stereotyping.

Society commonly accepts low-active lifestyles among older adults. People of all ages may believe that older adults shouldn’t sweat and work hard, even if they want to. Younger people may underestimate the physical capability of older adults. Older men might believe it’s easier to sit after a lifetime than to get up and exert themselves for the sake of their health. They also believe they won’t have a heart attack if they are sitting. This is not true. Women are commonly less active than men at every life stage. Yet they outlive their menfolk by more than 5 years on average, which convinces them that having muscles and sport interests like the men will lead to an early demise. It is thinking like this that makes it very clear to the Active Living Coalition for Older Adults (ALCOA) that age stereotypes are alive and well!

New narrative research by O’Brien Cousins clarifies that sedentary older adults lack essential intrinsic motivation for activity. Many older people say “I can’t” or “I don’t want to” and some people say they wish they were active, or should be active, or need to be more active. But inactive people never use the phrase, “What I’d like to do is...” or “I want to try...”. Without a clear goal or activity in mind, there is no motive, no drive, and no plan to be an active older person. These findings suggest that active living might be a realistic undertaking for older people who are already somewhat active - people who are just not doing enough, not doing it often enough, or who have no weekly plan. These low-active people can become more active if they are connected to local experts and community organizations that can help them to be involved more regularly.

“Not wanting to” and “not getting around to it” come from socially learned values within our culture. These ideas are reinforced by the social norm of inactivity in later life. Changing sedentary individuals and their way of thinking one person

at a time is an enormous undertaking. Instead, we somehow have to shift the national norm. Such social change will require significant social incentives that reward good behavior, perhaps tax rebates for healthy lifestyles. Change will also mean reexamining health and social policies that ignore how lifestyle and environments impact on health. For example, mandatory retirement creates an artificial lifestyle landmark at age 65. This ageist law tells people that 65 is the end of productivity and so they disengage socially, emotionally, mentally and physically.

Even though Health Canada reports that “age is no barrier,” older people encounter the strong forces of ageism almost daily. Active seniors may encounter ageism right in physical activity settings. Although they may actually be more physically fit than others in the class, white-haired individuals can be singled out with a reminder to pace themselves or to stop altogether if they feel winded. Inexperienced activity leaders may be too cautious with older adults. Other leaders may unintentionally scare new participants with warnings about contraindicated movements and poor technique. Older people get the false impression they are more at risk than other adults.

Fitness resources such as target heart rates, while less popular now, may contribute to seniors’ worries about exercising. For one thing, older people learn that fitness professionals have serious concerns about how fast their hearts are beating. Older adults are asked to exercise in a safe heart rate zone, even though few people take their own pulse correctly. Many older adults can’t find their pulse quickly, and then are confused about multiplying a 10 second pulse by 6 to get beats per minute. If you weren’t sure how to do this and knew it was important for participating safely, would you continue? Moreover, in the past, heart rate charts simply stopped at age 60 as if no one older dared to be physically active (Fig. 1).

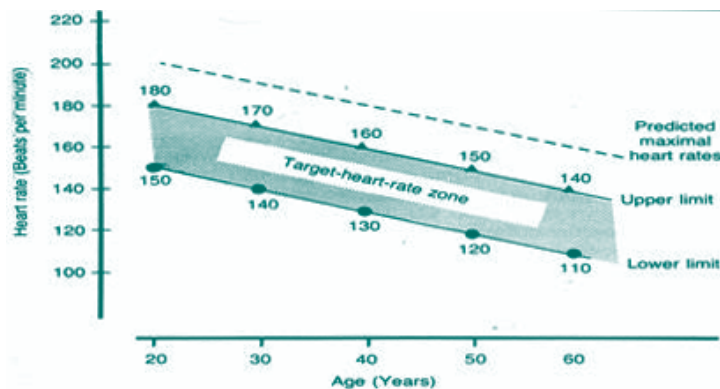


Figure 1 - Example of a 1970’s Target Heart Rate chart

Notice that the chart does not go beyond 60 years of age. More recent versions show up to age 80, even though many Canadians live past 100.

Inactive older people say that they don’t think very much about daily physical activity because they feel they are very active in other ways - ways that serve their families or their community. Some elders devalue exercise as a form of vanity: they have “other priorities” that are “not so self-centered.” These higher priorities and responsibilities explain why many elders say they are too busy to be physically active. Being fit and healthy in later life is not seen as worthwhile.

Some older adults report they do not need to exercise because they are “already in good health.” Others say they can’t, because they are “not healthy enough” to exercise. This thinking is self-serving and circular. Inactive older adults feel they are too old to see any benefits, not strong enough to do strength exercises, not flexible enough to stretch, too unsteady to practice balance tasks, and have no energy to build up their endurance. The notion of being too old, too tired and too unfit to improve function, health and quality of life flies in the face of current information. Research suggests that the most sedentary and frail seniors can make the biggest gains when they get active. Thus, the health of our society depends on changing the way older adults think about themselves and how to best spend their time.

A caution: Vertinsky (1995), a historian of healthy aging, reminds us that people who emphasize the social and cultural construction of old age “must also acknowledge their own participation in an alternative mythology, one that insists on the view that aging women (and men) should be healthy and physically active” (p. 232). Exchanging one social expectation for another is not very productive. The best we can hope for is to offer Canadians a new appreciation of aging and a new consciousness about what aging does and can mean. Really, the only way to unravel the forces of ageism is by “freeing individuals to find an older identity that suits them comfortably, and empowering elders to select the perception of aging that fits them best” (Vertinsky, 1995).



Ways to Attack Ageism

- Educate people to recognize ageism.
- Increase visibility of active and healthy elders to promote positive attitudes.
- Involve older adults in all aspects of community life, including recreation, planning and civic affairs.
- Design programs which consider the interests and needs of a full spectrum of older

adults, from frail to fit.

- Promote physical activities that are intergenerational and include extended family.



Examples of Ageism?

- Mandatory retirement at age 65; 80+ unable to get travel insurance.
- Physicians who withhold surgeries or treatments due to advanced age.
- Community centres that offer only youth and adult programs.
- Birthday cards that are condescending, even insulting about getting older.
- Retirement and adult communities that exclude families with children.
- Screening all older drivers, regardless of their driving record.
- Targeting older adults with ads for Geritol, dentures, adult diapers, life insurance, and NOT for racy cars, fashion, sports equipment, and health club memberships.
- Charging healthy people for fitness tests and exercise programs, while the same tests and rehab programs are free for older, unfit patients.

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<i>If We Say...</i>	<i>Older People May Think...</i>
“Take it easy, Mom. Don’t strain yourself.”	“She’s right. I am getting too old to do that.”
“Aren’t you worried you’ll get hurt skiing?”	“People think I’m not as capable as I was. Maybe they’re right. I might get hurt.”
“You’d better check with your doctor...”	“My doctor never asks me about my activities. Exercise can’t be very important.”
“Haven’t you got better things to do than play golf?”	“I’m being too self-centered and not taking care of my responsibilities.”
“Walking in winter sounds risky.”	“I might fall and break a hip.”
“Come in. Please sit down and I’ll make us some tea.”	“I wanted to ask her to go for a walk, but maybe that is too ambitious. I’ll look like a go-getter.”

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