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Is it *'too bloody late'*?

Older people's attitudes to the National Physical Activity Guidelines

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ABSTRACT

The National Physical Activity Guidelines (NPAGs) are the evidence-based recommendations on physical activity for all Australians. This study examines the attitudes of older people to the NPAGs with the aim of identifying communication objectives for social marketing practitioners when designing messages about physical activity specifically targeted at older people. Eight focus groups were conducted at the Positive Ageing Foundation's conference rooms in Perth, Western Australia, with between six and eight participants in each. None of the participants had previously seen the NPAGs but some of the content had filtered through in the media. Of most concern was that some participants felt that it was already too late for older people to become more physically active. Participants were receptive to a holistic approach including social interaction and mental stimulation for overall health and well-being, but males in particular were cynical towards the source of social marketing messages. The findings suggest that social marketers targeting older people with physical activity need to address three key communication objectives: 1) the benefits of 'incidental' physical activity; 2) that short bouts of moderate-intensity physical activity can be accumulated throughout the day to total the recommended thirty minutes; and 3) it's never too late to benefit from being more physically active.

ARTICLE

Introduction

There is an urgent need to develop new strategies to increase physical activity among sedentary older people (Sarkisian, Prohaska, Wong, Hirsch, and Mangione 2005). The National Physical Activity Guidelines (NPAGs) are the evidence-based recommendations on physical activity for all Australians (Egger,

Donovan, Giles-Corti, Bull, and Swinburn 2001). This study examines the attitudes of older people to the NPAGs with the aim of identifying communication objectives for social marketing practitioners when designing messages about physical activity specifically targeted at older people.

Participation in physical activity confers many health benefits at any age but is especially important for older people. As well as reducing risk factors for a number of lifestyle-related diseases such as diabetes, colon cancer and heart disease, and improving mental health and well-being, physical activity is especially important for older people as it reduces the risk of falls and resulting injuries (Commonwealth Department of Health and Aged Care 2001; Bull, Milligan, Rosenberg, and MacGowan 2000). The most crucial benefit to older people is that physical activity contributes to living independently, maintains mobility, and promotes a sense of well-being (Shephard 1993; Centers for Disease Control 1996).

Creating effective communication messages involves a two-step process: 'getting the right message' and 'getting the message right' (Egger et al. 1993). The National Physical Activity Guidelines (NPAGs) were developed to address the need to encourage Australians to adopt a physically active lifestyle, that is, 'getting the right message'. These guidelines are aimed at the population in general and are not specific to older people. During the development of the guidelines separate guidelines for older people were considered, but feedback indicated this would be superfluous given the hierarchical nature and universality of the approach (Egger et al. 2001). This study is designed to inform the second step of this process: 'getting the message right' for older Australians.

The exhaustive research and testing of the guidelines resulted in the launch of the NPAGs in May 1999 (Commonwealth Department of Health and Aged Care 1999), available on [www.health.gov.au/internet/wcms/Publishing.nsf/Content/phd-physical-activity-adults-pdf-cnt.htm/\\$File/adults_phys.pdf](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/phd-physical-activity-adults-pdf-cnt.htm/$File/adults_phys.pdf).

The guidelines encompass four recommendations, specifically (Commonwealth Department of Health and Aged Care 1999):

Think of movement as an opportunity, not an inconvenience.
Be active every day in as many ways as you can.
Put together at least 30 minutes of moderate-intensity physical activity on most, preferably all, days.
If you can, enjoy some regular, vigorous exercise for extra health and fitness.

Method

The Western Australian-based Positive Ageing Foundation's database is made up of approximately 3000 older people who have agreed to be contacted for research studies. Contact details were obtained for 70 males between the ages of 65-74, 97 males between the ages of 75-85, 104 females between the ages of 65-74 and 98 females between the ages of 75-85.

Eight focus groups were conducted at the Positive Ageing Foundation's conference rooms in Perth, Western Australia, with between six and eight participants in each. The groups were delineated by age, gender, and socio-economic status. (Reference will be made to these groups in the text of this report using an abbreviated form, e.g., 'M65-74B' refers to someone in the group of males aged 65-74, blue collar.)

The sessions commenced with the interviewer encouraging a discussion on 'good health' and what they do to maintain their health. The participants were shown the NPAGs and asked to comment on them. The session ended with each participant being given a copy of the NPAGs and advised to seek advice from their GP before commencing any additional physical activity.

Findings

Response to National Physical Activity Guidelines: General

None of the participants had seen the guidelines before. However, participants were aware of most of the information contained in the guidelines; this had filtered through to them via the media. Generally participants' initial response to seeing the guidelines was positive: *'it's all good'*.

Before participants had seen or given any thought to the guidelines, they had thought physical activity was something 'extra' they had to do and would feel guilty they had not done it: *'I actually do have guilt if I don't do it'* (F65-74W). For some participants, the NPAGs' recommendations alleviated this guilt because they realised they were already incorporating physical activity into their everyday lives.

Some participants thought that targeting these messages to people in their age group was too late to do any good. *'I actually think, if you can change people's lifestyle after they are 65 it is a bit too bloody late. You have got to start early, you might as well, sort of,*

write it off because it is too late' (M75-85B). *'I think, aerobic exercise to a woman when she gets past 50 is too late to do anything about brittle bones'* (M65-74B).

There was a strong belief that mental activity was as important as physical activity in maintaining health and wellbeing. *'I think physical activity is important and I think mental activity is just as important'* (F65-74W)

Some participants talked about pain, especially arthritis, inhibiting their participation in physical activity: *'I think, for me it depends how I'm feeling. Some days I've got more pain than others so therefore that day when you haven't got pain you want to do things more, and you can'* (F65-74W).

Response to National Physical Activity Guideline 1

"Think of movement as an opportunity, not an inconvenience."

This guideline aims to change people's attitudes towards physical activity for health. The goal is to have people think about movement as an opportunity to improve health and not a time-wasting inconvenience. Participants were given the example: *"If you leave something behind in the bedroom, having to go back to get it can be viewed as an opportunity for more movement, more exercise, rather than an inconvenience"*.

Some comments such as: *'I don't think of it as exercise. I just do it'* (F75-85B), *'I don't think about that at all'* (F65-74B) indicated that some of the participants had not thought of looking at movement as an opportunity. Some participants had stories relating to their forgetfulness and how they had to go back to redo something, finding it an *'inconvenience'* and *'rather frustrating'* (M65-74B). Generally participants came to the conclusion: *'...it's a very positive attitude. When you think of that, you say to yourself "Oh bugger it!" ...on the other hand you think positive... it's good because I've just done muscle so and so'* (M65-74B). Participants experiencing pain did not dismiss the guideline's message but thought: *'...there are always qualifications. If it's going to hurt like holy hell to go back again, you're not going to think of it as an opportunity'* (M75-85B).

Response to National Physical Activity Guideline 2

"Be active every day in as many ways as you can"

This guideline refers to incidental activity, all the numerous activities that form part of day-to-day living. As well as being shown the guideline, participants were given two examples to consider and discuss: 1) Parking the car away from the shops and walking that extra distance; and 2) Getting off the bus a stop earlier and walking the extra distance.

Before being shown the guideline they had said things like: *'I feel guilt, I know I should be doing more'* (F65-74W). Afterwards, participants who were already very active around the home and garden felt they could continue with their daily activities and still maintain their health without feeling so guilty. Later, one participant wrote to the researchers saying the discussion had taught her that she *'can regard housework or shopping as exercise... so I don't feel a bit guilty'* (F65-74B).

Some participants said they had limited physical capacity: *'Well I have got an ACROD sticker so I park in front of the door'* (M75-85B). Walking and carrying can be limiting, especially for older people: *'I can walk ...providing I am not buying something huge'* (M65-74B).

Response to National Physical Activity Guideline 3

"Put together at least 30 minutes of moderate-intensity physical activity on most, preferably all, days."

In the past it was thought that for physical activity to be beneficial to one's health it had to be vigorous, continuous, at least of 30 minutes duration and done three to four times per week. Current research shows that health benefits can be accrued by doing shorter periods of moderate-intensity activity for a total of 30 minutes per day, most days.

This newer research was generally received positively by participants. It released them from the guilt they felt in not doing a substantial block of physical activity: *'Perhaps then, I won't feel bad about coming back later on and completing the half-hour'* (M75-85W).

Some participants, although not disputing the guideline's message, felt that for them, 30 minutes of continuous duration was more appropriate to their needs. *'Doing 30 minutes together helps you*

sleep at night. It makes you feel good. For me, it has a sort of calming, happy effect' (F65-74W).

Response to National Physical Activity Guideline 4

"If you can, enjoy some regular, vigorous exercise for extra health and fitness."

Vigorous exercise is the sort of exercise that makes people "huff and puff" and makes talking in whole sentences difficult. Vigorous exercise is only advocated "for those adults who are able and who wish to achieve greater health and fitness benefits". This guideline states: "Research has shown that able-bodied people can get added health and fitness benefits...by carrying out some regular vigorous exercise" (Commonwealth Department of Health and Aged Care 1999).

There were three main objections to the idea of doing vigorous exercise. One, the guidelines did not differentiate between age groups: *'I still can't understand these points you are making; these are from these guidelines? Well, they are stupid because they make no distinction between age'* (M75-85B). Two, generally participants believed it was inappropriate to encourage older people to do vigorous exercise: *'Strain yourself?'* (F65-74W). *'Well, I mean, why should we?'* (M75-85B). *'I would say no, I think, from what I have read, in the ageing process, it would be positively harmful because I hear and read every day of people pushing themselves and dropping dead or doing some activity that is injurious to their well-being'* (M75-85B). Three, there was skepticism that the guideline could deliver the promised benefit: *'...could you guarantee that? How'd you know you are going to get extra health and fitness? It might be doing too much actually'* (M75-85W).

Several participants believed one needed to be cautious in relation to this guideline. *'Because if somebody has got a heart problem they most certainly wouldn't want to be doing that, would they?'* (F65-74W). *'So you really would need to know you are physically ok to push yourself that much further'* (F65-74W). *'What we need to be sure of is that our physical fitness is in such a state that it is ok to do it'* (F65-74W). *'It depends on your health ...I can't do it too vigorous but moderately'* (F65-74B).

Generally participants did not report intending to change their behaviour as a result of this guideline. Those participants already

engaged in vigorous activity intended to continue while those not engaged in vigorous activity did not intend to start.

Response to the source of the guidelines

Some participants (mostly male) expressed negative attitudes towards the source of the guidelines. They objected to living in a 'nanny state'; *'there are people in Canberra that are putting out those pamphlets. It makes me angry'* (M75-85B). Some participants viewed the source of the message as someone young and objected on those grounds. *'So a young person is going to tell me that I have got to do this exercise or that exercise. I am going to ignore them. I want somebody in my own age bracket who knows what the heck he is talking about and knows what I am feeling when I am doing that exercise'* (M65-74B).

Some participants (mostly female) expressed positive attitudes towards the source of the message. One participant thought it was the 'duty of the government' (F65-74B) to disseminate this sort of information.

Discussion

None of the participants had seen the NPAGs before. However, some of the guidelines' recommendations had filtered through to participants via the media. In general, they knew of the health benefits gained from participating in physical activity.

Responses to the first guideline indicated that most participants did not currently think of movement as an opportunity, but there was general agreement this could be a positive attitude to adopt. There were participants who said their health status often meant that at times it was painful for them to do extra movement and they kept movement to a minimum, but this did not preclude them from approving of the guideline's message and intending to put it into practice.

Generally our participants had not been aware of the concept of incidental physical activity. Until participants discussed this second guideline many of them believed physical activity was something 'extra' to their everyday activities such as organised exercise classes. Understanding this guideline impacted on participants in two ways. Firstly, it gave some participants who resisted doing 'mindless exercise' a way to link physical activity with a positive purpose. Secondly, it reduced guilt about not doing something extra

because incidental activity could be counted. Marketing *incidental* physical activity could help to empower people and reduce guilt.

Generally participants were receptive to the third guideline's message and said they would try to add up 30 minutes of total activity most days. Those who believed they were already active did not intend to change their behaviour, but agreed there was merit in the guideline's message.

Some participants believed the fourth guideline on vigorous exercise proved that the NPAGs were not intended to apply to the whole community, suggesting this guideline did not take account of their age and ability. Some remained hostile to this guideline despite the recommendation to seek medical advice before commencing vigorous activity.

Source credibility emerged as a major issue; of specific concern was the idea that someone young had produced the guidelines who therefore did not understand the needs of their age group.

Participants in this research raised the issue of purposeful and social activities as well as mental activities and claimed these activities were as important as physical activity in conferring health benefits. They stated the social aspect of engaging in physical activity was as important as the activity itself and spoke of other social, health-enhancing activities such as embroidery, voluntary work, University of the Third Age, doing crosswords, and just keeping active mentally. They believed their participation in activities that exercised their minds was of vital importance to them.

Is it 'too bloody late'?

Of most concern was that some participants were sceptical and thought that the messages embodied in the NPAGs would be of no benefit to older people because it was already 'too late' for them. People will not be persuaded to adopt recommended behaviours unless they feel that the behaviour will be effective for them.

Research indicates that one is never too old for physical activity and it is never too late to start (Centers for Disease Control and Prevention 1996). People who have been sedentary most of their lives can gain health benefits from changing to a moderate-intensity physically active lifestyle (Simon, 2006; Christmas and Andersen 2000; Commonwealth Department of Health and Family Services 1998). One recommendation to social marketing practitioners is that this perception needs to be addressed. An important

communication objective when targeting older people to be more physically active would be: 'It's never too late'.

Conclusion

This qualitative study contributes insights on several important issues of value to social marketing practitioners designing physical activity messages for older people. First, there were three areas of knowledge relating to physical activity that need effective dissemination: 1) the benefits of incidental physical activity; 2) short bouts of moderate-intensity physical activity can be accumulated throughout the day to total the recommended thirty minutes; and 3) it's never too late to benefit from being more physically active. In addition, this study suggests that older people would be receptive to a holistic approach including social interaction and mental stimulation for overall health and well-being. Lastly, the study contributes an important finding relating to older people's scepticism around the source of social marketing messages; this could be addressed by identifying an appropriate champion, perhaps also an older person, who would be seen as expert and trustworthy by this target audience.

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