

Physical Inactivity Prevails in Later Life

by Bevan Grant and Grant McLean

The majority of people over 70 years may self-report themselves to be in good health but just being older means they are more likely to experience a range of health related ups and downs than in their younger years. One explanation for this is that the older population carries a progressively heavier burden of chronic disease and disability than their younger cohorts. With a changing demographic and in particular an ageing population, it is not surprising that politicians and health professionals are keen to intervene – mostly because of a presumed high cost of not-so-good health. But whether or not the large numbers of baby boomers sometimes labeled the grey tsunami looming on the horizon will be a burden on society is speculative. When commenting on this, Julie Robotham, the 2006 Medical Editor of the Sydney Morning Herald argued, it is difficult to know with certainty whether an increasing older population living longer lives will turn out to be a blessing or a curse. Predictions about the future are mostly that – predictions.

People do not choose to be old or have a prolonged senescence. Rather, growing old is a naturally occurring process and the way it unfolds is partially dependent on one's genetic disposition and lifestyle. It is a time when individuals are likely to experience more losses than gains. Although no magic formula exists to guarantee a trouble free old age, some lifestyle behaviours (eg physical activity) can minimise the impact of some age-related conditions¹ (eg chronic obstructive lung disease, loss of strength, loss of bone density, elevated cholesterol levels, arthritis, coronary vascular disease, decline in perceptual and cognitive skills, insomnia). The evidence is unanimous that older bodies, including very old ones, retain an ability to adapt to varying forms of exercise even if the past existence has been of a sedentary nature.

Some years ago the World Health Organization recognised the significance of an active lifestyle and classified physical inactivity (at all ages) as a major health risk. The significance of this was echoed in the Position Stand published by the American College of Sports Medicine in 2008 when stating;

Although no amount of physical activity can stop the biological aging process, there is evidence that regular exercise can minimize the physiological effects of an otherwise sedentary lifestyle and increase active life expectancy. ... Adults aged 65 years and older can gain substantial health benefits from regular physical activity, and these benefits continue to occur throughout their lives.²

A Perspective on active ageing

From a life course perspective, many of the current older sector of the population were not socialised to voluntarily participate in physical activity, particularly for health benefits. This does not mean however, they have lost the zest for living or are completely inactive. Many older people

live vibrant lives, engage in a wide range of leisure activities of a gentle physical nature and are generally in tune with their busy ageing bodies. They are also aware it is impossible to be fully liberated from the realities associated with growing old. Even so, for many people, the later phase of life is considered a time for continued growth and self-fulfillment, and the countless recreation and leisure opportunities provide one avenue for fulfilling this role. After all, we are not programmed to die, but to survive and there is much we can do to assist this programming by extending not only life span, but also health span.³ Physical activity in its many forms has a significant role to play in this regards.

Activity levels of older New Zealanders

SPARC is the Crown Entity in New Zealand responsible for sport and physical recreation and one of their priorities is to encourage opportunities for people (of all ages) to participate in active recreation every day. As a way of monitoring levels of engagement, every few years a national survey is conducted. This article highlights participation rates identified in the

Table 1: Self reported profile of physical activity (% of cohort)

	40-49 years	50-64 years	65-74 years	>75 years
	n=845	n=948	n=525	n=446
How Active				
Inactive	10.5	11.5	16.0	34.0
Insufficiently active	34.8	36.4	45.3	37.9
Active 5/7 days per week	54.7	52.0	38.7	28.6
Compared to 12 Months Ago				
Less active	28.6	22.0	24.1	24.0
No change	42.6	56.2	58.9	66.3
More active	28.7	21.7	16.6	9.4
Intention to Change				
Not active, no intention	9.2	11.6	23.6	35.3
Some intention to change	22.8	34.7	12.1	7.1

2007/08 Active New Zealand Survey.⁴ Amongst the many questions included in the survey, participants (including approximately one thousand people aged 65 years and over) were asked to put themselves in to one of the following three categories. In so doing they were signaling the role physical activity plays in contributing to their health status:

- ❖ *inactive* (less than 30 minutes of moderate intensity physical activity over 7 days);
- ❖ *not regularly active* (two to five 30 minute sessions of moderate intensity physical activity /week);
- ❖ *active* (achieved 30 minutes of moderate intensity physical activity on 5 days/week).

A snippet of data from this expansive national survey shown in Figure 1 suggests that with age, engaging in physical activity in a way deemed appropriate for maintaining good health is not reflective of the majority of the population. This declines markedly with age and it appears from the data that as people age there less desire to change and become more physically active. This becomes more marked once people are in the 75 years plus cohort. It must however, be remembered self-reported surveys seek a response to criteria based on an ideal dose–response relationship that provides a supposed indication of health status. Although this provides a useful perspective of a population, at a lived level there is a notable difference between the scientific and populace meaning of good health, hence a need for caution when extracting meaning from the data.

Irrespective of the formula and precision for determining levels of physical activity (and health), the findings echo results reported in the 1997-2001 Active New Zealand Survey[±], the 2006/07 New Zealand Health Survey[±] as well as findings from surveys in other countries. In essence, this reiterates the views of John Kelly⁷ nearly twenty years ago that recreation and leisure of the physical kind, particularly that deemed necessary for good health, becomes less popular as people age. Of course knowing about this is the easy part. More importantly,

we need to determine what this means and what, if anything should be done to try and reverse the trend.

Why the decline?

Numerous studies published in the broader gerontological research consistently report that being physically active in later life may be good for you but is fraught with numerous physical, social and psychological challenges. Adopting an active lifestyle is not as easy as it sounds at any age, let alone in later life. The more common reasons identified by 'older' people for a relatively passive lifestyle include:

- ❖ having to justify being physically active to family and/or friends
- ❖ concerns about what the older body should and should not do
- ❖ lack of support from family, friends and health professionals
- ❖ ailments and not-so-good health
- ❖ fear of injuring oneself
- ❖ feeling too old, what is the point
- ❖ a belief that I am already healthy enough
- ❖ lack of time
- ❖ doubts about the significance of the outcome
- ❖ disposable income - cost of membership or attending programme
- ❖ physically painful or uncomfortable
- ❖ lack of an exercise companion
- ❖ more interested in non physical leisure and recreation, and
- ❖ lack of easy access to open spaces and/or facilities.

Without denying the authenticity of these reasons, they have to be viewed in the context of the individual's life history, socio-cultural context and everyday experiences of growing older. Older people acknowledge many of the potential benefits of physical activity for health but such knowledge does not necessarily translate into involvement in it. They also hold strong, some would say obdurate, views about what is and is not viable physical activity in their lives. There is also a notable degree of sensitivity and stigma associated with being just too old and having a body that does not always function normally, or as one wishes.

Reversing the inactivity trend

Theories abound about how to reverse the inactivity trend. To date however, there has been little success with translating the evidence-based successes from intervention research into policy and community initiatives that dramatically impact the lifestyles of an increasingly diverse older population. It is time to accept that people in this phase of life do not exercise because we, the experts argue that doing so will possibly result in a better and longer life. They know the ageing process cannot be reversed and are not duped by the rhetoric that to ensure a long and healthy life they should engage in a planned programme of physical activity. Some behaviours may be preferable to others but this is still no guarantee to a trouble-free existence. Hence, a fundamental question remains; should we (the experts) work to entice a greater proportion of the older population into a physically active lifestyle in a way suited to their needs and desires? If so, should this be on the grounds that active living can reduce the risk of chronic disease, delay the rate of functional decline or reduce the costs of ill health?

Being physically active on a regular basis may be important. Of greater importance however, if this is to be a lifestyle habit, it must be purposeful. It needs to be an embodied activity, an uplifting experience and one that goes beyond focusing solely on health and fitness⁹. Is it possible that physical activity influences well-being more through its symbolic than its physiologic impact? Could this help explain why social participation possesses apparently equal effectiveness in reducing later life morbidity and mortality?¹⁰

Perhaps the time has come to look beyond the utilitarian outcomes of striving primarily for optimal health and focus more on the quality of the experience – the feel good factor. Although a difficult concept to define and measure, such a position still recognizes optimal health as a preferred state of existence. It also shifts the emphasis from prescribing

to helping individuals take more, rather than less, responsibility for their lives – in a playful way. Such an ideal however, is fraught with challenges. In particular, not all people in their later years have the freedom, knowledge, live in inviting neighbourhoods, have extensive social networks, or have prior experiences and/or resources to opt for an alternative and healthier lifestyle.¹¹

The physical activity experience alone should be of sufficient intrinsic value to enrich and energise their lives. As the late George Sheehan suggested, physical activity that seems like work is worthless. It is play that accentuates the spirit and brings good health. Hence, when activities are too clinical and vitality is drained, the experiences are devoid of enjoyment and as a consequence, the desire to continue participating often fades into oblivion. Although people (of all ages) like to get in touch both physically and socially with personally meaningful activities we cannot make movement more important than it is irrespective of the health benefits. Neither can people be forced to indulge¹² Activities in which older people engage must be sufficiently playful so they can express their identity and seek life-satisfaction. One of the challenges for our profession therefore, is to ensure ample opportunities exist that are age friendly so greater numbers of people in their later years might at least contemplate a new and different lease of life.

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