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## Optimal Aging and the Use of Action Plans

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## Optimal Aging and the Use of Action Plans

### Abstract

In southern Oregon, Extension-sponsored symposia have repeatedly provided health-related information to older adults. In the most recent symposium, an action-planning component was incorporated, asking each participant to use the knowledge acquired during a day of informal training to specify a health-related behavior they wished to change. The participants were asked to commit, in writing, to changing an identified behavior. Eighty-seven percent of individuals attending the symposium who completed action plans and were reached by telephone 2 weeks to 3 weeks following the date of the symposium reported they were successful in changing specific health-related behaviors.

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## Introduction

Can a symposium titled Optimal Aging influence the health habits of older adults? Can a day of training prompt aging adults to modify their diet or increase their physical activity? More basic than that, will older adults even attend a full day of training? And if they do, will they acquire knowledge to use in developing written action plans that commit to specific behavior change? And the most important question, does behavior change occur? The answer for 54 individuals attending an Optimal Aging event held in southern Oregon in the spring of 2005 was "yes."

## Educating Aging Populations about Health Issues

The education of aging adults is an increasingly important program area for Extension Services. Older adults will more than double in the next 25 years (Cohen, 2003) and will comprise more than a quarter of the Oregon population by 2050 (Edmonston, 2003). A study commissioned by the National Governor's Association (NGA) found half of individuals over 65 have two or more chronic health conditions (Summer, Friedland, Mack, & Mathieu, 2004). Studies completed at Stanford University (Lorig et al., 2000) identify the education of the aging consumer as an increasingly important component of health care in the future.

## Using a Symposium Format to Provide Health Information to Older Adults

The Southern Oregon Research and Extension Center, affiliated with Oregon State University, has used half-day symposia to educate older adults about health-related issues. Ideas That Heal: Herbal Remedies (2002) was followed by Ideas That Heal: Pain Management (2003) and Ideas That Heal: Eating Wisely/Aging Well (2004). The symposia design starts with the use of an expert on the selected topic to provide a keynote address. That presenter is followed by a reactor panel of local health professionals who offer comments and, occasionally, alternative perspectives. The symposium participants are given an opportunity to ask questions of both the keynote presenter and the panel and are encouraged to think about how they would apply the available information to their individual situations.

Over the first 3 years it was held, Ideas That Heal symposia generated large audiences and active participation. Further information about the approach can be obtained by contacting the author.

In 2005, Extension educators decided to expand the Ideas That Heal event to an entire day, increase the research-based information available, and specifically explore whether knowledge acquired at a daylong event had an impact on the follow-along behaviors of the attendees. An internally acquired Oregon State University innovation grant provided financial support. The goal was to demonstrate whether a daylong training program packed with information on health and aging could modify risky health-related behaviors or prompt the initiation of new behaviors.

The 2005 symposium was developed around the concept of "optimal aging" (Aldwin & Gilmer, 2004). Information available focused on subjects that included antioxidant eating, adequate hydration, and the significance of a regular exercise regimen. Fact sheets were provided on topics that ranged from portion control to strength training. Two university-based keynote presenters introduced research on health promotion and disease prevention. Two panels of local health professionals presented additional information about age and health behaviors, drawing from their experiences working in the community.

## Using Action Plans to Demonstrate Behavior Change

Two hundred and thirty individuals attended the 2005 Optimal Aging Symposium. Through an informed consent protocol, the participants were advised about the action planning opportunity. Blank action planning forms were provided in duplicate, allowing a copy of each individual's completed action plan to be retained by Extension sponsors.

Symposium participants were asked to commit to making a specific behavior change and encouraged to document their intention. The action planning forms instructed individuals completing the form to identify the following:

- *What* you are going to do? (Example: "I will eat . . . ")
- *How much* of it you will do? (Example: "two servings of vegetables . . . ")
- *When* you are going to do it (Example: "at each meal . . . ")
- *How many* days a week you are going to do it? (Example: "at least three times a week.")

As they exited the symposium, 86 individuals turned in a completed action plan. Two weeks following the date of the symposium, Extension staff began follow-up telephone calls to all individuals who had provided a completed plan, using a scripted query. All the calls were made within the 3 weeks following the event because of the parameters of the grant under which the symposium was funded. In a replication, it would have been preferable to make one call at the 2-week mark and additional calls at the 8- and/or 12-week mark, comparing results across age groups. It is suggested that any replication use that approach.

Results of the telephone follow-up identified 24 individuals who could not be reached (three attempts were made attempting direct communication; no messages were left). There were 62 individuals contacted by telephone who responded to specific questions regarding their action plans. Fifty-four of the individuals contacted (87%) indicated success in completing their action plan.

The audience appeared to consist of largely middle income, midlife adults with at least a high school education. The 230 individuals who attended the Optimal Aging symposium were not required to identify their age in order to register to attend; therefore, an average age for the people participating is not available. An age-identification activity held mid-day found that the youngest person present was 38 years and the oldest person present was 97 years. Those who completed an action plan were asked to identify their year of birth on the form and did so. Their average age was 67 years. The average age of those individuals who indicated success with their action plans was 56 years.

It could be speculated that successful completion of the action plan was tied to age, as younger participants were more successful. However, more information would be needed before such a statement could be made definitively. Close examination of the completed action plans indicated that three of the individuals who completed an action plan, but were not successful, were age 80 or older. In all three cases, there was an indication of partial success and a continuing desire to use the approach.

The action plans identified as successful focused on exercising regularly (19), eating more fruits and vegetables (18), drinking more water (5), and practicing portion control (4) as successfully accomplished. Fifteen percent (8) of the individuals had a variety of other successes, ranging from initiating a new hobby to meditating daily. Twenty-five percent (14) individuals initiated more than one action plan and were successful at both. (Example: Walking one mile, three days a week, and eating two cups of vegetables daily).

Comments from the individuals who were successful included: "Writing it down, in combination with all the information received at the conference, really made it work for me;" "The action plan

was reinforcement;" "The action plan has definitely helped."

Comments from those who were not successful ranged from "After the first few days, I just didn't think of it again;" to "I have been out of town."

The fact that 144 individuals did not complete actions plans appeared to be tied to two factors. One was early-leave-taking. The symposium was held on a Friday in the spring, a day when the weather was particularly pleasant. The action planning exercise was introduced in the morning, but not fully explained until the end of the day, and 30-40 attendees left after the mid-afternoon break. The other was identity protection. Several participants indicated they did not wish to provide identifying information, especially a phone number.

In future symposia, in order to acquire a more complete understanding of the effectiveness of action plans, a complete explanation of the action planning approach should be given early in the day and repeated references should be made throughout. The form should include a yes/no question regarding its completion as well as a request for further explanation, should the participants choose not to do so. It would also be useful to have staff or volunteers stationed at the exits throughout the day to collect action plans, completed or otherwise, as people exit.

## Understanding the Apparent Success of Action Plans

In the 4 years (2002-2005) it was used in southern Oregon, the symposia approach generated positive response as well as provocative exchanges between presenters and participants. The 2005 event was the first time specific efforts were made to try to document possible behavior changes.

There are no clear indicators that suggest why certain individuals attending the Optimal Aging symposium were willing to use the form and did so successfully. The Extension staff person making the follow-up calls indicated several people who were successful advised her they had posted the form in a central location such as their refrigerator (a suggestion made at the symposium). There was some suggestion that individuals who attended the symposium in pairs or groups were more likely to have success with their plans than individuals who came alone. In the future, additional questions will be built into the follow-up calls to provide a more complete profile of the participants and their actions following the event.

Knowledge has been identified as a substantial force in shaping positive community action and promoting behavioral change (Bowling & Brahm, 2002). Ensuring that knowledge is acquired can be particularly challenging when health promotion is the topic (Gillis, 2001). The National Council on Aging has identified action planning as a successful approach to knowledge acquisition and behavior change in older adults (National Council on Aging, 2000). Action plans have been used in diabetes education and family caregiver training. There is a documented success, using a version of action planning approaches, in the Extension series on financial investing (O'Neill, 2003). Action plans appears to have potential application for Extension educators who want to further explore the impact of the educational information they provide.

## Conclusion

Educating older adults in health promotion and disease prevention is important to communities that have increasing percentages of aging individuals. Oregon State University's symposia experience suggests that older adults may be receptive to receiving health-related information via a single day of training and may also be willing to commit to behavior changes in response to the information received.

Replication of the use of the action planning approach is warranted. In a replication, the introduction of an evaluation design that gathers more information about the participating individuals is recommended. Using more than one follow-up telephone call and extending the calling period over several months may also be useful in achieving a greater understanding of whether initially identified behavior changes are sustained over time.

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