

Poster Session 3271.0:
Physical Activity and Successful Aging
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Abstract 193030:
A Qualitative Study of Older Adult “Joiners” And “Non-joiners” of Four Seattle-Based Fall Prevention and Physical Activity Programs

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Abstract: Older adults may be able to reduce elder fall injuries by participating in community educational programs to learn about reducing risks and increasing physical activity. This University of Washington research study was created to provide insights into the motivators and barriers that participants cited in their decisions to become “Joiners” or “Non-Joiners” of four no-cost older adult programs for elder fall prevention and physical activity in the Seattle, WA area.

The two fall prevention programs, King County EMS Fall Prevention Program (EMS) and Harborview Medical Center Fall Prevention Clinic (HFPC) and two physical activity programs, EnhanceFitness (EF) and Physical Activity for a Lifetime of Success (PALS) were designed as interventions to reduce the likelihood of elder falls and increase physical activity for participants.

In order to study and improve the health marketing for these four programs, 78 in-depth interviews were conducted with “Joiners” and “Non-joiners” of all four programs using an instrument to assess participant views on healthy aging, core values, fall prevention, independent living and specific program marketing messages.

Preliminary results indicated several key factors for individuals related to their stated motivators and barriers including: 1) self-efficacy beliefs regarding fall recovery and prevention; 2) physical attributes that prevent or encourage participation; 3) emotional and mental attitudes towards the phenomenon of aging; 4) attitudes towards physical activity as a beneficial lifestyle or negative burden and 5) belief in the usefulness of training to prevent falls. A second round of axial coding results yielded two “myths” and four prevailing themes:

(Myth #1) Some older adults believed they could solve potential fall problems related to physical activity themselves by merely being careful, without additional assistance:

“Yes, I have [fallen]... I try to be really careful.”

“What happens if I fall down? ... I guess I would just say to walk carefully.”

(Myth #2) Some older adults believed the inevitable physical deterioration and decline of aging would make it unlikely that physical activity could assist injury prevention.

“I can’t run. They have chair exercises and the other exercises here, but I don’t participate... My sense of balance is out of kilter.”

“I think of the disadvantages of when you get old because you always have something going on. When they fix a medical problem, then something else comes up. This is the first thing I think about aging.”

(Theme #1) Physical Activity and Mind-Body Connections

“Being active I think is very important... Good clarity of mind; not only just physical, but mental as well...”

“I can’t see that you can separate mental health from physical health. They go hand in hand.”

(Theme #2) Physical Activity and Life on Own Terms

“Physical activity... means being capable of being able to do what you want to do... I won’t have to rely on my children.”

“I’ve become very aware of how limiting life is if you’re not physically active... I don’t want to be dependent on someone else.”

(Theme #3) Physical Activity and Connection to Personal Values

“Part of healthy aging is that you have a life... It’s about doing things that actually create a sense of aliveness in the world.”

“Another benefit [of being active] is being able to be a person with grandchildren and great-grandchildren, rather than the old lady who sat in her chair.”

(Theme #4) Physical Activity and Awareness of Mortality

The body is not what it was... As long as I’m alive, I want to be able to do as much as I can and remain as active as I can.

To live forever is not the point, but to live comfortably and healthily.