

**Towards Healthier Ageing:
The Development, Implementation and Evaluation
of a Proactive Health Promotion Intervention
for Older Adults**

Jason Aaron Fox

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The Development, Implementation and Evaluation of a Proactive
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Towards Healthier Ageing:

The development, implementation and evaluation of a proactive
health promotion intervention for older adults

Jason Aaron Fox

This thesis is submitted in fulfilment of the requirements for the Degree of

Doctor of Philosophy

3rd of August 2009

Murdoch University, Western Australia

DECLARATION

I declare that this thesis is my own account of my research and contains as its main content work that has not previously been submitted for a degree at any tertiary education institution.

Signature: _____

Date: _____

LIST OF PUBLICATIONS

Aspects of this thesis have been previously published in the following documents:

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ABSTRACT

Promoting healthier ageing amongst older adults has never been more important. Most conventional health promotion interventions for older adults take very reactive approaches, typically attempting to minimise specific age-related functional losses. This implies an underlining assumption that such age-related losses are inevitable. However, we know that it is possible to take proactive action to prevent or mitigate negative health events in later life before they occur. Research suggests that proactive coping and future investment strategies may work harmoniously with adaptive definitions of healthy ageing. However, this concept has not been tested as part of a proactive behavioural intervention for a broad perspective of healthy ageing.

This research explored the implementation and controlled evaluation of a behavioural health promotion intervention that incorporated proactive coping strategies to facilitate healthier ageing amongst older adults. The intervention was built on a theoretical foundation combining constructs from the Health Belief Model, the Theories of Planned Behaviour and Reasoned action, and the Transtheoretical Model. A field pilot intervention was conducted to help shape the intervention content and to identify process limitations. The pilot intervention consisted of nine two-hour sessions held over consecutive weeks. Each session combined proactive coping workshops and facilitated goal setting with motivational presentations on topics pertinent to healthy ageing. Qualitative feedback was very positive, with 98% of post-intervention survey respondents (n = 43) indicating that their health behaviours had positively improved. The participants identified group interaction, a

motivating facilitator, and goal setting as the key factors that influenced the efficacy of the intervention.

The intervention and evaluation methodology was improved, and the main intervention was then delivered in three formats, based on the key influencing factors identified in the pilot evaluation. Each intervention used the same information base for five sessions held over consecutive weeks. A 2.5-hour workshop-based group intervention reflected the pilot intervention, featuring facilitated (group) interaction, motivating facilitator, and goal setting. A 1.5-hour lecture-based (group) intervention featured the motivating facilitator and goal setting, while a workbook-based (individual) intervention featured goal setting only. A spectrum of dependant variables related to healthy ageing was measured via surveys at pre-intervention, intervention conclusion, and post-intervention stages, using an explanatory mixed methodological approach. A focus group interview was conducted with each group eight weeks after the conclusion of the intervention.

Results indicate that both group-based interventions achieved self-reported improvements (approaching significance) to health activities. The lecture-based interventions achieved significant improvements to memory and health knowledge, while the workshop-based intervention facilitated improvements approaching significance to overall health and health knowledge. Additionally, the workshop-based intervention facilitated a significant improvement to self-efficacy through to the post-intervention stage (eight weeks after the intervention conclusion). Qualitative feedback revealed examples of changes made by individuals that were significant within personally relevant domains.

Promoting proactive coping amongst groups of older adults appears to be an effective strategy for facilitating efforts towards healthier ageing. A broad, proactive approach is a necessary counterpart to the specific, reactive approaches of most health promotion interventions for older adults.

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CHAPTER ONE

INTRODUCTION

Promoting healthier ageing has never been more important.

The global population is ageing at an unprecedented rate (United Nations, 2007). In developed countries, over one fifth of the current population is aged 60 years or over, and by the year 2050 this proportion is projected to rise to nearly one third of the global population (United Nations, 2007). While life expectancy continuously increases in all industrialised countries, so too does the burden of age-associated diseases, depression and social isolation (Almeida, Norman, Hankey, Jamrozik, & Flicker, 2006; Mathers, Vos, Stevenson, & Begg, 2001; Westendorp, 2006). This has contributed to the commonly held expectation that the older one gets, the sicker they will become (Nutbeam, 1998; Perls, 2006).

Perls (2006) argues that if this pessimistic outlook were correct then many, if not all centenarians would be the most unhealthy people amongst older adults. Yet many studies attest to the comparative health of centenarians throughout most of their later adult life (Hitt, Young-Xu, Silver, & Perls, 1999; Willcox, Willcox, Shimajiri, Kurechi, & Suzuki, 2007). The observation that approximately 20% of centenarians live alone hardly depicts these very old people as being totally frail and dependant (Richmond, 2008). Therefore a much more proactive perspective must emerge: “the older an individual gets, the healthier he or she has *been*” (Perls, 2006, p. 484S).

While this point of view may provide a strong rationale for health promotion efforts to focus on people while they are young (Howat, Boldy, & Horner, 2004), there is a growing body of evidence that suggests health promotion can facilitate significant positive outcomes for older adults (Burbank, Padula, & Nigg, 2000; Falck & Steele, 1994; Fletcher, Breeze, & Walters, 1999). With population ageing being recognised as one of the biggest challenges facing industrialised countries to date (Westendorp, 2006), it is essential that a more positive and proactive perspective of ageing is promoted. Rather than simply focussing on the symptoms associated with ageing “older people need to be empowered to set their own health goals and to take ownership of their own health” (Giummarra, Black, Haralambous, & Nankervis, 2004, p. 28). Setting goals and investing in one’s future health can occur at any stage in life, and should not simply be triggered by the onset of disease or disability.

Investment into one’s future is considered a behaviour that not only focuses on improving present life situations, but also on possible future situations (Bode, Ridder, Kuijer, & Bensing, 2007). It encompasses behaviours that attempt to reach positive outcomes while minimising or avoiding pitfalls, and is seen as a way to maintain control over one’s personal development (Bode & De Ridder, 2007). Research suggests that these positive aspirations are related to wellbeing and life satisfaction (Lapierre, Bouffard, Dube, Labelle, & Bastin, 2001). The ability to set and maintain stable and meaningful life goals is recognised as both a significant predictor of life satisfaction, and as a stabilising influence during life transitions (Robbins, Lee, & Wan, 1994). It is also suggested that people only truly become interested in health when they can see a connection between improved/maintained health and self-determined, higher purpose goals in life (Hawks, 2004).

Despite the importance of future investment practices such as goal setting, “there are few educational programs with proven effectiveness that stimulate investment in the future in the third and fourth age” (Bode et al., 2007, p. 42). With the exception of Bode et al.’s (2007) recent research, the author has found no published evaluation of an intervention promoting a proactive approach to a broad perspective of healthy ageing. Instead, health promotion interventions for older adults tend to form narrow, reactive perspectives to existing conditions, attempting to minimise specific experienced (age-related) losses (Bode et al., 2007). A review of health promotion literature revealed that interventions for older adults either: focus on *specific* health issues associated with older age (Clark, Janz, Dodge, Schork, & et al., 2000; Cuijpers, 1998; Stevens, Martina, & Westerhof, 2006); assist individuals to manage *specific* chronic diseases (Husted, Pham, Hekking, & Niederman, 1999; Lorig et al., 1999); or focus on the mitigation of *specific* risk factors (Conn, 2007). In order to promote more enabling perspectives of ageing, health promotion strategies also need to encompass more proactive and holistic approaches to promoting healthier ageing (Bode et al., 2007; Giummarra et al., 2004).

In Australia, there is a real need for more health promotion intervention programs for older adults and more research to identify efficacious health promotion strategies for older adults (Bartlett, 2003; Howat et al., 2004; Prime Minister's Science Engineering and Innovation Council, 2003). The top three priorities identified for health promotion amongst older adults in Australia are: social isolation, physical activity, and mental health (Howat et al., 2004). These priorities appear to be consistent with other industrialised countries (Victor & Howse, 2000).

These recognised health promotion priorities reflect the three core facets of traditional conceptualisations of healthy ageing – social, physical and mental health (Rowe & Kahn, 1997). Many definitions have arisen from different disciplines and perspectives in an attempt to encapsulate the meaning of the term ‘healthy ageing’ (Hansen-Kyle, 2005). Current conceptualisations emphasise that healthy ageing is a process – the journey, not the end result (Peel, Bartlett, & McClure, 2004). In light of a conceptual analysis of traditional and emerging definitions of healthy ageing, Hansen-Kyle (2005, p. 52) proposes that:

“Healthy aging is the process of slowing down, physically and cognitively, while resiliently adapting and compensating in order to optimally function and participate in all area’s of one’s life (physical, cognitive, social and spiritual).”

This definition incorporates elements of resilience, compensation and adaptation, which draws strong parallels to the concept of ‘proactive coping’ (Ouwehand & De Ridder, 2007). Bode et al. (2007) views proactive coping as the amalgamation of risk management (preventing loss) and goal management (striving for life improvement), believing it to be a promising concept with regard to ageing. “It recognises possible losses in the process of aging but it simultaneously emphasises positive development in later life by improving self-regulating capacities” (Bode et al., 2007, p. 43). People are not doomed to passively wait for negative conditions and losses to occur while ageing – they are able to look forward and take appropriate measures in order to eliminate or mitigate potential threats before they occur (Ouwehand, De Ridder, & Bensing, 2005).

Empirical research has shown that older people are just as capable as younger people at using effective, problem-focussed coping strategies (Aldwin, 1991; Aldwin,

Sutton, Chiara, & Spiro, 1996). Despite this, there are no published evaluations of interventions incorporating proactive coping as a means of facilitating holistic healthier ageing amongst groups of older adults.

Similar to Bode, De Ridder, & Bensing (2006), the intervention strategies used in this research differ from conventional health promotion interventions for older adults that are either reactive in their approaches or narrowly focussed on specific problems that the individual may already experience. Rather, a holistic and proactive future-orientated approach is used in combination with proactive coping competencies such as goal setting (Ouwehand & De Ridder, 2007). This intervention was largely delivered at the interpersonal (group) level, incorporating elements from the Theories of Reasoned Action, Planned Behaviour, and Freeing, along with the Health Belief and Transtheoretical models of health promotion.

Simultaneously addressing the top three priorities for health promotion in the context of healthier ageing amongst older adults within a proactive behavioural approach to healthier ageing may have distinct advantages (Bowling & Iliffe, 2006; Fries, Koop, Sokolov, Beadle, & Wright, 1998). From a demographic perspective, it is important to understand that older adults - a group with an age range spanning over 65 to 120 years - are far from a homogenous group (Bartlett, 2003). A broad, holistic approach to promoting proactive coping for healthier ageing may in turn reach and benefit the needs of a more diverse range of participants. Additionally, a holistic approach is better positioned to highlight the synergistic links between different aspects of health – such as the benefits physical activity can have for mental health (Almeida et al., 2006). Finally, the nature of this approach may serve to reduce

'healthy participant bias' – a phenomenon that is observed when health promotion interventions attract a majority of participants who are already motivated and active within the target area (Almeida et al., 2006).

1.1 Purpose of thesis

This thesis explores the development, implementation and controlled mixed-method explanatory evaluation of a controlled intervention designed to promote proactive coping for healthier ageing amongst older adults at the interpersonal level. Specifically, the influence that varying levels of participant involvement has within a behavioural approach to promoting healthier ageing is investigated in an attempt to determine the most cost-effective balance between program duration and positive, sustained health outcomes.

Bartlett observes that evaluations of small-scale community based programs such as this are not always undertaken or published (Bartlett, 2003). The benefit of this evaluation will be to improve the design and delivery of the intervention by identifying efficacious strategies and approaches (Bryant, Altpeter, & Whitelaw, 2006). Additionally, this thesis will contribute to greater understanding of how the concept of proactive coping can be promoted as a tool to promote healthier ageing amongst older adults.