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

Jason Aaron Fox
Towards Healthier Ageing:

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

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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: __________________________
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LIST OF PUBLICATIONS

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


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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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declaration</td>
<td>2</td>
</tr>
<tr>
<td>List of Publications</td>
<td>3</td>
</tr>
<tr>
<td>Abstract</td>
<td>4</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>7</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>10</td>
</tr>
<tr>
<td>Index of Tables</td>
<td>15</td>
</tr>
<tr>
<td>Index of Figures</td>
<td>17</td>
</tr>
<tr>
<td>Chapter 1 Introduction</td>
<td>18</td>
</tr>
<tr>
<td>1.1 Purpose of thesis</td>
<td>23</td>
</tr>
<tr>
<td>1.2 Research objectives</td>
<td>24</td>
</tr>
<tr>
<td>1.3 Hypothesis and research questions</td>
<td>24</td>
</tr>
<tr>
<td>1.4 Structure of thesis</td>
<td>25</td>
</tr>
<tr>
<td>Chapter 2 Facilitating healthier ageing amongst older adults:</td>
<td>27</td>
</tr>
<tr>
<td>A literature review</td>
<td></td>
</tr>
<tr>
<td>2.1 An ageing population</td>
<td>27</td>
</tr>
<tr>
<td>2.2 The implications of Australia’s ageing population</td>
<td>30</td>
</tr>
<tr>
<td>2.3 Conceptualising healthier ageing with proactive coping</td>
<td>33</td>
</tr>
<tr>
<td>2.4 Aspects of healthier ageing</td>
<td>37</td>
</tr>
<tr>
<td>2.4.1 Mental health</td>
<td>37</td>
</tr>
<tr>
<td>2.4.2 Physical health</td>
<td>41</td>
</tr>
<tr>
<td>2.4.3 Social health</td>
<td>43</td>
</tr>
<tr>
<td>2.4.4 Spiritual health</td>
<td>45</td>
</tr>
<tr>
<td>2.5 Health in context</td>
<td>46</td>
</tr>
<tr>
<td>2.5.1 Health perspectives by age</td>
<td>46</td>
</tr>
<tr>
<td>2.5.2 Health perspectives by sex</td>
<td>47</td>
</tr>
<tr>
<td>2.5.3 Health perspectives by culture</td>
<td>50</td>
</tr>
<tr>
<td>2.6 Health promotion</td>
<td>50</td>
</tr>
<tr>
<td>2.6.1 Health promotion approaches</td>
<td>51</td>
</tr>
</tbody>
</table>
2.7 Behavioural approach
2.7.1 Theory of Reasoned Action
2.7.2 Theory of Planned Behaviour
2.7.3 Theory of Freeing
2.7.4 Health Belief Model
2.7.5 Transtheoretical Model
  2.7.5.1 The stages of change
  2.7.5.2 Processes of change, decisional balance and self-efficacy
2.8 Summary

Chapter 3 Pilot intervention
3.1 Purpose of evaluation
3.2 Intervention goal and objectives
3.3 Intervention design
  3.3.1 Intervention curricular
  3.3.2 Intervention workbook
  3.3.3 Intervention facilitator and evaluator
3.4 Recruitment and sample
3.5 Data collection
3.6 Results
  3.6.1 Pre-intervention
  3.6.2 Post-intervention
3.7 Focus group interviews
  3.7.1 Changed behaviours
  3.7.2 Key influencing factors
  3.7.3 Additional observation
3.8 Evaluation outcomes
  3.8.1 Learning objective
  3.8.2 Behavioural objective
  3.8.3 Process objectives
    3.8.3.1 What worked
    3.8.3.2 What didn’t work
3.9 Implications of the pilot study
  3.9.1 Instrument design and data collection methodology
3.9.2 Intervention design 109
3.9.3 Objective clarity 110
3.9.4 Research focus 110

Chapter 4 Conceptual framework and methodology 111
4.1 Conceptual framework 111
4.2 Research variables 113
4.3 Methodological paradigm 115
  4.3.1 Validity and reliability of a mixed methodology paradigm 117
4.4 Research design 119
4.5 Intervention goals and objectives 121
4.6 Intervention design 122
  4.6.1 Information content 123
  4.6.2 Workshop-based intervention 123
  4.6.3 Lecture-based intervention 126
  4.6.4 Workbook-based intervention 130
  4.6.5 Control group 131
4.7 Ethical implications 131
4.8 Participant recruitment 132
4.9 Instrument 133
  4.9.1 Short Form 12 version 2 134
  4.9.2 Geriatric Depression Scale 135
  4.9.3 Medical Outcomes Social Support Survey 135
  4.9.4 General Self-Efficacy Scale 136
  4.9.5 Additional non-validated items 137
    4.9.5.1 Knowledge 137
    4.9.5.2 Memory 137
    4.9.5.3 Health activities 137
  4.9.6 Open-ended survey items 139
  4.9.7 Demographic items 140
  4.9.8 Administrative items 140
  4.9.9 Additional item 140
4.10 Qualitative data collection and analysis 141
  4.10.1 Qualitative items in surveys 141
4.10.2 Focus group interviews
4.11 Research participation and attrition
4.12 Addressing the methodological limitations
4.13 Summary

Chapter 5  Results
5.1 Participant characteristics
5.2 Instrument reliability
5.3 Health status
5.4 Social interaction
5.5 Life attitudes
5.6 Health activities
5.7 Memory
5.8 Self-efficacy
5.9 Health knowledge
5.10 Multiple regression analysis
5.11 Perceived intervention effectiveness
5.12 Summary of quantitative results
5.13 Analysis of open-ended survey items
  5.13.1 Control group
  5.13.2 Workbook-based intervention
  5.13.3 Lecture-based intervention
  5.13.4 Workshop-based intervention
  5.13.5 Additional open-ended survey item
  5.13.6 Summary of open-ended survey data
5.14 Focus group interviews
  5.14.1 Lecture-based intervention responses
  5.14.2 Workshop-based intervention responses
5.15 Summary of results

Chapter 6  Discussion
6.1 Research hypothesis
6.2 Health status
6.3 Social interaction
6.4 Life attitudes 218
6.5 Health activities 219
6.6 Memory 221
6.7 Self-efficacy 223
6.8 Health knowledge 225
6.9 Multiple regression analysis 226
6.10 Perceived intervention effectiveness 227
6.11 Changed behaviours 229
6.12 Summary of research objectives 231
6.13 Methodological strengths and weaknesses 232
6.14 Implications for future translation 233
6.15 Discussion summary 238

Chapter 7 Summary and conclusion 241

References 244

Appendices 260
Appendix A – Pilot intervention surveys 261
Appendix B – Intervention workbook 279
Appendix C – Intervention surveys 366
Appendix D – Supplementary data 383
  D1 – T-test results for the health components of the SF-12v2 383
  D2 – Social interaction measures 385
  D3 – Geriatric depression scale results 386
  D4 – Descriptive statistics for health activities 389
  D5 – Multiple regression analyses 393
Appendix E – Senior Smart lesson plans 395
# Index of Tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 2.1</td>
<td>Constructs of the transtheoretical model</td>
<td>65</td>
</tr>
<tr>
<td>Table 3.1</td>
<td>Application of health promotion theories and models</td>
<td>75</td>
</tr>
<tr>
<td>Table 3.2</td>
<td>Session topics of the pilot intervention</td>
<td>77</td>
</tr>
<tr>
<td>Table 3.3</td>
<td>General structure of each two-hour session</td>
<td>79</td>
</tr>
<tr>
<td>Table 3.4</td>
<td>Adherence to guidelines for preparing written materials</td>
<td>81</td>
</tr>
<tr>
<td>Table 3.5</td>
<td>Questions and prompts used in focus group interviews</td>
<td>86</td>
</tr>
<tr>
<td>Table 3.6</td>
<td>Reasons for participating</td>
<td>88</td>
</tr>
<tr>
<td>Table 3.7</td>
<td>Self-identified barriers to healthier behaviours</td>
<td>88</td>
</tr>
<tr>
<td>Table 3.8</td>
<td>Self-reported changes</td>
<td>89</td>
</tr>
<tr>
<td>Table 3.9</td>
<td>Key influencing factors</td>
<td>90</td>
</tr>
<tr>
<td>Table 3.10</td>
<td>Best aspects of the intervention</td>
<td>91</td>
</tr>
<tr>
<td>Table 3.11</td>
<td>Worst aspects of the intervention</td>
<td>92</td>
</tr>
<tr>
<td>Table 4.1</td>
<td>Research design: intervention table</td>
<td>120</td>
</tr>
<tr>
<td>Table 4.2</td>
<td>Intervention curricular</td>
<td>124</td>
</tr>
<tr>
<td>Table 4.3</td>
<td>IGC session structure</td>
<td>125</td>
</tr>
<tr>
<td>Table 4.4</td>
<td>IGB session structure</td>
<td>127</td>
</tr>
<tr>
<td>Table 4.5</td>
<td>Application of theories and models within IGB</td>
<td>127</td>
</tr>
<tr>
<td>Table 4.6</td>
<td>Constructs of the survey instrument</td>
<td>138</td>
</tr>
<tr>
<td>Table 4.7</td>
<td>Focus group interview questions with prompts</td>
<td>143</td>
</tr>
<tr>
<td>Table 4.8</td>
<td>Participation rates through phases of data collection</td>
<td>145</td>
</tr>
<tr>
<td>Table 4.9</td>
<td>Mitigation of limitations associated with research design</td>
<td>147</td>
</tr>
<tr>
<td>Table 5.1</td>
<td>Frequency percentages of demographic variables</td>
<td>151</td>
</tr>
<tr>
<td>Table 5.2</td>
<td>Reliability of survey measurements</td>
<td>152</td>
</tr>
<tr>
<td>Table 5.3</td>
<td>Descriptive statistics for overall health status</td>
<td>154</td>
</tr>
<tr>
<td>Table 5.4</td>
<td>T-test results for geriatric depression scale</td>
<td>163</td>
</tr>
<tr>
<td>Table 5.5</td>
<td>Frequency percentages for levels of depression</td>
<td>165</td>
</tr>
<tr>
<td>Table 5.6</td>
<td>T-test results for overall health activities</td>
<td>166</td>
</tr>
<tr>
<td>Table 5.7</td>
<td>ANOVA results for the various health activities</td>
<td>167</td>
</tr>
<tr>
<td>Table 5.8</td>
<td>T-test results for memory</td>
<td>171</td>
</tr>
<tr>
<td>Table 5.9</td>
<td>T-test results for self-efficacy</td>
<td>173</td>
</tr>
<tr>
<td>Table 5.10</td>
<td>Kruskal-Wallis test results for health knowledge</td>
<td>175</td>
</tr>
<tr>
<td>Table 5.11</td>
<td>Multiple regression results for health outcomes</td>
<td>177</td>
</tr>
<tr>
<td>Table 5.12</td>
<td>Frequency percentages of opinion</td>
<td>180</td>
</tr>
</tbody>
</table>
Table 5.13  Summarised significant changes within and between study groups  181
Table D1a:  T-test results for health components (CG)  383
Table D1b:  T-test results for health components (IGA)  384
Table D1c:  T-test results for health components (IGB)  384
Table D1d:  T-test results for health components (IGC)  385
Table D2a:  T-test results for social interaction measures  385
Table D4a:  Descriptive statistics for health activities (CG)  388
Table D4b:  Descriptive statistics for health activities (IGA)  390
Table D4c:  Descriptive statistics for health activities (IGB)  391
Table D4d:  Descriptive statistics for health activities (IGC)  392
Index of Figures

Figure 2.1: Theory of Planned Behaviour conceptual diagram 57
Figure 2.2: Conceptual framework of the Health Belief Model 62
Figure 2.3: Movement through the stages of change 64
Figure 4.1: Conceptual framework 112
Figure 4.2: Interaction of variables involved in research 115
Figure 4.3: Data collection strategy using a mixed methodology 117
Figure 4.4: Four steps of data analysis to generate best quality evidence 144
Figure 5.1: Least squares means for overall health status 155
Figure 5.2: Least squares means for general health 157
Figure 5.3: Least squares means for physical utility scales 158
Figure 5.4: Least squares mean measures for mental utility scales 159
Figure 5.5: Least squares mean measures for vitality 160
Figure 5.6: Least squares mean measures for social interaction 161
Figure 5.7: Least squares mean measures for geriatric depression 164
Figure 5.8: Least squares mean measures for combined health activities 168
Figure 5.9: Least squares mean measures for humour 169
Figure 5.10: Least squares mean measures for spirituality 170
Figure 5.11: Least squares mean measures for memory 172
Figure 5.12: Least squares mean measures for self-efficacy 174
Figure 5.13: Group least squares means for social isolation 177
Figure 5.14: Group least squares means for memory 178
Figure 5.15: Group least squares means for self-efficacy 179
Figure D3a: Histogram for levels of depression (CG) 386
Figure D3b: Histogram for levels of depression (IGA) 387
Figure D3c: Histogram for levels of depression (IGB) 387
Figure D3d: Histogram for levels of depression (IGC) 388
Figure D5a: Group least squares means for overall health 393
Figure D5b: Group least squares means for life attitudes 394
Figure D5c: Group least squares means for health activities 394
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 focusing 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.