Efforts to Promote Physical Activity Must Battle Ageist Stereotypes

Older adults often experience ageism, the prejudice in society against people based on their age. American society, in particular, has been described as holding negative perceptions of aging. Our language, humor, and media readily use social constructions that depict older adults as sick or impaired. Catchy clichés, such as the “Silver Tsunami” or the “Graying of America,” perpetuate ageist stereotypes by implying that the evolving shift in America’s demographics will threaten the capacity of our social resources.

Ageism, however, is not universal across cultures. Societies that see death as part of the life cycle, view older adults as productive members of society, and place less value on youth have more favorable attitudes toward aging (Wolfe, 1998). Buettner’s 2008 book describing Blue Zones highlights the practices of communities in which people live exceptionally long lives. Older adults in Blue Zone societies are described as having active roles in day-to-day family functioning and being respected for their wisdom and long life.

Older adults holding positive age stereotypes have better physical and mental quality of life. Having more positive self-perceptions of aging is associated with higher levels of physical activity and longevity (Levy, Slade, Kunkel, & Kasl, 2002; Sarkisian, Prohaska, Wong, Hirsch, & Mangione, 2005). Additionally, older adults with more positive expectations of aging are more likely to recover from disability in activities of daily living than are older adults with more negative beliefs about older people (Levy, Slade, Murphy, & Gill, 2012). In fact, subconsciously reinforcing positive age stereotypes has been shown to improve gait speed in older adults, an effect that was unrelated to age, sex, health status, or psychosocial factors (Hausdorff, Levy, & Wei, 1999).

Conversely, internalized negative societal stereotypes may erode an older person’s sense of worth. Sarkisian, Hays, and Mangione (2002) found that older adults with lower expectations of aging placed less importance on seeking health care for common health problems. This perspective is troublesome because older adults who retreat from the health care system may (a) suffer needlessly with health problems that can be remedied and (b) miss opportunities for health promotion counseling. Of particular benefit to older adults is exercise counseling, which by way of increasing physical activity participation could prevent or slow the progression of those age-related physical changes that perpetuate negative stereotypes (Barnes & Schoenborn, 2012).

However, even older adults who do receive regular health care may undermine providers’ efforts to encourage active aging if such adults have already bought into ageist stereotypes. How often have you heard that physical activity is harmful for frail individuals, a sedentary retirement is the just reward for a lifetime of hard work, longevity is all basically genetic, or it’s too late for older adults to benefit from exercise? Countering such negative stereotypes requires positive messaging from health care professionals, friends, family members, and society at large. In fact, health care settings provide a venue to combat ageist stereotypes by highlighting the accomplishments of older people in a variety of circumstances. To motivate people of all ages to become active, why not, for example, display a poster of the 100-year-old French cyclist, Robert Marchand, completing a 1-hour velodrome ride in Switzerland in February 2012? This could balance merely distributing advertisements for products that reinforce stereotypical thinking (e.g., emergency call systems, durable medical equipment).

How else can we encourage physical activity among older adults? Until recently, the majority of research on physical activity promotion has focused on individual-level factors. This heavy emphasis on personal responsi-
ibility fails to acknowledge social and built environmental circumstances that influence behavior. Features of the built environment that disproportionately disadvantage older adults are inherently ageist. Barriers to physical activity that older adults have identified include rapid cycling of street crossing signals, inadequate street lighting, absence of ramps and curb cut-outs, fast-moving traffic, and lack of sidewalks or sidewalks in disrepair (Rosenberg, Huang, Simonovich, & Belza, 2013). Compounding environmental barriers to physical activity are societal practices that discourage older adults from actively participating in community fitness and recreation programs. Often, exercise programs are not individualized for older adults (Grant, 2001). Instructors of standard classes may feel an obligation to publicly caution older participants to pace themselves, a practice that not only perpetuates myths of aging but insults the intended recipients (Cousins, 2005). Finally, retirement policies based on chronological age and age-segregated retirement communities fuel the myth that older adults are ready to withdraw from contemporary society (Cousins, 2005). As a result, when younger and older people do not work, live, or play together, ageism flourishes.

As the number of older adults in industrialized countries expands, organizations serving this population, such as senior centers, retirement communities, and assisted living communities, are well positioned to reshape cultural beliefs. The prevailing impression of older adults as decrepit and withdrawn could be challenged if the majority, rather than the minority, of communities and facilities serving older adults supported and promoted active aging. Moreover, creating opportunities for participation in physical activities fosters the mindset that older adults are vibrant and engaged members of society.

Future physical activity intervention research should examine the extent to which expectations regarding aging affect older adults’ interest in and commitment to physical activity. Interventions that include efforts to enhance the perception of old age may be useful as a complementary approach to improve physical activity behavior maintenance. Community-based participatory research may be an effective strategy to reveal ageist beliefs affecting individual physical activity practices and program planning at the community level. Finally, exploring specific aspects of the person-environment interaction could offer important information about how to design programs and built environments to promote physical activity among older adults.

REFERENCES