

Never Too Late: Older Peoples' Perceptions of Physical Activity

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Abstract

Issue Addressed: A series of focus groups was conducted to explore older people's attitudes to, practices, and perceptions of physical activity, in order to inform the development of appropriate strategies to encourage participation among this population group.

Methods: Thirty five men and 46 women aged over 60, recruited through the Australian Longitudinal Study on Women's Health, seniors' organizations and personal contacts in urban and rural areas of the Hunter Valley, participated in 11 focus groups. A semi-structured group interview explored relevant issues including current patterns of activity and understanding of the terms used in activity promotion, motivations and barriers, and appropriateness of current promotion strategies, including the 'Active Australia' campaign.

Results: The participants described a wide range of current activities. The most common were walking, gardening and housework. Participants were unsure about what constituted 'adequate' activity but showed good understanding of the terms vigorous, moderate and light activity. Health, social support, doing something useful, environmental factors and avoiding the negative stereotypes of ageing were the main motivations for activity. Barriers included poor health; no-one to exercise with; inappropriate or unsafe environments and facilities; and lack of interest. Participants found existing media messages confusing, but supported the idea of campaigns encouraging older people to be active.

Conclusions: These older people were interested in a wide range of physical activities, but suggested that lack of social support, poor facilities and concerns about safety were the major barriers to participation.

So What? This project identified factors which are pertinent for the promotion of physical activity among older people. The issues identified - the desire to maintain good health, a sense of social connectedness, and an ability to contribute, as well as the need for safe environments and appropriately trained exercise leaders - suggest strategies for the development of physical activity promotion campaigns for this group.

Key words: exercise, ageing, attitudes, promotion

Introduction

The benefits of physical activity for health and longevity among older adults are well established.^{1,2} However, rates of regular physical activity decline with age for both sexes; by the time Australians reach their 70s, they are only half as likely to reach criteria for 'adequate' physical activity as those aged under 30.³ There is little research on the attitudes of older people to physical activity, although the promotion of physical activity to those in this age group has been demonstrated to be a potentially cost-effective public health measure.⁴

Understanding attitudes and beliefs has been shown to be crucial to the development of effective health promotion programs. The Transtheoretical Model of Behaviour Change⁵ is a general framework which emphasises the importance of understanding change as a process involving a series of stages, and has been shown to have value in assessing physical activity participation and readiness to change, both in work sites^{6,7} and in community samples.^{8,9,10}

Stages of change combine with other variables, particularly decisional balance, in the process of physical activity adoption.^{5,6} The assumption is that the expected gains of adopting physical activity must outweigh perceived barriers before movement through stages of change will occur. While several research

studies have used decisional balance and the stages-of-change framework to examine physical activity behaviour and intentions,^{6,7,10,11} little is known about the specific benefits and barriers to regular exercise identified by older people. While it is known that supportive social and physical environments are necessary for maintained change,¹² social interaction, whether in the context of physical activity or independently of it, also benefits the health of older adults.¹³ Little is known, however, of the specific support needs of older Australians.

The importance of tailoring messages for specific target groups has been recognised as a critical factor in the development and implementation of successful health promotion or behaviour change programs.¹⁴ The focus group is a qualitative data-collection method which allows the researcher to gain understanding of the client through discussion and comment on personal experiences and views of a particular issue, and is particularly useful when there is little quantitative information on that client group or topic.¹⁵ Qualitative research methods, including focus groups, have been used to underpin and complement quantitative research in the development of effective health promotion programs.¹⁶ They also provide a strategy for translating scientific knowledge into effective promotion campaigns which employ meaningful communication strategies.¹⁴

Thus, the aims of this study were to use open-ended discussion in a series of focus groups with older people to develop understanding of (1) perceptions of the importance of physical activity in the maintenance of good health; (2) existing patterns of activities among older people; (3) perceptions of the meaning of terms used to describe intensity and their relevance to older people; (4) motivations for and barriers to participation; and (5) perceptions of the current 'messages' which are used to promote activity.

Method

Recruitment of Participants

Initial invitations were sent to randomly selected members of the older cohort of the Australian Longitudinal Study on Women's Health (ALSWH),¹⁷ living in selected post-code areas accessible to the research team. These areas were chosen to provide a range of socioeconomic status and a mixture of urban and rural participants. ALSWH participants were asked to invite other women and men aged (over 60 years) to participate. In areas where insufficient ALSWH participants could attend on the nominated day, additional participants were recruited through local seniors' organizations such as Probus, Senior Citizens and the Volunteer Bush Fire Brigade. Men and women participated separately in all except one focus group, because women may differ from men in their activity preferences and perceived barriers, and are more likely to be completely sedentary.³

Characteristics of Participants

Thirty five men and 46 women participated in the focus groups. Prior to the discussion each participant completed a short questionnaire to provide a summary of basic demographic characteristics: 45 (56 per cent) were aged in their 60s, 34 (42 per cent) in their 70s, and two in their 80s. Twelve (15 per cent) were from non-English-speaking backgrounds and one person was Aboriginal. Forty-eight (59 per cent) described themselves as "middle class" and 25 (40 per cent) as "working class"; (eight did not respond to this question). When asked to rate their own current health, 10 (13 per cent) rated it as "excellent", 41 (51 per cent) as "very good", 28 (35 per cent) as "fair" and one as "poor". Asked to rate the importance of physical activity for health, 54 (68 per cent) rated it as "very important", 21 (26 per cent) as "moderately important" and 5 (6 per cent) as "not critical".

Development of Focus Group Protocol

The focus group protocol was designed to encourage participants to express their thoughts and feelings about physical activity freely but within a semi-structured group interview format. Broad questions were developed from the aims, and these were sequenced in such a way that participants began by discussing general issues and were then led into a

discussion of more specific aspects of physical activity.¹⁸ The first questions explored general beliefs relating to health and factors affecting health and well-being. Participants were then invited to describe their own participation patterns and their understanding of terms such 'adequate' 'vigorous', 'moderate' and 'light' activity. The discussions then focussed on motivations for and barriers to physical activity. The final part of each discussion explored health promotion messages, the extent to which they were attended to, and the relative salience of various sources of information. Participants discussed the current NSW 'Active Australia' campaign, which aimed to promote incidental physical activity among the adult population generally, its relevance to older Australians, and their ideas for promoting increased levels of physical activity among older people.

Conduct of the Groups

To encourage open discussion, groups were conducted in surroundings which were familiar to participants, including community halls, health centres, clubs and participants' homes. Each group was facilitated by one researcher (WB, BF, CL, JC) and the research assistant (LA). Groups were conducted in May 1998, in the following locations: Port Stephens (5 male; 5 female); suburban Newcastle - Merewether (5 male; 7 female) and Mayfield (9 female); Taree (11 male; 12 female); Forster (2 groups of 6 males each; 9 female); Cessnock (mixed group of two male and four female).

The facilitator began with a broad description of the purpose, proposed format, and ethical issues relating to focus group discussions and confidentiality. Following introduction of group members, the facilitator then began with the first question, about factors which are important for good health. Facilitators aimed to be non-judgemental, encourage open dialogue, and to encourage participation from all group members.¹⁹ During the discussion about marketing physical activity, participants were shown pamphlets and a poster from the current Active Australia campaign, and asked to comment on them.

Transcription and Analysis

Tape recordings of each focus group discussion were transcribed by the research assistant (LA) and checked for accuracy by the facilitator. Each transcript was then read carefully by two researchers who began the thematic analysis. Transcripts were examined for consensus and disagreements, and for contrasts between the groups. Within each theme, a list of key ideas was developed and categorised where appropriate. Words, phrases and quotes which were thought to capture the sentiments of the discussions were then selected for use in the report (these are shown below in italics). In order to minimise interpreter bias, analysis and writing for each of the key areas was undertaken by at least two researchers.

Results

General health and well-being

Participants identified a wide range of factors that they thought were important for maintaining health. In almost every group, a "healthy diet", "low fat" and "good food" were spontaneously identified as crucial for good health. Participants in all groups also stressed the importance of community involvement and mental health; women were more likely to raise the importance of having 'outside' interests and social contacts, while the men were more likely to mention mental health. Physical activity was also strongly endorsed as a means of staying healthy. For women, and particularly those women who were without partners, physical activity was also seen as an important avenue for social contact. In general the men were more likely to admit that the importance of good health had only become important to them later in life:

"Most of us guys don't feel the impact of ill-health until some dramatic circumstances occur, like a heart attack or diabetes. A lot of this does not come early in life to us, we don't care a tinkers curse when we are young, we think we are bullet proof."

Current physical activity

The participants identified a very wide range of current physical activities. These are summarised in Table 1. About half the participants were active members of sporting clubs or organisations, such as bowls, golf, aerobics, line dancing and tennis. Those who lived in the coastal towns were more likely to report participation in a range of activities:

"I do 10 minutes a day on the exercise bike, I swim every day in summer and about three times a week in winter (in the bay)... I am on the move most of the time. It is much easier for us than for those who live in the middle of a suburban area where they have to walk around the block. There is no incentive to walk around the block compared to walking up and down

the foreshore — seeing birds of every kind, pelicans overhead... there are beautiful things to get you out."

Participants reported many different forms of walking activity. In some areas walking was a necessary means of transportation (*I don't have a car so I don't have much choice*) while in others, participants were members of organised walking groups. These involved supervised walks through bushland to assist with rehabilitation following heart surgery, and (indoor) mall walking (*It is run by the Heart Foundation — 45 minutes a day — some people do 10 laps- 6.5km. You record your laps and they take your blood pressure, then you have a glass of orange juice*).

The importance of house and yard work was also raised in every group, with a multitude of examples of physical activity. In general there was a traditional division of labour, with women doing the housework (*I think if you analysed housework you'd be surprised how much exercise you get... In and out to the clothes line — I have mine up high — I stretch up to it*) and men doing the yard work (*I potter around — mow the lawns, wash the car... I am building retaining walls... I am helping my daughter paint her house*).

Other home based activities included interaction with grandchildren, hobbies, volunteer and community work. Another form of physical activity, reported only by women, was home based exercise to music, both with videos and independently (*I love music and I love to move to music — I sing to myself 'Stairway to Paradise' and I step kick step kick down my 14 steps and back up again*).

Physical activity knowledge: how much is good for you?

Responses to the issue of how much activity is necessary for good health ranged from a direct "one hour three times a week" to "how long is a piece of string?". Some participants were very clear that there was a minimal level of activity necessary for health benefit, with anything less than 30 minutes a waste of

TABLE 1: RANGE OF ACTIVITIES REPORTED BY THE PARTICIPANTS

Organised (clubs, teams etc)	Organised (individual but require infrastructure)	Individual	House/yard	Community/ other
Golf	Mall walking	Walking	Housework	Bush fire brigade
Line dancing	Swimming	Walking the dog	Vacuuming, mopping, washing, shopping	Community service
Dancing	Hydrotherapy pool	Beach walking	Gardening	Hobbies (woodwork, leatherwork, music)
Archery	Weights/gym	Grandchildren	Lawn mowing	Grandchildren
Indoor bowls	Sailing	Caring	Yard work	
Bowls	Flying (pilot)	Dancing (home)	Chopping wood	
Outdoor bowls	Acting	Cycling	Home maintenance (painting)	
Croquet	Aerobics	Boating	Farm work	
Sailing	Low impact aerobics	Fishing	Building work	
Tennis	Gentle exercise	Baiting		
Archery		Sex		
Soccer coaching				

time, while others took the view that that there were no fixed guidelines (*It should be up to the individual — different for those who have had a heart attack, for busy people, it depends what your body tells you — it will tell you when you have done enough... each person is different - for those with pain and disability it should be OK to do 10 -15 minutes*). In general the men talked more about prescribed activity levels, while the women thought that doing something active every day was adequate for good health (*If you go shopping and do a lot of things you wouldn't want to do exercise as well when you get home — by the time you have done the shopping — that should be enough*).

In the discussion about intensity of activity there was agreement that many activities could have a range of intensities, depending on how they were carried out. Vigorous activity was associated with discomfort and described as “*activity which makes you puff*”, “*the three p's — puff, pant and perspiration*”, “*activities that raise your pulse to about 120*”, “*flat tack, when you are feeling stressed and gone beyond the enjoyment part of it*”, “*really pushing yourself and finding it difficult to catch your breath*”. Activities which participants identified as vigorous included power walking, aerobics, weight lifting, tennis, squash, skipping, running or jogging, football and lawn mowing. There was also consensus that most older people could not manage vigorous activities.

When asked about moderate activity, participants nominated gentle exercise classes, walking “*at a fairly brisk rate*”, gardening, golf, bowls, ballroom dancing, swimming, aqua-aerobics, walking in water, archery, ten pin bowls, fishing, gardening (weeding but not digging), vacuuming, sweeping paths and sex. Moderate activities were seen to include those which could be done comfortably, while still holding a conversation and breathing comfortably. When questioned by another group member about whether fishing was really physical activity one person replied “*Getting my own bait, worms, by digging, moving rocks to get worms- it's fairly strenuous. I go fishing a lot — you have to walk a long way down the beach*”.

Nominations for light activities included light housework (dusting and polishing), light gardening (clipping the geraniums), bowls, croquet, golf and slow walking. In general these activities were seen as everyday “*comfortable*” activities, “*which keep you out of the nursing home*”. There was debate about how to classify activities such as walking, swimming, exercise classes, golf, bowls, croquet and cycling, as well as housework, shopping and gardening, with general agreement that these activities would usually be moderate or light, but could sometimes be vigorous, depending on the person and circumstances.

“My wife and I are great walkers — walked the Milford track in New Zealand. It is interesting to see the brochures they put out, this is a moderate walk etc. When you get there it is only an amble — not even a walk. At other times you see it described as an

easy walk and we say we'll do that on Sunday afternoon and when you get there you almost need icepicks and a rope.”

Motivations

Participants identified a variety of sources of motivation for physical activity. These motivations were classified into five broad themes: health and well-being; social support; a sense of doing something useful; the environment; and avoidance of the negative stereotypes of ageing.

The role of physical activity in promoting positive health and preventing illness was acknowledged by many, particularly those who had experienced a serious health problem (*I had my first heart attack 20 years ago and I have been walking ever since*). Many expressed a reluctance to be like others in their age group who had “*given up*”. Others appeared to be afraid that if they didn't keep active, their health would decline (*... be as fit as you can, because if you are going to drop off the perch, you may as well fall off with a bang as sag gently for years*). Several respondents spoke of the pleasure of doing something for themselves (*I look forward to it. It is a time for me*) and the sense of well-being which accompanied regular physical activity (*I feel better if I have a walk every day, even if I don't feel like it, once I get up and go I feel so much better*).

Social support was identified as one of the most important motivations for physical activity, especially among the women. The importance of having someone to exercise with (partners, friends, or walking in organised groups) was repeatedly acknowledged (*You need a commitment to keep walking. If you find someone to walk with you will make the effort ...if you know you have to be there at a certain time, you will go; I do it for fun and company, it is a good group ...the social contact means you are using your mind as well as your muscles ...contact is important for older people*).

Having a purpose for physical activity, such as walking to fetch the paper, or building something, was seen as an important motivator, particularly for men. Almost all the participants agreed that contributing to society (for example bush fire brigade, meals on wheels) provided an opportunity for activity, and was important in ‘old age’. Even those who were opposed to ‘exercise’ acknowledged that activity was acceptable if it was useful:

“All you people who are so keen on exercise should get out and help to do something useful. Just in this group here there must be two or three hundred horsepower every year — you could harness that energy — with a spade or fork and clean up the beach. You would see what a beautiful place this is instead of going off to... hall where you pay to do exercise indoors. You could have just as good a time together and build up community spirit... rather than wasting your time bouncing up and down and achieving nothing except a vague feeling that your own welfare has improved.”

Several participants specified positive aspects of their environment which they felt supported their interest in regular physical activity. These included the availability of built and natural resources, and good weather. Most of these comments came from participants in the coastal towns (*There is a hot water pool at Forster ...you can sit in the spa ...there are classes for the elderly ...swim in the sea ...my wife has a boogie board ...we have a gym that has a program for older people*).

The final theme in relation to motivation was avoiding the negative stereotyping of old age; participants were concerned that they should not become like "other old people" who, they believed:

"...stay inside all day, they lose their ability to converse. They are not involved in anything ...I have a sister in law like that, and she is the saddest lady that you could ever find ...we all dread the day when we can only sit in a chair ...we feel that the longer you use everything, the longer it will keep going."

Many comments elicited in response to the question of motivation did not easily fit into a single category. There were many instances where several motivations combined to encourage activity. Having someone to exercise with, however, and a conducive environment were common themes throughout all the discussions.

"My motivation is that I love walking. I get up and my wife goes with me, we walk out along the old track at Harrington. It's different every morning. The environment is interesting. I would walk up the hill to watch the sunset. That's my motivation."

Motivators

In relation to motivation, each group was asked whether any specific person provided the motivation to be active. Specific motivators included self, partners and other family members, service providers and dogs.

While partners and other family members were seen as motivators in every group, self-motivation was seen to be important by several participants (*I think you can keep telling us that it's important to exercise — but we will only do it if we want to ...it has to come from within*). General practitioners (GPs) were also identified as important sources of motivation, especially if someone had had an injury or illness. Several participants offered examples of how a GP had helped them to become physically active (*He told me there are three good exercises — gardening, swimming and walking — and they all get you out of the house; One of our local GPs used to say 'meet me outside at 6 o'clock in the morning', and he organised a good brisk walk out to the headland. He did that every day for years. He may still be doing it, I don't know*).

However, while most participants agreed that doctors could be good sources of information and encouragement, perceptions of GPs as good role models varied (*My doctor, when he stands up he can hardly see his feet; They don't work hard at making you do the activity. They might just mention it, but they would*

rather give you a handful of pills).

When asked about other professionals who may influence physical activity, the range of responses included pharmacists, physiotherapists, chiropractors, naturopaths, priests and ministers. Two women suggested that hairdressers could also be useful health promotion agents (*good sources of gossip and information*). Those with experience of exercise classes mentioned fitness leaders as an excellent source of information about physical activity and health issues. Dogs were also seen as important motivators for walking (*I walk the dog — every day for 30 to 45 minutes — at her pace — up a very steep hill — rain hail or shine; I used to walk my dog every day — but when he died I stopped. A friend took me to mall walking — now I am walking again*).

Barriers

The major themes identified from the discussions about barriers to physical activity were: health; no-one to exercise with, environment (including availability or suitability of activity choices); and lack of interest.

Poor health was a major issue. In every group there were participants who told of injuries, or chronic or acute illness which limited their involvement in physical activity (*I haven't been to exercise class much this year which I should have, I love them and you can do them at your own level, but ...I'm having an operation in July; My housework is do a bit, sit a bit, as I have back problems since my operation; My pain is so bad I have got to the stage now where I just turn off*).

In all groups there were also participants who reported that they "used to" do various activities, but had had to stop because of injury or "wearing out". The issue of injury actually being caused by physical activity was also raised. In two of the men's groups there was discussion of the Canadian 5BX exercises, which had been promoted during and after the second world war, and in the National Fitness camps (*I used to do the 5BX exercises ñ but I have a sore back and can't do them any more*).

There was also discussion about the need for older people to be shown how to exercise safely to avoid injury and a concern about the potential dangers of inappropriate activity:

"There was a fellow in Newcastle called Dr D. He was as wide as he was high and he suddenly decided this fitness thing is for me, and started running up and down M beach and the first week he dropped dead. So don't tell us to start jogging."

While family responsibilities did form a barrier to physical activity for some participants, most found their family commitments (such as caring for grandchildren) to be reasons for physical activity. Having no-one to exercise with, because of changes in a partner's ability to exercise (and widowhood) had however affected participation. (*We did a lot of walking ...Once he died, I did not have the time or the*

inclination, mainly the inclination, to go and do it. That's four and a half years ago, and that's when I put on all the weight; I used to walk every morning but then R stopped so now I only go now and again).

The physical environment was also identified as a barrier to activity. Some participants complained about the weather, while many others were critical of basic facilities such as footpaths and street lighting, and felt that they did not have appropriate places to go to exercise. Even when facilities were available, the lack of an appropriate leader was identified by several groups as a problem. For many of the metropolitan participants, a structured class with a leader, particularly for aqua-aerobics and Tai Chi, was seen to be preferable to exercising alone (*We would like a class here at the centre where everyone knows everyone else and feels comfortable ...but we don't have a leader and we need to know what's safe for older people with different health problems).*

Issues of access — transport, cost and accessibility were also identified as barriers. Those who could no longer drive found public transport to be too infrequent or difficult to get to. Direct questions about safety identified concerns in every geographic location. The majority of participants, both men and women, perceived the local area to be unsafe for walking, especially at night. Fear of violent crime was a common theme, even where the objective level of crime was low (*I prefer activities early in the day because there are not so many school children around. I like to get home before them. There is a fear around here of bag snatching and that sort of thing; I sense there is a fear of going out for a walk because there is so much publicity about things happening. Even now I carry a mobile phone ...In the night time, if something happens to you they can't find you. Walking in the day is okay, but not at night).*

Although only one person said that he did not feel unsafe (*We know hundreds of people, we tend to feel secure in the area ...I feel fairly confident*), many participants raised other issues relating to safety (*A dog used to chase me and have a go at me ...that is frightening to a lot of frailer type people*).

Finally, while there was general agreement and enthusiasm for physical activity, not all participants felt that physical activity was appropriate or interesting, and one or two participants were quite cynical about the idea (*How about lack of interest as a barrier ...I am not convinced that we need to do all these things; I agree, this is a very thinly disguised attempt at killing us all off quicker. If we all have a heart attack and die, health care costs will actually decrease ...this activity thing will save costs in the long term*).

Marketing the physical activity message

Most of these older people received health information from television, both in programs and in advertisements. However the concept of 'health messages' was generally interpreted as relating to advertisements for equipment such as walking

machines. When questioned about other sources of health information, most groups mentioned other media such as newspapers and magazines, health professionals, community organisations, and displays in shopping malls (e.g., for arthritis, heart week, seniors' week etc). Several groups mentioned guest speakers at their community organisations:

"A lady came to talk to us ...and she got us to do simple exercises sitting down. It was quite remarkable, she asked the ladies just to raise their hands in the air and some found it very difficult. They had never raised their hands like that for years. After that quite a few came to the gentle exercise class. Some stayed and some didn't. I think a lot of ladies my age think its too embarrassing — and what would you wear — and I won't be able to do it. All the negative things about it. They don't realise that you can do it at whatever pace or level you want to. And you can have fun at the same time."

When asked to recall messages relating to the promotion of physical activity in the last six months, the overwhelming response was "none". There was general agreement with the observation that "there is not enough information on exercise for older people" and that "you never see old people on the television exercising".

The Active Australia Campaign

When asked specifically whether they had heard about 'Active Australia' the initial response in every group was also negative. When the facilitator explained that there had been a series of advertisements on TV and in the print media, with the message to be moderately active on most days of the week, no one could remember having seen it (*If it was shown as an ad on TV we would regard it as an interruption. On goes the sound mute button and away for a cup of tea. We never watch the ads*).

When the groups were shown the Active Australia pamphlet and poster, several people thought that they may have seen "something like that" on TV. One woman thought she may have seen the poster in a newspaper and another reported that her group had the poster on a food stall for Heart Week and that "a lot of people showed interest in it". When asked to interpret the message "Be moderately active on most days of the week" there was a general feeling that it was confusing. One group's transcript typifies the discussion "I think most days means five days a week"; "I think six days"; "I would say seven"; "It could be five"; "I should think anywhere over half the days, maybe four"; "It means you don't have to do it every day"; "I think it says you need a day off"; "It is a very confusing message".

Several participants felt that the recommendation was insufficient, that most people "do that just walking around the shops". Most of the women agreed that their daily household chores (*housework, vacuuming and up and down steps, I should think that's what they mean by moderate*) would easily meet the 'moderate activity for

thirty minutes' criterion, and wondered "Does that mean you can sit down for the rest of the day?". Others suggested "It is giving a very bad message. If I want to go for a walk I want to go for an hour".

One participant thought his GP's advice was much easier to understand "Yes, my doctor says that you should walk for 20 minutes along the beach, AND BACK AGAIN — but that it's the coming back that does you good."

However, once participants had had an opportunity to look at the detail of the content of the pamphlet, many were impressed with the ideas in it. (*I like the bit about playing basketball with the kids, pushing a pram, flying a kite; I think it is a very good message — regularly not seriously; Most days is a good way to put it — you put people off if you say every day... this is achievable for people our age; It's a good idea not to put a big hurdle in front of people, encourage them to start with 10 minutes and build up to 20 minutes*).

When asked how the materials could be improved for targeting older people, most participants agreed that use of older people on the pamphlet would be important, but that they should not be stereotyped as "grey haired oldies in walking frames". (*You could show a granny with 10 grandchildren and then show her paragliding; I think they should expand the message and say the types of activity you can do in 30 minutes, say like vacuum cleaning or mowing the lawn; They will have to use bigger print so we can read it*).

Several groups came up with slogans encouraging older people to be more active. Most of these mirrored the theme of "never too old (.to try ...to learn ...to be healthy". One group suggested "It's never too late" while others came up with ideas around the "Get up, get out, get a life" and "Use it or lose it" themes. There was a general consensus that television was not the best way to reach older people, and that both GPs and pharmacists could play a much greater role in promoting physical activity to older people (*after all, all older people take pills*). Another suggested strategy was to write articles for the specialist 'seniors' newspapers which "everybody reads". Another potential strategy, suggested by two of the groups, was to "mobilise the women". (*They are the driving force for everything we do. If you get them into action the men will follow*).

Following some discussion, there was general agreement that the *Active Australia* message is very positive. However, some participants (especially men) thought a more negative approach, similar to that used in the current RTA advertisements, might be effective. Several groups recalled the 'Life. Be in it' campaign and suggested that the demise of Norm might be a salient reminder to older people to stay active. Another thought on alternative strategies came from one of the urban groups who suggested, only partially seriously, that all older people should be given a dog.

"My idea would be to forget the television and buy everyone a dog. My wife never used to do any physical

activity. Now we have a cocker spaniel and she goes for a walk every night, she looks so much trimmer than she did a couple of years ago, she's getting into dresses she has not got into for years."

The final sentiment in most groups was one which reflects the fact that behaviour will not change unless people acknowledge that there is a problem with their current lifestyle (*If you don't see that lack of exercise is a problem then you could run these programs and promotions until hell freezes over and nothing would happen*).

Discussion

These older people participated in a very wide range of physical activities. Activities were undertaken alone, with friends and family, in organised groups or clubs, around the house or yard, or as part of a community service. The most common activities were walking, gardening and housework and the majority of activities were perceived as moderate in intensity.

While focus group discussions can be useful in terms of identifying issues which are important to potential customers or consumers, we are mindful of their limitations, especially as they relate to the generalisability of the findings. Despite our attempts to include a range of participants it would appear that, based on previous empirical research, there was under-representation of men and women who were completely sedentary. However, while the majority of participants perceived themselves to be moderately active, perceptions of what constitutes physical activity varied widely, and many compared themselves with people who were unable to carry out daily tasks such as shopping and cleaning rather than with other healthy older people.

Perceptions of factors that promote and maintain health appeared to differ for men and women. The men were more likely to highlight the importance of "keeping busy" and "having some purpose in life". In contrast, a number of women shared their hope of "slowing down more" after being busy with the multiple roles of paid work, household duties, children and grandchildren. They were more likely to see "rest and relaxation" as important for good health, but nonetheless were keen to participate in social physical activity.

When asked about maintaining health, most agreed that physical activity was important and were able to identify benefits of physical activity such as cardiovascular health and fitness, improved mobility, mental health and social contact. The physical activities enjoyed by these older people included traditional organised recreational activities such as golf, bowls and gentle exercise classes, other organised activities such as mall walking, dancing and archery, individual activities such as walking with a friend, sailing, tennis and fishing, and 'incidental' activities such as walking to the shops.

While participants were generally positive about the idea of physical activity, they were confused about the amount and type of activity needed for optimal health. The extent to which normal activities of daily living 'counted' as part of 30 minutes every day as activity was fiercely debated. Most participants thought that house and yard work could be quite strenuous and should therefore be included. If they did, then most people felt it would be almost impossible NOT to be active for 30 minutes every day, unless one were totally bedridden. Although energy expenditure estimates for common household activities²⁰ suggest that they contribute significantly to overall daily activity, more research is required to assess the health benefits of these activities.

Perceptions of motivations for physical activity showed agreement with the findings of previous research. Being healthy, feeling good, having time to oneself, and socialising are motivations which have been identified by others.^{21,22,23,24} The concept that activity helps to avoid negative stereotypes of ageing was, however, specific to this population group. Demonstrating to others that they were still able to contribute to society and to maintain their own house and garden was a motivation to remain active for many of the men. The groups also revealed a sense that, for older people, physical activity may help to maintain a sense of meaning, social connectedness and personal value.

The importance of social support (family, friends or organised groups) as a motivation for physical activity was echoed throughout this series of focus groups. As reported by Curtis and White²⁵ widows were more likely to mention problems with finding others to exercise with. While some participants also nominated GPs as important motivators, many participants were unconvinced that their own GPs would be willing or effective in this role. This perception supports the findings of O'Brien Cousins²¹ who has argued that "ordinary people will not get extraordinary advice from a physician about how to start an exercise program" (p280), and that the widespread recommendation to consult a GP before beginning an exercise program may in fact become a barrier to activity. She contends that better motivators might be friends who are interested or already participating. This idea was vividly endorsed by one woman:

"I have had the same General Practitioner for 27 years. Every time I see him he tells me I should do more physical activity. He has been telling me that for 27 years but I never did anything. Three weeks ago my friend came and picked me up and took me to an exercise class. I have been going to this class for three weeks. I feel so much better I wish I had done it earlier. I should have listened to my doctor. It wasn't that he didn't tell me, he did. But it was the fact that my neighbour came and picked me up and took me with her. I think the way to get people exercising is to have those who already exercise take someone who doesn't exercise with them. This will work much better than getting doctors to talk about it."

Discussion of barriers to activity among these participants also showed some divergence from existing literature, which has found that lack of time and physical inability to exercise are the main reasons for inactivity.²² Lack of time was not a barrier to activity in this group, except by those who had a significant caring role for grandchildren or another older person. Several participants nominated poor health or injury (most often arthritis or joint pain) as a barrier to physical activity, but there was a strong perception that *"there must be some kind of exercise which they could do if only they had the knowledge and were shown how to do it"*.

The barriers which were reported and which may be most relevant to older people included a perception of being already adequately active, and environmental issues such as access (e.g. cost and transport) and safety. These older people seemed constrained by a physical environment which failed to provide for their needs, by a sense that the physical activities which were available in their community were not suitable for older people, by a shortage of appropriately educated activity leaders, and by concerns about personal safety.

When asked specifically about the *Active Australia (AA)* campaign there was very little evidence that the message of moderate activity on most days of the week had reached these participants. In initial discussions, it was clear that the message of AA was not well understood and would not particularly encourage older people to become more active. However, on closer examination there was more general support for the concept of *"taking it regularly but not seriously"*. Participants identified the media, community organisations and health professionals as their main sources of health information, but felt that standard advertisements were widely ignored. Potentially more effective strategies included writing a physical activity campaign into one of the popular 'soapies', running a series of story-based advertisements, or providing information through pensioners' publications. Given the overwhelming evidence that negative, fear-based campaigns tend to attract attention but fail to produce long-term behaviour change,²⁶ proposals for a negative, fear-based campaign should be investigated more systematically rather than necessarily taken at face value.

This project identified several psychological, social and environmental factors which may be important in the promotion of physical activity among older people, which have not been identified in research with other groups. The particular concerns and interests of older people, to maintain good health, a sense of social connectedness, and an ability to contribute, as well as their needs for safe and user-friendly environments and for appropriately trained exercise facilitators, suggest strategies for the development of targeted physical activity promotion campaigns which will benefit this important population group. The findings suggest that encouraging older people to be physically active may

require even more focus on intersectoral collaboration, to achieve improvements in the built environment, access to facilities and the provision of more group activities in safe environments, with greater availability of leaders who are educated appropriately to work with older people.

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