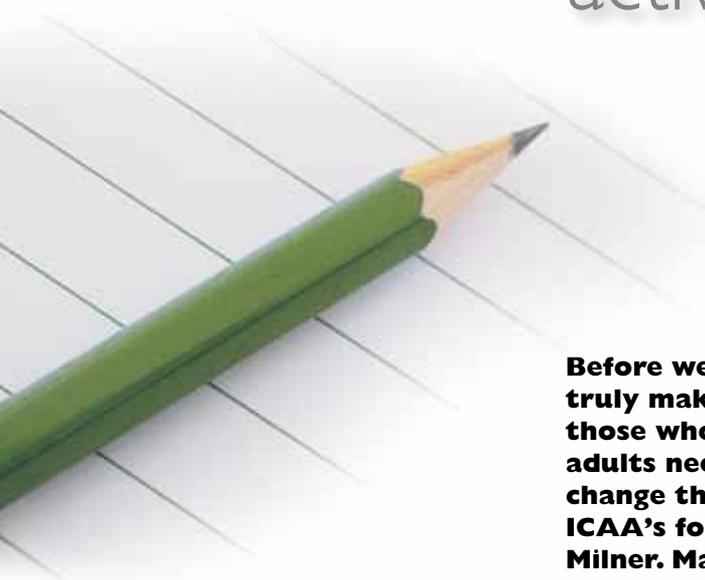


# From wellness to transformation:

next steps for  
active-aging leaders



**Before wellness models can truly make a difference, those who work with older adults need to embrace change themselves, says ICAA’s founder/CEO Colin Milner. Masterpiece Living’s Roger Landry shows how**

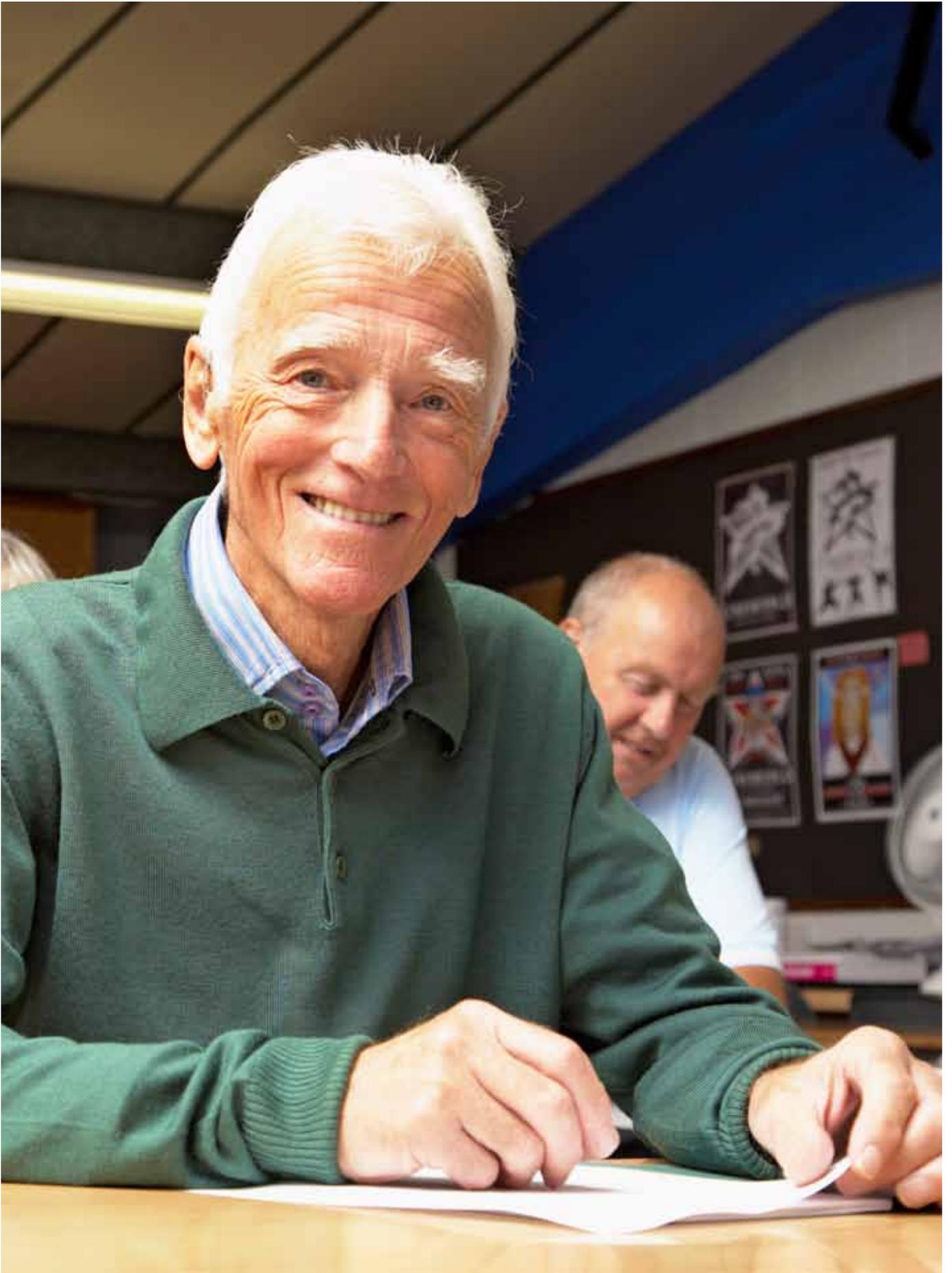
*by Marilyn Larkin, MA*

Earlier this year, Colin Milner interviewed wellness pioneer Donald Ardell, PhD, for the *Journal on Active Aging*.<sup>1</sup> Ardell’s landmark book, *High-Level Wellness: An Alternative to Doctors, Drugs, and Disease*,<sup>2</sup> had a profound effect on Milner, contributing to his vision for the International Council on Active Aging®, which he launched in 2001. “Ardell’s message is that wellness is a journey for everyone—and overcoming barriers to optimal health and well-being often involves becoming more aware

of your own potential, recognizing self-limiting stereotypes, and making time to reflect on your goals,” Milner says.

“Over the past decade, the active-aging industry clearly has made a commitment to wellness,” Milner continues. “In ICAA’s 2015 Active-Aging Industry Development Survey, for example, 73% of respondents said their organization had a formal wellness program, and another 24% offered wellness activities.<sup>3</sup> This is a far cry from when ICAA began, and wellness was barely on the radar screen. While we can all celebrate the advance of wellness programs in our industry, creating programs for our constituencies isn’t enough,” he states. “For those wellness programs to have greater meaning and authenticity, the people delivering them also must be committed to their own growth and to overcoming self-lim-

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## Resources

### Internet

#### International Council on Active Aging (ICAA)

www.icaa.cc

#### Masterpiece Living

www.mymasterpieceliving.com

### Print

Landry, R. (2014). *Live Long, Die Short: A Guide to Authentic Health and Successful Aging*. Austin, TX: Greenleaf Book Group Press

Larkin, M. (2014). Changing lifestyle behaviors: three approaches that work. *Journal on Active Aging*, 13(3), 22–33. Available to ICAA members in the content library (“Wellness articles” [“Motivation”]) at www.icaa.cc

iting stereotypes. If we truly want to help our clients and customers transform their lives, we must be actively transforming our own.”

Consider the influence that stereotypes can have. Recent research confirms that negative stereotypes of aging—whether from the environment, such as the media, or from an individual’s own self-limiting thoughts—affect older adults’ memory and cognitive performance. In a review and meta-analysis of “Aged-Based Stereotype Threat,” University of Kent investigators in the United Kingdom found that even a hint that someone’s performance was pre-judged because of age was enough to have a negative impact on that person’s ability to solve a problem or complete a task.<sup>4</sup>

The findings have relevance for older-adult settings, according to Milner. “Professionals may look for ageist ste-

reotyping during the hiring process, particularly among young people,” Milner states.<sup>5</sup> “Yet older staff, whether already on board or new hires, may harbor similar stereotypes that go undetected.”

Milner recognizes the diversity of knowledge, experience and educational backgrounds in the active-aging workforce,<sup>6</sup> as well as attitudes and beliefs about aging and wellness. He understands, too, that wellness is both a personal and professional journey for many. A continuum exists in how people progress in their journeys, and therefore in how they experience wellness, Milner says. “A transformative personal journey allows professionals to understand at a deep level not only what growth is possible by embracing wellness, but also what it means to tackle self-limiting stereotypes.”

Recognizing and coming to terms with our own stereotypes and the impact they can have on reaching our own potential is challenging, Milner acknowledges. “In effect, we need to do with ourselves what we encourage our clients to do: Set goals; decide how we will reach them; confront inner obstacles such as ‘I can’t’ or ‘I’m too old’; and forge ahead. By doing so, we empower ourselves, thereby becoming role models who can empower our clients. By not doing so, we remain in a comfort zone that robs us of opportunities to transform our lives and the lives of those around us.”

In this interview, Milner elaborates on his own transformative journey; encourages those working in active aging to strive to reach their own potential; and shares his vision for taking wellness models to the next level.

**ML:** *When you talk about “reaching your potential,” what do you envision? Are we in the realm of “super agers?”*

**CM:** Absolutely not. The idea of “super agers” is as much a stereotype as the pic-

ture of an older adult spending his or her life in a rocking chair. Yes, some older people do that, but many are continuing to do as they’ve always done: Take on new challenges.

The media will pounce on stories of individuals who do things like jump out of an airplane or run a marathon at age 100, and will behave as though these individuals are anomalies or so-called super agers. The reality is, they are not that unusual. Today, many people are setting goals and accomplishing things into late life. For example, the media pointed to the fact that Fauja Singh ran a marathon at age 100<sup>7</sup>—but less emphasis was placed on the fact that he started running seriously at 89. The message we should take from this is not that Singh is a super ager. Rather, it’s that Singh breaks stereotypes by showing what is possible when someone sets a goal and works toward it *at any age*.

**ML:** *How do negative thinking and self-stereotyping play out in communities and organizations that work with older adults?*

**CM:** They hold people back. When management and staff engage in these behaviors, negativity becomes an attitude that affects an entire organization. You may want to move forward, set a new goal or try a new program or activity, but you tell yourself, “Well, I can’t do that” or you listen to self-sabotaging stereotypical statements like “You can’t teach an old dog new tricks” and end up doing nothing. At the same time, you may inhibit others by giving them the same messages. When it comes to seniors housing, seniors centers and other organizations, it’s important to recognize that sometimes the residents or members aren’t holding themselves back—rather, you may be inadvertently holding them back.

For example, in areas like assisted living, older people may be thought of as fragile, and the fear is that giving them a

more challenging physical activity might break them. But as Dr. Steven Blair told me in my first interview<sup>8</sup> with him for the *Journal on Active Aging*, “It’s a myth that older adults are fragile and cannot exercise.” Blair was discussing Tufts University’s groundbreaking studies in the 1990s, in which frail older adults in their 80s and 90s took up resistance training.<sup>9,10</sup> He said essentially that these studies showed that you don’t kill older adults with exercise; you make them stronger.

In terms of physical activity, we know that benefits mainly accrue when people meet the recommended guidelines<sup>11,12</sup> of at least 150 minutes a week of moderate-intensity physical activity. And when older adults can’t do 150 minutes because of chronic conditions, the guidelines state they should be as physically active as their abilities and conditions allow.

My challenge to the industry is for managers and staff to persuade their constituencies to meet and exceed those guidelines whenever possible—and to do the same themselves—as well as to push individuals who aren’t able to meet the guidelines to work to the best of their abilities.

The same applies for the other wellness dimensions. A recent research report<sup>13</sup> on cognitive aging from the Institute of Medicine makes two key points. One is that “the type and rate of change in cognitive performance can vary widely among individuals. Some will experience very few, if any, effects, while others may experience changes in their memory, speed of processing information, problem solving, learning and decision-making capabilities.” This underscores the need to get rid of stereotypes of brain decline and look at each person individually.

Secondly, the committee that wrote the report suggested the three top actions



individuals can take to help maintain optimal cognitive function as they age:

1. Be physically active.
2. Reduce and manage cardiovascular disease risk factors, including high blood pressure, diabetes, and smoking.
3. Discuss and review health conditions and medicines that might influence cognitive health with a healthcare professional regularly, because a number of medications can have a negative effect—temporary or long term—on cognitive function when used alone or in combination with other medications.

This means that cognitive decline is not inevitable, and that specific actions such as those suggested above, among others, can stem decline in many cases—again, debunking the stereotype.

Some management and staff say they don’t encourage clients to try new things—especially with respect to physical activity—because they fear being

sued if something goes wrong. But organizations can be sued for anything these days. We still need to do what’s best for our residents or members.

It’s unlikely somebody will sue you for making them healthier. There is a possibility of injury or worse even when you’re not pushing someone to meet the physical activity guidelines. That is true whether someone is young or old, exercising in a gym or a fitness center or at home. When you weigh the benefits against the potential risks, the benefits of pushing a client (or yourself) a bit further outweigh the small risk of possible harm.

**ML:** *Are other fears holding people back from realizing their potential?*

**CM:** Yes. As noted earlier, many people are afraid to move out of their comfort zones or do things outside the norm. They reach a certain level of success and stay there—they stop taking risks.

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But the real risk is feeling unfulfilled if you do the same thing all the time and forget that it is risk—the excitement of creating something new or changing the way you do something—that propels you forward. You become complacent, instead of thinking about how you can push past that complacency.

Complacency can also mask fear. Employees may be afraid to do something new because they fear losing their jobs—instead of thinking, How can I grow my role? Owners or managers may think, Well, this is going to cost money; maybe I'll just pass on it.

Again, my challenge to management and staff is to push through fears and complacency to create a new norm—a norm where age is irrelevant to a person's level of engagement and achievement. Whatever may stop you as an owner or manager will also stop your residents or your community at large. The way to change is to push through these obstacles: Say “I can” instead of “I can't,” “I will” instead of “I won't.”

Is it easy to move forward when you're established at a certain level and accustomed to doing things a certain way? No. But as I discovered over the past decade, when you keep pushing—and it wasn't always easy to keep pushing everyone to a wellness model, to a new mode of communication and understanding of older adults—eventually things change.

For organizations to create a wellness environment that truly encourages growth and lifelong learning, a belief that everyone can reach their potential must be instilled in the culture. It all begins with management and staff engaging in their own wellness, as well as their own belief that they can change their lives for the better.

A commitment to wellness is about creating a culture in which everyone—staff

and clientele alike—learn, grow, and give themselves and others permission to do the same.

We want to aim for something that resembles what Donald Ardell calls “REAL” wellness, with REAL standing for “reason, exuberance, athleticism and liberty,” manifested in “high energy levels, joy in living and satisfying relationships.”<sup>1</sup> As Ardell states:

*“REAL wellness invites continuous learning about and advances toward life-affirming matters, including but not limited to happiness, positive passions, meaning and purpose, joy and affection, effective decision-making and expansions of personal freedoms. It's all about people living the kind of life they want to enjoy while being in top form and sound mind.”<sup>1</sup>*

Few would argue that we still have a ways to go. However, many of us are on the right path. Each one of us can choose to move forward on that road, to give ourselves permission to reach our own potential, and from there, support our constituencies in the quest to reach theirs.

## How to approach self-change for wellness

Moving forward on the road to “REAL” wellness is likely to be easier said than done for many people, through no fault of their own, says Roger Landry, MD, MPH, president of Masterpiece Living, multi-discipline specialists in aging who partner with communities to help them become destinations for continued growth. “Americans seem only to value big, dramatic change like running a marathon or jumping out of an airplane, but our brains are wired to respond to a large change with a fear response,” Landry states. “That comes from our ancestors, when a big change was a threat to survival. But while fear is a natural response, it too often shuts down rationality and makes us think that *any* kind of change is a threat.

“The reality is, doing small things—taking baby steps so we don't set off the fear response—is the key to real change,” Landry continues. “That's because with small steps, we develop confidence and competence in our ability to change, no matter what the goal.”

In this interview and in the two sidebars, “Your Personal Lifestyle Inventory” and “Never act your age,” Landry describes how this approach has been effective in his own life, as well as for his clients. [Ed. More details on behavior change from Landry and other experts can be found in the article “Changing lifestyle behaviors: three approaches that work,” published in the May/June 2014 issue of the *Journal on Active Aging*; see “Resources” on page 36.]

**ML:** *What is the first thing management and staff need to know about changing their own attitudes and behaviors?*

**RL:** The critical message is that it's impossible to influence and inspire your clientele unless you yourself deeply believe—not on an intellectual level, but on an emotional level—in what you're asking them to do. There's no way to authentically encourage others unless you believe that it's possible for everyone—including you—to continue to grow and make meaningful changes at any age, and regardless of the challenges. And as you go through the process yourself, you develop a deep understanding of what your clients go through when they're trying to change.

**ML:** *Assuming individuals accept that idea, how do they get started?*

**RL:** You may think you already know how you'd like to improve your own wellness. Typical goals are losing weight or getting more active. But I suggest you take the Personal Lifestyle Inventory anyway (see the sidebar on page 39). You may unearth some other areas of wellness—socializing more, learning something new, slowing down, reducing

stress—that are even more important for you to change right now. Certainly, they are areas you’ll urge your clients to improve in their lives. Pick *one* of those areas and set your goal.

**ML:** *How do you break a big goal into smaller steps?*

**RL:** Break the big goal into smaller, more realistic and attainable goals. For example, if you want to move more, start by standing during television commercials and do that for a week; then walk in place during the commercials. You want to stop eating candy? Spit the first bite out and go from there. If you don’t reach that small goal, it’s not an occasion for self-loathing. Instead, tell yourself, ‘Okay, that was too much for this week, given everything that’s going on in my life.’ Set the goal a bit lower for the following week, but do set the goal. The idea is to develop a sense of competence that allows you to continue.

**ML:** *How has this approach worked in your own life?*

**RL:** As a child, I always wanted to draw, but I only drew a little before dropping it. I didn’t feel I could do it. When I was older, I picked up the book *Drawing on the Right Side of the Brain*<sup>14</sup> by Betty Edwards. She says, ‘There’s something, or a picture of something, in front of you. Turn it upside down and draw it.’ It’s a small change in perspective. Rather than saying, ‘Sit down with a blank page or blank canvas in front of you,’ she gets you started with a hook. You start by making a small change and you get excited—and that’s what happened to me. I took a picture of a dog that I wanted to draw. And I turned it upside down and drew what I was seeing, rather than what I thought I *should* be drawing. The moment I turned the drawing right side up, I was in awe of what I had accomplished.

From that experience and others, I learned that our preconceived notions of how we have to approach something could hold us back. We want to explore and find achievable ways to do what we

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## Your Personal Lifestyle Inventory

*Dr. Roger Landry, president of Masterpiece Living, offers the following advice to help you make changes that will benefit your own personal wellness.*

Identify specifically *why* you want to change. Then zero in on what you want to change. Now ask yourself, ‘What’s the smallest thing I can do to begin this change?’ Make that small thing—and not the ultimate change—your goal.

Imagine yourself doing that thing. When you achieve the small goal, add the next smallest thing you can do. If you fail to achieve a goal, just step back to the last achieved goal and add a smaller, more achievable goal to that accomplishment. Keep adding very small increments to your progress. It doesn’t matter how long it takes. You are changing, and moving toward your ultimate goal. And remember, the journey is as important as the destination.

To help begin this journey of exploration, complete the following Personal Lifestyle Inventory. Your answers will help guide you to the best recommendations for aging in a better way, a more enjoyable way, and a more successful way. There are no right answers, only *your* answers:

1. How much total time do you spend moving your body during an average day (walking, exercising, doing physical work)? a) Less than one hour b) Between one and two hours c) Over two hours
2. How many people did you share a face-to-face conversation with today that lasted longer than two minutes? a) None b) One or two c) Three or more
3. How many days last week did you learn something new or do something you’ve never done before? a) None b) One or two c) Three or more

4. Are you proud of your answer when someone asks how you spend your day? a) Not proud b) A little proud c) Very proud
5. How many servings of fruits, vegetables or nuts do you eat most days? a) Less than two b) Between two and four c) Five or more
6. What is the difference between your current weight and what you weighed at age eighteen? a) Twenty pounds or more b) Between ten and twenty pounds c) Ten pounds or less
7. How many times today did you feel in a rush? a) Three or more b) One or two c) None
8. How much do you worry? a) A lot b) Some, but it’s under control c) Very little; it’s a waste of time
9. How often are you thinking about things other than what you’re currently doing? a) Often b) Sometimes c) Hardly ever
10. Are you pleased with the quality of your sleep? a) Not at all b) Somewhat pleased c) Very pleased
11. How many times did you laugh today (not just smiled, but laughed for longer than two seconds)? a) None b) Once c) Twice or more
12. How long has it been since you last interacted with a child? a) Months or years b) Weeks c) Days

Assess your responses and use them to guide you to one goal you would like to achieve. Then take very small steps toward achieving that goal before moving on to another.

*Adapted from: Landry, R. (2014). Live Long, Die Short: A Guide to Authentic Health and Successful Aging. Austin, TX: Greenleaf Book Group Press. Kindle Edition.*

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## Mark your calendar

Join Marilynn Larkin and Colin Milner at the ICAA Conference 2015, taking place November 19–21 in New Orleans, Louisiana. Watch for them in the following sessions:

### November 19; 8:30–10 a.m. Trends and possibilities for active aging

In this session, ICAA CEO Colin Milner will delve into current and future trends in health and aging, and what these may mean for your future.

### November 19; 10:15–11:45 a.m. Meet your feet: Everything you need to help your clients

with Robert Thompson, executive director, Institute for Preventive Foot Health (IPFH)

PosturAbility® founder and IPFH consultant Marilynn Larkin will copresent this session about the role of feet in function, dynamic posture, and leisure activities. Larkin will do interactive exercises with participants and discuss the relationship between feet and posture.

### November 19; 4:30–5:30 p.m. ICAA General Session: MOVE 2.0

Five visionary industry leaders, five levels of function, five transformative ideas. ICAA's Colin Milner will give one of five fast-paced presentations guaranteed to inspire thought, challenge perceptions, and transform programs.

To learn more or to register, visit [www.icaa.cc/conferenceandevents/overview.htm](http://www.icaa.cc/conferenceandevents/overview.htm) or call toll-free 866-335-9777.

want to do. The help that comes from small steps, and from being self-aware, leads to evolution and transformation.

With small steps, we can't fail. We can enjoy the journey, which incorporates all seven dimensions of wellness, no matter which one we start with. And all this makes us better able to empathize and communicate with others who are embarking on similar journeys. The more you try and the more you go through, the more effective you are as a change agent. ☺

*Marilynn Larkin, MA, is an award-winning medical writer and editor, an ACE-certified personal trainer and group fitness instructor, and originator of PosturAbility®, a program that boosts posture and self-esteem. She is also ICAA's Communications Director and a regular contributor to the Journal on Active Aging®.*

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