Intervening in Midlife for Optimal Retirement: A Guide for Health Educators

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ABSTRACT

Factors contributing to successful retirement deserve increased attention given the rapid growth of the aging population. Antecedent to successful retirement is successful aging. The middle aged population is an opportune target for health promotion and health education interventions as this group begins to show an increased tendency to be concerned about its own aging and retirement. Given that lifestyle is an important factor accounting for the difference between "usual" versus "successful" aging, the purpose of this article is to focus attention on the need for early health education interventions that will contribute to successful aging and retirement.

Introduction

Retirement is a life transition that has received much cross-disciplinary study and attention, and rightfully so. Factors that contribute to successful retirement, the effects of retirement on individuals, approaches to preparing for retirement—all are deserving of attention as the ratio of older Americans to the general population increases. Current population growth projections for persons 65 years and older indicate an almost 2% increase per year through the year 2020. An even faster growth rate of 3% per year is projected for persons 85 years and older. This is in contrast to less than 1% per year growth rate for the total U.S. population (Social Security Administration, 1985). Thus both the number of retired older adults and the average number of years spent in retirement has and will continue to increase.

Despite the growing retirement population with increasing numbers of years in that phase of life, preparation for retirement, formal or informal, is minimal. Formal pre-retirement preparation programs, although growing in scope and numbers, reach only an estimated 10% of retiring individuals (Feuer, 1985). A 1985 study (Evans, Ekerdt, & Bosse) suggests that informal retirement oriented behaviors (talking to spouse, friends, relatives and coworkers about retirement and reading articles about retirement) do increase with proximity to retirement. Still, in regard to retirement preparation, the concern is that too little is being done too late.

Research suggests many factors related to positive retirement adjustment and satisfaction, but the two primary determinants that consistently surface in many studies are *good health* and *adequate finances* (Atchley, 1988; Barfield & Morgan, 1978; Beck, 1982; Foner & Schwab, 1983; Seccombe & Lee, 1986; Shanas, 1970). Neither of these critical factors is an on-demand condition. Political, social, and public policy realities may also affect the retirement picture, but while these issues are acknowledged as important, addressing them in any substantial and meaningful manner is beyond the scope of this paper. The information herein presented, however, always must be taken in light of such global realities. Although unexpected difficulties such as layoffs and accidents sometimes come into play, good health and adequate retirement finances are more likely when individuals are knowledgeable, action-oriented with respect to health and financial issues, willing to set goals and plan carefully to reach those goals, and living a lifestyle compatible with the attainment of good health and adequate finances. Both factors are generally a result of activity begun much earlier in life, and thus the need for purposeful intervention occurring many years prior to retirement (Dennis, 1989; MacBride, 1976; Maddox, 1970; Singleton, 1985). "..if we wait until a person is in retirement to inquire about how that experience can be made a satisfactory one, we have probably waited too long..if the battle for adequate adaptation in retirement is to be fought successfully, it must be fought in the younger years" (Maddox, 1970, p. 18).

Purpose

Although interventions focused on financial planning are critically needed, beginning well before the retirement years (Atchley, 1988), the purpose of this article will be to focus attention on the need for early health education interventions that will contribute to optimal health and successful aging and retirement. Many physiological changes associated with aging begin to manifest themselves in middle age, and the extent to which many of these changes occur are impacted by lifestyle, which if anything has received inadequate attention in pre-retirement planning. Lifestyle is an important underlying factor that accounts for much of the difference between what Rowe and Kahn (1987) refer to as "usual" versus "successful" aging.

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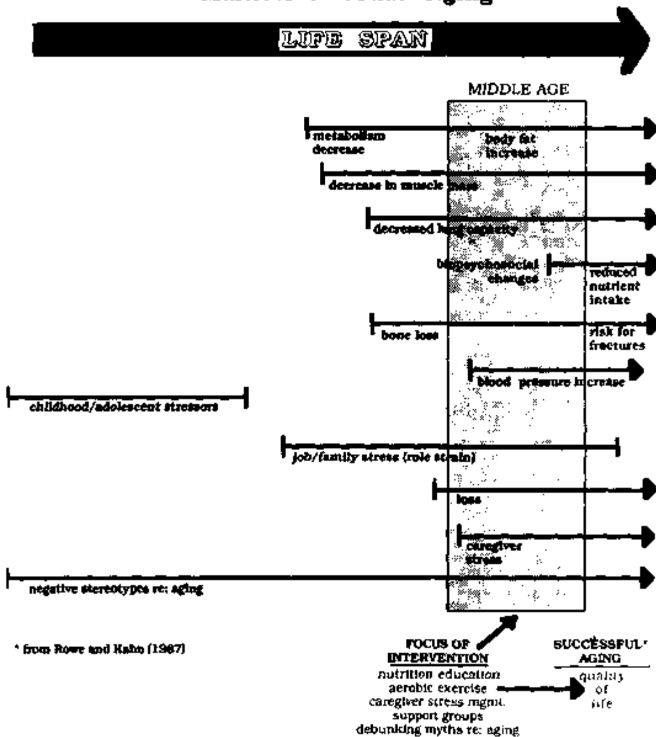
Antecedent to successful retirement is successful aging. While it is never too soon to assume a healthy lifestyle, the middle-aged population, as noted in Figure 1, is an opportune target for interventions because at this age people begin to show a tendency to think about their own aging and retirement. Health educators must be knowledgeable about the health issues of midlife, particularly physiological and psychosocial changes that impact quality of life. They must also be capable of targeting the midlife population and directing health education activities which can enhance retirement health status.

Figure 1
Markers of Usual* Aging



Impact of Lifestyle on Aging

Acknowledging that hereditary factors and normal physiological changes do impact the quality of growing older, the most prevalent of the aging conditions are often those that are derived from lifestyle and environmental factors for which effective interventions exist (Rowe and Kahn, 1987). The goal is not to necessarily prolong life so much as it is to add quality to the life being lived. Ideally the most obvious solution to the controllable deleterious effects of aging is to start living a healthy lifestyle at the earliest age possible. If this has not been the case, then lifestyle changes initiated during midlife may still positively influence health status. At this pre-retirement stage, modified health behaviors can still positively affect the quality of aging, so that healthy, active lives can be extended into retirement. Individuals need to realize that they can exercise some control over their own aging process. If not already undertaken, midlife is a good time to pursue activities and practices associated with optimum physical and mental health.

Nutrition

Inadequate nutrition has been referred to as a "stumbling block to good health," especially as one ages (Skaien, 1982, p. 161). Proper nutrition over the course of life becomes intertwined in a multitude of sociological and psychological, as well as physiological variables. Food consumption becomes a source of creative and aesthetic satisfaction. It symbolizes security, love, friendship, and sociability. Eating patterns, and therefore nutrition, evolve into an overall lifestyle around which daily life revolves. For the person entering a lifestyle change such as retirement, nutrition can potentially change with it. The midlife years prior to retirement are an opportune time for health educators to promote positive nutrition intervention. Evaluation of dietary habits during midlife can be an effective tool in the preparation of a healthy and active retirement. Dr. C. Everett Koop, past U.S. Surgeon General, states "If you are among the two out of three Americans who do not smoke or drink excessively your choice of diet can influence your long term health prospects more than any other action you might take" (U.S. Department of Health and Human Services, 1988). A diet modeled after the Dietary Guidelines developed by the U.S. Departments of Agriculture and Health and Human Services is an excellent tool for dietary evaluation and goal setting. The Dietary Guidelines are as follows: 1) Eat a variety of foods; 2) Maintain ideal body weight; 3) Avoid too much fat, saturated fat and cholesterol; 4) Eat foods with adequate starch and fiber; 5) Avoid too much sugar; 6) Avoid too much sodium; 7) If you drink alcohol, do so in moderation (U.S. Department of Agriculture and U.S. Department of Health and Human Services, 1985).

Exercise

Regardless of age group, the beneficial effects associated with exercise include increased HDL-cholesterol levels (Schoenbach, 1985), reduced blood pressure (Stamler et al., 1980), and lowered body fat percentage and resting heart rate (Eickhoff, Thorland, & Ansorge, 1983; Hooper & Noland, 1984). Shephard (1986) maintains that an ideal program for a middle-aged and older population consists of 30 minutes of 60% aerobic power (oxygen utilization), preceded by an adequate warm-up (e.g. stretching) and followed by a cool-down where intensity is gradually decreased over a 15-minute period. Those who are initially sedentary should begin with a lower intensity and gradually build up to a greater energy expenditure. Brisk walking or low impact aerobics can accommodate these fitness levels. As the participants become more conditioned, weight-bearing strength exercises can also be introduced.

Because exercise is a positive approach (where a behavior is added) rather than a negative one (where certain behaviors are prohibited–such as eating fatty foods), the likelihood for success is greater. Oftentimes, a lifestyle gradually incorporating additional health promoting behaviors, such as better nutritional habits or smoking cessation, is a potential result (Shephard, 1977).

Stress.

Midlife can be a time of transition when many individuals cope with a variety of stressful life events, particularly in the areas of health, finances and family (Chiriboga & Cutler, 1980). Whether or not transitions and life events are viewed as stressors or opportunities and challenges will vary from individual to individual, but for many there may be a sense of loss–the death of a loved one, the departure of children, a decline in physical capacities, and a limiting of options in various areas of life (Chiriboga, 1989).

An increasingly normative life transition associated with middle and later adulthood is the assumption of the caregiving role. Because the 85+ age group is the fastest growing segment of the older population, those who are themselves nearing retirement often are caring for their aging parents. While caregiving at any age can be a source of strain, it can be particularly stressful for those in their middle years because of competing demands associated with outside employment as well as the needs of other family members (Brody, 1981, 1985; Scharlach & Boyd, 1989). A health education intervention strategy could include stress-reduction strategies focusing on time management and problem-solving that address role overload often associated with caregiving. Moreover, teaching caregivers to be assertive in specifying their needs may help them to obtain needed support and assistance in caregiving responsibilities from other family members.

Dispensing information about available aging-related services is also important. A national survey of caregivers found that as many as 57% reported no knowledge of such services (Caserta, Lund, Wright & Redburn, 1987). Service availability information often can be built into an intervention with the aid of printed materials. In addition to formal services, support groups (such as those sponsored by the Alzheimer's Association) can provide caregiver education and the exchange of valuable information (Glosser & Wexler, 1985). This can lead to the development of problem-solving coping strategies (Zarit & Zarit, 1982). It is imperative that health educators who work with this population be aware of any available community resources so that they are able to inform as well as refer their clients if the need exists.

Attitudes Toward Aging

Another important area that needs attention is the traditional negative perspective of aging held by many individuals. Negative attitudes towards aging frequently emanate from the fear of becoming physically frail, cognitively impaired, and dependent upon others. This is often the result of little or limited contact with the aging population (Peterson, Hall, & Peterson, 1988). When younger people are exposed to elders who are dependent rather than being more functionally independent, negative stereotypes can emerge. In such instances, one erroneously believes that both physical and cognitive decline are inevitable outcomes of the aging process. Those who hold such beliefs often respond with denial when they do not acknowledge their own aging (Hooyman & Kiyak, 1988). Montepare and Lachman (1989) reported that discrepancies between one's subjective age and actual age (where age identities are younger than chronological ages) begin to emerge in the middle years.

Health educators who are trying to impact the middle-aged population as they prepare for aging must be prepared to counter negative stereotypes about aging, replacing them with a more realistic view. Consistent with this position, a study of middle-aged corporate employees concluded that the aging work force is best protected by a program that combines health promotion efforts with a fostering of a positive outlook on aging (Daniel, 1987). If individuals perceive their own aging process in a more realistic manner (as opposed to denial), they may be more willing to take measures to ensure optimal quality of life in their later years. They also will be more likely to maintain these practices over time, a common problem associated with health promotion among older populations.

A Proposed Design for Intervention

Given the multifaceted issues that have been addressed, any health education program targeted for the middle-aged population should be a comprehensive package in which a positive attitude is fostered, necessary knowledge is provided, and essential skills are developed. While much of the specific content has either been discussed or referred to, the key features of a feasible intervention program are presented in Table 1 and summarized below. As seen in Table 1, a few sessions should be dedicated to dispelling many of the myths concerning the aging process. Palmore's (1977) "Facts on Aging Quiz" is an instructional instrument that provides a good vehicle by which to stimulate discussion and to generate a more accurate view of aging. This is a series of true-false questions regarding the older population and the aging process that help to identify biases, stereotypes, and misconceptions about one's own aging. Addressing these issues early in the program can create a more positive attitude set among the clients and hence a more receptive atmosphere whereby a greater likelihood for success can emerge.

As with any nutrition education program, this component focuses on such issues as proper caloric balance and the pros and cons of vitamin supplementation, but with a particular emphasis on dietary requirements as they age. Special attention particularly should be placed on the taste changes associated with aging and how selected herbs can be used instead of salt and sugar. Recipes incorporating these substitutions, among other healthy food behaviors, can be introduced and practiced, thereby developing skills associated with optimal food preparation.

The section on exercise should be able to provide the knowledge and develop the skills necessary for the clients to

pursue a beneficial program centered on physical fitness. While Shephard's (1986) prescription can instill the needed skills, the clients must also be informed as to the benefits of exercise throughout the lifespan as well as how to best attain these benefits (i.e. type, intensity, frequency, and duration of activity).

Finally, the stress management component should focus on both recognizing and identifying the sources of stress in one's life as well as practicing particular stress management techniques such as relaxation, meditation, reframing, and problem solving. (The reader is referred to Meichenbaum, 1985, for an in-depth discussion of these techniques.) Because caregiving has been identified as the primary stressor for many in midlife, information on services should be made available. Local area agencies on aging often publish brochures that identify available services and programs such as caregiver support groups, adult daycare centers, and other respite programs that allow the caregiver to take needed "time-out" from the caregiving role.

Table 1
A Health Education Program for the Midlife Population: Goals and Objectives

GOAL I. To foster positive attitudes about aging.

Objectives:

A. To dispel common myths associated with aging.

B. To recognize personal biases about the aging process.

C. To adopt a realistic view about the aging process.

GOAL II. To encourage optimal nutritional behaviors for the aging adult.

Objectives:

A. To know that tastes change as one ages.

B. To become familiar with the dietary requirements of aging.

C. To acquire optimal food preparation skills.

GOAL III. To promote physical activity for the aging adult.

Objectives:

A. To recognize the beneficial effects of physical activity throughout one's lifespan.

B. To implement an appropriate aerobic activity program.

GOAL IV. To recognize and manage stress in a health-enhancing manner.

Objectives:

A. To recognize sources of stress in one's life specific to older adulthood.

B. To establish effective management of self and environment to minimize negative effects of stress.

C. To learn and utilize effective stress relaxation techniques.

D. To learn the skills needed to access and utilize formal support resources.

It is also important to bring to the forefront issues pertaining to seeking and accepting formal support services when needed. Many caregivers feel guilty that they are not providing enough assistance or may believe that accessing formal services is an admission of failure. As a result assistance is obtained beyond the point of burnout. Giving caregivers "permission" to obtain assistance earlier in their caregiving career is one preventive measure that is essential within an intervention program.

Recommendations for Health Educators

What then are the implications for health educators? Singleton (1985) suggests that pre-retirement planning should begin in kindergarten, a suggestion with much merit and worth consideration. However, when matching needs and interests of individuals regarding their retirement preparation, the midlife years appear to be an appropriate time to initiate changes in lifestyle, if not already doing so, in order to reap benefits in later years from such action. Health educators have a role to play in helping individuals prepare for a successful and satisfactory retirement.

The health educator involved in health promotion and maintenance is the ideal professional to be interfacing with issues of retirement. With health promotion campaigns directed towards the aging population seen as a burgeoning field, this directive can be easily attained. The preparation for retirement should not be overlooked as a health promotion primary focus in educating the growing population of older persons. This education should be implemented through the orchestration of the health educators in concert with employers and local agencies on aging. The target group should be the pre-retirement age of 40 years plus. Intervention at this time will assist in creating a positive view of retirement and prepare the future retiree for the retirement transition, upcoming health concerns, and financial implications.

Health promotion efforts can be implemented in various settings including churches and voluntary organizations, but just as schools provide the ideal setting for reaching the majority of the youth population, so does the worksite setting provide an ideal locale for reaching a large percentage of the midlife population. Fortunately, corporate and/or industrial health education is becoming the norm instead of the unusual. It seems to be a matter primarily of adjustment for the occupational health educator to emphasize appropriate subject matter that meets the needs and interests of midlife employees contemplating retirement.

When formal health education programs are missing, the creativity of a traveling health educator can be used similar to the utilization of traveling school nurses by some school districts. Individual businesses can contract with a health educator to have a series of midlife retirement issues presented to interested employees over a designated period of time. A variety of health related activities are offered to employees with programs including smoking cessation, weight loss, screening programs, conducting health risk assessments, hypertension monitoring and control, programs to modify cardiovascular risk factors, seatbelt campaigns, stress management, the care and prevention of back pain, cholesterol reduction, exercise programs, and education in the broad area of health promotion. All of these topics are relevant and can be presented in such a way as to focus on midlife intervention for those employees who are beginning to contemplate retirement.

In Summary

The purpose of this article was to focus on and discuss factors that impact the aging process and to suggest here-and-now health education interventions that target individuals in midlife. Although health educators (particularly in worksite settings) are presently working with many in the middle-aged population, it is important that they design their interventions to fit within the context of the aging process.

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