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Inhibitors to exercise and health promotion programs for the older person with diabetes

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Abstract

Diabetes care incurs a high cost burden, and is one of the main geriatric syndromes along with its related complications. To effectively counter this, healthcare needs to be proactive in establishing exercise and health promotion programs that promote healthy and active ageing.

Keywords

person, inhibitors, exercise, promotion, older, programs, diabetes, health

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Inhibitors to exercise and health promotion programs for the older person with diabetes

Diabetes care incurs a high cost burden, and is one of the main geriatric syndromes along with its related complications. To effectively counter this, healthcare needs to be proactive in establishing exercise and health promotion programs that promote healthy and active ageing. Such programs targeting people with diabetes, who often have lower incomes, need to be mindful of and account for cost concerns and look to support participation by ensuring no or low cost programs that enable people to act on their internal drives for improved health and lifestyles.

Drawing on the lead authors PhD research, participants in the study expressed that their primary motivation to join and participate in an exercise and health promotion program was because the program was accessible. For participants, accessibility meant that it was *'free'*. These participants described that they were conscious of *'having to manage their money carefully'*. When a program is made accessible, as participants described it, this enabled them to act on internal drives, or an intrinsic motivation that had previously not been able to be acted upon due to cost.

Older people are often in a lower socioeconomic group and their lifestyle decisions are often effected by how much things cost (AIHW, 2007; American Psychologist Association, 2015). The Australian Institute for Health and Welfare (2007) record that in 2005–06, people aged 65–74 had a median gross household income of \$472 per week; those 75 years and over lived on an average of \$421 per week. These income levels are indicative of the high proportion of older Australians who are reliant, either fully or partially, on Age or Service pensions. Government pensions and allowances are the main source of income for most people aged 65 years and over in Australia (AIHW, 2007).

Due to such economic factors, older people will not engage in an exercise and health promotion program, no matter their level of motivation if they cannot afford it. Participants in the lead author's research spoke about many exercise programs being *'just too expensive'* and not affordable *'for people on our income'*, even though they described how it would be *'good for our diabetes'*. Therefore, eliminating issues associated with cost facilitates opportunity to be involved. Once cost is removed, personal motivation takes effect, according to participants in this research.

This cost motivation was also linked strongly with an enabling of their participation through being easily accessible – mostly by the program itself being *'free'* but also through facility access with easy parking and being on a free bus route that ran through the town. Previous research has shown perceived access to a facility is positively connected with initiation (and maintenance) of exercise and health promotion programs (Guicciardi et al., 2014; van Stralen et al., 2009). It suggests that in adults over the age of 50, environmental factors are particularly relevant to their sense of safety and therefore linked to their motivation to join exercise programs (Barrett, Plotnikoff, Courneya, & Raine, 2007; van Stralen et al., 2009).

It is hoped that consideration of these factors that inhibit older people engaging in exercise and health promotion programs will inform and ultimately contribute to how we provide and promote person-centred, accessible and effective future programs for people with diabetes.

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