

Do you expect to be healthy and active through your full lifespan? Most people answer yes to that question.

But when I ask audiences to stand and either remain standing or sit down based upon their answers to yes or no questions, surprising gaps emerge between what people are thinking, saying and actually doing about aging well.

Do you expect to be as strong and agile five years from now as you are today? Most people remain standing.

Do you strength train at least twice a week on a regular basis? About 70 percent of the audience sits down. That's a gap. Unless you're challenging your muscles regularly you can easily lose half your strength by age 70.

In the past two weeks, have you made a joking or serious reference to your physical performance being diminished by age, or to having a "senior moment" when forgetting a name or a fact? That question takes out the majority of those still standing.

After 10 questions, very few audience members (whether their ages are 40-plus or 80-plus) remain standing whose internalized expectations—thoughts, words and actions—are aligned for positive aging outcomes.

AGING SCRIPTS

Where do expectations come from? No one ages in a bubble. We age in families, in communities and in cultures. We learn about aging from our parents and grandparents, and our children learn about aging from us. Along the way, we either reject or internalize community and cultural "aging scripts."

In my case, both sets of grandparents retired in their 60s, then quickly grew bored and started over, pursuing new challenges into their 90s. So, remaining active and engaged regardless of age is one of my family's aging scripts.

Living in a community where it's common to see people of all ages downhill skiing and hiking mountain trails reinforces my positive aging expectations.

Unfortunately, negative aging scripts often overpower positive scripts. Many people celebrate older adults who smash stereotypes, but still believe that—for most of us, anyway—physical frailty is a "normal" part of aging.

Frailty is very common and predictable with age—but it's not normal. In one study, 100 nursing-home residents ages 72-98 doubled their strength after 10 weeks of strength training—demonstrating that frailty is preventable and even reversible.

Great news, right? Yes, but this landmark study was conducted in 1990, followed by hundreds of similar studies. Yet, physical frailty remains a leading cause of nursing-home admissions.

POSSIBILITY VERSUS PROBABILITY

What if the vast majority of people believed that aging with vitality was not only a possibility, but a probability? Consider the difference.

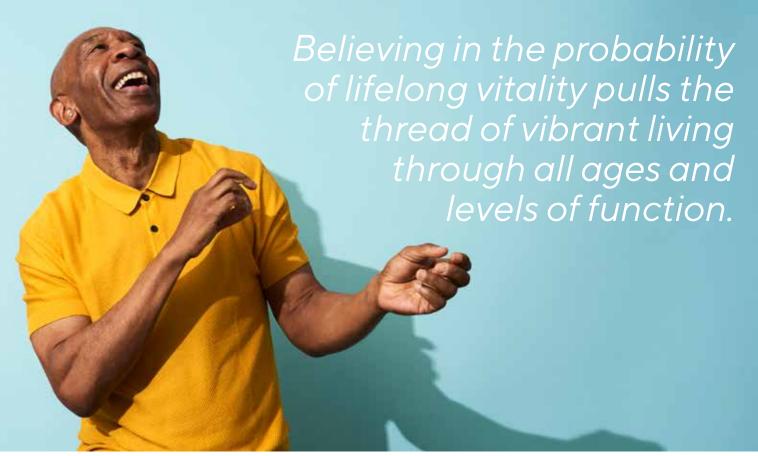
Possibility feels remote and infers lots of "ifs"—if you have great genetics, if you're super motivated and if you're lucky. Probability feels attainable.

Immersed in the probability of lifelong vitality, we wouldn't accept frailty as normal, nor would we respond to functional challenges differently based on age.

Currently, young people with functional challenges are given resources, tools and encouragement to overcome and live fully in spite of those challenges. They often accomplish amazing things as a result.

Yet, functionally challenged older adults are commonly only given resources and tools to <u>cope</u> with their challenges. Like possibility versus probability, there's a profoundly different mindset between overcoming and coping—resulting in profoundly different outcomes.

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TRANSFORMATION

Believing in the probability of lifelong vitality pulls the thread of vibrant living through all ages and levels of function.

This concept prompted me to write a 2009 article challenging the senior-housing industry: Instead of designing communities to "take care" of older adults, they could design "Centers of Elder-hood" where residents of all abilities collaborate on "purpose projects" for the broader community.

Rather than boasting of proximity to healthcare and activities that "give" meaning and purpose, these purpose-centered senior living centers would boast of proximity to community outreach opportunities such as schools.

They would be planned and built around an overarching purpose: environmental action, animal rescue, organic farming or children's issues such as hunger, bullying or foster care. Options are endless when focused on purpose and adaptive strategies that empower engagement.

The article struck a nerve. I received many positive letters, but also hate mail for suggesting that we "use the elderly" and for overestimating their capabilities.

I remain convinced that it doesn't take a high level of function to be a loving and calming presence for a frightened child in crisis, and that Centers of Elder-

hood known for tackling big community problems would transform cultural expectations of aging.

Senior living is evolving and pockets of true innovation exist—but the industry remains largely focused on providing services and care.

LEVERAGING CHANGE

There's more support than ever before to reframe or reclaim your aging experience! Positive aging movements such as Growing Bolder are igniting change—and taking personal responsibility for what you're thinking, saying and doing about aging well leverages that change.

Visit kayvannorman.com for the 10-point Ageism Questionnaire and other downloadable resources to help you create and activate your personal vitality plan.

Kay Van Norman, president of Brilliant Aging, is an internationally known author, writer and thought leader in healthy aging. Her passion is uncovering hidden barriers so that people can move from intending to age well into taking actions that will help ensure that they age well. Other passions are dancing and horseback riding. Kay created the Vitality Portfolio® model for making a vitality plan, balancing wellness, core, and functional assets, and making regular deposits for lifelong health. Visit kayvannorman.com for more information.

