Physical Activity for Older Adults

Lessons from the past
and opportunities for the future

NSW Falls Network Meeting

Pam Albany

NSW Department of Health

Acknowledgement: Deb Radvan
Overview of this session

- Some imperatives for a strategic approach
- Background to previous and current initiatives
  - Make a Move and Rural Falls
  - Ongoing local programs
  - Outlining new initiatives
Where does the effort need to go?

SA study – census data June 30, 2005
Persons aged 65+ years....

- 7% nursing homes
- 2% hospital
- 91% community
Utllising South Australia’s state health survey – who fell?

- 2% hospital
- 8% nursing home
- 90% community
Evidence

- Appropriate physical activity reduces fall incidence
- NSW Health survey suggests not enough older people are receiving adequate PA (150 minutes per week on 5 separate occasions.)
  
<table>
<thead>
<tr>
<th>Age</th>
<th>Female (%)</th>
<th>Male (%)</th>
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<tbody>
<tr>
<td>65-74</td>
<td>36.6%</td>
<td>56.6%</td>
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<tr>
<td>75+</td>
<td>27.7%</td>
<td>40.2%</td>
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- NSCCAHNS and SESIAHS highest
Make a Move and Rural Falls

• **Aims**
  ~ Physical activity opportunities for community-dwelling older people

• **Structure**
  ~ Collaborations across Area Health Services
Make a Move and Rural Falls

Make a Move
- Central Coast AHS
- Central Sydney AHS
- Northern Sydney AHS
- South Eastern Sydney AHS
- South Western Sydney AHS
- Western Sydney AHS

Rural Falls
- Greater Murray AHS
- Hunter AHS
- Illawarra AHS
- Macquarie AHS
- Mid-North Coast AHS
- Mid-West AHS
- New England AHS
- Northern Rivers AHS
- Southern AHS
- Wentworth AHS

Far West AHS not in either
# Make a Move and Rural Falls

<table>
<thead>
<tr>
<th>Make a Move</th>
<th>Rural Falls</th>
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<tbody>
<tr>
<td><strong>Context</strong></td>
<td>Relatively high number of existing PA groups for older people</td>
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<tr>
<td><strong>Focus</strong></td>
<td>Gap filling (groups) + communication strategies to increase participation</td>
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<tr>
<td><strong>Governance</strong></td>
<td>Relatively close Multiple committees Regular meetings</td>
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Make a Move and Rural Falls

• Despite differences, many common issues:
  ~ Appropriateness of activities for older people
  ~ Transport
  ~ Cost
  ~ How to sustainably keep track of activities
  ~ Leader accreditation and insurance …
Make a Move

Make a Move

It's never too late to start exercising.

For a free kit, call 8877 5353

EXERCISE REDUCES YOUR RISK OF A FALL INJURY
It increases your bone strength, flexibility and balance.
**Project aims**

1. Establishment of a collaborative management model.
2. Development and implementation of a communication strategy.
3. Enhancement of AHS-supported physical activity programs.
4. Development and implementation of strategies targeting older people from CALD communities.
1. Collaborative management model

- Primarily came from the Health Promotion Directors’ Network
- Model included:
  - Management committee
  - Communication subcommittee
  - Evaluation subcommittee
  - Injury prevention subcommittee (local delivery)
2. Communication strategies

• Included:
  ~ Media releases
  ~ Ads in local print media
  ~ Radio commercials with “Dr Harry”
  ~ Seniors Week promotional events
  ~ Community noticeboards
  ~ Hotline
  ~ Varied across different AHSs
2. Communication strategies

- Resources:
  - Posters
  - Local Service Directories
  - Fact sheets (in multiple languages)
  - Bookmarks
  - Carry bags
  - Fridge magnets
  - Drink coasters
3. Enhancement of local programs

- Partnerships with providers
- Funding for AHS-supported activities
- Training and up-skilling of leaders
- Piloting a physiotherapy referral process
4. CALD strategies

- Communication strategies targeting CALD
- CALD resources
- CALD media (eg radio stations)
- Language-specific hotlines
- Activities specifically for CALD groups
Results

• 2,929 people called the campaign inquiry hotlines in response to the media campaign
• 81 additional activities over 3 years
  ~ (428 in 2000 → 509 in 2003)
• 130 fitness leaders received training
Results

- Participation rates increased by 16%
  - 2000 = 5305 participants
  - 2003 = 6172 participants (+867)
  - 90% female
Results

• Results varied among Area Health Services.
• The collaborative management model used was somewhat effective, but had difficulties for the issue being addressed.
Resources are still available on-line

**Make a Move**
Falls prevention and the environment

**Know your risks and know what to do**

**Uneven footpaths**
Report any problems with footpaths or walkways to your local council. These may include broken footpaths, tree roots or rubbish in the street.

**Water spills in bathrooms and areas of shopping centres, cafes, and other buildings**
Report any spills to staff or centre management. If you have a fall, report it to management or staff.

**Poorly lit places**
Avoid poorly lit places. If street lighting is inadequate or damaged, contact the electricity company listed on your electricity bill. Ask them to repair any damage or consider putting extra lighting in your area.

**Stairs without handrails**
Take time to walk up and down stairs. If the area is in high use by the community (libraries, shopping centres etc) make a request to council to install a handrail.

**Exercise reduces your risk of a fall injury.**
It increases your bone strength, flexibility and balance. It’s never too late to start exercising.

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**a Move**
Medications and osteoporosis

**hat to do**

- Take your medications on time as instructed. Consult your pharmacist or your doctor about any side effects.

**and osteoporosis**

- Exercise reduces your risk of a fall injury. It increases your bone strength, flexibility and balance. It’s never too late to start exercising.

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**a Move**
Calcium and Vitamin D

**what to do**

- Eat a diet rich in calcium. Foods such as dairy products, leafy green vegetables, and salmon are good sources of calcium. If you are unsure about your calcium intake, speak to your doctor.

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For more information: Make a Move

- Paper in Health Promotion Journal of Australia
  ~ Gai Stackpool, April 2006 (Vol 17 No 1)
- Web sites:
  ~ Various reports and resources available via these sites
    NSW Health
    North Sydney
    [http://www.nsh.nsw.gov.au/HealthInfo/HealthProm/ProgProj/MakeMove/Index.htm](http://www.nsh.nsw.gov.au/HealthInfo/HealthProm/ProgProj/MakeMove/Index.htm)
Rural Falls

- Focus on increasing the access of older people to appropriate activities
  - Supporting the few we already had
  - Building more
  - Creating sustainability
Key planning information

- Population projections
  - Developed for NSW Health by Jerry Moller
  - Current population
  - Projected changes

- Service mapping
  - What have we got to work with?
  - Leaders willing to lead
  - Venues willing to host
  - CATI survey

Capacity to plan with minimal resources across a very large area
Planning Profiles
- Falls prevention evidence
- Local indicators (prevalence etc)
- Local activities and providers, as determined by a centrally-managed CATI
- All broken into SLA
- Data also provided on searchable database CD-ROM
- Delivered in interactive planning workshops in each AHS
Although we were unable to produce these actual maps at the time, this provides an idea of the data we provided.
Anticipated increase 1996-2016 (Mid-North Coast)
Baseline activities identified (Mid-North Coast)
Leader training

- 188 leaders trained
  - New
  - Retrained/accredited
  - Diversification
- Different styles
  - Tai Chi, HeartMoves, Accredited Gentle Exercise training through Fitness NSW
- 276 new groups formed
Leader support

- Building the skills of the group leaders
  - Older people’s health
  - Marketing
  - Insurance
  - Small business advice
  - Whatever needed!

Weekend training camp
Newcastle, Hunter Valley
Group support

- Equipment purchases
  - Reciprocal contracts to ensure ongoing delivery

Clive (above) and friends from the Wellington Physical Activity Network
Diversification

- Moving into new venues
  ~ Community based
- Targeting new people
- Introducing new activities

Swimming groups in southern NSW
Gentle exercise classes in senior citizens centres
For more information: Rural Falls

- Detailed report available
- Full planning profiles still available
  - Though some data now getting old, they will still provide insight to local issues
Some lessons learned (from both programs)

- Territorialism
  ~ Is this the domain of injury or physical activity?

- Sustainability
  ~ Mapping only lasts so long
  ~ Service Directories are quickly out of date
  ~ WHAT THEN?
Some lessons learned (from both programs)

• Group leaders need support
  ~ Especially in country areas
  ~ Networking between leaders is vital

• Health CANNOT provide groups
  ~ Not affordable nor sustainable
  ~ Therefore we need to support the private sector to do so → sustainable partnership programs
Why bother?

- Classic WIN-WIN situation

**The health system gets:**
- Delivery of prevention programs on a scale we simply cannot achieve.
- A clean and simple referral process for patients.

**Private providers get:**
- Health sector endorsement of their service
  - ADVERTISING → CUSTOMERS → STAY IN BUSINESS

**The public gets:**
- Referral and reassurance.
- Access to services not previously available.
Important program principles

- **Appropriate activities**
  - Improve balance, strength and mobility, fitness and bone density

- **Pre-set intensity**
  - Capped to maximum (important for referral process)

- **Qualified leaders**
  - Appropriate qualifications
  - Appropriate insurance
  - Leader Training should include a focus on managing the needs of older people
Important program principles

• Ongoing support for leaders
  ~ Ongoing training
  ~ Professional support eg mentors.

• Quality assurance
  ~ Inspections to check criteria met – notably intensity

• Prices capped
  ~ Equity issues
  ~ Older people’s attitudes to spending money
  ~ Price per service rather than annual memberships
The role of health

1. Facilitate professional networks for leaders
   ~ Ongoing communication, coordination and professional development opportunities.
   ~ In rural areas in particular, this has been found to be vital to keeping individual leaders engaged and in business.
   ~ It also gives Health the necessary opportunity to ensure quality and safety standards are met.
The role of health

2. Provide “badging” for endorsement
   ~ Marketing considerations
   ~ Convey health sector endorsement of activities
   ~ Helpful for other health professionals eg doctors
   ~ Several badges already exist
The role of health

3. Simplify the referral process
   ~ Maintain a database of endorsed activities
   ~ Provide information in appropriate formats:
     • 1800 numbers for the public
     • Websites or links to existing software packages for health professionals
Our next steps......

- Develop a new, short term training both for providers and trainers of providers.
  - Accreditation
  - Insurance cover
- Recruit new leaders – AHS’s and Netball NSW
- Establish a data base of accredited fitness leaders (Fitness Australia)
Establish 1800 number – Ambulance service
- Call back capacity
- Qualified advice about PA
- Postal service of accredited activities by SLA

Market the 1800 number – focus on function
- Local newspapers
- Radio
- GP’s