



HUNTER NEW ENGLAND
NSW HEALTH

Our vision: Healthier communities, Excellence in healthcare

Our values: Teamwork, Honesty, Respect, Ethical, Excellence, Caring, Commitment, Courage

Building access to appropriate physical activity in HNE

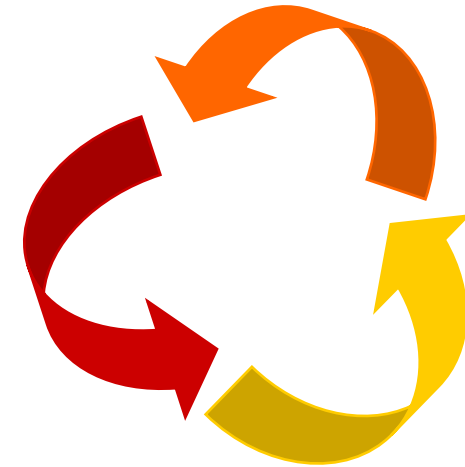
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Today's presentation...

- Falls in the community
- Preventing fall injury through physical activity
- Participation in physical activity among older people
- The recipe for successful physical activity programs
- HNE Health strategies

Falls in the community

- About **one-third** of older people living independently in the community have **at least one fall a year**
- Falls can result in a cycle of:
 - minor/major injury
 - lost confidence
 - reduced mobility
 - fear of future falls
 - reduced physical activity levels
 - reduced quality of life
 - future falls
 - need for a higher level of care (eg. residential aged care)



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Preventing fall injuries

- NSW Health Management Policy to Reduce Fall Injury Among Older People (2003-2007)

*“The basis for the prevention of fall injury is the maintenance of **strength** and **balance**, minimisation of **major diseases** such as cardiovascular disease, neurological damage and diabetes and the creation of an appropriate **environment**.”*

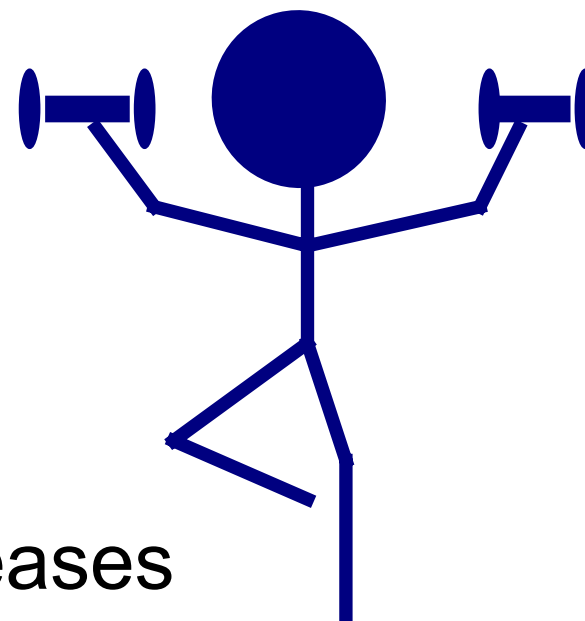
- Regular physical activity decreases an older person’s mobility loss by 40%



Physical activity & falls prevention

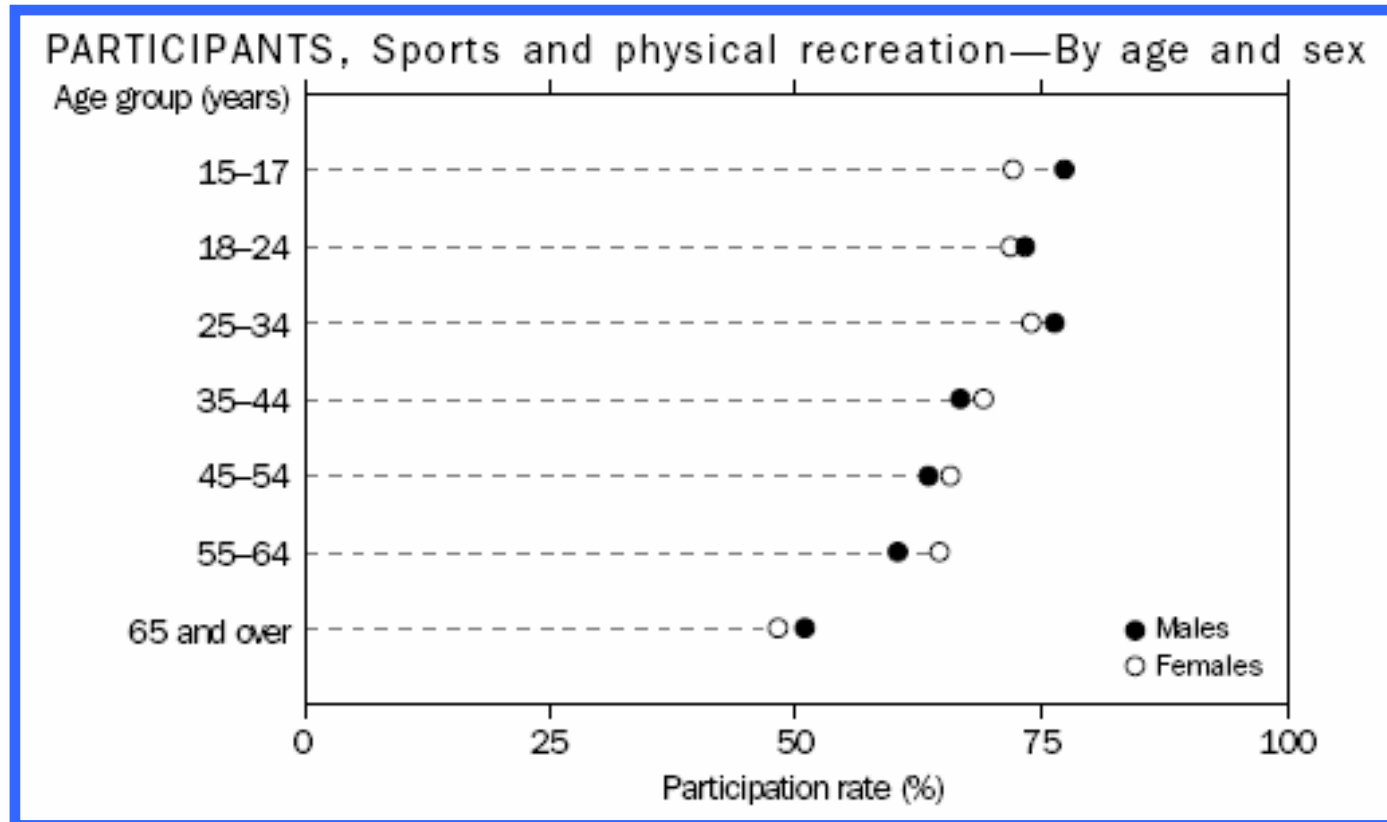
- Physical activity is protective against falls/ fall injuries by:

- ↑ balance
- ↑ muscle strength
- ↑ flexibility
- ↑ general fitness
- ↓ risk of chronic diseases



Participation in physical activity

- Decrease in physical activity with age



ABS (2007) Participation in Sports and Physical Recreation.

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Participation in physical activity

- **WHAT** activities do older people currently undertake?

	55-64 years of age	65+ years of age
Aerobics/fitness	7.6%	5.4%
Walking for exercise	34.8%	29.1%
Golf	8.6%	5.4%
Lawn bowls	2.9%	5.6%
Swimming	6.1%	4.2%

Participation in physical activity

- **WHY** do older people participate in physical activity?

	55-64 years of age	65+ years of age
Health / fitness	34.1%	36.1%
Well-being	17.5%	17.3%
Enjoyment	20.8%	21.6%
Social / family	11.0%	13.3%

Participation in physical activity

- **WHY** don't older people participate in physical activity?

	55-64 years of age	65+ years of age
Age / too old	22.2%	54.8%
Ongoing injury/ illness	22.3%	21.0%
Not interested	16.8%	9.1%
Insufficient time due to work	15.6%	2.0%

Successful programs

- Program content:
 - balance and strength components
 - safe and tailored to individual ability
- Program delivery:
 - group or individual
 - conducted by accredited and insured fitness leader



Successful programs

- Settings:
 - must be accessible and appropriate
 - may include:
 - fitness centres
 - community halls
 - registered clubs
 - community health centres

- Other essentials:
 - affordable (<\$10), flexible payment options
 - social component



Fall injury prevention in HNE

- Guided by the HNE Implementation Plan 2007-2010
 - Prevention and early intervention strategies are a priority for older people living independently in the community
- Community Working Party
- Population Health leadership of community-based physical activity strategies

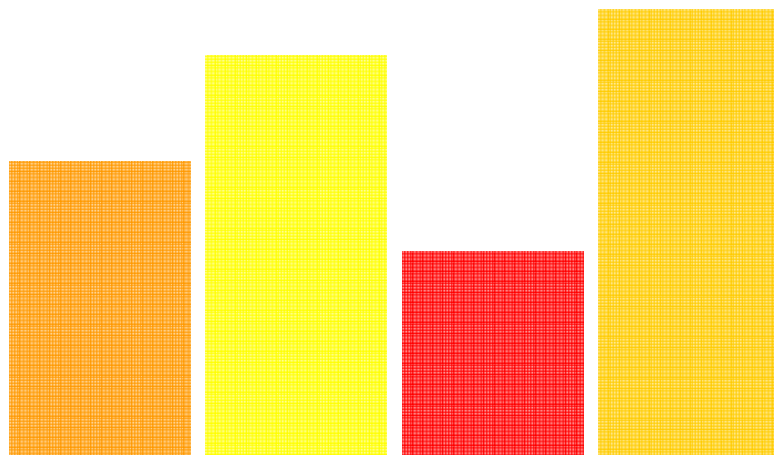


Program aims

- Increase resistance to fall injury by:
 - Improving the availability of **programs** that focus on balance and strength for adults 50+ years of age
 - Working with key partners (eg. local government) to ensure safe public **environments** for older people to participate in self-directed physical activity

Program strategies

- Audit and map availability of physical activity programs for older people across the HNE
 - Identify effective programs
 - Identify programs with potential for enhancement
 - Identify gaps (geographically, by population group)



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Program strategies

- Increase availability of appropriate physical activity programs by:
 - **promoting** existing older person programs
 - **enhancing** ability of existing “general” physical activity providers to provide older person’s classes
 - **creating** new fitness leaders and programs

Program strategies

- Improve viability of programs by:
 - improving **referral** to programs from AHS facilities/GPs
 - scoping current referral process and barriers in survey of HNE facilities (April 2008)
 - encouraging **professional support/network** for fitness leaders
 - provision of fitness leader training that includes **business skills**

Program strategies

- Work with local government and others to create **environments** that encourage physical activity
 - walking-friendly street design (eg grid)
 - urban planning that encourages walking (eg mixed land use, co-location of facilities)
 - footpaths that are shaded, aesthetically appealing and safe
 - green space/recreational facilities
 - safe access to public facilities and recreation settings

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