Activating the physical activity recommendations for older Australians

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- Department of Health & Ageing
Background

• Less than half of older Australians do enough physical activity to produce a health benefit

• Department of Health and Ageing

• Endorsed and launched 2009
Definitions

- The US National Institutes of Health Consensus Statement

- Physical activity
  - ‘any bodily movement produced by skeletal muscles that requires energy expenditure and produces progressive health benefits’ (pg 3).

- Older people
  - 65+ years
  - Aboriginal and Torres Strait Islanders 55+ years
Recommendation 1 (evidence level I)

Older people should do physical activity, no matter what their age, weight, health problems or abilities.

• Never too old!
Recommendation 2 (evidence level II)

Older people should be active every day in as many ways as possible, doing a range of physical activities that incorporate fitness, strength and balance.

• Endurance/fitness
• Strength training
• Balance, mobility and flexibility
Recommendation 3 (evidence level I)

Older people should *accumulate* at least 30 minutes of moderate intensity physical activity on most, preferably all, days.

“What fits your busy schedule better, exercising 30 minutes a day or being dead 24 hours a day?”
Recommendation 4 (evidence level IV)

Older people who have stopped involvement in physical activity for more than several weeks, or who are starting a new physical activity, should start at a level that is easily manageable and gradually build up the amount, type and frequency of activity.
Recommendation 5 (evidence level IV)

Older people who have enjoyed a lifetime of vigorous physical activity should maintain vigorous physical activity into later life.
US guidelines on physical activity for adults

- A **minimum** of 30 minutes moderate intensity physical activity five days per week

OR

- Vigorous activity for 20 minutes three times per week

AND

- Muscle-strengthening activity

AND FOR OLDER PEOPLE

- Flexibility, balance, and activity plans

http://circ.ahajournals.org/cgi/reprint/116/9/1094
Dissemination

- Consumers
- Providers

Local, state and national level
Using the Recommendations in Practice

- **Local**
  - Healthy Ageing Quiz

- **State**
  - Go For Your Life
  - Active Ageing Network

- **National**
  - National Partnership Agreement on Preventive Health
Translation of research into practice

1. Problem analysis
   – diagnostic analysis of the target group and the implementation setting
     > process mapping
     > ask key informants about barriers and enablers to implementation
     > quantifiable measures

Translation of research into practice

2. Implementation mapping
   - Specify objectives
   - Work with key stakeholders to design a suitable implementation intervention
   - Assess implementation strategies for:
     > acceptability,
     > face validity,
     > reliability,
     > generalisability and
     > cost effectiveness
Translation of research into practice

3. Implementation and evaluation
   – map barriers onto performance objectives
   – design program and pre-test
   – monitor process and impact
## Intervention matrix

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Intervention objective</th>
<th>Outcome measure</th>
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<tbody>
<tr>
<td>Lack of awareness</td>
<td></td>
<td></td>
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<tr>
<td>Lack of clarity about referral process</td>
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</tbody>
</table>

**Performance objective**

- HP explains to older person: Provide HP with information
- HP refers to health coach: HP given modified referral form

- HP interview
- Referral audit
Access further details

DoHA

NARI
www.nari.unimelb.edu.au

HARU
www.med.monash.edu.au/sphc/haru/