



guidelines

Promoting physical activity with older people

ACTIVE for **LIFE**



ACKNOWLEDGEMENTS

The HEA wishes to thank the following people for their support and advice in the compilation of this document: Joyce Abbatt (commissioned author), Loraine Ashton (HEA Adviser on Older people), Alison Brookes, Kim Buxton, Mima Cattan, Adrian Coggins, Nikki Coghill, Dianne Crone-Grant, Leslie Douglas, Sue Drew, Angela Gabb, Debra Hall, Phil Olding, Pat Osborne, Kate Salmon, Kate Sheldon.

CONTENTS

Introduction	
Who is this guide for?	2
Why is this guide needed?	3
How should this guide be used?	3
1 Making the case for promoting physical activity with older people	
1.1 What do we mean by older people?	4
1.2 Why older people?	4
1.3 What type of physical activity should be promoted?	6
2 Preparation for planning	
2.1 The target audience	7
2.2 Overcoming barriers to participation	9
2.3 Key local partner agencies	10
2.4 Training	10
2.5 Principles of working with older people	11
2.6 Availability of funds	11
3 Working with other organisations	
3.1 Developing a strategy	13
3.2 Promoting policy change	14
3.3 Stimulating the activities of organisations	15
4 Planning and implementing physical activity interventions	
4.1 Objectives	16
4.2 Indicators	17
4.3 Choosing settings	17
4.4 Types of physical activity	18
4.5 Communication and Publicity	18
Appendices	
Appendix 1	Examples of initiatives
Appendix 2	Local agents and their potential contribution to the promotion of physical activity with older people
Appendix 3	<i>References</i>



INTRODUCTION

Who is this guide for?

This guide is aimed primarily at the statutory and voluntary sector and related agencies who are currently working with, or for, older people. They may or may not already be working in the area of physical activity. They may directly provide, or have the potential to provide opportunities for older people; or they may have a more strategic co-ordinating role in working with these agencies which provide services or facilities. In some cases, an individual or agency may have both providing and co-ordinating roles.

This guide highlights ways in which these individuals or agencies can encourage the promotion of physical activity to contribute towards improvements in the health of people aged over 50.

Why is this guide needed?

This guide has been designed to help a range of people working at a local level who are planning *ACTIVE* for LIFE activities that target older people aged 50+.

The promotion of physical activity is a relatively new area with regard to the health needs of older people. Consequently, those involved in promoting physical activity, and those working with older people may have limited experience, training and resources to help them develop their work.

The *ACTIVE* for LIFE campaign provides an opportunity to take forward work with older people as a result of:

- *the development of the new physical activity message – that thirty minutes of moderate intensity activity five times a week will bring significant health benefits – a realistic and appropriate message to take to older people*
- *a 3-year campaign which focuses on older people as a specific target group*
- *growing awareness of demographic changes in society and the economic consequences of a large, increasingly inactive, proportion of the population.*

New approaches, new partners and new settings will need to be found at local level in order to encourage older people to participate. This guide aims to assist this process by:

- *making the case for promoting physical activity with older people*
- *suggesting methods of working*
- *describing examples from practice*
- *providing information about available resources.*

How should this guide be used?

You may read the whole of this guide or select those areas which are appropriate to your current situation. Some suggestions are made below.

- **Winning resources and support** *You may wish to argue the case for new or additional resources for promoting physical activity for older people. The relevant data is primarily in Section One.*
- **Considering the issues** *Before you decide what initiatives to implement, you may wish to consider briefly some of the key issues surrounding the area of physical activity and older people. The relevant data is primarily in Section Two.*
- **Developing or expanding local strategies** *You may wish to develop a strategy in your locality which co-ordinates the work of other agencies, groups and individuals with an interest in the health of older people. Section Three highlights some of these issues.*
- **Planning single, small interventions** *You may wish to implement a single, smaller intervention. Section Four provides a planning framework for this.*
- **Finding out about resources, projects, national programmes** *The appendices contain examples of practice (Appendix One) and a more detailed list of local agencies and organisations who could play a part in and support your activities (Appendix Two).*

This guide should be used in conjunction with other *ACTIVE* for LIFE campaign documents, including the campaign resource pack, the Agencies guide and the Action Pack.



Section one

MAKING THE CASE FOR PROMOTING PHYSICAL ACTIVITY WITH OLDER PEOPLE

1. What do we mean by older people?

Traditionally older people were defined as those of retirement age or more. This definition has become too restricted in the face of changing work patterns and the growing appreciation of the benefits of physical activity taken earlier in older life. As a means of examining the needs of older people, the *ACTIVE for LIFE* campaign and this guide define 'older' as anyone over the age of 50 years. The age of 50 is a point at which the benefits of taking regular moderate physical activity become increasingly important in avoiding, reducing or reversing much of the physical, psychological and social deterioration which often accompanies advancing age. "These beneficial effects apply to most individuals regardless of health status and/or disease state" (World Health Organisation 1996).

1.2 Why older people?

It is true that most people would benefit from increased activity levels, so why focus on older people?

- **We have an ageing population** *The proportion of older people in the population is increasing rapidly, particularly those over 85. In a typical district, 30% of the population is likely to be over the age of 50. By the year 2000, people aged 45 and over will account for 50% of the population. The size of this age group alone argues that attention should be paid to their physical activity needs.*

- **Older people are less active**
 - *Three out of ten men (33%) and four out of ten women (38%) aged between 55 and 74 years are sedentary (i.e. participate in less than half an hour of moderate intensity physical activity a week), compared with about a quarter (23% of men and 24% of women) of all adults (HEA 1995b).*
 - *29% of men and about a fifth of women (21%), aged between 55 and 74 years participate in recommended levels of physical activity (i.e. at least 30 minutes of moderate physical activity on at least five occasions a week), compared with two fifths (41%) of men and nearly a third of women (32%) overall (HEA 1995b).*
 - *Eight out of ten adults (77% of men and 80% of women) aged between 55 and 74 years participate in at least one 1-2 mile walk at any pace, in a four week period. However, only about one fifth (21% of men and 18% of women), walked at a pace which would benefit their health, (i.e. described their walking pace as either 'fairly brisk or fast') (HEA 1995b).*
- **Fitness levels are low**
 - *Almost one third of men and more than half of women aged 55 to 74 years would find walking at a normal pace on level ground impossible to sustain (Allied Dunbar National Fitness Survey 1992).*
 - *Nearly a third (30%) of men and half of women aged between 65 and 74 do not have sufficient muscular strength around the thigh to rise easily from a low chair (Allied Dunbar National Fitness Survey 1992).*
 - *Amongst women aged over 55 years, only half have sufficient leg power to climb stairs easily (Allied Dunbar National Fitness Survey 1992).*
- **The potential health benefits are substantial** *The benefits of being active are substantial for both the individual and society. Promotion of physical activity can play a significant role in efforts to achieve Health of the Nation targets in CHD reduction, as well as accident prevention and mental health promotion.*

Keeping physically active as we grow older can help to ameliorate, or even reverse, many of the effects of ageing. Muscle strength, power, endurance and flexibility decrease with age, but maintaining healthy levels of activity can help to reduce these declines (Young 1994). An active lifestyle in advancing years has been found to be beneficial in improving muscular-skeletal function and strength which in turn helps prevent falls and maintain independence for daily living (Blair 1992).

Physical activity has an enormous range of potential health benefits, many of which are particularly relevant for older people.

Main physical health benefits *Increased levels of physical activity can assist in:*

- *the reduction in risk of coronary heart disease and stroke*
- *the prevention or control of high blood pressure*
- *the prevention of osteoporosis*
- *the improvement of joint mobility and muscle strength*
- *weight control*
- *the reduction in accidental falls*
- *improving general cardiovascular fitness and function*
- *the reduction in risk of diabetes (type II).*

Regular physical activity may also help to reduce the risk of cancer of the colon

In addition to its physiological effects, participating in physical activity can have a number of important effects in terms of psycho-social health, as well as broader effects on society.

Main psycho-social health benefits *Participation in physical activity by older people can assist in:*

- *the improvement of self-esteem and confidence*
- *increased opportunities for socialising and reducing isolation and loneliness*
- *increased capacity to remain independent*
- *enhanced feeling of worth of older people.*

Main benefits for society *Society can also benefit from a more active older population through:*

- *a reduction in demand on health and social services*
- *more positive images of older people and their value to society*
- *increased contribution to society and the economy by older people.*

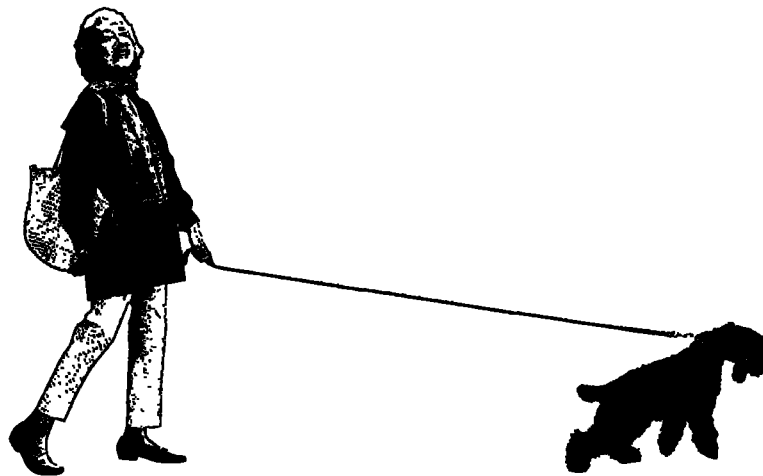
1.3 What type of physical activity should be promoted?

Ideally, people should aim to take part in physical activity of a moderate intensity (like a brisk walk) for half an hour, on five days of the week or more. This is the level that has been found to have significant benefits to health (Moving On, 1994).

While this is the ideal recommendation, it should be borne in mind that any activity is better than none, and people should be encouraged to start at a level of activity with which they are comfortable. This may even be 10-15 minute bouts of activity to begin with. The greatest relative health gain comes from encouraging a sedentary person to begin being a little more active. The key to achieving and maintaining a more active lifestyle is for older people to participate in activities which they enjoy and which can easily be incorporated into their lifestyle. Moderate activities such as brisk walking, swimming, social dancing, climbing stairs, cycling, heavy DIY, gardening or housework are ideal.

To benefit health, physical activity should be at an intensity that raises the heartrate sufficiently to leave the individual breathing more heavily than usual, and feeling warmer. For people who have not been used to activity, this could be achieved with walking at quite a slow pace, while for others it is usually more akin to a brisk walk. A good test of intensity is the talk test. If you are too puffed to talk comfortably with someone while being active, you are probably doing more vigorous level activity, and should reduce the intensity.

Many older people may find even a 10 minute walk beyond their functional ability. In such circumstances it is more appropriate to encourage specific activities to help to improve mobility and muscular strength. This type of exercise will often require specialist instruction and supervision from a trained practitioner (see Section Two). Generally, as people grow older, joint mobility and muscle strengthening exercise becomes increasingly important to maintain optimal functional capacity and avoid or reduce the physical deterioration which is often associated with advancing years.



Section two
PREPARATION FOR PLANNING

Making a start

There are some key issues to consider before you plan what you can do to promote physical activity for older people. Appropriate types of physical activity and the key messages are described in Section One. This section focuses on issues surrounding the target audience, training and the potential role of key agencies and organisations.

2.1 The target audience

It will be helpful to define the physical activity and health needs of older people more closely in order to aid the planning of activities. A range of variables relating to the needs of older people can be explored to help plan and shape programmes. Different approaches will be needed according to where the target population lies along the following continua:

Active	Inactive
Having a health problem	No health problem
Interested	Not interested
'Young' old	'Old' old
Independent	Dependent on others

Active or inactive?

Older people who are currently active, regardless of age, need encouragement and information on **maintaining** and/or increasing activity levels. Efforts at local level could include:

- *ensuring that there is no loss of existing opportunities*
- *reassurance that there is public and professional approval for older people continuing to participate*
- *the encouragement of positive local media responses and images of active older people.*

Regardless of age, those who are inactive need encouragement to **increase** their activity levels through a change in physical activity behaviour.

Specific health problem or no specific health problem?

Older people **with** a specific health problem e.g. CHD, osteoporosis, stroke, obesity, will benefit from interventions designed specifically to improve their condition or minimise the impact of any disability.

For older people without a health problem, interventions can help to focus on the range of activities which could help to protect against, or reduce the impact of, future health problems.

Interested or not interested?

Older people will have differing levels of interest in participating in physical activity. This interest will be shaped by a variety of factors including:

- **earlier experiences** – *may have shaped attitudes to health, old age and physical activity*
- **living environment** – *may be urban or rural, tower block, house or residential accommodation/ nursing home. Accommodation can effect access and individual ability with regard to physical activity*
- **gender** – *men and women have different attitudes to physical activity, particularly post-retirement*
- **ethnic origin and culture** – *different cultures have diverse approaches to physical activity*
- **self-image** – *many older people see getting older as part of a natural decline in capacity and increase in disability*
- **employment** – *in employment or not employed. This may affect the amount of time and energy available.*

'Young' old or 'Old' old?

Initiatives for the 'young' old may focus on improving and maintaining cardiovascular health. For the 'old' old, emphasis may be more appropriately placed on the maintenance of balance mobility and strength, although cardiovascular health will still be important in sustaining functional capacity.

Independent or Dependent on others?

Many people enjoy independence and mobility throughout their life. For others the number of 'disability free days' enjoyed in later life may decline and consequently the opportunity to be physically active may require support from others such as family and carers.

2.2 Overcoming barriers to participation

Those planning activities and programmes will need to be aware of the many barriers older people can face and seek ways of overcoming them:

- **poor knowledge of the benefits of physical activity** *Older people often associate physical activity with weight control but have less knowledge about the specific benefits of moderate physical activity. Their knowledge about the amount of physical activity needed to trigger benefits is also low.*
- **attitudes of older people to physical activity** *A decline in physical and social functioning is largely accepted as inevitable by older people. Older people tend to be more concerned about a decline in mental capacity. Remaining mentally active and maintaining a positive outlook is of higher priority than improving physical capacity.*
- **attitudes and knowledge of professionals** *There may be a lack of awareness amongst many of those who work with older people of the benefits of participation in physical activity by older people. Further, professionals are often not aware of current developments concerning the health issues of older people.*
- **access to people with skills and experience** *Health professionals generally have a basic knowledge of the physiological benefits of physical activity but may be unaware of others with specific experience and knowledge of promoting physical activity with older people.*
- **the negative image of old age** *Old age can be portrayed as a time in life to be feared. Media publicity about older people often features the relationship between age and the burden of escalating costs of residential and nursing care. Pictures of older people shivering beside one bar of an electric fire in winter have supported this negative image. The use of positive images portraying older people engaged in and enjoying physical activity is important.*
- **low awareness of active leisure opportunities** *More imaginative and appropriate methods of marketing and promoting physical activity to older people need to be explored in order to reach this population group and raise awareness of existing and new opportunities.*
- **older people and physical activity – on whose agenda?** *The HEA national campaign ACTIVE for LIFE and its promotional activities provide an exciting opportunity to raise the profile of the physical activity related health needs of people. This will contribute towards a greater understanding and awareness, and assist in gaining the wider support of policy makers, professionals, media and older people themselves.*

2.3 Key local partner agencies

At local level there are a number of individuals, groups and organisations who have the potential to play a part in the promotion of physical activity for older people. Whilst there are already examples of existing working partnerships there is a need for local agencies to re-examine their potential for collaboration.

The people and areas with whom you can work often overlap in their remit and interest. The following may be helpful in defining some of these areas and interests:

- *workplaces, occupational health, pre-retirement groups, adult education can provide access to target groups inside and outside employment*
- *environmental agencies can influence provision of safe physical activity environments through transport policies, road safety schemes, community planning*
- *voluntary sector, including network groups of older people, offer direct contact with the target group and an understanding of their differing needs, as well as access to local groups, organisations and venues*
- *accident prevention agencies – including social services, primary health care, voluntary sector, trauma clinics, transport and planning and those in health promotion with an interest in preventing falls*
- *leisure, recreation and the fitness industry offer access to facilities and trained instructors and leaders*
- *social services, including caring and mental health services, offer access to the target group and opportunities for adapting contracts of care*
- *residential homes and sheltered accommodation provide opportunities for one to one work*
- *primary health care can identify those with special needs and those at risk and provide counselling approaches*
- *hospital geriatric wards and nursing homes can provide access to the target group.*

Appendix Two lists local agencies and their potential contribution to the promotion of physical activity with older people.

2.4 Training related to the teaching of health-related physical activity with older people

The provision of appropriate training for all those involved in teaching physical activity to older people is an essential feature of the planning and preparation phases of schemes and interventions. There are a limited range of courses run through different training providers – colleges, universities, commercial training organisations, local authorities and national governing bodies of sport. However this is a relatively new area of development and co-ordinators will need to consider carefully the relative strengths, assessment procedures, certification as well as course content of the different schemes that are currently available.

Some training courses that consider the needs of frail older people have been developed. Safety aspects and appropriate activities for older people are essential components of such courses as well as the physiology and psychology of exercise and how it relates to older people.

As an alternative to a college-based or national course, a local training course could be developed. This might be one of the benefits arising from a district strategy.

Complementary organisations may work together so that staff in the different organisations can learn from each other. For example, exercise class teachers, staff in swimming baths or sports facilities might work with staff in residential homes or social services to share experiences.

Certainly new programmes of services or projects should not be introduced until the staff involved have acquired the necessary skills and an understanding of the needs of older people.

2.5 Principles of working with older people

There are some general principles such as equity and coherence which underpin work with any specific target group. Besides applying these general principles, implementers and co-ordinators of physical activity for older people need to:

- *provide opportunities which combine fun and socialising with physical activity. Initiatives aimed at promoting physical activity for older people are more likely to be effective and sustainable if psycho-social needs are the **primary focus***
- *involve older people in the planning, implementation and evaluation of opportunities*
- *address the specific physical activity and health needs of the different groups within the overall target group*
- *address the political, social and economic barriers which influence the capacity of older people to participate in physical activity.*

2.6 Availability of funds

Many of those seeking to provide programmes for older people will be working within a health or local authority framework of commissioning and purchasing. Advice concerning the inclusion of physical activity in this process is included in the HEA publication Promoting Physical Activity – Guidance for Commissioners, Purchasers and Providers (see Appendix Three).

Sources of funding may also be found from the budgets of the various statutory agencies within the locality. Other sources include local and national industries, charities, the National Lottery, regeneration funds and participants themselves.

Additional resources may well be identified from other areas. The range of potential partner agencies outlined earlier in this section illustrates the number of key local agencies with a potential interest in the physical activity related health needs of older people who themselves may be able to identify additional sources of funding.



Section three

WORKING WITH OTHER ORGANISATIONS

Sections One and Two have discussed the background to the actions you might take to promote physical activity amongst older people. Broadly you may act by working with and through other organisations or you may work by influencing change by planning smaller, single interventions.

This Section discusses the first approach whilst Section Four explains how you may plan and implement physical activity interventions.

It is clear that many organisations are, or potentially could be, involved in promoting physical activity with older people. These organisations should work in co-ordinated and complementary ways in order to maximise the benefit resulting from their work. This Section explains three main ways in which you might work with a range of organisations. These are:

- *developing a local strategy e.g. physical activity or accident prevention*
- *promoting policy changes e.g. transport, leisure*
- *stimulating the activities of organisations e.g. the local branch of a voluntary sector organisation.*

3.1 Developing a strategy

The purpose and advantage of developing a strategy for promoting physical activity with older people is to mobilise resources and to ensure co-ordination of the many organisations which can work in this area.

An effectively implemented local strategy will lead to:

- *organisations being aware of the unique and important role that they can play in promoting physical activity for older people*
- *fewer gaps in the provision of services or activities, less overlap in such provision and more importantly, greater cohesion and continuity between this provision for older people*
- *clearer priorities and targets towards which all relevant organisations can work*
- *systematic evaluation of progress and a review of how resources can be used most effectively.*

A strategy will normally apply to a geographic or administrative area. The strategy will influence the work of the various organisations whose work affects the physical activity habits of older people living in that area. Therefore it is appropriate for representatives of these organisations to prepare the strategy. It may be useful for these organisations to form an alliance which has the responsibility of formulating and then supporting the agreed strategy. Ideally, older people themselves will play an important part in the development of such a strategy.

What should a strategy include?

The strategy will be defined in a strategy document. There are no fixed rules for what this document should include, but it will be useful to consider inclusion of the following:

- *a statement of the rationale*
- *a summary of the potential benefits of physical activity to the health of older people based on research findings*
- *a summary of the particular benefits for older people in the locality using evidence and information from local research*
- *a summary of the relevance and importance of the promotion of physical activity for older people for each of the partner agencies involved*
- *a summary of national guidelines*
- *a statement of principles which should underpin the strategy (when working with older people)*
- *a description of the aims and objectives of the strategy which are specific and measurable*
- *an implementation plan including an indication of the timescale required*
- *a list of partners and contact addresses*
- *a glossary of terms used and key references.*

Examples of strategies are included in Appendix One.

A more detailed consideration of the process of strategic development to increase physical activity is included in the HEA publication 'Promoting Physical Activity – Guidance for Commissioners, Purchasers and Providers' (see Appendix Three). This document also includes information on effective monitoring, review and evaluation of projects and initiatives.

3.2 Promoting policy change

The extent to which older people engage in physical activity can be influenced by the policies of a whole range of organisations – some of which may have no direct remit for physical activity or direct involvement with older people. For example, local transport policies may strongly influence the extent to which older people can have access to facilities for physical activity.

Therefore, it is important that policies are influenced, shaped and adapted wherever feasible, so that they can support physical activity for older people.

Examples of policies where change may be appropriate

- **local health policies** – *are physical activity programmes for older people commissioned and provided? Planning, housing and environmental policies – are the physical activity needs of older people taken into account by provision of appropriate facilities with safe access?*
- **transport policies** – *is ease of access for older people considered?*
- **leisure and sports policies** – *is participation accessible, affordable and encouraged?*
- **social services policies** – *is the promotion of physical activity incorporated into contracts of care in residential and nursing accommodation?*
- **hospital policies** – *is there a structured link between geriatric wards, trauma clinics, physiotherapy departments etc. and community providers to support continuing physical activity?*
- **private residential and nursing home policies** – *are older residents encouraged or discouraged to take part in regular physical activity?*
- **sports and private fitness clubs** – *are older people targeted and encouraged to participate e.g. through provision of senior classes, veterans groups or sections?*
- **local media policies** – *are positive images of older people promoted in the local press, on the radio and TV?*
- **primary health care policies** – *is there a structured link between GPs and primary health care teams to support older people to improve their levels of physical activity?*

How can you encourage policy change?

There is probably rather little that an individual can do to change the policies of organisations. However, if there is some kind of strategy document or alliance of concerned organisations which advocates policy change, then a request to change or adapt carries much greater authority.

An example of how a group of concerned organisations was able to influence the residential homes inspection policies of a Social Services Department is provided by Shuttleworth, Bedfordshire and included in Appendix One.

Evaluating policy change

Evaluation of policy change primarily involves finding out whether the policies of the various organisations have in fact changed. This part of the evaluation leads to decisions about where priorities lie for advocacy with organisations which have not changed their policies.

The second aspect is to evaluate the impact of the policy change. This is much more difficult. Usually it will be the role of the organisations which have changed their policies to obtain the relevant data and reach decisions. However, it may be useful for an alliance or other partnership to enquire whether the organisations have such data and are willing to make it available.

3.3 Stimulating the activities of organisations

A further way of working with organisations is by stimulating them to undertake new activities that will promote physical activity with older people.

This stimulation can be done in the following ways:

- *organisations which are primarily concerned with **physical activity** can be encouraged to extend their work to include older people*
- *organisations which are primarily concerned with **older people** can be encouraged to include promotion of physical activity in their activities and programmes*
- *appropriate training can be offered for the staff of these organisations so that they have the skills needed in their expanded programmes of work*
- *organisations can be invited to join alliances or partnerships for promoting physical activity with older people. This may include jointly preparing proposals for funding an expanded range of services or facilities, or establishing an older peoples' health forum.*

An example, promoting "Flexercise for Fun" describes how training and equipment was offered as a means of increasing opportunities for physical activity for older people and is included in Appendix One.

One particular group of organisations which might be stimulated is the local media. The aim would be to encourage them to promote a more positive and active image of older people and to be less ageist by refraining from including the age of people in their reports. You could do this by inviting them to events, sending regular press releases and advertising on local radio and in local papers. Additional information on working with the media is included in the 'Action Pack' in the *ACTIVE* for LIFE campaign pack.



Section four

PLANNING AND IMPLEMENTING PHYSICAL ACTIVITY INTERVENTIONS

This section is intended as a guide to the ways in which organisations and individuals could adjust their plans and programmes to promote physical activity with older people. The kinds of organisations considered are those which directly implement services or provide facilities for physical activity for older people. The organisations may be statutory agencies, private sector agencies, charities or smaller scale self-help groups.

These organisations may respond to the needs of older people by adapting or expanding existing services or programmes of work which continue indefinitely. Alternatively, they may introduce new projects or pilot schemes.

Whichever type of organisation is involved, the issues below should be considered.

4.1 Objectives

The starting point for a project, or a change to a continuing programme, is to decide on the objectives of the project or change. This will involve defining the types and number of older people who will be affected and the type of physical activity in which they will engage. The objectives may also state the anticipated health or social benefit which the physical activity can be expected to yield.

Objectives should be consistent with any local strategy for physical activity, and should complement the objectives of other organisations in the locality. They should also be consistent with the remit and purpose of the organisation concerned.

4.2 Indicators

An indicator is rather like a road sign which shows whether you are on the right road, how far you have travelled and how far you still have to go to reach your destination or objective. Indicators are essentially a restatement of the objectives (or some aspect of the objectives) in easily measurable terms.

There are many kinds of indicators. Indicators relevant to programmes to increase physical activity levels are:

- **indicators of availability** – *for example, the number of opportunities for regular physical activity available*
- **indicators of accessibility** – *these show whether what exists (e.g. swimming pools, walks and open spaces) is actually within reach of those who need it*
- **indicators of utilisation** – *these show whether something that has been made available is being used for that purpose, e.g. Passport to Leisure Schemes for Older People*
- **indicators of coverage** – *these show what proportion of those who could benefit from something are receiving it, e.g. people receiving rehabilitation post stroke*
- **indicators of quality** – *these show the quality or standard of something, e.g. the number of qualified staff engaged in conducting physical activity sessions.*

4.3 Choosing settings

A setting is a point of access to people as well as a place where initiatives can take place. Initiatives to promote physical activity will be able to utilise some existing settings but there will also be a need to be imaginative and develop new ways to reach older people, e.g. through local voluntary sector and community groups.

Existing settings

- *primary health care*
- *community-based (e.g. halls, school facilities)*
- *local environment (walks, cycle paths)*
- *sports and leisure facilities.*

New settings

- *residential/nursing homes, day care centres, sheltered accommodation/hospitals (trauma clinics, physiotherapy and occupational therapy departments, wards)*
- *the home*
- *workplace for pre-retirement education and post-retirement use of social and sports facilities*
- *garden centres*
- *churches, temples*
- *local clubs, e.g. bowls, carpet bowls*
- *private fitness facilities*
- *carers' groups.*

Key criteria for determining settings:

Is the setting:

- *acceptable to older people?*
- *accessible to older people?*
- *affordable for older people?*
- *safe for older people?*

4.4 Types of physical activity

For older people, careful thought is needed to select the most appropriate types of physical activity (see Section One). Activities such as regular brisk walking and swimming as well as more conventional sports and recreational activities are certainly appropriate for many older people who are already active. Other groups of older people may benefit from different kinds of physical activity. For example, physical activity may be added to existing popular activities which are primarily social, or specific programmes designed for those with particular and special needs.

Appropriate activities are those which:

- **meet the specific needs of older people.** *These should be planned in close consultation with older people themselves, perhaps begin with a focus on **social/mental health**, or specific health conditions.*
- **take account of the current physical activity recommendations for older people.** *The current recommendation of 5 x 30 minutes per week of moderate activity may need to be tailored to meet the capabilities of the target group. In addition activities might include specific strength and mobility exercise where appropriate.*
- **take place in a “safe” and supportive environment.** *Apart from minimising any risks of physical injury, the environment must provide older people with confidence and avoid feelings of embarrassment. Some activities will also require appropriate and safe supervision.*

4.5 Communication and publicity

The objective of the programme or project may be to increase awareness of the benefits of physical activity and to encourage older people to independently increase their levels of physical activity. Alternatively, communication and publicity may be used to increase awareness of specific opportunities, facilities and activities that already exist for older people.

In either case the channels of communication used should be those which older people already use. These channels can be determined by talking with older people and will probably include:

- *local papers, magazines and radio, pensioners newsletters*
- *local public transport*
- *places of work*
- *shop windows and local pharmacies*
- *local promotional events*
- *health care and social service professionals - surgeries and health centres*
- *local libraries, DSS offices and Post Offices*
- *voluntary organisations, pre-retirement groups and social clubs*
- *talking with friends, family carers and neighbours.*

APPENDIX ONE

Examples of initiatives promoting physical activity for older people

Examples of physical activity strategies

“Get Active in Bedfordshire” Contact: Health Promotion Agency, Gilbert Hitchcock House, 21 Kimbolton Road, Bedford, MK40 2AW. Tel: 01234355122.

“Take Part in Herts” Contact: Hertfordshire Health Promotion, Gate House, Fretherne Road, Welwyn Garden City, Hertfordshire, AL8 6RD. Tel: 01707 390865.

Example of an Accident Prevention Strategy for Older People

North Tyneside and Newcastle Contact: Mima Cattan, Health Promotion Department, Unit 21, Albion House, Albion Road, North Shields, NE29 0DW. Tel: 0191 296 4479.

“I Shall Wear Purple” – a one day conference, Shuttleworth, Bedfordshire

190 people attended a conference to discover new ways in which residential care, nursing homes and sheltered accommodation can create an environment which provides opportunities for residents to make more stimulating use of leisure time, including participation in physical activity.

The Conference Report made eight recommendations to the Joint Planning Team for older people and a major outcome was the proposed monitoring of provision of activity. The Assistant Director, Direct Services, responded, “Whilst some Officers-in-Charge have tried to ensure a range of activities is available, others have not. I think it is a very practical idea that the inspection board are asked to include activities in their inspection reports and I am sure this will help us identify more clearly those homes that are falling behind.”

Details from: Pat Osborn, Health Promotion Specialist – Older People, Beds. Health Promotion Agency, Gilbert Hitchcock House, 21 Kimbolton Road, Bedford, MK40 2AW. Tel: 01234 792054.

Project: Flexercise for Fun, Somerset

This project, run and funded by Mendip District Council, aims to provide elderly people in nursing, residential, sheltered and day care centres with the opportunity to participate in physical activity. More specifically, the project provides workshops to train carers to become activity leaders and provides support to establish “Flexercise” sessions for elderly people in the different settings.

The whole initiative is free for participants. In addition there is free loan of equipment and free on-going support, workshops and seminars.

The project started with a pilot phase in 1993, moved on to Phase 1 (1994-96) for five towns and is currently in Phase 2 with follow-up and finding of new contacts. Approximately 25 homes regularly do “Flexercise” sessions with 250 elderly people participating.

Lessons learned so far include the need to provide on-going support to homes such as visits, workshops and networking. Further, using equipment and making it fun are important for motivating the elderly.

Details from: Diane Crone-Grant, Leisure Health Promotion Officer, Mendip District Council, Cannards Grave Road, Shepton Mallet, Somerset. Tel: 01749 343399.

Project: Accident Prevention, Exercise and Older People

In North Tyneside, a multi-disciplinary Accident Prevention Group for Older People was established in 1994 with the aims of identifying and implementing programmes to reduce mortality and morbidity from accidental injury and developing a joint accident prevention strategy.

The first step was to conduct a survey of reported and unreported accidents involving a cross section of the population over 65 in North Tyneside between 27th October and November 6th, 1994. Over 80% of the reported accidents were falls. The results of that survey formed the basis for the Accident Prevention and Older People Seminar in May, 1995.

The Seminar proposed a 12 month exercise programme for older people in Howdon Community Centre to be conducted by an LAY tutor. The programme started in April, 1996 and will run until March, 1997.

Funding of approximately £6,700 comes from City Challenge Funds and Newcastle and North Tyneside Health Authority. Partners in the initiative are the Health Promotion Department, Healthy Hearts (North Tyneside), Howdon Community Centre and North Tyneside Pensioners' Association.

It is too soon to draw on any lessons learned but a mid-term review and report will be available in October, 1996.

Details from: Mima Cattan, Health Promotion Department, Unit 21, Albion House, Albion Road, North Shields, NE29 0DW.
Tel: 0191 296 4479.

Project: Accident Prevention Strategy for Older People, North Tyneside and Newcastle

One of the aims of the Accident Prevention Group for Older People was the development of an Accident Prevention Strategy. This development is currently taking place and involves a wide variety of partners – Health Promotion Department, Local Authority, North Tyneside Health Care (Healthy Hearts and Elderly Services), Age Concern, Alzheimers Disease Society, the Pensioners' Association, Health Authority, older volunteers.

The draft of the strategy is not due until October, 1996. However, some lessons have already been learned. Firstly, it is important to create and build on activities whilst developing a strategy; and secondly, it is crucial that older people are involved.

Documents currently available are: a survey of exercise provision, programme outline, conference report, accident survey report

Details from: Ian Miller (HP Officer), Health Promotion Department, Unit 21, Albion House, Albion Road, North Shields, NE29 0DW Tel: 0191 223 2830

Project: Ageing Well Lifestyle, Devon

Since autumn 1993 Age Concern, Devon, has used Senior Health Mentors to help meet the needs of lonely, isolated or depressed older people living in rural areas of east Devon. The Mentors refer older people, especially bereaved and single older people, to opportunities for social interaction and exercise; provide information and advice through a weekly pop-in; encourage healthy eating at various luncheon clubs and restaurants and offer a befriending service.

Funding was obtained for this 3 year pilot project from the Department of Health and Age Concern, England. Other sponsorship has come from HEA, P.P.P. Ltd., Merck, Sharp and Dohme. Further funding to operate on a part-time basis has been received from Littlewoods Lotteries.

Main lesson learned is the need to evaluate continuously to ensure that needs are being met. An evaluation report is available at £5.00.

Details from: Ann Palmer, Project Manager, Age Concern, 44 The Quay, Exeter, Devon, EX2 4AN. Tel: 01392 50085.

Project: Prime Time Club, West Cumbria

This project has been running since 1992 and aims to encourage the over 50s to be physically active through provision of information and identification of a range of physical activity opportunities at a reasonable cost. The project operates in sports centres in Allerdale and Copeland in West Cumbria.

Organisations involved in running the project are Age Concern (North West Cumbria), Copeland Borough Council, Allerdale District Council and North Cumbria Health Development Unit.

The initiative has led to increased usage of the sports centres as well as the development of new groups for walking and cycling. Age Concern has held an *Active for Life* briefing session for all its club leaders.

Lessons learned include the importance of creating ownership of the initiative by involving others; the benefits of building on what already exists locally i.e. leisure and community centre activities and the need to establish at an early date who will take administrative responsibility.

Details from: Elaine Tudor, Health Dept., Workington Infirmary, Infirmary Road, Workington, Cumbria, CA14 2UN. Tel: 01900 602244.

Project: Frame of Mind, Bedfordshire

This project started in 1993 and aims to promote physical activity in older people as fun, social events as well as contribute towards the implementation of the Bedfordshire Accident Prevention Strategy and the Bedfordshire Get Active Policy.

The project is peer-group led and currently consists of 60 men and women attending for limbering, line, tap and creative dance. Extra incentive is engendered by the groups giving shows in the community at public events and in club, hospital and residential homes settings. There were 10 shows given in 1995.

Frame of Mind groups have built up a county-wide reputation for excellent performances and the project has resulted in an increase in membership and number of groups; self-reported improved social contact, well-being and sense of purpose. A "vidco" history shows improved mobility and balance in members.

Details from: Patricia Osborn, Health Promotion Specialist – Older People, Beds. Health Promotion Agency, Gilbert Hitchcock House, 21 Kimbolton Road, Bedford, MK40 2AW. Tel. 01234 327427 ext 3466.

Project: Fear of Falling, North Wiltshire

The effect of a Mobility Programme on Perceived Health and Fear of Falling.

This project looked at the effect of a mobility programme on the perceived physical, emotional and social health status of older people and the risk of and fear of falling, both inside and outside the home. It targeted men and women between the ages of 65-80 years.

Details from Nikki Coghill, Senior Health Promotion Specialist, Bath Health Promotion Unit, Bath NHS House, Newbridge Mill, Bath, BA1 3QE Tel: 01225 825680.

Project: Wealden Vintage Sports, East Sussex

The aim of this scheme is to encourage physical activity with people 60+, promoting preventative health measures with older people being involved in the planning and development. A survey of residents in Wealden (East Sussex) sheltered accommodation, identified an interest in activities such as short mat bowls, EXTEND exercise, indoor golf, and organised swimming trips. As a result, activities are being set up in 23 sheltered housing complexes.

The scheme is coordinated by a volunteer and extended through a modified scheme within the CCPR Community Sports Leaders Award for other volunteers from sheltered housing who will then promote and develop the project.

The project received initial funding from Wealden District Council, the local Health Authority and support from Age Concern East Sussex.

Details from Stephanie Wadlow, Wealden District Council, Council House, Pine Grove, Crowborough, East Sussex, TN6 1DH. Tel: 01323 443263, and **Katie Salmon**, Health Promotion Department, East Sussex, Brighton & Hove Health Authority, Avenue House, The Avenue, Eastbourne, East Sussex, BN21 3XY. Tel. 01323 430004.

Project: Life on the move armchair exercise training, Calderdale

The training scheme targets people working with elderly people who have limited mobility and operates through Age Concern Day Centres and other centres providing sheltered housing accommodation in Calderdale, West Yorkshire. The scheme is operated by a partnership between Calderdale leisure services, Calderdale NHS Trust Physiotherapy department and Calderdale Health Promotion Unit.

To date, the scheme has trained over 60 people in a variety of community settings and the training is also used in conjunction with LAY schemes.

Details from Louisa Horner, Leisure in Action, Leisure Services, Calderdale Sports Stadium, The Shea, Shaw Hill, Halifax, HX1 2YT. Tel: 01422 330383

APPENDIX TWO

Local agents and their potential contribution to the promotion of physical activity for older people

AREA OF EXPERTISE	AGENT/AGENCY	POTENTIAL CONTRIBUTION
HEALTH	District Health Authority Family Health Services Authority (Or combined as a Health Commission)	Commissions/purchases programmes and services which promote physical activity
	DHA Director of Public Health	Assesses needs for the promotion of physical activity, selecting appropriate measures
	DHA Specialist in Health Promotion or Health Promotion Purchasing Manager	Commissions programmes and services which promote physical activity Monitors and reviews provision
	FHSA Primary Health Care Facilitator	Enables and audits GP physical activity schemes e.g. exercise prescription
	General Practice (GP/Practice Nurse)	Develops/participates in GP Referral Schemes GP counselling/advice schemes Direct health centre provision Data collection on patients' physical activity
	NHS Acute Hospital Trust or Directly Managed Unit Hospital Consultant	Cardiac stroke and rehabilitation incorporating physical activity Programmes to prevent osteoporosis
	NHS Community Services Trust or Directly Managed Unit Consultant Psychiatrist	Prescription of physical activity for mental health/stress problems
	DHA or NHS Community Trust or Directly Managed Unit Health promotion Manager/Officer	Co-ordination and implementation of local physical activity promotion strategy/programmes
	NHS Acute and Community Trusts or Directly Managed Unit Health visitor/community nurse/physiotherapist	Counselling and advice to families and individuals – referral schemes General health education to patients including health education on physical activity
	SPORTS AND LEISURE	Local Authority Leisure Services
Schools Local Sports (Advisory) council		Sports Leadership schemes/Coaching Awards; network and association of local clubs; festivals and promotions
Local sports clubs Commercial Leisure Services		Provision of facilities; new opportunities; training of leaders and coaches Focus for training & competitions; access to facilities, new opportunities for participation
SOCIAL CARE		County Council or Metropolitan Authority Social Services Voluntary sector Age concern, MIND, Women's Institutes, Salvation Army etc.
EDUCATION/ INFORMATION	Libraries Further Education colleges/Universities	Provision and display of information Facilities and clubs, training courses
WORKPLACE	Occupational health service	Fitness testing, Sports and Social Clubs, pre-retirement classes
LAW AND ORDER	Police Prison Service	Safety, accident prevention, rehabilitation, access to prison recreational facilities by public
ENVIRONMENT	County Council Transport and and Highways Department Local Authority Planning Department Housing Departments Local Authority Environmental Health Home Safety Departments Voluntary and independent organisations and groups	Transport and Environmental Policy Cycle paths, lighting and safety, traffic calming and management schemes; play areas, access to countryside, public open space, public paths, rights of way, planning gain; pocket parks, urban parks. Health and safety, health education Lobbying for, development and maintenance of conducive environments – cycle ways and footpaths, open spaces
MEDIA	Local press and radio	Publicity; promotion of positive image of older person; development of home-based activities via radio
LOCAL KNOWLEDGE	Older people themselves	Access to groups and individuals; knowledge of preferences

APPENDIX THREE

References

Allied Dunbar National Fitness Survey (1992). Sports Council and Health Education Authority. London: Health Education Authority

Blair, S.N. et al (1992). How much Physical Activity is good for health? *Annual Review of Public Health* 13; 92-126

Moving On (1994). International perspectives on promoting physical activity. London: Health Education Authority

HEA (1995a). *Promoting Physical Activity – Guidance for Commissions Purchasers and Providers* London: Health Education Authority

HEA (1995b). Physical Activity Panel Survey. Health Education Authority (unpublished). London: Health Education Authority

World Health Organisation (1996). The Heidelberg Guidelines for Promoting Physical Activity among Older Persons (final draft – unpublished). World Health Organisation: Geneva Switzerland

Young, A., Dinan, S. (1994). Fitness for Older People. *British Medical Journal* 309; 331-34



Health Education Authority
Hamilton House Mabledon Place London WC1H 9TX

