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Advancing the dissemination of the physical activity recommendations for older Australians


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43rd AAG National Conference, 17-19 November, 2010, Hobart

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Acknowledgements


- Public Health Division, National Ageing Research Institute: Jane Sims, Keith Hill, Sue Hunt and Betty Haralambous.
- Expert Advisory Group members: Annette Brown, Lisa Engel, Nancy Huang, Ngaire Kerse and Marcia Ory.
- Department of Health & Ageing

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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



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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


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Recommendation 1 (evidence level I)

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

- Never too old!





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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.

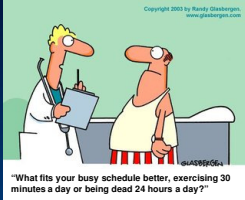
- Endurance/fitness
- Strength training
- Balance, mobility and flexibility




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Recommendation 3 (evidence level I)

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





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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.




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Recommendation 5 (evidence level IV)



Older people who have enjoyed a lifetime of vigorous physical activity should maintain vigorous physical activity into later life.

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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


Reference: Nelson M et al 2007 Physical activity and public health in older adults: Recommendation from the American College of Sports Medicine and the American Heart Association. *Circulation* 116 (9): 1094-1105
<http://circ.ahajournals.org/cgi/reprint/116/9/1094>

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Dissemination


- Consumers
- Providers


Local, state and national level

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Using the Recommendations in Practice

- **Local**
 - Healthy Ageing Quiz
- **State**
 - Go For Your Life
 - Active Ageing Network
- **National**
 - National Partnership Agreement on Preventive Health




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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


van Bokhoven MA, Kok G, van der Weijden T. Designing a quality improvement intervention: a systematic approach. Qual Saf Health Care 2003; 12: 215-220

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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

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Translation of research into practice

3. Implementation and evaluation

- map barriers onto performance objectives
- design program and pre-test
- monitor process and impact

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Intervention matrix

| | Barrier | | |
|------------------------------|-------------------------------|--|------------------------|
| | Lack of awareness | Lack of clarity about referral process | |
| | <i>Intervention objective</i> | | <i>Outcome measure</i> |
| <i>Performance objective</i> | | | |
| HP explains to older person | Provide HP with information | | HP interview |
| HP refers to health coach | | HP given modified referral form | Referral audit |

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Access further details

DoHA
health.gov.au/internet/main/Content.nsf/Content/phd-physical-rec-older-guidelines

NARI
nari.unimelb.edu.au

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

