

Guidelines on the promotion of physical activity with older people.

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Guidelines on the promotion of physical activity with older people.

Introduction.

A wealth of new evidence has become available which further strengthens the case for the promotion of physical activity for health with older people. Moreover, recent changes in health and social care policy have served to highlight the potential of physical activity to contribute towards improvements in independent living, quality of life for older people and the concept of Active Ageing.

The exercise sciences have provided us with greater insight into our understanding of the benefits of physical activity for the older person. Further research highlights increasing evidence of effective interventions. Consequently, there is a need to communicate such additional learning to health professionals and other stakeholders so that this information can be used to underpin future work with evidence based recommendations for practice,

These guidelines have been drafted with the purpose of highlighting

- (a) Current guidance on appropriate physical activity recommendations for the older person
- (b) Guidance on translating evidence on promoting physical activity with older people into practice

These guidelines have been drafted to assist the work of those in the position to promote physical activity and well being with all older people. They are not intended to provide exercise recommendations relating to specific diseases and conditions associated with ageing or on exercise prescriptions for individuals. Sources of such recommendations are included in the appendices to this document and included in the revised Active for Later life Resource.

The full document can be found at www.bhfactive.org.uk

1. Guidelines on Population wide interventions

These recommendations relate to a range of community and population wide interventions (including environmental (e.g. Building design, Urban environment, natural environment, policy and transport) that are associated with promoting physical activity among older people. They relate to what is often described as ecological models of health promotion which examine the interaction and influence of physical and socio-cultural environments upon health. These suggest that the environment can both restrict and encourage individual and population behaviours by promoting and demanding certain actions.

There is limited research into population wide interventions relating to physical activity and older people. Reviews of multiple studies show that a variety of environmental variables are associated with physical activity in children and adults (and possibly by inference also related to older people). However, the evidence suggests an association or correlation between such environmental factors and physical activity rather than high level evidence.

More recently the National Institute for Health and Clinical Excellence has published guidance on Physical Activity and the Environment which makes six key recommendations although these apply to the promotion of physical activity to all population groups and not just older people. Consequently these guidelines provide general principles as well as recommendations relating to:-

Transport	Urban environment and neighbourhood design
The natural environment and supportive environments	Policy development
Building design	Media and communications campaigns

2. Guidelines on community or locality based interventions

Community and locality based physical activity programmes for older people may take many forms ranging from the introduction of a city wide walking programme to the establishing of a village based peer health mentor or leadership programme. Most commonly they target new participants and are often (though not always) time limited and also draw upon the skills of a number of local partner organisations.

From design to completion, there are a number of **key components** essential to success and the following highlights evidence of best practice.

Component	Recommendation	Comment/question
1. Time for programme design and planning	Allow sufficient planning and development time for the intervention.	
2. Developing the partnership	Develop a partnership infrastructure and collaborative working.	
3. Engage and involve participant groups	Engage and involve participants and community groups in needs analysis and planning.	
4. Audit all opportunities and resources	Undertake a thorough audit and review the knowledge and skills required at the planning stage and address gaps and weaknesses	

5. Marketing and promotion.	Develop a marketing and promotion strategy tailored to group	
6. Availability of activity choices	Ensure physical activity choices are available to participants	
7. Building support strategies	Ensure that strategies are in place to support those making the change towards becoming active	
8. Exit routes	8. Have planned exit routes in place for participants at the start of the intervention.	
9. Monitoring and support through change	Ensure that there are systems in place to monitor the progress of a programme	
10. Planning for evaluation and data collection	Establish how the success of the intervention will be measured at the outset and put in place the necessary monitoring and evaluation framework.	
11. Programme sustainability.	Develop a guide to programme sustainability and survival.	

3. Guidelines on 1 to 1 interventions

Introduction

A range of people may be in a position to provide such advice for a range of reasons e.g. practice nurses and GPs, senior health mentors on befriending schemes, providers of day care centres, managers of sheltered and supported living schemes, health and care professionals in residential care and nursing homes, community health practitioners such as community physiotherapists or community nurses. Advice may be offered in a variety of ways including: planned and structured counselling and lifestyle advice programmes, referrals and recommendations provided within a health or care setting and informal visiting and befriending schemes.

From design to completion, there are a number of **key components** essential to success and the following highlights evidence of best practice.

Component	Recommendation	Comment/question
1. Educating participants	Employ the use of a health educator and use an extended consultation time	
2. Extended consultation time	Make use of extended consultation and educational time	

3. Assess the problem areas	Assess the potential problem areas as the starting point in addressing behaviour change	
4 Readiness to change	Assess readiness to change of potential participants	
5. Agree programme/activity goals	Both the older person and the professional should agree the goals of a programme	
6. Address barriers to physical activity	Recognise and acknowledge social and environmental barriers to physical activity	
7. Action planning	Draw up a tailored action plan that specifies activity and potential lifestyle changes and adjustments	
8. Choice of activities	Ensure a choice and range of accessible local activities, including lifestyle activities	
9. Educational materials	Provide supplementary educational materials	
10. Ensure that support strategies are in place.	Ensure that there is systematic follow-up and support over a period of time.	

4. Guidance on Physical Activity and Exercise Programme Planning

These guidelines are designed for use by organisers, teachers and leaders of programmes for older people as part of a class or group. NB. These guidelines are not designed to provide specific advice on exercise prescription. (e.g. frequency, intensity, time and mode).

Such recommendations relate to the needs, interests and functional abilities of the individual and will vary according to exercise history and individual risk factors and are the function of exercise teachers and training programmes and other guidelines e.g. American College of Sports Medicine. From design to completion, there are a number of **key components** essential to success and the following are drawn from evidence of best practice.

Component	Recommendation	Comment/question
1. Make a good start and overcome the barriers	Determine the individual level of function and readiness to join a programme	
2. Involve participants in the process	Consult with (potential) participants on programming and organisation	
3. Ensure opportunities are accessible	Consider location, transport, timing, cost	

4. Induction session	Provide an appropriate induction experience to prepare participants	
5. Undertake an assessment of needs	Pre-screening/assessment should include enquiring about medical background, medication and pre-existing health conditions.	
6. Good quality Leadership	Establish a friendly and mutually respectful style of communication between participant and leader.	
7. Individual goal setting and progression	Encourage participants to set their own programme goals and realistic targets appropriate for their function and current lifestyle	
8. Develop identity, belonging and ownership	Create a friendly, enjoyable and welcoming group atmosphere avoiding "exclusive" relationships	

9. Recognise achievement and progress	Ensure steady progression, particularly in the early stages and ensure early achievement (no matter how small) is recognised.	
10. Educate participants	Provide additional educational opportunities in programmes such as visiting speakers and other health topics and "home alone" activity	
11. Support strategies	Build social support strategies for participants e.g. social events and buddies	
12. Exit routes and opportunities for change	Provide appropriate 'exit routes' to other exercise opportunities should a programme close or individual needs (and/or) interests change	