



Living Longer, but not necessarily Living Better: physical activity patterns in older Australians

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Content of presentation

- Physical activity in Australia
- Production of physical activity recommendations for older people
- National survey data trends
- Dissemination and implementation
 - Preventive Health Strategy
 - Translation of Research into Practice
- Future directions

National Health Survey (2007-2008)

Proportion (%) of persons walking for exercise in last two weeks

| | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ |
|--------------------------|-------|-------|-------|-------|-------|-------|------|
| Walked for exercise | 41.2 | 49.2 | 48.7 | 51.3 | 50.6 | 50.9 | 35.7 |
| Didn't walk for exercise | 58.8 | 50.8 | 51.3 | 48.7 | 49.4 | 49.1 | 64.3 |



National Health Survey (2007-2008)

BMI, Proportion (%) of Persons

18-24 25-34 35-44 45-54 55-64 65-74 75+

| | | | | | | | |
|---------------|-------|-------|-------|-------|-------|-------|-------|
| Underweight | 5.4 | 2.7 | *1.3 | *1.0 | *0.6 | *0.8 | *1.8 |
| Normal weight | 57.3 | 43.7 | 35.8 | 31.1 | 27.9 | 24.1 | 33.4 |
| Overweight | 24.3 | 34.8 | 38.2 | 39.8 | 37.4 | 43.5 | 41.8 |
| Obese | 13.0 | 18.8 | 24.6 | 28.0 | 34.1 | 31.6 | 23.0 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

Figures exclude those for whom height and weight not measured

** Standard error of estimate 25-55% so interpret with caution*



Context

< 50% older Australians do enough physical activity to produce a health benefit

Department of Health and Ageing:

- Healthy Ageing Strategy
- Be Active Australia: A Health Sector Framework for Action 2005-2010
- National Obesity Taskforce (2005)



- **Scoping**
- **Literature review**
- **Formulation of recommendations**
- **Refinement/consultation with stakeholders**
- **Finalisation of recommendations**
- **Launched 2009**



**Five
recommendations**



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



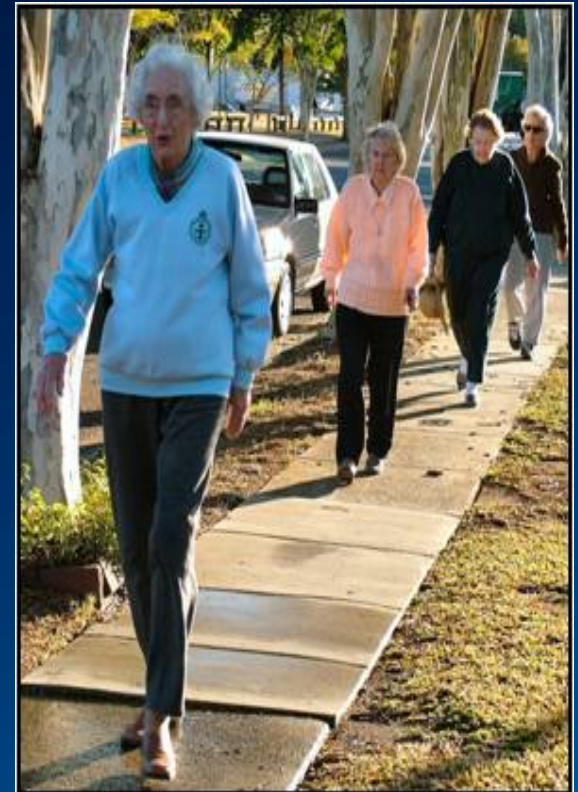
Recommendation 3 (evidence level I)

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



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**

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>

Proportion physically active (AHS 2012)

| | 55-64 | 65-74 | 75 plus |
|------------------|-------------|-------------|-------------|
| MEN | | | |
| Sedentary | 37.7 | 38.9 | 46.1 |
| Low | 29.6 | 29.8 | 30.0 |
| Medium | 25.1 | np | np |
| High | 7.6 | np | np |
| WOMEN | | | |
| Sedentary | 36.6 | 41.7 | 65.6 |
| Low | 37.4 | 32.2 | 22.5 |
| Medium | 20.9 | np | np |
| High | 4.9 | np | np |

np not available for publication but included in totals where applicable, unless otherwise indicated

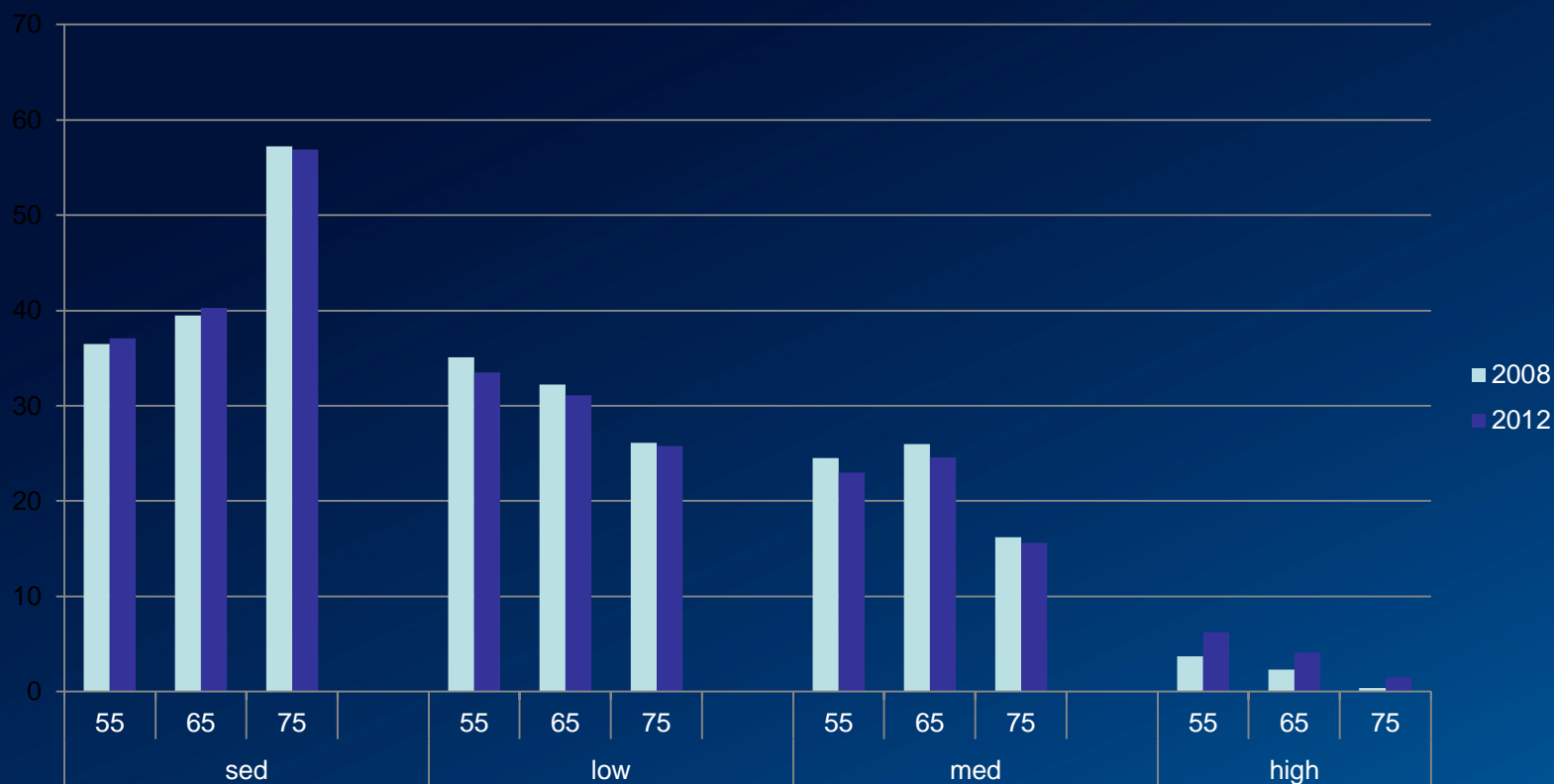
Proportion physically active 2008-2012

| | 2008 | | | 2012 | | |
|-----------|-------|-------|-------|-------|-------|------|
| | 55-64 | 65-74 | 75+ | 55-64 | 65-74 | 75+ |
| Sedentary | 36.5 | 39.5 | 57.2 | 37.1 | 40.3 | 56.9 |
| Low | 35.1 | 32.2 | 26.1 | 33.5 | 31.1 | 25.8 |
| Moderate | 24.5 | 26.0 | 16.2 | 23.0 | 24.6 | 15.6 |
| High | 3.7 | 2.3 | **0.4 | 6.2 | 4.1 | *1.5 |

* estimate has a relative standard error of 25% to 50%; ** >50%



Physical activity patterns 2008-2012



Logic model for physical activity promotion

Awareness



Knowledge



Beliefs



Intention



Action



Maintenance



Health benefits



Dissemination

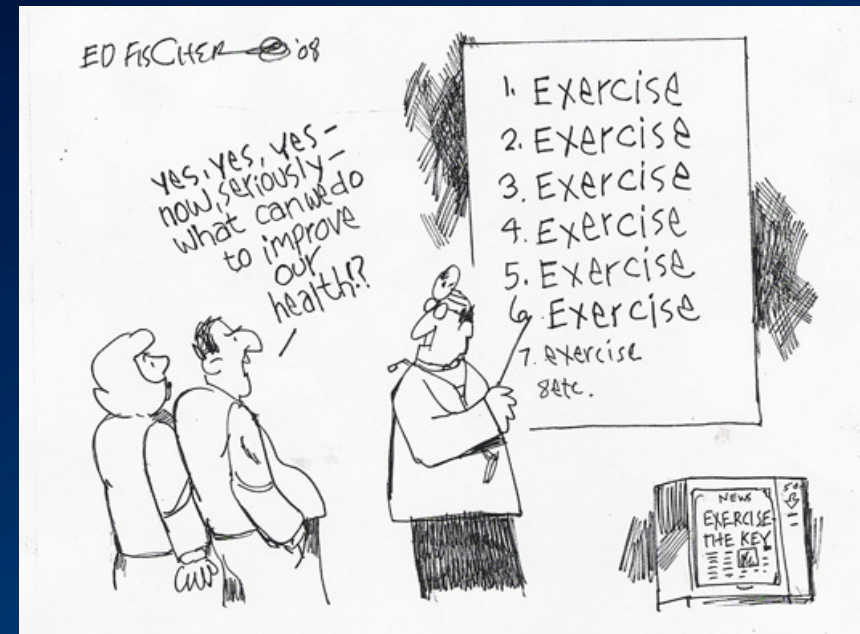
- Consumers
- Providers

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





AUSTRALIA: THE HEALTHIEST COUNTRY BY 2020



A discussion paper prepared by the
National Preventative Health Taskforce

A LIFELONG FRAMEWORK FOR ACTION

Policy reform and strategies for action require a lifelong approach. While emphasis is placed on pregnant women and early childhood, there are other critical times in life that are also important if momentum is to be maintained.⁽⁷³⁾ For example, there should be a focus on groups such as toddlers, school-aged children, first-time parents and older Australians.



“TAKING PREVENTATIVE ACTION”

- Revision of dietary guidelines for older people
- Funding to sports agencies to encourage greater sport and active participation
- Measure Up campaign

Population health implications

- Focus remains on assessment and management of high risk individuals
- Marmot (2010) has discussed the need for a model which addresses the health of all individuals across the lifespan in order to improve societal health
 - Beyond the closing the gap approach

Translation of research into practice

1. Problem analysis

2. Implementation mapping

- Specify objectives
- Stakeholder consultations to design a suitable implementation intervention
- Assess implementation strategies for :
acceptability, face validity, reliability,
generalisability and cost effectiveness

3. Implementation and evaluation

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 |

Physical activity and brain health

- **Cybercycling**

Outcomes:

- Executive function
- Clinical status (MCI)
- Exercise effort
- Plasma BDNF

C Anderson-Hanley et al Am J Prev
Med 2012 42(2): 109-119



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Access further details

DoHA

<http://www.health.gov.au/internet/main/Publishing.nsf/Content/phd-physical-rec-older-guidelines>

NARI

www.nari.unimelb.edu.au

HARU

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