

Move to Improve

Physical Activity Program for Seniors

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Background

On implementation of preventive care assessments for smoking, nutrition, physical activity, immunisation and falls (SNAPIF), a significant variance was found between the physical activity levels of the client group and those recommended by the National Ageing Research Institute (2006). Client consultation revealed negative attitudes and knowledge deficits in regard to physical activity and its benefits with only (16.5%) of the client group achieving the recommended levels of physical activity.

An environmental scan of the Gloucester district, revealed several barriers including a lack of appropriate programs and no public transport. On discussion with clients, staff noted a reluctance by clients to attend even if these were available, due to a lack of trust and a fear of falling. Referral to the Get Healthy hotline was not well received. A Service Program review revealed minimal opportunities for physical activity.

With consideration of these barriers Activities Centre staff considered that our service was in an excellent position to facilitate a physical activity program, having a good understanding of our client's conditions, in addition to holding a relationship of trust.

Aim

To improve client physical activity assessment measurement scores by 20% within three months

Planning and Implementing Solutions

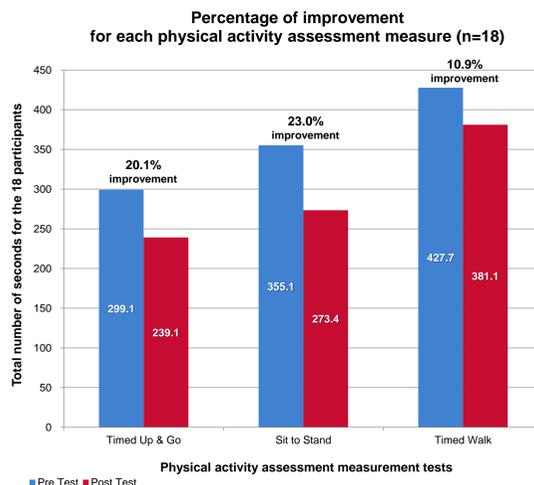
A Project Team was assembled including volunteers, Physiotherapist Activities Centre staff and Quality Improvement Coordinator. The following steps were then carried out:

- Barriers to physical activity were identified by the clients
- The team identified which barriers were the most prevalent and determined which were within their scope of practice
- Physical activity measurement scores were researched and selected
- Research to ascertain most appropriate evidence based physical activity regimes for the client group
- Appropriate education undertaken by staff
- Necessary resources purchased with client support
- Motivational strategies implemented including, posters quotes and education about the benefits of exercise for older adults
- Pre-test of Physical assessment measurement scores on 18 clients
- Exercise program implemented and other creative physical activity programs that incorporated balance and strength such as nature walks and boule were facilitated. Incidental exercise was increased for example parking the bus further from outing destinations
- Regular client consultation regarding suitability interest and enjoyment of program, with necessary modifications made
- Post test of physical assessment measurement scores completed on 18 clients three months later
- Data collated and program evaluated
- Recommendations were implemented, including the need for a "sitting" version of exercises for more frail clients.



Results / Outcomes

A 17% [$p < 0.05$, $T = 0.012$] overall improvement in physical activity measurement scores, within three months of implementing a physical activity program.



Consumer satisfaction: 17 out of the 18 (94.5%) clients completing the project reported positive qualitative feedback on the physical activity program, including statements around improved strength and ability to conduct activities of daily living. For example: "I feel like everything is working better: I can get up stairs more easily now: You girls make the exercises fun".

Recognition from local Doctors: with requests for inclusion of their patients in the program.

Suggestion from Doctors and Manager to expand and implement the program within local Aged Care Facilities.

Contact from several HNE Health Managers and Preventive Care team members to seek opportunities for spreading and transferring the project and learning's from the project throughout the HNE Health's Day Care Centre's, Transitional Aged Care Program Services and Multi-purpose Services.



Sustaining Change

- Inclusion of physical activity assessment measurement scores into standard initial client assessment with three month follow up post-testing.
- Exercise and physical activity are programmed each day, with staff encouraging clients to move as often as possible.
- Regular client consultation to ensure viability and motivation for program participation.
- Expansion of programs to include more complex strength and balance exercises including concepts of tai chi and yoga to assist in further advancing client outcomes and abilities.

Transferability and Future Scope

- Identified by the HNE Health Falls Prevention Coordinator, as the proposed model in action for consideration and implementation across several services.
- Expand program to include Carers, patients referred by Doctors and people living in Aged Care Facilities.
- Project findings presented at the HNE Health's, Movement with Confidence Workshop and Multi-purpose Services Grand Rounds.
- The "Cooking for One" program which focuses on the nutrition aspect of preventive care has been recently implemented. A further focus is currently being considered around identifying and supporting clients whom are malnourished.
- Implementation of Quickscreen. (An investigative falls risk assessment and referral pathway for clients identified as a falls risk through preventive care assessments)
- A third testing round is currently underway to ascertain if client test scores have been maintained and/or improved.

Conclusion

Statistical tests suggest that there is a 95% certainty that the change in physical activity measures could be due to participation in the physical activity program.

HNE Health Senior Day Centre's have the necessary rapport and trust with their clients and the capacity within their leisure/respite programs to make a real difference in the lives of our older population.

Move to Improve not only contributes to an older persons physical, psychological and social wellbeing, but also assists in allowing older people to remain in their own home safely and avoid hospitalisations and aged care placements with their associated costs.

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References

National Ageing Research Institute, (2006). National physical activity recommendations for older Australians: Discussion Document. Canberra: National Ageing Research Institute.

NSW Department of Health, (2011). Prevention of Falls and Harm from Falls among Older People. Sydney: Centre for Health Advancement, NSW Department of Health.



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