

# Planned physical activity & older people – A community perspective

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# Background

- Involvement in evaluation of healthy and active ageing initiatives across Australia – COTA & DoH&A 2005
- Continued interest in successful rural physical activity initiatives/programs
- Initiatives in rural areas poorly supported by residents from CALD backgrounds
- HP acknowledges the danger that providing more initiatives, only provides additional options to those already involved

Required further investigation to gain a flavour of barriers to diverse involvement

- ❖ Interviews with key informants
- ❖ Focus groups with community members  
NOT involved in any structured physical activity

# Interviews

- Staff from health services and council services
- Feedback about successful/unsuccessful initiatives
- Staffing – rural issues
- Programmatic/short term funding
- Challenges to engagement

# Focus Group Participants

- Snowball recruitment
- M & F 65+ & had not attended a planned physical activity program on an ongoing basis
- Central and North Central Victorian areas
- Identified with CALD populations
- No medical/health condition that would prevent participation in physical activity
- 7 focus groups (4 to 7 participants)
- 37 participants. Females = 26, males = 11

# Results

- ❖ **Barriers**
- **Transport**
- **Distance**
- **Too tired**
- **No time/too busy**
- **Too old**
- **Don't have the clothes or shoes**
- **Family commitments/babysitting**

# Results

- ❖ Less than 50% thought that physical activity was good for older people – some labelled it dangerous & silly

*(Do you think we should all participate in physical activity as we get older? Do you think its good for you?)*

- ❖ Over 60% said that if you eat well you don't need to exercise (not overweight)

❖ **Many equated physical activity with “work”**

*“My wife and I have worked hard for many years . . . . now its our time to rest, enjoy ourselves and do nothing”*

❖ **Family pressures**

*“My daughters don’t like me doing those things. They think I will hurt myself.”*

*“My husband doesn’t like me going to things by myself. We go to a group with friends where we play cards and talk and have lunch, which is much better.”*

# Results

- All would consider attending a planned physical activity group if their doctor prescribed it.

*(If your doctor told you that you had to go, would you go?)*

*“That would be OK if my doctor told me. My family would know it’s OK to go. I can say – see my doctor told me I should go. But there is nothing here that I would like to go to.”*

*(This referred to a list of suggestions that participants viewed including walking, swimming, water exercises, cycling, bowls, badminton, stretching exercises)*

# Implications

- Need to ensure that there is a social component to activities – perhaps run an activity group through the social group
- For many, health professional involvement legitimises participation
- Need health promotion work around physical activity as beneficial for things other than weight control (*Won't be overweight if you eat well*)
- Interestingly, cost was not raised as a barrier

# Limitations of study

- Limited geographic area
- Small number of participants
- Snowball recruitment – can't be generalised
- Time frame