

Understanding the role of physical activity and social support for older people

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With acknowledgements to

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Overview

Areas of interest:

- health benefits from physical activity & chronic disease management
- identifying the factors that influence regular physical activity
- designing & implementing intervention strategies that address these factors

Study components:

- Literature Review
- Qualitative research
- Audit of PRP
- Intervention Study

Stuff from the literature

- Shift in models of care for chronic disease: hospital to community
- Self management
- Meeting preference/need
- Importance of physical activity for maintenance
- PA adherence / preferences
- What works with older people? And the barriers??
- COPD – burden, assessment, management, innovations in care

What older people told me

- 2 series of focus groups: (99 participants)
 - Never too Late: active well older people (11 groups)*
 - Active Living: older people with chronic conditions (3 groups)*
 - All having been "thru" PRP or Cardiac Rehab

Perceptions of Factors that promote and maintain health

Intrinsic factors	Extrinsic factors
Exercise Happiness in yourself Having a balance in everything you do Learning to do things at the right pace Sense of achievement Setting appropriate goals for activity/exertion Your state of mind / mental attitude Stress levels Positive self-talk Dodging trouble! – knowing what to avoid Nutrition/diet Working out what's important Sense of wellbeing Having a variety of interests Recognition of when you're down – and acting on that	Being outside Social contact The environment (ie if supportive) The weather conditions (fresh clean air) Support and motivation of friends/family Being tolerant of others Grandchildren Child-minding and being involved in their activities Someone to talk to Connectedness to place/ community Sense of place Contact with others Regular outings

Factors identified as 'motivations' for physical activity

	Never Too Late	Common motivations	Active Living
Health	Prevention of stroke Rehabilitation Alertness Positive well-being	Need to maintain health: use it or lose it Fitness Mental wellbeing Weight control	Prevention of loss of function Need to regain control & function Maintaining mobility
Self	Enjoyment Time for own interest/ time alone Relief of boredom	Independence Sense of achievement	Distraction Internal drive
Family or social support	Social commitment to partner, friend, group Being part of a club or group Social aspects of organised sports Gossip / keeping in touch	Social contact Regular contact with others Grandchildren Being with family	
Useful activity	Purposeful (housework, gardening) Community service (benefiting others) Learning new skills Keeping mind alert		Helping someone else Involved in something worthwhile Being involved in things that are important
Environment	Natural resources (beach) Built environment or facilities Weather Availability of programs		Good climate Air quality
Avoid negative stereotypes	Avoid decline associated with inactivity	Maintain a positive outlook	Proving the doctor wrong

Perceived Barriers

	Never Too Late	Common barriers	Active Living
Health	Joint mobility, stiffness, arthritis Aches and pains Age Acute / chronic illness		Stress / worry Illness / hospitalisations Being alone Over-exertion Reduced functional ability Changes in functional levels – difficult to select an activity to accommodate changes Fear of panic / anxiety Lack of control Loss of confidence Medication.
Family	Change in partner's fitness/ mobility/ health Caregiving Babysitting grandchildren		Not having partner/ family to exercise with Already commitments, and not enough time Feel too restrictive: over protective Loss of independence
Environment and choices	Lack of specific facilities (eg walking trails, bike tracks, classes for elderly) Poor access to halls, pools etc Inappropriate class times, activities, leaders, location Services not advertised/promoted Cost Terrain (steep hills) Unrestrained dogs	Weather (hot, cold, rainy) Lack of public transport Fear of threat to personal safety Footpaths/ lighting	Dependent on others for transport Ready access to assistance Unsupervised, or without guidance of trained fitness leader Unaware of local services/facilities Cost If environment is inappropriate eg not smoke-free
Lack of interest	Not interested Can't see the value Can't see the point		Reduced enthusiasm Feeling of not being valued

Audit of PR programs

Purpose: describe current approaches/ identify strategies used to encourage maintenance

Areas explored:

- type of program
- objectives
- strategies
- maintenance component
- assessment
- strengths/ limitations

Focus:

- components effective in developing/sustaining self-management skills
- factors critical for maintenance
- factors that support long-term compliance with physical activity

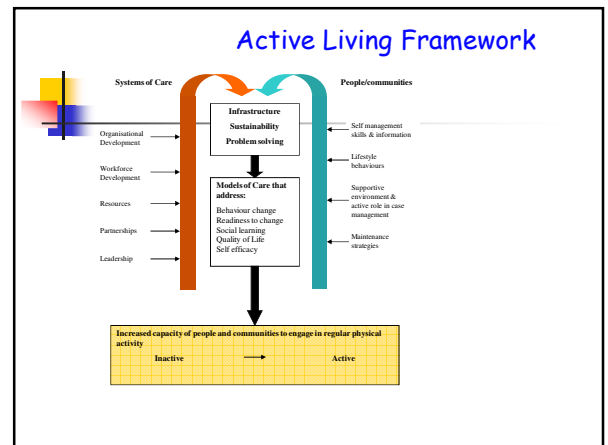
Setting: existing PRP (n=104 Aust and 1 NZ)

Methods:

- design audit tool
- preliminary mail-out
- follow-up phone interview
- analysis

Summary of Audit findings

- traditional health education
- ↓ behaviour change
- ↓ goal setting
- ↓ self-management assessment



Active Living Intervention study

Design:

- Random allocation to **home-based** or **usual care**
- Baseline measures** (including stages of change, PA recall, self-efficacy, activity preferences, barriers to activity/social support, health status, SF-36, lifestyle factors)
- Pilot study – 2 case studies
- 12 week AL intervention+ 12 week maintenance
- Phone contact** across AL intervention (6 calls)
- activity measures via **pedometer and activity diaries**
- Health education material (designed on behavioural principles)

Intervention study

AL designed to promote self-maintenance

Primary outcomes:

- ✓ Physical activity
- ✓ Behavioural influences on maintenance

Whether AL associated with

- ✓ increase in pedometer readings
- ✓ confidence/engagement in physical activity
- ✓ Gains in readiness to change, goal setting, resilience
- ✓ Exercise tolerance at 6 months (maintenance)
- ✓ Functional capacity (respiratory)
- ✓ Gains in perceptions of mental health / wellbeing

Intervention study

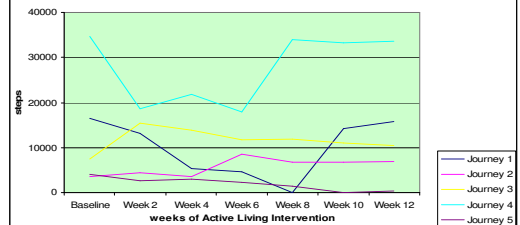
2 groups: Intervention (n=19) & wait-control (n=18)

12 week AL + 12 maintenance

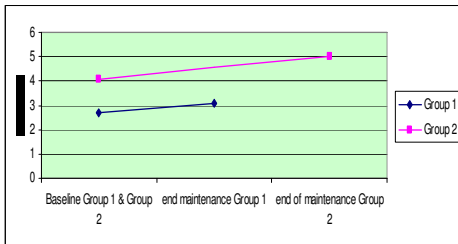
Observations:

- ✓ Design was acceptable
- ✓ self-reported diary + pre-organised phone contact
- ✓ Changes in self-efficacy
- ✓ Importance of social connection + sense of place
- ✓ Access to transport not critical
- ✓ "magic mix" = leisure + pleasant env + social contact
- ✓ Re-engaging with local community

Pedometer Output - across 5 journeys



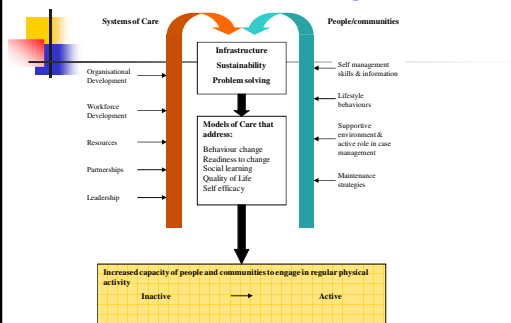
Walking behaviour in last week: occasions walked > 10 minutes (ALQ 12)
(Group 1: n=19; Group 2: n=18)



Understanding the journeys

- Self management skills and information
- Supportive environment
- Maintenance strategies

Active Living Framework



Lessons learnt

- ✓ Identify reinforcers & preferences for activity (type, location).. build in social support
- ✓ Develop strategies for contingencies
- ✓ Be prepared... exacerbations happen
- ✓ *And celebrate the journey!!*