



# Older adults: Practical strategies for promoting physical activity



BHF National Centre  
**physical activity+health**

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# Contents

Introduction	1
Section 1 - Planning and developing physical activity initiatives	3
Section 2 - Working with the individual	5
Section 3 - Working in partnership with others	7
Example of current practice	8
NICE behaviour change summary	10

The purpose of this briefing is to provide commissioners and physical activity and health professionals with evidence-based recommendations and practical strategies to consider when planning, developing and delivering activities to promote physical activity in older adults (adults aged 65 and older).

These recommendations offer guidelines for best practice. While it would be beneficial for physical activity initiatives to incorporate all of the recommendations given in this document, this may not always be feasible. We therefore advise that initiatives try to incorporate as many recommendations as possible.

## Introduction

The benefits of physical activity for health and wellbeing across the lifespan have been well reported. Despite this, levels of participation in physical activity remain low across many age groups, and strategies are needed to increase activity levels across the population. Identifying and using strategies that are both effective and cost-effective is important to ensure efficient use of available resources and funding. This briefing brings together the available research evidence as well as practical strategies to outline recommended approaches and actions for effectively promoting physical activity to older adults (aged 65 and older) who are either active already or in transition.

Worldwide, the number of older adults in the population aged 65 and older is growing rapidly. More specifically, in the UK those aged 85 years and older are the fastest growing age group in the entire population. Growing evidence suggests physical activity plays an integral part in preventing diseases and conditions which are the primary cause of loss of independence in later life. Physical activity in later life can help maintain mobility, prevent falls and enhance mental wellbeing and cognitive functioning. This increase in population longevity and the desire to help older adults maintain an independent lifestyle has brought about a growing awareness of the physical activity needs of older adults.

### Key term - the actives

Is used to describe those older adults who are identified as already active, either through daily walking, an active job and/or who are engaging in regular recreational or sporting activity. This group may benefit from general increases in activity or a specific activity to improve particular aspects of fitness or function as well as sustaining their current activity levels.





**Key term - older adults in transition**

Those whose function is declining due to low levels of activity and too much sedentary time, who may have lost muscle strength and/or are overweight, but otherwise remain reasonably healthy. National data indicate that this makes up the larger proportion of older adults and that they have a great deal to gain in terms of reversing loss of function and preventing disease. This group is described as in transition as they may be moving from good health to poor health, from being fit to being unfit and from independence to dependence.

A substantial amount of research has been conducted in relation to promoting physical activity in older adults however further work is still needed to identify the most effective components of physical activity initiatives in this age group. Despite this, research has identified a number of common features found in successful physical activity interventions aimed at older adults.

Key recommendations and practical strategies for how best to incorporate the current evidence around physical activity promotion in older adults are listed below. They focus on older adults who are still independently living in the community, ie, the actives or those in transition. In order to translate research evidence into practice and develop these recommendations and practical strategies we have taken into consideration the current available evidence and identified components of interventions which are often repeated in successful research projects as well as using experience from practice. The recommendations are provided in three sections.

Section 1 - Planning and developing physical activity initiatives

Section 2 - Working with the individual

Section 3 - Working in partnership with others

At the end of the document there is also a summary of the NICE (National Institute for Health and Care Excellence) public health guidance on behaviour change (PH6). This more general guidance is important to bear in mind alongside the population specific information in sections 1-3 when formulating physical activity initiatives.

To help commissioners and practitioners assess their initiatives against the criteria in this practice briefing, two check lists have been created to accompany this document which highlight the strategies which are important for consideration at the different level of planning. These can be found at [www.bhfactive.org.uk](http://www.bhfactive.org.uk)

## Section 1 - Planning and developing physical activity initiatives

This section outlines our evidence-based recommendations for actions that should be taken or components that should be put into place when planning and developing physical activity initiatives for older adults. It is important to keep in mind the specific and changing needs pertaining specifically to this population which may include anything from the changing flexibility of their lifestyle with retirement or a medical diagnosis which leads to changes in their activity capabilities.

Each evidence-based recommendation (highlighted below) is underpinned by research findings and is followed by practical strategies to support implementation.

 Create initiatives that have a solitary focus on changing physical activity levels instead of trying to incorporate multiple health initiatives

Initiatives that only target changes in activity levels have reported larger effects on behaviour change than those addressing several health behaviours.

There is limited evidence to suggest it is necessary to combine physical activity sessions with other non-physical initiatives as seen in some falls prevention initiatives, eg, home hazard assessment and modifications to improve the effects of the initiative.

### Strategies

- Create initiatives which focus solely on changing levels of physical activity.

 Ensure older adults are offered a choice of group-based activities and are provided with instructions for activities they can do in their own time

Older adults who sample a number of different physical activity options may be more likely to remain active than those who don't.

Physical activity programmes that have had a positive impact on social participation and/or mental wellbeing have been more successful when run as a group or centre instead of the home. More specifically, initiatives with a social component are associated with increased physical activity levels in older women.

While centre-based, instructor-led classes tend to lead to short term increases in physical activity levels, long term adherence is higher in home-based programmes. Furthermore, two thirds of older adults have indicated they would prefer to exercise by themselves with some instruction rather than exercising in a group.

'Mediated instructions', eg, print, telephone or computerised information, have successfully been used to increase physical activity levels in community dwelling older adults.

### Strategies

- Encourage older adults to try a variety of activities in both group and individual settings.
- Provide older adults with the opportunity to attend group physical activity classes.
- Provide older adults with simple ideas for how they can continue class activities in their own time at home.
- Use mediated instructions, such as telephone calls, print or electronic information, to provide older adults with home-based instruction.

 Incorporate elements of behaviour change into the initiative

General health education alone does not appear to increase physical activity levels in older adults.

Programmes including components of behaviour change, such as self-monitoring, goal setting, self-reinforcement and corrective feedback based on a participant's progress have been effective at increasing physical activity levels in older adults. Moreover, of the behaviour change techniques self-monitoring has been shown to produce the most consistent results for increasing physical activity levels in older adults.

### Strategies

- Provide older adults with a method of self-monitoring, such as a log book or diary where older adults can track the details of their physical activity.
- Use general health education in combination with another form of behaviour change, such as goal setting or corrective feedback.
- Work with the individual to set a personalised physical activity goal(s) over time.

 Ensure opportunities are available which encourage older adults to sustain the increase in their in physical activity levels

Physical activity needs to be maintained for the benefits to continue. For example, a four year follow-up study looking at mental wellbeing demonstrated that participants who continued to be physically active had had greater satisfaction with life compared with those who did not maintain the behaviour change.

### Strategies

- Consult with individuals throughout the initiative to determine elements which are critical for promoting continued adherence, for example on-going cost to the participant, time commitment, enjoyment of activities.
- Encourage older adults to sustain their increased physical activity levels for as long as possible as continued activity is necessary to maintain the benefits.

 Ensure activity leaders have sufficient activity qualifications and experience working with an older population

Overwhelming evidence demonstrates that specialist and qualified exercise instructors are most effective for delivering physical activity programmes when working with older adults. For example, efforts to increase physical activity through a social initiative were most successful when the interventions were led by a physiotherapist or specialist member of staff.



Research interventions focusing on increasing levels of physical function, decreasing falls and increasing mobility have most frequently used qualified or specialist instructors. While often they are more successful than those which do not use specialist instructor, this is not true in all cases and employing such qualified individuals may often be outside the budget of the physical activity initiative.

Research on walking interventions has demonstrated that there is no difference in effect on physical activity levels in activities which are delivered by a member of the public trained as a volunteer walk leader and interventions which use professionals, eg, a trained member of staff, to lead the walking sessions.

### Strategies

- Ensure instructors hold a physical activity qualification relevant to the activity they are leading, such as a walking leader or dance instructor qualification.
- Provide opportunities for activity leaders to gain specialist qualifications where possible.

## Section 2 – Working with the individual

This section outlines our evidence-based recommendations for actions that should be taken or components that should be put in place when working with individual older adults. The term ‘older adults’ encompasses all those aged 65 years or older. With such a large age range and difference in functional status between individuals in the group, it is not appropriate to consider all older adults as the same population. It is important to work one on one with individuals to ensure they are getting the most out of their opportunities for physical activity.

Each evidence-based recommendation (highlighted below) is underpinned by research findings and is followed by practical strategies to support implementation.

 **Recommend an intensity and duration for activities at a level achievable by the individual and encourage them to work towards the Government’s physical activity guidelines**

The 2011 physical activity guidelines say that older adults should be encouraged to achieve 150 minutes of moderate intensity physical activity each week. Activities are most effective for producing health benefits when performed at least at a moderate intensity. Furthermore, strength training is an integral part of any physical activity initiative for older adults.

### Strategies

- Work with the individual to determine how best they can work towards the physical activity guidelines.
- Assist individuals in setting personal physical activity goals which are achievable in a realistic timescale. For example, over the next month working towards walking two laps of the local park three times a week and remembering to stand up every 10-15 minutes while watching TV or reading.
- Include elements of strength and balance in any physical activity initiative.
- Ensure older adults understand that regardless of intensity or duration, some activity is better than none.

In July 2011, the Chief Medical Officers (CMOs) from the four home countries of the UK launched new physical activity guidelines for the older adults. For more information on these guidelines, see the joint CMO report *Start Active, Stay Active* (2011).

 **Consult with the individual to help determine what type of support is most beneficial for them throughout each stage of becoming more active**

The level of support an individual receives from family, friends, programme staff and other exercise participants has been found to be a good predictor of changes in physical activity levels.

Research suggests that an older adult’s preference for who provides the support, eg, a family member versus a member of programme staff, may vary based on the phase of the physical activity regime. For example, initial adoption of a physical activity routine versus maintaining that physical activity over time.

Programmes which offer high levels of participant support and contact time, such as supervised exercise time, have a bigger impact than those with low levels of contact time.

Telephone calls offer a valuable means of providing support, instruction and individual tailoring of activity programmes. Initiatives which have been most successful have offered telephone support on a weekly or fortnightly basis.

### Strategies

- Help older adults identify individuals in their lives, such as family members, friends or someone involved with the programme, who can help provide support and encouragement toward their physical activity goal.
- Work with the individual to identify what type of support is appropriate for them, eg, would they rather attend a group session or receive telephone instruction.
- Strive to offer regular personal contact on a weekly or fortnightly basis, for example a brief telephone call every two weeks to check on an individual’s progress.



- Supply older adults with ideas for activities they can do in their home to help increase their physical activity levels, for example, during television commercial breaks stand up and do a few stretches and some sit to stands.
- Provide tailored information and advice on how they can achieve their physical activity goal based on their interest and abilities.



#### Review participant's progress towards their personal goals on a regular basis

It is important to keep older adults engaged in a physical activity programme as benefits may not become apparent for many weeks. For example, it may take up to two months for positive changes in an older adult's social participation to be apparent (ie, the older adult becomes less socially isolated), while improvements in mental wellbeing have been noted after six weeks of physical activity engagement.

Non-adherence to a programme may be due to fatigue or pain and it is important to continuously work with older adults who are struggling with the activities to find modifications suitable for their specific needs.

Research has demonstrated that it may be advantageous to review an individual's progress after one year and modify the activities if necessary.

#### Strategies

- Provide older adults with realistic timescales for when they may expect to see improvements, and remind them that improvement does not happen overnight.
- Formally review an individual's progress and adherence yearly, if not more frequently, and suggest modified activities and information based on their specific needs and goals.



#### Tailor activity information to the individual

Research has demonstrated that physical activity programmes that provide some level of tailoring to the individual (be it based on a physiological measurement, or matching information to the participant's potential/actual health risk, environment, local opportunities or individual physical activity goal), have a positive effect on physical activity levels a year later.

#### Strategies

- Demonstrate to older adults how they can achieve their physical activity goal within their current environment or location, for example, signpost activities or walking routes in areas that are easy for an individual to access from their home.

## Section 3 - Working in partnership with others

This section outlines evidence-based recommendations for working in partnership with others to promote physical activity in older adults. Promoting physical activity in older adults does not fall under the remit of one profession. As the benefits of physical activity are multi-faceted, it is important to work with other professionals who are already in open conversations with older adults regarding their health.

Each evidence-based recommendation (highlighted below) is underpinned by research findings and is followed by practical strategies to support implementation.

 Collaborate with medical professionals to ensure older adults are provided with strong and consistent messages about physical activity

Support from healthcare providers has been linked with increased physical activity in older adults.

While a general education component on its own has often been unsuccessful at increasing physical

activity levels in older adults, a brief (3-10 minute) intervention where a doctor provided information and counselling on physical activity and health and encouraged older adults to engage in regular physical activity did lead to increases in physical activity levels.

Written prescriptions for physical activity in addition to verbal advice from medical professionals may further enhance programme effectiveness.

### Strategies

- Work with healthcare professionals to support them in promoting physical activity within their practice.
- Provide healthcare professionals with specific training on how to approach and address the issue of physical activity with older adults.
- Work with healthcare professionals to help reach older adults already under their clinical care.

For more information and resources on physical activity and older adults visit [www.bhfactive.org.uk](http://www.bhfactive.org.uk)



## Example of current practice

While it is advantageous to include as many recommendations as possible from this briefing when developing and delivering physical activity initiatives for older adults, it may not always be feasible to include them all. Below is an example of an existing physical activity programme which demonstrates how the information in this briefing can be put into practice.

### Practice Activity & Leisure Scheme (PALS)

PALS is an exercise referral scheme in Kirklees, West Yorkshire, which offers support and encouragement to inactive people who want to become more active. The main goals of this programme are:

- to support people with long term health conditions in becoming more active
- improve participants' physical, social and mental wellbeing
- improve their functional capacity
- help participants develop support networks to become and remain active for life
- help participants develop a sense of control over their lives and their long term health condition.



### The programme

Participants are recruited to the PALS programme via medical referral for a range of long term health conditions where there is evidence that physical activity can have a positive benefit, eg, persistent pain, hypertension. While the scheme is open to anyone aged 16+ with a long term health condition, 65% of participants in the programme are aged 60 or over. PALS relies on medical professionals for both referrals and support and works in partnership with other local organisations. Key partners include Kirklees Active Leisure Trust, Kirklees Weight Management Service, Public Health and a range of local health agencies, eg, primary health care teams, NHS.

### What is on offer?

Sport and physical activity development officers work with the individual on their entry to the programme to set a physical activity plan with accompanying goals. These goals and plans are reviewed on a regular basis by the sport and physical activity development officer at 10, 25 and 45 weeks. After 12 months, individuals are encouraged to continue with their activity plan within the community.

Based on these physical activity goals programme staff work with individuals to create tailored activity programmes which they can do in their own time, for example, walking or activities of daily living. Staff also signpost individuals to programme activities which suit their needs and interests, such as the PALS specialist activities, swimming and dancing.

PALS also offers participants access to a choice of specialist and general physical activity sessions. Specialist sessions are tailored to individuals with particular long term conditions, such as a session for those living with heart disease or a session for those with respiratory issues, while general activity sessions cater for all abilities. Activities are held at a wide range of easily accessible venues, such as local sports centres, community based facilities, eg, the town hall, and in a private health and fitness club.



All programme staff are trained in the principles of cognitive behavioural therapy and motivational interviewing. Sport and physical activity development officers are **qualified to REPS Level 4** in a wide range of subjects, eg, coronary heart disease and physical activity, stroke and physical activity, while general activity leaders are qualified to REPS Level 2.

In addition to support from programme staff, participants receive on-going support via a 'buddy scheme' which uses physical activity motivators (PAMs) to provide encouragement and motivation to people on PALS.

#### Does it work?

On-going evaluation of the PALS programme has demonstrated that:

- 60% of clients adhere to activity at 12 months
- 60% of clients demonstrate increased levels of activity (2-4 times/week)

- 75% report positive health changes
- 80% report satisfaction with the scheme.

Key learning from the PALS programme:

- a longer duration is necessary to change behaviour, eg, a 45 week programme
- staff should be suitably qualified
- it is important to offer graded specialist activity programmes
- key partners should be identified and included in the programme
- national recommendations laid down in national quality assurance framework and BHFNC Exercise Referral Toolkit should be followed.

For more information on the PALS programme in Kirklees, you can contact: Juliet Jackson or Michelle Bland on 01484 234095.

## NICE behaviour change summary

The information on this page is a summary of the NICE (National Institute for Health and Care Excellence) public health guidance on behaviour change (2007). These strategies are important to keep in mind throughout the different phases of physical activity initiatives regardless of the target audience or setting.



### Development

Develop knowledge of your target audience, eg, their needs, interests, barriers and facilitators.

Conduct a needs assessment to address how personal, environmental, social and financial factors may affect the initiative.

Develop the initiative in collaboration with your target audience.

Develop and build on the strengths and assets of your target group, eg current skills, talents and capacity.



### Planning

Work in partnership with individuals, communities and organisations to plan initiatives.

Take into consideration the local context and circumstances, eg, socio-economic, cultural, social and environmental factors when planning the initiative.

Include structural improvements, eg, consider how changing the physical environment, access to and provision of services and service delivery may affect participation.

Create a detailed written plan which:

- provides the theoretical link between initiative and outcome
- identifies the specific behaviour being targeted and why
- justifies the models used to design/deliver the initiative
- specifies what will be delivered, when, by whom, for how long and how often
- describes how the initiative will be evaluated, including the process and outcome measurements and the methods for evaluation.



### Implementation phase

Develop social approval for the initiative.

Target specific groups and tailor initiatives to the target audience.

Provide training and support for those involved in developing and delivering the initiative.

For more detailed information on behaviour change, consult National Institute for Health and Care Excellence public health guidance 6: behaviour change (2007).

To learn more about how to evaluate a physical activity initiative, see the Physical Activity Standard Evaluation Framework published by the National Obesity Observatory (NOO), now part of Public Health England.



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