



inner east
pcp primary care
partnership

FORUM:

Physical Activities for the Over Sixties



Welcome

Tracey Blythe
Executive Officer
Inner East Primary Care Partnership



Keynote

Professor David Dunstan
Head, Physical Activity
Baker Heart and Diabetes Institute



Sitting Less AND Moving More – A Contemporary Approach to Physical Activity Promotion

Professor David Dunstan

Laboratory Head, Physical Activity | NHMRC Senior Research Fellow – Baker

Mary MacKillop Institute for Health Research, Australian Catholic University



Regular exercise is good for us – in many ways



- ✓ Improved cardiorespiratory and muscular fitness
- ✓ Lower risk of type 2 diabetes
- ✓ Lower risk of metabolic syndrome
- ✓ Lower risk of early death

\geq 150 min/week moderate/vigorous PA = **ACTIVE**

$<$ 150 min/week moderate/vigorous PA = **INSUFFICIENTLY ACTIVE**

Chronic Disease: Australia's Biggest Health Challenge

- * Arthritis
- * Asthma
- * Back pain and problems
- * Cancer
- * Cardiovascular disease (CVD)
- * Chronic obstructive pulmonary disease
- * Diabetes
- * Mental health conditions

Source: AIHW: Australia's Health 2016 Fact Sheet

Quick facts

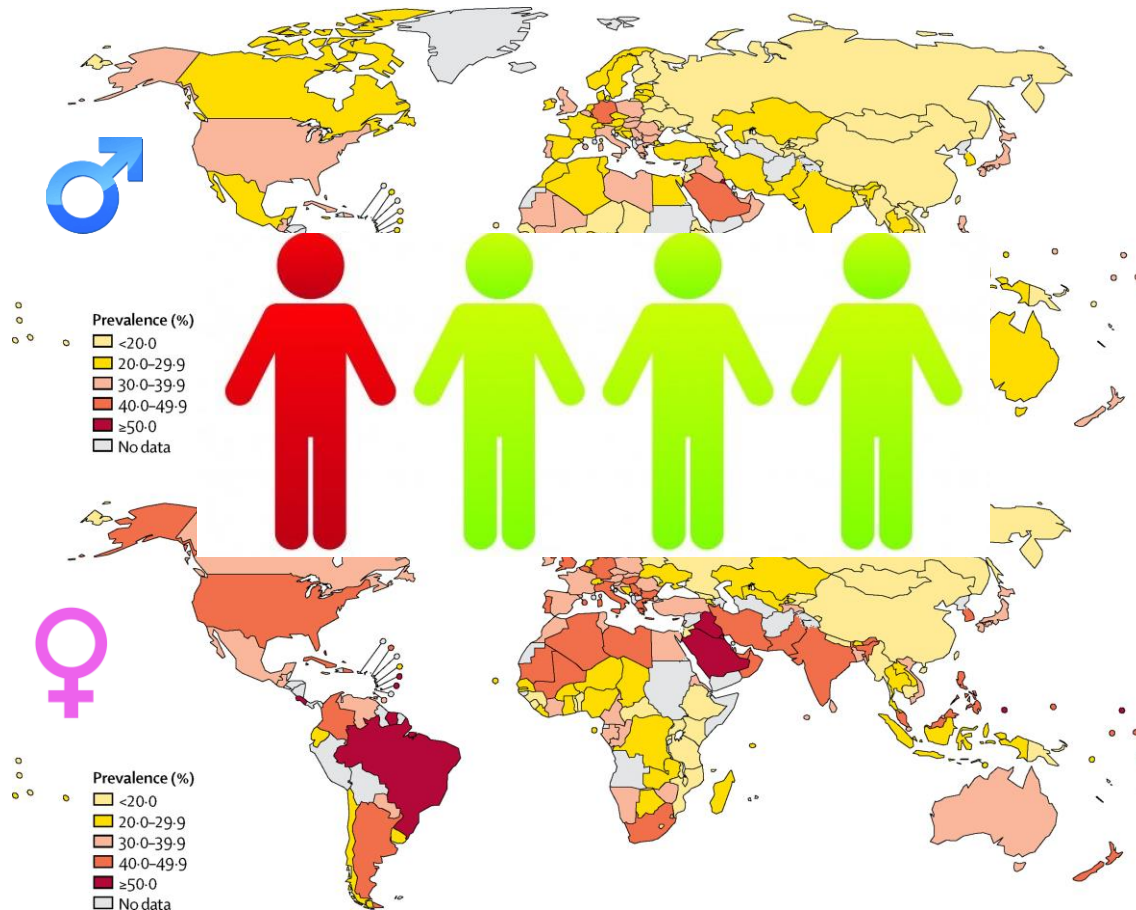
In 2014–15, more than **11 million** Australians had at least one of eight selected chronic diseases.

Chronic diseases are associated with:

- more than **7 in 10** deaths
- around **1 in 3** problems managed in general practice
- more than **1 in 3** potentially preventable hospitalisations.

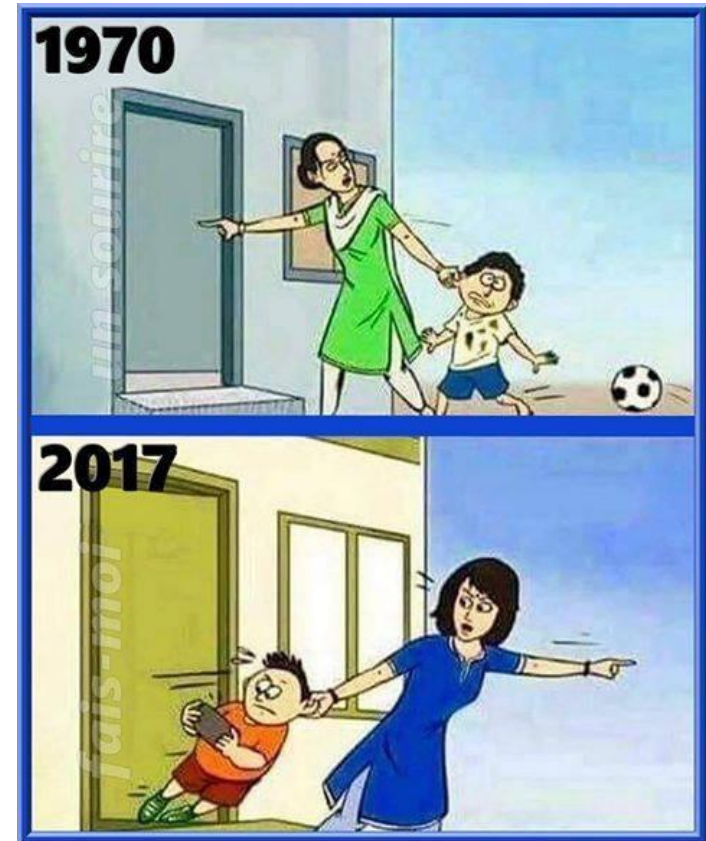
Almost **1 in 3** (29%) people aged 65 and over report having three or more chronic diseases, compared with 2.4% of people aged under 45.

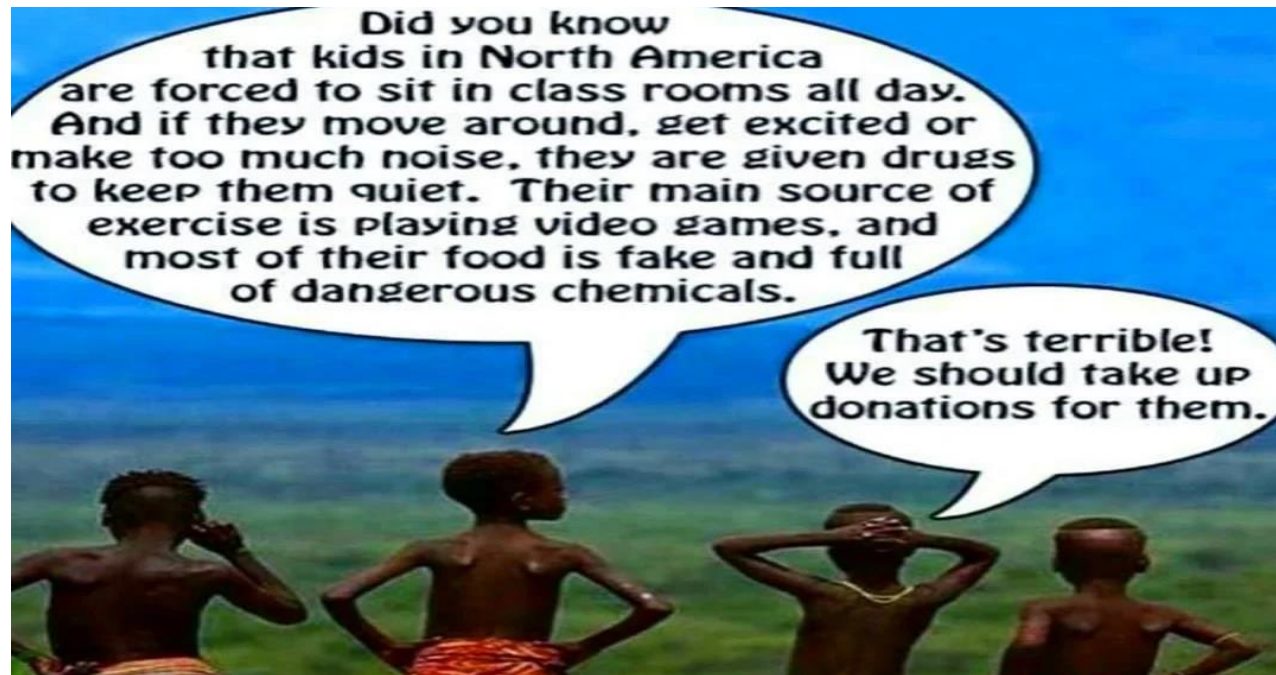
Global prevalence of insufficient PA – World Health Organization 2018



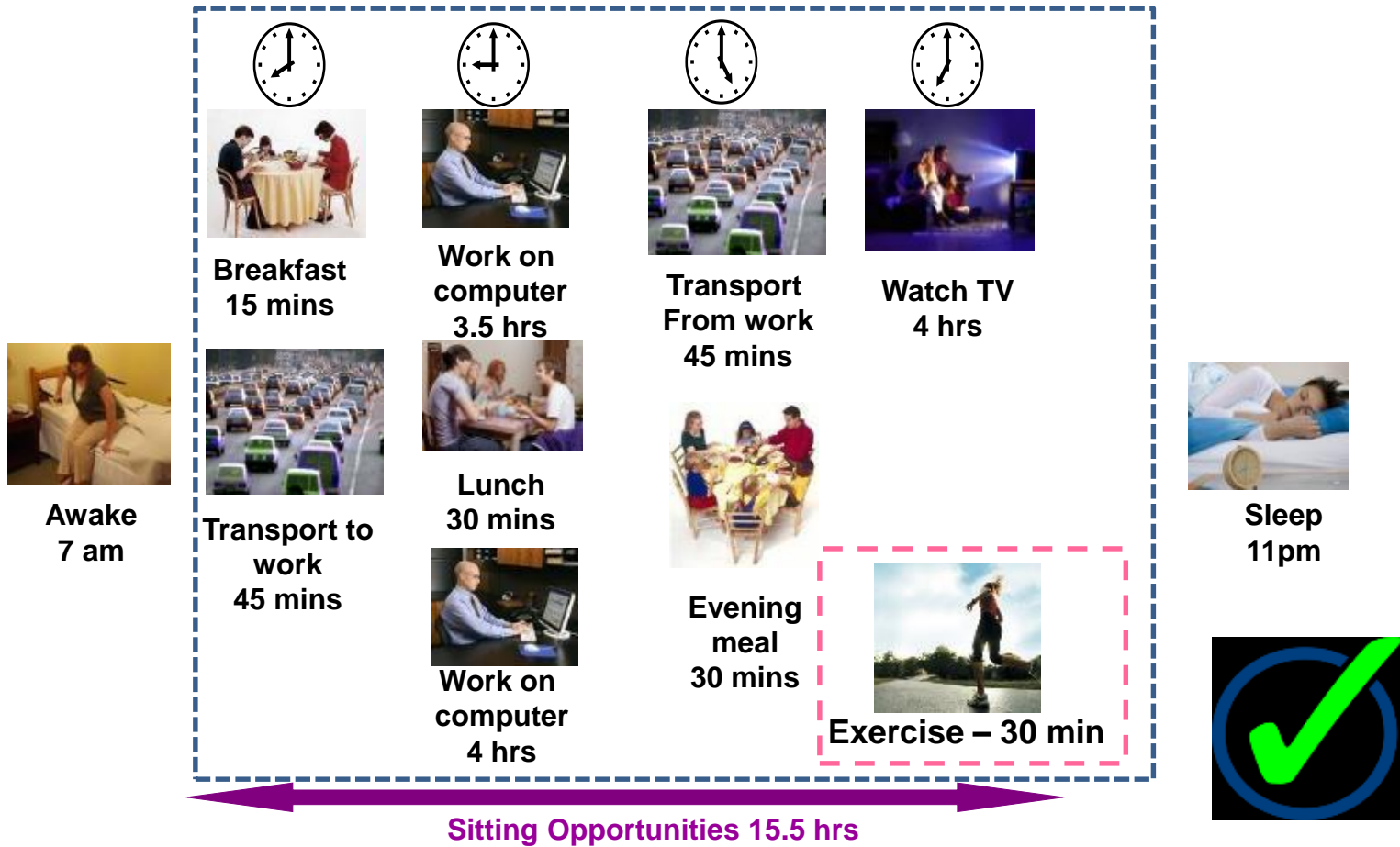
Source: Guthold R. *et al.*
Lancet Global Health
Published online: 4/09/18

Our Changing World

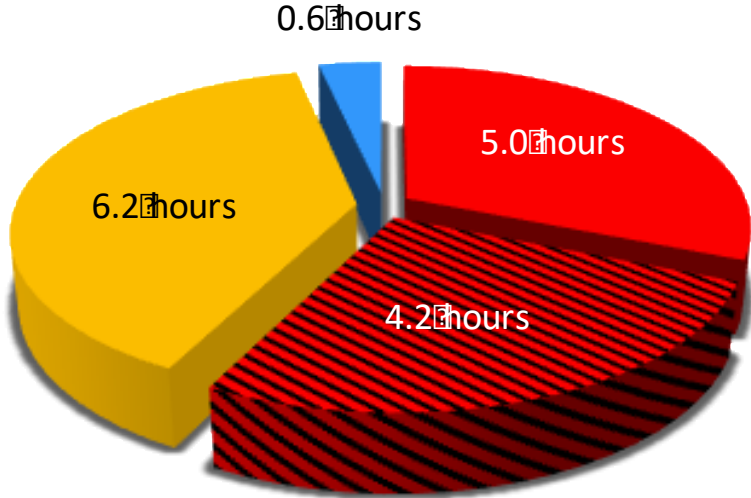








Our modern sitting-oriented society



Fast Fact # 1: Sitting is now the predominant waking behaviour

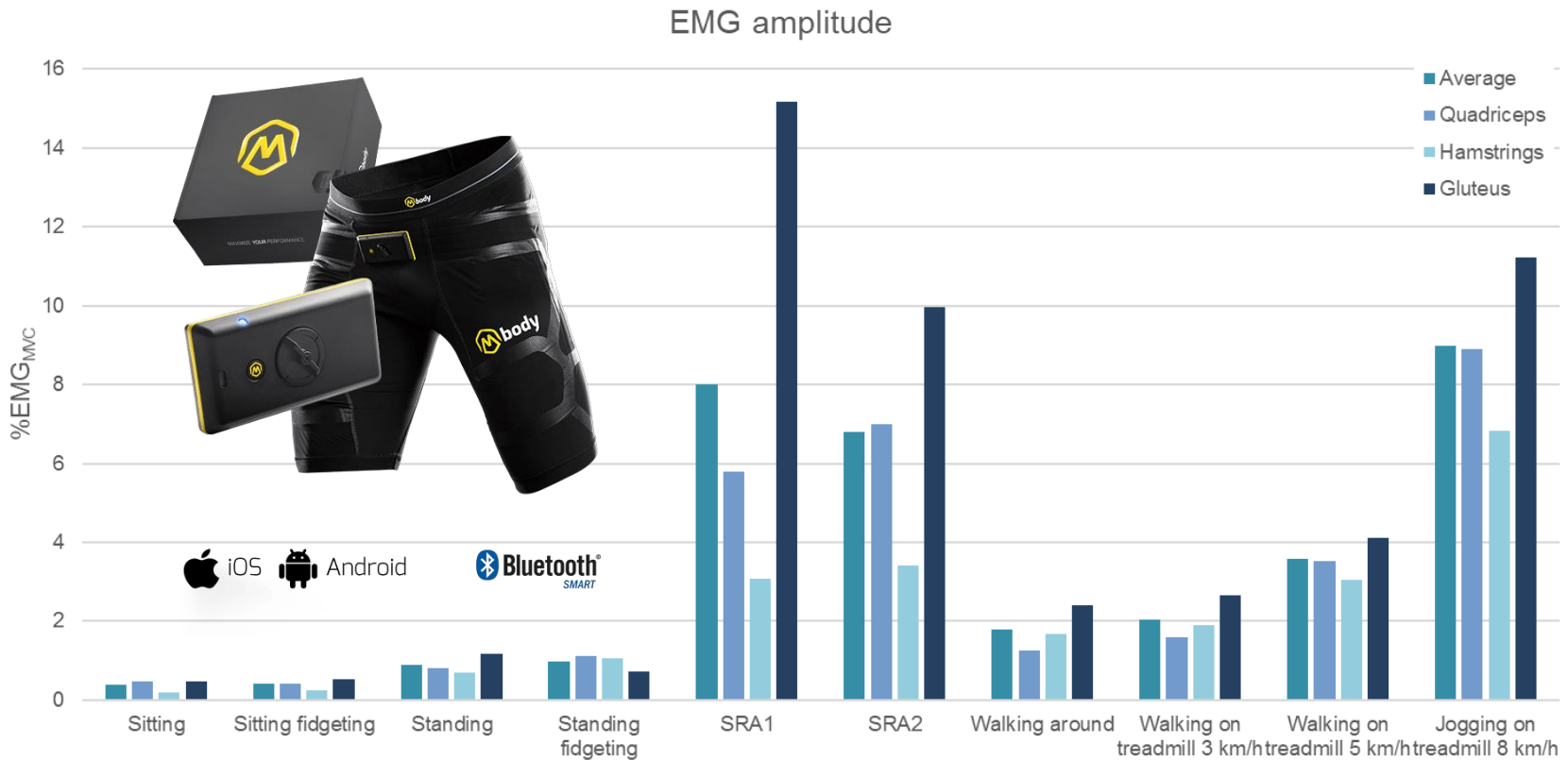


-  Moderate-vigorous intensity activity
-  Light intensity activity
-  Sitting
-  Prolonged sitting

activPAL3 and Actigraph data from 739 Australian adults aged 35+ years from the AusDiab3 study

Source: Healy *et al.* 2015 *Eur Heart J* 36 (39) 2643-9

Fast Fact # 2: **Sitting = minimal skeletal muscle activity**



Special thanks: Dr Arto Pesola and Christian Brakenridge

Fast Fact #3: **High sitting is associated with increased risk of chronic diseases**

Health Outcome	Level of evidence for association	Level of evidence for dose-response	Level of evidence for variation in association by physical activity
All-cause mortality	Strong	Strong	Strong
CVD mortality	Strong	Strong	Moderate
Cancer mortality	Limited	Limited	Not assignable
Incident T2D	Strong	Limited	Not assignable
Weight status	Limited	Limited	Not assignable
Incident CVD	Strong	Strong	Not assignable
Incident cancer	Moderate	Limited	Not assignable



Source: US 2018 Physical Activity Guidelines Advisory Committee Scientific Report: <https://health.gov/paguidelines/second-edition/report.aspx>

Fast Fact #4: High sitting may be particularly detrimental in older adults

Circulation

ORIGINAL RESEARCH ARTICLE

Sedentary Behavior and Cardiovascular Disease in Older Women

The OPACH Study

BACKGROUND: Evidence that higher sedentary time is associated with higher risk for cardiovascular disease (CVD) is based mainly on self-reported measures. Few studies have examined whether patterns of sedentary time are associated with higher risk for CVD.

METHODS: Women from the OPACH Study (Objective Physical Activity and Cardiovascular Health; n=5638, aged 63–97 years, mean age 79±7 years) with no history of myocardial infarction or stroke wore accelerometers for 4 to 7 days and were followed up for up to 4.9 years for CVD events. Average daily sedentary time and mean sedentary bout duration were the exposures of interest. Cox regression models were used to estimate hazard ratios (HRs) and 95% CIs for CVD using models adjusted for covariates and subsequently adjusted for potential mediators (body mass index, diabetes mellitus, hypertension, and CVD risk biomarkers [fasting glucose, high-density lipoprotein, triglycerides, and systolic blood pressure]). Restricted cubic spline regression characterized dose-response relationships.

RESULTS: There were 545 CVD events during 19350 person-years. With adjustment for covariates, women in the highest (>11 h/d or more) versus the lowest (≈9 h/d or less) quartile of sedentary time had higher risk for CVD (HR, 1.62; 95% CI, 1.21–2.17; P trend <0.001). Further adjustment for potential mediators attenuated but did not eliminate significance of these associations (P trend <0.05, each). Longer versus shorter mean sedentary bout duration was associated with higher risks for CVD (HR, 1.54; 95% CI, 1.27–2.02; P trend=0.003) after adjustment for covariates. Additional adjustment for CVD risk biomarkers attenuated associations, resulting in a quartile 4 versus quartile 1 HR of 1.36 (95% CI, 1.01–1.83; P trend=0.10). Dose-response associations of sedentary time and bout duration with CVD were linear (P nonlinear >0.05, each). Women jointly classified as having both high sedentary time and long bout durations had significantly higher risk for CVD (HR, 1.34; 95% CI, 1.08–1.65) than women with low sedentary time and short bout duration. All analyses were repeated for incident coronary heart disease (myocardial infarction or CVD death), and associations were similar, with notably stronger HRs.

CONCLUSIONS: Both high sedentary time and long mean bout durations were associated in a dose-response manner with increased CVD risk in older women, which suggests that efforts to reduce CVD burden might benefit from addressing either or both components of sedentary behavior.

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 Eileen Rillamas-Sun, MPH, PhD
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Key Words: aging • epidemiology • lifestyle • patterns of sedentary behavior • physical activity • sedentary time
 Sources of Funding, see page 1045
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<https://www.ahajournals.org/journal/circ>

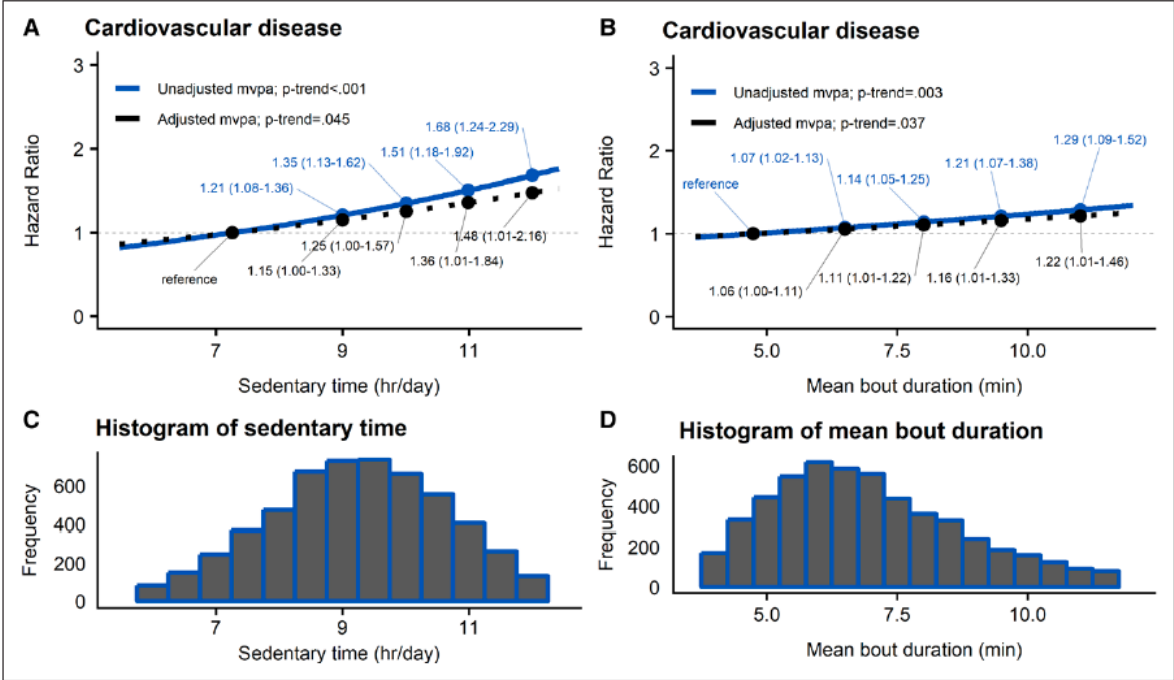
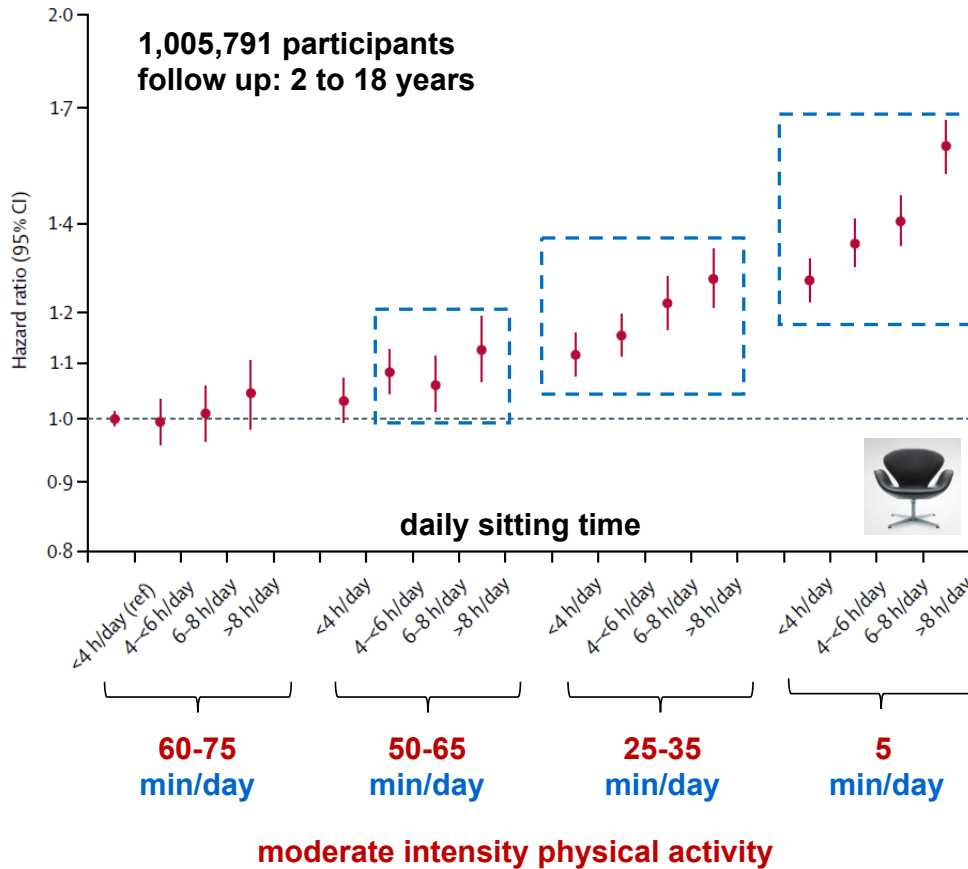


Figure 1. Continuous dose-response relation of sedentary time and mean sedentary bout duration with cardiovascular disease events, estimated using linear Cox regression models. Results after adjustment for age, race/ethnicity, education, smoking status, alcohol consumption, self-reported health, multimorbidity, physical functioning, and family history of myocardial infarction (blue lines) and after additional adjustment for moderate-to-vigorous physical activity (mvpa; black dotted lines) are shown. The reference category was set to the 10th percentile of each exposure (sedentary time=7.3 h/d; mean bout duration=4.7 minutes). Results for sedentary time (A, C) were trimmed at the 1st and 99th percentiles, and results for mean bout duration (B, D) were trimmed at the 1st and 95th percentiles.



Fast Fact # 4: Only very high levels of exercise provide protection



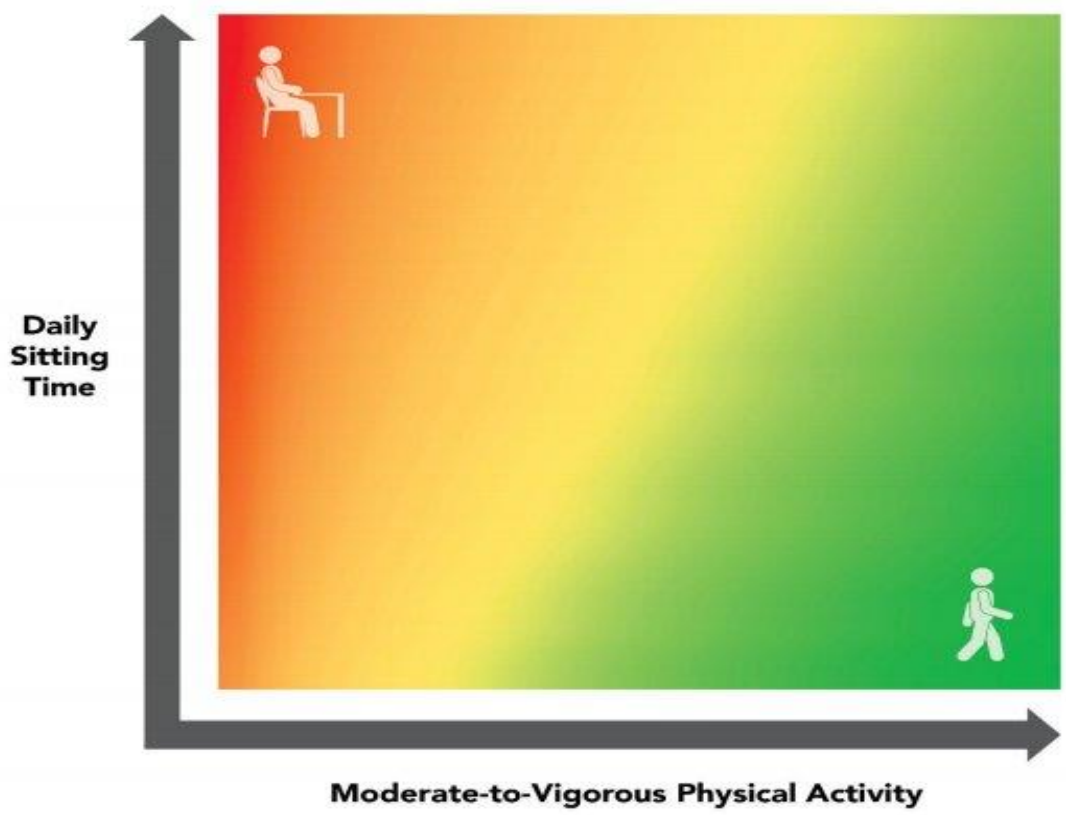
Does physical activity attenuate, or even eliminate, the detrimental association of sitting time with mortality? A harmonised meta-analysis of data from more than 1 million men and women

Ulf Ekelund, Jostein Steene-Johannessen, Wendy J Brown, Morten Wang Fagerland, Neville Owen, Kenneth E Powell, Adrian Bauman, I-Min Lee, for the Lancet Physical Activity Series 2 Executive Committee* and the Lancet Sedentary Behaviour Working Group*

Ekelund *et al.* 2016 *The Lancet* 388: 1302-10

Sitting time, physical activity and mortality

Figure D-2. Relationship Among Moderate-to-Vigorous Physical Activity, Sitting Time, and Risk of All-Cause Mortality



Thanks to Peter Katzmarzyk (Pennington Biomedical Research Centre) and US Physical Activity Guidelines Taskforce

Australian Public Health Guidelines (2014)



Australia's Physical Activity and Sedentary Behaviour Guidelines for Adults (18–64 years)

PHYSICAL ACTIVITY

- Doing any physical activity is better than doing none. If you currently do no physical activity, start by doing some, and gradually build up to the recommended amount.
- Be active on most, preferably all, days every week.
- Accumulate 150 to 300 minutes (2 ½ to 5 hours) of moderate intensity physical activity or 75 to 150 minutes (1 ¼ to 2 ½ hours) of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities, each week.
- Do muscle strengthening activities on at least 2 days each week.

SEDENTARY BEHAVIOUR

- Minimise the amount of time spent in prolonged sitting.
- Break up long periods of sitting as often as possible.

What are the feasible 'counter-measures'?

Don't just sit there!

We know sitting too much is bad, and most of us intuitively feel a little guilty after a long TV binge. But what exactly goes wrong in our bodies when we park ourselves for nearly eight hours per day, the average for a U.S. adult? Many things, say four experts, who detailed a chain of problems from head to toe.

ORGAN DAMAGE
 Muscle burn out for one third from more sluggish during sitting, allowing fatty acids to more easily build up the muscle. Prolonged sitting may have linked to high blood pressure and elevated cholesterol, and people with the most sedentary time are most likely to gain weight from abdominal fat deposit from those with less sleep.

Overproductive pancreas:
 An early study in mice found that a hormone that causes glucose to enter the energy-rich cells in the pancreas, which can cause it to enlarge and over-produce. In 2003, study found a similar result in people. Reported that just one day of prolonged sitting.

Colon cancer:
 Researcher found that sitting for long periods, without taking breaks, was linked to a higher risk of colon cancer. The reason is unclear, but one theory is that prolonged sitting causes poor blood circulation and growth factors that trigger cancer cells to proliferate and spread.

TRICKLE AT THE TOP
 Fridge strain: Sitting causes your head and neck to sag through the neck and upper the shoulder and spine. It then will most certainly strain, increase an overuse of the neck muscles.

Strained neck:
 When sitting at a desk, a desk or chair that is too high or low can cause the neck to strain. The neck is not designed to be in a static position for long periods of time.

Spine instability and pain:
 The neck isn't just about stress. Slouching forward increases the pressure on the neck muscles and potentially the vertebrae, which connects the ribs and shoulders.

BAD BACK
 Inflexible sitting: Sitting for long periods causes the muscles in the back and neck to become tight and inflexible, which can lead to aches and pains. Slouching forward also causes the spine to curve, putting the spine and muscles under stress. When sitting for long periods, the spine is under stress for a long time, which can lead to chronic pain and other problems.

Disks collapse:
 People who sit down all day long are at a higher risk of developing lower back pain. A recent study found that people who sit for long periods are more likely to have lower back pain. This is because sitting causes the spine to curve, putting the spine and muscles under stress. When sitting for long periods, the spine is under stress for a long time, which can lead to chronic pain and other problems.

THE RIGHT WAY TO SIT
 If you have to sit often, try to sit correctly. An expert says, "It's all about the '90-degree' rule." The right angle between the torso and the thighs, the right angle between the thighs and the feet, and the right angle between the upper arm and the hand.

SOFT TISSUES
 Prolonged sitting causes the muscles in the back and neck to become tight and inflexible, which can lead to aches and pains. Slouching forward also causes the spine to curve, putting the spine and muscles under stress. When sitting for long periods, the spine is under stress for a long time, which can lead to chronic pain and other problems.

So what can we do? The experts recommend...

Sitting on something soft: Use a cushion or a soft chair to reduce the pressure on the spine.

Stretching for the back: Stretch the back muscles regularly to keep them flexible.

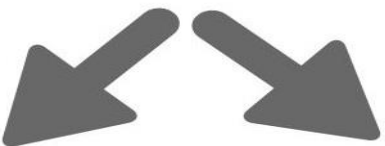
Walking during work: Take short walks during the day to get some movement.

Alternating between sitting and standing: Use a standing desk or alternate between sitting and standing.

Using proper posture: Sit with your feet flat on the floor, your back straight, and your shoulders relaxed.

Staying active: Get some exercise every day, even if it's just a short walk.

Inactive (sitting)



Active (reduced or non-sitting)

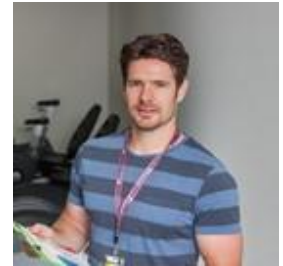
Solutions



Benefits for Type 2 Diabetes of Interrupting Prolonged Sitting with Brief Bouts of Light Walking or Simple Resistance Activities

PC Dempsey, RN Larsen, P Sethi, JW Sacre, NE Straznicky, ND Cohen, E Cerin, GW Lambert, N Owen, BA Kingwell, DW Dunstan

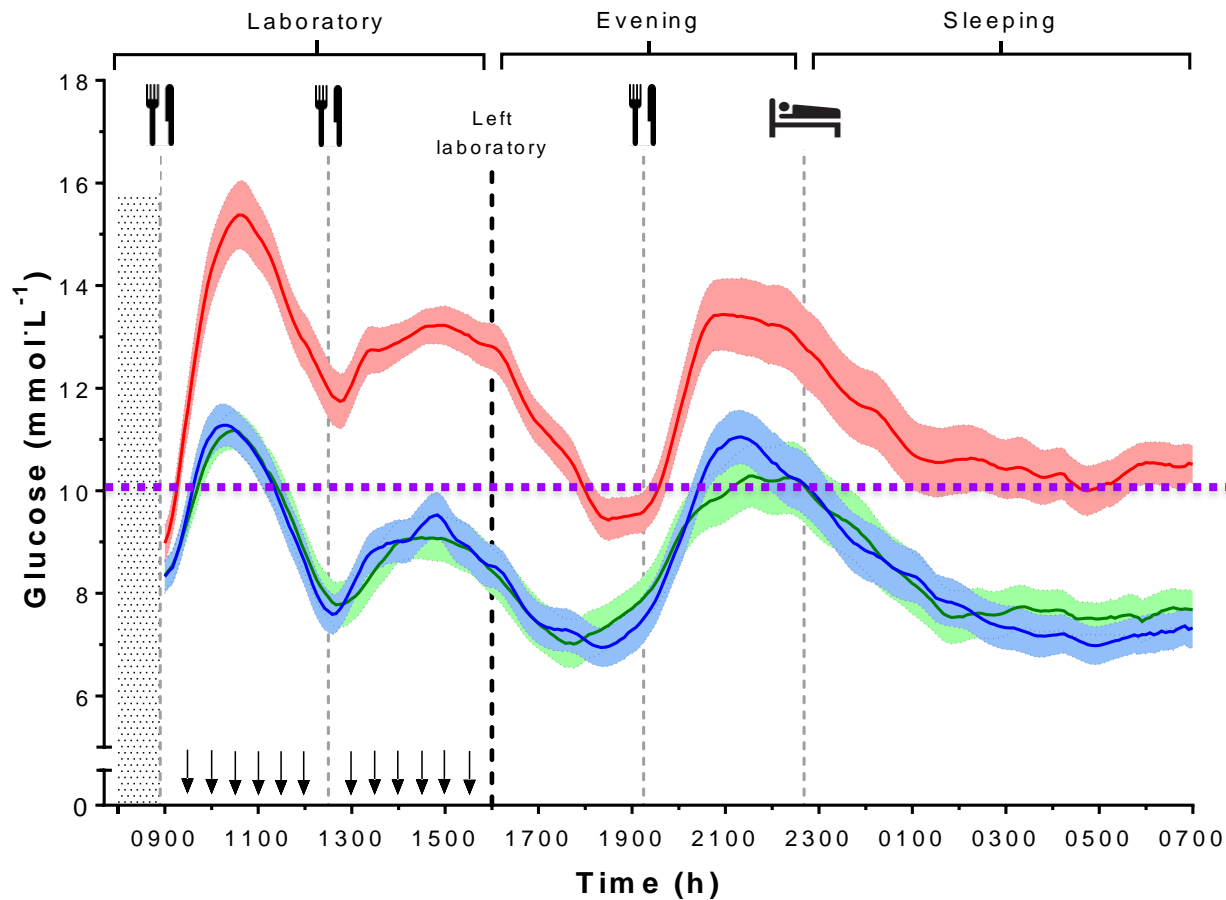
Diabetes Care (2016) 39: 964-72






Paddy Dempsey



Results: ↓ hyperglycemia (CGM)

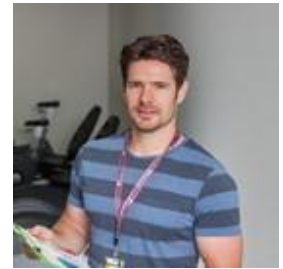
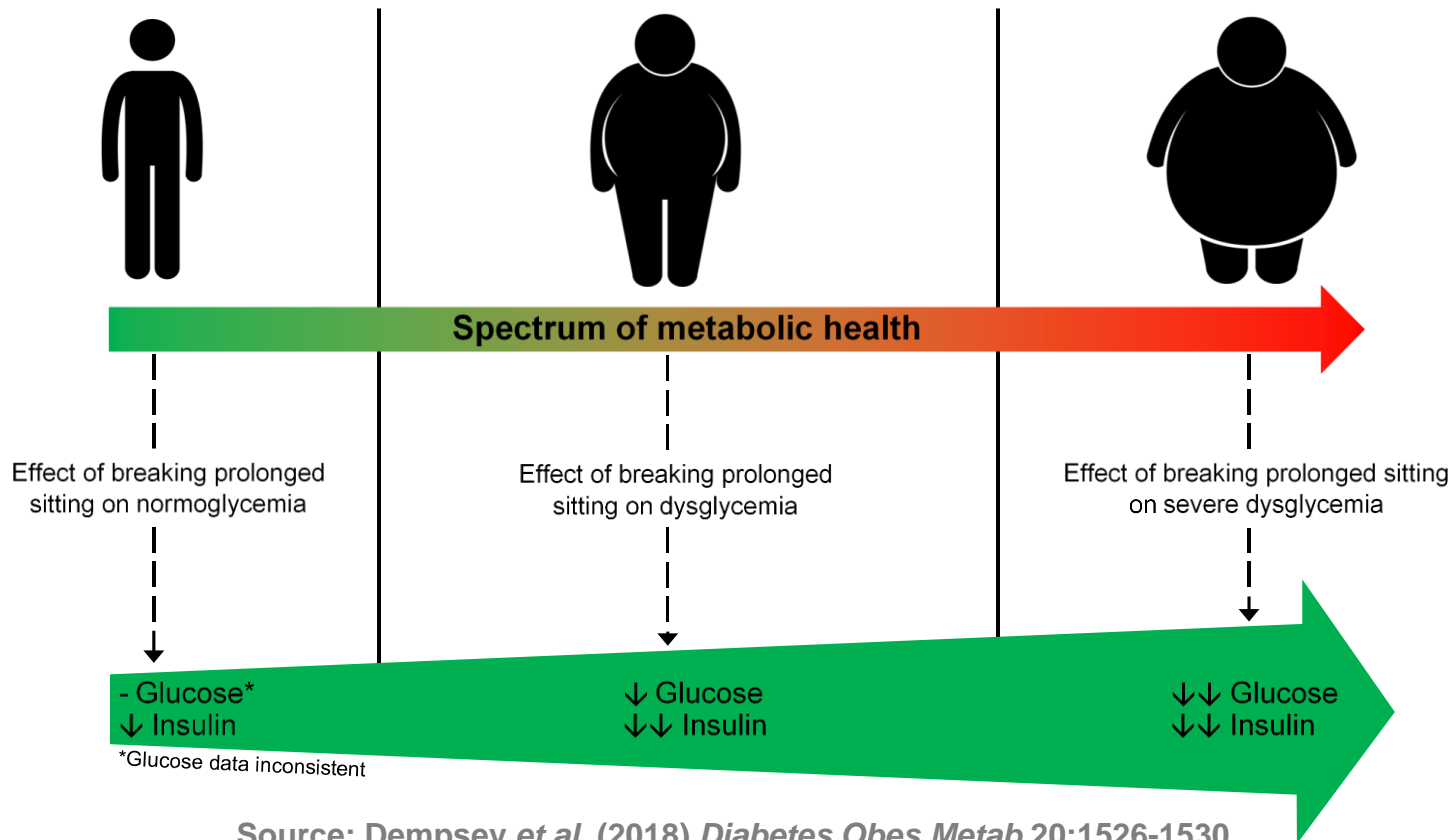


-  SIT
-  LW
-  SRA

≥ 10 mmol = hyperglycemia

Dempsey *et al.*
Diabetologia 2017

Benefits may be proportional to degree of metabolic impairment



Paddy Dempsey



Ashleigh Homer

Source: Dempsey *et al.* (2018) *Diabetes Obes Metab* 20:1526-1530



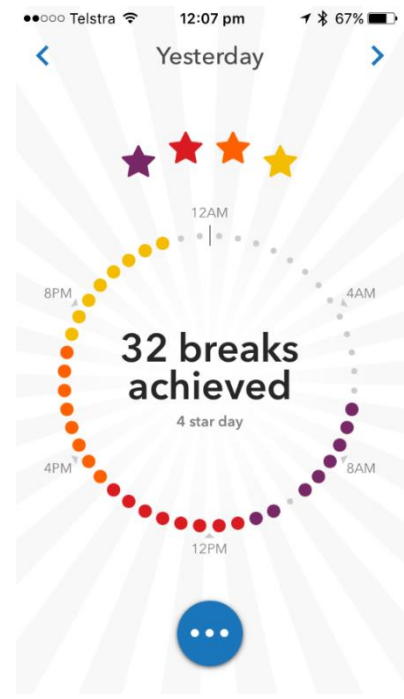
rise & recharge

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HEART & DIABETES INSTITUTE

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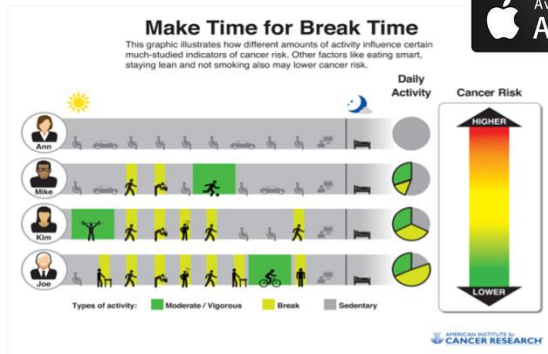
on your feet Britain

10 Ways to Sit Less At Work

1. Stand-up or pace when on the phone
2. Take the Stairs instead of the lift
3. Move your ribcage Bin Away from your desk
4. Walk Over to another room to get a drink
5. Drink water (not coffee)
6. Limit Screen Time to 15 mins
7. Hold Standing meeting
8. Take Walking meeting
9. Sit-stand desk
10. Sit-stand desk

For more info:
www.onyourfeet.org.uk
 @getGBstanding
 onyourfeet-Britain

In partnership:
 Get Britain Standing .org



ANDROID APP ON Google play

Available on the App Store



NATIONAL GET FIT DON'T SIT DAY

GET UP & MOVE!

MAY 6, 2015

American Diabetes Association





Project Grant: 2018-2022

“Can reducing sitting AND increasing daily moving time influence sustained glycaemic control in middle-aged and older office workers with Type 2 Diabetes”

‘The OPTIMISE Your Health study’

CI’s: David Dunstan, Neville Owen, Elizabeth Eakin, Stuart Biddle, Genevieve Healy, Robin Daly, Daniel Green, Marj Moodie, Elisabeth Winkler, Neale Cohen

Recruitment commenced: June 2019

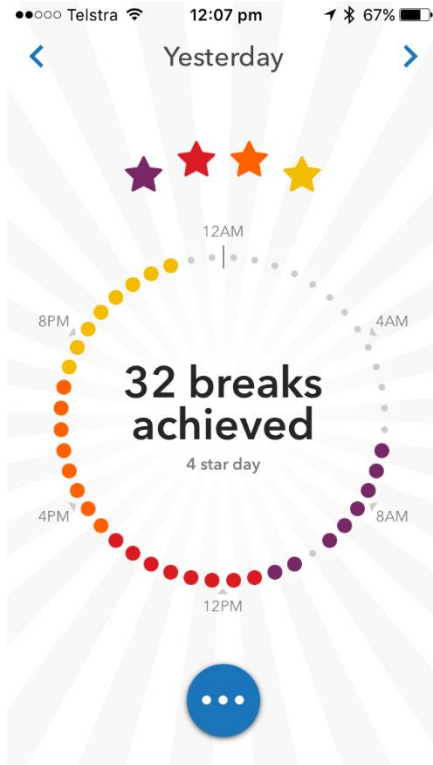
<https://www.baker.edu.au/research/clinical-trials/optimise-study>

Take Home Messages

- Excessive sitting AND physical inactivity is highly prevalent across society
- There is now strong evidence linking excessive sitting to chronic disease risk
- Solutions need to be sought to overcome the ‘normal’ state of prolonged, uninterrupted patterns of sitting in various contexts – particularly workplace/schools
- **The Key Message:** In addition to engaging in health-enhancing exercise, people should be encouraged to minimise the time spent in prolonged sitting and break up long periods of sitting as often as possible

“Sit Less, Move More, More Often”

Thank You For Listening



Physical Activity Laboratory
Baker Heart & Diabetes Institute
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Presentation

Dr Katrina Rank
Director of Education and Lifelong
Learning
AusDance Victoria

ausDANCE
VIC

Dance and ageing populations



aUSDANCE
VIC

Data collection

- reviewed 41 journal articles and papers
- scanned 152 sites (102 for dance programs and 50 for training or professional development)
- released a survey which received 113 responses
- ran 3 focus groups with a total of 19 participants
- held 12 face to face interviews
- received generous support from Queensland Ballet



Terms

Active and agile - includes older people who are ambulant, physically active and can move limbs relatively quickly and easily.

Active and ambulant - includes older people who are physically active but lack the ability to move quickly

People with mobility restrictions or issues who live independently, with or without assistance. These people may be ambulant (walk without assistance) or non-ambulant (use aids such as canes, walkers, wheelchairs). They have a loss of mobility or physical restrictions.

People in Care Facilities may include aged care, hospices, hospitals, day respite or care centres.



Benefits of Dance

- Provide motivation by presenting programs that blend creativity, social interaction, artistic goals and physical activity
- improve physical condition (muscular strength and endurance, balance in older adults) and
- increase social connectedness, while
- boasting very low attrition rates

Motivation & retention

“The completion rate for exercise courses is 40%.

Dance to Health achieved 73%, plus a range of health, artistic and social benefits.”



Older people's dance activities – the first UK survey.

People Dancing:
November 2016, p 4

auSDANCE
VIC

Benefits of Dance

- improve cognitive function and memory consolidation
- improve to brain plasticity and stimulate mirror neurons
- improve proprioception and navigation in space
- improve in balance and gait (falls prevention)
- reduce the risk of dementia and can produce positive results in mental acuity

Hui E, Chui BT, Woo J:
**Effects of dance on physical
and psychological well-being
in older persons.**

*Archives of Gerontology and
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Miller E, Buys L:
Predicting older Australians' leisure-time physical activity: impact of residence, retirement village versus community, on walking, swimming, dancing and lawn bowling. *Act Adapt Aging* 2007, 31(3):13–30

People Dancing. (2016). Older people's dance activities - the first UK survey. Retrieved from <https://www.communitydance.org.uk/content/41324/Live/Older%20People's%20Dance%20Activities.pdf>

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N., Voss M., McAuley E., Kramer A.

Frontiers in Aging Neuroscience,

‘White Matter Integrity Declined
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Intervention Improved Integrity of
the Fornix of Older Adults’,

v9, 2017,

DOI=10.3389/fnagi.2017.00059

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Kaufmann J, Hökelmann A and
Müller NG (2017)

‘Dancing or Fitness Sport? The
Effects of Two Training Programs
on Hippocampal Plasticity and
Balance Abilities in Healthy
Seniors’.

Frontiers in Human Neuroscience.
11:305.doi:
10.3389/fnhum.2017.00305



Skills of a dance facilitator

- The dance leader should be an experienced dance artist or teacher with dance teaching, police checks and first aid qualifications; and this person would have undertaken further studies to extend their knowledge base (not everyone agrees on this)
- Dance professionals working within community, residential and care facilities, should be seen as teaching artists, not as health workers
- Respondents were divided about whether training and professional development should be accredited.



Teaching Dance to Ageing Populations

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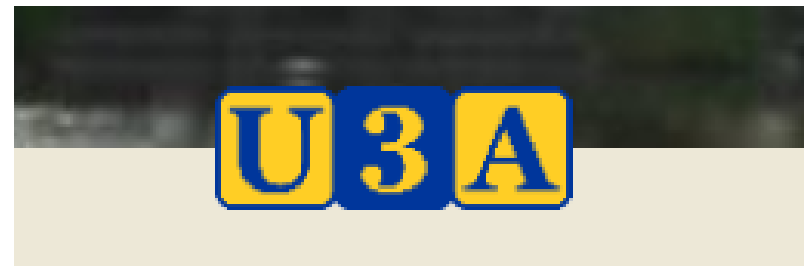
Presentation

Ben Porteous
Programs Coordinator
Boroondara Sports Complex

**BOROONDARA
SPORTS COMPLEX**

Presentation

Glenn Wall
President
Whittlesea U3A



WALKING FOOTBALL



EASTERN METRO REGION FORUM

“PHYSICAL ACTIVITIES FOR THE OVER SIXTIES”

THURSDAY 4 JULY 2019.

PRESENTER:

GLEN WALL VICE PRESIDENT U3A NETWORK VICTORIA

inner east
pcp primary care partnership



Learn
Plan
Share
Connect
Shared Knowledge for
Community Wellbeing



UNIVERSITY OF THE THIRD AGE



**City of
Whittlesea**

www.whittlesea.vic.gov.au



Melbourne City Football Club

WHAT IS WALKING FOOTBALL



Walking football is indoor soccer for people aged over 50. It has modified rules to enable people who aren't very active to be able to participate.



The main differences are you aren't allowed to run, which slows the game down, and you must keep the ball low to the ground.



Socialising and making new friends is very important and the main reason participants attend,



A committed group of older Whittlesea residents from a range of cultural backgrounds have embraced the program, with the aim of encouraging isolated seniors to gain the benefits of gentle exercise and social connection.

IMAGES OF
WALKING
FOOTBALL &
WARM UP
EXERCISE





Whittlesea Seniors Linkup (SSIP) Project

Melbourne City Football Club

WHITTLESEA U3A WALKING FOOTBALL PROGRAM

PARTICIPANT PROFILE

COUNTRY OF BIRTH	NUMBER OF PARTICIPANTS
AUSTRALIA	4
ENGLAND	1
GREECE	3
HONG KONG	1
IRELAND	4
ITALY	6
MALAYASIA	3
PHILIPPINES	2
SCOTLAND	1
SRI LANKA	10
TOTAL	34

MALE	FEMALE
14	20





Melbourne City Football Club



WALKING FOOTBALL JOURNEY IN CITY OF WHITTLESEA & EXPANSION

- 2016** The program was launched at the City of Whittlesea “Young at Heart Games” (Olympics Day for Seniors) in 2016. Funding support provided by VicHealth, with promotion and organisation by partners City in the Community, Melbourne City Football Club, Whittlesea U3A and City of Whittlesea’s Positive Ageing Team.
- 2017** Whittlesea U3A, City in the Community and City of Whittlesea’s Positive Ageing Team agreed to collaborate to promote the program locally and establish as a sustainable physical activity for people over 60 years of age.
- 2018** Whittlesea U3A added as a permanent weekly activity to the activity calendar supported by City in the Community and City of Whittlesea Positive Ageing Team
- 2019** Worked with local U3As supported by City in the Community and City of Whittlesea Positive Ageing team to introduce into U3A Darebin, U3A Maroondah, and U3A Knox. Commenced applying the model to establish programs in U3A Moreland, U3ABanyule, U3A Kingston and U3A Frankston.

Whittlesea Seniors Linkup (SSIP) Project



PROVIDING SENIORS AGED 50 TO 84 WITH PHYSICAL ACTIVITY NEEDS



- Increased physical activity opportunities for people over 60 years who are disadvantaged and less likely to participate.
- Most participants have never played soccer before, coming from Sri Lanka, Malaysia and China, where it is not a common sport.
- Initially participants weren't exercising, didn't want to play or be competitive **BUT** now "love participating" because of the benefits of improved:
 - Skills
 - Fitness
 - Confidence
 - Friendship
- **Most importantly a feeling of improved well being.**
- **Most participants have enrolled in other activities**

THE EFFECTIVENESS OF COLLABORATION TO MEET THE PHYSICAL ACTIVITY NEEDS OF SENIORS



REFLECTION

Share something new or surprising that you have learned from the presentations

MORNING TEA



Keynote

Genevieve Nolan
Programs Manager
Musculoskeletal Australia



Engaging under-represented groups of older adults in physical activity

Genevieve Nolan
Musculoskeletal Australia

Manager, Victorian Active Ageing Partnership

Victorian Active Ageing Partnership

To increase opportunities for participation in physical activity options for older Victorians, especially in areas of socio-economic disadvantage and among isolated, lonely, older people not currently involved in physical activity.



VAAP Coordination Team



MUSCULOSKELETAL
AUSTRALIA



MONASH University



VICSPORT



Three Priority Areas

- Development of partnerships
- Development of workforce and organisational capacity
- Development of pathways for engagement of older people



Aim of Qualitative Study

To gather evidence to improve the design of physical activity programs, and the capacity of service providers, to increase participation by disadvantaged and under-represented groups.

Priority groups:

- socio-economically disadvantaged
- people with a disability
- culturally and linguistically diverse
- socially isolated



Study Methods

Semi-structured interviews with 30 physical activity providers and community organisations

Informants:

Community welfare and support agencies (N=9)

Migrant services (N=6)

Community health services (N=4)

Local government (N=4)

Recreation services (N=4)

Disability services (N=3)

Five Focus Groups = 42 Older People

Characteristic	N (%)
Age (mean SD)	76 ± 10
Gender	
Female	38(90.5)
Male	4(9.5)
Marital Status (n=41)	
Single	33(80.5)
Living with a partner	8(19.5)
Main language spoken at home	
English	21(50)
Other than English	21(50)
Highest level of education	
Primary	16(38.1)
High school	16(38.1)
Higher education	10(23.8)
Medical condition	
Yes	26(61.9)
No	16(38.1)

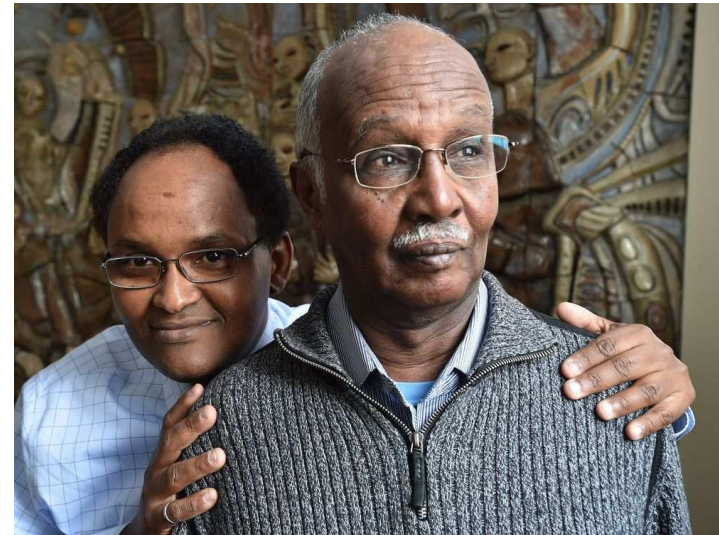
Awareness Barriers

Social isolation

Language and literacy

Onerous referral procedures

Technology access/confidence



Pathways to Awareness

Word of mouth

“I got to know it by accident, you know, from another lady, but I didn’t read it in the local paper or anywhere else.”

Direct referral

Organisational networks

Multi-channel advertising

Community presence



Attendance Barriers

Social anxiety

Stigma

Perceptions of
exercise

Not valuing exercise

Lack of confidence



Cultural factors

Transport

Cost

Limited opportunities

Risk/ duty of care issues

Facilitating Attendance

Offer a gentle, extensive welcome

“Some of the times our staff will take people to a planned activity group or a social group or an exercise class and go with them the first time, help them, you know, navigate what you do when you get there, who the teacher is...”

Create bonding opportunities



Facilitating Attendance (2)

Learn about health, cultural, behavioural needs of participants

Adapt the program

Up-skill leaders to accommodate participant needs

Cultural inclusion and safety

Use diversity to reduce stigma



Facilitating Attendance (3)

Communicate the varied benefits

Offer at low or no-cost

Facilitate transport



Adherence Barriers

Deteriorating health

Loss of motivation

Conflicting commitments

Not fitting in



Unsupportive programs

Transport issues

Affordability

Fostering Adherence

Foster belonging

Stay in contact

Consultation and/or co-design

Reinforce the benefits

Engage participants as volunteers

Fostering Adherence (2)

Provide incentives and rewards

Build confidence with feedback

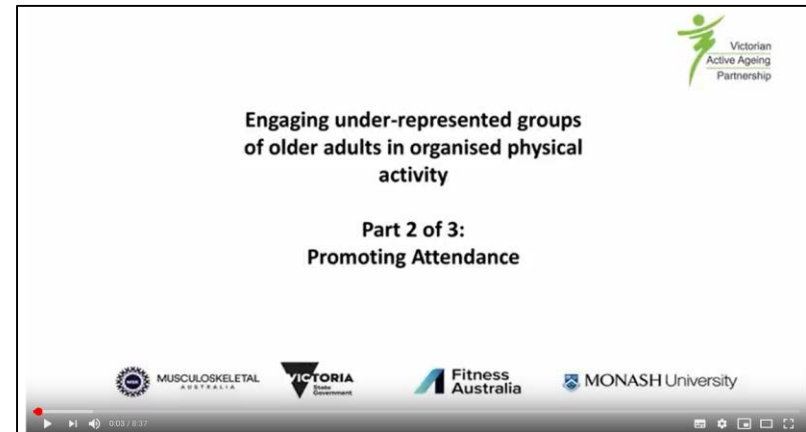
Prioritise enjoyment

Match staff to groups

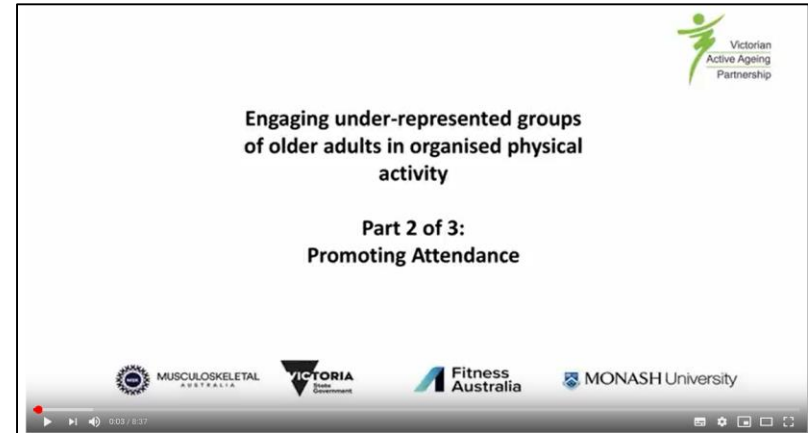


Professional Development Films

Program awareness
Facilitating attendance
Fostering program adherence



Professional Development Modules



VAAP Self-assessment Tool and Resources

Victorian Active Ageing Partnership Self-assessment Tool and Resources (SaTR) for Engaging Older People in Physical Activity



Component	Key Feature	Criteria (What does the key feature look like in practice?) ▼ (Hover mouse over for further information)	Does it currently exist? Y=Yes N=No P=Partly	What are we currently doing well? What might we need to improve?	What we could do to improve – Tips and resources
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ORGANISATIONS: Organisations are committed and have required resources

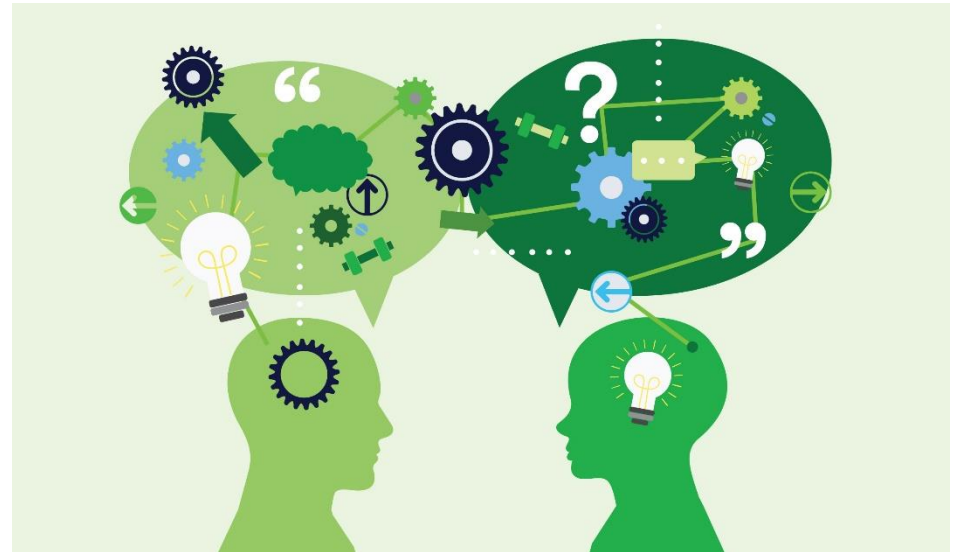
	Attention and Care	Physical activity is tailored to the abilities and preferences of participants			Helpful Tips and Resources
		Risk management actions promote safety and appropriateness of the physical activity and the physical activity environment			
	Positive ageing	Older people are valued, respected and welcomed by all staff			Helpful Tips and Resources
		A written policy, vision or organisational statement outlining organisational commitment and actions to working positively with older people exists			

VAAP 2019 Research and Practice Forum

‘Communication, older people and physical activity: Giving and receiving the message’

Thursday 29 August
2019

RACV Club, Melbourne



Further Information

Genevieve Nolan

genevieve@msk.org.au

(03) 8531 8018

www.msk.org.au/vaap/



Table Discussion

1. What are you already doing to engage under-represented older adults in physical activity?
2. What do you need to change to be more inclusive of under-represented older adults?
3. What support would you need to be able to make these changes (apart from more funding)?

Slido.com

1. Open your phone's web browser
2. Enter *slido.com*
3. Enter the code: PAF

QUESTION 1:

How would you rate your engagement with under-represented older adults in your physical activity programs

QUESTION 2:

Use 2-3 words to describe what supports are needed for you or your organisation to be more inclusive of under-represented older adults in your physical activity programs

Presentation

Associate Professor Pazit Levinger
Senior Research Fellow
National Ageing Research Institute



Presentation

Simon Gray

Group Manager Program Development
Sport & Recreation Victoria



Active Victoria

Simon Gray

Sport and Recreation Victoria



WHAT'S THE PROBLEM



WHAT'S THE PROBLEM?



3.2 million

Victorians are
not sufficiently active

60% of adults and
80% of children in Victoria
do not meet recommended levels
of physical activity



WHAT'S THE PROBLEM?

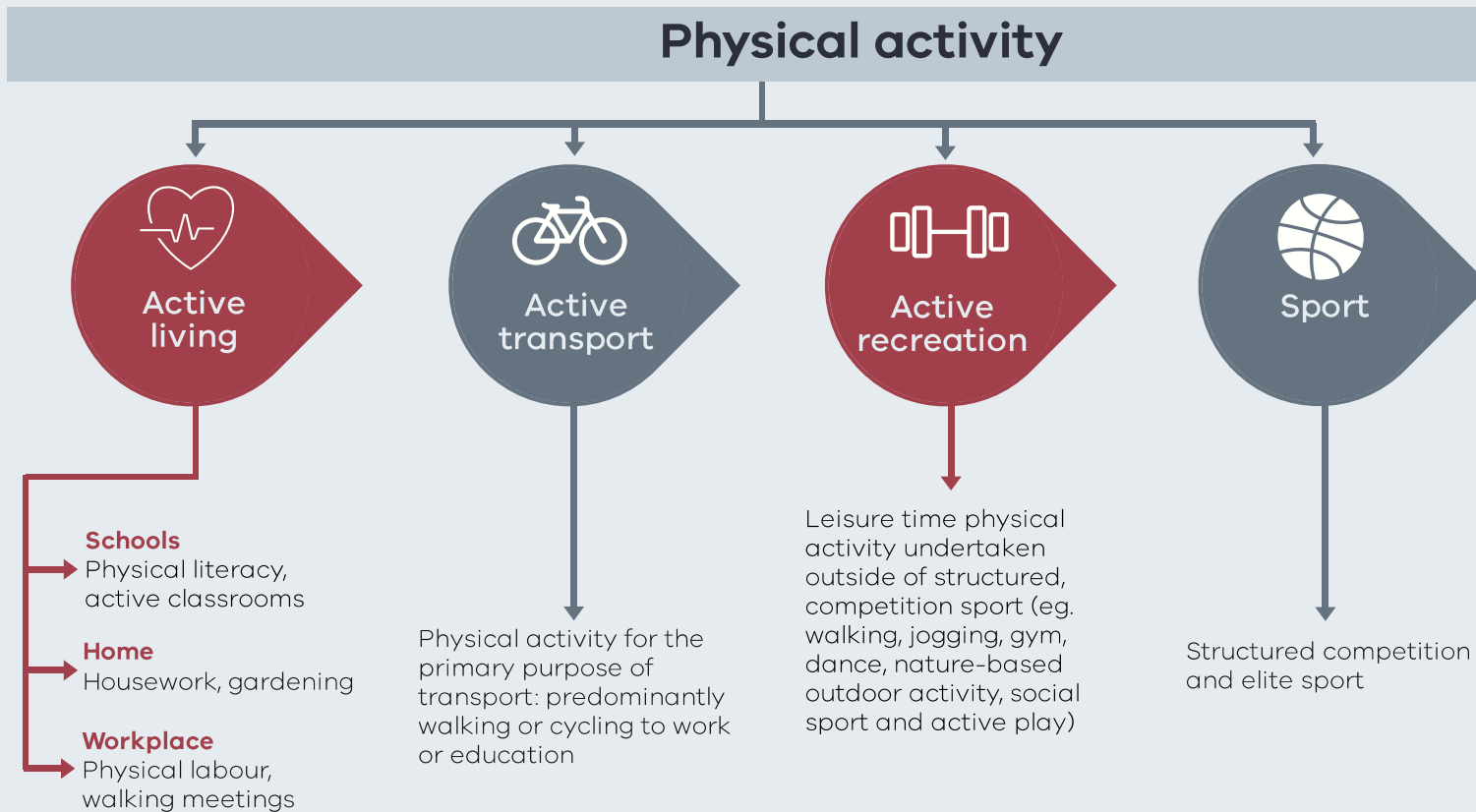
**EVERY 1%
INCREASE**



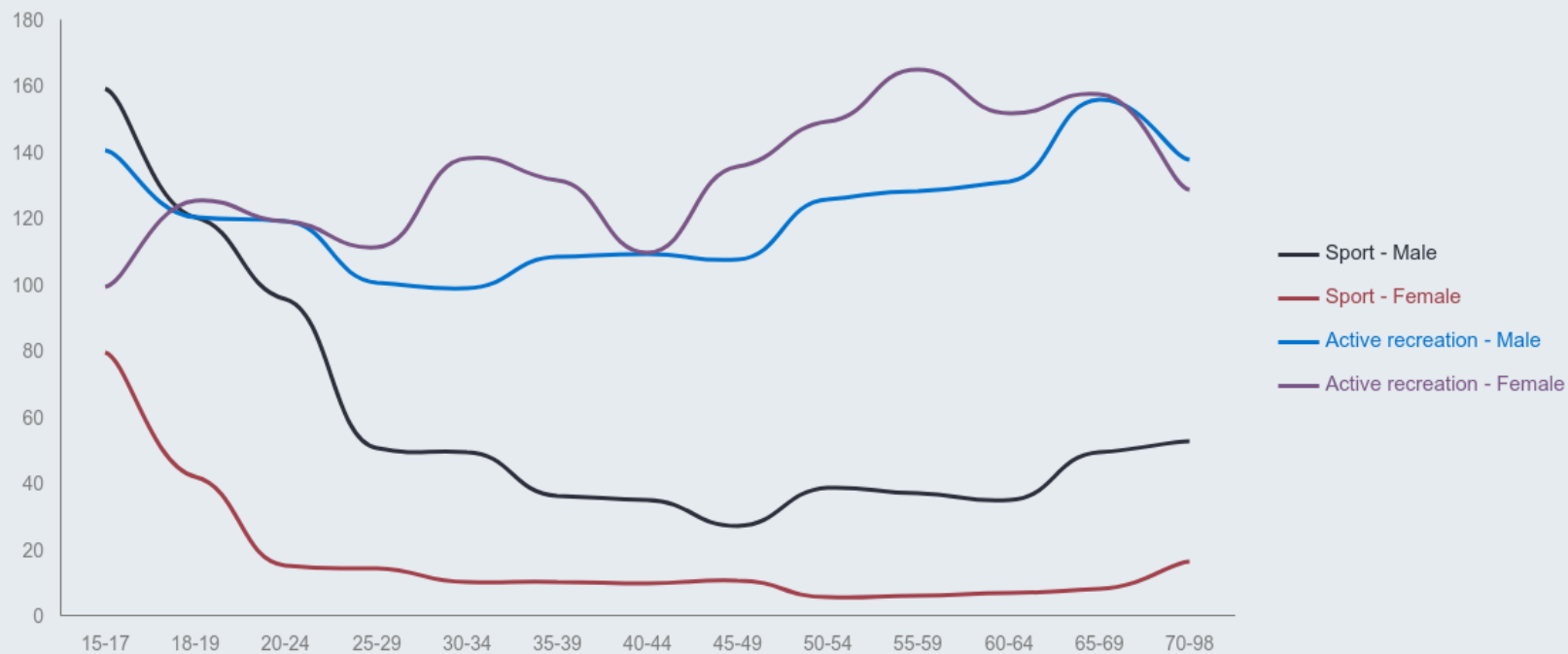
in the number
of Victorians who are
sufficiently active will
result in

-
- **\$33.5 million savings**
 - **1,300 new jobs**
 - **\$160 million** economic growth

WHAT IS ACTIVE RECREATION?



HOW VICTORIANS PARTICIPATE



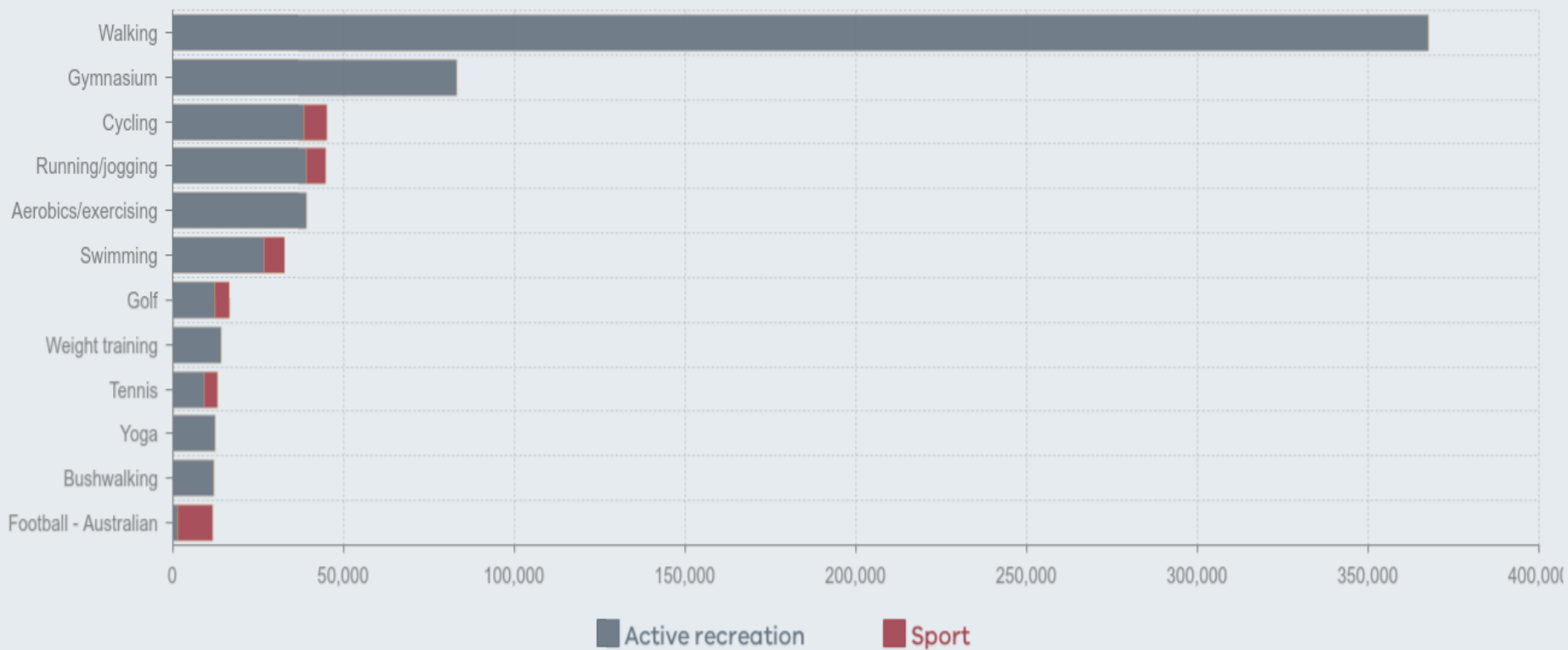


WHY ACTIVE RECREATION?

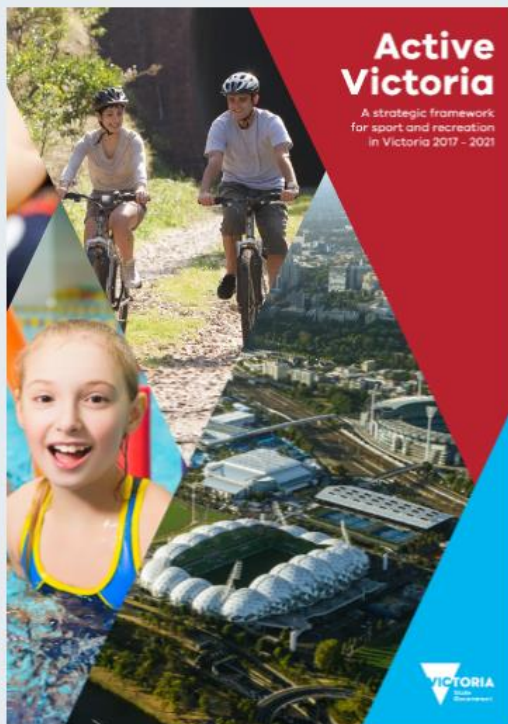
80%

of time spent participating in
exercise, sport and recreation
is active recreation

ACTIVITIES VICTORIANS CURRENTLY PARTICIPATE IN - PHYSICAL ACTIVITY SESSIONS PER YEAR ('000)



ACTIVE VICTORIA - STRATEGIC FRAMEWORK



Strategic directions:



1. Meet future demand



2. Broader and more inclusive participation



3. Additional focus on active recreation



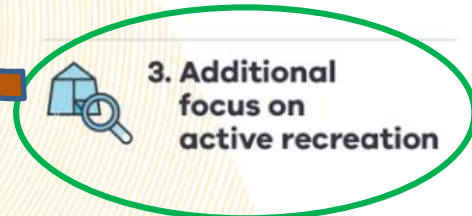
4. Build system resilience and capacity



5. Connect investment in events, high performance and infrastructure

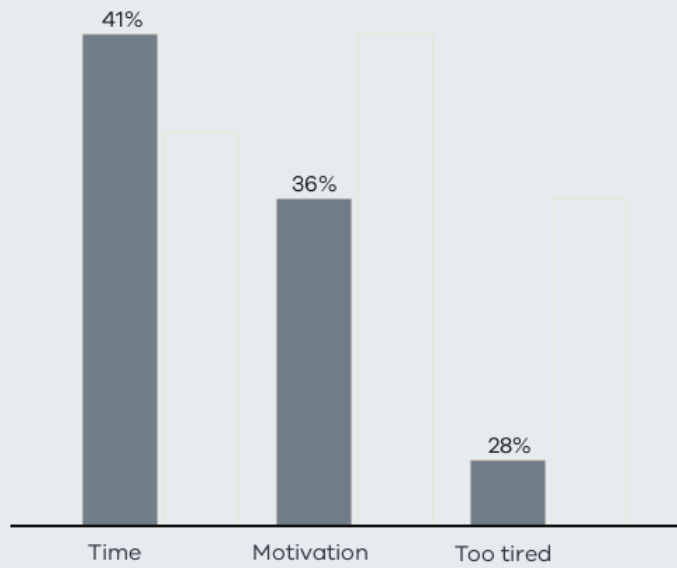


6. Work together for shared outcomes

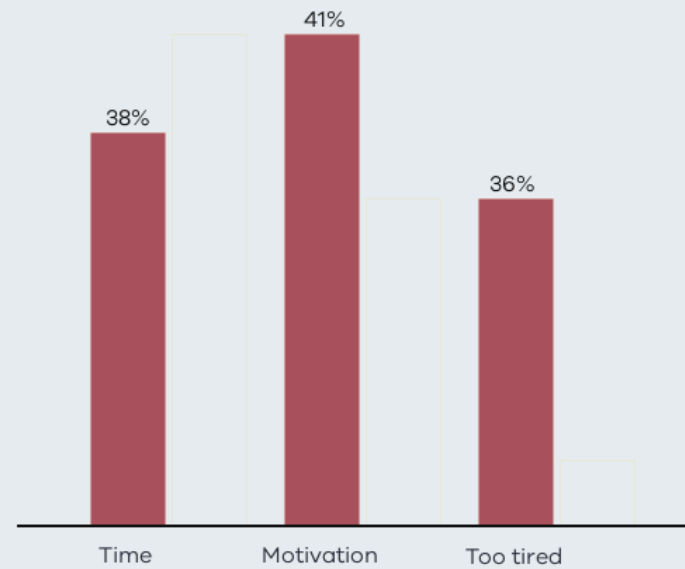


BARRIERS TO BEING ACTIVE

Males

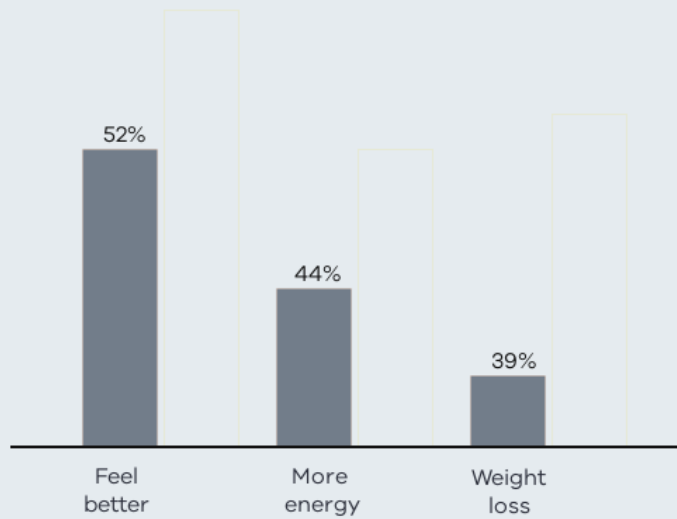


Females

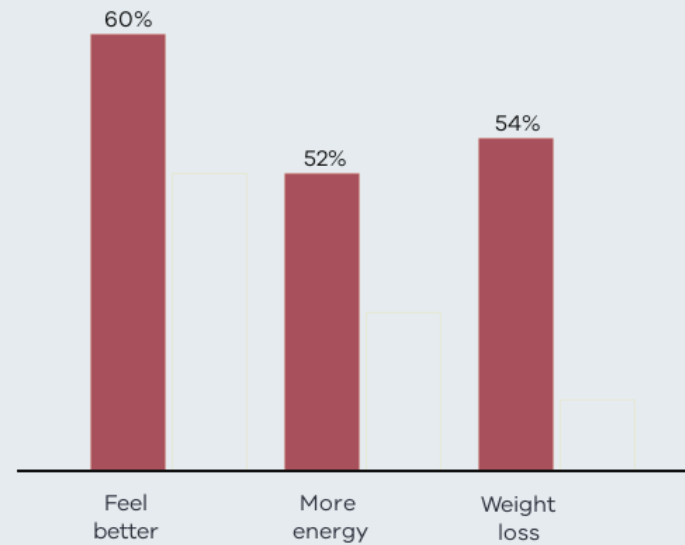


MOTIVATIONS TO BE MORE ACTIVE

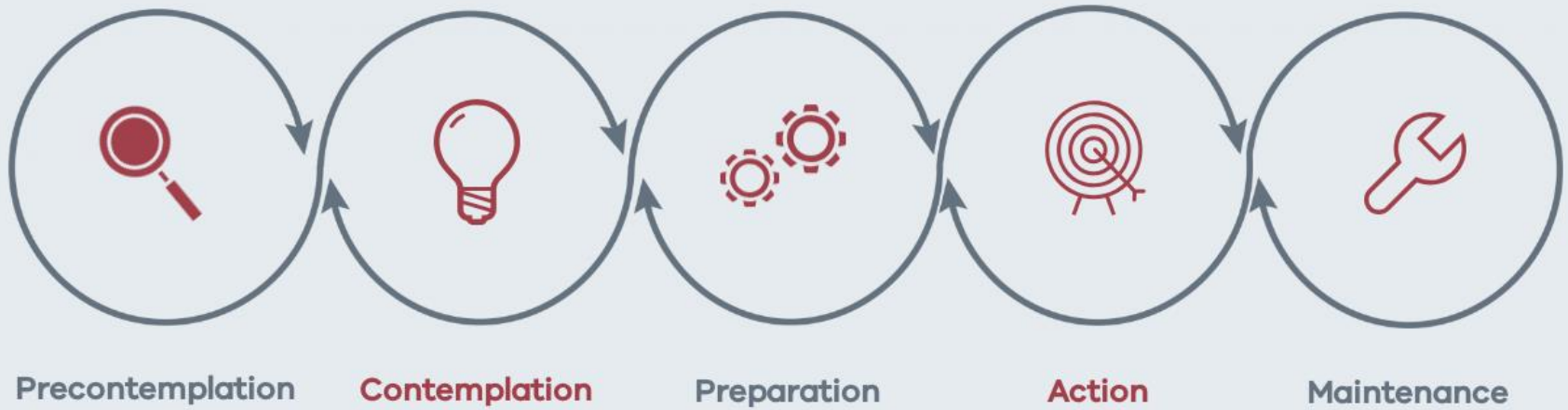
Males



Females



BEHAVIOUR CHANGE MODEL



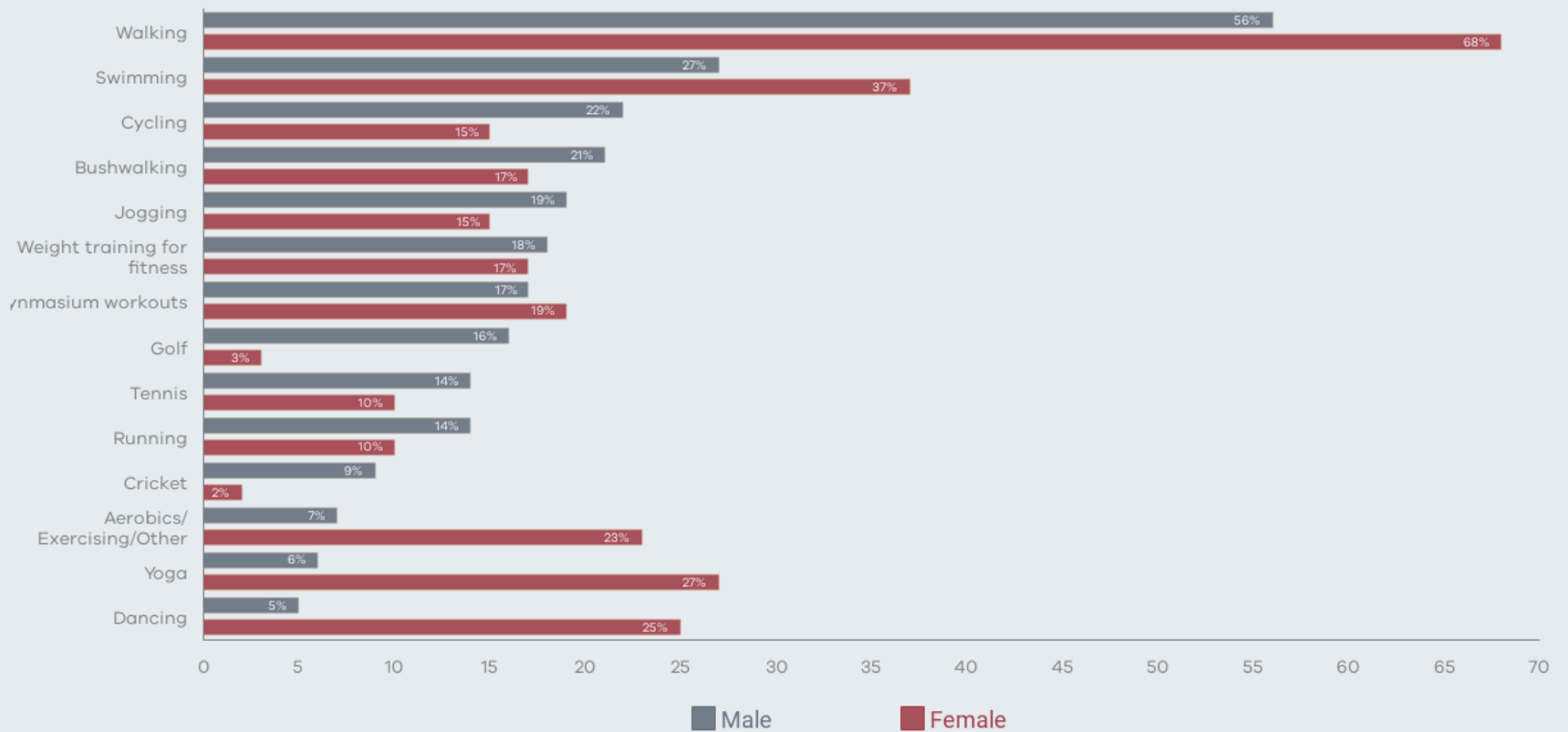


THE OPPORTUNITY

75%

of insufficiently active Victorians have considered, are preparing or trying to increase their physical activity

ACTIVITIES VICTORIANS WOULD PARTICIPATE IN





OPPORTUNITIES



3.2 million Victorians are not sufficiently active



75% of them want to be

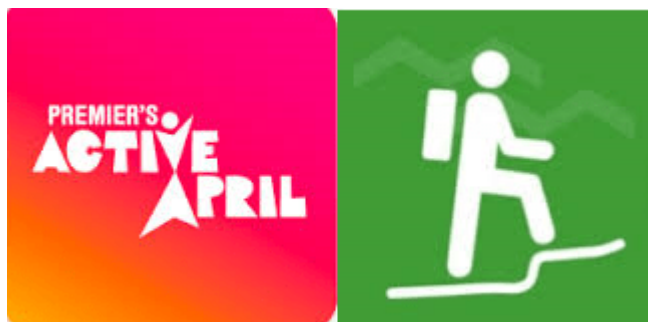


Active recreation already represents **80%** of participation



Places and spaces that enable active recreation are a **key** factor

Partnership opportunities for Healthy Active Ageing



CHANGE OUR GAME

Working to level the playing field for women and girls in sport and active recreation.



Together More Active

Building the capacity of the Victorian sport and recreation sector

Application guidelines

Active Seniors in the Outdoors

www.outdoorsvictoria.org.au/active-seniors-in-the-outdoors/

OV is working alongside Seniors Online, The Australian Camps Association and Sport & Recreation Victoria to provide easier access to Age-friendly activities in Victoria's Outdoors.

We are reaching out to all Outdoor clubs, organisations to encourage them to list their 'age friendly' activities on the Seniors online website as well as offer discounts to Seniors Card holders.



Active Seniors in the outdoors

Click here to visit your portal to all the **nature-based recreational activities, clubs and information** you'll need to assist you into the outdoors.



Australian Camps Association

The staff at **ACA** are ready to help you with all your **camps** related queries.



SENIORS CARD welcome here

Seniors Online

Seniors Card discount directory :

[Leisure & Recreation](#)

[Tourist attractions and activities](#)

[Travel Services](#)

[Camping](#)



More helpful Information for Active Seniors

Follow this link for more supportive information and Organisation who can help connect you to health and wellbeing.



Apps for your Smartphone
Other



Ballooning
Air



Bushwalking/walking
Earth



Canoeing & Kayaking
Water



Cycling
Earth



Diving
Water



Fishing & Angling
Water



Four Wheel Driving
Earth



Gardening
Earth



Golf
Earth



Horse Riding
Earth



Land Care/Environment
Air, Earth, Water



Orienteering



Outdoor Gear



Sailing & Boating



Swimming

SRV Camps

- SRV operates 5 residential camp sites across Victoria:
 - Howman's Gap (Falls Creek)
 - Mt Evelyn
 - Mt Eliza
 - Bacchus Marsh
 - Anglesea
- Leased to YMCA Victoria
- Host 'Get Active Expos'



Thank you!

Simon Gray

Sport and Recreation Victoria

Email: simon.gray@sport.vic.gov.au

Telephone: 03 9096 7369

Mobile: 0448 655 243



Mount Timbertop, (Mansfield VIC)

Presentation

Jen Schrader

Program, Services & Community
Support

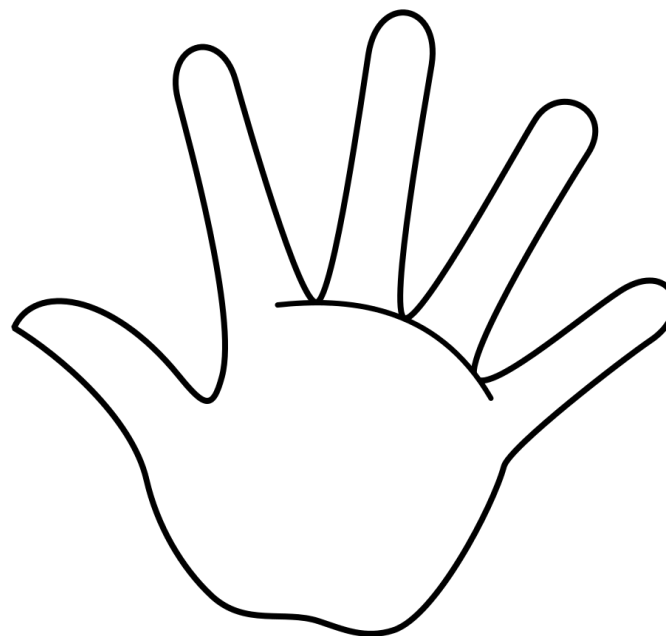
Yarrunga Community Centre



Reflections

Reflections

- Thumbs up
- Pointer
- Not so good
- Commitments
- Links





inner east
pcp primary care
partnership

WRAP UP & THANK YOU

