

## Section 2: Well for life – Help sheets

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## Introduction

These help sheets provide information and tips to inform discussion, strategies and action on improving physical activity and nutrition opportunities for older people at home.

## Using these help sheets

The help sheets in this Resource Kit can be used:

- to introduce staff to the areas of nutrition and physical activity for older people
- to reflect on current practice, and
- as an educational tool for staff training.

## Help sheets from other publications

This section also includes references to help sheets from the complementary resource to this Resource Kit:

*Identifying and planning assistance for home-based adults who are nutritionally at risk: a resource manual* (Department of Human Services, 2001)  
<http://www.health.vic.gov.au/hacc/downloads/pdf/resourcemanual.pdf>

Help sheets from the abovementioned Department of Human Services resource are referred to as Help sheet x (Nutrition resource manual).

## Help sheet 1:

### Nutritional risk screening and monitoring for older people at home

Nutritional risk screening and monitoring for older people at home is comprehensively explained in:

*Identifying and planning assistance for home-based adults who are nutritionally at risk: a resource manual* (Department of Human Services, 2001)

This manual complements the *Well for life* Resource Kit. It was developed by members of the Dietitians Association of Australia (DAA), Victorian Branch, with Home and Community Care (HACC) Program funding from the Department of Human Services. Help sheets from *Identifying and planning assistance for home-based adults who are nutritionally at risk: a resource manual* are referred to as Help sheet x (Nutrition resource manual).

The Nutrition resource manual can be obtained from the following website: <http://www.health.vic.gov.au/hacc/downloads/pdf/resourcemanual.pdf>

### Who the Nutrition resource manual is for

The Nutrition resource manual is designed to demonstrate and advocate for the introduction of nutrition risk screening and monitoring to the assessment process of all vulnerable adult clients (frail older people, younger adults with disability and people living in alternative accommodation) who require community services to remain living independently (Nutrition resource manual).

It addresses nutritional issues for older people at home. In a few instances the very complex needs of high dependency clients have warranted separate sections in the Nutrition resource manual.

### Purpose of the Nutrition resource manual

As well as explaining nutritional risk screening and monitoring, the Nutrition resource manual also gives many practical suggestions about solving problems of older people with nutritional risk and information on where further assistance may be sought for them.

### Contents of the Nutrition resource manual

#### Nutrition Risk Screening Tool



- Guidelines to support primary health and community service staff to screen for nutritional risk as part of the initial needs identification process. This tool is included in the Service Coordination Tool Templates (see Health Behaviours Profile) developed by the Department of Human Services for use by member agencies of Primary Care Partnerships (see Sections 1 and 2).
- Strategies for using the nutritional risk screening tool in day centres, such as Planned Activity Groups, to observe people in these settings (see Section 2).

## Help sheets

Individual help sheets are provided on each question included in the risk screening tool. Each help sheet provides:

- a rationale for the individual trigger question
- comments which should prompt further inquiry by the assessor
- observations and further questions to assist needs identification
- suggestions for simple interventions and recommendations for monitoring (see Section 3).

A series of help sheets following the same format as described above to address:

- general factors affecting nutritional opportunities for older people at home, for example, financial difficulties, social problems, personal hygiene and food hygiene problems (see Section 4)
- dietary principles and problems including, food habits and patterns, the importance of fluid intake, how to be well nourished on delivered meals (see Section 5).

A list of help sheets included in the Nutrition resource manual is provided below.

## Assistance

- Ways in which dietitians can assist older people at home and services are outlined in Section 6.

## Case studies



- Case studies are provided to illustrate practical application of the nutritional risk screening tool leading to the identification of factors relevant to nutritional risk, interventions and monitoring strategies (see Section 6).

## Quality improvement

- Information on how the nutritional risk screening tool can be used in quality improvement processes to evaluate the type and extent of nutritional risk in the services' client population (see Section 6).
- An example of a satisfaction survey that could be used by primary health and community service organisations to receive client feedback on meals services (see Section 6).

## Education supplement

A training manual to support organisations train staff on nutritional risk screening and monitoring. This is usually organised using the services of a dietitian.

- *Identifying and planning assistance for home-based adults who are nutritionally at risk: a training manual* (Department of Human Services, 2001).

Contact your local HACC or community health service dietitian for more information on how to organise these sessions.

## Identifying and planning assistance for home-based adults who are nutritionally at risk: a resource manual – help sheets

(Department of Human Services, 2001)

<b>Section 2</b>	<b>Screening and monitoring</b>
2.1	Nutritional risk screening and monitoring as part of the assessment and intervention process
2.2	Nutritional risk screening and monitoring trigger questions
2.3	Nutritional risk screening and monitoring tool for home-based adults
2.4	How does nutritional risk screening and monitoring fit into assessment and planning assistance for intervention?
2.5	General assessment includes factors relevant to nutritional risk
2.6	Checklist for intervention
2.7	Monitoring is conducted as required
2.8	Nutritional risk screening in other settings
2.9	Nutritional risk screening and monitoring in other settings
<b>Section 3</b>	<b>Nutrition and health issues</b>
3.1	Obvious underweight-frailty?
3.2	Unintentional weight loss?
3.3	Reduced appetite or reduced food and fluid intake?
3.4	Mouth or teeth or swallowing problems?
3.5	Follows a special diet?
3.6	Unable to shop for food?
3.7	Unable to prepare food?
3.8	Unable to feed self?
3.9	Obvious overweight affecting life quality?
3.10	Unintentional weight gain?
<b>Section 4</b>	<b>General needs assessment</b>
4.1	Summary of general assessment factors affecting food and nutrition
4.2	Financial difficulties
4.3	Social problems
4.4	Personal hygiene and food hygiene problems
4.5	Mental health problems
4.6	Poly-drugs (more than three types of medication daily)
4.7	Nausea and vomiting
4.8	Diarrhoea
4.9	Constipation
4.10	Incontinence
4.11	Breathing problems in the older person
4.12	Outline of some medical problems affecting nutrition

**Section 5 Dietary principles and problems**

5.2 Food habits and patterns

5.3.1 Good nutrition for older people: The 1 3 3 4 5+ food plan

5.3.3 Who needs extra foods in addition to the daily food plan?

5.3.3.1 High energy foods and drinks

5.4 The importance of fluid intake

5.5 Alcohol as part of a vulnerable person's intake

5.6 Vitamin D

5.7 Use of vitamin and mineral supplements

5.8 How to be well nourished on meals on wheels (MOW)

5.9 Outline of some food and dietary problems

5.10 Brief counselling methods

**Section 6 Assistance**

6.1 Summary of roles and functions of dietitians in home-based care

## Help sheet 2:

### The role of nutrition and the provision of food in group settings

For older people attending group sessions, for example, Planned Activity Groups, the meal and snack times are opportunities for social enjoyment of food and provision of food in support of the nutritional needs of participants. Also at these sessions, a participant's nutritional risk can be monitored and relevant nutrition information offered.

Policies are useful to focus a group around an issue of importance. A food and nutrition policy for a group should state the role of nutrition and the provision of food, including drinks, in the group's activities. This then becomes a standard against which the activities of the centre can be organised and potentially measured.



Under a policy, the centre then arranges the nutrition and food activities into objectives against which they can be measured. Setting yourself up to be measured sounds like creating extra work for yourself but it is useful for meeting quality assurance/improvement standards, giving the organisation a feeling of achievement ('yes we have done that or are achieving this'), and providing staff with a common purpose.

(See Nutrition resource manual, Section 6)

Objectives may include such things as:

- We will hold a good food message activity once a month.
- We will offer all participants a serve of fruit to eat each time they attend.
- Our menu will offer higher fibre breads and biscuits more often than white bread and biscuits.
- We will offer drinks other than just tea or coffee during the session.
- We have systems arranged for referring participants with nutrition or weight issues.
- We use the Nutrition Risk Screening Tool in our assessment to identify our older people who are at risk of poor nutrition.

Being physically active supports good nutrition. Therefore objectives regarding physical activity can also be included, such as:

- We will monitor people for signs of inadequate physical activity (see Help sheet 13 in this Resource Kit).
- We are aware of people's preferences regarding physical activity.
- We will provide people with an opportunity to be physically active in a safe way.

The *Victorian Home and Community Care (HACC) Program Manual* (Department of Human Services, 2003) lists the recommended serves of food groups (see Section 7.7.4, Table 2). This should be the starting point for the provision of meals and snacks in a group setting.

### HACC Program delivered meals recommended servings

(Source: *Victorian Home and Community Care (HACC) program manual*, Department of Human Services, 2003)

\* Weight in grams is for cooked food, except for rice and pasta item

Food Group	Portion Size*
<b>1. One Serving: Meat/Alternative</b>	
Meat/poultry/fish	75–90 grams
Peas/bean/lentils	1 cup
<b>2. One Serving: Potato/Alternative</b>	
Potato	90 grams
Rice or pasta occasionally	120–150 grams
<b>3. One Serving: Green Vegetable</b>	
Green vegetable	60 grams
<b>4. One Serving: Yellow or Orange Vegetable</b>	
Yellow or orange vegetable	90 grams
<b>5. One Serving: Fruit</b>	
Fruit (cooked/prepared)	120 grams
Whole fresh fruit	1 medium
<b>6. One Serving: Bread/Cereal/Alternative</b>	
Bread	1 slice
Bread Roll	1
Muffin	1
Dumpling	1
Pancake	1
Prepared breakfast cereal	1/2 cup
Oatmeal/barley/semolina	25 grams dry weight
Rice/pasta (This cannot be counted as a serve of potato)	120–150 grams
<b>7. One Serving: Milk/Alternative</b>	
Milk	200 ml
Cheese	30 grams
Yoghurt	150 grams
Skim Milk Powder	20 grams
Cottage Cheese	250 grams
<b>8. One Vitamin C Supplement: Minimum Amount Daily</b>	
<b>Fresh Fruit:</b>	
Orange, small 1	50 grams
Mandarin, large 1	90 grams
Tomato, medium 1	110 grams
Grapefruit	100 grams
Pineapple, 1 whole slice – 1.5 cm thick	110 grams
Paw Paw diced 1/3	50 grams
Cantaloupe diced cup	100 grams
Strawberries 10 medium	70 grams
Pure Fruit Juice	
Orange Juice	75 ml
Grapefruit Juice	100 ml
Tomato Juice	200 ml
Vegetable Juice	150 ml
Tropical Fruit Juice	150 ml
Orange and Mango Juice	75 ml
Apple Blackcurrant Juice	60 ml

Fruit juices may be supplied in one of these forms:

- chilled fruit juices delivered in cartons or plastic containers, which should be stored under refrigeration for not longer than one month and used within ten days after opening
- canned juices, which should be kept under refrigeration and used within two days after opening. Once opened the juice is to be dispensed into a clean food grade container with fitted lid
- fresh juices, which should be squeezed daily, kept refrigerated and consumed within two days.

For older people and their carers, the decision on the food provided in the group will allow them to organise the other two meals they will eat during the day. Some older people may rely on a delivered meal, so the group meal either complements this meal or replaces it, depending on whether the group offers a light or main meal respectively.

### How can a dietitian help?

A dietitian can help by:

- drawing up a food and nutrition policy that is relevant to the service and the clients
- assisting with interpreting the HACCC recommended serves for your service
- assisting with menus and recipes
- assisting with evaluating objectives
- assisting in developing food and nutrition related activities.

If you do not yet have a dietitian, contact the relevant state branch of the Dietitians Association of Australia (DAA) for advice on how to find an accredited practising dietitian who specialises in nutrition and older people and food services or consult your local community dietitian. See Help sheet 14 in this Resource Kit for dietitian contact information.

The same policy development process should occur with physical activity to form a combined policy with nutrition as these two aspects are complementary to the general wellbeing of any person. See Help sheet 14 in this Resource Kit for physiotherapist contact information.

### For more information

The 'Go for your life' website contains information and practical tips on ways to be more active and improve nutrition. 'Go for your life' is a component of the Victorian Government's Healthy and Active Victoria Strategy that aims to improve the overall health and wellbeing of all Victorians by increasing levels of physical activity, improving eating habits, getting people involved with their community and acting as volunteers.

<http://www.goforyourlife.vic.gov.au> or 1300 73 98 99

***Good food, better health, more independence.***

## Help sheet 3:

### Designing a quality dining area

This help sheet provides ideas for service providers, such as Coordinators of Planned Activity Groups (PAGs), on designing dining areas within their centre. PAGs' major focus is to provide a planned program of activity directed at enhancing skills required for daily living. Meals are provided when people attend during lunchtime.

The atmosphere in the dining area can affect the older person's enjoyment of food. The dining area should provide a relaxed, comfortable environment that encourages people to enjoy their meal.

Where facilities are limited, even tablecloths and a small posy of flowers can brighten the atmosphere. Quiet background music may enhance the setting. If possible, older people should have a choice about where and with whom they wish to eat.

### Building, renovating and decorating dining areas

Consider the following guidelines when planning to build, renovate or decorate your dining area:

#### Style

Consider the era and style that is most relevant to clients. This may vary according to the age and culture of clients.

#### Colour

Use restful colours for walls and furnishings, for example, pastels with contrasting stronger shades in pleasing combinations and patterns. These are more likely to impart a relaxed eating atmosphere than bright primary colours.

#### Lighting

The room should be well lit for safety and to enhance food appearance. While building design may be a limitation, where possible, maximise use of natural light. Windows, a garden aspect or skylights will bring in more natural light.

Check the level of glare in the room, as this can cause difficulties for older people with a visual impairment.

#### Temperature

Room temperature is important for enjoyment of eating. Ensure protection from drafts, adequate heating and air-conditioning to achieve good temperatures throughout the year.

#### Noise level

Extra noise can be unpleasant and distracting for those who need to concentrate fully on tasks, including eating. While it is necessary for the kitchen to be next to the dining area, excessive kitchen noise should not be heard in the dining area. Quiet background music could provide a relaxed atmosphere for older people throughout the meal. The atmosphere should encourage conversation between people.

### Furniture

Arrange tables and chairs to allow for ease of movement and sufficient space for staff to assist in serving meals. Also, table heights may need to vary for older people to eat comfortably from their wheelchairs or from standard chairs with arms.

Have a mixture of table sizes to allow for smaller or larger groups to sit together. Round tables that seat 4–6 people can be appealing but generally take up more space. Square or oblong shapes allow you to join tables together for special functions.

### Table decorations and linen

Use attractive and coordinated tablecloths, serviettes, crockery and cutlery to create a pleasant eating environment. Table decorations could include floral arrangements or ornaments, varied for different occasions. A pleasant environment, appropriate for the culture and background of the clients, can enhance the experience of mealtimes and contribute to wellbeing.

### Outdoor catering

Use outdoor areas for special event meals, such as birthdays, Melbourne Cup lunch or other celebrations, or have a regular day for a barbecue. Outdoor eating provides a change to routine. It also increases opportunities to undertake some appropriate physical activity and have sunlight exposure, which is important for Vitamin D status (see Help sheet 4 in this Resource Kit). However, when UV light and/or heat are at their strongest, a shaded area is recommended. Even ground, ease of access and comfortable seating are important.

### Costs

If the budget does not stretch to making major improvements in all areas at once, plan for coordinated changes.

### Expert advice

- Seek opinions from a client focus group about how they would like a dining area to look.
- Observe what others in the field have done.
- Seek expert advice from an architect, occupational therapist, interior decorator or food service planning expert.
- Obtain reference materials from libraries, including those of tertiary institutions that have architectural, allied health and catering schools.

### References

Adapted from: Stewart, A (1999) Nutrition guidelines for residential aged care facilities (unpublished), Contact Alison Stewart, Consultant Dietitian, Ph: 0417 589 695.

Department of Human Services (2003) *Victorian Home and Community Care (HACC) Program Manual*, pp. 57–58.

***Ensuring that clients are relaxed and comfortable will encourage them to enjoy their meals.***

Vitamin D is important for both bone and muscle strength and is necessary for calcium absorption (NHMRC, 1999). Vitamin D is mostly gained through the action of sunlight on skin and in lesser amounts through the diet from Northern Hemisphere fatty fish, such as herring and mackerel, and Vitamin D fortified margarine and milk. People who remain indoors are at high risk of deficiency of this vitamin, making them more prone to bone fractures. Note that glass and sunscreens block the important rays from the sun which make Vitamin D.

To maintain good Vitamin D levels, it is recommended that hands, face and arms without sunscreen are exposed directly to sunlight for short periods on most days. Note that it is still important to avoid extended sunlight exposure between 10 am and 2 pm in the Summer months (or 11 am and 3 pm daylight saving time) because of the risk of skin damage. Easy access to shade and use of sunscreen during extended exposure periods are essential and drinks are important for prevention of dehydration. If a client is unlikely to receive adequate sunlight exposure, it is recommended that they seek advice from their general practitioner.

**When varying the environment or style of eating, ensure you follow your food safety plan: refer to Help sheet 6 in this Resource Kit, 'Food safety issues for group settings'.**

## Help sheet 4:

### Increasing variety at mealtimes

A change of environment or style of eating is stimulating and adds interest. See if you can add any of the following to your yearly planner to increase food variety and the social experience for clients.

#### Religious celebrations

Many religious celebrations fall on weekends or public holidays when programs are not operating, however you can still celebrate around the time. Examples include:

- Christmas day: traditional British fare or an Australian style meal with seafood or a BBQ.
- Shrove Tuesday: pancakes.
- Good Friday and Easter Sunday: there are many different Christian meal traditions worldwide for Easter. For example, Greeks celebrate with red hard-boiled eggs, Easter lamb soup (Magerista), Easter bread, lamb-spit roast, vegetables, salads and cakes including baklava.
- Hanukkah, the festival of lights, is celebrated by Jews over eight days in December. Fried foods are popular during this feast including latkes (potato pancakes) and sufganiyot (doughnuts).
- Hindus celebrate Navratri which involves feasting for nine days.

#### Birthdays celebrations

Enjoy a birthday cake and candles to celebrate clients' and staff members' birthdays.

#### Barbecues and picnics

Eating outdoors is an Australian tradition! Try cuisine styles from other countries to provide a different style of BBQ or picnic. BBQs and picnics are important for the social experience but also for sunlight exposure for Vitamin D.

Varying the environment or style of eating can also involve physical activity. Consider dining in an area that people need to take a short walk to, such as an outdoor BBQ spot.

#### Regular events

Consider planning regular events, such as:

- cocktail parties: finger foods and non-alcoholic punch
- 'Sunday roast' lunch: serve alcohol with the meal if appropriate to client group
- special afternoon or morning teas.

Example: A program with a number of Italian older people might regularly hold Bocce picnic days. This is an entertaining way to promote nutrition and physical activity for participants.

### Special event days

Most programs don't operate on public holidays but these occasions can still be celebrated around the time. Examples include:

- New Years Eve/Day: champagne and chicken, BBQ
- Australia Day: 'bush tucker', pavlova, BBQ, toast and vegemite, peach melba, damper
- Easter parade: hot cross buns, Easter eggs, fish
- Anzac Day: ANZAC biscuits
- Queen's birthday: Devonshire teas, roast beef and Yorkshire pudding
- Show day: Fairy floss, hot dogs, 'show bags' with different foods
- Football finals: meat pies
- Cup Day: Cup Day picnic, chicken and champagne
- other significant sporting events
- feast days from other cultures: for example, Chinese New Year - stir fried vegetables, noodles, new year pudding, pineapple jam tarts, fruit and nuts; Dutch St Nikolaas Day (5 December) - marzipan and a chocolate first letter of your name.

### Nostalgia foods

Ask clients about their favourite meals from childhood or early married days, such as brains in white sauce, lambs fry and bacon, or rabbit stew. But remember, not everyone has fond memories of these foods!

Adapted from Stewart A. (1999) Nutrition guidelines for residential aged care facilities (unpublished), Contact Alison Stewart, Consultant Dietitian, Ph: **0417 589 695**.

### References

Commonwealth Department of Human Services and Health (1995) *A world of food: a manual to assist in the provision of culturally appropriate meals for elderly people*, Canberra

NHMRC (1999), *Dietary guidelines for older Australians*, Canberra.

Nowson, CA, Diamond TH, Pasco, JA, Mason, RS, Sambrook, PN, Eisman, JA (2004) Vitamin D in Australia Issues and Recommendations, *Australian Family Physician*, Vol 33 (3): 133–138

Nowson, CA, Diamond TH, Pasco, JA, Mason, RS, Sambrook, PN, Eisman, JA, Wark JD (2005) Vitamin D and adult bone health in Australia and New Zealand: a position statement in *Medical Journal of Australia*, 182 (6): 281–285

***Variety and celebration at mealtimes can make eating more interesting.***

## Help sheet 5:

### Catering for cultural groups

Providing meals for a culturally and linguistically diverse group of older people can provide a challenge. It is important to remember that unless meals with an ethnic or Indigenous flavour are authentic, people may not accept them. Consider getting advice from relatives or community groups on how to prepare traditional meals or using restaurants (a costly alternative that may be best saved for special occasions).

### Food preferences

For older people who do not speak English, ask family members about their usual meal pattern and food preferences, or use a qualified interpreter to assist in assessing the older person's preferences.

A useful resource to have is: *A world of food* (Commonwealth Department of Human Services and Health, 1995). It includes food preference checklists in a number of languages. The checklists include questions about:

- most commonly eaten dishes
- food allergies
- likes and dislikes
- usual meal times
- significant occasions observed and meals preferred at these times
- whether there are any times during the year that fasting occurs
- beverage preferences.

There should be an understanding of the cultural significance of some foods, for example, which foods are considered holy, forbidden or only eaten by the poor. For example, in Orthodox Jewish culture, pork is viewed as unclean meat and is not to be eaten, some Europeans view pumpkin as a food fed to animals, and some Hindu people are vegans, that is, they will not consume any animal products.

It is also important to find out how strictly an individual follows the customs or rituals of their background. Someone may identify with a group but rarely eat the traditional foods of that group. Someone who has been living in Australia most of their life may have a similar diet to other Australians or may have strictly maintained their traditional diet. Those with dementia may revert back to what they were eating when they were children. Identifying the preferences and practices of each individual is important.

As with diet, different cultural groups will have preferences regarding physical activity. People from some cultures may prefer single gender group activities (for example, Muslim women) while other people may prefer traditional activities (such as tai chi for people of Chinese background).

### Religious requirements

As with cultural requirements, people following religious dietary restrictions vary to the extent of their adherence. Some religions have varying degrees and lengths of fasting. It is better to assume strict adherence until otherwise advised. In some religions, the elderly or sick will be exempt from fasting.

For suppliers of kosher meals for Jewish people, check the Yellow Pages telephone directory under 'Kosher Products' or visit [www.jewishaustralia.com/food.htm](http://www.jewishaustralia.com/food.htm)

Halal products for Islamic people should be sourced from specialised butchers. Your local mosque or the Islamic Council of Victoria may be able to recommend a local supplier or you may find information at [www.icca.org.au](http://www.icca.org.au)

*If there is any doubt about appropriate meals, it is generally acceptable to offer a vegetarian meal as most religious restrictions only concern meats or, alternatively, ask the client/carer to bring a meal from home until supplies can be obtained.*

### **Serving food**

Find out how your clients prefer to eat their meal. Do they prefer to use a knife and fork, chopsticks, a spoon, fingers or other ways? It is important to provide a finger bowl and towel if a client usually eats with their fingers.

What condiments do clients like to have on the table during mealtimes? Preferences may include salt, pepper, vinegar, salad dressing, chilli, paprika, Tabasco sauce, mayonnaise, Soya sauce, olive oil or fish sauce.

Are there other customs that clients wish to follow? Some people may be accustomed to having white crusty bread served with all of their meals. For some cultures the method of food preparation is very important.

*An alternative way of addressing individual food preferences is to provide steamed food without any condiments. Clients could have access to different condiments and spices that they can add themselves to suit their tastes.*

### **For more information**

Contact relevant cultural community groups.

Commonwealth Department of Human Services and Health (1995) *A world of food: a manual to assist in the provision of culturally appropriate meals for elderly people*, Canberra

Department of Human Services (2001) *Identifying and planning assistance for home-based adults who are nutritionally at risk: a resource manual*, Melbourne.

Centre for Culture, Ethnicity and Health [www.ceh.org.au](http://www.ceh.org.au), phone: 9420 1358

Sikh Link, *Sikh patients in hospitals: a guide for health care professionals*, which includes some information on diet, fax 9886 9186, email: [rks@bluep.com](mailto:rks@bluep.com)

The Islamic Council of Queensland, *Health care providers handbook on Muslim patients*, PO Box 204, Sunnybank, Queensland, 4109.

## Help sheet 6:

### Food safety issues for group settings

The legislation related to food safety, hygiene and handling changed in Victoria in 1998. It requires all organisations that provide food to have food safety plans that conform to the Hazard Analysis Critical Control Points (HACCP) principles and guidelines. Prevention is the key and is achieved through assessment and control of hazards and a focus on food handling practices.

Older people and people with compromised immune systems are considered 'high risk' for food borne illness. Organisations that provide food to this group are required to comply with the new legislation; this includes having a food safety plan, appointing a food safety supervisor and arranging for an independent auditor to monitor the plan.

When drawing up a food safety plan issues to consider, for example in a planned activity group, would include:

- carers, volunteers and visitors bringing food into the group
- special occasion celebrations involving food (see Help sheet 4 in this Resource Kit, 'Increasing variety at mealtimes')
- activities where older people can participate in food preparation.

These opportunities have the potential to add significantly to the older person's enjoyment of food and activity. For example, special occasion celebrations play an important social role, often providing opportunities for activity, participation in food preparation and improved food intake. Similarly, opportunities to involve family and friends are important for the older persons' wellbeing.

Some organisations have ceased to provide these opportunities to avoid problems with meeting the requirements of food safety plans. This was not the intention of the legislation. Thought needs to be given to including these opportunities in the organisation's food safety plan.

The key actions are:

- consider how special activities can be incorporated in your food safety plan
- liaise with your local government food safety officer or auditor to develop the processes that will ensure that the legislative requirements are met
- if catering is provided by a contractor, ensure that your requirements for activities that include food are incorporated in your specifications and that the contractor has included them in the food safety plan
- inform carers and volunteers of these requirements – it is better that they are aware and can participate constructively.

### For more information

Contact the Food Safety Unit for answers to your questions about interpreting the legislation on food safety in your organisation.

Phone: **1300 364 352** or go to their website at

<http://www.health.vic.gov.au/foodsafety>

Department of Human Services (2003) *Victorian Home and Community Care (HACC) Program Manual* (See sections 7.8.3 and 7.7.10).

***Food hygiene and safety is important.***

## Help sheet 7:

### Nutrition related activities in group settings

As people age they may lose the ability to provide food for themselves, depending on their level of functioning. One of the contributors to decreasing levels of function could be inadequate physical activity. The processes of shopping, cooking and social eating help to maintain our interest in food. They encourage greater food variety and may improve the amount of food and drinks that people consume. The greater the food variety, the better the quality of the diet.

As we age, our need for energy decreases, while the requirements for nutrients like protein, vitamins and minerals either remain the same or increase. Therefore:

#### **Older people need to eat better, not less.**

Older people are more likely to suffer from illnesses or conditions that increase their energy needs and at such times will require special care to ensure these needs are met.

It is not uncommon for fun or treat foods to be promoted in group situations. These are often associated with cultural, religious or birthday occasions. Good nutrition habits can be similarly encouraged in the group setting.

In promoting good nutrition, coordinators need to understand:

- the functional capacity and health needs of individuals in the group and any special dietary issues
- cultural or religious issues about food relevant to the group – in order to determine appropriate foods and information to be presented
- dietary guidelines for HACCC services in the Victorian HACCC program manual (2003)
- food groups with recommendations on serves
- nutrition issues associated with ageing.

Depending on the older person's level of function, it may be appropriate to provide nutrition information or to simply reinforce important nutrition behaviours.

### Activity suggestions

#### **For older people who are still able to participate in shopping and cooking**

- Demonstrate the use of microwaves to thaw, cook and reheat. This equipment is still new technology to older people.
- Participate in cooking foods using new or older cooking styles. There may be food safety issues in this activity. Refer to Help sheet 6 in this Resource Kit.
- Learning how to cook for one (see details of Cooking Small, Eating Well program under 'More information').
- Simplified label reading activities.
- Trips to a produce market or a supermarket tour.
- Create a pyramid or a 'plate' with foods from different groups.
- Find recipes for the different food groups.

It is also important to monitor an older person's function to ensure they maintain their ability to shop and cook for themselves, as long as they can safely do so. If a person is beginning to lose their independence, perhaps further assessment from a physiotherapist or occupational therapist may be warranted.

Being physically strong, having good balance and confidence can assist with maintaining independence in shopping and cooking.

### **For older people who have more dependency on others to provide for their food needs**

- Demonstrate how to eat well when being provided with a delivered meal.
- Virtual supermarket tour – bring list of foods in supermarket aisles, food packets and pictures to a group for discussion.
- Demonstrate cheap and easy snacks using canned and convenience foods.
- Try different snacks, such as pikelets, fruit loaf, cake, cheese platter or dips.

Consider themed activities based on food groups, encourage variety in foods consumed. Create posters or collages for decorating dining areas or transforming into personalised placemats. Also see Help sheet 4 in this Resource Kit, 'Increasing variety at mealtimes', for ideas about celebrations.

Seasonal produce can be the basis of themes for craft activities, tastings, cooking demonstrations, and reminiscence activities. For example:

#### **Spring**

Food group – fruit: cherries in late spring, newer fruits, such as mangoes

Food group – vegetable: broad beans, asparagus, peas in the pod

Food group – cereals: picnic sandwiches

#### **Summer**

Food group – fruit: berries, stone fruit

Food group – vegetables: tomatoes, lettuces and salads

Food group – cereals: rice and pasta salads

#### **Autumn (harvest time)**

Food group – fruit: pears, apples, figs, quinces, nashi pears and persimmons

Food group – vegetables: pumpkins and squash

Food group – cereals: hot cross buns

#### **Winter**

Food group – fruit: citrus, rhubarb, tangelos, pink grapefruit and kiwi fruit

Food group – vegetables: cabbages, brussel sprouts and cauliflower

Food group – cereals: barley, rice and pasta in soups

Encouraging good nutrition with people can give them the energy to maintain a good level of physical activity and provide the 'building blocks' to stay strong.

### For more information

Information on the dietary guidelines can be found in Sections 7.7.2 to 7.7.5 of the *Victorian Home and Community Care (HACC) Program Manual* (Department of Human Services, 2003). You may need to consult a dietitian to discuss the application of the guide to the very frail older population.

*Identifying and planning assistance for home-based adults at nutritional risk: a resource manual* (Department of Human Services, 2001) has extensive information on issues affecting frail older people, particularly Sections 4 and 5. Community dietitians can provide staff education and help develop activities.

Brochures on eating well for older people:

- *Healthy eating, healthy ageing*, copies can be obtained by emailing [vic@daa.asn.au](mailto:vic@daa.asn.au)
- *Adding life to your years*, copies can be obtained from Nutrition Australia at [www.nutritionaustralia.org](http://www.nutritionaustralia.org)

*Cooking small, eating well*, is a practical program for community workers to assist older people to eat well. Contact for further information: Hawthorn Community Education Project, 31 Wakefield Street, Hawthorn, 3122.

The 'Go for your life' website contains information and practical tips on ways to be more active and improve nutrition. The website includes information on healthy snacks and takeaways. 'Go for your life' is a component of the Victorian Government's Healthy and Active Victoria Strategy that aims to improve the overall health and wellbeing of all Victorians by increasing levels of physical activity, improving eating habits, getting people involved with their community and acting as volunteers.

<http://www.goforyourlife.vic.gov.au> or 1300 73 98 99

## Help sheet 8:

### What constitutes physical activity?

Physical activity is defined as any activity that requires movement of the body or limbs and expends energy. Being physically active has many health benefits for older people and their carers and is not just the domain of younger healthy people.

The National Physical Activity Guidelines for Australians recommend:

- putting together at least 30 minutes of moderate intensity physical activity on most, if not all, days of the week. The 30 minutes of moderate activity does not need to be performed in one session and could be made up of three 10 minutes sessions over the period of the day (moderate intensity activity will cause a slight but noticeable increase in breathing and heart rate).

The degree to which a physical activity contributes towards health benefits depends on the individual's health. Each person has a baseline level of physical activity, which his or her body is capable of without causing undue stress. Therefore, different levels of physical activity could be classed as moderate for different people.

- For healthy active older people, 30 minutes of brisk walking or resistance training would be performing physical activity at a moderate level.
- For somebody beginning to experience medical problems but still able to walk to the local shops, taking part in an exercise group twice weekly and gardening or walking on the other days would be meeting the above recommendations.
- For frailer older people, even simple activities such as standing up from a chair, or walking 10 metres with assistance to the toilet would be performing physical activity at a moderate level. For these people even increasing what they are doing a little each day or attempting to maintain what they are able to do would be of benefit.

**Mrs Jones is a 96 year old woman who still lives at home on her own. She is visited regularly by a council home care worker. Mrs Jones refuses to go out to organised activities such as day centres but wants to go for walks. The council has negotiated with Mrs Jones that they would take her for a short walk on their regular visits. This allows Mrs Jones to get out in the sunshine, take in the garden and undertake regular activity. The council worker has noticed an improvement in Mrs Jones' physical and mental health.**

Physical activity can be divided into three broad areas:

- structured/formal physical activity: programs run by a physiotherapist or qualified fitness instructor and conducted in a group or individual format
- incidental activity: activity performed as part of the person's normal daily routine, for example, walking around the house, housework, dressing
- physical activity related to recreational pursuits, for example, bowls, golf, bocce, dancing.

## Examples of physical activities

There are a wide variety of activities that can enhance physical activity for older people. Some examples are listed below. **All of these activities could be modified for older people with higher or lower levels of ability and function.**

### For active older people:

- tai chi, strength training, exercise classes, water aerobics
- bowls, bocce, golf, swimming
- line dancing, ballroom dancing, other forms of dancing
- brisk walking outdoors, walking to local shops instead of using the car, walking as part of a group
- at home: cooking, vacuuming, sweeping, cleaning windows, changing the sheets on the bed
- in the garden: mowing lawns, weeding, planting, raking, digging
- climbing stairs instead of taking the lift or escalator
- shopping
- looking after their sexual health.

### For older people with intermediate health problems affecting their level of participation in physical activity:

- formal exercise classes or an individual exercise program (strengthening or balance or endurance exercises, may be performed standing or sitting, although generally greater benefits are associated with exercises in standing)
- at home: making the bed each day, tidying, putting groceries away, cooking
- in the garden: lighter activities such as pruning roses or bushes, watering, weeding, planting in raised garden beds
- supervised hydrotherapy program
- playing and interacting with young children
- competitive games such as darts or bowls (may need to be modified if bending is a difficulty).

### For frailer older people:

- formal supervised exercise classes or individual exercise programs (for example, designed by a physiotherapist or exercise physiologist)
- walking as much as possible as part of the everyday routine (smaller walks more regularly can be of benefit)
- trying to walk a little further than currently or a little more often
- showering and dressing as independently as possible
- practising sit to stand transfers
- at home: washing and drying the dishes, folding clothes
- in the garden: potting plants at a table, watering raised garden beds.

### Encouraging physical activity

- Encourage older people to be as active every day in as many ways as they can. This is important as it can result in a benefit to their health. A person can perform physical activity as part of their usual activities, it does not need to be performed as part of a formal exercise group or program or as a 30 minute block of activity.
- Take time to discuss with older people their previous hobbies and activities, as well as their current interests in terms of physical activity. This may identify activities of greater personal interest and relevance, which may influence longer term participation.

### References

Bauman, A, Bellew, B, Vita, P, Brown, W & Owen, N (2002) *Getting Australia active: towards better practice for the promotion of physical activity*. Melbourne, Australia: National Public Health Partnership.

Department of Health and Ageing (1999) *National physical activity guidelines for Australians*. Canberra. Available at <http://www.health.gov.au/pubhlth/publicat/document/physguide.pdf>

***Physical activity can be fun and can be incorporated into daily activities.***

## Help sheet 9:

### Key messages and benefits of physical activity

The purpose of this help sheet is to outline the benefits of physical activity and how these benefits can be related to all older people.

#### Key messages

- Older people, both male and female, do benefit from regular physical activity.
- Physical activity need not be strenuous to achieve benefits. Older people can obtain significant health benefits with a moderate amount of physical activity, preferably daily.
- Frailty, disability, chronic illness or extreme age is not a contraindication to physical activity. In fact, the evidence shows there can be significant benefits for frailer older people and with the appropriate activity the risk of adverse events is very small.
- In addition to cardiorespiratory endurance (aerobic) activity, older people will benefit from activities that strengthen muscle and improve balance and flexibility. Improvement on any of these can reduce or prevent a number of problems often associated with increased age.
- Encouraging participation in personal and domestic activities of daily living (such as showering and housework) can improve independence for those experiencing difficulties in these areas.

Note: Cardiorespiratory endurance is the ability to perform sustained physical activity (for example, walking) without getting too puffed.

#### Facts

- The loss of strength and stamina attributed to ageing is in part caused by reduced physical activity. This is reversible with physical activity.
- Physical inactivity is the second greatest contributor (after smoking) to the burden of disease in Australia.
- Women are less likely to be sufficiently active than men. Levels of activity decrease with age for both men and women.
- Among people aged 65 years and older, walking and gardening are by far the most popular physical activities.

#### Benefits of physical activity

Different people can benefit from physical activity in different ways. Being physically active can be effective in reducing the risk of disease for a healthy older person as well as limiting the progression of a condition for a person who already has a disease. For example, one of the benefits of being physically active to a healthy older person is minimising the risk of diabetes. However, for somebody already with the disease, being physically active may improve the management and decrease the risk of associated health problems such as coronary artery disease, assist diabetes control and prevent functional decline as the person ages.

Some of the main benefits of physical activity are:

- Disease prevention
  - reduce the risk of falls and fracture
  - reduce the risk of developing coronary heart disease or stroke, high blood pressure, colon cancer and diabetes.
- Physical benefits
  - helps people with chronic, disabling conditions improve their stamina and muscle strength
  - improves balance
  - outdoor activity maintains normal Vitamin D levels vital for bone health and other important body functions (see Help sheet 5.6, Nutrition resource manual) and Help sheet 4 in this Resource Kit, 'Increasing variety at mealtimes')
  - helps maintain healthy muscles and joints
  - can help reduce blood pressure in some people with hypertension
  - can improve bowel motility and reduce problems of constipation
  - can improve some medical conditions, such as arthritis and diabetes
  - having adequate nutrition can help older people to be physically active, especially if they have health problems
  - can help reduce the need for some medications (for example, may improve sleep patterns).
- Functional benefits
  - increases independence in activities of daily living such as having the strength and balance to perform household tasks or the endurance to walk around the supermarket
  - improves physical functioning, including activities such as walking, climbing stairs
  - possibly improves cognitive function (for example, planning, memory).
- Psychological and social benefits
  - fosters improvements in mood, feelings of wellbeing and personal control
  - reduces symptoms of anxiety and depression
  - helps maintain social networks and gives a sense of involvement (if the physical activity is done in a group).

Note: Some of the benefits can be specific to a type of physical activity. For example, for an improvement in muscle strength the activity must include using muscles against resistance (for example, weights, moving body weight against gravity, moving a pot plant as part of gardening).

**Mrs Smith cares for her husband who has a chronic illness. Mrs Smith's caring role takes up most of her time. She is beginning to feel stressed and physically exhausted. She discussed this with her husband's physiotherapist who informed her of various exercise programs at her local community health centre. Mrs Smith made enquiries about the programs offered and now attends tai chi classes while her husband has in-home respite. She then practises tai chi at home to help with relaxation. Mrs Smith has reported improved physical health as well as improved physical functioning which assists with her caring role. Another major benefit that Mrs Smith reports is the social aspect associated with attending the group. Mrs Smith enjoys the opportunity to have a cuppa and a chat with the other exercise group participants.**

***People who are physically active report having more energy.***

### **References**

- Mazzeo, RS, Cavanagh, P, Evans, WJ, Fiatarone, M, Hagberg, J, McAuley, E et al. (1998) American College of Sports Medicine Position Stand. 'Exercise and physical activity for older adults', *Med Sci Sports Exerc*, 30(6), 992–1008.
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## Help sheet 10:

### Motivators for physical activity

Different people have different motivations to undertake a change to their physical activity levels. Health, gender, culture, lifestyle and beliefs about the benefits or risks of physical activity will all influence participation in physical activity. Encouraging behaviour change is not easy. It is essential that the older person is well informed in discussions about options and preferences for physical activity. Some of the motivators for older people to become more physically active are:

- increased awareness of the health benefits of physical activity and prevention or management of illness
- improvement in independence (independent living), especially relevant for frail individuals wishing to maintain their current levels of independence or do an activity/hobby they are no longer able to do
- having achievable goals (for example, being able to play with their grandchildren, hanging the washing out, walking to the letter box or park)
- having fun and socialising
- having a purpose for the activity, such as walking to buy the newspaper, doing volunteer work
- avoiding the negative stereotyping of ageing
- having a positive environment in which to undertake the physical activity (pleasant parks, safe streets)
- a health professional's advice to be more physically active
- trying some form of physical activity and enjoying it
- hearing of positive examples of physical activity from their peers
- knowing it is safe and tailored to their needs
- having a good level of nutrition to facilitate them being physically active.

There are differences in what motivates men and women to be more physically active. Men report that health benefits influence their participation in physical activity while women are more motivated by the social interaction aspect (Dishman, 1994, as cited in Bauman, 2002).

**'I don't like to exercise...however I do walk to a friend's house three times a week, 30 minutes each way, as she likes to do the crossword and has trouble seeing it. I like helping her.'**

### Supporting an individual's motivation to increase their physical activity levels

- Establish good communication, be positive and encouraging, and listen to what the older person has to say.
- Considering the person's interests is paramount; discuss their preferences with respect to physical activity.
- Respect the person's choice not to alter their levels of physical activity. For many individuals, altering their levels of physical activity is not something they have considered.
- Be a good role model.

- Have available a variety of options for physical activity (both formal and incidental). Refer to Help sheet 15 in this Resource Kit, 'Structured physical activity programs' and Help sheet 16 in this Resource Kit, 'Incidental and leisure activity'.
- Consider personal preferences as to mixed or same gender programs.
- Provide correct information on both the health and functional benefits of physical activity.
- Involve families and friends in encouraging and participating in physical activity.
- Involve the older person's general practitioner (GP) or another health professional if you, the person or carer, has concerns about the person changing their levels of physical activity. Suggest that the person speaks to their GP about 'Lifescrpts' an Australian Department of Health and Ageing program developed by a consortium including the NSW Heart Foundation, SouthCity GP services, Centre for GP Integration Studies (University of NSW), The University of Newcastle School of Health Sciences (Nutrition and Dietetics) Flinders University Department of General Practice with Kinect Australia. The program's aim is to assist GPs to give personalised advice and support to their patients about quitting smoking, eating healthier food, drinking alcohol safely, exercising more and achieving and maintaining a more healthy weight. For more information on 'Lifescrpts' contact General Practice Division Victoria <http://www.gpdv.com.au/> (03) 9341 5200 or Australian Division of General Practice [www.adgp.com.au](http://www.adgp.com.au) or Kinect Australia on 8320 0100 or go to [www.kinectaustralia.com.au](http://www.kinectaustralia.com.au)
- Consider the other responsibilities of the older person (for example, consider home exercise programs or physical activity programs associated with existing carer networks for somebody who is very busy with caring for a spouse/friend/relative).

### **Considerations for culturally and linguistically diverse (CALD) communities**

- Consider socio-culturally appropriate activities or bilingual physical activity programs for older people from culturally and linguistically diverse (CALD) backgrounds (there are lower rates of physical activity among people of CALD backgrounds).
- Provide information on both the health and functional benefits of physical activity to the older person and their carer in their preferred language.
- If starting a CALD physical activity program, consider employing multicultural staff (that is, staff from the same CALD backgrounds as the participants) to run the program or to assist with the program.
- Consider promoting physical activity in both English and other languages and through culturally specific media (such as CALD radio stations and newspapers).

Above all, think how you would feel in the older person's place and how you would like to be approached when discussing physical activity.

### Maintaining and increasing physical activity levels

If you are in contact with an older person who has made a change to their physical activity levels it is also important to be aware of the importance and difficulty of maintaining the change. There is a stronger likelihood of maintaining an increase in physical activity levels with the following (not all of these will be relevant for everybody):

- incorporating into a community group based program some exercises the older person can do at home
- doing it with a friend
- ongoing supervision of any exercises
- moderate intensity exercise rather than low intensity
- ongoing rewards and encouragement from health professionals, family and friends
- ongoing telephone support and follow up after an exercise program has finished
- intermittent review of outcomes of the physical activity by the GP or physiotherapist.

**'Sometimes I think I would rather stay in bed in the morning but I know Joan will be waiting for me at the corner...to go for our morning walk. I can't leave her standing there so I get up and go. Of course once I am up and about I can't believe I wanted to stay in bed, Joan and I talk and laugh the whole way.'**

### For more information

A useful resource is a video, titled *Active living: Getting better with age* (Department of Human Services and Sport and Recreation Victoria, 1999), which explains the benefits of physical activity and how older people can safely and gradually participate in physical activity. It is available at some Video Ezy stores and libraries for free.

The 'Go for your life' website contains information and practical tips on ways to be more active and improve nutrition. 'Go for your life' is a component of the Victorian Government's Healthy and Active Victoria Strategy that aims to improve the overall health and wellbeing of all Victorians by increasing levels of physical activity, improving eating habits, getting people involved with their community and acting as volunteers. <http://www.goforyourlife.vic.gov.au> or 1300 73 98 99

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## Help sheet 11:

### Barriers to physical activity

There are many reasons why an older person may not want to participate in physical activity. Understanding the barriers to participation can help to identify strategies to address these.

Potential barriers can be classified into three broad groups: individual, social and structural.

#### Individual

- Medical conditions/frailty. There is often a perception that older people with health problems such as Parkinson's disease, stroke, arthritis or cognitive impairment should not exercise because it might aggravate their health problems. Provided the activity is appropriate, these people can benefit from physical activity.
- Negative beliefs about physical activity and the belief that there is only a health benefit from vigorous activity. Often people do not realise the potential benefits of moderate levels of physical activity and that they can slowly increase and build upon what they are doing.
- A lack of confidence in their own ability to perform physical activity safely.
- Depression – unidentified or untreated.
- Perceptions that physical activity is unpleasant and not enjoyable.
- Not having been active for a long time.
- Fears associated with injury. For example, fear of falling is associated with low levels of physical activity in community dwelling older people (Bruce, 2002).
- Lack of time due to other commitments (such as caring for a spouse).
- Lack of energy. Energy is often seen as a finite resource that should not be squandered on exercise for exercise sake (Stead, 1997). However, doing less actually increases feelings of tiredness. If a person gradually increases their physical activity, they find over time they are less tired after the same activities.
- Inadequate nutrition to support increased levels of physical activity. Refer to Help sheets 3.1–3.8.2 and 5.2–5.9 (Nutrition resource manual) and Help sheet 7 in this Resource Kit, 'Nutrition related activities in group settings'.

#### Social

- Stereotypical images of ageing – for example, the image that older people should slow down and take things easier.
- Negative attitudes towards physical activity from family, friends or perhaps some health professionals – for example, carers may see physical activity as frightening and risky for an older person, the view of 'not at your age'.
- A lack of appropriate role models – older people may not see other people of their age engaging in physical activity.
- Lack of appropriate physical activity options for older people.

## Structural

- Lack of appropriate environment – for example, concerns about the safety of the neighbourhood, uneven paths and hills may limit older people undertaking a walking program.
- Lack of transport or other access difficulties – for example, steps at entry.
- Cost constraints.
- Lack of appropriate opportunities in the community.
- Lack of fitness instructors qualified to take exercise classes for older people.

The Hilary Commission (1998) in New Zealand reported that 56 per cent of people surveyed reported they would like to be more active than their current level, but that there were significant barriers to achieving this.

For each older person, it is important to attempt to identify the specific barriers to increased physical activity. This can then serve as the basis, in conjunction with an understanding of the interests of the person, for the development of a program most likely to achieve a long term improvement in physical activity.

***No matter what your age, you can participate in physical activity.***

## Overcoming barriers

Although some aspects of the environment are difficult to change, it is important to review aspects that are amenable to change. For example:

- For individuals with medical problems or concerns it is important to tailor physical activity programs to their needs. This would ensure the program is safe, effective in benefiting the older person, and also decreases their fears. Health professional (GP, physiotherapist, occupational therapist) referral may be warranted for these individuals (see Help sheet 14 in this Resource Kit).
- Include the GP if the person has concerns about physical activity or has some medical problems (see Help sheet 14 in this Resource Kit). This would give the person reassurance and also guide what type of physical activity may be appropriate for them.
- For those fearful of falling, educate them that being stronger and having better balance can prevent falls. Organising a review by a health professional may overcome this barrier.
- If the person is using a walking aid, it should not stop them being physically active. They should continue to use the aid during their physical activity.
- Include supportive family members or friends in discussions and education sessions to encourage support from these people. Hand out written material as well so others can see the message you are conveying even if they were not present.
- Take into account the person's interests and emphasise the 'fun' and social aspects of physical activity. If organising a group-based physical activity program, include a social component and promote interaction.

- If you are working with older people from a culturally and linguistically diverse (CALD) background and their carers, be sure to conduct culturally appropriate physical activity programs and ensure that promotion of these programs is done through culturally specific avenues (for example, using multicultural radio stations or newspapers).
- If you are working with older people from CALD backgrounds and their carers, be aware of cultural beliefs and attitudes towards physical activity, such as single sex group programs.
- For culturally specific physical activity programs, use multicultural staff and role models to assist with the program.
- Promote realistic role models, for example, guest speakers at a group, or provide examples of other older people you have encountered who have become more physically active and benefited from the experience.
- Educate about the benefits of physical activity, for example, performing regular physical activity will increase the amount of energy felt rather than use it all up.
- If the local environment is a concern, consider suggesting involvement in groups such as a walking group or consider more home-based physical activity programs.
- If transport is a concern, consider programs with a car-pooling system, activities that are close to public transport or a home-based physical activity program.
- If the home environment is a concern (for example, cannot leave house due to unsafe stairs), consider an occupational therapy referral. Other services, such as home-based rehabilitation, may also be useful.

Remember, older people who have not been physically active for a long time may not be ready to undertake changes to their physical activity levels when it is first suggested to them. Guidelines on self-management of chronic conditions for nurses and allied health professionals have been developed by the Royal Australian College of General Practitioners and contain very practical information on theories of health behaviour change, including the Stages of Change model (Commonwealth Department of Health and Ageing, 2002). These guidelines are a very useful reference for practitioners discussing physical activity with individuals. It is important to respect their wishes if they do not wish to change their physical activity levels and, if they say 'no', consider that you are 'planting the seeds' for a possible change at a later stage.

### **Barriers to being active quiz**

This quiz can be used to identify the types of physical activity barriers that are undermining a person's ability to participate in regular physical activity. It is a simple 21 question quiz that easily calculates a score in seven barrier categories: lack of time, social influence, lack of energy, lack of willpower, fear of injury, lack of skill and lack of resources. A copy of the quiz and suggestions for overcoming the barriers can be obtained from <http://www.cdc.gov/nccdphp/dnpa/physical/life/overcome.htm>

## References

Better health channel website: <http://www.betterhealth.vic.gov.au/>

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## Help sheet 12:

### Screening and assessing an individual's physical activity needs

**Assessing and making recommendations regarding physical activity takes experience and knowledge. Therefore, if you do not have the training in this area, simply picking up on when an older person may benefit from improving their levels of physical activity and referring on to an appropriately qualified person is a very valuable first step. This referral may be to another member of your team, for example, a Home and Community Care assessor with relevant qualifications and experience or a health professional, such as, an allied health worker at a community health centre.**

#### Screening tools

The Service Coordination Tool Templates include questions that can assist primary health and community service practitioners to identify an individual's physical activity status. These tools include the Health Behaviours Profile, Health Conditions Profile and the Functional Screen. These tools include:

- questions relating to a person's activities of daily living (Functional Screen)
- questions relating to physical activity, physical fitness and nutritional risk (Health Behaviours Profile) and
- questions relating to falls risk (Health conditions Profile).

#### Triggers for screening and assessment

**It is very important to note that some problems that may indicate insufficient physical activity in an older person may be due to medical problems, for example, increased shortness of breath can result from heart and lung problems as well as a lack of physical activity. It is very important to seek a health professional's advice when an older person experiences problems, such as:**

- difficulty with usual activities such as shopping, housework, walking in the neighbourhood, showering or dressing independently, getting out of chairs
- being unable to perform activities the older person was previously able to manage (other than for reasons of ill health)
- falls or near falls
- the older person reports feeling unsteady on their feet or is expressing a fear of doing their usual activities due to falling
- the older person appears unsteady on their feet or walks around the house holding onto the furniture
- the older person has started to use a gait aid (a stick or frame) not prescribed by a physiotherapist
- the older person is becoming more tired or short of breath performing their usual activities.

An older person demonstrating or reporting any of these problems, or your observation of these problems, indicates a need to discuss with the person their physical activity levels and possible reasons for any decline in their physical activity.

Some older people, despite their lack of physical activity, may not experience the range of functional limitations mentioned above. However, by being inactive they are missing out on the preventive benefits of physical activity.

## Screening and assessing for physical activity status

When screening and assessing an older person's physical activity, some of the things you will want to know are:

- What is the person's current level or form of physical activity (consider formal physical activity, walking and incidental activity)?
- What medical conditions or disabilities does the person have? Do these problems affect the person's ability to perform physical activity?
- Given the person's age and medical conditions, are they sufficiently physically active?
- Is the person as active as they would like to be?
- Do you feel they could be more physically active? What are the barriers to increasing their physical activity?

It is also very important to consider the older person's nutrition:

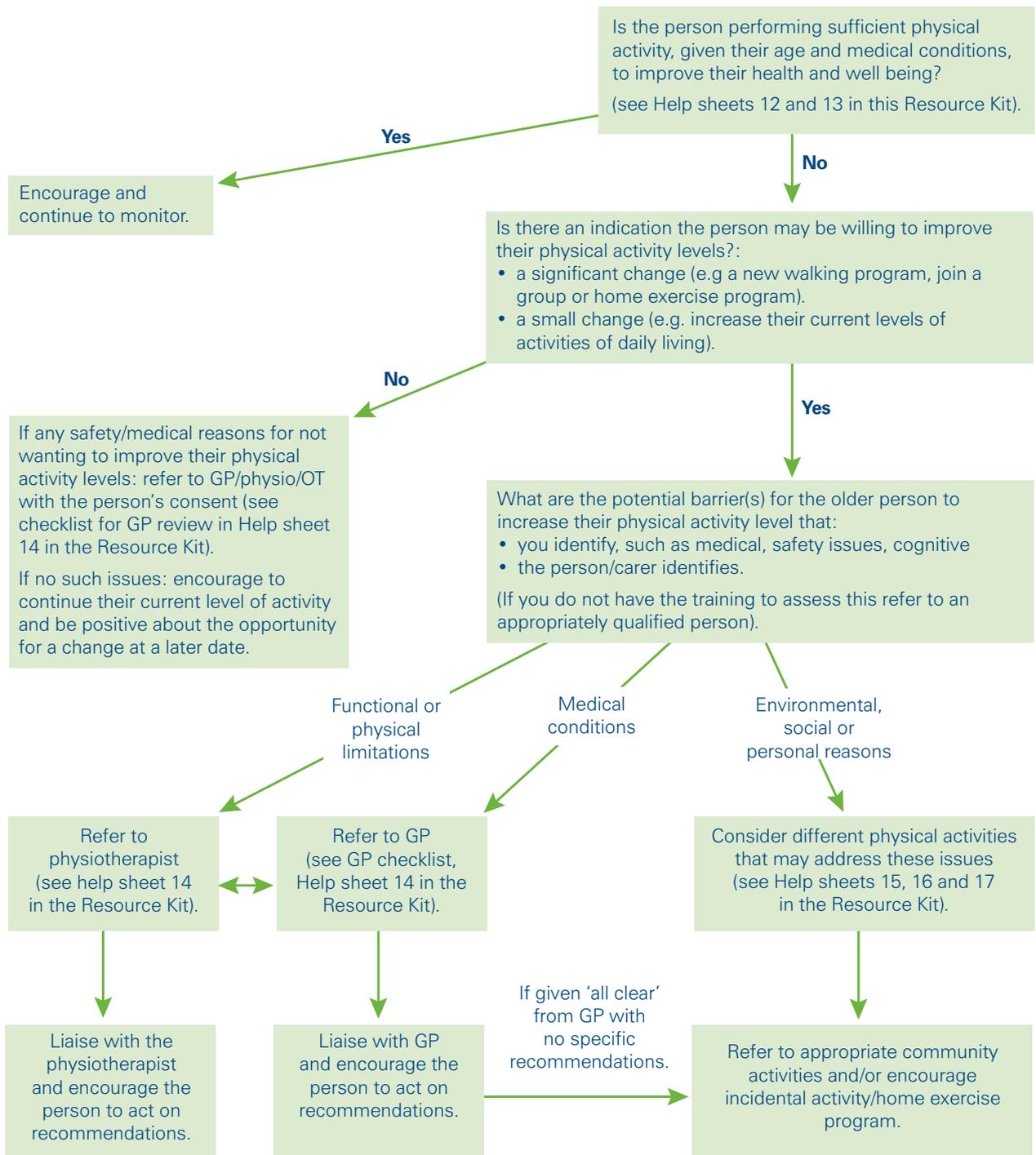
- Does the person have a higher level of nutritional risk? Refer to sections 2.1–2.8 (Nutrition resource manual) for nutrition risk assessment tool and Help sheets in Sections 3 and 4 (Nutrition resource manual) for assistance in management of this risk.
- Is the person's nutritional status adequate for increasing their physical activity? Refer to Help sheets 3.1–3.3 (Nutrition resource manual).
- Is the person at risk of dehydration? Are they able to take sufficient drinks to sustain fluid needs during activity? Assess risks by referring to Help sheets 3.3, 4.7, 4.8, 4.10 and 5.4 (Nutrition resource manual). Guidelines on fluid needs are given in Help sheets 5.4 (Nutrition resource manual).

Where the older person has significant, ongoing nutritional risk or problems in maintaining nutritional status, referral to a community-based or home care dietitian is recommended. Refer to Help sheet 6.1 (Nutrition resource manual).

## Choosing ways to improve an individual's physical activity level

Different people have different needs in relation to physical activity and there are many factors to consider when suggesting changes to somebody's physical activity level. The *Decision making tree for improving older persons' physical activity levels* provides steps you can follow in identifying ways older people may increase their physical activity levels. It is essential to build on the person's interests, motivators and barriers when considering a change to their physical activity levels (see Help sheets 10 and 11 in this Resource Kit) and to build up any changes slowly.

## Decision making tree for improving older persons' physical activity levels



## Help sheet 13:

### Determining optimum levels of physical activity

Optimum levels of physical activity will vary from person to person. If working towards increasing physical activity to improve health outcomes, it is recommended to start at a level that is comfortable and to gradually build on this. Excessive increases in the amount of physical activity being performed relative to what the older person is used to can cause a range of health problems, such as chest pain. If these occur, the activity should be stopped and a medical referral made.

As a general rule, the level of physical activity can be graduated in one of three ways:

- by gradually increasing the time performing an activity
- by gradually increasing the frequency of performing an activity
- by gradually increasing the intensity of the performed activity (for example, increasing the weight increments in strength training).

It is important to note the broad nature of physical activity. It is not only formal activities such as walking, exercise classes and dance groups, but includes anything that involves movement. Tasks such as showering, shopping and housework are also forms of physical activity.

### Other considerations for optimal performance of physical activity

- Ensure that the older person is doing the correct physical activity by having the correct exercises prescribed by a health professional (refer to Help sheet 14 in this Resource Kit for further information).
- Avoid doing physical activity during the hottest parts of the day on warm or humid days.
- If doing physical activity at an optimal moderate pace, the older person should be able to carry on a conversation while exercising. Moderate intensity activity involves effort and causes a slight, but noticeable, increase in breathing and heart rate.
- Ensure the person avoids exercise immediately after meals.
- Ensure the person avoids undertaking physical activity above their day to day activities if they have a fever or a bad cold.
- Have plenty of fluids available before, during or after physical activity to prevent dehydration. Refer to Help sheets 3.3, 4.7, 4.8, 4.10 and 5.4 (Nutrition resource manual). Guidelines on fluid needs are given in Help sheet 5.4 (Nutrition resource manual).
- If the person appears unsteady or at risk of falls while performing their physical activities, consult a physiotherapist or occupational therapist.
- Ensure the person uses their walking aids appropriately while performing physical activity. If certain aids are not required (such as footplates of a wheelchair) the aids should be stored safely out of the way.
- No pain, no gain is not true. If the person is experiencing pain during their activity they should stop and consult with their general practitioner (GP) or other health professional.

- Although rare, when individuals perform physical activity tailored to suit their abilities and health status, injuries, accidents and cardiovascular events can occur. It is therefore essential that precautions are taken and if you are unsure about an older person's ability to perform a certain type of physical activity, obtain advice from somebody with the appropriate training (such as their GP, a physiotherapist, occupational therapist or exercise physiologist).
- Ensure you are aware of your organisation's emergency procedures whether you are seeing an older person at their home or at your facility.

### **Warning signs of over exertion during physical activity**

- Unable to talk during activity
- Facial expressions and body language
- Rapid breathing
- Chest pain
- Pain
- Dizziness
- Nausea
- Loss of coordination
- Flushed or pale skin.

Cues, such as stiffness the following day, are also an indication that the person has over exerted themselves. It could also reflect a lack of warm up and cool down exercises.

### **For people with Diabetes Mellitus who are taking tablets or insulin to treat their condition**

People with diabetes who are taking tablets or insulin for their condition have an increased risk of a hypoglycaemic reaction ('hypo') if undertaking unplanned or more than their usual amount of exercise. To ensure that the risk is minimised, obtain the latest information on preventing and managing hypoglycaemic reactions. The following steps will assist in this.

- Ask your local diabetes educator or dietitian for information and/or training on how to prevent people from experiencing 'hypos' and how to recognise and treat a 'hypo' if it occurs.
- Ask the person with diabetes mellitus what education they have had on what to do in the event of a hypoglycaemic reaction or 'hypo'.
- Ask the person if they are aware of the types of symptoms they may have as warning signs.
- Access further important information from the following organisations:

International Diabetes Institute: [www.diabetes.com.au](http://www.diabetes.com.au) or 03 9258 5050

Diabetes Australia: [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au) or 1300 136 588

If you require further advice, refer to Help sheet 14 in this Resource Kit, 'Accessing health professionals' to address physical activity needs for details on physiotherapy, occupational therapy and dietetic/nutrition organisations.

## Help sheet 14:

### Accessing health professionals to address physical activity and nutrition needs

Physiotherapists, occupational therapists, dietitians, general practitioners (GPs) and medical specialists, such as geriatricians, can all be accessed in the community by older people with health problems requiring further assessment, advice and assistance regarding physical activity and nutrition.

#### General Practitioners

GPs are an important resource in ensuring planned changes to an older person's physical activity levels are appropriate, as the GP is familiar with the person's medical history and has the medical training to recommend the amounts and type of physical activity that may be appropriate. Additionally, the GP's knowledge is respected by older people and advice regarding the need to be physically active (or not) is valued and often acted upon.

A checklist has been developed to guide the need for a review by the GP prior to a change of physical activity levels (modified from the checklist by Maria Fiatarone, in Evans, 1999). Individuals who answer 'yes' to any of the questions below should consult their GP before increasing their levels of physical activity:

- Do you get chest pains while at rest and/or during exertion?
- Have you ever had a heart attack?
- Do you have high blood pressure?
- Are you short of breath after extremely mild exertion and sometimes even at rest or at night in bed?
- Do you have any ulcerated wounds or cuts on your feet that do not seem to heal?
- Have you lost 5 kg (10 pounds) or more in the past six months without trying?
- Do you get pain in your buttocks or the back of your legs, thighs or calves when you walk?
- While at rest, do you frequently experience fast irregular heartbeats or, at the other extreme, very slow beats?
- Are you currently being treated for any heart or circulatory condition, such as vascular disease, stroke, angina, high blood pressure, congestive heart failure, poor circulation in the legs, valvular heart disease, blood clots or pulmonary disease?
- As an adult have you ever had a fracture of the hip, spine or wrist?
- Did you fall more than twice in the past year (no matter what the reason)?
- Do you have diabetes?
- Do you have any acute or inflamed arthritic joints?
- Do you take any prescribed medications?

It should be noted that the presence of the above symptoms or conditions does not preclude a person from undertaking physical activity, but that activity may need to be modified or graduated more slowly than if these were not present.

To determine other factors that might be important to know prior to commencing a physical activity program, carry out nutrition risk screening – refer to Help sheets 2.1–2.9 (Nutrition resource manual).

A GP review would also be indicated if:

- the individual or carers are concerned about the individual's health or ability to exercise. A GP would advise the individual on undertaking the appropriate physical activity for them, increase the person's confidence in their own abilities and inform them of what to look for to determine a need for further medical review.
- any older person is considering starting a vigorous physical activity program, is undertaking a significant increase in their physical activity levels or is currently sedentary and looking to become more physically active.

Suggest to the person to speak to their GP about the LifeScripts (see Help sheet 10 in this Resource Kit for further information).

### Physiotherapists

Some older people may require individualised physical activity programs developed by a physiotherapist. Generally, more frail older people will require assessment and supervision of a physical activity program by a physiotherapist. If you notice any of these problems, then assessment by a physiotherapist may be required:

- The person is reporting having trouble with their usual activities or has stopped performing activities they were previously able to do (other than for reasons of an acute medical condition), such as shopping, housework, walking in the neighbourhood, dressing independently.
- The person has had a period of ill health and is having trouble getting back to their previous levels of activity.
- The person is experiencing falls (falls can be caused by a complex mix of risk factors and may require further in depth assessment and management by a multidisciplinary team).
- The person reports feeling unsteady on their feet or is expressing a fear of doing their usual activities due to falling.
- The person appears unsteady on their feet or walks around the house holding onto the furniture.
- The person has started using a gait aid (a stick or frame) but has not been seen by a physiotherapist.
- The person is becoming more tired or short of breath performing their usual activities.
- The person is experiencing aches or pains they did not previously have when performing activity (if the person is experiencing chest pain they should seek medical advice).
- The person has a history of neurological conditions (stroke, Parkinson's disease) or orthopaedic conditions (arthritis, joint replacement, osteoporosis) and is now experiencing difficulties with their current levels of physical activity or is looking to increase their levels of physical activity.

Physiotherapists will assess and develop individualised physical activity programs. These programs may consist of a home exercise program, centre-based exercises or inclusion in a group-based exercise class. Depending on the older person's needs, the program may include strengthening exercises, balance exercises, flexibility exercises and walking or endurance type exercises.

Physiotherapist-prescribed, individualised physical activity programs have been found to be an effective method of achieving a range of health benefits. A series of studies have found that having an individualised exercise program delivered by a trained health professional was effective in improving balance and strength and reducing falls and injuries in older people (Robertson et al., 2002).

### Occupational therapists

Occupational therapists will also see older people experiencing problems with physical activity, especially when there is an issue around performing functional tasks or home safety. A referral to an occupational therapist may be required if:

- the home environment is not safe and is limiting the person's ability to perform physical activity (for example, they are housebound due to a lack of mobility to go up and down their front stairs or require rails in the shower to shower safely)
- the person is reporting having trouble with their usual activities or has stopped performing activities they were previously able to do (other than for reasons of ill health), such as the shopping, housework, dressing or showering
- the person requires some aids or advice on how to perform tasks safely and more easily (for example, gardening, household tasks, showering, dressing, preparing food).

### Dietitians

Dietitians in home-based care can be involved in a variety of roles to support the food and nutrition needs of older people in the community. The roles and functions are given in Section 6.1 of the Nutrition resource manual. These are summarised as follows:

- Policy development to support food and nutrition needs of older people in the community, including community food supply and food services.
- Development of community resources to support home care, including client information, shopping and transport services, community and commercial food services and volunteers.
- Training and provision of resources to service providers, including aged care workers, volunteers, personal carers, food services and regional aged care services; for example, training and resources on food and nutrition issues, nutrition risk screening, early assessment, intervention and monitoring and managing community resources and food services.

- Direct client services including:
  - assessment of dietary patterns and intake
  - assessment of nutritional status
  - intervention strategies
  - counselling and information
  - client support and monitoring
  - liaison with other service providers.

Indicators for referral to a dietitian include:

- obvious underweight or frailty
- unintentional weight loss
- poor appetite or reduced food and/or fluid intake for any reason, including medications that may cause a change in food intake
- problems with chewing or swallowing
- following a special diet
- problems with having enough money to spend on food or difficulty in accessing and preparing food.

Dietitians can assess the older person, advise on specific diet, nutrition or food issues and increased nutritional risk and monitor progress of the person who requires assistance. They can also act as a resource person to other health care professionals.

Often occupational therapists, physiotherapists and dietitians work together and will refer people to each other as appropriate.

### **Exercise physiologists and fitness instructors**

Exercise physiologists and qualified fitness instructors can advise older people on suitable physical activity options. Exercise physiologists can be found in various rehabilitation settings and operate privately. Fitness instructors can be found at local gyms, fitness centres and also operate privately.

### **Accessing physiotherapists, occupational therapists and dietitians**

Physiotherapists, occupational therapists and dietitians can be accessed through:

- local community health centres
- community rehabilitation centres at many hospitals
- Veterans' Affairs (if the person is a veteran)
- aged care assessment services
- private practitioners and some medical clinics
- day therapy centres (to find out more about these centres or their location contact Commonwealth Carelink Centres on **1800 052 222** or the Aged and Community Care Information Line on **1800 500 853**).

Some physiotherapy, occupational therapy and dietetic services will see people at home; others will only see people at their centre. Check with your local service for charges and service provision.

### For more information

The following are contacts for relevant allied health associations and professional organisations.

- **Australian Physiotherapy Association (Victorian)**  
6/651 Victoria Street  
Abbotsford 3067  
Ph: (03) 9429 1799  
Fax: (03) 9429 1844  
[www.physiotherapy.asn.au](http://www.physiotherapy.asn.au)
- **Dietitians Association of Australia (Victoria)**  
1/8 Phipps Close  
Deakin, ACT 2600  
Ph: (02) 6282 9798 or  
1300 658 196  
Email: [vic@daa.asn.au](mailto:vic@daa.asn.au)  
[www.daa.asn.au](http://www.daa.asn.au)
- **Australian Association of Occupational Therapists (Victoria)**  
PO Box 1286  
Nth Fitzroy 3068  
Ph: (03) 9481 6866  
Fax: (03) 9486 6844  
[www.ausot.com.au](http://www.ausot.com.au)
- **Exercise Physiologists**  
<http://www.aaess.com.au/>
- **Human Services Directory**  
<http://humanservicesdirectory.vic.gov.au/>

### References

- Evans, WJ (1999) 'Exercise training guidelines for the elderly', *Medicine and Science in Sports Exercise*, 31(1), 12–17.
- Robertson, MC, Campbell, AJ, Gardner, MM & Devlin, N (2002) 'Preventing injuries in older people by preventing falls: a meta-analysis of individual-level data', *Journal of the American Geriatrics Society*, 50(5), 905–911.

## Help sheet 15:

### Structured physical activity programs

Structured physical activity programs are those where the activity is conducted either in a group or individualised program format, under the supervision of a trained exercise leader or therapist (see Help sheet 14 in this Resource Kit for more detail around individualised programs prescribed by physiotherapists).

Group physical activity programs are generally conducted at planned activity groups, community health centres, community rehabilitation centres, neighbourhood houses, gyms and senior citizen centres (amongst other venues). Group physical activity programs may be appropriate for older people who:

- would benefit from the social interaction of a group
- are already attending a centre and would benefit from an increase in their activity levels
- have concerns about exercising in their local environment
- would benefit from the supervision offered by a trained exercise leader or physiotherapist
- have a particular problem (for example, balance) that can be addressed with group exercise (for such people, individualised programs may also be appropriate).

If considering group exercise for frailer older people, a group run by a physiotherapist would be the most appropriate as the physiotherapist can screen for any health problems prior to starting the program and tailor the program to meet the individual's needs.

***Group physical activity programs allow older people to socialise.***

### Strength training (progressive resistance training)

Strength training programs are becoming increasingly popular for older people. Research shows that after the age of 50 years muscle strength decreases by more than 10 per cent each decade. This loss of muscle strength can result in decreased bone strength, decreased function and an increased risk of falls and fractures.

Two systematic reviews have recently reviewed the effects of strength training for older people (Latham et al., 2004; Dodd et al., 2004). The reviews show this form of exercise can result in strength gains for older people and there is some evidence of improvements in performance of everyday activities (for example, stair climbing, walking).

Strength training is of benefit to both frail older people and healthier older people (Evans, 1999; Connelly & Vandervoort, 1995). For some very frail older people an increase in strength may be required (for example, to get out of a chair) before any other form of activities can be performed, such as walking or balance exercises. For such frail people an individualised program should be designed by a health professional or exercise physiologist.

Strength training doesn't necessarily involve lifting weights and using gym equipment. Similar benefits may be achieved by performing functional activities that involve lifting weights, such as moving small garden pots as part of gardening, or performing home-based exercises involving moving body weight against gravity (such as step ups) or elastic tubing (theraband).

People with cardiac problems or a history of high blood pressure should consult their general practitioner (GP) before starting strength training program (see Help sheet 14 in this Resource Kit).

**Mr Jackson is an 83 year-old retired teacher. He had always been very independent and enjoyed gardening and writing. He had a history of high blood pressure and neurological problems. He was still managing well when he sustained two nasty falls in quick succession, one in the garden and one at the shops. He became more unsteady on his feet and the falls knocked his confidence; he stopped going out, stopped gardening and became quite frustrated at his loss of independence. He said he 'suddenly felt old'. One day he saw advertised in the paper an ad for 'Pryme Movers' strength training at his local gym and after checking with his doctor he started attending the classes. He immediately enjoyed the challenge of the classes as well as the support from the fitness instructor present. After a few weeks he noticed he felt stronger and more confident. He is again going out, managing his own shopping and doing his gardening (as well as helping his neighbours with their gardens!). He now recommends strength training to everyone he meets, young or old.**

***No matter what your age or activity level, you can become stronger by exercising your muscles.***

### **Balance training**

Balance training is an important component of any exercise program when reducing falls is one of the aims. Balance training consists of performing activities that challenge the person's balance control (for example, reaching forward, stepping one foot onto a step). Such activities may need to be performed under the guidance of a physiotherapist or trained exercise instructor to decrease the risk of falls for those with balance problems. There is good evidence that performing balance exercises can improve a person's balance.

Tai chi is one form of physical activity that has been found to be an effective method of improving balance and reducing falls (Wolf et al., 1996). Tai chi is a gentle form of physical activity, based on martial arts. It involves performing slow controlled movements and is becoming increasingly popular. For more frail older people a less challenging version of tai chi called Tai Chi for Arthritis has been developed (see Help sheet 18 in this Resource Kit for contact details for Arthritis Victoria).

### Hydrotherapy (exercise in water)

Hydrotherapy is performing exercises in water, generally in heated pools with the supervision of a physiotherapist or other trained exercise leader. It is a popular form of exercise, especially for people with osteoarthritis. There are some health conditions that preclude people from performing exercise in water, therefore, if a person is planning to start a hydrotherapy program they should consult their doctor or be reviewed by the physiotherapist running the program first.

### Other physical activity classes

General exercise or exercise to music classes are a common form of group exercise that often combine flexibility, strength, balance and coordination exercises. These classes are targeted at people of different levels of physical abilities and it is generally best to check with the person conducting the class as to whether the class would be suitable for each individual.

Another form of physical activity is 'Lifeball'. Lifeball is a team game, similar to netball and basketball, that incorporates activities such as walking, passing and throwing to encourage physical movement and teamwork. The game encourages physical activity in older people by involving movement and social interaction. For further information on Lifeball, contact the Positive Ageing Foundation of Australia on **1800 757 555** or via their website [www.positiveageing.com.au](http://www.positiveageing.com.au) or email [info@positiveageing.com.au](mailto:info@positiveageing.com.au)

For general health benefits, comprehensive programs that combine moderate intensity endurance activities with other forms of strength, flexibility and balance training and **tailor activities to individual needs and preferences**, will be most successful in terms of health benefit (American College of Sports Medicine, 1998).

### For more information

For information regarding physical activity classes in your region, call Kinect Australia on **8320 0100** or the 'Go for your life' infoline on **1300 73 98 99**.

Pryme Movers programs are conducted at YMCAs throughout Victoria. Potential programs are strength training, water aerobics and walking groups, amongst others. For more information contact your local YMCA.

### References

- Connelly, D & Vandervoort, A (1995) 'Improvement in knee extensor strength of institutionalised elderly women after exercise with ankle weights', *Physiotherapy Canada*, 47, 15–23.
- Dodd, KJ, Taylor, NF & Bradley, S (2004) 'Strength training for older people', In M. E. Morris & A. M. Schoo (Eds.), *Optimizing exercise and physical activity in older people*. Oxford: Elsevier Science Limited.
- Evans, WJ (1999) 'Exercise training guidelines for the elderly', *Medicine and Science in Sports Exercise*, 31(1), 12–17.

Gillespie LD, Gillespie WJ, Robertson MC, Lamb SE, Cumming RG & Rowe BH (2004) 'Interventions for preventing falls in elderly people' (Cochrane Review). In: *The Cochrane Library*, Issue 3, 2004. Chichester, UK: John Wiley & Sons, Ltd.

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Mazzeo, RS, Cavanagh, P, Evans, WJ, Fiatarone, M, Hagberg, J, McAuley, E et al. (1998) American College of Sports Medicine Position Stand. 'Exercise and physical activity for older adults', *Medicine and Science in Sports Exercise*, 30(6), 992–1008.ACSM

Singh, MA (2002) 'Exercise comes of age: rationale and recommendations for a geriatric exercise prescription', *Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 57(5), M262–282.

Wolf, S, Barnhart, H, Kutner, N, McNeely, E, Coogler, C & Xu, T (1996) 'Reducing frailty and falls in older persons: An investigation of tai chi and computerised balance training', *Journal of the American Geriatrics Society*, 44, 489–497.

## Help sheet 16:

### Incidental and leisure activity

Incidental activities include those where physical activity is undertaken as part of routine activities, for example, gardening, doing the housework, shopping and dressing. Many other leisure activities also have a physical activity component, for example, bocce, lawn bowls and dancing. Most of these activities can be modified for participation by frailer people (often in consultation with a health professional).

Many of these forms of activity have potential to achieve positive health outcomes, but have not been investigated in the research literature. Programs need not be confined or limited to those where there is current evidence of health benefits, but should use this evidence as a basis for facilitating a broad involvement by people in a wide range of activities.

Benefits can be seen from doing a little bit and regularly for impaired older people. Schnelle and colleagues (1995) investigated the effectiveness of encouraging mobility impaired older people in residential care to stand, walk and transfer a little more than usual each time the person went to the toilet. A maximum of 20 minutes of extra activity was undertaken per day. They found the person's walking and standing endurance improved over an eight-week period.

#### Advantages

One benefit of performing incidental activity is that it involves activities the person is familiar with, so is less daunting than starting a new physical activity program. Also, incidental activity generally has a purpose rather than doing physical activity for physical activity's sake. While some people may not be interested in formal activities, they would not consider personal care and domestic tasks as a form of exercise.

#### Disadvantages

One of the disadvantages of incidental activity is that there is usually no supervision of the person. Therefore, if safety is a concern it is important to involve a health professional or GP.

**'I try to walk to do a lap of the clothes line to the back door three times each day. It makes me feel better to get outside and have some fresh air. If I feel tired I have a rest...next week I am going to try to do four laps.'**

### Helping older people obtain the benefits of physical activity through incidental activity

- Encourage older people to perform the physical activities they are able to do, such as some household activities and gardening.
- Encourage people to participate in a variety of leisure activities they find interesting, for example, gardening, lawn bowls, tai chi, dancing.
- Ensure the safety of any activity for the older person (see Help sheets 13 and 14 in this Resource Kit). If safety is a concern, consider referring the person to a health professional for further assessment.

- If safe, encourage the person to slowly build up their usual activities or the activities they enjoy.
- If assisting a more frail person with incidental activity (for example, showering, dressing), encourage them to do as much of the activity themselves as they can safely do.
- Routinely talk to people about the benefits of incorporating physical activity into their lives.
- If a person is having difficulty performing an activity they were previously able to perform or is interested in performing an activity they have not done for a while (for example, gardening), consider referring them to a health professional. A physiotherapist or occupational therapist may be able to assist the person to perform the activity through the use of aids, modification or exercise.

### Reference

Schnelle J, Macrae, P et al. (1995) Functional incidental training, mobility performance, and incontinence care with nursing home residents. *Journal of the American Geriatrics Society* 43: 1356–62.

## Help sheet 17:

### Increasing opportunities for walking

Walking is one of the most efficient, effective and practical forms of physical activity for cardiovascular endurance. It incorporates some level of balance training and strength training all into the one activity. In an Australian study, walking was nominated as the most preferred form of physical activity for both sedentary and active people aged over 60 (Active and Inactive Australians, 1995). Walking has the added advantage of increasing outdoor activity, thereby enhancing access to sunlight which is important for maintenance of Vitamin D status and bone health (refer to Help sheet 5.6 in the Nutrition resource manual and Help sheet 4 in this Resource Kit).

### Walking for health

The amount of walking necessary to achieve some health benefits for older people will vary, depending on a number of factors:

#### a) Baseline level of fitness

Walking may not be an appropriate activity for very frail older people if they are experiencing trouble maintaining their balance standing or difficulty standing up out of a chair. For these people, strengthening and balance exercises may be required before starting a walking program (see Help sheet 14 in this Resource Kit). For less frail older people able to walk safely, walking around the block on a regular basis may be sufficient to achieve some physical and psychological benefits over time. For these people, short walks more often are most valuable.

For healthier older people, longer distance walking will be required to achieve health benefits.

#### b) Co-morbidity

A range of health problems will limit a person's walking ability. In particular, cardiovascular problems such as heart disease, intermittent claudication (pain in the legs due to poor arterial circulation), and congestive cardiac failure may limit the distance a person is able to walk. In such cases, a medical review should be undertaken before commencing a program to increase physical activity.

**c) Other issues to consider** (see also Help sheet 16 in this Resource Kit for further issues for physical activity)

- Ensure appropriate footwear for safety and comfort (avoid slippers or high heels), such as:
  - flat/low, broad, well rounded heels
  - laces or Velcro fastenings
  - flexible soles with good tread.
- If the person is using a walking aid, ensure they have an appropriate walking aid and that they are using it properly. As a general rule:
  - the height of a walking aid should come up to the wrist crease when the person stands straight
  - if one leg is weak or painful, and a stick or four-point stick is used, it should be used in the opposite hand to the weak/painful leg

- if one leg is weak or painful, the gait aid should be taking weight when the weak/painful leg is weight-bearing
- if the rubber stoppers on the bottom of the gait aid are wearing thin, replacements can be purchased at larger pharmacies.

Advice regarding correct prescription and use of a walking aid can be obtained from a physiotherapist.

- Ensure clothing is comfortable, lightweight and loose-fitting. In cold weather, wear layers of lightweight clothing that will breathe yet trap heat and keep out the wind.
- If the person is undertaking a walk above their normal levels of activity, they should spend some time doing warm up stretches. At the end of a walk, slow the walking rate down to cool down and allow heart rate to return to normal.
- If the person is starting a new walking program, they should start slowly and at smaller distances, then slowly increase the distance over the weeks. Older people with health problems should speak to their doctor prior to starting a walking program (see Help sheet 14 in this Resource Kit).
- If the safety of the local environment is a concern (for example, uneven footpaths, hills) walking within a shopping centre may help decrease the person's concerns.
- Parking the car further from the shops and walking the extra distance is another option for people considering an increase in the amount of walking they are doing.
- If muscle pain or cramps occur, stop walking and relax and gently stretch the muscle. Proceed at a slower pace.
- If taking part in physical activity outdoors on sunny days, particularly in warmer months, exercise in the earlier or later part of the day rather than in the middle of the day when there is more ultraviolet light that will damage skin quickly. Exposure of skin of hands, face and arms without sunscreen for short periods on most days is necessary for maintaining adequate Vitamin D status, which is important for bone health (see Help Sheet 4 in this Resource Kit). If out for more extended periods of time, seek shady areas, use an umbrella or wear a broad brimmed hat and sunscreen. Sunglasses to protect your eyes from bright sunlight at any time are recommended.

### **Promoting and maintaining interest**

To promote and maintain an older person's interest in walking:

- encourage the person to walk with a friend or group where social contact will make activity more rewarding and enable participants to encourage one another.
- vary the places you walk or even go to a place of interest, such as a museum, park or historic landmark.

- use a pedometer to monitor the number of steps taken and progress. The person could keep a diary of their progress so they can look back at their improvements. Further information regarding pedometers can be obtained from the Health Foundation by contacting the Heartline on **1300 362 787** or [www.heartfoundation.com.au](http://www.heartfoundation.com.au)

Where there are concerns about the issues listed above, discuss and develop a management plan in conjunction with a physiotherapist or GP.

### For more information

#### Kinect Australia Neighbourhood Walk and Talk

This program is running in many communities in Victoria. It is a program for older people where a group of interested people meet a few times a week and walk between 30 and 60 minutes. For more information call Kinect Australia Walk and Talk on **832 000 100** or the 'Go for your life' infoline on **1300 73 98 99**.

#### Exercise guide for older persons

This guide for older people offers a comprehensive outline of self monitoring and how to start a walking program for healthier older people. It is available on the website: [http://www.cpa.sa.gov.au/benefits\\_exercise/walking.html](http://www.cpa.sa.gov.au/benefits_exercise/walking.html)

The Centre for Physical Activity in Ageing, Hampstead Rehabilitation Centre, 207–255 Hampstead Rd, Northfield, SA, 5085, Ph: (08) 8222 1891.

#### The Better Health Channel

For some tips on walking for older people visit the website:

<http://www.betterhealth.vic.gov.au>

### References

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## Help sheet 18:

### Setting up a physical activity program for a group

If you are considering setting up a physical activity program for older people, there are many issues to consider. A resource titled *Older, smarter, fitter: A guide for providers of sport and physical activity programs for older Australians* (Australian Sports Commission and Department of Veterans' Affairs, 2001) is a valuable guide for anyone undertaking such a program. It includes a range of resources, contacts and program examples in Australia. It is available through the website:

<http://www.dva.gov.au/media/publicat/2002/oldersmarter/>

This help sheet targets the needs of frailer older people already involved in a group, such as a Planned Activity Group, and should be read in conjunction with *Older, smarter, fitter: A guide for providers of sport and physical activity programs for older Australians*.

### Getting started

Setting up a physical activity program for older people requires considerable planning. It may take months from the initial planning session to the first session of activity. Additionally, once the program is up and running it is important to continue ongoing monitoring of its success (for example, through satisfaction surveys, ongoing discussions).

If you are considering starting a physical activity program for a pre-existing group, it is important to target the program to the group's interests and motivations and encourage your group members to be involved in the planning. Potential discussion topics with the group could include:

- the benefits of physical activity
- current levels of physical activity and the reasons they are not physically active (if they are not)
- different types of physical activity that could be undertaken
- potential activities they may be interested in.

### Options for groups of frail older people

Potential options for the style of physical activity that could be undertaken may be:

- structured physical activity programs (as described in Help sheet 15 in this Resource Kit), including strengthening, balance, endurance activities or a combination of all of these
- walking programs (less suitable for frail older people if supervision is limited)
- tai chi
- general leisure options, such as bowls, bocce, dancing, gardening group or organised tours with a walking component.

## Things to consider

When planning an activity program for a group, you need to consider:

- most activities can be altered to suit more or less frail older people
- cultural/gender/age appropriate activities
- activities people may not have tried before and which they are keen to do
- activities that can be done outdoors, such as tai chi or a walk in the park
- options regarding health promotion education rather than a physical activity, for example, a guest speaker, information brochures and posters on nutrition and physical activity
- running joint nutrition and physical activity themes (refer to Help sheet 7 in this Resource Kit, 'Nutrition related activities in group settings')
- involving other organisations, such as libraries, gyms, schools
- involving physically active older people as role models to inspire others
- setting up a physical activity sub-committee from your group participants so physical activity stays on people's minds
- including behavioural strategies such as goal setting, self-monitoring, feedback, ongoing support, recognition of potential relapse and offering strategies to prevent relapse and assist with ongoing participation (King, 2001)
- for classes targeting women, including a social component can increase participation (King, 2001).

Further considerations for getting started are included in *Older, smarter, fitter: A guide for providers of sport and physical activity programs for older Australians*.

## Safety issues

Preparation is paramount when considering safety for a group exercise program. Some considerations before beginning a program are:

- ensure the program is led by an appropriately qualified instructor (see below) who is aware of the special needs of older people
- ensure the leader, participants and venue are covered by insurance
- run the program in an appropriate safe environment with safe equipment
- ensure emergency procedures are in place and the staff are well trained
- ensure those who need it have a medical review prior to participation (see Help sheets 12 and 14 in this Resource Kit)
- ensure participants take adequate fluids during exercise and that additional fluids are taken in hot weather or in the case of increased sweating. Assess risks by referring to Help sheets 3.3, 4.7, 4.8, 4.10 and 5.4 (Nutrition resource manual). Guidelines on fluid needs are given in Help sheet 5.4 (Nutrition resource manual)
- ensure that there is not over-exposure to damaging UV light by following the guide given in Help sheets 4 and 17 in this Resource Kit
- ensure an appropriate warm up and warm down is performed, and the intensity of the exercise is targeted to the class
- ensure there is appropriate supervision and monitoring of participants for any activity performed

- adapt activities to enable older people of different abilities to participate (for example, sitting exercises for some, standing for others)
- advise participants not to exercise if they are unwell or very tired
- advise participants to stop if they experience chest pain, discomfort or pressure, dizziness or light-headedness, nausea, dehydration, sweating or hot flushes not explained by physical effort, irregular heartbeat or any unusual or worsening pain.

(Adapted from *Older, smarter, fitter: A guide for providers of sport and physical activity programs for older Australians*)

### Training for exercise leaders

Leading a group-based exercise class for older people safely is no easy task and should not be undertaken lightly. It is vital that the person running the class has the appropriate training and qualifications. Training is available through a variety of programs in Victoria.

#### Kinect Australia (incorporating VICFIT in Victoria)

Kinect Australia is the first point of contact for somebody looking to run physical activity classes for older people. A Certificate 3 in Fitness is required to become a fitness instructor. The next level, Certificate 4 in Fitness fully qualifies you to lead physical activity classes for older people. The Kinect Australia website outlines the requirements to become a qualified fitness instructor and lists Registered Training Providers in metropolitan and regional areas offering Certificates 3 and 4 in Fitness.

See: <http://www.kinectaustralia.com.au/fitness/>

Click on the Resources hyperlink for list of Registered Training Providers.

#### Living longer living stronger™

This program is designed by the Council on the Ageing (COTA) Victoria and aims to increase the range and quality of strength training opportunities for older people. Living longer living stronger™ offers endorsement of facilities to run strength training programs for older people. The COTA website also provides information on Certificates 3 and 4 in Fitness.

For more information see: <http://www.cotavic.org.au>

#### NoFalls

NoFalls offers training for exercise group leaders to run its NoFalls exercise programs. The NoFalls exercise program is a 15-week group exercise program, which includes a combination of exercises with an emphasis on balance improvement. For more information see:

<http://www.general.monash.edu.au/muarc/nofalls/>

### **Arthritis Victoria**

Arthritis Victoria runs training programs for people of differing levels of experience in running gentle exercise classes, strength training, Tai Chi for Arthritis and Warm Water Exercise. For more information see:

<http://www.arthritisvic.org.au>

### **References**

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## Help sheet 19:

### Physical activity for older people with medical conditions

People with chronic medical conditions have special needs in regard to physical activity. Such **people should consult with their general practitioner (GP) before they change their levels of physical activity**. This would ensure the type of activity chosen:

- **is safe**
- can be of the most benefit to the person.

After consulting with their GP, a physical activity program may have to be developed by a physiotherapist or the person may need to attend a special group tailored to people with their condition.

### Falls

Falls are caused by a combination of many factors, including decreased balance and decreased strength. Performing appropriate physical activity can help to prevent falls.

Special physical activity programs are available for people who fall, such as the NoFalls Program and balance classes.

People with a problem with falls or near falls may need to be reviewed at a Falls and Mobility Clinic. These are special outpatient services in hospitals, which have a geriatrician, physiotherapist, occupational therapist and other health professionals assessing people and developing a treatment plan to reduce future risk of falls.

See falls prevention resources listed under Physical Activity Resources in Section 6 'Nutrition, Physical Activity and General Resources' in this Resource Kit. In the resource *Standing on your own two feet* (Australian Pensioners and Superannuants' Federation, 1999), older people talk about how to prevent falls. This resource is available in a range of languages other than English.

### Arthritis

Arthritis affects a person's joints. There are two main types of arthritis: osteoarthritis and rheumatoid arthritis. The two conditions present differently and are managed quite differently. Physical activity can help people with arthritis by strengthening the muscles to protect joints, decreasing pain, and preventing joints from becoming stiff.

Activities such as walking, water exercise, strength training, tai chi and dancing are often appropriate for people with arthritis. However, there is evidence that vigorous and prolonged activity can aggravate arthritis. People with arthritis need to be careful performing physical activity when they have pain and should avoid exercise of very painful inflamed joints, unless it is under a GP's or physiotherapist's strict supervision.

Diet can assist in managing some types of arthritis, for example, weight control to reduce pressure on weight-bearing joints. Foods containing Omega-3 fats have some benefits through their anti-inflammatory effect in the body. Seek further advice from a dietitian.

For more information on arthritis or for specific groups for people with arthritis, contact Arthritis Australia on [www.arthritisaustralia.com.au](http://www.arthritisaustralia.com.au) or **1800 011 041** or Arthritis Victoria on [www.arthritisvic.org.au](http://www.arthritisvic.org.au)

### Diabetes mellitus

People with diabetes mellitus require special medical attention and diet to ensure blood glucose levels are controlled and reduce their risk of longer term complications.

Physical activity can help improve the control of blood glucose for some people with diabetes mellitus. In particular, endurance exercise and strengthening exercises can be of benefit.

People with diabetes who are taking tablets or insulin for their condition have an increased risk of a hypoglycaemic reaction ('hypo') if undertaking unplanned or more than the usual amount of exercise.

To ensure that the risk is minimised, obtain the latest information on preventing and managing hypoglycaemic reactions. The following steps will assist in this.

- Ask your local diabetes educator or dietitian for information and/or training on how to prevent people from experiencing 'hypos' and how to recognise and treat a 'hypo' if it occurs.
- Ask the person with diabetes mellitus what education they have had on what to do in the event of a hypoglycaemic reaction or 'hypo'.
- Ask the person if they are aware of the types of symptoms they may have as warning signs.
- Access further important information from the following organisations:

International Diabetes Institute: [www.diabetes.com.au](http://www.diabetes.com.au) or **03 9258 5050**

Diabetes Australia: [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au) or **1300 136 588**

### Osteoporosis

Osteoporosis is where the bones become more brittle and there is an increased chance of fracture. Physical activity, especially resistance training type exercise combined with good nutrition, with particular attention to adequate calcium intake and access to direct sunlight, important for Vitamin D, can help to prevent risk of fractures (Refer to Help sheet 5.6 Nutrition resource manual, and Help sheet 4 in this Resource Kit).

Being physically active is also important for people with osteoporosis. The focus of the physical activity program should be the prevention of falls and fractures and the maintenance of overall health.

For more information on osteoporosis, contact the Osteoporosis Foundation on [www.osteoporosis.org.au](http://www.osteoporosis.org.au) or **8531 8099**.

## Cardiac and lung (pulmonary) conditions

There are many different types of heart, circulatory and lung conditions. Physical activity can have a positive or negative effect on the person's health depending on the condition. Therefore, when a person has a cardiac condition and lung condition, medical advice should always be sought before they change their physical activity levels.

Cardiac rehabilitation groups and pulmonary rehabilitation groups are available for people who have cardiac and lung conditions that can be improved by physical activity. GPs and health professionals usually make these referrals.

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Arthritis Australia: [www.arthritisaustralia.com.au](http://www.arthritisaustralia.com.au)

International Diabetes Institute: [www.diabetes.com.au](http://www.diabetes.com.au)

Diabetes Australia: [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)

The Osteoporosis Foundation: [www.osteoporosis.org.au](http://www.osteoporosis.org.au)

The Victorian Council on Fitness and General Health:  
[www.kinectaustralia.com.au](http://www.kinectaustralia.com.au)

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