



**Engaging Older CALD People in Physical Activity**

**Forum Report and Evaluation**

**And**

**Planning Falls Prevention Workshop Evaluation**

**Prepared by:**  
**Jan Lewis and Kerina Princi**  
**North Central Metro PCP**

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## **ENGAGING OLDER CALD PEOPLE IN PHYSICAL ACTIVITY FORUM**

### **Introduction**

'Engaging Older CALD People in Physical Activity' is the second forum offered by the Integrated Health Promotion committee of the North Central Metro Primary Care Partnership (NCMPCP).

The forum aimed to share learnings from work taking place across the NCMPCP municipalities of Whittlesea, Darebin and Yarra. Presentations provided an opportunity to showcase the work from the three municipalities and learn from each others experiences.

Each of the municipalities in the north central metro catchment records an increasing number of older people from culturally and linguistically diverse (CALD) backgrounds. These communities are also often over represented in the statistics for chronic disease. There is evidence for maintaining levels of physical activity throughout the life cycle as a preventive measure in developing chronic disease and for other social and mental health benefits.

Encouraging CALD people, particularly older members of the community, to improve their levels of physical activity has proven to be difficult. This forum presented some of the work undertaken and highlighted some common indicators to successfully working with the older CALD community.

### **Overview of presentations**

#### **Centre for Culture Ethnicity and Health (CEH)**

To open the forum Christine Jowett presented findings reported in the resource 'Engaging CLAD Communities in Physical Activity a Discussion Paper. This was a joint project between CEH and the Monee Valley Melbourne Primary Care Partnership (MVM PCP) conducted in 2005 – 2006. (See CEH website for the resource: [www.ceh.org.au](http://www.ceh.org.au))

The research, which was not exclusive to older people, included literature reviews, interviews and focus groups, and has provided information on barriers and enablers to participation in physical activity for the CALD community. This information provides direction for strategies to engage older CALD communities in physical activity and ways to promote physical activity to CALD communities.

#### **Let Everyone Activity Participate Program (LEAP)**

Anne Coall from the City of Whittlesea and Minh Huynh, Plenty Valley Community Health, spoke about their experiences in setting up the LEAP program to engage older adults from CALD backgrounds to participate in an exercise program. Starting in 2004 with a light exercise program, LEAP has grown in both organisations supporting the program and networking to implement activities, as well as in the numbers of people attending programs. Different exercise programs suit different requirements and an Exercise Guide for Older Adults in the Whittlesea area has been developed and distributed.

#### **Yarra Municipality Physical Activity for CALD Seniors**

Christine Jowett outlined a range of exercise programs offered by North Yarra Community Health and noted the Living Longer, Living Stronger Program operating through the City of Yarra at the Richmond Recreation Centre & Collingwood Leisure Centre.

### **Fitness Program for Timorese Seniors**

Renee Lee from North Richmond Community Health Centre (NRCHC) working with the Richmond Recreation Centre has set up a weight bearing exercise program for seniors from the Timorese community living in the Richmond Estate. Keys to success have been the convenience of the location, low cost for participants, and particularly having a friendly instructor and bilingual worker whom participants know well.

Both organisations working in partnership have allowed costs to be reduced for NRCHC and the Richmond Recreation Centre benefits from increasing membership.

### **City of Darebin: Local Government Promotion Physical Activity**

Con Constantinou provided information on programs within the City of Darebin that are promoting physical activity. Programs coordinated by Leisure Services include Walking Darebin, Community outings, Community Grants Scheme. There are also exercise programs offered through Neighbourhood Houses, Community Centres, Darebin Community Health, and Spectrum Migrant Resource Centre. The following resources are available to provide information about activities within the municipality:

- Neighbourhood House Brochure
- Older and Active in Darebin Directory
- Sport and Recreation Directory
- Community Spaces and Places Directory
- Walking Darebin maps/Discover Darebin, Merri Creek, Darebin Parklands, Edwardes Lake Park. Walk with us poster of walking groups.
- City of Darebin Website [www.darebin.vic.gov.au](http://www.darebin.vic.gov.au)

### **Physical Activity and Falls Prevention: What is the link?**

Kerina Princi is the Project Officer for the Footholds on Safety Program that has been implemented across NCMPCP municipalities over the past three years. The aim of the project was to:

- Reduce the incidence of falls amongst older people living in their own home
- Target group is people of culturally and linguistically diverse background (CALD)

Objectives were to:

- Build sustainable service provider engagement in co-ordinated falls prevention practices
- Ensure reach and relevance to CALD communities
- Develop resources to support agency implementation
- Increase individual assessments and management of risk factors by service providers
- Build community engagement in falls prevention

The project has implemented strategies in community education, social marketing in raising awareness of falls prevention, developing resources for professionals and the general public and has provided training for agency staff in the use of falls risk screening and action plan tool.

Research has highlighted the importance physical activity in falls prevention, the best exercise being:

- Balance Exercise
- Weight bearing positions
- Exercises requiring minimal upper limb support
- Functional activity practice i.e stair climbing/sit to stand
- Endurance
- Increase general fitness

- Moderate-intensity resistance training

The following were found not to work:

- Brisk walking
- Otago exercise program in people < 80 with visual impairment or taking psychoactive drugs
- Tai Chi in frail older people
- Gentle and seated exercise

Overall there is strong evidence that exercise programs can prevent falls in community dwellers. It is crucial that balance training is a core component of these exercise programs.

#### *FOS resources*

- Exercise Directories
- Falls Risk Checklists Translated in Community Languages
- Screening Tools
- Falls Prevention Services Directories

See website: [www.ncmpcp.org.au](http://www.ncmpcp.org.au) see heading Projects.

#### **Common themes**

The successes experienced by the presenters working with older CALD people to improve their physical activity were backed up by the findings reported in the study by the CEH. Some success factors include:

- Programs are accessible: local, and/or transport is readily available if travel is required.
- Low cost: a small cost is acceptable but larger outlay of program fees, or for equipment, is not practical.
- A bi-lingual worker.
- A friendly instructor that relates well with the group.
- Partnerships in program delivery.

Practitioners should be aware of the barriers that prevent or make participation in activities difficult for older CALD people. These include:

- Cost
- Timing ie: times activities are held need to be compatible with other commitments
- Transport: public transport can be difficult to access
- Languages: a problem if programs are only delivered in English
- Sports attire: where special clothing/equipment is required.
- Gender e.g. traditional views of women's roles
- Attitudes and beliefs towards PA.

## FORUM EVALUATION

**Forum acceptances:** 36

**Attendance:** 26

**Organisations represented**

Community health	9
Local government	6
Hospitals	2
Not for profit	2
Aged Care Services	2
Residential Aged Care	5

**Positions represented**

Community/social support service	10
Physio	6
Health promotion officer	2
Diversional therapist	2
OT	2
Clinical care coordinator	1
Not stated	3

**Evaluation forms completed:** 14. Note that responses represent just over half those attending.

**How the ‘Engaging Older CALD People in Physical Activity’ Forum program was rated.**

Average rating for the program was 3.7 on a score of 1 poor to 5 excellent.

Poor					Excellent	N/A	Average Score
1	2	3	4	5			
0	0	0	2	7	5		
<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>28</b>			<b>3.7</b>

**How useful the following parts of the ‘Engaging Older CALD People in Physical Activity’ Forum rated for participants work**

The average rating across all presentations for usefulness in the work of participants was 3.7 where 1 was not useful and 5 was very useful. This rating probably reflects the diversity in organisations and positions represented as information from some presentations would have been more useful in some situations/work places and not others.

	Not useful			Very useful		N/A	Average Score
	1	2	3	4	5		
<i>Findings from “Engaging CALD communities in PA”</i>	0	0	4	6	2	2	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>24</b>	<b>10</b>		<b>3.8</b>
<i>LEAP in Whittlesea</i>	1	0	2	6	3	2	
<b>Total</b>	<b>1</b>	<b>0</b>	<b>6</b>	<b>24</b>	<b>15</b>		<b>3.8</b>
<i>Yarra PA for CALD Seniors &amp; Fitness Program for Timorese Seniors</i>	2	0	2	5	3	2	
<b>Total</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>20</b>	<b>15</b>		<b>3.6</b>
<i>Darebin LGA promoting PA</i>	1	2	4	4	1	2	
<b>Total</b>	<b>1</b>	<b>4</b>	<b>12</b>	<b>16</b>	<b>5</b>		<b>3.2</b>

<i>Panel question session</i>	0	1	4	2	2	5	
<b>Total</b>	<b>0</b>	<b>2</b>	<b>12</b>	<b>8</b>	<b>10</b>		<b>3.6</b>
<i>PA and Falls Prevention</i>	0	0	2	4	4	4	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>16</b>	<b>20</b>		<b>4.2</b>
<b><i>Average total</i></b>							<b>3.7</b>

### **Comments on ways participants will use the information from the forum in their work**

- Unfortunately talks were about higher functioning community dwellers, whereas our patients would be unable to participate. Very interesting though. (Residential care)
- I work with elderly, frail clients so this wasn't really relevant to this population. Interesting though. (Residential care)
- Working on strategic planning for engaging CLAD communities in PA. (Physio. CHS)
- Promote more activities (that are) up and running in the community. (Social Support Coordinator, Community Services)
- Networking was useful (Senior Citizens Officer, Local Government)
- Have someone do Cert 3 and be a workplace instructor (for physical activity) (Facility Manager, Residential Aged Care Service)
- Plan to incorporate FOS checklist. (OT, CHS)
- Consider some Health Promotion initiative. (OT, CHS)
- To make walking group more sustainable. (Health Promotion Officer, CHS)
- Very interesting to find what is out in the community. As I work in aged care facility we have many challenges to be involved in these groups as the door is no longer open (in the community). (Diversional Therapist, Aged Care Facility)
- As a network tool. (CHS)
- To refer people to different groups and to develop our own organisation. (Physio, CHS)

### **Additional comments**

- Parking a problem, noisy traffic, food was great!
- I thought the forum would be more about how to get CALD older people involved/interested in physical activity in general.
- Not so much specific to community. Doesn't really apply to RACS's. Our facility is very high care – what about people in wheelchairs? What about people with Alzheimers/Dementia/Phyisc?
- Great Forum but hasn't helped me today unfortunately. Thankyou for the invite anyway!
- Well done – very inspiring and interesting morning.
- More neighbouring councils to Darebin should be there too eg: Banyule and Nillimbik.

### **Conclusion**

Conclusions are limited by a low return of completed questionnaires.

The overall rating of the usefulness (av. 3.7) to participants work probably reflects responses from the people attending that worked in aged care residential facilities. These clients are not necessarily the target for community health or local government based physical activity programs – the topic of most presentations.

Consideration should be made in future on better targeting the promotion of the forums to participants where the topics to be presented will be relevant to their work. An early cut off had to be made when acceptances exceeded 30, although of 36 acceptances, 26 attended on the day.

Comments on how the forum would be used in work place indicate an intention to use information within participants' own workplace, but apart from networking intention to partner with other organisations was not indicated. There was one reference to use in strategic planning.

## FALLS PREVENTION PLANNING WORKSHOP EVALUATION REPORT

### Background

The Department of Human Services, Aged Care Branch funded the Foothold on Safety (6) (FOS) Project managed by the North Central Metropolitan Primary Care Partnership (NCMPCP). The Project aim is to reduce the incidence of falls amongst older people living in their own home, targeting those of culturally and linguistically diverse background. The Project secured three year funding from 2005-2008 and operated in each NCMPCP catchment municipality for a 12 month period. The Project end date is 29 February 2008.

The NCMPCP convened a falls prevention planning workshop in February 2008, facilitated by an external consultant. Representatives from key local agencies discussed ways in which agencies can progress the work of the project in the absence of allocated funding and a designated project officer.

The key objectives of the workshop were to:

- discuss sustainability of project initiatives
- advance a coordinated approach to falls prevention practices and
- embed falls prevention practices in organizational policies.

The workshop was attended by 17 people representing ten agencies.

### The organizations represented were:

Darebin Community Health	5
Darebin City Council	2
North Yarra Community Health	1
Plenty Valley Community Health	1
Royal District Nursing Service	1
Austin Health	1
Southern Cross Care	2
Amity Nursing Home	1
Meadow Glen Nursing Home	2
Brimbank Melton Westbay PCP	1

### Staff personnel represented was:

Physiotherapist	3
Occupational Therapist	3
Nursing	4
Diversional Therapist	1
Health Promotion Officer	1
CACP Coordinator	1
Community Development Workers	2
Coordinator Ageing Communities	1
Project Officer	

Nine evaluation forms were completed. The feedback forms consisted of 5 questions using a Likert Scale to measure individual responses. The results were:

**1. Overall how would you rate the planning workshop?**

On a scale of 1 poor to 5 excellent the average score was 4.2

<i>Poor</i>				<i>Excellent</i>
1	2	3	4	5
0	0	2	3	4
0	0	6	12	20

**2 The workshop was well facilitated?**

On a scale of 1 strongly agree to 5 strongly disagree the average score was 1.8.

<i>Strongly Agree</i>				<i>Strongly Disagree</i>
1	2	3	4	5
5	2	0	2	0
5	4	0	8	0

**3 The information presented was clear and easy to understand?**

On a scale of 1 strongly agree to 5 strongly disagree the average score was 2.

<i>Strongly Agree</i>				<i>Strongly Disagree</i>
1	2	3	4	5
5	1	1	2	0
5	2	3	8	0

**4 There was adequate time allocated for group discussion?**

On a scale of 1 strongly agree to 5 strongly disagree the average score was 1.7.

<i>Strongly Agree</i>				<i>Strongly Disagree</i>
1	2	3	4	5
6	1	0	2	0
6	2	0	8	0

**5 The workshop reached achievable outcomes?**

On a scale of 1 strongly agree to 5 strongly disagree the average score was 2.6.

<i>Strongly Agree</i>				<i>Strongly Disagree</i>
1	2	3	4	5
1	3	3	2	0
1	6	9	8	0

**Additional comments included**

'Great opportunity to get it on the agenda. Has inspired some future planning.'

'Gave me an insight into PCP and FOS.'

'I think there needs to be further work on outcomes now-it's a shame at this point the FOS funding has ended. I hope the motivation doesn't end with the funding.'

'Very interesting.'

'More information on dealing with falls and improving balance would be great.'

'Could be more generalized on falls prevention, as many had no knowledge of FOS project and could not contribute.'

### **Conclusion**

Overall the workshop was successful and generated interest in advancing the work of the Project initiatives within agencies and across the PCP catchment.

A summary report identifying the key elements discussed and action areas will be distributed to participants who will be asked to agenda the report at agency team meetings and with their respective managers.

The facilitator will provide a report which will be tabled at the NCMPCP Project Management Group meeting. Their support for the implementation of the agreed key priority areas will be sought.