



Barriers and Facilitators to Physical Activity for Older People in Culturally Diverse Communities

Summary of Findings



April 2007

EXECUTIVE SUMMARY

Project Aims

- (i) To identify barriers and facilitators to physical activity amongst older people from CALD communities living in 3 LGAs of Western Melbourne; and
- (ii) To provide information on factors that would enable inactive older people to participate in the levels of physical activity that are advocated for health, i.e. at least 150 minutes a week of activities such as walking, housework, gardening, and physical recreational pursuits.

Participants and Study Design

Older men and women (n = 333) from 7 cultural groups (Anglo-Celtic, Croatian, Greek, Italian, Macedonian, Maltese and Vietnamese) living in Western Melbourne, were interviewed concerning their physical activity habits, factors that prevented them from being active and what would facilitate their greater participation in physical activity.

Results and Recommendations

Approximately one third of the study participants failed to attain the advocated 150 minutes of physical activity each week. Some of the barriers to physical activity were personal, such as perceived ill-health, lack of energy, fear of injury and lack of motivation. And some factors were environmental, such as the weather and concerns about safety. Based upon their responses to the questionnaire, factors that could facilitate an increase in physical activity amongst older people living in this region included: providing paths that were shaded by trees and separated from the traffic by nature strips; recreation areas in which the older people could meet and socialise, including outdoor areas used by people of all ages; providing well-maintained footpaths that were free from litter; access to free or low cost recreation facilities; and the transport means to get there. Additionally, the data suggested that some of the older people, who were classified as inactive, were less well informed about physical activity opportunities in their area.

TABLE OF CONTENTS

Background	4
Main Findings	4
Participant demographics	4
Physical Activity (PA)	4
<i>Walking – Where?</i>	5
<i>Walking – Why?</i>	6
Barriers to Physical Activity	6
Perceptions of Neighbourhood	7
Leisure Satisfaction	8
Health Promotion	8
Future Activity and Service Needs	9
Discussion	10
Key Messages	11
Conclusion	11

Background

Since inactivity has been identified as a major contributor to the burden of disease in older people, a key government health priority is to enable more older people to achieve the advocated minimum of 150-minutes of physical activity (PA) per week. In order to implement effective strategies for achieving this, it is important for key stakeholders to understand the facilitators and barriers to PA for older-people in their local setting and cultural context. Of specific interest to this project were older people from CALD communities (Anglo-Celtic, Croatian, Greek, Italian, Macedonian, Maltese and Vietnamese) living in low SEIFA areas of Western Melbourne. A questionnaire measuring physical leisure activity and barriers to activity was administered via an interview in each participant's preferred language.

Main Findings

Participant demographics

There was a similar distribution of participants from the 7 cultural groups (range 29 – 64 people in each group), men and women (41% and 59% respectively), across the 3 LGAs (Melton 22%, Maribyrnong 35% and Brimbank 43%), and a mixture of HACC and non-HACC users (37% and 63% respectively). The Anglo group reported living in Australia for longer than the other groups (mean = 61-yrs), with 62% being born in Australia. By comparison the Vietnamese had lived in Australia for the shortest length of time (mean = 17-yrs). Twenty-seven percent of the participants reported living alone. Eighty-seven percent reported living in a house, 10% in a flat or unit, and 3% other. The majority (76%) reported having full ownership of their place of residence. The data on home ownership and reliance upon pension as main source of income suggests that many of the participants could be described as asset rich but income poor. The Vietnamese also reported the shortest duration at their current address (mean = 105-months) and lowest proportion of full home ownership, with 33% living in a rental property and 34% living with their family, such as living in “my son's property”.

Physical Activity (PA)

The most commonly reported forms of PA were: walking (83%), housework (men 24%, women 59%), gardening (men 46%, women 35%), and shopping (men 25%, women 37%). Recreational PA and/or formal exercise was undertaken by ~20%.

Sixty-six percent of participants reported attaining a minimum of 150-minutes of activity per week and were therefore designated as 'active'), since this is the level advocated as the minimum for health. Not unexpectedly those receiving HACC services were less likely to attain 150-minutes of physical activity per week than those not receiving HACC services (HACC 61%, Non-HACC 69%) although this was not statistically significant. People living alone were just as likely to attain at least 150-minutes PA per week as those who lived with others.

There was no difference between the reported amount of PA by men and women or the percentage attaining the advocated 150 minutes per week. A comparison between cultural groups revealed that the Italian group reported far greater levels of PA (minutes per week) than the other cultural groups, but did not differ significantly in the percentage of group members exceeding 150-minutes per week. The Croatians and Macedonians reported the lowest levels of PA.

Walking – Where?

Of all the participants who identified where they walked, 71% reported that *most of the time* they walked around their neighbourhood streets. This compares to 58% reporting the shopping mall (men 44%, women 68%), 37% the park (men 44%, women 32%), 17% along walking trails (men 25%, women 11%), 12% in other places e.g. at home, and 5% on a treadmill.

Interestingly, only about a third of all participants reported using walking tracks. The most common reason for not using walking trails, in addition to poor health, was due to trail location (e.g. too far away, did not know where they were, trails isolated).

Participants who did not use HACC services were more likely than HACC users to report walking most of the time in neighbourhood streets, the park and walking tracks. A greater proportion of HACC users reported to walk in other places, such as at home (HACC 20%, Non-HACC 7%). Participants, who were sufficiently active, were more likely than inactive participants to report walking most of the time on a walking track (Active 23%, Inactive 4%).

Maltese and Croatian participants were less likely to report walking in their neighbourhood streets, whilst the Italians and Macedonians were most likely. Furthermore, the Macedonians were less likely to report walking in shopping malls, and most likely in the park. The Maltese were most likely to report walking in 'other' places, and Italians more likely than other groups to report walking on a treadmill.

Walking – Why?

Of the participants who reported walking, 57% walked to stay healthy and keep fit, 31% walked to or around the shops (women 35%, men 24%), 23% walked for recreation/pleasure, 6% to socialise, and 17% for other reasons (women 21%, men 12%) e.g. housework, chores, getting to places etc.

Non-HACC users were more likely to walk for recreation/pleasure (non-HACC 26%, HACC 16%). Active participants were more likely to report recreation/pleasure (Active 27%, Inactive 13%), and health/fitness (Active 61%, Inactive 48%) as reasons for walking, whilst, inactive participants were more likely to report shopping (Active 27%, Inactive 42%) and socializing (Active 4%, Inactive 12%) as a reason for walking.

Non-Anglo participants were more likely to walk for recreation/pleasure (Anglos 11%, Non-Anglos 25%). Eighty-one percent of Italians reported walking to stay fit and healthy, as compared to 24% of the Croatians. Over 60% of Croatians and Macedonians reported walking for shopping purposes, as compared to 9% of the Greeks. Forty-three percent of the Croatians reported walking for recreation/ pleasure as compared to 7% of Italians. Eighteen percent of the Macedonians reported walking for socialising as compared to no Vietnamese. Thirty-six percent of the Maltese reported walking for 'other reasons'.

Barriers to Physical Activity

The commonly reported barriers to exercise (reported by >50%) were: 'not in good health', 'bad weather', 'not having the energy', 'too tired', and 'afraid of injury'. Further analysis revealed that being afraid of injury, not having a safe place to exercise, and poor health were predictors of levels of PA.

Men reported fewer barriers to physical activity than women. A higher percentage of women reported 'being afraid of injury', 'not being in good health', 'not having the energy to exercise', 'not having a safe place to exercise', and a lack of 'care giving assistance'.

There were no differences between total number of barriers reported by HACC users and non-HACC users, but HACC clients were more likely to report 'being afraid of injury' (65% vs 49%), 'lacking energy' (69% vs 56%) and 'poor health' (81% vs 58%); whilst non-HACC users were more likely to report a 'lack of time' (25% vs 13%) and 'weather' (70% vs 46%) as barriers.

Differences were found between cultural groups, with the Anglo and Italian groups reporting significantly fewer barriers to PA, whilst the Macedonian and

Croatian groups reported significantly more. Further investigation revealed that Macedonian and Croatian participants were more likely to report bad weather, and not having a safe place to exercise, as barriers. The Macedonians were also more likely to report; lacking in energy, being too tired, and lacking motivation as barriers, whilst the Croatians were more likely to report: having no one to exercise with, not liking exercise, and having no care-giving assistance. Furthermore, despite reporting the highest levels of activity, the Italians were also most likely to report 'poor health' as a barrier as well as perceiving themselves to have the poorest health of all the groups.

Participants who reported lack of motivation as a barrier to PA were also less likely to take part in recreational activities and formal exercise. However, lack of motivation did not appear to impact on reported levels of shopping, gardening and housework.

Less active participants were more likely than active participants to report barriers to PA. For example, participants who reported no care-giving assistance as a barrier to PA were less likely to be sufficiently active.

Perceptions of Neighbourhood

Overall, participants had favourable perceptions of their neighbourhood. There were no differences between men and women in their perceptions of the availability of places to walk, neighbourhood aesthetics or neighbourhood safety. HACC users, however, rated their neighbourhood aesthetics as lower than non-HACC users.

All cultural groups reported favourable perceptions of places available for walking, but Croatians had the lowest rating for their neighbourhood aesthetics. There was also a difference between groups in their perceptions of neighbourhood safety and crime with the Greek and Anglo groups perceiving their neighbourhood to be most safe, whilst Italians and Macedonians as least safe.

Of all the participants who reported walking, 65% claimed to feel extremely safe or quite safe while walking (men 76%, women 57%). Non-HACC users were more likely than HACC users to report feeling safe while out walking (HACC 49%, non-HACC 73%). Active participants were more likely than non-active to report feeling safe while out walking (Active 71%, Inactive 53%). No differences in feelings of safety while walking were reported across cultural groups.

Leisure Satisfaction

Factors affecting leisure satisfaction included: 'needing to feel safe whilst out walking', 'access to footpaths with trees that provided shade', 'paths that were separated from the road by a nature strip', 'being able to meet and talk with people whilst out', and the 'aesthetics of the area', with a particular concern about litter.

Anglo-Celtic and Vietnamese groups reported higher leisure satisfaction than the Greek, Italian and Croatian groups. There were no differences between men and women, but HACC users had a lower leisure satisfaction score than the non-HACC users.

Health Promotion

Of the 81% of participants who reported being involved in some form of PA, 32% reported doing the activity because they were advised by their doctor, 22% reported being advised by their partner, and 19% reported doing the activity of their own accord. More women (24%) than men (13%) reported doing exercise of their own accord. Whereas, men (11%) were more likely than women (3%) to report being advised by their relatives to get involved in PA.

Non-HACC users were more likely than HACC users to report that partners (25% non-HACC, 13% HACC) and friends (19% non-HACC, 6% HACC) advised them to take up physical activities. Inactive participants were more likely than active participants to report being advised by a partner (inactive 32%, active 18%), friends (inactive 25%, active 12%) and relatives (inactive 15%, active 4%) to take up physical activity.

Sixty-eight per cent of Italians and 54% of Maltese who claimed to be involved in PA reported to be advised to do so by their doctors, as compared to 8% of the Croatian and Vietnamese participants. Anglo and Vietnamese were more likely than other cultural groups to report that they took part in activities of their own accord. Sixty-one per cent of Macedonians reported that their partners advised them to take up PA, as compared to no Greeks. Macedonians were most likely to report being advised by friends (61%) and relatives (32%) to take up PA, as compared to none of the Greeks. Non-Anglos were more likely to report being advised by their doctor, partner, and children to take part in PA, whilst Anglo's were more likely to report doing PA of their own accord.

Of the 58% of participants who claimed to be aware of PA groups, 73% claimed to participate in them. The most common way that participants reported to have found out about PA groups was through friends (43%),

relatives (15%), their doctor (10%), partner (10%) and other people (10%). More men than women claimed to find out about PA programs through their doctor and relatives. Of all those participants claiming that friends told them about PA groups, the majority were non-HACC (77%) and a large proportion were Anglo (27%) and Macedonian (27%). Friends were the most commonly reported source across every cultural group, apart from the Maltese, who were more likely to report other people (e.g. other people at club, allied health and community workers, retirement village) as sources. Likewise, active participants were more likely than inactive to claim that other people were the reason for finding out about PA groups (active 93%, inactive 7%). Of all those participants who claimed that relatives told them about PA groups, 75% were Macedonian. Of those participants who reported their partners and children as the source, almost half (46%) were Croatian.

These findings indicate that gender, HACC status, cultural identity and levels of activity may all influence how people come to learn about PA groups and programs.

Future Activity and Service Needs

When asked about what activities participants would like to do as they got older, many were unsure or reported to be happy with what they were currently doing. Others suggested activities such as swimming, lawn bowls, tai chi, dancing, golf, and bike riding. Participants also mentioned organised activities through community centres and clubs, including sightseeing tours and fitness classes.

In response to a question about what services were required in order to take part in such activities, many participants highlighted the need for adequate transport. A substantial number also conveyed the need for access to home and personal care, community buses, physiotherapy, and community and day centres. Some participants, however, indicated that current HACC services did meet their needs.

Participants identified the importance of having opportunities to socialise. However, many were concerned about the associated costs, and highlighted the need for greater access to free or subsidised activities and services.

Discussion

Since approximately half of those interviewed reported that they walked “to stay healthy and keep fit”, it would appear that there is a good awareness of the exercising for health message in a large proportion of this group. This is further indicated by the stated reasons for doing exercise, which included advice from their doctor, partner/relative, or undertaking it of their own self-volition. It is therefore imperative that those who want to exercise have the facilities and opportunities to do so through the provision of accessible, attractive and low cost facilities, tracks, paths and other areas. And whilst these factors may increase participation amongst the currently inactive, it is also likely that other factors relating to personal and environmental issues may present a further barrier to these individuals. This was also apparent in their responses, which indicated that many had also been advised to exercise, but for whatever reason, were not attaining the advocated minimum of 150 – min per week. Furthermore, the data suggests that those classified as inactive were less likely to know of physical activity groups. Whereas the active participants indicated that they had learnt about them from other people. So for the inactive, a strategy for increasing awareness of the PA groups and opportunities within their area could prove effective.

In the context of the aims of this study, the majority of barriers to PA and the factors influencing leisure satisfaction, which may thereby affect participation and compliance with advocated PA levels, were common across all groups. Some of these factors are largely out of the direct influence of those involved in determining policy, including individual factors such as perceived health, and motivation; about which further study is required and specific strategies applying where appropriate. Particularly since factors such as perceived poor health and lack of energy, which currently reduce participation, may result in a downward spiral, with a failure to exercise at the advocated levels further reducing health and physical capacity. Likewise, the factors of a lack of motivation and fear of injury may need to be tackled from a psychological perspective. The factors of a lack of time and a lack of care-giving assistance, suggest the need for additional support services. Whereas the environmental factors such as the provision of shaded footpaths that are separated from the traffic, and recreation areas that enable social interaction may be addressed through public planning policies.

The issue of bad weather being a barrier may be addressed through the provision of indoor facilities, but there is a need to consider other potential barriers such as cost, which may be overcome through policies that advocate free or low cost facilities and activities, combined with ensuring easy access through location and transport availability and the cost to participants. A current example of an initiative, which addresses these points, involves walking groups within a local shopping mall, with transport to the venue provided.

Key Messages

- Whilst many of the general findings were consistent across cultural groups and gender, there were some variations in levels and types of PA, as well as the prevalence of perceived barriers to PA. This has implications for developing culturally and gender appropriate interventions.
- If people perceive their local environment as attractive and safe, then they are more likely to do physical activity.
- Opportunities for meeting people whilst walking, having access to footpaths that are well maintained and that have trees to provide shade are all factors associated with undertaking sufficient activity.
- Increasing awareness of local physical activity groups and opportunities may promote greater participation amongst those who currently fail to attain the advocated minimum of 150-min per week.

Conclusion

The findings from this research provide information that is applicable to local planning and policy. It applies across many LGA departments relating to local parks, footpaths, community facilities such as recreation and community centres, and the promotion of physical activity friendly environments. The differences in types and amount of PA, as well as barriers to PA and leisure satisfaction, across gender, HACC status and cultural group demands that a diverse range of older people need to be consulted and involved in future planning in this area. It may also be pertinent to specifically explore levels of incidental versus purposeful activity.