

Swimming

Walking the dog

Taking the stairs

Sex

Washing the car

Mowing the lawn

SECTION 2



# ACTIVE FOR LATER LIFE

Promoting physical activity with older people

BEATING HEART DISEASE TOGETHER

## SECTION 2 – FACTORS AFFECTING PLANNING

Before you decide what interventions and programmes develop, you may wish to consider the following issues:

- 2.1 Guiding principles and values
- 2.2 What are the barriers for older people?
- 2.3 Evidence of effectiveness
- 2.4 Connections to national and local policy
- 2.5 Which older people should we target?



## 2.1 GUIDING PRINCIPLES AND VALUES

The following guiding principles represent the values, beliefs and philosophical underpinning of older people's beliefs about an active way of life. Older people should be placed at the centre of development and these principles should underpin the promotion of physical activity.

- 1 It is recognised that physical activity is essential for daily living and a cornerstone of health and quality of life.
- 2 There is a need for more positive attitudes towards ageing, with realistic images that depict older people as respected, valued and physically active members of society.
- 3 Older people should be encouraged to participate in decision-making and take leadership positions, in all phases of programme planning, service development and delivery.
- 4 Through co-ordination, collaboration, consistent messages, and appropriate programme planning, physical activity may have a significant impact on society and lead to positive long-term change.
- 5 The issues, interests and needs of older people in their community must be identified, and accessible, affordable activities and programmes must be designed to meet these needs.
- 6 While it is recognised that ageing and learning are both lifelong processes, it is appreciated that, for some, pre-retirement may be a key time to focus on physical activity and well-being.
- 7 Society should be a society for all ages. It is therefore necessary to develop programmes and services which accommodate older people's choices to be with others.
- 8 There is a need to identify priorities for research on physical activity and ageing, and to share research findings.
- 9 There is a need for education on and promotion of the health benefits of physical activity as a way of life for both older people and those who work with them.

Adapted from *A Blueprint for Action for Active Living and Older Adults* (Active Living Coalition for Older Adults, 1999).



## 2.2 WHAT ARE THE BARRIERS FOR OLDER PEOPLE?

There is a wide range of barriers to physical activity for the older person. These barriers can be intrinsic (internal), and extrinsic (external).

### Intrinsic and extrinsic barriers to physical activity for older people

Intrinsic barriers	Extrinsic barriers
<p>Barriers that relate to the individual's beliefs, motives and experiences concerning physical activity.</p> <p>These are most likely to be addressed by those who work directly with older people in providing counselling, advice, motivation, education and programme planning – for example a peer mentor, exercise teacher, health visitor or GP.</p> <p>Examples include:</p> <ul style="list-style-type: none"><li>• previous experiences</li><li>• possibility of harm</li><li>• absence of role models</li><li>• self-efficacy.</li></ul>	<p>Barriers that relate to the broader physical activity environment, the attitudes of others, and the types of opportunities that are available.</p> <p>These are more likely to be addressed by those responsible for policy and strategic developments.</p> <p>Examples include:</p> <ul style="list-style-type: none"><li>• concerns for personal safety</li><li>• ageism among providers</li><li>• skills of teachers and leaders</li><li>• sport and recreation policies.</li></ul>

We know that barriers to exercise at any age include:

- **the cost of the activity**
- **lack of interest**
- **lack of confidence.**

For older people they also include:

- **embarrassment** – lack of private changing facilities, body image or inability to 'keep up' with others
- **fears about 'overdoing it'** – concerns about over-exertion 'at their age', particularly for those with medical problems
- **practical safety concerns** – cold water, slippery swimming pool edges, fear of falling during inappropriate exercise, traffic near the class, fear of attack
- **lack of time** – caring responsibilities and voluntary work
- **lack of confidence** – ability to keep up with instructors or peers, or not wanting to go alone
- **lack of culturally appropriate facilities**
- **health professional and family advice** – 'at your age?'
- **myths and perceptions** – what is good and what isn't.

(Finch, 1997, Rai and Finch, 1997)



## 2.2 WHAT ARE THE BARRIERS FOR OLDER PEOPLE? (CONTINUED)

### Programming barriers

For those older people who are thinking of joining a new activity group or class, activity programming and class design are also a potential source of barriers or may even cause participants to drop out.

Programme planners will need to consider a broader model of barriers and how they can affect participation by older people that includes the experience of the exercise programme and individual sessions. (eg Jones and Rose 2005)

Intrinsic – Personal factors	Programme factors	Environmental factors
Poor self image, self efficacy No history of positive experience of exercise	Inconvenient time Location and transport Boredom Exercising alone Poor instruction Too easy, too hard	Lack of family/partner support Social support Weather/season Medical problems

Many of these programme barriers relate to the skills, experience and quality of the activity or exercise teacher.

Older people are a heterogeneous group and no single approach will guarantee success. The best source of information on the barriers faced by older people is older people themselves. Consulting with and talking to individuals and groups of older people about their own beliefs and attitudes and the specific barriers they face will assist in the planning of programmes. Older people will also provide solutions as to how these barriers can be overcome.

 **See Working paper 2 – Overcoming barriers, in section 4.**



## 2.3 EVIDENCE OF EFFECTIVENESS

### What is evidence-based programme planning?

Decisions about policy and practice in the public sector are increasingly driven by consideration of the best available evidence. The process of drawing together, analysing and synthesising evidence from research is a central principle of evidence-based practice. Typically, the process of reviewing an area of practice or intervention will include the production of a systematic review of effectiveness, a meta-analysis or some other review-level synthesis and interpretation of evidence from research. More recently, there has been a move towards more inclusive reviews of evidence including those from local practice (eg components of good practice) in particular to look at filling gaps in evidence where systematic reviews have left incomplete guidance for health professionals.

These guidelines have been designed to assist professionals answer the questions

- Do we know what works? and
- How can I use this evidence to inform my planning?





Evidence of effectiveness may mean many things eg, this programme is effective because...

Dimension	Range and indicators
<b>Evidence of need</b> – amongst the population or intended target groups	Local health profile National data Views of residents
<b>Evidence of exercise components used</b> specificity of frequency, intensity and time and the components of fitness	Designed to increase functional capacity Designed to reduce falls Designed to increase cardio-vascular endurance
<b>Evidence of intervention effectiveness</b> – eg, do we know what works from previous experience?	Programme seeks to replicate previous exemplar programmes or research
<b>Evidence of reach</b> – the potential population reach of the programme	Applies both to individuals and settings The potential audience for this programme Actual numbers attracted
<b>Evidence of adoption</b> – take up among programme partner settings	Increase in walking groups New older people physical activity groups New programmes in local Day Care settings
<b>Evidence of outcome</b> eg, measured changes. Short term and long term	Physical activity behaviour change and participation Fitness and function measures Broader quality of life measures Unintended outcomes
<b>Evidence of implementation</b> (or fidelity) – how effectively the programme is put into practice	The programme is delivered as intended Quality control of programme components eg, training, delivery
<b>Evidence of maintenance</b> – the continuation or longer life of the programme	Applies to both individuals and partners To what extent is the programme continued and sustained?



## 2.3 EVIDENCE OF EFFECTIVENESS (CONTINUED)

Some of the evidence you may require to assist your planning will be found in the working papers.

-  See Working paper 2 – Overcoming the barriers to physical activity for older people.
-  See Working paper 3 – Populationwide interventions – recommendations for practice.
-  See Working paper 4 – Community and locality based programmes – recommendations for practice.
-  See Working paper 5 – One-to-one interventions – recommendations for practice.

A number of theoretical models can help with the planning of physical activity strategies, programmes and interventions. Brownson et al (1999) have suggested that the following key activities are required to provide an evidence-based planning framework for the promotion of physical activity.

- 1 Define the issue.
- 2 Review the available evidence.
- 3 Quantify the issue.
- 4 Develop programme or policy options.
- 5 Develop an action plan.
- 6 Evaluate the programme or policy.

More recent work has been undertaken by Glasgow, R.E., Emmons, KM (In press) How can we increase translation of research into practice? Types of evidence needed. Annual Review of Public Health in developing the RE-AIM model of programme planning. This model highlights five elements of effective programme planning.

Element	Descriptor
<b>Reach</b>	The extent to which the programme attracts its intended audience
<b>Effectiveness</b>	Programme outcomes which include increased physical activity, other outcomes that measure improved quality of life and unintended outcomes
<b>Adoption</b>	The participation rate among potential partner settings
<b>Implementation</b>	The extent to which parts of the programme are delivered as intended
<b>Maintenance</b>	Applies to both individual and setting continues with the programme

A recent critical review of physical activity interventions targeting older people by King et al (1998) reported the possibility of higher physical activity participation rates in samples of older people compared with samples of younger people. This included frequency of participation as well as the duration of the intervention. Several studies reported satisfactory longer term class or group participation rates extending up to three years in at least one case. Both group/class-based activities and home-based activity were found to be effective.



## 2.3 EVIDENCE OF EFFECTIVENESS (CONTINUED)

**There is also plenty of evidence that health professionals can change behaviour and increase activity in older people. However, in order to be effective they must:**

- set targets for particular groups at high risk from a sedentary lifestyle (eg, fallers or those undergoing cardiac rehabilitation)
- plan facilities, schedules and aspects of the social and physical environment to minimise barriers
- encourage middle-aged people to become more active or maintain activity
- target those living alone
- consider low cost and accessible physical activity opportunities and facilities
- provide information on opportunities and safety (Taunton et al, 1997).

They must also remember that a commitment to staffing, facilities, encouragement and motivation for a significant period of time is necessary.

### Short-term improvements and success

A number of research studies have been reviewed indicating the ways in which appropriate, specific, tailored and progressive exercise interventions can demonstrate significant improvements in functional capacity in a relatively short space of time (see table below). It must be remembered, however, that as soon as the person becomes inactive again, or stops 'overloading' the body, the loss of functional capacity will begin again.

### Improvements in functional capacity

Programme focus	Expected period for significant improvement as a result of a tailored exercise programme
<b>Strength</b>	8 weeks for significant improvement among people aged 74-92 in functional tasks if the strength training mimics these tasks
<b>Balance – dynamic and static</b>	8 weeks – 6 months, through Tai Chi or specific balance training for those over 65
<b>Gait</b>	8 weeks for people aged 75-92
<b>Power</b>	12 weeks for people aged 75-93
<b>Postural hypotension</b>	24 weeks seated exercise class for nursing home residents with a mean age of 84
<b>Transfer</b>	24 weeks following hip fracture among older adults aged 65 and over
<b>Endurance</b>	26 weeks for people aged 70-79
<b>Bone loading – femur</b>	1 year from high intensity strength training among older women aged 50-70
<b>Exercise and falls prevention</b>	10-36 weeks for those aged 65 and over (Tai Chi); 1 year of home-based strength and balance exercise for those aged 80 and over.

Source: Dinan and Skelton, 2000





## 2.3 EVIDENCE OF EFFECTIVENESS (CONTINUED)

Older people are just as likely to change their physical activity related behaviour as young people and it is possible to reverse age and activity-related decline relatively quickly. For example, among people over 75 years, 15 years of rejuvenation of muscle strength (27 per cent increase in leg strength) can be regained in three months through strength training with one supervised class a week and some home exercises (Skelton et al, 1995).

However, for the activity to be beneficial there needs to be a long-term commitment – both from the older person and the professionals working with older people – to sustainable activities that will be ongoing, provide a training stimulus, and be enjoyable.

**For further information on reviews of physical activity interventions go to**

**<http://www.nice.org.uk/search.aspx?ss=Physical+activity>**

**For a summary of successful interventions go to <http://www.isapa.org/>**

**For a summary of the LEAP projects (many of which involved older people programmes) go to**

**<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthyLiving/LocalExerciseActionPilots/fs/en>**

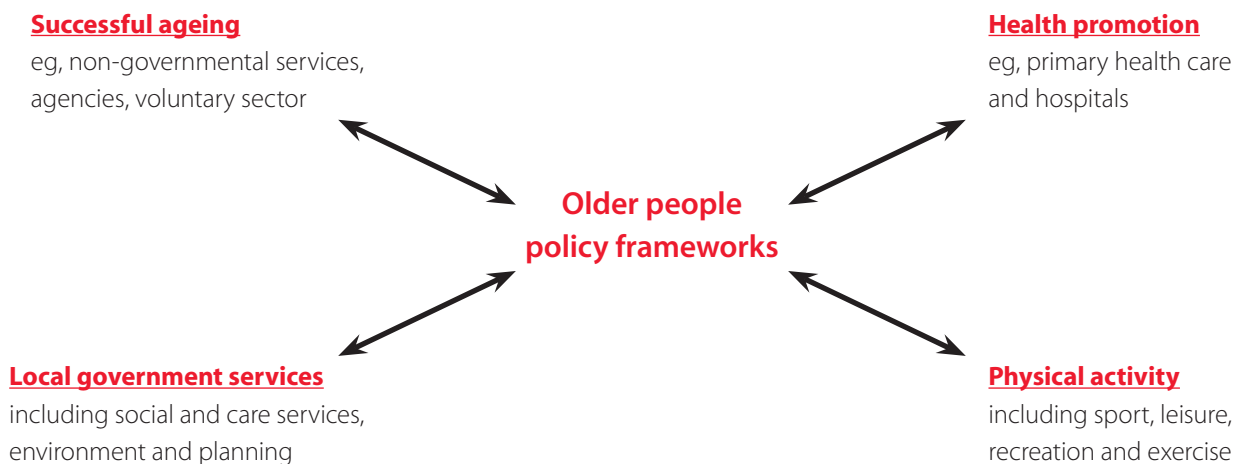
**For more information on the RE-Aim model translating evidence into practice go to [www.re-aim.org](http://www.re-aim.org)**



## 2.4 CONNECTIONS TO NATIONAL AND LOCAL POLICY

Promoting physical activity with older people can make an important contribution to the implementation of current national and local policies.

### Major policy frameworks relating to older people and physical activity



**The main policies relevant to physical activity and successful ageing are outlined below.**

### Health promotion and older people

#### The National Service Framework for Older People

The National Service Framework (NSF) for Older People (Department of Health, 2001) encompasses four key themes:

- respecting the individual
- intermediate care
- providing evidence-based specialist care
- promoting an active, healthy life.

All NHS organisation and local authorities with social service responsibilities are required to:

- ensure that older people's views are properly represented in decision making
- designate champions for older people
- work with partners in the local health and social care system to establish an inter-agency group, including older people and their carers, to oversee the implementation of the NSF
- recognise the very significant implications of this NSF for staff at all levels – and work with them to ensure that they understand the particular needs and wishes of older people
- ensure that older people are recognised as a priority.



## 2.4 CONNECTIONS TO NATIONAL AND LOCAL POLICY (CONTINUED)

The NSF focuses on:

- rooting out age discrimination
- providing person-centred care
- promoting older people's health and independence
- fitting services around people's needs.

It sets out national standards and service models; local action and national underpinning programmes for implementation; and a series of national milestones to ensure progress, with performance measures to support performance improvement.

### Physical activity and 'best fit' to the National Service Framework

While many of the eight standards of the NSF can be related to the promotion of physical activity, the strongest case can be made in relation to the preventative aspects of the NSF eg,

#### Standard 5 – Stroke

"The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate."

#### Standard 6 – Falls

"The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people."

"Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through a specialised falls service."

#### Standard 7 – Mental health in older people

"Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers."

#### Standard 8 - The promotion of health and active life in older age

"The health and well-being of older people is promoted through a co-ordinated programme of action led by the NHS with support from councils."

In Standard 8, increasing physical activity is identified as a health promotion area of specific benefit to older people.

In addition to meeting the required standards for services, the NSF also highlights opportunities for partnerships (including local strategic partnerships and community strategies) between a range of local agencies, to improve local delivery.



## 2.4 CONNECTIONS TO NATIONAL AND LOCAL POLICY (CONTINUED)

### National Service Framework milestones

Those engaged in developing work to implement the National Service Framework for Older People are required to meet certain organisational and health promotion milestones. Key to the promotion of physical activity in later life is the requirement that, by April 2003:

**“Strategic and operational plans will include a programme to promote healthy ageing and to prevent disease in older people.”**

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4003066&chk=wg3bg0](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4003066&chk=wg3bg0)

### World class services for older people

[http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT\\_ID=4093058&chk=BKOV3t](http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4093058&chk=BKOV3t)

### Better Health in Old Age

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4092957&chk=5qTJwU](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4092957&chk=5qTJwU)

### Next phase for older people’s services

[http://www.dh.gov.uk/NewsHome/NewsArticle/fs/en?CONTENT\\_ID=4133969&chk=RvPs3m](http://www.dh.gov.uk/NewsHome/NewsArticle/fs/en?CONTENT_ID=4133969&chk=RvPs3m)

### National Service Framework for Long Term Conditions

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/LongTermConditions/fs/en>

### Policies for successful ageing

The promotion of physical activity with older people is compatible with a number of policies relating to successful ageing which are seen as fundamental to those working in non-governmental agencies and the voluntary and independent sectors. These include:

#### Active Ageing – the World Health Organisation

<http://www.euro.who.int/eprise/main/WHO/Progs/HEA/Home/>

#### About dignity in care

[http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/DignityInCare/DignityInCareArticle/fs/en?CONTENT\\_ID=4134922&chk=zkuAla](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/DignityInCare/DignityInCareArticle/fs/en?CONTENT_ID=4134922&chk=zkuAla)

#### Independence, well-being and choice: our vision for the future of social care for adults in England

[http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/AboutSocialCare/AboutSocialCareArticle/fs/en?CONTENT\\_ID=4106483&chk=QpboYy](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/AboutSocialCare/AboutSocialCareArticle/fs/en?CONTENT_ID=4106483&chk=QpboYy)

### Policies for local government services

#### A Sure Start to Later Life

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4092957&chk=5qTJwU](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4092957&chk=5qTJwU)

#### Opportunity Age – opportunity and security throughout life

[http://www.dwp.gov.uk/opportunity\\_age/](http://www.dwp.gov.uk/opportunity_age/)



## 2.4 CONNECTIONS TO NATIONAL AND LOCAL POLICY (CONTINUED)

### Policies for physical activity

#### Chief Medical Officer's report "At least five a day"

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4080994&chk=1Ft1Of](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4080994&chk=1Ft1Of)

#### Choosing physical activity – an action plan

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4105354&chk=ixYz2B](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4105354&chk=ixYz2B)

#### Heidelberg Guidelines for Promoting Physical Activity Among Older People (World Health Organization, 1997)

<http://www.who.int/ageing/publications/active/en/index.html>

#### Sport England Sport playing its part

[http://www.sportengland.org/index/get\\_resources/sport\\_playing\\_its\\_part.htm](http://www.sportengland.org/index/get_resources/sport_playing_its_part.htm)

#### Policy on sustainable walking

<http://www.dft.gov.uk/pgr/sustainable/walking/actionplan/>

#### Policy on sustainable cycling

<http://www.dft.gov.uk/pgr/sustainable/cycling/>

### Common themes of national and local policies

A closer examination of the policy frameworks outlined in this section reveals some common themes which indicate how physical activity can contribute towards improving the quality of life for older people:

- **promoting independence and mobility**
- **the importance of engaging and consulting with older people**
- **improving and integrating local services for older people**
- **social inclusion and addressing health inequalities**
- **developing strategic partnerships**
- **preventing ill health, disease and disability**
- **preventing accidents among older people.**



## 2.5 WHICH OLDER PEOPLE SHOULD WE TARGET?

The framework in section 1 (What is an older person?) was used to define the physical activity and health needs of older people relating to the three categories of older people identified in the National Service Framework.

- **Making Activity Choices** – for people entering old age
- **Increasing the Circle of Life** – for people in the transitional phase
- **Activity in the Later Years** – for frailer older people.

These categories can help in the planning of national and local interventions in that they relate not only to health status and functional capacity, but also point towards policy frameworks and the range of professionals and service providers who can be involved. This model should also help local agencies and their partners to make decisions concerning the targeting of older people.

In each of these areas, it is important to:

- ensure that the opportunities presented are fun and provide opportunities for socialisation
- address the social and economic barriers for older people such as access to venues, timing, cost, transport and safety
- consider the needs of black and minority ethnic groups who may have cultural issues that deter them from participating
- involve the older person in the planning and development of programmes
- tailor the programme to the functional level of the individual or group
- develop innovative and creative programmes that avoid the stereotyping of the older person and promote positive images of older people
- build the skills of the workforce through education and training
- develop partnerships with a range of service providers.

The framework is described in detail in Table 3 on the next page.

 **See Section 5 – Putting it into practice.**

Each area requires appropriate education and training, promotion and marketing, and partnerships, to ensure safe, enjoyable and effective programming for the older person. See Section 5 – Putting it into practice for more information on planning activities in each of these areas.



## 2.5 WHICH OLDER PEOPLE SHOULD WE TARGET? (CONTINUED)

Table 3 – The *Active for Later Life* framework – a continuum of activity opportunities

Activity area	Target group	Focus	Providers
<p><b>Making activity choices</b> <i>Independent and unsupervised activity</i></p>	<p><b>Those entering old age</b> Independent older people whose health status does not affect their capacity to participate Older people with low risk</p>	<p><b>Disease prevention, maintaining activity levels and functional capacity</b> Starting and sustaining participation in physical activity Involvement in active leisure, sport and exercise programmes Active living and lifelong learning</p>	<p><b>Leisure, recreation and activity providers</b> Voluntary sector dance and sports groups Private sector health and fitness clubs Primary health care teams Activities may be self-directed, often assisted or supported by instructors, coaches, teachers and leaders</p>
<p><b>Increasing the circle of life</b> <i>Supervised classes and groups within a health, social, residential or care setting</i></p>	<p><b>Those entering the transitional phase</b> Older people in contact with services eg, housing or care People whose activity level is declining and limited by function and health status Older people with medium risk</p>	<p><b>Maintaining independence, social networks and functional capacity</b> Movement, dance and assisted walking activities Chair-based exercise programmes, movement and games activities Home-based exercise programmes</p>	<p><b>Service managers</b> Social, care and residential settings Day centres, housing wardens Activities co-ordinators in nursing/residential settings Qualified leaders/instructors/teachers of older people Health/care professional Home visitors eg, community nurses</p>
<p><b>Moving in the later years</b> <i>Requires adapted physical activity</i></p>	<p><b>Frail older people</b> Physically frail, may be housebound and in a care or nursing setting People whose dependency and activity levels are significantly limited by health status Older people with high risk</p>	<p><b>Improvement in quality of life</b> Maintaining independence and activities of daily living Rehabilitation eg, falls prevention, cardiac and stroke rehabilitation Specific needs eg, dementia, Parkinson's disease</p>	<p><b>Specialist services</b> Physiotherapists Occupational therapists Exercise practitioner with additional training Health and care teams with specific training Activities co-ordinators in nursing and residential settings</p>



## 2.5 WHICH OLDER PEOPLE SHOULD WE TARGET? (CONTINUED)

### SUMMARY

- Older people should be at the centre of development and should inform the promotion of physical activity
- Older people are a heterogeneous group and no single approach will guarantee success
- Older people are the best source of information on overcoming the barriers faced by older people
- Promoting physical activity with older people can be effective both in the short and longer term
- National policy frameworks endorse the need to promote physical activity with older people
- The National Service Framework for Older People provides a significant opportunity for local strategic development and partnership working
- The *Active for Later Life* framework provides a continuum of opportunities to meet the needs of all older people.





## SECTION 2 REFERENCES

- Active Living Coalition for Older Adults. 1999. *A Blueprint for Action for Active Living and Older Adults*. London: Active Living Coalition for Older Adults.
- American College of Sports Medicine. 1998. Position Stand: Exercise and Physical Activity for Older Adults. *Medicine and Science in Sports and Exercise*; 30 (6): 992-1008.
- Better Government for Older People Programme*. Wolverhampton: University of Warwick.
- Department for Culture, Media and Sport. 2000. *Space for Sport and the Arts*. London: The Stationery Office.
- Department for Environment, Transport, Local Government and the Regions. 2002. *Walk In to Work Out – Encouraging Walking or Cycling to Work*. London: The Stationery Office.
- Department of Health. 1999. *The National Service Framework for Mental Health. Modern Standards and Service Models*. London: The Stationery Office.
- Department of Health. 2000b. *The National Service Framework for Coronary Heart Disease. Modern Standards and Service Models*. London: The Stationery Office.
- Department of Health. 2001. *The National Service Framework for Older People. Modern Standards and Service Models*. London: The Stationery Office.
- Department of Health 2002. *The National Service Framework for Diabetes*. London: The Stationery Office.
- Department of the Environment, Transport and the Regions. 2000. *Transport 2010 – The 10 Year Plan*. London: The Stationery Office
- Dinan SD, Skelton DA. 2000. *Exercise for the Prevention of Falls and Injuries: Training Manual for Advanced Exercise Instructors Course in Postural Stability*. Leicester: Leicester College.
- Finch H. 1997. *Physical Activity 'At Our Age'. Qualitative Research Among People Over the Age of 50*. London: Health Education Authority.
- Glasgow , R.E., Emmons, K.M. (In press) *How can we increase translation of research into practice?*
- King AC, Rejeski J, Buchner DM. 1998. Physical activity interventions targeting older adults – a critical review and recommendations. *American Journal of Preventative Medicine*; 15 (4): 316-33.
- Jones, J. and Rose, D.J. (Eds) (2005) *Physical Activity Instruction of Older Adults*. Human Kinetics Champaign, Illinois.
- Rai DK, Finch H. 1997. *Physical Activity 'From Our Point of View'. Qualitative Research Among South Asian and Black Communities*. London: Health Education Authority.
- Skelton DA, Young A, Greig CA, Malbut KE. 1995. *Effects of resistance training on strength, power and selected functional abilities of women aged 75 and over*. *Journal of the American Geriatrics Society*; 43; 1081-87.
- Social Exclusion Unit. 2001. *A New Commitment to Neighbourhood Renewal: National Strategy Action Plan*. 2001. London: Social Exclusion Unit.
- Taunton JE, Martin AD, Rhodes EC, Wolski LA, Donnelly M, Elliot J. 1997. Exercise for the older woman: choosing the right prescription. *British Journal of Sports Medicine*; 31: 5-10.
- for Older People.
- World Health Organization. 1997. *The Heidelberg Guidelines for Promoting Physical Activity Among Older People*. Geneva: World Health Organization.
- World Health Organization. 2002. *Active Ageing – A Policy Framework*. Geneva: World Health Organization.

