



## DIRECTORS OF HEALTH PROMOTION AND EDUCATION SAFE PHYSICAL ACTIVITY AND AGING WELL POLICY BRIEF

### Issue:

By 2030, one in every five Americans will be age 65 or older. Although the risk of disease increases with advancing age, poor health is not an inevitable consequence of aging. Physical activity offers one of the greatest opportunities to extend years of active independent life and is critical to quality of life in later years. Given the critical nature of this quality of life and health issue, **what is the public health promotion practitioner's role (and, that of DHPE) in increasing safe physical activity among older adults?**

### Background:

The physical and mental health benefits of regular physical activity across the life span are well documented.<sup>1</sup> Unfortunately, more than one half of adults in the United States report not meeting the public health recommendations for physical activity, and persons older than age 50 report the highest levels of insufficient physical activity.<sup>2</sup> Activity levels continue to decline with age, despite physical (e.g. falls prevention) and emotional (e.g. decreased levels of depression) benefits.<sup>3</sup> Leading a physically active life has been shown to improve aerobic power, strength, balance, and flexibility, while decreasing acute medical problems such as myocardial infarctions, strokes, and fall-related hip fractures.<sup>4,5</sup> It also enables older adults to (a) better manage existing chronic conditions, (b) prevent decline in functional fitness, (c) increase their ability to stay independent and (d) be less dependent on care.<sup>6</sup> Physical activity, specifically the equivalent of brisk walking activity in daily life, might also help prevent age-related cognitive decline such as dementia and Alzheimer's disease.<sup>7</sup> Older adults who are inactive are at a higher risk for several chronic conditions, less likely to pursue active leisure-time activity, and more likely to consume expensive health care.<sup>8</sup> In addition to affecting chronic diseases, inactivity also contributes to the weakened muscles and poor balance that result in fall-related injuries such as hip fractures. In 2010, the direct medical cost of such falls, adjusted for inflation, was \$30 billion.<sup>9</sup>

### The Role of Health Promotion in Enhancing Physical Activity and Fitness

The socio-ecological model for health promotion emphasizes multiple levels of influence on behavior— intrapersonal, interpersonal and/or social, organizational, institutional, community, and policy. Expanded views of this model include environmental attributes that often play an important role in shaping health behaviors such as physical activity. This lens is especially important because walking is the preferred physical

activity and is directly affected by the built environment. For example, people will want to be active if their neighborhood is safe and encourages walking. A “walkable community” has amenities such as interesting nearby destinations, traffic calming measures, and well-laid out bike lanes and sidewalks. The opposite is true for poorly designed communities (e.g., traffic congestion and speeding cars; long distances between destinations like work, shopping, and recreation; sidewalks that are broken or missing; and poor aesthetics such as no trees, vacant lots, or boarded up stores). Although there has been a call for the use of this multilevel socio-ecological approach to increase physical activity across the lifespan, research suggests that individually focused efforts alone have thus far failed to sustain shifts to more active lifestyles, fueling calls for an increase in complementary physical activity-related public policy interventions.<sup>10</sup>

While the National Institute of Aging has laid excellent groundwork to support a national initiative to increase physical activity among mid-life and older adults, there is a need for more aggressive action, alignment, and collaboration on the part of national, state, and local agencies and organizations. **However, according to the *National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older*, there is no national organization or coalition systemically addressing physical activity and older Americans.**

### **Directors of Health Promotion and Education’s Role:**

Although not equipped to take the lead role, DHPE and its network of members across the nation can extend the reach of current efforts, playing a pivotal role in helping bring key stakeholders together, and in the development of effective health promotion strategies to promote behavior change. Members’ professional skills specifically lend themselves to promoting physical activity among older adults, including the ability to:

- Establish and design new public health education and promotion programs;
- Provide a unique voice for public health through the development, implementation, and evaluation of effective health communications and public awareness initiatives;
- Provide leadership in mobilizing “communities of interest” that are key to understanding/identifying stakeholders, utilizing skills in group dynamics, strategic planning, and in facilitating a process that empowers communities (e.g., coalitions); and



## DIRECTORS OF HEALTH PROMOTION AND EDUCATION SAFE PHYSICAL ACTIVITY AND AGING WELL POLICY BRIEF

- Develop and foster professional capacities to implement policies and practices that support the built environment.

Translation of the *National Blueprint* will require organizations to reach beyond their comfort zone. As discussed above, many older people are not likely to walk outside if they live in poorly designed, unsafe neighborhoods. Public health education professionals will have to learn more about local land use and transportation planning, and how to work closer with elected officials to encourage safe and active neighborhoods. They will also need to expand their relationships to non-traditional partners, building an integrated and collaborative approach among a diverse group of experts: community health advocates, health care providers, local government officials, city planners, traffic engineers, park and recreation specialists, employers, as well as entities within the Aging Network such as the Area Agencies on Aging, social service providers, community center staff, senior housing administrators, and others.

This collaborative capacity-building approach is the key to developing and channeling resources, and working to move the evidence about the benefits of physical activity into national action.

### **Recommendations for State and National Implementation:**

The following DHPE recommendations are intended to contribute to the national dialogue, collaboration, and actions associated with Safe Physical Activity and Aging Well.

- Build consensus and support among DHPE members for actions to promote physical activity among older adults by vetting this policy brief and others;
- Work with authors/implementers of the *National Blueprint* and the National Physical Activity Society (NPAS) to convene national organizations and association leaders (e.g., a policy forum) to facilitate development of a joint action plan;
- Provide professional training and technical assistance on health promotion policy strategies/physical activity for older adults to build capacity among DHPE members, NPAS members, and new partners;
- Recommend a state model based on the public health approach to health promotion/physical activity for older adults with a compendium of promising, good, and best practices for national distribution;



## DIRECTORS OF HEALTH PROMOTION AND EDUCATION SAFE PHYSICAL ACTIVITY AND AGING WELL POLICY BRIEF

- Implement best or promising practice programs that allow older adults to form a community of support, in addition to exercise for physical and mental health improvement;
- Promote a research agenda designed to address knowledge gaps;
- Determine and document what is working through case studies and add these to the DHPE's Shaping Policy for Health website; and
- Secure resources to support efforts to be undertaken.

### Additional References

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Cress, M.E., Buchner, D.M., Prohaska, T., Rimmer, J., Brown, M., Macera, C., DiPietro, L., Chodzko-Zajko, W. (2004). ACSM Best Practices Statement—Physical activity programs and behavior counseling in older adult population. *Medicine and Science in Sports and Exercise*, 36, 11, 19917-2003.

Wallace, J. I. et al. (1998). Implementation and effectiveness of a community-based health promotion program for older adults. *Journal of Gerontology: Medical Sciences*, 53a (4): M301-M306. URL: [www.americangeriatrics.org](http://www.americangeriatrics.org)

### Websites

The National Blueprint: Increasing Physical Activity Among Adults 50 and Older [www.agingblueprint.org](http://www.agingblueprint.org); [www.rwjf.org/files/publications/other/Age50BlueprintSinglepages.pdf](http://www.rwjf.org/files/publications/other/Age50BlueprintSinglepages.pdf)

Center for Healthy Aging: Model Health Programs for Communities-Designing Safe and Effective Physical Activity Programs [www.healthyagingprograms.org](http://www.healthyagingprograms.org)

International Council on Active Aging [www.icaa.cc](http://www.icaa.cc)

<sup>1</sup> U.S. Department of Health and Human Services. *2008 Physical Activity Guidelines for Americans*. Hyattsville, MD: U.S. Department of Health and Human Services, 2008. <http://www.health.gov/paguidelines/> Accessed February 13, 2013.

<sup>2</sup> National Center for Health Statistics. *Health, United States, 2011: With Special Feature on Socioeconomic Status and Health*. Hyattsville, MD. 2012. Retrieved from <http://www.cdc.gov/nchs/fastats/exercise.htm>

<sup>3</sup> National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. P. 38-40.



## DIRECTORS OF HEALTH PROMOTION AND EDUCATION SAFE PHYSICAL ACTIVITY AND AGING WELL POLICY BRIEF

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<sup>4</sup> Institute of Medicine. (2012). *Promoting Physical Activity and Healthy Food Choices*. Retrieved from <http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention/Report-Brief.aspx?page=2>

<sup>5</sup> Seco, J., Abecia, L. C., Echevarría, E., Barbero, I., Torres-Unda, J., Rodriguez, V., Calvo, J. I. (2013). *A long-term physical activity training program increases strength and flexibility, and improves balance in older adults*. *Rehabilitation Nurses*, 38(1): 37-47. doi: 10.1002/rnj.64.

<sup>6</sup> Gudlaugsson et al. (2012). Effects of a 6-month multimodal training intervention on retention of functional fitness in older adults: A randomized-controlled cross-over design. *International Journal of Behavioral Nutrition and Physical Activity*, 9:107. doi: [10.1186/1479-5868-9-107](https://doi.org/10.1186/1479-5868-9-107).

<sup>7</sup> Kimura, K., Yasunaga, A., Wang, L. (2012). Correlation between moderate daily physical activity and neurocognitive variability in healthy elderly people. *Archives of Gerontology and Geriatrics* 56: 109–117.

<sup>8</sup> American College of Sports Medicine position stand. Exercise and physical activity for older adults. American College of Sports Medicine, Chodzko-Zajko, W. J., Proctor, D. N., Fiatarone Singh, M. A., Minson, C. T., Nigg, C. R., Salem, G. J., Skinner, J. S. *Med Sci Sports Exerc.* 2009 Jul; 41(7): 1510-30.

<sup>9</sup> Stevens J.A. *Fatalities and injuries from falls among older adults – United States, 1993–2003 and 2001–2005*. *MMWR* 2006; 55(45).

<sup>10</sup> McKinnon, R. A., Bowles, H. R., and Trowbridge, M. J. (2011). Engaging Physical Activity Policymakers. *Journal of Physical Activity and Health*, 8(Suppl 1), S145-S147.