The National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older

Barriers to Physical Activity

On May 1st, 2001 in Washington D.C., a coalition of national organizations released a major national planning document in the area of aging and physical activity. The National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older was developed to serve as a guide for multiple organizations, associations and agencies, to inform and support their planning work related to increasing physical activity among America's aging population.

A questionnaire was designed to identify the barriers to physical activity in older adults that are of the greatest importance to the Blueprint organizations. To date, 24 organizations have responded. This document provides summary data for each barrier identified in the Blueprint. This information will be used to assist in the generation of partnerships and strategies to advance the mission of the National Blueprint.
Barriers to Physical Activity

- Research
- Marketing
- Home/Community
- Public Policy
- Workplace
- Medical Systems
Barriers To Physical Activity

Research
RB-1

There is a lack of guidance on what types and amounts of physical activity are needed for specific health outcomes.

Organizations currently addressing this barrier: 57 percent
Organizations which hope to address in future: 33 percent
Few studies have examined strategies for achieving long-term increases in physical activity.

Currently addressing this barrier: 65 percent
No- but hope to address in future: 70 percent
RB-3

Research findings are rarely translated into practical intervention strategies that can be widely incorporated into ongoing home and community settings.

Currently addressing this barrier: 77 percent
No- But hope to address in future: 83 percent
Barriers To Physical Activity

Home/Community
Many neighborhoods and communities are poorly designed, unsafe, and are engineered in a manner that discourages regular physical activity among older adults.

Currently addressing this barrier: 35 percent
No - But hope to address in future: 33 percent
Few models exist for an integrated community approach to enable physical activity.

Currently addressing this barrier: 52 percent
No- But hope to address in future: 69 percent
Health organizations need to become more integrated with professionals in urban/community planning, transportation, recreation, and design.

Currently addressing this barrier: 59 percent
No- But hope to address in future: 60 percent
Many older adults do not know how to start a safe and proper home-based physical activity program.

Currently addressing this barrier: 76 percent
No- But hope to address in future: 13 percent
Many older adults may be isolated and lack transportation to community physical activity facilities and programs.

Currently addressing this barrier: 19 percent
No- But hope to address in future: 31 percent
Barriers To Physical Activity

Work Place
Good economic models illustrating the cost effectiveness to employers of increasing physical activity among older adults are needed.

Currently addressing this barrier: 22 percent
No- But hope to address in future: 31 percent
Employers may have concerns about liability

Currently addressing this barrier: 9 percent
No- But hope to address in future: 5 percent
Little evidence exists about what programs are effective, and what measurable outcomes are most persuasive to management (i.e. improved productivity, reduced health care costs, reduced absenteeism).

Currently addressing this barrier: 30 percent
No- But hope to address in future: 47 percent
Barriers To Physical Activity

Medical Systems
Traditional medical education gives minimal attention to disease prevention. Training on physical activity is often a low priority.

Currently addressing this barrier: 57 percent
No- But hope to address in future: 20 percent
Health care professionals do not have adequate, tested, and appropriate age-specific patient education materials for physical activity for older patients.

Currently addressing this barrier: 45 percent
No- But hope to address in future: 70 percent
There is no effective easy-to-use evidence-based physical activity prescription protocol for health care professionals.
Medical professionals do not have information about making referrals to community resources. They often lack knowledge about quality programs, materials and resources.

Currently addressing this barrier: 61 percent
No- But hope to address in future: 64 percent
Barriers To Physical Activity

Public Policy
Public policy organizations that could support increased physical activity initiatives are fragmented ... no coalition or agency addresses these issues in a cross cutting manner.

Currently addressing this barrier: 41 percent
No- But hope to address in future: 60 percent
Not enough good economic models exist that illustrate the cost benefits of increasing physical activity among age 50 and older adults.

Currently addressing this barrier: 17 percent
No- But hope to address in future: 50 percent
Barriers To Physical Activity

Marketing and Communications
MCB-1
Many of the messages and information about physical activity and exercise have been unclear, at times inconsistent, and confusing to older people, as well as to the general population, health professionals, and policy makers.

Currently addressing this barrier: 55 percent
No- But hope to address in future: 69 percent
There is minimal marketing research to define the perceptions, beliefs, and concerns of the age 50 and older population about physical activity and aging.

Currently addressing this barrier: 22 percent
No- But hope to address in future: 53 percent
MCB-3

Not enough effective messages to communicate information about physical activity have been developed and tested.

Currently addressing this barrier: 18 percent
No- But hope to address in future: 67 percent