

**Physical Activity for the
Age 50+ : Setting the
Public Policy Agenda**

Briefing Book

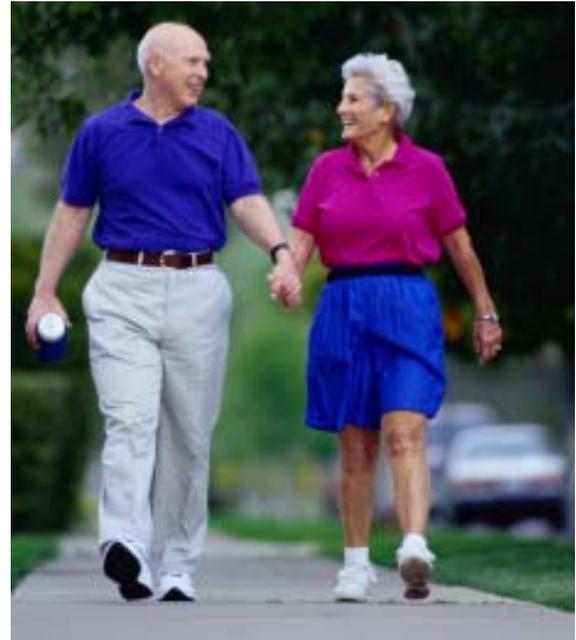


Executive Summary

Physical activity can extend years of active, independent life, reduce disability, and improve quality of life. Despite these benefits, there has been little success in motivating older Americans to adopt physically active lifestyles. One-third to one-half of Americans over age 50 engage in no leisure time physical activity at all, according to an Office of the Surgeon General report.

Regular physical activity in later life extends beyond health benefits for individuals to the financial health of our society. The direct and indirect costs of treating chronic health conditions caused by sedentary living were estimated to exceed \$150 billion per year.

More than 50 national organizations are working together to find new ways to combat physical inactivity and improve quality of life for midlife and older adults. This policy and legislative guide was developed to highlight the key public policy issues that need to be addressed to increase physical activity among the age 50+ population.



Legislative Agenda

Issue One: Provide a mechanism to identify and support exemplary physical activity programming in the community.

A comprehensive database of existing programming is needed to provide access to safe and effective community programs for midlife and older adults. A “clearinghouse” should be developed to collect and disseminate information and provide technical assistance to national, regional, and local organizations and groups.

Issue Two: Strengthen the physical activity component in the Medicare Senior Risk Reduction Program.

Medicare has not addressed significant lifestyle risk factors, such as sedentary living. The Centers for Medicare & Medicaid Services (CMS) Medicare Senior Risk Reduction Program will examine the feasibility of implementing health promotion strategies that reduce risk factors and Medicare costs. A physical activity component is an essential part of this program.

Issue Three: Establish Centers of Excellence in physical activity and preventive health.

Centers of Excellence are needed to advance knowledge and application in the area of physical activity. The centers would develop social marketing data on physical activity and disseminate messages to targeted segments of the midlife and older population. Centers would also identify model “active communities” that are successfully impacting the health of their residents.

Issue Four: Support policy research in the area of physical activity and preventive health.

Increased support is needed for all aspects of policy research pertaining to physical activity and its adoption in the midlife and older population. In addition to funding individual research projects, support is needed for conferences and workshops to provide a forum for the exchange of ideas and to enable professionals from different disciplines to build collaborations.

Issue Five: Develop a broad-based communications framework for disseminating messages on physical activity and health.

Support is needed for a comprehensive and targeted media campaign that would include media analysis, audience identification, message framing, and other social marketing strategies.

Non-Legislative Agenda

Issue Six: Improve physical activity education throughout the health professions.

Every effort should be made to educate future health professionals about the benefits of physical activity and how best to achieve these benefits. Concerted efforts are needed to include more physical activity and preventive health content on board certification examinations.



Issue Seven: Increase the accountability of health care programs in providing behavioral counseling on physical activity and preventive health.

Behavioral counseling about physical activity should be incorporated into the standards of care throughout the health professions.

Issue Eight: Increase support for local coalitions that can advocate for physical activity at the community level.

Support is needed for demonstration projects and to launch local coalitions. Toolkits and planning guides should be made available to communities opting to establish local initiatives.

Strategic Plan

The Physical Activity Imperative

There is a broad consensus that enabling and empowering Americans over age 50 to increase their physical activity levels will be a complex and lengthy process that will require multiple actors and multiple stages. Disseminating information alone is not sufficient to bring about significant changes in behavior. Rather, a multifaceted campaign that incorporates a wide variety of formal and informal strategies and tactics will be needed to overcome the many societal barriers to physical activity among the midlife and older adult population.

The challenges are profound and the need is great. Almost 90 percent of Americans over age 65 have at least one chronic health condition and 21 percent of people 65 and older have chronic disabilities. In many cases, physical activity can have a positive impact reducing or helping to manage many of these health conditions.

Physical activity levels significantly impact the financial health of our society as well. An estimated 15 percent of the U.S. health care budget is directly linked to physical inactivity. A recent study of Medicare costs of inactivity indicated that five-year Medicare costs for adults age 65 and older engaging in low-intensity activity averaged \$6,780 *less* than the Medicare costs for the healthy but sedentary seniors.

A Call to Action

In an effort to find new ways to combat physical inactivity and improve the quality of life of the midlife and older population, America's top national organizations interested in health and aging issues released a planning guide in 2001, the **National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older**. The Blueprint includes strategies that can be implemented at local, state, and national levels using collaborations and partnerships designed to promote active living. One year later, Blueprint partners from more than 50 national organizations reconvened in Washington, D.C. to prioritize the Blueprint strategies, selecting 18 high feasibility and high priority strategies for overcoming these barriers.

A key strategy identified in the October 2002 conference is the need to develop a unified public policy agenda in the area of physical activity for midlife and older adults. On February 13-14, 2003, experts on physical activity and aging met with public policy specialists to develop a cohesive policy and legislation guide to assist Blueprint partners and related organizations in advancing the Blueprint agenda through their interactions with government, legislative, and other regulatory groups.

The legislative agenda requires policy changes partly through government legislative action at the state and national levels to positively impact physical activity levels. The non-legislative agenda encourages health organizations to make policy changes to assist midlife and older adults in making preventive health decisions for a healthier lifestyle.

Legislative Agenda

Issue One

Provide a mechanism to identify and support exemplary physical activity programming in the community.

The Challenge

There is a clear and compelling need to provide midlife and older adults with access to effective and affordable physical activity programming in the communities in which they live. In addition, there is a need to identify best practices that characterize outstanding and effective programs, and to apply these best practices in thousands of programs across the nation.

Proposed Solutions

A comprehensive database of existing programming is needed to facilitate referrals to safe and effective programs. Furthermore, it is important to develop valid and reliable evaluation tools to ensure that physical activity programming is evidence-based, effective, and safe. In addition, guidelines are needed to establish minimum training standards for physical activity instructors and to provide recommendations for programs and facilities. A “clearinghouse” should be developed to collect and disseminate information as well as provide technical assistance to national, regional, and local organizations and groups. Coalitions linking health care, senior services networks, state units on aging, state health departments, transportation departments, and parks and recreation agencies can work synergistically in sharing resources, thereby providing sustainable community programming for older adults. Developing guidelines, toolkits, and databases is essential for identifying effective programs and for assisting in the development of new programs.

Potential Partners

A number of existing funding sources could be augmented to support physical activity programming in the community, including the Administration on Aging (AOA), Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Transportation (DOT), as well as numerous state and local public, private, and philanthropic sources. Support for the clearinghouse is most appropriately the responsibility of the federal government, perhaps in collaboration with national philanthropies and corporations. In addition, organizations should examine whether shifts in regulations on funding criteria used to disseminate information can be altered to support this important initiative.



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Issue Two

Strengthen the physical activity component in the Medicare Senior Risk Reduction Program.

The Challenge

Medicare has not addressed significant lifestyle risk factors, such as sedentary living, which is one of the leading determinants of morbidity and mortality in the elderly. In addition, Medicare's focus on specific health risks excludes other important risk factors.

Proposed Solution

The Centers for Medicare & Medicaid Services (CMS) Medicare Senior Risk Reduction Program will examine the feasibility of implementing tailored health promotion strategies that reduce risk factors and Medicare costs. One strategy will be to refer individuals to community programs, including those offering physical activity. Funding must be secured to conduct and evaluate this program.

Potential Partners

Numerous national organizations and coalitions have voiced strong support for the Medicare Senior Risk Reduction Program. Partnership for Prevention's report, *A Better Medicare for Healthier Seniors: Recommendations to Modernize Medicare's Prevention Policies* lauds this demonstration project as an approach to finding the most effective and efficient use of Medicare resources. Federal agencies and departments, such as the Centers for Disease Control and Prevention, Administration on Aging, U.S. Department of Housing and Urban Development, and U.S. Department of Transportation, as well as outside organizations could work with CMS to ensure the availability of and access to physical activity opportunities.



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Issue Three

Establish Centers of Excellence in physical activity and preventive health.

The Challenge

There is a compelling need to establish Centers of Excellence in physical activity and preventive health that would advance and apply knowledge in the area of physical activity in the midlife and older adult population.

Proposed Solutions

These centers would develop and provide technical support in translational research and methods to extend the findings of randomized clinical trials to the community.

The centers would also develop important social marketing data pertaining to the effective dissemination of physical activity messages to targeted segments of the midlife and older population and to important intermediaries. In addition, centers would identify model “active communities” and develop demonstration projects to establish the effectiveness of these communities for improving the health and well-being of their residents.

Potential Partners

A number of funding mechanisms could be used to establish and support the Centers of Excellence, including community-based research programs at the Centers for Disease Control and Prevention (e.g., Prevention Research Center program), and programs of the National Institute on Aging (e.g., Roybal Centers for Research on Applied Gerontology). Funding should be coordinated among various funding mechanisms to prevent overlap and provide synergy.



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Issue Four

Support policy research in the area of physical activity and preventive health.

The Challenge

The restructuring of society to ensure increased physical activity levels in the midlife and older adult population requires developing and implementing a complex constellation of policy initiatives at federal, state, and local levels. However, relatively little is known about factors that influence the impact, adoption, and effectiveness of public policies in the area of physical activity and preventive health.

Proposed Solution

Increased support is needed for all aspects of policy research pertaining to physical activity and its adoption in the age 50+ population. In addition to funding individual research projects, support is needed for conferences and workshops to provide a forum to exchange ideas and to enable professionals from different disciplines to network and develop effective collaborations.

Potential Partners

A number of funding mechanisms could be used to support policy research. The Centers for Disease Control and Prevention is actively involved in planning and implementing a research agenda in the area of public policy and physical activity. Additional support is needed for intramural and extramural research projects in this important area.



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Issue Five

Develop a broad-based communications framework for disseminating messages on physical activity and health.

The Challenge

A broad-based communications campaign is needed to support a national strategy pertaining to physical activity in the midlife and older adult population. Currently, no agency is charged with developing accurate and consistent messages about the health benefits of active living and disseminating these messages to the public.

Proposed Solution

Support is needed for a comprehensive and targeted media campaign that would include media analysis, audience identification, message framing, and other social marketing strategies.

Potential Partners

A number of mechanisms could be used to develop and implement a broad-based communications campaign. The National Institute on Aging, Centers for Disease Control and Prevention, and AARP are actively disseminating messages about physical activity, health, and well-being. These and other organizations could lead a comprehensive communications campaign that would include developing effective partnerships with other non-governmental organizations and private sector groups.



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Non-Legislative Agenda

In addition to identifying the priority legislative agenda, the workshop experts recognized that significant progress could be made through promoting physical activity in a wide variety of non-legislative arenas. The number and scope of potentially fruitful strategies is vast and could not possibly be summarized in this document.

Nonetheless, they identified three examples of important tactics that would contribute significantly to increasing physical activity participation levels in the midlife and older population.

Issue Six

Improve physical activity education throughout the health professions.

The Challenge

Physicians and other health professionals are effective advocates for promoting the importance of regular physical activity for preventing disease and preserving the independence of midlife and older adults. Unfortunately, medical school curricula and continuing medical education programs focus relatively little attention on assessing physical activity levels and counseling patients about how to increase their activity and fitness levels. Many health professionals are poorly equipped to advise their patients about appropriate evidence-based, effective, and safe physical activity options.

Proposed Solution

Every effort should be made to appropriately educate future health professionals about the benefits of physical activity and how best to achieve these benefits. Concerted efforts are needed to include more physical activity and preventive health content on board certification examinations.

Potential Partners

A coalition of professional organizations should be established to develop a strategy to implement curricular reform.



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Issue Seven

Increase the accountability of health care programs in providing behavioral counseling on physical activity and preventive health.

The Challenge

Significant progress in the arena of public health occurs when effective evidence-based risk-reduction strategies are incorporated into recognized “standards of care” that are accepted throughout the medical professions. The routine inclusion of questions about smoking behavior and alcohol consumption in the clinical examination has significantly impacted the management of smoking and alcohol related diseases.

Proposed Solution

Every effort should be taken to ensure that behavioral counseling about physical activity is incorporated into the standards of care throughout the health professions. For example, the National Committee for Quality Assurance should be encouraged to revise the HEDIS questionnaire to request information from health care providers about their physical activity counseling protocols.

Potential Partners

A coalition of medical organizations, health care providers, and other groups should identify mechanisms by which accepted standards of care can be amended to include more specific counseling about physical activity and preventive health.



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Issue Eight

Increase support for local coalitions that can advocate for physical activity at the community level.

The Challenge

Overcoming barriers to physical activity at the community level requires establishing effective coalitions to promote physical activity and preventive health. Support is needed to sustain broad-based partnerships between local community groups, agencies, and services promoting physical activity to better serve the needs of midlife and older adults.

Proposed Solution

Many communities will develop resource guides that provide targeted, culturally appropriate information about choosing and utilizing physical activity programs. Others will develop local plans for accessing physical activity experts and identifying support systems and other resources. Support is needed for demonstration projects as well as for seed money to launch local coalitions. Toolkits and planning guides should be made available to communities opting to establish local coalitions.

Potential Partners

A variety of agencies, organizations, and philanthropies are supporting efforts to develop community coalitions that promote physically active and healthy lifestyles. AARP, Centers for Disease Control and Prevention, The Robert Wood Johnson Foundation and Partnership for Prevention could coordinate the expansion of these activities to increase the number, diversity, and scope of local coalitions.



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