



**Strategic Priorities for  
Increasing Physical Activity  
Among Adults Age 50 and  
Older: The National Blueprint  
Consensus Conference  
Summary Report**



*“We envision a society in which people age 50 and older enjoy health and quality of life, which is enhanced through regular physical activity. We will inspire an approach to aging that encourages physical activity in all aspects of people’s lives.”*  
-National Blueprint Vision Statement

### **The Blueprint Mission**

On May 1, 2001, a coalition of 46 national organizations released a major planning document designed to develop a national strategy for the promotion of physically active lifestyles among the midlife and older population. *The National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older*<sup>1</sup> identifies principle barriers to physical activity participation in older adults and outlines strategies to overcome these barriers in the areas of research, home and community programs, medical systems, and public policy issues. This initiative, supported by Blueprint organization partners, is designed to help people maintain their health, reduce chronic illness and disability, and enhance their well-being and functional abilities as they age.



Blueprint partners recognize the importance of addressing the problem of inactivity at the local level where people live, work, and receive health care, and at the state and national levels where public policy and societal norms influence health behaviors. Effective efforts to increase physical activity require an integrated approach that involves community health professionals, health associations and agencies, health care providers, employers, senior living facilities, transportation experts, community planners, volunteers, and other diverse groups and organizations.

The Blueprint is the first national coalition to take into account the comprehensive issues involved in helping older Americans become physically active. The key to its success lies in developing and channeling resources and working collaboratively to promote the health benefits of physically active lifestyles within our sedentary society.

## Physical Activity Promotes Health and Wellness

There is a substantial body of scientific evidence that indicates that regular physical activity can bring dramatic health benefits to people of all ages and abilities, and that these benefits extend over the entire life-course. Physical activity offers one of the greatest opportunities to extend years of active independent life, reduce disability, and improve the quality of life for older persons. Consider these facts:

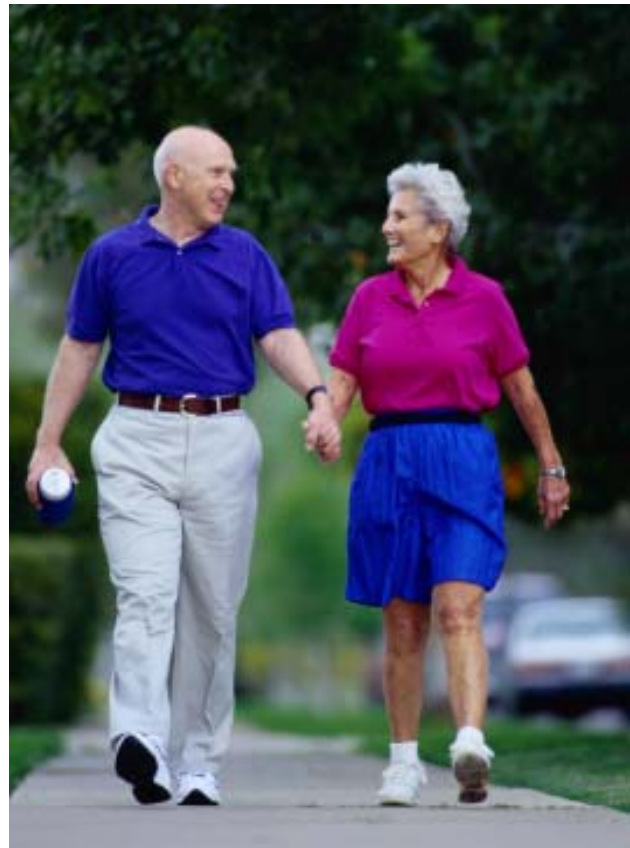
- Regular physical activity reduces the risk of dying prematurely and developing diabetes, high blood pressure, and colon cancer. It reduces feelings of depression and anxiety, helps control weight, helps maintain healthy bones and muscles, and promotes psychological well-being.<sup>2</sup>
- Middle-age and older men and women who engage in regular physical activity have significantly higher high-density lipoprotein (HDL) “good” cholesterol levels than do those who are sedentary.<sup>3</sup> HDL cholesterol helps reduce the risk of cardiovascular disease.
- Several studies suggest that exercise training improves cardiovascular fitness, enhances muscular strength, increases joint mobility, and improves functional capacity of people with arthritis.<sup>4</sup>
- Strength training helps people maintain and improve their balance and may help reduce falls and fractures. Balance training helps reduce falls as well.<sup>5</sup>

Despite the mounting evidence that physical activity hinders premature aging and chronic disease, many older Americans live sedentary lives. Thirty-four percent of the population age 50 and older is sedentary<sup>6</sup>, yet 88 percent of Americans over age 65 have at least one chronic health condition that, in many cases, may be improved or managed with physical activity.<sup>7</sup> Half of all women age 75 and older engage in no physical activity.

## Finding New Solutions to Inactivity

In October 2002, national Blueprint partners representing more than 50 organizations reconvened in Washington, D.C. to prioritize the Blueprint strategies and to develop specific tactics in the areas of home and community, marketing, medical systems, public policy, and research. The partners selected 15 top priority strategies, with three from each program area. Three additional strategies were identified as “cross-cutting,” relating to more than one of these issues.

National organizations have been selected for each of the 18 strategies to take the lead in initiating the outlined tactics within the next 12 to 24 months. The Centers for Disease Control and Prevention, AARP, National Council on the Aging, The President’s Council on Physical Fitness and Sports, and the American College of Sports Medicine are among the organizations that will oversee projects in the years ahead.



## A Look Ahead

Organizations charged with the task of implementing the high priority strategies will use professional networks and established delivery channels and communication systems to translate this plan into action.

Home and community strategies will encompass efforts at the local, regional, and national levels to develop partnerships with community groups, agencies, and services and to identify professionals to serve as resources for physical activity programs serving older adults.

Marketing efforts that promote physical activity by disseminating targeted messages about best practices and benefits are needed. Marketing messages will be targeted to specific segments of the 50+ population to reach the intended audience. Private/public sector partnerships will be encouraged.

Medical systems strategies are needed to provide physical activity guidelines and best practices to health care professionals to help educate patients and to provide physical activity prescriptions for chronic illnesses and to maintain physical well-being. Partnerships between medical professionals and local community resources are needed to help refer patients to local physical activity opportunities.

Public policy and advocacy strategies are needed at the local, state, and national levels. Specific tactics will include the development of a cohesive legislative agenda, regular meetings with lawmakers, and the development of a unified consensus statement on the benefits of physically active lifestyles.

## Footnotes

<sup>1</sup> National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older, *Journal of Aging and Physical Activity*, 2001, 9 Supplement, s1-s28.

<sup>2</sup> *Physical Activity and Health: A Report of the Surgeon General*, 1996.

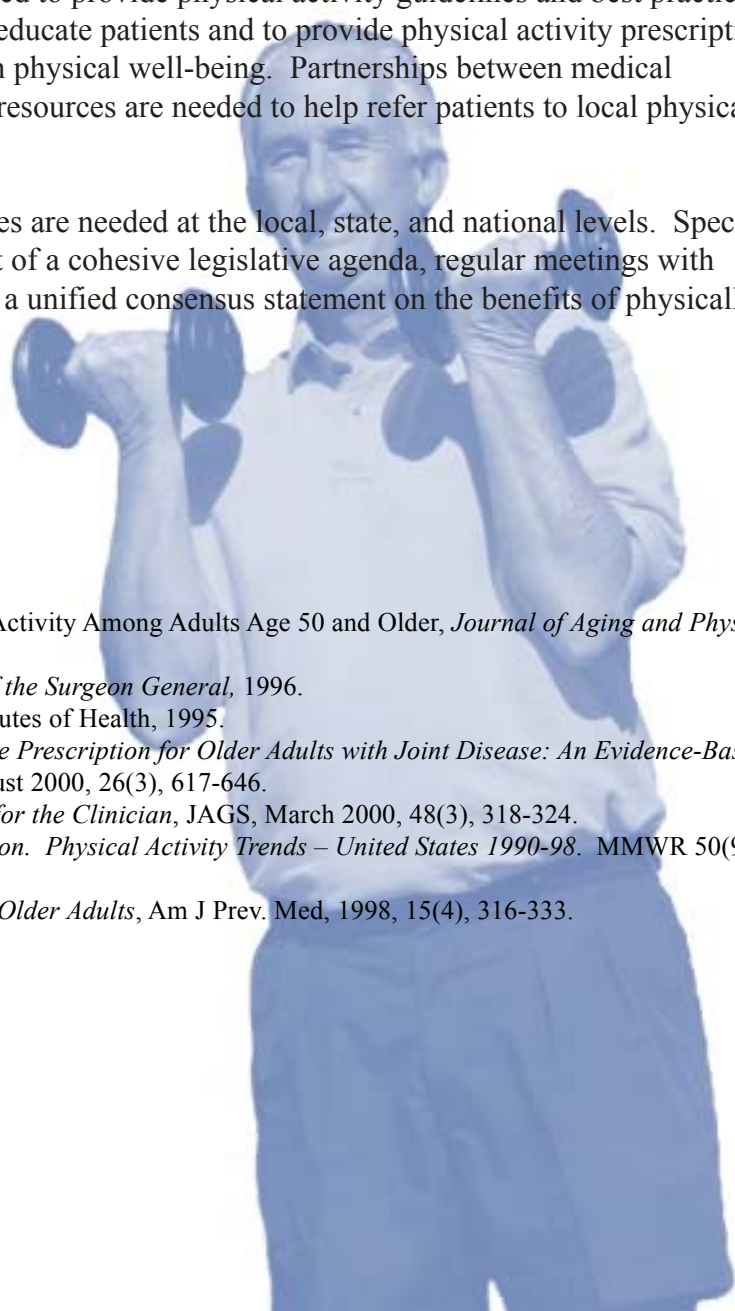
<sup>3</sup> *NIH Consensus Statement*, National Institutes of Health, 1995.

<sup>4</sup> *Therapeutic and Physical Fitness Exercise Prescription for Older Adults with Joint Disease: An Evidence-Based Approach*. *Geriatric Rheumatology*, August 2000, 26(3), 617-646.

<sup>5</sup> *Exercise and Older Patients: Guidelines for the Clinician*, *JAGS*, March 2000, 48(3), 318-324.

<sup>6</sup> *Centers for Disease Control and Prevention. Physical Activity Trends – United States 1990-98*. *MMWR* 50(9), 166-169, 2001.

<sup>7</sup> *Physical Activity Interventions Targeting Older Adults*, *Am J Prev. Med*, 1998, 15(4), 316-333.



The following pages highlight the 18 strategies, the resources needed for each project, and factors that must be considered for successful outcomes.

Organizations and agencies can adopt these strategies to align with the Blueprint mission of supporting an increase in physical activity among midlife and older adults, and ultimately improving the health and well-being of all Americans.

# Cross-Cutting Strategies

# Cross-Cutting Strategy 1

**Create a national clearinghouse to disseminate effective, tested public education, social marketing materials, and public policy information on physical activity and aging.**

## Tactics

Survey existing clearinghouses.  
Determine the mission and scope of a Blueprint clearinghouse.  
Identify potential funding sources.  
Promote content parameters that are culturally appropriate and reach diverse audiences.  
Develop an assessment process.

## National Organizations

Active for Life National Program Office (Lead Organization)

Active Aging Partnership/National Blueprint Office, National Coalition for Promoting Physical Activity, National Institute on Aging Public Information Office, and other organizations.

## Required Resources

Expertise  
Technical support  
Funding

## Success Factors

Sustainability  
Achieving consensus on content  
Agreement on terminology  
Information linked to identified strategies and priorities  
Updating information  
Evaluation



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# Cross-Cutting Strategy 2

**Develop a population-segmented mass-marketing campaign to increase knowledge and awareness levels related to physical activity and fitness among the 50+ population.**

## Tactics

Form a marketing/communication committee to interface with national organizations.  
Assess existing marketing strategies and other research data.  
Disseminate information to Blueprint partner organizations.  
Identify key partners including media and corporations.  
Estimate resources and costs.

## National Organizations

AARP (Lead Organization)

Administration on Aging, American Council on Exercise, International Health, Racquet and Sportsclub Association, IDEA Health & Fitness Association, International Council on Active Aging, President's Council on Physical Fitness and Sports, SGMA International, and other organizations.

## Required Resources

Secure funding for demonstration projects.  
Identify potential funding sources for a national media campaign.  
Population-segmented marketing strategies are needed.

## Success Factors

Marketing strategies should be targeted specifically to population segments, such as the frail elderly, adults age 50 to 60, and adults age 75+.



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# Cross-Cutting Strategy 3

**Develop a national consensus document that recommends training standards for preparing physical activity instructors for working with older adults.**

## Tactics

Establish a national coalition to review existing training standards.  
Organize a meeting of the coalition at the 2003 ACSM national conference.  
Develop a consensus document for wide distribution.  
Provide suggestions for syllabi and curricula based on the consensus standards.

## National Organizations

American College of Sports Medicine (Lead Organization)

Aerobics and Fitness Association of America, American Alliance for Health, Physical Education, Recreation and Dance, American Council on Exercise, American Senior Fitness Association, American Society on Aging, IDEA Health & Fitness Association, International Council on Active Aging, International Health, Racquet and Sportsclub Association, National Council on the Aging, National Strength and Conditioning Association, and other organizations.

## Required Resources

Secure funding for the coalition meeting and dissemination of consensus document.  
Obtain technical assistance from the National Blueprint Office.

## Success Factors

Input from a wide variety of organizations is essential.  
Standards must address issues related to diversity and cultural preferences.  
Standards must acknowledge the heterogeneity of the older adult population.



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# Home and Community Strategies

# Home and Community Strategy 1

**Identify professionals in the community who can serve as resources for information and assistance to programs and groups working in the area of aging and physical activity.**

## Tactics

Survey existing community guides for ideas and strategies.

Develop a registry of local physical activity specialists, health educators, and other professionals.

Use this information to create a local community “yellow pages” resource guide for consumers.

The guide should provide targeted, culturally appropriate information about choosing and utilizing physical activity programs, accessing physical activity experts, and identifying support systems and other resources.

## National Organizations

American College of Sports Medicine (Lead Organization)

AARP, American Medical Association, American Society on Aging, faith-based organizations, health departments, community centers, NAACP chapters, National Association of Activity Professionals, National Council on the Aging, National Recreation and Park Association, Visiting Nurse Associations of America, YMCA/YWCA, and other organizations.

## Organization Contributions

National programs would provide needed information about local experts.

A coalition of local organizations could develop and disseminate the community guides.

Funding sources may include local health providers, insurance companies, and businesses.

## Required Resources

Obtain access to existing databases and/or develop a new database.

Create a mechanism to disseminate information within the local communities.

Develop a new website and/or place information on existing websites.

Secure sponsorship for the community resource guide.

## Success Factors

Volunteers

Comprehensive

Flexible

Sustainable



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# Home and Community Strategy 2

**Establish and provide technical assistance to national, regional, and local partnerships among health, aging, urban/community planning, transportation, environmental, recreation, social service, and private sector organizations.**

## **Tactics**

Form a committee to expand the existing Blueprint partnerships to include community organizations.  
Develop a plan to assist national organizations in communicating with local partners and coalitions.  
Solicit best practices from groups that have established links to coalitions.  
Provide technical assistance to local coalitions.

## **National Organizations**

National Blueprint Office, University of Illinois at Urbana-Champaign (Lead Organization)

Active Aging Partnership, Administration on Aging, American Association of Health Plans, International Health, Racquet and Sportsclub Association, National Center for Bicycling & Walking, National Council on the Aging, The Robert Wood Johnson Foundation, Visiting Nurse Associations of America, YMCA/YWCA, and other organizations.

## **Organization Contributions**

Organizations would commit to joining the Blueprint partnership and sharing resources and expenses.

## **Required Resources**

Funding sources.  
Technical assistance from the National Blueprint Office.

## **Success Factors**

Collaboration takes time and energy.  
Resources will be needed to assist demonstration projects at the community level.  
Funds may be required to assist national organizations in developing the infrastructure needed to reach out to communities.  
Care must be taken to address issues related to sustainability at national, regional, and local levels.



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# Home and Community Strategy 3

**Provide community organizations with a template for good physical activity programs.**

## Tactics

Identify and review existing home-based and group-based physical activity programs and/or templates.  
Identify what a template could look like (e.g. level of complexity, specificity, components, audience segmentation).  
Develop a template for physical activity programs.  
Develop a plan for disseminating and using the template.  
Assess template effectiveness.

## National Organizations

National Council on the Aging (Lead Organization)

Active Aging Partnership, Fifty-Plus Fitness Association, International Council on Active Aging, National Recreation and Park Association, national voluntary health organizations (Arthritis, Heart Disease), and other organizations.

## Organization Contributions

Organizations would assist in identifying exemplary programs and templates, pooling existing databases, establishing components of the template to be developed, reviewing and responding to drafts of the template, assisting in disseminating the template, and providing staff support.

## Required Resources

Project leadership.  
Modest funding and assistance for production and dissemination of the template.

## Success Factors

Need input from users.  
Keep the template simple and understandable.  
Template should be sufficiently flexible to meet the needs of a variety of users.  
Leadership is needed from both “aging” and “physical activity” organizations.



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# Marketing Strategies

# Marketing Strategy 1

**Establish a comprehensive physical activity trade association to provide support to businesses and corporations that share an interest in increasing physical activity levels among the older adult population.**

## Tactics

Create or partner with a national clearinghouse to disseminate effective and tested public education, social marketing materials, and examples of successful private sector programs and products on physical activity and aging.

Share information about marketing programs and products related to physical activity.

Develop an ongoing communications plan.

Build a brand/identity for the physical activity trade association to increase its recognition and value to members.

## National Organizations

International Council on Active Aging (Lead Organization)

American Alliance for Health, Physical Education, Recreation and Dance, American College of Sports Medicine, IDEA Health & Fitness Association, International Health, Racquet and Sportsclub Association, SGMA International, and other organizations.

## Organization Contributions

Organizations would contribute expertise to a steering committee which would develop guidelines regarding the mission of the trade association. A key role of the organizations would be to assist with marketing programs and products.

## Required Resources

Access to databases and websites.

Funding to support committee meetings.

Support to develop and disseminate materials to member organizations.

## Success Factors

A dissemination system must be used for sharing information.

The communications plan should be evaluated for effectiveness.



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# Marketing Strategy 2

**Develop a national program that would provide incentives for communities to increase physical activity levels among the age 50+ population.**

## Tactics

Develop a planning committee for the program.

Develop a process to identify physical activity-friendly communities.

Examine the impact of environmental factors on communities.

Identify meaningful incentives to entice communities to become involved.

Share best practices and support materials to help organizations replicate successful programs at the community level.

## National Organizations

President's Council on Physical Fitness and Sports and Centers for Disease Control and Prevention (Lead Organizations)

Foundations, Health Canada, National Conference of State Legislatures, Office of the Surgeon General, SGMA International, U.S. Chamber of Commerce, U.S. Conference of Mayors, and other organizations.

## Organization Contributions

The program committee would partner with the Department of Health and Human Services and/or other government agencies to develop and market the community incentive program.

## Required Resources

Coalition building with national organizations and government agencies.

## Success Factors

Incentives should be designed to encourage community participation.

The program should consider the differences in population demographics in providing incentives.

Issues related to diversity and cultural specificity should be addressed.



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# Marketing Strategy 3

**Support efforts to develop physical activity programs and messages that are targeted to specific segments of the 50+ population.**

## Tactics

Identify and synthesize existing consumer market research related to physical activity.

Share research outcomes and data among partners.

Encourage and support Blueprint partners to segment their audiences and to create messages for each segment.

Create/identify/share basic messages/programs that target population segments, have a call to action, and promote meaningful consumer benefits.

## National Organizations

AARP (Lead Organization)

Administration on Aging, American Council on Exercise, American Diabetes Association, American Heart Association, IDEA Health & Fitness Association, International Council on Active Aging, International Health, Racquet and Sportsclub Association, President's Council on Physical Fitness and Sports, SGMA International, and other organizations.

## Organization Contributions

Organizations would support marketing efforts to the 50+ population, market the benefits of physical activity to insurance companies, and provide an ambassador program list for general marketing purposes.

## Required Resources

Obtain access to a delivery system to share research and marketing messages.

## Success Factors

Messages should be developed for different consumer segments and markets.



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# Medical Systems Strategies

# Medical Systems Strategy 1

**Disseminate information on physical activity guidelines and best practices to the medical community.**

## **Tactics**

Convene a committee to develop a database of guidelines and best practices.  
Coordinate with Blueprint partners to disseminate information to the medical community.  
Create an advisory group to disseminate the information and develop physical activity materials for the medical community and consumers.  
Pilot test focus groups on the developed materials.

## **National Organizations**

American College of Sports Medicine and Centers for Disease Control and Prevention (Lead Organizations)

American Geriatrics Society, American Medical Association, Fifty-Plus Fitness Association, Partnership for Prevention, and other organizations.

## **Organization Contributions**

ACSM would develop the best practices recommendations.  
The process would involve advisory group facilitation, pilot testing, and focus group meetings prior to disseminating the information to the public.

## **Required Resources**

Funding to convene advisory and focus groups.  
Funding to develop and disseminate the materials.

## **Success Factors**

Physical activity materials for consumers should be easy to read and adaptable for home use.  
Consideration should be given to how the materials would be distributed to the medical community and to consumers.



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# Medical Systems Strategy 2

**Develop partnerships between medical professionals and the community to facilitate patient referrals to local physical activity resources.**

## Tactics

Collect case study examples of communities that have built effective partnerships.

Develop a community-planning toolkit on how to build effective partnerships.

Obtain local funding from the private sector and foundations.

Encourage communities to develop resource guides that facilitate matching lifestyle, preferences, and functional status/illness to community physical activity resources.

Evaluate the project.

## National Organizations

American College of Sports Medicine (Lead Organization)

AARP, American Academy of Family Physicians, American Geriatrics Society, American Medical Association, American Society on Aging, National Center on Physical Activity and Disability, National Council on the Aging, National Recreation and Park Association, Partnership for Prevention, and other organizations.

## Required Resources

Time and energy to develop partnerships and produce a community planning guide.

Funding for the planning guide.

## Success Factors

Volunteers/staff to produce planning guides.

Partnership sustainability.



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# Medical Systems Strategy 3

**Develop resources for clinicians to use in making personalized physical activity recommendations/prescriptions for their patients.**

## **Tactics**

Compile appropriate physical activity guidelines.

Complete a needs assessment for clinicians.

Review and collect published literature to identify patients' needs.

Review existing toolkits and prepare a new resource that addresses the needs of providers and patients in diverse populations.

Identify a health care group to pilot toolkit materials and evaluate usefulness.

Identify a lead organization to sustain the toolkit and update it over time.

## **National Organizations**

American Geriatrics Society (Lead Organization)

Agency for Healthcare Research and Quality, American Academy of Family Physicians, American College of Cardiology, American College of Physicians, American College of Sports Medicine, American Medical Association, Centers for Disease Control and Prevention, Partnership for Prevention, and other organizations.

## **Required Resources**

Funding

## **Success Factors**

A broad-based coalition of professional organizations will produce a better “buy-in” to support and promote the projects. Resources should be population segmented to provide the necessary information for health professionals to make recommendations. For example, materials should include physical activity recommendations for arthritis, diabetes, heart disease, and other diseases.



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# Public Policy Strategies

# Public Policy Strategy 1

**Develop a coalition to conduct public policy analysis and to identify unified public policy strategies in the area of physical activity and aging.**

## **Tactics**

Conduct a survey to identify key public policy issues and strategies.  
Develop a unified consensus statement regarding public policy strategies.  
Convene a meeting of policy experts to guide the policy research agenda.  
Make existing research appropriate for older adults and identify gaps in research knowledge.  
Provide tools to conduct a policy analysis.

## **National Organizations**

The Robert Wood Johnson Foundation and Administration on Aging (Lead Organizations)  
AARP, Office of the Assistant Secretary for Planning and Evaluation, and other organizations.

## **Required Resources**

Funding  
Leadership  
Data

## **Success Factors**

Leadership.  
Establish physical activity as a priority in the policy arena.  
Identify existing research.  
Fund future policy-relevant research.



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# Public Policy Strategy 2

**Educate policymakers about the importance of physical activity for the midlife and older population. Include information that provides examples of effective policy in this arena.**

## Tactics

Develop a clear legislative agenda at federal, state, and local levels.  
Create model legislation and regulation language.  
Create a policy consortium to develop consensus messages.  
Create fact sheets and briefing books based on public policy analysis.  
Meet regularly with policy makers.  
Develop position papers and press releases for different audiences.

## National Organization

National Coalition for Promoting Physical Activity (Lead Organization)

Active Aging Partnership, American Society on Aging, Congressional Black Caucus, International City/County Management Association, International Health, Racquet and Sportsclub Association, National Center for Bicycling & Walking, National Conference of State Legislatures, National Governors Association, National Hispanic Council on Aging, National Recreation and Park Association, SGMA International, U.S. Conference of Mayors, and other organizations.

## Organization Contributions

NCPA can convene a consortium with support from SGMA International, the Active Aging Partnership, and identified minority health groups. When the framework is completed, the coalition would be expanded. The anti-tobacco campaign can be used as a model for program development.

## Required Resources

Staffing/administrative support.  
Funding for conferences.  
Funding to produce materials.

## Success Factors

Leadership  
Ability to contribute resources  
Outcome measures  
Sustainability  
Visibility



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# Public Policy Strategy 3

**Generate information on the cost effectiveness of increasing regular physical activity among the older population to help support public policy, program development, and reimbursement efforts.**

## Tactics

Conduct a survey to identify key public policy issues and strategies.  
Convene an advisory panel to design or identify the research questions.  
Fund additional research to address gaps in the knowledge base.  
Develop a unified consensus statement.

## National Organizations

Centers for Disease Control and Prevention (Lead Organization)

AARP, Centers for Medicare and Medicaid Services, National Institute on Aging, National Opinion Research Center, Office of the Assistant Secretary for Planning and Evaluation, The Robert Wood Johnson Foundation, and other organizations.

## Organization Contributions

The anti-tobacco, flu shots, and injury prevention campaigns can be used as models for the project.

## Required Resources

Funding  
Leadership  
Data

## Success Factors

Generate cost-effectiveness data.  
Secure funding for comprehensive research studies.  
Disseminate outcomes widely.



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# Research Strategies

# Research Strategy 1

**Identify valid and reliable measures of physical activity and physical function that are appropriate for different segments of the 50+ population.**

## Tactics

Develop a steering committee of Blueprint partner organizations.  
Commission reports on currently available field-based assessments of both physical activity and physical function.  
Organize an international consensus building conference on measurement and assessment.  
Convene separate groups of experts on physical activity and physical function to evaluate the use and effectiveness of different measurement tools.  
Identify the research gaps and plan a strategic research agenda to fill those gaps.

## National Organizations

American College of Sports Medicine and National Institute on Aging (Lead Organizations)

American Geriatrics Society, Centers for Disease Control and Prevention, Human Kinetics, International Council on Active Aging, National Institutes of Health, and other organizations.

## Organization Contributions

Organizations would provide content specialists, support the commissioned papers and meetings, and fund research initiatives. Long-term tactics might include developing a toolkit that helps researchers and practitioners to select, administer, and interpret measures and develop a centralized database to refine test standards.

## Required Resources

Expertise to define current knowledge and establish criteria for evaluation.  
Secure funding.  
Access to marketing and publication outlets for reports and toolkits.  
Access to a clearinghouse.

## Success Factors

Need buy-in from researchers and multiple groups (e.g., clinicians, community practitioners, 50+ population).  
Evaluation of progress toward goals is required.  
Research results must be easily understood by lay audiences.



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# Research Strategy 2

**Develop evidence-based guidelines on the types and amounts of physical activity needed to enhance health and functional outcomes in the 50+ population with a special emphasis on chronic illness and disabilities.**

## Tactics

Develop a steering committee of Blueprint partner organizations to refine strategy, commit resources, and assign tasks.  
Develop an action plan to specify approaches needed to identify appropriate type and amount of activity for subgroups within the 50+ population for specific health and functional benefits.  
Access and synthesize reports on currently available knowledge.  
Convene separate groups of experts on areas of physical activity to evaluate the use and effectiveness of different programs.  
Identify the research gaps and plan a strategic research agenda to fill those gaps.

## National Organizations

American Geriatrics Society (Lead Organization)

AARP, American Physical Therapy Association, Centers for Disease Control and Prevention, Human Kinetics, International Council on Active Aging, National Center for Physical Activity and Disability, National Institutes of Health, and other organizations.

## Organization Contributions

Organizations would provide content specialists, support the commissioned papers and meetings, and fund research initiatives. Long-term tactics might include developing a toolkit that helps researchers and practitioners to select, administer, and interpret physical activity recommendations and integrate information into a national clearinghouse.

## Required Resources

Expertise to define current knowledge and establish criteria for evaluation.  
Secure funding.  
Access to marketing and publication outlets for reports and toolkits.  
Access to a clearinghouse.

## Success Factors

Need buy-in from researchers and multiple groups (e.g., clinicians, community practitioners).  
Evaluation of progress toward goals is required.  
Research results must be easily understood by lay audiences.



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# Research Strategy 3

**Conduct research to better understand what motivates individuals to participate and remain involved in community, home-based and worksite programs, and/or self-directed activities.**

## Tactics

Develop a steering committee of Blueprint partner organizations.

Access reports on currently available research on physical activity participation for different segments of the at-risk population.

Convene groups of experts to recommend the most effective intervention strategies for addressing identified barriers.

Identify the research gaps and plan a strategic research agenda to fill those gaps.

## National Organizations

National Institute on Aging (Lead Organization)

American College of Sports Medicine, American Geriatrics Society, American Medical Directors Association, American Physical Therapy Association, American Society on Aging, Gerontological Society of America, Human Kinetics, International Council on Active Aging, National Conference of Gerontological Nurse Practitioners, Society of Behavioral Medicine, and other organizations.

## Organization Contributions

Organizations would provide content specialists, support the commissioned papers and meetings, and fund research initiatives. Long-term tactics might include developing a toolkit that helps researchers and practitioners utilize the strategies. Information would be disseminated through a national clearinghouse.

## Required Resources

Expertise to define current knowledge and establish criteria for evaluation.

Secure funding.

Access to marketing and publication outlets for reports and toolkits.

Access to a clearinghouse.

## Success Factors

Need buy-in from researchers and multiple groups (e.g., clinicians, community practitioners).

Evaluation of progress toward goals is required.

Research results must be easily understood by lay audiences.



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