

center for
Healthy Aging
model health programs for communities

Best Practices in Physical Activity



THE NATIONAL
COUNCIL ON
THE AGING

“For the nation’s seniors, poor health should not be a foregone consequence of aging. Improvements in diet and physical activity can greatly improve the quality of life at any age.”

HealthierUS: The President’s Health and Fitness Initiative, 1996

Introduction

This Issue Brief introduces a new vehicle to disseminate the best practice and evidence-based models of the Center for Healthy Aging of the National Council on the Aging, Inc. (NCOA). This inaugural issue provides an overview of this new concept and introduces our recent physical activity initiative. Each subsequent issue will focus on critical elements of programming necessary for effective health promotion, physical activity and chronic disease self-management programs citing evidence of effectiveness, providing best practice examples to illustrate the key concepts under review, and presenting suggestions for local adaptation. Issue Briefs also will offer suggestions for community action. We encourage readers to collect these briefs as a library of best practice or evidence-based, practical information for community action to promote healthy aging. The NCOA web site, currently under development, (www.healthyagingprograms.org) will provide additional resources.

The Center for Healthy Aging both recognizes and provides support for the programming contributions of community-based organizations (CBO) serving older adults, particularly concerning health promotion, disease prevention and chronic disease self-management. The Center also brings visibility to CBO best practice programs through local awards and national recognition, publications, workshops and seminars. Information gleaned from the Center's many best practice studies, evidence-based reviews, and program development work benefits staff working in CBOs to improve the quality of current programming or develop and implement new programs and activities that promote healthy aging.

Why Physical Activity Programming?

According to the Centers for Disease Control and Prevention (CDC), regular moderate physical activity on most days of the week (for example, 30 minutes of brisk walking) provides significant health benefits to people of all ages, including individuals with chronic conditions common among the elderly, such as osteoarthritis, diabetes, and cardiovascular disease (http://www.cdc.gov/aging/health_issues.htm#chronic). Benefits include decreased risk of death from heart disease; decreased risk for colon cancer, diabetes, and high blood pressure; weight control; healthy bones, muscles and joints; relief of arthritis pain; reduced symptoms of anxiety and depression; and decreased need for hospitalizations, physician visits, and medications.

Unfortunately, CDC data show that 28%-34% of adults aged 65-74 and 35%-44% of adults aged 75 or older engage in no leisure time activity. An additional 30%-40% of older adults are insufficiently active; only 25%-35% of older adults achieve the recommended activity level. Differences exist among population groups:

- According to a report from the U.S. Assistant Secretary for Planning and Evaluation, older women are generally less physically active than older men.
- Also, in general, African American older adults are less active than white older adults.

Inactivity, with its associated health problems, has a tremendous impact on the U.S. health care system. Inactivity increases morbidity and mortality associated with many chronic diseases and the costs of caring for persons with those diseases.

- The direct medical costs associated with physical inactivity were \$29 billion in 1987 and nearly \$76.6 billion in 2000.
- If 10% of adults began a regular walking program, reduced heart disease would save \$5.6 billion in medical costs.
- Every dollar spent on physical activity programs for older adults with hip fractures results in a \$4.50 return.

Source: http://www.cdc.gov/nccdphp/pe_factsheets/pe_pa.htm

Identifying Best Practices in Physical Activity Programming

One of the Center for Healthy Aging's most recent efforts has explored best practices in community-based physical activity programming for older adults. Subsequent Issue Briefs will share what we have learned about implementing physical activity programs for older adults.

In 2003, the Center for Healthy Aging conducted a national competition, Excellence in Physical Activity Programming for Older Adults. Through this initiative, funded by the Robert Wood Johnson Foundation and in collaboration with the University of Illinois at Chicago (UIC), NCOA sought to bring national attention to best practices in physical activity programs operated by local public or non-profit organizations that serve older adults. The Healthy Aging Research Network (researchers from seven universities within the Prevention Research Centers of the CDC), the Active Aging Partnership (comprised of seven national organizations invited to participate on the Active Aging Blueprint steering committee), and a variety of nationally known physical activity experts assisted NCOA in this endeavor.

With the help of our advisors, we established competition criteria: each applicant had to serve a large population of older adults, have a history of physical activity programming, and collect and evaluate outcomes data. Following an initial application review process and in-depth telephone interviews, NCOA identified the following ten programs as best practices and awarded each \$1,000 and a certificate of achievement:

- Chicago Department on Aging, Chicago, IL—Chicago Fitness Plus
- City of Aurora Senior Services, Aurora, CO
- Holy Cross Hospital, Community Health, Silver Spring, MD—Senior Fit
- Hospital of Saint Raphael, New Haven, CT—CareCard
- Johnson City Seniors' Center, Johnson City, TN
- Madison School & Community Recreation, Madison, WI—Goodman-Rotary 50+ Fitness Program

- MU School of Health Professions, Columbia, MO—The Health Connection
- Resources for Seniors, Inc., Raleigh, NC
- Senior Services of Seattle/King County, Seattle, WA—Lifetime Fitness Program
- The Capital Senior Center, Columbia, SC

A team from NCOA, UIC, and other partner organizations then visited the best practice sites to learn more about program elements, infrastructure support, partnership activities, and other critical components that contribute to their successful programming.

Concurrently, as a member of the Active Aging Partnership, the Center for Healthy Aging has actively contributed to the development and promotion of *The National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older*, a guide for organizations to plan strategies to help older adults increase their physical activity. The findings from our national competition merge seamlessly with the Blueprint efforts. Using information gathered from the telephone interviews and the site visits, the Center is developing a template of the essential components of effective physical activity programming, which supports the strategic priorities of the National Blueprint. Subsequent Issue Briefs will describe template components in more detail.

Do Best Practice Programs Improve Health Outcomes?

To answer this question, three of the top ten best practice programs, under the direction of UIC, will participate in a year-long study to measure the health benefits of their community-based physical activity programs. The ability to sustain programming and to recruit and retain additional classes for this study guided selection of the three study sites.

The study uses a randomized control trial design, which compares intervention and control groups to assess the impact of physical activity programs that contain three components: flexibility, aerobic activity, and strength training. The three sites are now marketing their programs to recruit participants for the study, which will begin in the fall.

Additional Resources

STUDIES RECOMMENDED BY CDC:

Cost-benefit Analysis of Walking to Prevent Coronary Heart Disease

Jones TF, Easton CB. Cost-benefit analysis of walking to prevent coronary heart disease. *Archives of Family Medicine* 1994;3(8):703–710.

Economic Costs of Obesity and Inactivity

Colditz GA. Economic costs of obesity and inactivity. *Medicine and Science in Sports and Exercise* 1999;31(Suppl 11):S663–S667.

External Costs of a Sedentary Lifestyle

Keeler EB, Manning WG, et al. The external costs of a sedentary lifestyle. *American Journal of Public Health* 1989;79(8):975–981.

Higher Direct Medical Costs Associated With Physical Inactivity

Pratt M, Macera CA, Wang G. Higher direct medical costs associated with physical inactivity. *The Physician and Sports Medicine* 2000;28(10):63–70.

Relationship Between Modifiable Health Risks and Short-term Health Care Charge

Pronk NP, Goodman MJ, O'Connor PJ, Martinson BC. Relationship between modifiable health risks and short-term health care charge. *Journal of the American Medical Association* 1999;282(23):2235–2239.

SUGGESTED WEB SITES:

Department of Health and Human Services

<http://aspe.hhs.gov/health/reports/physicalactivity/>
<http://www.os.dhhs.gov/>

Centers for Disease Control and Prevention

<http://www.cdc.gov/nccdphp/dnpa/physical/lifestyles.htm>
<http://www.cdc.gov/nccdphp/dnpa/manuscripts/index.htm>
http://www.cdc.gov/nccdphp/aag/aag_dnpa.htm
http://www.cdc.gov/nccdphp/bb_nutrition/

American College of Sports Medicine

<http://www.acsm.org/index.asp>

Summary recommendations from the Surgeon General's Report

<http://www.beactive.org/ataglan.html>
<http://www.beactive.org/olderad.html>

The National Blueprint

<http://www.agingblueprint.org/>

Minnesota Department of Health

<http://www.health.state.mn.us/divs/hpcd/cbp/Older/Text/index.htm>

Physical Activity and the Older Adult: *Resources for people working with older adults*

Action Steps

One of the primary goals of the Center for Healthy Aging's best practices projects is to provide guidance and action steps for researchers, community service providers, and policy makers in the health promotion for older adults. Future Issue Briefs will focus on the information gathered through the best practices in physical activity programming competition to provide some answers to the central question: What can communities do to increase physical activity in older adults?

In the meantime, a report from the Surgeon General suggests the following actions that communities can take to encourage physical activity for older adults:

- Provide community-based physical activity programs that offer aerobic, strengthening, and flexibility components specifically designed for older adults.
- Encourage malls and other indoor or protected locations to provide safe places for walking in any weather.
- Ensure that facilities for physical activity accommodate and encourage participation by older adults.
- Provide transportation for older adults to parks or facilities that provide physical activity programs.
- Encourage health care providers to talk routinely to their older adult patients about incorporating physical activity into their lives.
- Plan community activities that include opportunities for older adults to be physically active.

Future Issue Briefs

Future Issue Briefs will address topics that are critical to the implementation of successful, outcome-driven health promotion programming. The following topics will be addressed:

- Preparation and planning
- Communications
- Partnerships and building collaborations
- Programming including educational content and delivery mode, participant/learner activities, behavior change strategies, types of activities offered, and tracking participation
- Program administration including management, recruiting, developing, and training staff and volunteers
- Recruitment and retention of participants
- Evaluation using process and outcome measures for individuals, organizations, and communities
- Sustainable funding
- Replication

Acknowledgments

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Courtesy: Washington Coalition for Promoting Physical Activity
<http://www.beactive.org/>

The National Council on the Aging

300 D St., S.W. Suite #801
Washington, D.C. 20024
Phone (202) 479-1200