ICAA Vision Paper

Physical Activities for the Elderly

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I. Benefits and Types of Physical Activity

Physical activity is the powerful means to prevent age-related loss of function, reduce the risk of chronic disease, improve mental and physical health and support quality of life.

Physical activity in older adults can reduce the risk of heart disease, some cancers, hypertension, high cholesterol and obesity; mediate hypertension, diabetes and depression; lower the risk of falls and injury; and improve sleep. Research results have become so frequent and so conclusive that an increase in physical activity is recommended for older adults by the U.S. Department of Health and Human Services, Centers for Disease Control (CDC), Administration on Aging, Surgeon General, and many other organizations.

The physical activity recommendation is 30 minutes a day, five or more days a week.

In general, strength training is important for fall prevention, fat metabolism, bone health and the ability to perform activities of daily living, such as lifting bags of groceries. Cardiovascular conditioning reduces the risk of heart disease, improves endurance and elevates mood. Improvements in flexibility aid activities of daily living, such as reaching, and ease conditions such as arthritis. Improvements in balance help prevent falls and performance for sports and games.

Walking is the primary activity recommended because it is inexpensive and simple. Authorities in exercise for older adults state that strength training should be equally encouraged. Only 12% of adults of adults age 65 to 74 years strength train (CDC).

Aging is such a personal process that levels of physical fitness and function cannot be assumed by chronological age. Some people in their ’70s and ’80s run marathons, while others are confined to wheelchairs. The prescription for physical activity must account for individual levels of function as well as the biological processes of aging.

II. Participation Levels

While the value of physical activity for older adults is well-documented, the number of older adults exercising remains small. According to AARP's "The State of 50+ America 2005" report, 28.8% of 50 to 64 year olds, 25.6% of 65 to 74 year olds and 16.3% of those 75 plus are physically active. There is an unhealthy trend toward obesity in the older population, which is a future health problem. Other reports show that physical activity is more prevalent among white Americans than among ethnic groups or people of color.

Many adults who are about 60 years and older view exercise as a task and effort that they do not want to undertake unless a dramatic event, such as a diagnosis of disease, leads them to it. This generational attitude is expected to change as the baby boomers age.

Baby boomers live in a culture where physical activity and exercise are accepted and they have more knowledge of how exercise prevents chronic health conditions. Although their attitude toward exercise may be more positive, their exercise behavior is not. The 2005 National Public Health Week Survey found that Americans age 55 years and older understand that diet and exercise (78%) are more important than genetics (18%) in determining how healthy they will be as they age. Yet, only 40% exercise regularly.

III. Public and Private Resources

Over the past five years, outreach to older adults has permeated the educational efforts of public and private organizations, primarily through the World Wide Web. Directed to older adults, Web pages, downloadable PDFs of brochures and some print products are available from multiple universities, health care providers (e.g. Mayo Clinic), federal and state agencies, collaboratives (e.g. Active for Life) and private organizations (e.g. AARP).

The World Wide Web is used by baby boomers, but not by older adults. In 2005 there are an estimated 33.2 million people between 50 and 64 years old online in the United States, which is three times the number of 65+ online users. The web is a future media for baby boomers: A projected 73.7% of adults currently ages 50 to 64 years will be online in 2008 (eMarketer, 2005).

Physical activity programs targeted to older adults are available at senior community centers, day care sites, churches, health clubs, personal training businesses and other locations. Most senior retirement housing includes a fitness center along with recreational activities, such as golfing. Therapeutic exercise programs are provided by licensed therapists.

Universities (e.g. California State University, Fullerton) and fitness organizations (e.g. American Council on Exercise) have certificate programs in exercise for older adults to train fitness and recreation leaders. Universities and associations (e.g. International Council on Active Aging) provide material for professionals specializing in activity for older adults.

IV. Trends, Challenges and Future Possibilities

1. Key issue: How to encourage older adults to participate in physical activity and exercise.

a. With the increase in the number of older adults living longer, the health care system is likely to be overwhelmed unless preventative measures are taken. The direct medical cost of physical inactivity was nearly $76.6 billion in 2000, and care for people with chronic diseases accounted for more than 75% of the $1.4 trillion medical care costs in the U.S., according to the Centers for Disease Control, which notes that "engaging in regular physical activity is associated with taking less medication and having fewer hospitalizations and physician visits." U.S. healthcare cost is forecasted to grow to $2.8 trillion (or $9,216 per person) by 2011 (The National Health Statistics Group, Centers for Medicare and Medicaid Services).

These statistics demonstrate that action now to increase physical activity can control future costs for both the health care system and the patients. The HealthPartners Research Foundation states that adults who are 50 years and older and start exercising only 90 minutes a week save an average of $2,200 per year in medical costs. That is why forward-thinking health management organizations, insurance companies and corporations are beginning to fund exercise programs.

b. The opportunity is great to encourage research on behavior change and exercise motivation. For example, in focus groups of people 65 years or older, nonexercisers said their primary barriers to exercise were fear of falling, unwillingness to take action and a feeling of resistance to exercise. The people who exercised identified unwillingness to take action, time constraints and physical ailments as significant barriers (Journal of Aging and Physical Activity, 2005;13(1)). Such preliminary work can form the basis for additional research.

c. Funding and publicity of model programs that are successful in attracting older adults provide a practical best practices approach.

d. Increasing the financial incentives by insurers and federal and state Medicare/Medicaid programs for exercise participation are options.

e. A less obvious, but critical, component of this effort is to make exercise fun. When the emphasis on science and outcomes is too great, physical activity becomes intimidating and not enjoyable. Adding back the joy of movement is a goal worth pursuing.

f. Follow the 18 strategies in The National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older. The National Blueprint is an excellent directive on tactics that can be used to increase physical activity.

2. Key issue: Providing access to physical activity opportunities.

a. Neighborhoods and the "built" environment can be constructed to encourage walking and recreation. Studies have shown that neighborhoods with sidewalks, traffic lights, close proximity to businesses and services, and personal safety are likely to encourage walking and outdoor games. Maintained, safe, parks and trails encourage activity.

b. If half of the older adults in the United States decided tomorrow to join a fitness center or health club, there would not be enough locations to accommodate them. Senior recreation and meal centers, retirement housing and continuing care communities can be encouraged to add activity programs and locations, and staff them.

c. The number of recreation and fitness instructors with a specialty in gerontology is probably very small, in part because there are a limited number of programs to train them. For less functional and frail elderly who begin a physical activity and exercise program, the knowledge of the instructor is critical for a safe and rewarding experience.

3. Key issue: Increasing professionals' knowledge.

a. Professionals need further education in the aging process and the effect of physical activity on aging and chronic health conditions.

b. Primary health care providers can encourage exercise behaviors, but they need training to be effective. When physicians and nurse practitioners were trained to offer patients referrals to community exercise programs, at the end of four months, 35% of those who received advice reported regular exercise participation, while only 28% of the control group was exercising (Journal of the American Geriatrics Society, February 2005).

c. Communication methods need to be refined. Professionals need education in how to target messages about physical activity that appeal to older adults. While the World Wide Web is the apparent primary media for information on physical activity and aging, it is also little used by seniors over 65 years. What delivery vehicles effectively reach this group?

4. Key issue: Combining the efforts of many organizations.

a. Academic, private and public organizations are preparing excellent materials for older adults. The university and association web sites are joined, for example, by at least five independent web sites created by U.S. federal agencies. There is duplication of effort and of financial resources. If organizations collaborated, efficiencies in staffing and financial resources could be achieved.

As the National Blueprint states, "No national organization or coalition is systematically addressing physical activity and older Americans. No organization is taking into account the comprehensive health issues, medical systems and reimbursement, marketing, environmental issues, education and research that are involved in helping older Americans become physically active. …" The blueprint recommends collaborative efforts.

About the Vision Paper

The International Council on Active Aging (ICAA) was honored to be invited to write a vision paper on physical activity and older adults for the 2005 White House Conference on Aging (WHCoA). This document, entitled “Physical activities for the elderly,” provides an overview of the benefits of active aging and assesses trends, challenges and future possibilities in this area.

Delegates to the WHCoA receive a book of vision papers ahead of time to help them prepare for the event. When they meet at the conference, attendees select 50 resolutions and plans to implement them. Since 1961, recommendations made by the White House conferences on aging have helped to establish many crucial aging programs, including Medicare and Medicaid, the Older Americans Act, the Supplemental Security Income Program, and Social Security reforms. These meetings allow the public to discuss major concerns and take part in a process every 10 years that guides the nation's policy on aging.

About the International Council on Active Aging

ICAA is the world's largest association dedicated to changing the way we age by uniting and working with professionals in the retirement, assisted living, recreation, fitness, rehabilitation and wellness fields. It connects like-minded professionals who share the goals of changing society's perceptions of aging and improving the quality of life for aging Baby Boomers and older adults within the six dimensions of wellness. The council supports these professionals with education, information, resources and tools, so they can achieve optimal success with this growing market.

The ICAA takes an active role in helping to change the way society perceives aging. The council is one of more than 55 of the nation's most prominent health and aging organizations working to implement the National Blueprint on Aging. Contributors to the Blueprint's development include AARP, the American College of Sports Medicine, the American Geriatrics Society, the Centers for Disease Control and Prevention, the National Institute on Aging and the Robert Wood Johnson Foundation.

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