The Role of Midlife and Older Consumers In Promoting Physical Activity Through Health Care Settings

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Communicating with the 50+ Audience About Physical Activity Issues
(Prepared as a meeting background paper)

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Physical Activity in Health Care Settings: A Consumer Perspective
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A Government Perspective: If There Is So Much Proof, Why Is Medicare Not Rapidly Adopting Health Promotion and Disease Prevention Programs?
(Am J Health Promotion. May/June 2001, Vol. 15, No. 5)

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Promoting Physical Activity in the Community: A Profile of Health Plan Programs and Initiatives
(Developed for the Blue Cross and Blue Shield Foundation on Health Care Expert Roundtable Meeting, in collaboration with Partnership for Prevention and the Centers for Disease Control and Prevention. 1/24/02)

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Seniors As Advocates for Physical Activity
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Executive summary

The United States is on the brink of a longevity revolution. Since the beginning of the 20th century, life expectancy at birth in the U.S. has increased from less than 50 years to more than 76 years. From 1960 to 2000 there was an approximate doubling of numbers of people aged 65 and older. It is projected that by the year 2030, the number of individuals age 65 and older will double again to reach 70.3 million, constituting 20 percent of the population. Dramatic growth is also projected in the numbers of Americans aged 85 and older, from 4.3 million (1.6 perecent) in 2000, to 19.4 million (4.8 percent) in 2050, placing a significantly greater number of people at risk for disease and disability. The challenge for the 21st century will be to make these added years as healthy and productive as possible and to maintain the current trend of decline in disability.[1]

Unfortunately, chronic diseases exact heavy health and economic burdens on older adults due to associated long-term illness, diminished quality of life, and greatly increased health care costs. Approximately 80 percent of all persons age 65 and older have at least one chronic health condition and 50 percent have two.[2] Although the risk of disease and disability clearly increases with advancing age, poor health is not an inevitable consequence of aging. Research indicates that healthy lifestyles are more influential than genetic factors in helping older people avoid the deterioration traditionally associated with aging. Changes in lifestyle (e.g., increasing physical activity and eating a balanced diet rich in fruits and vegetables) and using preventive services (e.g., cancer screening and vaccination against disease) help prolong the health and preserve the quality of life of older adults.[3]

Regular physical activity plays a particularly important role in health maintenance and disease prevention. It reduces the risk for heart disease,

diabetes and high blood pressure; helps in the control of weight; and maintains muscle, joint and bone strength. Participation in physical activity can also afford additional benefits for adults age fifty and older, including increased coordination, balance, and agility. These benefits can help prevent falls, as well as help older adults to remain independent and reduce disability. Additionally, regular physical activity can positively impact sleep quality and mental alertness, and help in the prevention and treatment of arthritis and osteoporosis.[4]

Despite the benefits of regular physical activity, approximately two thirds of older adults are not active enough during their leisure time. Centers for Disease Control and Prevention (CDC) surveillance data indicate that approximately 34.4 percent of adults age 65 and older, and 26.8 percent of adults age 50–64 report no leisure time physical activity.

There is an association between physical activity and medical costs. As physical activity levels increase, medical costs are reduced. The reduction in medical costs associated with physical activity increases with age, particularly for women.[5]

To address some of the challenges related to physical activity and mid-life and older adults, in October 2002, 31 health, behavior, public health and marketing professionals met to discuss how health care settings, providers and older adult consumers can better support the efforts of midlife and older adults to become more physically active and to maintain recommended levels of activity. Five background papers were prepared that addressed:

- The perspective of health plans on physical activity and the 50 plus population.
- Marketing research related to communicating with the 50 plus audience.
- Communicating with the 50 plus audience about physical activity.
- Seniors as advocates for physical activity.
- The aging network's role in strengthening consumer demand for health services in physical activity.

These papers, along with published literature, marketing research data, government sources, and the robust dialog among meeting participants serve as the basis for this report.

Recommendations were generated which address the role consumers might play in influencing clinical care practices as well as the role of health care providers and systems, the aging services network, researchers, and the media.

The implementation of the recommendations in this report will require collaboration among numerous stakeholder groups. Cooperation, coordination and communications will be pivotal in planning, implementing, evaluating and assuring widespread dissemination of effective programs.

Recommendations reflect:

Consumer roles:

- Create demand for physical activity assessment, support and programming from health care providers.
- Provide input to health plans about the design of effective and practical physical activity initiatives.
- Encourage peers to become more physically active.
- Advocate for physical activity intervention programs.

Health care providers and systems roles:

- Offer consumers credible information about the importance of physical activity and how to become more active.
- Serve as catalysts or "cheerleaders" for increased physical activity by patients.
- Provide clinician training to address behavioral intervention counseling related to physical activity.
- Collaborate with a variety of partners to promote physical activity.
- Provide reimbursement or other financial incentives to encourage physical activity assessment, counseling and support in the health care setting.
- Encourage physical activity promotion within the health care setting through quality measures.

Aging services network roles:

- Work in partnership with physicians and health plans to provide physical activity support and programming in the community.
- Serve as a conduit of information for mid-life and older adults.
- Advocate for financial support and increased partnerships among community organizations.

Research community roles:

- Identify and systematically fill the gaps in current knowledge about physical activity.
- Identify unpublished studies about physical activity promotion.
- Collect, assess, and disseminate information about successful models for increasing physical activity among mid-life and older consumers.

Media role:

- Help make physical activity a priority for consumers.
- Encourage responsible news reporting.

Defining the consumer

The increase in life expectancy achieved in the 20th century was a triumph for public health. At the turn of the century approximately four percent of the U.S. population was over the age of 65. Today that percentage has climbed to 13 percent. U.S. Census Bureau statistics indicate that there are more than 79 million people ages 50 and older in the United States. [Table 1] More than 35.2 million people now live to the traditional retirement age of sixty-five and older. As a result of successful public health efforts, the number of adults age 65 years and older will more than double to more than 70 million by 2030.[6]

Although in this report "consumer" is defined as adults age 50 and older, it is important to recognize that consumers in this cohort are not part of a homogeneous group. The age 50 plus population in the United States is extremely diverse and made up of multiple demographic and psychosocial segments, distinguished by traits including age, gender, income, health status, attitudes and beliefs, culture, geographic region, ethnic background, education, marital status, and life experiences.

A Profile of Older Americans: 2002, published by the Administration on Aging (AoA), provides several vivid illustrations of this diversity:

- **Age and disability level:** There are three broad segments in the mid-life and older population group — 45–64 year olds (pre-Medicare), 65–84 (Medicare) and 85 plus (elder Medicare). AoA data suggest that the two fastest growing of these segments are the pre-Medicare and elder-Medicare. These two groups are the most disparate. The 45–64 year old cohort, which grew by 34 percent during the 1990s, are generally comprised of people working full-time, caring for families, and trying to find the time to fit physical activity into their hectic schedules. On the other hand, members of the over-85 population, which is expected to number 8.9 million by 2030, have a high incidence of frailty. Clearly, these two distinct segments of the 50+ population have far different needs for physical activity and face far different challenges in becoming more physically active.

- **Racial and ethnic composition:** The number of older minorities is projected to increase by 219 percent by 2030, with significant increases taking place within specific minority groups, including Hispanics (328 percent); African-Americans (131 percent); American Indians, Eskimos, and Aleuts (147 percent); and Asians and Pacific Islanders (285 percent). Reaching each of these minority groups will require tailored, culturally sensitive physical activity messages and appropriate media delivery channels.

- **Income:** U.S. Census data shows that older Americans have a full range of incomes. Some 38.3 percent of households headed by persons 65 and older report incomes between $25,000 and $49,999. Thirty-one percent have annual incomes less than $25,000. And 29 percent have incomes of $50,000 and higher.

While the diversity of the older population can present challenges for health care professionals and physical

Table 1

Based on National Population Estimates July 1, 2001: U.S. Census Bureau

Age	Total Population	Male	Female
50–54 years	18,419,209	9,011,221	9,407,988
55–59 years	14,190,116	6,865,439	7,324,677
60–64 years	11,118,462	5,288,527	5,829,935
65–69 years	9,532,702	4,409,658	5,123,044
70–74 years	8,780,521	3,887,793	4,892,728
75–79 years	7,424,947	3,057,402	4,367,545
80–84 years	5,149,013	1,929,315	3,219,698
85–89 years	2,887,943	926,654	1,961,289
90–94 years	1,175,545	303,927	871,618
95–99 years	291,844	58,667	233,177
100 years and older	48,427	9,860	38,567
Total 50 and older	79,018,729	35,748,463	43,270,266

activity interventions, it also offers important opportunities to develop and target physical activity initiatives to achieve maximum effect. Successful physical activity programs and interventions need to be tailored to the circumstances and needs of particular population segments. An understanding of multifaceted audiences whose defining characteristics go beyond basic demographics is required. Defining the particular characteristics of the age 50 and older population segments, and their receptivity to certain physical activity interventions, should be an important part of a research agenda.

Why physical activity is important for midlife and older adults

According to the 1996 U.S Surgeon Report, the single most important step that most adults, including older adults, can take to improve their overall health is to become more physically active. Research continues to accumulate which demonstrates the health benefits of increasing physical activity, even among people in their 70s, 80s and 90s. Evidence demonstrates that exercise late in life, even beyond 90 years of age, can increase muscle mass and strength in frail individuals.

Regular moderate physical activity, for at least 30 minutes on most days of the week, has a number of positive health benefits. These include preventing or reducing disability from chronic disease such as heart disease, diabetes and obesity; chronic disease risk factors such as hypertension and high cholesterol; and disabling conditions such as osteoporosis and arthritis.

Physical activity, along with diet, is a key factor in maintaining a healthy body weight. Additionally, physical activity that includes muscle strengthening can improve mobility and balance, reducing the risk of falls. Regular physical activity also positively affects mental health by improving alertness and reducing depression.[7]

Other benefits of physical activity include improvement in function and delay in loss of independence, which contributes to quality of life.

Despite compelling evidence of the benefits, few older adults engage in recommended levels of physical activity and significant numbers do not participate in any physical activity. Only 29.8 percent of U.S. adults age 50 to 64 and 29.8 percent of adults age 65 and older report participating in 30 minutes or more of moderate activity five or more days per week.[8] BRFSS data reports from 2001 indicate 26.8 percent of adults age 50 to 64 report no leisure time physical activity. And among people age 65 and older, the data are even grimmer, with 34.4 percent of adults reporting no leisure time physical activity. [Table 2]

Table 2

Source, *Behavioral Risk Factor Surveillance System*

No Leisure Time Physical Activity*

Year	18–34 Median %	35–49 Median %	50–64 Median %	65+ Median %
1990	22.7	26.8	33.8	40.1
1991	21.9	26.6	34.5	42.4
1992	22.9	27.0	33.5	39.0
1993	No Data	No Data	No Data	No Data
1994	21.3	27.1	32.9	42.6
1995	No Data	No Data	No Data	No Data
1996	22.3	26.7	33.0	37.4
1997	No Data	No Data	No Data	No Data
1998	20.8	26.5	33.0	38.3
1999	No Data	No Data	No Data	No Data
2000	21.3	25.4	29.2	34.6
2001	20.0	23.8	26.8	34.4

*All respondents 18 and older who report no leisure-time physical activity during the past month.

Denominator includes all survey respondents except those with missing, don't know, and refused answers.

The clinicians' opportunity

While many sources of consumer information about physical activity exist, including health associations, government agencies, the media, and health and fitness clubs, the role of the health care provider is a valuable avenue to reach and motivate older adults to become and remain active.

Clinicians have multiple opportunities to intervene with patients to promote healthy lifestyles and deliver preventive care. For example, annually 85 percent of adults age 45 to 64 visit a physician's office, emergency room, or have a home health care visit; and 92.4 percent of adults age 65 and older have at least one health care visit annually.[9] [Table 3]

The high prevalence of chronic illness among older patients suggests that primary care clinicians can take advantage of patient visits for chronic illness management to provide not only self-management support, but preventive care and health promotion as well. Patients report that physicians and other health providers have considerable influence over their health-related behaviors. For example:

- Obese individuals who report that they were advised by a health care professional to lose weight are almost three times more likely to report trying to lose weight than those who do not receive advice.[10]

- An Australian project tested the effectiveness of a brief physical activity intervention delivered by general practitioners during patient consultations with 404 patients. The mean number of minutes spent walking significantly increased during the intervention period, as did the number of times spent participating in other leisure time activities. There was also a significant decrease in the percentage of patients who participated in no walking. The authors conclude that brief physical activity counseling in a general practitioner setting can be successful in increasing patients' physical activity levels.[11]

- A qualitative study of adults age 75 and older revealed that many viewed sedentary behavior as harmful, were unsure of the proper amounts of physical activity, and wanted more information from their physicians about physical activity.[12]

- A Women's Health Research survey found that 70 percent of women say doctors are their most reliable source of health-related information.[13]

These findings are augmented by additional marketing research. Focus group research conducted by AARP found that adults age 45 and older would increase their activity levels if they had more information. And consumers indicate the health care setting remains a key point of contact for older adults, who tend to trust primary care physicians and other health care practitioners to give them accurate advice about health-related issues. This implicit trust is clearly illustrated by recent AARP focus group research, during which many seniors reported that they would not consider undertaking a physical activity regimen until a physician assured them it was safe to do so.

Table 3

Health care visits to doctor's offices, emergency departments and home visits within the past 12 months. Based on table 72 of the *National Center for Health Statistics, 2002.*

	Number of health care visits			
Characteristics	No visits	1–3 Visits	4–9 Visits	10 or more visits
All persons	16.6	45.4	24.7	13.3
18–44 Years	23.2	45.3	19.2	12.2
45–64 years	15.0	43.4	25.7	15.8
65 years and older	7.6	32.1	36.6	23.7

Physicians and other health care professionals have considerable influence over the health behaviors of mid-life and older patients, including participation in regular physical activity,[14] yet only about 36 percent of adults age 50 and older report that their health-care providers have asked about their levels of physical activity during routine check-ups. [Table 4] These data are further supported by a 1999 study that indicated fewer than 50 percent of older adults reported that their health-care provider had ever recommended exercise.[15]

Barriers to promoting physical activity in health care settings

While the need for clinical interventions to promote physical activity among adults age 50 and older is clearly indicated, significant barriers to the provision of these interventions exist.

Barriers include the current lack of scientific evidence that behavioral counseling has a long-term impact. The U.S. Preventive Services Task Force's *Recommendations and Rationale: Behavior Counseling in Primary Care to Promote Physical Activity* states, "Whether routine counseling and follow-up by primary care physicians results in increased physical activity among their adult patients is unclear. Existing studies limit the conclusions that can be drawn about efficacy, effectiveness and feasibility of primary care physical activity counseling. Most studies tested brief, minimal and low-intensity primary care interventions, such as the three to five minute counseling sessions in the context of a routine clinical visit." The report suggests that, "Multi-component interventions combining provider advice with behavioral interventions to facilitate and reinforce healthy levels of physical activity appear the most promising."

The task force suggests that further studies on the effects of clinician counseling in adult primary care patients are needed. Until more substantive data are available to support physical activity counseling, private and public health plans are not likely to support it.

Lack of research is also affecting the likelihood that health plans will expand their physical activity initiatives in the near future. Most health plans responding to a Blue Cross and Blue Shield survey reported that they lack the objective data they need to make a business case for increasing the scope of physical activity programs. Primarily, health plans need data about how physical activity promotion can improve the corporate bottom line.[16]

Further, public and private health insurers do not encourage the establishment of physical activity

Table 4

Number and percentage of adults age ≥ 50 years reporting participation in recommended physical activity,* by age group, sex, and health care provider asking or not asking about physical activity during routine patient check-ups†. National Health Interview Survey, United States, 1998.

	Asks						Does not ask					
	Men		Women		Total		Men		Women		Total	
Age (Yrs)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
50–64	706	42.6	1,001	33.7	1,708	37.9	506	29.0	802	25.0	1,308	26.7
65–79	533	40.6	681	28.2	1,214	34.2	470	29.3	818	18.2	1,288	22.6
> 80	82	39.0	160	21.9	242	28.2	136	14.4	258	8.3	394	10.7
Total	**1,321**	**41.7**	**1,842**	**30.9**	**3,164**	**36.0**	**1,112**	**27.6**	**1,878**	**20.3**	**2,990**	**23.3**

* Defined as moderate-intensity physical activity (≥ 5 times per week for ≥ 30 minutes per occasion) or vigorous-intensity physical activity (≥ 3 times per week for ≥ 20 minutes per occasion).

† Analysis is limited to those who visited a health-care provider during the previous year for a routine check-up. Sample sizes are unweighted. Percentages are weighted.

counseling and programs within the health care setting. Lack of beneficiary demand, the net short-term costs associated with many physical activity efforts, and the historic exclusion of health promotion from health insurance benefits are some reasons why Medicaid and Medicare do not cover physical activity counseling and programs. For similar reasons, few private insurers have supports or incentives that encourage providers to coordinate and deliver behavioral counseling for physical activity.[17,18]

In addition, most health care professionals do not have adequate information about community-based physical activity resources, so referrals often present a problem.

Rates of clinician health behavior counseling fall well below the targets recommended in Healthy People 2010 (HHS). Barriers to the adoption and implementation of counseling interventions include time pressure, lack of training, limited patient and provider resources, and inadequate organizational elements to support and sustain clinician efforts.[19]

In general, health care providers are not trained to prescribe and monitor physical activity, especially in older adults with chronic conditions. Exercise counseling, if it occurs at all, usually focuses on a general recommendation such as walking or swimming. For patients with complicated medical problems and disabilities, many physicians are uncomfortable signing 'permission slips' for organized exercise programs, not wanting to have legal responsibility for unknown problems, and often not knowing what kind of physical activity is safe.[20]

Consumers also present barriers.

- Several studies suggest that consumers find it difficult to ask questions of their health care provider, a situation that could impede a free exchange of information and advice between patients and primary care physicians.[21]

Myth:

Past a certain age, it does not matter if people are physically active.

Reality:

No one is too old to enjoy the benefits of regular physical activity. For older adults there is evidence that muscle-strengthening exercises can reduce the risk of falling and fracturing bones and can improve the ability to live independently. *(A Report of the Surgeon General,* 1996)

- Some health plans that offer physical activity support and programming have reported being criticized by sedentary consumers who do not want their premium dollars used to "pay" for someone else's exercise program.[22]

Adults age 50 and older are the most sedentary segment of our population. Those with the most disability, who conceivably have the most to gain from physical activity, often have lost hope that they can ever get any better. The health-club revolution of the last decades has left a legacy defining exercise as for the physically fit with lithe, muscled, leotard-clad bodies — not a vision most older people can imagine.[23]

Recommendations

The following recommendations outline roles consumers, health care providers and health systems, the aging network, the research community, and the media can play in influencing physical activity interventions in the health care setting. It is important to note that these recommendations are not prioritized in this report. And while the recommendations are segmented by groups, i.e. consumers, providers, etc., collaboration among multiple groups will be essential as the recommendations are further developed and implemented.

Role of the Consumer

1. **Consumers need to demand physical activity assessment, support, and programming from their health care providers.**

Consumers need to be more thoroughly educated about the benefits of physical activity and about strategies they can use to increase their activity levels. Of equal importance is the need to become aware of the kind of support they can reasonably expect from the health care setting. Until these expectations are defined, and until consumers begin to voice those expectations, it will be difficult to design and implement systems to meet consumer demand for physical activity initiatives.

No formal studies have identified successful interventions to stimulate consumer demand for preventive counseling in primary care.[24] Despite the lack of research in this area, physical activity promoters need only observe trends in Internet usage among older adults, or turn on the nearest television or open a popular magazine to see numerous instances in which consumer demand for health-related products is being stimulated successfully.

For example, a recent study by the General Accounting Office (GAO) estimates that direct-to-consumer (DTC) advertising by pharmaceutical companies brings 8.5 million patients to doctors' offices each year to ask for specific medications, the names of which were largely unknown to the average consumer before the Food and Drug Administrative approved this type of advertising in 1997.[25]

Direct-to-consumer advertising efforts by pharmaceutical companies have received some criticism since the GAO charged that some DTC ads for pharmaceuticals have contained misleading statements.[26] While not condoning the tactics employed by some advertisers, meeting participants remained convinced that straightforward DTC-type advertising could help encourage consumers to demand physical activity support and advice from their health care professionals.

Further research is needed to determine whether this advertising strategy can be used effectively in behavioral health initiatives.

2. **Consumers can provide input to their health plans about the design of effective and practical physical activity initiatives.**

Several health plans across the country have already taken steps to involve age 50 and older consumers in efforts to plan and design health-related programs. For example, older members of a Senior Caucus at Group Health Cooperative in Seattle, Washington work together to promote good health and quality health care for the plan's senior members. The caucus sponsors its own educational programs and has helped Group Health Cooperative develop a variety of preven-

tion programs, including a free information and referral service that is staffed primarily by senior volunteers.

More health plans need to step forward and provide older consumers with this opportunity to take responsibility for their own health and the health of their peers.

3. **Consumers can play a valuable role in encouraging their peers to become more active.**

Active older consumers are in a position to spread the good news about physical activity. They can not only set examples and provide motivation to their peers through "buddy systems", but also share inspiring stories about how they became more active.

As the demand for physical activity promotion grows, active older consumers will also play an increasingly important role in planning and implementing physical activity assessment, support, and programming for their peers. The success of the peer-led *Weight Watchers* program over the past 40 years has shown that properly trained lay people can be extremely effective in helping peers make permanent behavior changes. In addition to facilitating educational programs designed by health care professionals, active consumers can serve as role models and mentors to those interested in becoming more active.

Ambassador programs — grass roots, community health initiatives that are often sponsored by hospitals — depend on trained community leaders to educate other consumers about health issues, either by offering one-on-one support or leading community-based classes. These programs provide a promising vehicle through which trained consumers could help their neighbors begin and sustain a more active lifestyle. The 2,000-member *Fifty-Plus Fitness Association* (FPFA) has already adapted this concept to the physical activity field by training 28 volunteer ambassadors who coordinate local fitness events for FPFA members in communities across the country. The effectiveness of this and other initiatives involving physical activity ambassadors should be assessed and the potential for replication evaluated.

4. **Trained consumers could work at the state and national levels to present the case for physical activity intervention programs to heath care systems providers and policymakers.**

Older consumers who feel strongly about improving the level of physical activity among their age cohort could be trained and enlisted to educate policy makers and health systems leaders, to engage their support for physical activity assessment, counseling and programs. Consumer advocates could also play an important role in convincing quality-assurance organizations to consider health care professionals' or health plans' records in physical activity promotion when assessing the quality of care provided. If organizations like the National Committee for Quality Assurance believe that consumers are demanding physical activity promotion in the health care setting, they may be encouraged to reward physicians and health plans for responding to these demands.


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Myth:

It's too late to change the health habits of older people.

Reality:

Modest strength-building activities can increase muscle and bone strength even for people over age 90.

Role of Health Care Providers and Systems

1. **Health care providers can offer consumers credible information about the importance of physical activity and how they can become more active.**

   Many consumers, particularly mid-life and older adults, view clinicians as their most credible sources of information on health issues. Such an important communication channel cannot be overlooked when promoting physical activity. Health care professionals need to have ongoing conversations about physical activity with all patients. During the office visit, the health care professional should inquire about each patient's level of physical activity in the same manner he or she might check a vital sign. The subsequent discussion will give the clinician an opportunity to offer the patient appropriate advice, information, and referrals.

2. **Health care providers can serve as catalysts or "cheerleaders" for increased physical activity by patients.**

   While behavioral interventions related to physical activity may not yet be part of routine medical care, physicians and other health care professionals can at least get consumers thinking about physical activity. Given the difficulty of changing human behavior, the sometimes Herculean feat of moving patients from a stage of "pre-contemplation" to that of "contemplation" may be a worthy enough goal for health care professionals.[27] Clinicians can also play a critical role in providing support and encouragement, by following up with patients to help ensure that any physical activity regimen they adopt is sustained over time.

3. **Training should be provided to clinicians to address the need for behavioral intervention counseling related to physical activity.**

   Increased training, both during medical school and through continuing education will prepare clinicians for their catalyst role. Training should address issues related to the wide segments within the mid-life and older populations, from pre-Medicare, to Medicare to elder-Medicare groups.

   In addition, health care professionals need easy-to-use tools that will help them carry out screening, assessment, and referral tasks. One such tool, The Five A's, which has worked well in health behavior counseling, may provide an apt model for brief, in-office physical activity counseling sessions. The Five A's *(Assess, Advise, Agree, Assist, Arrange)* model resulted from work at the National Cancer Institute and later the Canadian Task Force on Preventive Healthcare. This model has been used in clinical trials for smoking cessation and brief primary care intervention for a variety of behaviors.[28] Clinics using this intervention have been able to increase smoking cessation rates by 30 to 70 percent. More research is needed to see if The Five A's can serve as an effective model for physical activity counseling.

4. **Primary care physicians should collaborate with a variety of partners to promote physical activity.**

   Primary care physicians must develop working relationships with many partners who can assist them in changing patient behavior regarding physical activity. Chief among these partners are other health care professionals, including nurse practitioners, nurses, physical therapists, and occupational therapists. Many

of these health professionals have regular contact with patients and can assist in delivering physical activity messages. In addition, lay people can be trained to deliver physical activity programs that are designed by health care professionals.

Other important partners include the public health community, community based organizations, the fitness industry, the aging network, researchers, professional organizations, employers, and the media.

Many practicing primary care physicians lack time to work in partnership with multiple stakeholders. Making room for all of these partners may require that heath care systems create a new paradigm that allows medical and non-medical partners to work side by side to meet patients' need for assistance with behavioral modification.

5. **Health insurers can provide reimbursement and other financial incentives to encourage physical activity assessment, counseling and support in the health care setting.**

The U.S. Congress is not likely to institute Medicare and Medicaid benefits for physical activity counseling in the near future, given the current political environment, escalating health care costs, low constituent demand for the addition of such benefits, and lack of strong evidence showing that counseling will lead to significant and sustained behavior change. However, these benefits must be kept "on the table" to increase the chances that they will be instituted eventually as new and better evidence emerges.

Researchers should begin now to take a closer look at benefits and services currently being offered by health providers throughout the country. A compilation of "best practices" would help health plans and government policymakers design physical activity-related insurance benefits in the future that would be cost effective and widely utilized by consumers. These benefits might include:

a. Premium discounts and other incentives for consumers who can demonstrate that they are physically active.

b. Reimbursements to health care professionals who provide physical activity assessment and counseling.

c. Extended insurance coverage for long-term rehabilitation after heart attack or stroke. This additional rehabilitation benefit could begin after standard rehabilitation coverage expires. It could provide up to a year of coverage for a physical activity program designed to help patients make permanent lifestyle changes that might help prevent another life-threatening or disabling health incident, including falls and fractures.

d. **Incentives** for physicians to provide physical activity counseling and support, at reduced cost, to the growing number of consumers who do not have health insurance.

6. **Organizations that assess the quality of care provided by health plans and health care professionals can encourage physical activity promotion within the health care setting.**

Physicians are rewarded for following disease management and preventive care guidelines and protocols in areas including immunization, cancer screening, and smoking cessation. Yet no guidelines or quality assessment measures currently exist for physical activity promotion. Such guidelines and measures could help establish physical activity promotion as a national health care priority. As one physician and meeting participant put it, "Every physicians likes to get an 'A plus' in the areas that are graded as part of their quality score. The things that don't get graded are often left to random intervention."


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Role of the Aging Services Network

1. **The aging services network can work in partnership with physicians and health plans to provide physical activity support and programming in the community.**

The aging services network consists of at least 27,000 community organizations, including approximately 11,000 senior centers, 4,000 adult day service centers, 3,500 meal sites, 661 Area Agencies on Aging, 57 state units on aging, and countless senior housing facilities, multi-purpose organizations, faith-based organizations, and tribal organizations[29]. This network, which exists in small towns and large cities throughout the country, is uniquely positioned to carry out the kind of support and programming that can help older consumers increase their physical activity, and sustain this new lifestyle over time.

2. **The aging services network can serve as a conduit of information for mid-life and older adults.**

The aging network has several characteristics that make it ideally suited to play a central role in delivering physical activity support and services. Older consumers already view the network as an accessible and reliable source of community-based programming. Many organizations in the aging network already administer physical activity programs or have the capacity to expand their current programming to include these activities. They also employ knowledgeable staff members who have experience mobilizing seniors and facilitating the kind of peer-to-peer support that helps consumers remain active.[30]

3. **The aging network can advocate for financial support and increase partnership among community organizations.**

The aging services network has already established a strong foundation for community-based physical activity promotion. However, the network will require additional support to gear up for a coordinated campaign to promote physical activity among older consumers. Clearly, additional funding will be necessary to allow network members to expand their current physical activity programming.

Just as important, the network must find strong partners to share in its work. Chief among those partners will be the health care setting. The health care setting could effectively serve as a catalyst for physical activity, first recommending physical activity to patients and then referring those patients to reliable sources of counseling, assessment, and programming within the aging network. This model of cooperation between the aging network and health settings will not work smoothly until existing communication and knowledge gaps are addressed. For example, health care professionals need to become more familiar with local physical activity resources before they can begin making appropriate patient referrals. In addition, the aging network could benefit from the expertise that health care professionals can lend when physical activity programs are being conceived and designed.

Role of the Research Community

1. **Researchers can identify and systematically fill the gaps in current knowledge about physical activity.**

To fill research gaps, researchers must attempt to:

a. Quantify consumer demand for physical activity assessment, counseling, programming, within health care settings. Health plans are unlikely to pay to establish physical activity services unless consumer demand for those services can be clearly demonstrated.

Myth:

You can't motivate older people to begin to engage in physical activity.

Reality:

Older people who are asked by their health care professional about physical activity are 1.7 times more likely to engage in recommended levels of physical activity than those who are not asked.

MMWR, 5/17/02

Likewise, employers (who purchase health plan benefits) are not likely to support physical activity counseling and other programs unless they know that employees want them and will use them.

b. Provide a rigorous financial analysis of physical activity counseling and programming. This analysis must demonstrate the cost/benefit of physical activity interventions in health care settings, and consider the range of age cohorts within the age 50 and older population. Health plans require a business case (Return on Investment) in order to institute physical activity interventions.

c. Develop and test messages and strategies that will stimulate consumer demand for physical activity assessment, counseling and programs. Researchers should evaluate, for example, if messages that emphasize the risks of a sedentary lifestyle might be more effective in stimulating this demand than messages that emphasize the benefits of physical activity. It would also be useful to examine whether proven methods of stimulating consumer demand, or changing consumer behavior, including direct-to-consumer advertising campaigns employed by pharmaceutical companies, anti-smoking campaigns, and campaigns to raise consumer awareness of breast cancer screening and HIV/AIDs prevention strategies, can be adapted to promote increased physical activity.

Myth:

The secret to successful aging is to choose your parents wisely.

Reality:

Research has shown that healthy lifestyles are more influential than genetic factors in helping older people avoid the deterioration traditionally associated with aging.

The Centers for Disease Control and Prevention website

d. Identify and more clearly communicate physical activity guidelines for older adults. Older people are looking for clear and consistent guidelines that outline desired activity levels. They also need effective strategies for achieving those activity levels. Consumers will be more likely to place stock in physical activity guidelines if they feel that those guidelines represent a consensus among trusted organizations and, as such, are not likely to be frequently challenged or changed.

e. Identify clinical practice guidelines that health care professionals can use to safely promote physical activity among older adults with various chronic conditions. Once general guidelines are developed, create and test guidelines for specific disease or health conditions.

f. Identify which strategies are most effective in increasing physical activity among older people. Significant work needs to be done to assess the appropriate role of counseling in physical activity promotion. Some stakeholders have suggested that it may be unrealistic to expect that physical activity counseling, in itself, will result in permanent behavior change among older consumers. Counseling may provide the critical stimulus a consumer needs to begin a physical activity regimen. Once motivated, however, the consumer will most likely need other community and environmental supports to bring about permanent change.

It has been suggested that health care professionals could easily incorporate physical activity counseling into each office visit by simply checking activity levels as they might check a vital sign, and then initiating a conversation about physical activity. The effectiveness of this and other approaches to physical activity promotion must be tested, and realistic criteria for effectiveness should be developed.

g. Identify and test the effectiveness of low-cost methods of promoting physical activity. Older consumers who are embarking on a physical activity regimen need regular guidance, encouragement, and reinforcement. The cost of this ongoing support would be prohibitive if it were delivered solely through health care professionals. As an alternative, researchers need to find effective, low-cost ways to keep consumers "on track," and help them make permanent lifestyle changes. For example, "virtual communities," created through telephone, the Internet, or other interactive technologies, might be effective in helping older consumers maintain an active lifestyle.

In addition, volunteers could be employed as physical activity ambassadors to spread the word about physical activity and to mentor older consumers.

Finally, health plans may find it cost-effective to negotiate discounts for their members to participate in community-based physical activity programs, rather than sponsoring those activity programs themselves.

2. **Researchers can identify important, unpublished studies about physical activity promotion.**

This unpublished research, sometimes called "fugitive" literature, includes focus group reports, white papers, and other documents that have been written by staff and consultants within foundations, government agencies, or nonprofit organizations.

While this literature is generally not published in peer-reviewed journals, it often contains valuable information that can inform physical activity promotion efforts. This literature may provide important insights about communicating with midlife and older adults about physical activity, and the advocacy roles that midlife and older adults can play within the health care setting. Literature reviews have found little or no research on these topics among published research.

3. **Researchers can collect, assess, and disseminate information about successful models for increasing physical activity among mid-life and older consumers.**

A collection of "best practices" could be drawn from successful programs in this country and in other developed countries that are also grappling with the issues surrounding physical activity promotion in the medical setting. Making this information easily accessible through a national clearinghouse could help bring about a more organized and coordinated approach to physical activity promotion, and would facilitate the widespread replication of successful projects.

Role of the Media

1. **The media can help make physical activity a priority for consumers.**

The media, both news and entertainment, can exercise tremendous influence over how Americans view physical activity. Through news stories, interactive Internet features, and portrayals of fictional characters in popular television shows, the media can de-normalize the nation's sedentary behavior and help change social behavior norms.

In particular, the Internet and cable television hold significant promise for promoting physical activity among older people. One successful example of this type of promotion is *The Washington Post's* "Lean Plate Club," which hosts a weekly live Web Chat, sends a free electronic newsletter to members, and publishes a weekly column in the newspaper's print edition. Through these varied communication vehicles, club members can find new ideas about nutrition and exercise, trade tips about physical activity, ask questions of health experts, and win free books. During each holiday season, the club challenges its members to "Take the Challenge" by vowing not to gain weight between Thanksgiving and New Year's Day. The club provides information and tips throughout the season to help its members meet that challenge. *The Washington Post's* example may provide a good model to other media outlets interested in involving consumers in health-conscious virtual communities.

Cable television stations may be able to provide the same kind of support to their viewers through public access channels that promote a community's physical activity resources. In addition, cable companies might be convinced by the right research to establish 24-hour


Health Canada

physical activity programming, including that which targets older adults.

2. **The media can ensure responsible news reporting.**

Consumers are bombarded with health information through the mass media. Oftentimes stories, which are not always based on comprehensive and reliable research, gain public attention because they are presented as "news". This can confuse the general public, and in some cases create unnecessary concerns or fears about physical activity.

Health care professionals, associations and government agencies can play an important role by providing the media with timely and accurate information, responding to media inquiries, and communicating to the public in a manner that is clear and easy to understand.

Conclusion

Often, the most daunting challenge involved in implementing a multi-faceted initiative is just getting started. The meeting's final recommendation addresses this challenge by suggesting the next steps. These involve several interdependent components:

- **Development of a consensus statement.** Representatives of leading public health, medical professional and government organizations in the physical activity and health fields should develop and issue a public statement on the important role of physical activity in the lives of older Americans. The statement could include guidelines and strategies to help older consumers become more active.

  Organizations participating in the development of a consensus statement should include government agencies and national organizations that focus on health, health care, physical activity, and aging issues. The statement should address apparent inconsistencies in previous statements about physical activity and health.

  The consensus statement could serve as the centerpiece of a physical activity promotion campaign, because it would provide consumers with a reliable and trusted source.

- **Develop a tool kit for providers.** Before a media campaign would begin, health care professionals would receive a toolkit of educational materials that would help them respond to consumer questions about physical activity.

- **Launch a media campaign.** The completion of the consensus statement would culminate in a media campaign, launched with a national release of the statement. The campaign would be designed to create a "push / pull" effect; i.e., it would stimulate consumer demand for physical activity information by "pushing" information to consumers. Consumers would be involved in the "pull" role by requesting and requiring physical activity interventions from their health care providers and health care systems.

■ **Research.** Research will be an important and ongoing part of every aspect of the physical activity promotion campaign. Organizations participating in the consensus process will need evidence-based support to make their unified statement. The bulk of a future research agenda will require a long-term investment of time and money.

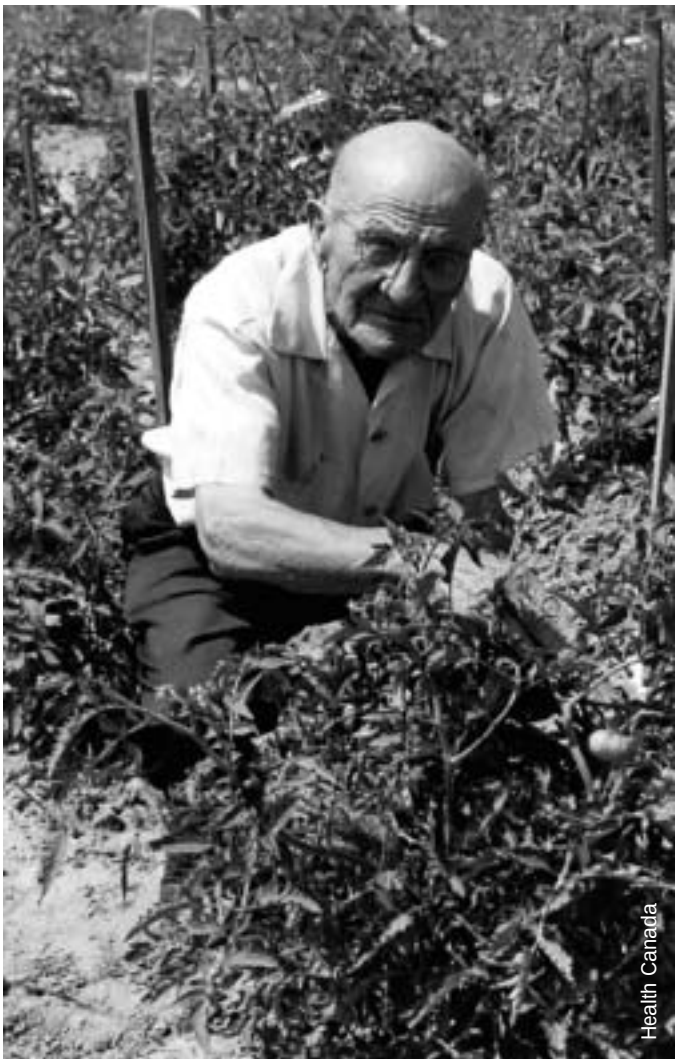
Physicians and other health care professionals have a considerable influence over the health behaviors of mid-life and older patients, including participation in regular physical activity, and a tremendous opportunity exists to influence adult health and health behaviors through clinical practice. Among Americans age 45 to 65, 43.4 percent had between one and three health care visits in the past year; and 25.7 percent had between four and nine visits. Among adults age 65 and older, 32.1 percent had between one and three health care visits in the last 12 months, and 36.6 percent had between four and nine visits. These data suggest that physicians and other health care providers could take advantage of patient visits to provide information on preventive care and health promotion.

The problems created by a sedentary society cannot be resolved overnight, nor can behaviors that have been ingrained into the American lifestyle be changed quickly. While the ultimate goal – increasing physical activity as a way to increase health and quality of life among older adults – seems simple, no one approach or single sponsor is likely to bring about lasting behavioral change. Rather, any physical activity intervention and promotion strategy requires a *collaborative approach* that involves cooperation, coordination and communication in both planning and implementation among a variety of partners: consumers, clinicians, health care systems, policy makers, researchers, the aging network, social marketers, and the media.

The need for collaboration cannot be overstated. A review of current programs reveals a surprising number of accomplishments in the area of physical activity promotion among older adults. But because these accomplishments often involve stand-alone programs, their impact on the total older population, and their chances for widespread replication, are diminished.

Collaboration among partners is essential if any lasting change will result from physical activity promotion efforts. Each of the recommendations contained in this report reflects these three characteristics.

These recommendations are intended as a starting point for further discussion, rather than the final answer. The sponsors and participants in the October 2002 meeting on *The Role of Midlife and Older Consumers in Promoting Physical Activity through Health Care Settings* look forward to more discussions on these points as a variety of partners work together to increase the physical activity levels — and improve the overall health — of older adults.



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