

Conference report

STRATEGIC PRIORITIES FOR INCREASING PHYSICAL ACTIVITY AMONG ADULTS AGE 50 AND OLDER: THE NATIONAL BLUEPRINT CONSENSUS CONFERENCE SUMMARY REPORT

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Received: 29 August 2003 / Accepted: 1 September 2003 / Published (online): 01 December 2003

ABSTRACT

On May 1, 2001, a coalition of national organizations released a major planning document designed to develop a national strategy for the promotion of physically active lifestyles among the mid-life and older adult population. *The National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older* was developed with input from 46 organizations with expertise in health, medicine, social and behavioral sciences, epidemiology, gerontology/geriatrics, clinical science, public policy, marketing, medical systems, community organization, and environmental issues. The Blueprint notes that, despite a wealth of evidence about the benefits of physical activity for mid-life and older persons, there has been little success in convincing age 50+ Americans to adopt physically active lifestyles. The Blueprint identifies barriers in the areas of research, home and community programs, medical systems, public policy and advocacy, and marketing and communications. In addition to identifying barriers, the Blueprint proposes a number of concrete strategies that could be employed in order to overcome the barriers to physical activity in society at large. This report summarizes the outcome of the National Blueprint Consensus Conference that was held in October 2002. In this conference, representatives of more than 50 national organizations convened in Washington, D.C. with the goal of identifying high priority and high feasibility strategies which would advance the National Blueprint and which could be initiated within the next 12 to 24 months. Participants in the consensus conference were assigned to one of five breakout groups: home and community, marketing, medical systems, public policy, and research. Each breakout group was charged with identifying the three highest priority strategies within their area for effectively increasing physical activity levels in the mid-life and older adult population. In addition to the 15 strategies identified by the breakout groups, three "cross-cutting" strategies were added which were considered to be broad-based in scope and which applied to more than one of the breakout themes. A national organization was identified to take the lead in planning and implementing each strategy. A summary of the 18 strategies and lead organizations is presented. The National Blueprint Consensus Conference has identified an ambitious agenda of strategies and tactics that will need to be implemented in order to overcome societal barriers to physical activity among the mid-life and older adult population. More than 50 national organizations have expressed a commitment to work towards the implementation of the Blueprint agenda. Eighteen priority strategies have been identified in the areas of home and

community, marketing, medical systems, public policy, and research. The 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.

KEY WORDS: Physical activity, older adults, public policy, community, medical systems

BACKGROUND

THE NATIONAL BLUEPRINT: INCREASING PHYSICAL ACTIVITY AMONG ADULTS AGE 50 AND OLDER

On May 1, 2001, a coalition of national organizations released a major planning document designed to develop a national strategy for the promotion of physically active lifestyles among the mid-life and older adult population. *The National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older* (NBIPAAAA) was developed with input from 46 organizations with expertise in health, medicine, social and behavioral sciences, epidemiology, gerontology/geriatrics, clinical science, public policy, marketing, medical systems, community organization, and environmental issues (NBIPAAAA, 2001). The National Blueprint Steering Committee consisted of representatives of the National Institute on Aging, the National Council on Aging, the Centers for Disease Control and Prevention, the American Geriatrics Society, the American College of Sports Medicine, and the Robert Wood Johnson Foundation.

The Blueprint concludes that 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 this benefit extends 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 mid-life and older persons (U.S. Surgeon General's Report, 1996; Atienza, 2001; Eakin, 2001; Linnan and Marcus, 2001; Stewart, 2001;).

The Blueprint notes that, despite a wealth of evidence about the benefits of physical activity for mid-life and older persons, there has been little success in convincing age 50+ Americans to adopt physically active lifestyles. For example, the U.S. Surgeon General's Report estimates that between one third to one half of Americans over age 50 get no leisure time physical activity at all (U.S. Surgeon General's Report, 1996). A major goal of the Blueprint is to identify some of the societal barriers to physical activity participation in mid-life and older adults and to outline specific strategies for overcoming these barriers. The Blueprint identifies barriers in the areas of research, home and

community programs, medical systems, public policy and advocacy, and marketing and communications.

In addition to identifying barriers, the Blueprint proposes a number of concrete strategies that could be employed in order to overcome the barriers to physical activity in society at large. There is significant interest and enthusiasm among health care organizations, health providers, aging service organizations, the private sector, government, nonprofit, and philanthropic organizations to work collaboratively to support increased physical activity in mid-life and older Americans. However, the Blueprint recognizes that it will not be easy to increase physical activity levels in this population and that effective strategies will require an integrated and collaborative approach involving many different organizations.

The primary mission of the National Blueprint is not the dissemination of information about physical activity. Rather, the major goal of the Blueprint is to facilitate strategic partnerships in which organizations come together to develop joint initiatives in the area of physical activity and aging. The National Blueprint is designed to be a flexible and dynamic coalition, in which each participant organization can determine which aspect of the Blueprint initiative it will focus on. For example, some organizations may wish to focus on overcoming barriers in the community, whereas others may chose to focus on research related issues, medical systems, or public policy related issues.

The National Blueprint Project has been developed with the support of the Robert Wood Johnson Foundation (RWJF), a national philanthropy whose aim is to improve the health and health care of all Americans. In addition to the National Blueprint initiative, RWJF has initiated a number of other projects related to physical activity in the age 50+ population.

Two Active for Life programs have been funded by RWJF. In the first program, a National Program Office has been funded at Texas A&M University System Health Science Center's School of Rural Public Health. This program aims to increase regular physical activity in this population by replicating and expanding selected existing efficacious programs. The overarching goal is to learn how to deliver research-based physical activity programs to large numbers of mid-life and older

persons and to sustain those programs through existing community institutions.

The second program, conducted by AARP, employs a multifaceted approach to physical activity using community partners, advertising/mass media communications, and environmental assessments intended to change both individual behaviors and the environment that supports that behavior. This program is being pilot tested in two cities, Richmond, VA and Madison, WI, in 2002-2003. Evaluations of both Active for Life programs are underway.

Over a thousand community-based, physical activity programs target mid-life and older adults. However, few of these programs have been formally evaluated. A grant to the National Council on the Aging will help to understand and track community-based programs and to evaluate the programs, practices and principles that show promising outcomes.

Other smaller RWJF grants focus on devising environmental strategies for physical activity in continuing care retirement communities and in parks and recreation facilities; incorporating resistance-training into interfaith caregiver programs for frail elders; identifying and testing physical activity programming for culturally and ethnically diverse mid-life and older adults; and evaluating walking programs for age 50+ adults in malls and in neighborhoods.

THE NATIONAL BLUEPRINT CONSENSUS CONFERENCE

This report summarizes the outcome of the National Blueprint Consensus Conference that was held in October 2002. In this conference, representatives of more than 50 national organizations convened in Washington, D.C. with the goal of identifying *high priority* and *high feasibility* strategies which would advance the National Blueprint and which could be *initiated within the next 12 to 24 months*.

Participants in the conference were assigned to one of five breakout groups: home and community, marketing, medical systems, public policy, and research. Each breakout group was charged with identifying the three highest priority strategies within their area for effectively increasing physical activity levels in the mid-life and older adult population. In addition to the 15 strategies identified by the breakout groups, three "cross-cutting" strategies were added which were considered to be broad-based in scope and which applied to more than one of the breakout themes.

A national organization was identified to take the lead in planning and implementing each of the 18 strategies. The American College of Sports

Medicine, Centers for Disease Control and Prevention, AARP, National Council on the Aging, and The President's Council on Physical Fitness and Sports are among the organizations that will oversee projects in the year ahead.

A summary of the 18 strategies and lead organizations is presented below.

Cross-Cutting Strategies

Cross-cutting strategies cross boundaries in the areas of community, research, marketing, public policy, and health. The strategies identified below will require broad, comprehensive partnerships in which a wide variety of organizations come together to achieve mutually beneficial outcomes.

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. (Lead Organization: Active for Life – National Program Office)

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. (Lead Organization: AARP)

Cross-Cutting Strategy #3: Develop a national consensus document that recommends training standards for preparing physical activity instructors for working with older adults. (Lead Organization: American College of Sports Medicine)

Home and Community Strategies

Home and community strategies are those which encompass efforts at the local level to develop partnerships between community groups, agencies, and services promoting physical activity to better serve the needs of mid-life and older adults. For example, local communities could develop resource guides that provide targeted, culturally appropriate information about choosing and utilizing physical activity programs, accessing physical activity experts, and identifying support systems and other resources.

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. (Lead Organization: American College of Sports Medicine)

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

Home and Community Strategy #3: Provide community organizations with a template for good physical activity programs. (Lead Organization: National Council on the Aging)

Marketing and Communication Strategies

Marketing and Communication strategies are needed to share information about best practices and model programs in the area of physical activity. For example, support materials can be provided to help organizations replicate successful programs. Marketing messages developed by Blueprint groups will be targeted to specific segments of the 50+ population in such a way as to maximize the likelihood of reaching the intended audiences.

Marketing and Communication 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. (Lead Organization: International Council on Active Aging)

Marketing and Communication Strategy #2: Develop a national program that would provide incentives for communities to increase physical activity levels among the age 50+ population. (Lead Organizations: President's Council on Physical Fitness and Sports and Centers for Disease Control and Prevention)

Marketing and Communication Strategy #3: Support efforts to develop physical activity programs and messages that are targeted to specific segments of the age 50+ population. (Lead Organization: AARP)

Medical Systems Strategies

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.

Medical Systems Strategy #1: Disseminate information on physical activity guidelines and best practices to the medical community. (Lead

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

Medical Systems Strategy #2: Develop partnerships between medical professionals and the community to facilitate patient referrals to local physical activity resources. (Lead Organization: American College of Sports Medicine)

Medical Systems Strategy #3: Develop resources for clinicians to use in making personalized physical activity recommendations/prescriptions for their patients. (Lead Organization: American Geriatrics Society)

Public Policy Strategies

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.

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. (Lead Organizations: Robert Wood Johnson Foundation and Administration on Aging)

Public Policy Strategy #2: Educate policymakers about the importance of physical activity for the older population. Include information that provides examples of effective policy in this arena. (Lead Organization: National Coalition for Promoting Physical Activity)

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. (Lead Organization: Centers for Disease Control and Prevention)

Research Strategies

New research projects are needed to increase our understanding of the complex interactions between health, physical activity, and the aging process. For example, there is a need to understand behavioral factors related to physical activity participation and adherence. In addition, evidence-based guidelines are needed with respect to the types and amounts of physical activity needed to enhance health and functional outcomes. Research findings must be translated to maximize their implementation in community-based programs.

Research Strategy #1: Identify valid and reliable measures of physical activity and physical function that are appropriate for different segments of the age 50+ population. (Lead Organizations: American College of Sports Medicine and National Institute on Aging)

Research Strategy #2: Develop evidence-based guidelines on the types and amounts of physical activity needed to enhance health and functional outcomes in the age 50+ population with a special emphasis on chronic illness and disabilities. (Lead Organization: American Geriatrics Society)

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. (Lead Organization: National Institute on Aging)

CONCLUSION

The National Blueprint Consensus Conference has identified an ambitious agenda of strategies and tactics that will need to be implemented in order to overcome societal barriers to physical activity among the mid-life and older adult population. More than 50 national organizations have expressed a commitment to work towards the implementation of the Blueprint agenda. Eighteen priority strategies have been identified in the areas of Home and Community; Marketing, Medical Systems, Public Policy, and Research.

The 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. The home and community strategies will encompass efforts at the local, regional and national levels with the goal of developing effective partnerships among community groups, agencies, and services. Marketing efforts will promote physical activity by disseminating targeted messages about best practices and benefits to specific segments of the 50+ population. Medical system strategies will develop partnerships between medical professionals and local community resources. Public policy and advocacy strategies will strive to develop a unified consensus statement regarding public policy strategies and to keep this issue at the forefront of the nation's agenda. Finally, a continuing commitment to research is needed to increase our understanding of the complex interactions between health, physical activity, and the aging process. Care must be taken to translate research findings in such a way as to maximize their implementation in community-based programs.

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