

Physical Activity Guidelines Midcourse Report: Implementation Strategies for Older Adults

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1 Executive Summary

2 The benefits of regular physical activity occur throughout life and are essential for healthy aging. Despite
3 this, most older adults (more than 85 percent) are not meeting the recommendations set forth in the
4 *Physical Activity Guidelines for Americans (Guidelines)*, 2nd edition, and physical activity levels often
5 decrease with age. The *Physical Activity Guidelines Midcourse Report: Implementation Strategies for*
6 *Older Adults (Midcourse Report)* is an opportunity to reinforce the amounts and types of physical activity
7 Americans need as outlined in the *Guidelines* and to highlight what works to increase physical activity.
8 Older adults were selected due to low rates of physical activity, the expanding population of older
9 adults, and the many benefits, both immediate and over time, of physical activity for older adults.

10 Most older adults face multiple barriers to physical activity. These barriers often relate to older adults'
11 capabilities, opportunities, or motivation.

- 12 • Capability-related barriers include individual attributes such as chronic health conditions,
13 physical or cognitive limitations, and pain.
- 14 • Opportunity-related barriers include external factors such as limited access to facilities or
15 equipment, neighborhood characteristics like low-quality sidewalks or poor lighting, and natural
16 limitations like bad weather.
- 17 • Motivation-related barriers include personal attitudes and beliefs, such as fear of falling or injury
18 or lack of enjoyment.

19 Understanding the different barriers older adults face is key to delivering effective and equitable
20 interventions.

21 The primary audiences for this *Midcourse Report* are policy makers; physical activity, health, or allied
22 health professionals; health care providers; gerontologists; and others working with older adults. This
23 *Midcourse Report* summarizes evidence-based settings, strategies, and interventions that these
24 audiences can use to increase physical activity among older adults and reinforce the message that
25 physical activity can begin or restart at any age.

26 Key Findings

27 The home, community, and health institution are evidence-based settings where there are opportunities
28 to increase physical activity among older adults through a variety of strategies and interventions.

29 Additionally, the evidence-based strategies and interventions listed below can be implemented in
30 settings beyond those identified in this report, including wherever older adults spend their time.

31 What works to increase physical activity among older adults?

- 32 • Community Design
 - 33 o Communities that are designed to make it safe and easy for older adults to walk, bike, or
 - 34 wheelchair roll for recreation, fitness, or transportation
- 35 • Cognitive Behavioral Strategies
 - 36 o Goal setting
 - 37 o Self-monitoring
 - 38 o Barrier identification and problem solving
 - 39 o Increased physical activity knowledge or awareness
 - 40 o Social support
- 41 • Physical Activity Counseling
 - 42 o Tailored physical activity advice and guidance (often using the above cognitive
 - 43 behavioral strategies)
- 44 • Exercise Programs
 - 45 o Group-based exercise classes
 - 46 o Exercise programs with in-person and at-home components
 - 47 o Supervised at-home exercise programs
 - 48 o Tailored exercise prescriptions
 - 49 o Programs that incorporate multicomponent physical activity, incorporating more than
 - 50 one activity type (aerobic, muscle-strengthen, balance)
- 51 • Lifestyle-Based Physical Activity Programs
 - 52 o Guidance to help older adults self-manage their own physical activity behavior changes
 - 53 o Support to empower older adults to find opportunities to increase their physical activity
 - 54 in the way that fits best with their lifestyle

55 Taking Action: Everyone Has a Role to Play

56 Everyone has a role to play to help increase physical activity levels among older adults. The key findings
57 highlighted in this report can be used across sectors and at the national, regional, local, and on
58 individual levels to help ensure equitable access to physical activity opportunities for all older adults.

59 **Professionals working with older adults in one-on-one settings or small group settings** (e.g., physical
60 activity, health, or allied health professionals; health care providers; gerontologists) are in a key position
61 to support older adults in increasing activity levels. Professionals should consider individual factors such
62 as their patient’s or client’s age, gender and health status, self-efficacy, health beliefs about physical
63 activity, perceived barriers to physical activity, skills, social support, and cultural factors to best tailor
64 physical activity recommendations. Professionals working with older adults can:

- 65 • Promote the *Physical Activity Guidelines* for older adults through Move Your Way® resources
- 66 • Provide guidance and recommendations to help older adults get more physical activity
- 67 • Help older adults transition from programs or care within the health care setting to community
68 programs by providing referrals to physical activity and health professionals or programs and
69 resources that fit their needs
- 70 • Support older adults to set physical activity goals, monitor their progress, use problem-solving to
71 overcome barriers to physical activity, and build social support

72 **Organizations** (e.g., program administrators and staff affiliated with community, senior, or Tribal
73 centers; health and fitness centers; cardiac rehabilitation facilities; hospital lifestyle and wellness
74 centers; parks and recreation departments) are uniquely positioned to create conditions for older adults
75 to participate in physical activity through programming and interactions at various facilities and
76 locations. Organizations can:

- 77 • Provide physical activity programs that reduce barriers (e.g., cost, transportation) to
78 participation for older adults
- 79 • Regularly assess program reach, and work to increase numbers and reduce attrition
- 80 • Review, plan, and implement programs with an equity lens to ensure programs are inclusive and
81 welcoming to older adults of all backgrounds and abilities
- 82 • Give support and guidance for creating home-based physical activity programs

83 **Community Leaders** (e.g., community health workers, civic associations, housing authorities, and those
84 involved in public works, urban planning, and transportation) influence the design and atmosphere of
85 public spaces that can be used for physical activity. This includes the built environment (e.g., places
86 designed or built by people like buildings, community design, transportation infrastructure, parks and
87 trails). Community leaders can:

- 88 • Make communities more walkable and wheelchair accessible by supporting policies and
89 engaging in master planning to create or enhance enjoyable activities and friendly routes to
90 everyday destinations
- 91 • Create or enhance public transportation opportunities that are accessible to older adults with
92 mobility limitations
- 93 • Consider both subjective (e.g., perceptions of safety from traffic or crime) and objective (e.g.,
94 street intersections per square mile) measures when making improvements to the built
95 environment
- 96 • Collaborate with academic institutions or public health organizations to evaluate community
97 design and land use interventions
- 98 • Encourage community engagement by including input from community members in planning
99 activities. Input can be gathered, for example, by needs assessments that identify safety
100 concerns and other physical activity needs and preferences in communities
- 101 • Utilize resources from Active People, Healthy NationSM to create more active communities

102 **Policy Makers and Decision Makers** (e.g., local and state government officials; public facility
103 management, including schools, parks; health system administrators; health insurance companies) are
104 responsible for creating laws, rules, regulations, codes, and funding at various levels of the government;
105 corporate policies; and institutional rules and policies. These can all be used to support and promote
106 more physical activity for older people. Policy makers and decision makers can:

- 107 • Consider physical activity and the specific needs or circumstances of older people when
108 designing communities and developing policies, such as zoning and land-use ordinances and
109 subdivision guidelines, comprehensive (or master) plans, transportation and transit policies,
110 roadway design and *Complete Streets* policies, Safe Routes for All, shared use agreements,
111 Vision Zero, and recreation and open space plans and policies
- 112 • Incorporate assessment of physical activity into health care provider visits through electronic
113 health records (i.e., Physical Activity as a Vital Sign)
- 114 • Increase coverage for physical activity counseling at health care provider visits and referrals for
115 community services
- 116 • Use national surveillance data to identify underserved populations and disparities among older
117 adults who may need more support to be physically active and track population-level physical
118 activity data through Healthy People physical activity objectives

119 Introduction

120 Physical activity has many health benefits. It can have immediate benefits, including reduced anxiety,
121 improved sleep, lower blood pressure, and better insulin sensitivity. Regular physical activity can also
122 reduce the risk of all-cause mortality, cardiovascular disease, type 2 diabetes, several types of cancer,
123 dementia, and depression.

124 Through the *Physical Activity Guidelines for Americans*, its associated Move Your Way® communications
125 campaign, and the Active People, Healthy NationSM initiative, the U.S. Department of Health and Human
126 Services (HHS) is working to create a culture of health promotion where all Americans can live active,
127 healthy lives. The *Physical Activity Guidelines for Americans* (which is referred to throughout this report
128 as the *Guidelines*) emphasizes *why* and *what* dose of physical activity is needed for health benefits and
129 briefly touches on the *how* or *where* to perform physical activity. This *Midcourse Report* is an
130 opportunity to reinforce the amounts and types of physical activity Americans need as outlined in the
131 *Guidelines*, by highlighting the settings, strategies, and interventions that support increases in physical
132 activity for specific populations. HHS releases a Midcourse Report every 10 years between *Guidelines*
133 updates. In 2013, HHS highlighted youth in the *Physical Activity Guidelines Midcourse Report: Strategies*
134 *to Increase Physical Activity Among Youth*.

135 Older adults were selected for this *Midcourse Report* due to low rates of physical activity, the expanding
136 population of older adults, and the many benefits of physical activity, both immediate and over time.
137 Promoting physical activity and reducing sedentary behavior for older adults is especially important
138 because this population is the least physically active of any age group, and most older adults spend a
139 significant proportion of their day engaging in sedentary behaviors. By the year 2030, one in every five
140 Americans will be at retirement age, and currently, less than 15 percent of older adults meet the aerobic
141 and muscle-strengthening recommendations of the *Guidelines*. Older adults are more likely to have
142 chronic diseases and mobility challenges requiring medical care and higher health care costs. Physical
143 activity may allow older adults to live longer independently, be healthier, improve their quality of life,
144 and reduce their need for medical care. It can also help older individuals maintain or improve their
145 health and manage or prevent progression of chronic conditions. As the older adult population is rapidly
146 growing and more people are living longer, physical activity can also be an important contributing factor
147 for improving population health and reducing health care costs.

148 ***Start Side Bar***

149 **The Cost of Inactivity.**

150 Older adults have the lowest rates of meeting the *Guidelines* of any age group and they also have the
151 highest health care costs of any age group.

- 152 • Worldwide:
 - 153 ○ The World Health Organization predicts that physical inactivity will be responsible for
 - 154 \$27 billion of direct health care costs annually (not factoring in productivity losses)
 - 155 between 2020 and 2030.¹
- 156 • United States:
 - 157 ○ Per person personal health care spending for adults ages 65 and older was \$19,098 in
 - 158 2014, over five times higher than spending per child (\$3,749) and almost three times the
 - 159 spending per working-age person (\$7,153).²
 - 160 ○ Four out of five of the costliest chronic conditions among adults ages 50 or older can be
 - 161 prevented or managed with regular physical activity.³
 - 162 ○ Approximately 10% of deaths among adults ages 40-69 and 7.8% of deaths among
 - 163 adults ages 70 and older are attributed to physical inactivity.⁴

164
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179 ***End Side Bar***

180 Physical activity can benefit people at any stage of life and its benefits are essential for healthy aging.
181 Physical activity can improve physical function in adults of any age and ability, adults with overweight or
182 obesity, adults with chronic conditions, and even those who are frail. Older adults gain substantial
183 health benefits from regular physical activity, and it is never too late to start. Being physically active

184 makes it easier to perform activities of daily living, including eating, bathing, toileting, dressing, getting
185 into or out of a bed or chair, and moving around the house or neighborhood. Older adults are at higher
186 risk for falls and injuries following falls. However, physically active older adults are less likely to
187 experience falls than their sedentary counterparts, and if they do fall, they are less likely to be seriously
188 injured. Physical activity can also preserve physical function and mobility, which may help maintain
189 independence and delay the onset of major disability. Additionally, over 85 percent of older adults have
190 one or more chronic conditions, such as type 2 diabetes, cardiovascular disease, osteoarthritis, obesity,
191 or certain types of cancer, and older adults are also at higher risk for dementias including Alzheimer’s
192 Disease. Physical activity interventions for older adults have been shown to help to prevent these
193 diseases or their progression.

194 Older adults are a varied group with a wide range of functional capabilities and health conditions. All
195 adults experience a loss of physical function with age, but some more than others. This diversity means
196 that some older adults can run several miles, while others struggle to walk a few blocks or take stairs in
197 their homes. Even small amounts of physical activity can improve physical function and health for
198 people with limited functional capabilities.

199 This report summarizes evidence-based settings, strategies, and interventions that policy makers;
200 physical activity, health, or allied health professionals; health care providers; gerontologists; and others
201 working with older adults can use to support increased physical activity among older adults and
202 reinforce the message that physical activity can begin or restart at any age.

203 ***Start Side Bar***

204 **Defining Older Adults for This Report**

205 **Older adults** are those ages 65 and older. This age range is consistent with the definition of older adults
206 in the *Physical Activity Guidelines for Americans* and used for Healthy People objectives. In the United
207 States, ages 65 and older is used as the threshold for Medicare.

208 ***End Side bar ***

209 **Developing the Midcourse Report**

210 The first step in developing the *Midcourse Report* was conducting a systematic literature review to
211 identify what works to increase physical activity among older adults. This literature review was
212 conducted by ICF Next under HHS Contract No. 75N91021A00002, Task Order - 75N91021F00001, in

213 collaboration with the 2022 Science Board subcommittee of the President’s Council on Sports, Fitness
214 and Nutrition (President’s Council). The *Physical Activity and Older Adults Systematic Literature Review*
215 will be presented for deliberation at a public meeting of the President’s Council.

216 HHS based the *Midcourse Report* primarily on this literature review, though they also considered
217 examples of successful interventions featured in *Step It Up! The Surgeon General’s Call to Action to*
218 *Promote Walking and Walkable Communities* and the evidence-based interventions in *The Guide to*
219 *Community Preventive Services* (referred to in this report as *The Community Guide*). Like the *Guidelines*,
220 the *Midcourse Report* will be widely promoted through various communications strategies online and in
221 print, such as the Move Your Way® campaign materials for professionals and consumers; the Active
222 People, Healthy NationSM initiative; and partnerships with organizations that promote physical activity.

223 Several limitations of the *Physical Activity and Older Adults Systematic Literature Review* are worth
224 noting as they influenced the effective settings, strategies, and interventions included in this *Midcourse*
225 *Report*. The literature review sought to examine the effectiveness of a variety of locations in which to
226 support increased physical activity among older adults, including communities, assisted living facilities,
227 faith-based settings, health care institutions, and homes/independent living facilities/neighborhoods.
228 Community, home, and health care institutions emerged as key settings.

229 While the literature review looked at original research articles rather than systematic reviews or meta-
230 analyses, most included studies did not measure or analyze findings based on important demographics.
231 Therefore, this *Midcourse Report* was unable to discuss how personal characteristics (i.e., ability, age,
232 sex, race/ethnicity, socioeconomic status, health characteristics) influence physical activity participation.

233 Because of the importance of mental health and social connection, especially for older adults who may
234 live alone, efforts were made to examine these factors in the context of an intervention. Unfortunately,
235 most published studies of interventions for physical activity in older adults did not include mental
236 health, quality of life, well-being, or resilience as outcomes.

237 Lastly, few studies that examine interventions to increase physical activity among older adults assessed
238 long-term outcomes or how to reduce drop-out rates, so sustained or population-level effects remain
239 uncertain.

240 ***Start Side Bar***

241 **About the Community Preventive Services Task Force**

242 The Community Preventive Services Task Force (CPSTF) issues evidence-based recommendations and
243 findings for prevention strategies, services, and programs, including many aimed at increasing physical
244 activity. These findings are listed in *The Guide to Community Preventive Services (The Community Guide)*.
245 The Community Guide uses a science-based approach that relies on systematic literature review
246 methodology to determine whether an intervention works to improve health and prevent disease.
247 CPSTF has issued several recommendations for intervention approaches shown to increase physical
248 activity among older adults, and these are included in this report.

249 Learn more: <https://www.thecommunityguide.org/pages/about-community-preventive-services-task->
250 [force.html](https://www.thecommunityguide.org/pages/about-community-preventive-services-task-).

251 ***End Side Bar***

252 The primary audiences for the *Midcourse Report* are policy makers; physical activity, health, or allied
253 health professionals; health care providers; gerontologists; and others working with older adults. The
254 evidence presented in the *Guidelines* shows that there are immediate and long-term benefits of physical
255 activity for all Americans, including older adults, and that it's never too late to start being active. The
256 purpose of this *Midcourse Report* is to highlight evidence-based strategies and interventions to support
257 physical activity among older adults in a variety of settings so that they may achieve the benefits of
258 physical activity as outlined in the *Guidelines*.

259 **Everyone has a Role to Play to Support Older Adults to be Physically Active**

260 Many people across different sectors have a role to play to support older adults getting more physical
261 activity. The actions and opportunities listed below can be applied across sectors, including those
262 working in health care; government; nonprofit; parks, recreation, and green space; public health; sports
263 and fitness; or transportation. Throughout this report, there are examples that represent different
264 sectors and illustrate how the settings, strategies, and interventions outlined in this report can be
265 utilized to support increased physical activity among older adults. Additional federally supported
266 programs are listed in the Appendix.

267 **Professionals working with older adults in one-on-one settings or small group settings** (e.g., physical
268 activity, health, or allied health professionals; health care providers; gerontologists) are in a key position
269 to support older adults in increasing their activity. Professionals should consider individual factors such
270 as their patient's or client's age, gender and health status, self-efficacy, health beliefs about physical

271 activity, perceived barriers to physical activity, skills, social support, and cultural factors to best tailor
272 physical activity recommendations.

273 Professionals working with older adults can:

- 274 • Promote the *Physical Activity Guidelines* for older adults through Move Your Way® resources
- 275 • Provide guidance and recommendations to help older adults get more physical activity
- 276 • Help older adults transition from programs or care within the health care setting to community
277 programs by providing referrals to physical activity and health professionals or programs and
278 resources that fit their needs
- 279 • Support older adults to set physical activity goals, monitor their progress, use problem-solving to
280 overcome barriers to physical activity, and build social support

281 **Organizations** (e.g., program administrators and staff affiliated with community, senior, or Tribal
282 centers; health and fitness centers; cardiac rehabilitation facilities; hospital lifestyle and wellness
283 centers; parks and recreation departments) are uniquely positioned to create conditions for older adults
284 to participate in physical activity through programming and interactions at various facilities and
285 locations. Organizations can:

- 286 • Provide physical activity programs that reduce barriers (e.g., cost, transportation) to
287 participation for older adults
- 288 • Regularly assess program reach, and work to increase numbers and reduce attrition
- 289 • Review, plan, and implement programs with an equity lens to ensure programs are inclusive and
290 welcoming to older adults of all backgrounds and abilities
- 291 • Give support and guidance for creating home-based physical activity programs

292 **Community Leaders** (e.g., community health workers, civic associations, housing authorities, and those
293 involved in public works, urban planning, and transportation) influence the design and atmosphere of
294 public spaces that can be used for physical activity. This includes the built environment (e.g., places
295 designed or built by people like buildings, community design, transportation infrastructure, parks and
296 trails). Community leaders can:

- 297 • Make communities more walkable and wheelchair accessible by supporting policies and
298 engaging in master planning to create or enhance enjoyable activities and friendly routes to
299 everyday destinations

- 300 • Create or enhance public transportation opportunities that are accessible to older adults with
301 mobility limitations
- 302 • Consider both subjective (e.g., perceptions of safety from traffic or crime) and objective (e.g.,
303 street intersections per square mile) measures when making improvements to the built
304 environment
- 305 • Collaborate with academic institutions or public health organizations to evaluate community
306 design and land use interventions
- 307 • Encourage community engagement by including input from community members in planning
308 activities. Input can be gathered, for example, by needs assessments that identify safety
309 concerns and other physical activity needs and preferences in communities
- 310 • Utilize resources from Active People, Healthy NationSM to create more active communities

311 **Policy Makers and Decision Makers** (e.g., local and state government officials; public facility
312 management, including schools, parks, etc.; health system administrators, health insurance companies)
313 are responsible for creating laws, rules, regulations, codes, and funding at various levels of the
314 government; corporate policies; and institutional rules and policies. These can all be used to support and
315 promote more physical activity for older people. Policy makers and decision makers can:

- 316 • Consider physical activity and the specific needs or circumstances of older people when
317 designing communities and developing policies, such as zoning and land-use ordinances and
318 subdivision guidelines, comprehensive (or master) plans, transportation and transit policies,
319 roadway design and *Complete Streets* policies, Safe Routes for All, shared use agreements,
320 Vision Zero, and recreation and open space plans and policies
- 321 • Incorporate assessment of physical activity into health care provider visits through electronic
322 health records (i.e., Physical Activity as a Vital Sign)
- 323 • Increase coverage for physical activity counseling at health care provider visits and referrals for
324 community services
- 325 • Use national surveillance data to identify underserved populations and disparities among older
326 adults who may need more support to be physically active and track population-level physical
327 activity data through Healthy People physical activity objectives

328 Meeting the *Physical Activity Guidelines*

329 The *Physical Activity Guidelines for Americans*, 2nd edition, provides key guidelines for all age groups,
330 including older adults. Older adults should follow the key guidelines for adults, but there are also
331 additional guidelines specific to older adults. Older adults should include a combination of aerobic,
332 muscle-strengthening, and balance activities in their weekly routine (Figure 1).

333 Key Guidelines for Adults

- 334 • Adults should move more and sit less throughout the day. Some physical activity is better than none.
335 Adults who sit less and do any amount of moderate-to-vigorous physical activity gain some health
336 benefits.
- 337 • For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) to
338 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150
339 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an
340 equivalent combination of moderate- and vigorous-intensity aerobic activity. Preferably, aerobic
341 activity should be spread throughout the week.
- 342 • Additional health benefits are gained by engaging in physical activity beyond the equivalent of 300
343 minutes (5 hours) of moderate-intensity physical activity a week.
- 344 • Adults should also do muscle-strengthening activities of moderate or greater intensity and that
345 involve all major muscle groups on 2 or more days a week, as these activities provide additional
346 health benefits.

347 Key Guidelines Older Adults

348 The key guidelines for adults also apply to older adults. In addition, the following key guidelines are just
349 for older adults:

- 350 • As part of their weekly physical activity, older adults should do multicomponent physical activity
351 that includes balance training as well as aerobic and muscle-strengthening activities.
- 352 • Older adults should determine their level of effort for physical activity relative to their level of
353 fitness.
- 354 • Older adults with chronic conditions should understand whether and how their conditions affect
355 their ability to do regular physical activity safely.

356 When older adults cannot do 150 minutes of moderate-intensity aerobic activity a week because of
357 chronic conditions, they should be as physically active as their abilities and conditions allow.

358 **Figure 1. Older Adult Physical Activity Dosage Recommendations** (*Figure will be added for final version*)

359 *Safely Meeting the Physical Activity Guidelines*

360 Healthy older adults who plan gradual increases in their weekly amounts of physical activity generally do
361 not need to consult a health care provider before becoming physically active. However, health care
362 providers and physical activity professionals can help people attain and maintain regular physical activity
363 by providing advice on appropriate types of activities and ways to progress at a safe and steady pace.
364 Older adults with chronic conditions should talk with their health care provider to determine whether
365 their conditions limit, in any way, their ability to do regular physical activity. Such a conversation can
366 also help people learn about appropriate types and amounts of physical activity. In general, people who
367 engage in physical activity can protect themselves by using appropriate gear and sports equipment,
368 choosing safe environments, following rules and policies, and making sensible choices about when,
369 where, and how to be active. Moreover, to reduce risk of injuries and other adverse events, older adults
370 can choose types of physical activity that are appropriate for their current fitness level and health goals.
371 Starting with lower intensity activities and gradually increasing how often, how intense, and how long
372 activities are done, can reduce the risk of injury. This approach can be summarized by the easy to
373 remember phrase: “start low and go slow.”

374 ***Start Side Bar***

375 **Defining Intensity and Using the Talk Test**

376 **Intensity** refers to how much work is being performed or the magnitude of the effort required to
377 perform an activity or exercise. Intensity can be expressed either in absolute or relative terms.

- 378 • **Absolute intensity** is the amount of energy expended during the activity, without considering a
379 person’s cardiorespiratory fitness.
- 380 • **Relative intensity** uses a person’s level of cardiorespiratory fitness to assess level of effort.

381

382 Either absolute or relative intensity can be used to monitor progress in meeting the key guidelines.

383 Because older adults expend more energy than younger adults for the same task, such as walking, and

384 because aerobic capacity declines with age, relative intensity is a better guide for older adults than

385 absolute intensity. Certain activities, such as some types of yoga or tai chi, that are considered light-

386 intensity may be perceived as moderate- or vigorous-intensity for some older adults. Relative intensity

387 can be easily gauged by the talk test.

388 **The Talk Test**

389 When using relative intensity, people pay attention to how physical activity affects their heart rate and
390 breathing. As a rule of thumb, a person doing moderate-intensity aerobic activity can talk, but not sing,
391 during the activity. A person doing vigorous-intensity activity cannot say more than a few words without
392 pausing for a breath.

393 ***End Side Bar***

394 *Trends Over Time and Among Different Age Demographics*

395 Older adults in the United States become less active with age. Currently only 7% of adults ages 80 or
396 older met the *Guidelines* (both aerobic and muscle-strengthening components), compared to 17% of
397 adults ages 65-69 years (Figure 2).¹ The decrease in activity with age is notable because even the oldest
398 adults can benefit from physical activity. Encouragingly, national surveillance suggests that older adults
399 have gotten more active in recent decades: from 1998 to 2018, the prevalence of meeting both the
400 aerobic and muscle-strengthening guidelines increased from 5.5% to 13.9% among adults ages 65 or
401 older.² Although this is good news, the prevalence of older adults meeting the *Guidelines* is still low and
402 is a public health concern. Despite widespread increases across demographic subgroups, significant
403 disparities remain.^{3,4} For example, females, those with fewer years of education, and those with lower
404 incomes each have lower levels of physical activity compared to their peers (Figure 3).⁴

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415 ***End Footnote Reference List***

416 **Figure 2. Adults Ages 65 and Older Meeting the Aerobic and Muscle-Strengthening Guidelines, 1998-**
417 **2018) (Figure will be added for final version)**

418

419

420 **Figure 3. Percentage of U.S. Adults Aged 65 Years or Older Who Met the Aerobic Physical Activity and**
421 **Muscle-Strengthening Guidelines, 2020** (*Figure will be added for final version*)

422 Benefits of Physical Activity

423 Most people can benefit from being more physically active on a daily basis and meeting the activity
424 levels described in the *Guidelines*, but regular physical activity is particularly beneficial for healthy aging.
425 The combination of aerobic, muscle-strengthening, and multicomponent activities can provide
426 substantial health benefits for older adults, including the ability to perform activities of daily living more
427 easily. The benefits of physical activity for older adults are summarized in Table 1. While many of these
428 benefits are relevant to adults of all ages, fall prevention and reduced risk of injury from falls are specific
429 to older adults. Some benefits of physical activity can be achieved immediately, such as reduced feelings
430 of anxiety, reduced blood pressure, and improvements in sleep. Other benefits, such as increased
431 cardiorespiratory fitness, increased muscular strength, decreases in depressive symptoms, and
432 sustained reductions in blood pressure, require regular physical activity over time.

433 **Table 1: Health Benefits Associated with Physical Activity for Older Adults**

- Lower risk of all-cause mortality
- Lower risk of cardiovascular disease mortality
- Lower risk of cardiovascular disease (including heart disease and stroke)
- Lower risk of hypertension
- Lower risk of type 2 diabetes
- Lower risk of adverse blood lipid profile
- Lower risk of cancers of the bladder, breast, colon, endometrium, esophagus, kidney, lung, and stomach
- Slowed or reduced weight gain
- Weight loss, particularly when combined with reduced calorie intake
- Prevention of weight regain following initial weight loss
- Improved bone health
- Improved physical function
- Lower risk of falls
- Lower risk of fall-related injuries
- Improved mental and cognitive outcomes including:
 - Improved quality of life
 - Reduced risk of dementia (including Alzheimer’s disease)
 - Improved cognition
 - Reduced risk of depression
 - Reduced long-term feelings and signs of anxiety (trait anxiety) for people with and without anxiety disorders
 - Reduced short-term feelings of anxiety (state anxiety)
 - Improved sleep outcomes (increased sleep efficiency, sleep quality, deep sleep; reduced daytime sleepiness, reduced frequency of use of medication to aid sleep)

○ Improved sleep outcomes that increase with duration of acute episodes

434 Source: U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition.
 435 Washington, DC: U.S. Department of Health and Human Services; 2018.

436 Most (approximately 85%) older adults have at least one chronic condition, such as type 2 diabetes,
 437 cardiovascular disease, osteoarthritis, obesity, or cancer. Physical activity has significant benefits for all
 438 older adults and plays a role in preventing and managing the progression of chronic disease and related
 439 symptoms. The health benefits associated with regular physical activity for people with chronic health
 440 conditions and disabilities are listed in Table 2. The benefits of physical activity largely outweigh the risk
 441 of injury and heart attacks, two concerns that may prevent people from becoming more physically
 442 active.

443 **Table 2. Health Benefits Associated with Regular Physical Activity for People with Chronic Health**
 444 **Conditions and Disabilities**

Cancer Survivors
<ul style="list-style-type: none"> • Improved health-related quality of life • Improved fitness • Lower risk of dying from site-specific cancer for breast, colorectal, and prostate cancer survivors • Lower risk of all-cause mortality for breast and colorectal cancer survivors
People with Osteoarthritis (knee and hip)
<ul style="list-style-type: none"> • Decreased pain • Improved physical function • Improved health-related quality of life
People with Hypertension
<ul style="list-style-type: none"> • Lower risk of cardiovascular disease mortality • Reduced cardiovascular disease progression • Lower risk of increased blood pressure over time
People with Type 2 Diabetes
<ul style="list-style-type: none"> • Lower risk of cardiovascular disease mortality • Reduced progression of disease indicators: hemoglobin A1C, blood pressure, body mass index, and lipids
People with Dementia
<ul style="list-style-type: none"> • Improved cognition
People with Multiple Sclerosis
<ul style="list-style-type: none"> • Improved physical function, including walking speed and endurance • Improved cognition
People with Spinal Cord Injury
<ul style="list-style-type: none"> • Improved walking function, muscular strength, and upper extremity function
People with diseases or disorders that impair cognitive function (including attention deficit hyperactivity disorder (ADHD), schizophrenia, Parkinson’s disease, and stroke)

- Improved cognition

445 Source: U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition.
446 Washington, DC: U.S. Department of Health and Human Services; 2018.

447

448 Barriers to Being Physically Active

449 There are several barriers that can influence an individual’s ability to be physically active, and
450 understanding these barriers is key to delivering effective and equitable interventions. Barriers to
451 physical activity differ from individual to individual and are influenced by socioeconomic, cultural, and
452 community factors. For example, some people may not know about or have access to safe places to be
453 physically active, may live in communities that are not conducive to activity, or may have physical or
454 cognitive limitations that create additional barriers. Older adults may have unique concerns related to
455 safety or fear of falling, and many face challenges related to chronic health conditions, mobility, and
456 pain that can impact their perceived or actual ability to engage in physical activity. Neighborhood
457 characteristics like poor-quality sidewalks or insufficient lighting can reduce actual or perceived safety.
458 Additionally, access to specialized facilities or equipment—especially for muscle-strengthening
459 activities—can be costly. Societal expectations about the types of physical activity older adults can
460 participate in may contribute to a lack of social support. In addition to age, other intersecting social
461 identities like ability, race, and gender or sexual identity may influence where older adults feel
462 welcomed or comfortable being physically active. Other common barriers include lack of time, poor
463 weather, and lack of enjoyment. Examples of common barriers to physical activity and potential
464 solutions can be found in Table 3 and are discussed more fully below in the section on cognitive
465 behavioral strategies.

466 Getting and staying active can be especially difficult as people age, and the barriers that older adults
467 face cannot be addressed with just one strategy or within one setting. The settings, strategies, and
468 interventions outlined in this report can be combined and tailored to different community contexts.
469 Through direct engagement with communities that experience inequities and through continued
470 exploration of barriers, professionals working with older adults, organizations, community leaders, and
471 policy makers and decision makers can use the strategies highlighted in the What Works section to help
472 older adults overcome barriers to physical activity and increase physical activity.

473 ***Start Call Out Box***

474 Barriers to physical activity differ from individual to individual and are influenced by socioeconomic,
475 cultural, and community factors.

476 ***End Call Out Box***

477 What Works

478 This section discusses evidence-based settings (where older adults are getting active), strategies (tactics
479 used to influence behavioral outcomes), and interventions (how older adults are getting active).

480 Examples are embedded within this section to illustrate how older adults are getting physically active in
481 different settings through programs or changes in community design. These spotlights include
482 representation across different sectors and are meant to highlight how the strategies and interventions
483 described in this report can be applied in different settings.

484 Settings

485 One way to address the low physical activity levels among older adults is to create opportunities for
486 activity in settings where older adults already spend their time. While physical activity programs and
487 interventions can occur in many locations, such as places of worship or senior housing facilities, the
488 *Physical Activity and Older Adults Systematic Literature Review* identified the following as effective
489 evidence-based settings:

- 490 • Community
- 491 • Health institutions
- 492 • Home

494 *Community*

495 The community setting can be defined as the places and environment where people in a particular
496 geographic area live or congregate. This can include locations like schools, faith-based organizations,
497 community centers, gyms, and libraries as well as the surrounding infrastructure, like sidewalks, roads,
498 and public transportation. The community environment, as well as programs within the community, can
499 play a role in increasing physical activity levels among older adults. For example, pedestrian, bicycle, and
500 public transportation systems can help older adults access programs and places that provide
501 opportunities for physical activity (e.g., parks, programs offered in community or senior centers).

502 Interventions that are implemented across communities broadly through programs, practices, and
503 policies can help make physical activity the easy choice and promote thriving, active communities.

504 ***Those who could effect change to support more physical activity among older adults in the community***
505 ***setting include*** program managers, state/city/county officials, Tribal leaders, transportation
506 professionals, community and urban planners, state and local public health professionals, real estate
507 and zoning professionals, school boards and school staff, neighborhood associations, community center
508 program leads, fitness facility owners and staff (e.g. personal trainers), and physical activity and health
509 professionals.

510 *Health Institutions*

511 Many older adults have regular interactions with health institutions, including primary care and specialty
512 care at clinics, hospitals, or assisted living facilities. In the health institution setting, older adults can
513 receive tailored care and specific guidance on the benefits of physical activity for their individualized
514 situation, including considerations of chronic disease risk factors, symptoms, disease status, mobility,
515 and socioeconomic status. Functional independence, a key indicator of health status, is often addressed
516 in a health care provider's office, offering the opportunity to share specific physical activity
517 recommendations. A benefit of the health institution setting is medical or allied health professional
518 oversight of physical activity programming, which can provide extra assurance to individuals getting
519 started with physical activity, becoming active after a cardiac or other health event that affects their
520 mobility or cardiorespiratory fitness, or during/after cancer treatment.

521 ***Those who could effect change to support more physical activity among older adults in the health***
522 ***institution setting include*** health care providers, geriatricians, allied health professionals, health
523 educators, and health system administrators.

524 *Home*

525 Many older adults spend much of their time at home for a variety of reasons. Being physically active at
526 home can remove several barriers like those related to bad weather or lack of transportation. Older
527 adults can be physically active at home no matter the season, the weather, or time of day. If there are
528 others living in the household, they could provide support through motivation and encouragement or by
529 joining in to be active together. In addition to the familiarity of one's physical space, there is a comfort
530 to trying new physical activities in private (e.g., streaming a group fitness class like Zumba or Pilates)
531 instead of in a public group setting.

532 ***Those who could effect change to support more physical activity among older adults in the home***
533 ***setting include*** individuals, family members/caregivers, home health care providers, property managers,
534 and neighborhood associations.

535 ***Begin Side Bar***

536 **Community Preventive Services Task Force (CPSTF) Recommendation for Home-based Interventions**

537 CPSTF recommends structured home-based exercise interventions for older adults to help them limit
538 physical inactivity and improve or maintain physical fitness. Home-based physical activity for people
539 ages 65 and older can improve balance, muscular strength, power, and endurance components. Home-
540 based interventions provide guidance about how to be physically active and aim to motivate older
541 adults to engage in physical activity. Interventions may also encourage participants to walk in place or
542 outdoors to promote aerobic fitness.

543 CPSTF recommends home-based interventions that include the following components:

- 544 • Specific exercises, initial instruction on routines, and limited or periodic supervision
- 545 • Exercise sessions two or more times per week
- 546 • Exercises targeting improvements in strength (e.g., muscle strength, muscle power, and muscle
547 endurance), balance, or both (i.e., multimodal)
- 548 • Low-cost equipment for exercises (e.g., hand weights, mats, towels) or exercises that make use
549 of resources already in the home (e.g., chairs)

550 Learn more: [https://www.thecommunityguide.org/findings/physical-activity-home-based-exercise-](https://www.thecommunityguide.org/findings/physical-activity-home-based-exercise-interventions-adults-65-years-older.html)
551 [interventions-adults-65-years-older.html](https://www.thecommunityguide.org/findings/physical-activity-home-based-exercise-interventions-adults-65-years-older.html).

552 ***End Side Bar***

553 *Home and Community Combined*

554 While the home provides an easily accessible setting for getting active, the addition of a community-
555 based component provides additional opportunities to increase physical activity. This combined setting
556 includes community-based organizations and facilities, like local community centers, which provide
557 information, guidance, and encouragement to do activity at both the center location and at home. Many
558 group-based physical activity programs take place in community settings such as recreation centers,
559 senior centers, and faith-based organizations and are often led by trained volunteers or physical activity
560 professionals who can support and encourage participants. The additional accountability of participating

561 in group-based activity at a community-based organization, as well as the social aspect, may contribute
562 to the effectiveness of combining the home and community-based setting to increase physical activity.

563 ***Those who could effect change to support more physical activity among older adults in the combined***
564 ***home and community setting include*** individuals, family members/caregivers, property managers,
565 neighborhood associations, community center program leads, fitness facility owners and staff (e.g.,
566 personal trainers), and physical activity and health professionals.

567 *Home and Health Institution Combined*

568 Encouraging activity in both home-based and health institution-based settings can reinforce physical
569 activity behaviors among older adults. The combination of these settings allows programming from the
570 clinic to be translated to the home and creates opportunities for program staff to provide additional at-
571 home support during or after a health-setting-based program. This can make it easier for older adults to
572 practice new physical activity behaviors on their own and incorporate new habits into their lifestyle,
573 while still receiving ongoing support. Such an approach can provide a transition between a structured,
574 supervised program where participants “graduate” and continued physical activity at home.

575 ***Those who could effect change to support more physical activity among older adults in the combined***
576 ***home and health institution setting include*** individuals, family members/caregivers, property managers,
577 neighborhood associations, geriatricians, allied health professionals, health care providers, health
578 educators, and health system administrators.

579 **Strategies**

580 Strategies (tactics used to influence behavioral outcomes) that facilitate physical activity for older adults
581 can target the community at large or individuals. Policy makers; physical activity, health, or allied health
582 professionals; health care providers; gerontologists; and others working with older adults can use these
583 strategies to improve the health and function of older adults in their communities.

584 *Community Design*

585 Population-level strategies go beyond direct programming or interventions. These strategies involve
586 policy, systems, and environmental approaches, such as those related to transportation and
587 neighborhood environments, that make physical activity opportunities available, safe, and easily
588 accessible for all people. This contrasts with strategies focused on the individual, which often require
589 someone to enroll in a program or intervention for a specific amount of time.

590 One strategy that has been shown to increase physical activity among older adults is making
591 communities more walkable through community design. Researchers have found that people who live in
592 walkable neighborhoods are more active than people who do not live in walkable neighborhoods.
593 Walkable neighborhoods make it safer and easier for community members to walk, bike, or wheelchair
594 roll for recreation, fitness, or transportation. Elements of community design that improve walkability
595 include the availability of and access to everyday destinations, street connectivity and quality, and social
596 and aesthetic components. Walkable neighborhoods include easy access to a mix of destinations, such
597 as homes; health institutions; parks, trails, and recreational facilities; food outlets; and cultural centers.
598 Such neighborhoods also have connected networks of “activity-friendly routes” like safe and accessible
599 high-quality sidewalks, curbs, and intersections; multi-use trails; safe bicycle infrastructure; and
600 convenient public transit. For example, intersections may include clearly marked crosswalks, curb cuts
601 that remove the need to step up onto a sidewalk from the road, and walk signals with audio and visual
602 prompts that allow sufficient crossing time for older adults. These features help people, especially those
603 using mobility devices or who have a mobility impairment, to safely cross the street. Wide sidewalks
604 with sufficient lighting that are free of trip hazards such as cracks or overgrowth, can also improve
605 walkability and create safer and smoother paths for older adults who use wheelchairs and other
606 assistive devices and people who are pushing strollers. Walkable communities can also feature social or
607 aesthetic components, such as benches, public art, public gathering spaces, shade, and landscaping, and
608 functional components like access to bathrooms and safe and free drinking water.

609 Other opportunities to create more activity-friendly communities include creating safe routes for
610 bicycles. This includes keeping bicyclists and pedestrians separate from vehicular traffic. It also includes
611 ensuring multi-use trails have enough room for different users to share the space, so older adults can
612 feel comfortable and safe alongside people riding bicycles or using micro-mobility devices, such as
613 scooters. Physical activity and walkability considerations can be included in policies like zoning and land-
614 use ordinances and subdivision guidelines, comprehensive (or master) plans, transportation and transit
615 policies, roadway design and *Complete Streets* policies, Safe Routes for All, shared use agreements,
616 Vision Zero, and recreation and open space plans and policies. Increasing physical activity through
617 community design has the potential, when thoughtfully carried out in partnership with the community,
618 to facilitate physical activity for everyone, regardless of age or ability.

619 ***Begin Side Bar***

620 **The Community Guide Findings on Community Design**

621 The *Community Preventive Services Task Force (CPSTF)* recommends creating or improving
622 transportation infrastructure to promote active commuting by connecting people from where they live
623 to destinations where they go. The recommendation supports implementing policies and activities to
624 connect pedestrian, bicycle, or public transportation networks (sometimes referred to as activity-
625 friendly routes) to everyday destinations such as homes, healthcare institutions, shops, parks, and other
626 places.

627 For older adults, this may mean walking a dog to a dog park or walking grandchildren to school on well-
628 maintained sidewalks; using a bicycle route separated from vehicular and pedestrian traffic (a complete
629 street) to go to a local coffee shop for breakfast (or other retail businesses); or taking available and
630 accessible public transportation to a senior center or doctor's office.

631 Learn more: [https://www.thecommunityguide.org/findings/physical-activity-built-environment-
632 approaches.html](https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches.html).

633 ***End Side Bar***

634 *Cognitive Behavioral Strategies*

635 Individual-level cognitive behavioral strategies can equip older adults with the knowledge and
636 behavioral capability to engage in physical activity. These strategies may be even more effective if
637 multiple strategies are employed together as part of interventions like physical activity counseling or as
638 a part of a formal physical activity program. Cognitive-behavioral strategies include approaches such as
639 increasing physical activity knowledge or awareness, goal setting, self-monitoring, barrier identification
640 and problem solving, and social support. These strategies can be delivered via a variety of modes,
641 including in-person; via phone; through virtual counseling, such as through embodied conversational
642 agent (ECA) technology (i.e., animated computer characters that simulate face-to-face counseling); or
643 through print or text materials. These approaches often begin with an assessment of current physical
644 activity levels and development of incremental goals to increase physical activity.

645 ***Start Side Bar***

646 **Modes of Delivery for Physical Activity Strategies and Interventions**

647 Delivery modes have a direct impact on the potential for large-scale implementation. They can influence
648 the cost, acceptability, feasibility, reach, and effectiveness of interventions. There are several effective
649 methods to deliver physical activity messaging and programming.

650 Face-to-face (in-person or virtual) approaches and phone calls are one way to support older adults in
651 increasing physical activity levels. In-person interventions can occur in a variety of settings, such as the
652 health institutions setting, congregate living facilities, or the home, and are a common way to deliver
653 supervised physical activity programs and counseling. Moreover, with face-to-face interactions, a
654 participant can receive direct feedback on their performance of an activity. Phone calls are another way
655 to reach older adults and provide education or motivational support for physical activity. Virtual
656 counseling or text message check ins can remove transportation barriers to meeting in-person.

657 Print materials can complement in-person or phone contact. Print materials can provide information on
658 the benefits of physical activity, the importance of physical activity, behavior change tips, ways to
659 address barriers, and suggested activities in which to engage. They can be tailored to the physical
660 activity levels of individuals, such as those just getting started or working to build up physical activity
661 levels over time. They also allow an individual to re-read the content later rather than remembering
662 what was shared during the appointment.

663 ***End Side Bar***

664 [Physical Activity Knowledge or Awareness](#). Knowledge and awareness of the health benefits of physical
665 activity, how much physical activity is needed, and the role of physical activity in healthy aging can
666 increase motivation and reduce barriers to physical activity. Providing information on different aspects
667 of physical activity, such as how to do specific muscle-strengthening physical activities (i.e., skill
668 building), can increase one's confidence or self-efficacy in doing the activity. Sharing information about
669 physical activity programs, especially those tailored to older adults, can help encourage older adults to
670 learn more about physical activity.

671 [Goal Setting](#). Goal setting around physical activity can encourage older adults to achieve desired physical
672 activity levels, starting from current levels. Goal setting may utilize S.M.A.R.T. goals – goals that are
673 specific, measurable, achievable/attainable, realistic/relevant, and time-bound. This type of goal setting
674 can help an individual take a general goal (e.g., increasing physical activity) into a tangible action item
675 (e.g., going for a ten-minute walk three times per week). Older adults should increase their physical
676 activity gradually and set goals in line with their current abilities. To reduce risk of injury, it is important
677 to increase the amount of physical activity gradually over a period of weeks to months and in alignment
678 with a person's abilities and fitness.

679 [Self-Monitoring](#). Self-monitoring is a strategy used to track and record physical activity. Self-monitoring
680 can encourage older adults to work towards achieving physical activity goals and provides regular
681 feedback. Physical activity self-monitoring can be done using a device (e.g., pedometer, wearable
682 tracker, mobile app) or a written instrument (e.g., physical activity log, journal, diary, worksheet) with
683 information kept by the participants or shared with a health care provider or physical activity
684 professional. Since the *Guidelines* recommends a weekly instead of daily target, tracking progress
685 throughout the week can provide valuable feedback on progress toward achieving overall physical
686 activity and fitness goals. Personalized reports on physical activity and sedentary behavior may help
687 maintain increases and prevent decreases in physical activity over time.

688 ***Start Side Bar***

689 **Physical Activity Monitors**

690 Physical activity monitors, such as pedometers or accelerometers, can be effective tools to help increase
691 physical activity among older adults when used as part of a physical activity intervention. Physical
692 activity monitors can help individuals focus on physical activity goals and monitor their own physical
693 activity in real time. Many commonly owned devices like activity trackers, smart watches, and smart
694 phones contain accelerometers and can be used to monitor physical activity or steps.

695 ***End Side Bar***

696 [Barrier Identification and Problem Solving](#). Barriers, both real and perceived, can reduce physical activity.
697 Barrier identification is an important first step to help individuals overcome obstacles preventing the
698 adoption or maintenance of physical activity behaviors. Problem solving can help address identified
699 barriers to physical activity by enabling an individual to come up with tangible and specific solutions (see
700 Table 3). Both barrier identification and problem-solving skills are typically practiced through physical
701 activity assessments and counseling, often at the start of a physical activity program. These activities can
702 increase older adults' confidence so they can be more physically active. Over time, it is important to
703 reassess barriers, especially during different times of year when weather or when lifestyle changes (e.g.,
704 retirement, increased travel, caregiving, or birth of a grandchild) may present different challenges.

705 **Table 3. Examples of Barriers and Potential Solutions for Older Adults**

Barrier	Example of Barriers	Potential Solution
Internal (e.g., physical state and well-being, thoughts, feelings, or emotions)	Too tired/not enough energy	Plan physical activity during periods of the day when you feel most energetic.
	Fear of falling	Sign up for group exercise class or training that includes balance components where there will be some form of support or supervision. Start slow and with activities that you are most confident with (e.g., chair exercises for support with balance or walking in place to limit trip hazards).
	Joint pain	Work with a health care provider to develop a pain management plan. Try activities that may minimize discomfort, such as water aerobics.
	Lack of knowledge or confidence with muscle-strengthening physical activities	Try free online videos that demonstrate specific exercises. Ask if your local gym or community facility offers demonstrations of the muscle-strengthening equipment.
External (e.g., cost or access)	Bad weather	Find opportunities to walk indoors, such as at a mall, airport, grocery store, or a big-box store.
	Expensive equipment	Use inexpensive equipment (e.g., resistance bands) or things you might find in a home (e.g., books) for muscle-strengthening activity.
	No close gym facility	Find ways to add physical activity to the day without specific equipment, such as gardening, dancing, or playing with grandchildren. Consider walking or bicycling to do errands.

706

707 **Social Support.** Social support from friends and family can increase motivation and promote physical
708 activity participation. Social support can be fostered through group interaction (e.g., by joining physical
709 activity classes or programs designed for older adults) as well as through physical activity counseling,
710 where participants can learn about different types of social support and identify strategies to build
711 support networks. Walking groups or “buddy systems” where older adults are encouraged to participate
712 in physical activity with others can provide friendship and emotional support for older adults working
713 towards increasing physical activity levels. A form of social support can be provided by health care
714 providers while assessing patient’s physical activity levels and through follow-up appointments. Health
715 care providers can also provide referrals to physical activity, health, or allied health professionals and
716 community-based programs.

717 **Interventions**

718 In this report, interventions are defined as formal programs designed to influence physical activity
719 outcomes by combining behavior change strategies and/or a set of physical activities to complete under
720 supervision or independently.

721 *Physical Activity Counseling*

722 Physical activity counseling is a common and effective feature of physical activity interventions. This can
723 be led by physical activity, health, or allied health professionals. Physical activity counseling can be done
724 in-person, virtually, or via the phone, and can include a variety of individual-level cognitive-behavioral
725 strategies such as goal setting, self-monitoring of physical activity behavior, barrier identification and
726 problem-solving, social support, and building physical activity knowledge or awareness. When offered in
727 the health care setting, physical activity counseling can provide guidance related to the individual’s
728 specific health status. Providing in-person counseling along with printed resources can further improve
729 physical activity levels.

730 ***Begin Side Bar***

731 The U.S. Preventive Services Task Force (USPSTF) recommends behavioral counseling interventions,
732 including nutrition and physical activity counseling, to promote a healthy diet and physical activity for
733 adults at increased risk of cardiovascular disease (grade B). Health care providers are recommended to
734 provide this service to patients since it has been found to improve health outcomes. The Affordable Care
735 Act requires private insurers and Medicare to cover preventive services identified by the USPSTF with a
736 grade A or B.

737 ***End Side Bar***

738

739 ***Begin Side Bar***

740 **Community Preventive Services Task Force (CPSTF) Recommendation for Digital Health Interventions**

741 CPSTF recommends digital health interventions to increase physical activity among adults 55 years and
742 older. Digital health interventions include one or more of the following to deliver guidance and support
743 tailored to an individual’s activity level, age, and health status:

- 744 • Web-based interactive content (e.g., virtual coaching)

- 745 • Telephone sessions with intervention providers or automated voice messages and reminders
- 746 • Text messages and reminders
- 747 • Apps with goal-setting, activity tracking, and reminder functions

748 Learn more: [https://www.thecommunityguide.org/findings/physical-activity-digital-health-](https://www.thecommunityguide.org/findings/physical-activity-digital-health-interventions-adults-55-years-and-older.html)
749 [interventions-adults-55-years-and-older.html](https://www.thecommunityguide.org/findings/physical-activity-digital-health-interventions-adults-55-years-and-older.html).

750 ***End Side Bar***

751 *Exercise Programs*

752 Structured exercise programs help older adults engage in specific exercises for a set amount of time.
753 Exercise is a form of physical activity that is planned, structured, repetitive, and performed with the goal
754 of improving health or fitness. All exercise is physical activity, but not all physical activity is exercise.
755 Exercise programs can be group-based or tailored to a specific individual's needs. Programs can be led
756 by physical activity, health, or allied health professionals, or trained recreation leaders. Supervision,
757 whether in group-based exercise programs or individual exercise programs, can support participant
758 confidence and provide specific guidance on various types of exercise. Personalized exercise programs
759 can be tailored to the individual's physical activity and fitness goals, physical function, health conditions,
760 current physical activity or fitness level, and readiness to change behaviors. Personalized exercise
761 programs often include a prescribed or packaged set of exercises for participants to complete.
762 Exercise programs for older adults should include multicomponent physical activity by addressing two or
763 more domains of physical activity, including aerobic, muscle strengthening, or balance. Programs may
764 also include functional training, and/or flexibility.

765 ***Start Call Out box***

766 Exercise is a form of physical activity that is planned, structured, repetitive, and performed with the goal
767 of improving health or fitness. All exercise is physical activity, but not all physical activity is exercise.

768 ***End Call Out box***

769

770 ***Start Side Bar***

771 **What Is Multicomponent Physical Activity?**

772 For older adults, multicomponent physical activity is important to improve physical function and
773 decrease the risk of falls or injury from a fall. Multicomponent physical activities can be done at home or
774 in a structured group setting. Many studied interventions combine all types of exercise (aerobic, muscle-
775 strengthening, and balance) into one session, and this has been shown to be effective. A
776 multicomponent physical activity program could include walking a dog (aerobic), doing bicep curls
777 (muscle-strengthening), and standing on one foot (balance). Recreational activities such as dancing,
778 yoga, tai chi, gardening, or sports can also be considered multicomponent because they often
779 incorporate multiple types of physical activity.

780 ***End Side Bar***

781 *Lifestyle-based Physical Activity Programs*

782 Lifestyle-based interventions use cognitive-behavioral strategies and behavior change theories to help
783 older adults self-manage their own physical activity behavior changes. These interventions often include
784 physical activity counseling or advice and help older adults to decide how they want to engage in
785 physical activity throughout their day. With lifestyle-based physical activity programs, older adults can
786 be supported and empowered in their efforts to find opportunities to increase their physical activity that
787 work best in their lifestyle, for example, by taking the stairs when available, playing pickleball with
788 friends, or by carrying groceries.

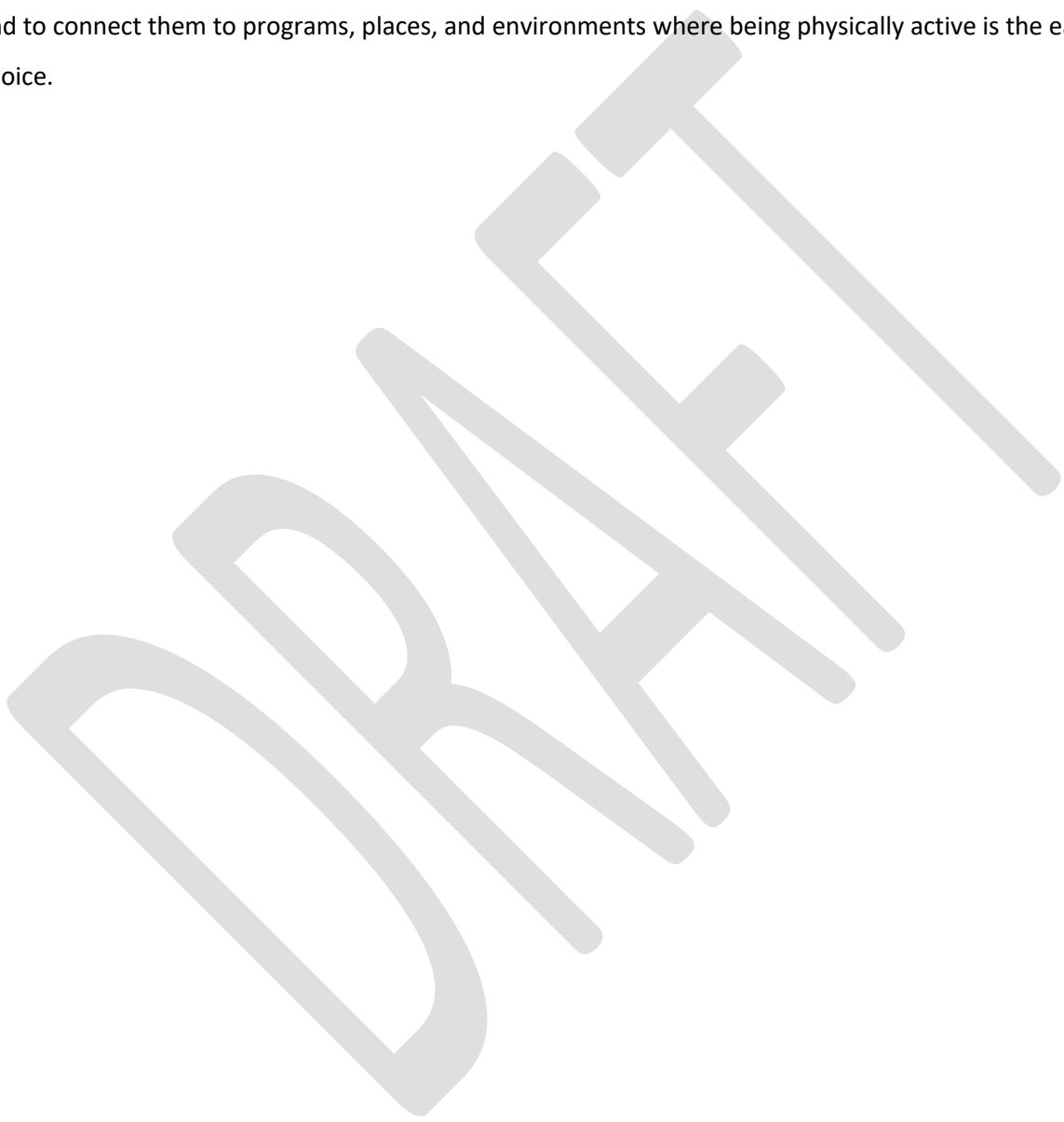
789 **Conclusion**

790 It's never too late to be physically active and to achieve the benefits of an active lifestyle. Moving more
791 and sitting less are important for individuals of all ages. Especially for older adults, being physically
792 active provides a range of benefits such as improving quality of life, reducing risk of and progression of
793 chronic diseases, and increasing functional ability, which can support independent living. Currently less
794 than 15% of older adults meet the *Physical Activity Guidelines for Americans*, representing a significant
795 physical, mental, societal, and economic burden. It is important to remember that all activities, whether
796 light-, moderate-, or vigorous-intensity "count." Encouraging older adults to start slow and gradually
797 increase physical activity can help build confidence, motivation, and a routine of regular physical
798 activity. Older adults can be physically active in a variety of settings, including the community, home,
799 and health institutions. There are many strategies and interventions, both individual and group-based,
800 outlined in this report, as well as policy, systems, and environmental changes which can positively affect
801 older adults and the entire community in supporting more physical activity. Measuring the effectiveness

802 of strategies and interventions is key to continually building the list of “what works” to get older adults
803 moving. The key is for policy makers; physical activity, health, or allied health professionals; health care
804 providers; gerontologists; and others working with older adults to partner, plan, and implement ways to
805 connect older adults where they live to destinations where they can access safe opportunities to be
806 physically active. Together, we all can support older adults to be physically active in a variety of settings
807 and to connect them to programs, places, and environments where being physically active is the easy
808 choice.

809

810



811 Glossary

812 Audiences Used in this Report

- 813 • **Allied health professionals** are individuals who are involved in the delivery of health,
814 rehabilitation, and related services distinct from medicine and nursing (e.g., physical therapists,
815 occupational therapists, physiotherapists, exercise physiologists, respiratory therapists,
816 recreation therapists)
- 817 • **Health care providers** are individuals who provide medical care and treatment (e.g., physicians,
818 geriatricians, physician’s assistants, nurse practitioners, nurses)
- 819 • **Health professionals** are individuals who deliver health programs and services distinct from
820 medical care (e.g., public health professionals, health and wellness specialists, health coaches,
821 community health workers, health educators)
- 822 • **Physical activity professionals** are individuals who facilitate and lead physical activity programs
823 in community-based settings such as health and fitness facilities, recreation centers, and senior
824 centers (e.g., personal trainers, fitness instructors, certified exercise professionals, trained
825 recreation leaders, program managers)

826

827 **Aerobic physical activity** is activity in which the body’s large muscles move in a rhythmic manner for a
828 sustained period of time. Aerobic activity, also called endurance or cardio activity, improves
829 cardiorespiratory fitness. Examples include brisk walking, running, swimming, and bicycling.

830 Aerobic activity has three components:

- 831 • Intensity, or how hard a person works to do the activity. The intensities most often studied are
832 moderate (equivalent in effort to brisk walking) and vigorous (equivalent in effort to running or
833 jogging)
- 834 • Frequency, or how often a person does aerobic activity (e.g., minutes per week)
- 835 • Duration, or how long a person does an activity in any one session

836

837 **Exercise** is a form of physical activity that is planned, structured, repetitive, and performed with the goal
838 of improving health or fitness. All exercise is physical activity, but not all physical activity is exercise.

839

840 **Intensity** refers to how much work is being performed or the magnitude of the effort required to
841 perform an activity or exercise. Intensity can be expressed either in absolute or relative terms. Because
842 older adults expend more energy than younger adults for the same task, such as walking at a given
843 speed, and because aerobic capacity declines with age, relative intensity is a better guide for older
844 adults than absolute intensity. Certain activities, such as some types of yoga or tai chi, that are
845 considered light intensity for younger adults may be moderate- or vigorous-intensity for older adults
846 when measured by relative intensity.

- 847 • **Absolute.** The absolute intensity of an activity is determined by the rate of work being
848 performed and does not consider the physiologic capacity of the individual. For aerobic activity,
849 absolute intensity typically is expressed as the rate of energy expenditure (for example,
850 milliliters per kilogram of body weight per minute of oxygen being consumed, kilocalories per
851 minute, or METs; see MET definition below). For muscle-strengthening activities, intensity
852 frequently is expressed as the amount of weight lifted or moved.
 - 853 ○ Light-intensity activity is non-sedentary waking behavior that requires less than 3.0 METs;
854 examples include walking at a slow or leisurely pace (2 mph or less), cooking activities, or
855 light household chores.
 - 856 ○ Moderate-intensity activity requires 3.0 to 5.9 METs; examples include walking briskly or
857 with purpose (2.5 to 4 mph), mopping or vacuuming, or raking the yard.
 - 858 ○ Vigorous-intensity activity requires 6.0 or more METs; examples include walking very fast
859 (4.5 to 5 mph), running, carrying heavy groceries or other loads up stairs, shoveling snow, or
860 participating in a strenuous fitness class. Many adults do no vigorous-intensity activity.
- 861 • **Relative intensity** takes into account or adjusts for a person’s cardiorespiratory fitness. For
862 aerobic exercise, relative intensity is expressed as a percentage of a person’s aerobic capacity
863 (VO_{2max}) or VO_2 reserve, or as a percentage of a person’s measured or estimated maximum
864 heart rate or heart rate reserve. It also can be expressed as an index of how hard the person
865 feels he or she is exercising (for example, on a 0 to 10 scale).

866

867 **Multicomponent physical activity** is physical activity that includes more than one type of physical
868 activity, such as aerobic, muscle strengthening, and balance training. Programs may also include gait,

869 coordination, and physical function training. Examples of multicomponent activities include ballroom
870 dancing and water aerobics.

871

872 **Muscle-strengthening activity (strength training, resistance training, or muscular strength and**
873 **endurance exercise)** is physical activity, including exercise, that increases skeletal muscle strength,
874 power, endurance, and mass. Muscle-strengthening activity has three components:

- 875 • Intensity, or how much weight or force is used relative to how much a person is able to lift;
- 876 • Frequency, or how often a person does muscle-strengthening activity; and
- 877 • Sets and repetitions, or how many times a person does the muscle-strengthening activity, like
878 doing a push-up or lifting a weight (e.g., 3 sets of 12 repetitions each set). Sets and repetitions
879 for strength training are comparable to duration for aerobic activity.

880

881 **Older adults** (for the purposes of this report) are those ages 65 and older. This age range is consistent
882 with the definition of older adults in the *Physical Activity Guidelines for Americans* and used for Healthy
883 People 2030 objectives. In the United States, ages 65 and older is used as the threshold for Medicare.

884

885 **Physical activity** is any bodily movement produced by the contraction of skeletal muscle that increases
886 energy expenditure above a basal level. In the *Guidelines*, physical activity generally refers to the subset
887 of physical activity that enhances health.

888

889

890 Appendix. Federally Supported Physical Activity Initiatives and Resources
891 for Older Adults

892 **U.S. Department of Health and Human Services (HHS)**

893 *Administration for Community Living*

- 894
- Resources will be added for final version

895 *Agency for Healthcare Research and Quality (AHRQ)*

- 896
- **TAKEHeart Initiative.** The AHRQ TakeHeart Initiative is designed to increase patient participation
897 in cardiac rehabilitation after cardiovascular events like heart attacks, heart failure, angioplasty,
898 and heart surgery. (<https://takeheart.ahrq.gov/>)

899 *Centers for Disease Control and Prevention (CDC)*

- 900
- **Active People, Healthy NationSM:** Active People, Healthy Nation is a CDC-led initiative to help 27
901 million Americans become more physically active by 2027. Resources include evidence-based
902 strategies to increase physical activity, including through community design, information on
903 how multiple sectors can engage, and facts on the benefits of physical activity.
904 (<https://www.cdc.gov/physicalactivity/activepeoplehealthynation/index.html>) Specific
905 resources highlighting older adults include:
 - 906 • Information on how much physical activity older adults need.
907 (https://www.cdc.gov/physicalactivity/basics/older_adults/index.htm)
 - 908 • Ways older adults can include physical activity in their daily life.
909 (<https://www.cdc.gov/physicalactivity/basics/adding-pa/activities-olderadults.htm>)
 - 910 • Information on levels of physical activity among older adults.
911 (<https://www.cdc.gov/physicalactivity/inactivity-among-adults-50plus/index.html>)
 - 912 • Fact Sheet on older adult physical activity levels
913 (https://www.cdc.gov/physicalactivity/inactivity-among-adults-50plus/modules/Adults_need_more_PA_factsheet_March2022_508.pdf)
914

- 915
- Podcast on the importance of physical activity for older adults
916 (https://tools.cdc.gov/medialibrary/index.aspx?deliveryName=FCP_19_DM20977_US
917 [CDC_944#/media/id/405188](https://tools.cdc.gov/medialibrary/index.aspx?deliveryName=FCP_19_DM20977_US_CDC_944#/media/id/405188))
 - Mall Walking Resource Guide: Mall walking programs or indoor walking programs in
918 mall-like settings that can address many barriers facing older adults.
919 (<https://www.cdc.gov/nccdphp/dnpao/docs/uwmallwalkingguideweb508tagged.pdf>)
920
 - **Arthritis-Appropriate, Evidence-Based Interventions (AAEBI) - Osteoarthritis Action Alliance
921 (OAAA):** The OAAA currently engages in a CDC-funded review of evidence-based interventions
922 to identify community-based programs that meet criteria to be recognized as AAEBI. The most
923 recent list of AAEBI programs includes several physical activity interventions, including
924 EnhanceFitness. (<https://oaaction.unc.edu/aaebi>)
925
 - **Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older
926 Adults:** The compendium highlights specific interventions for which there is published evidence
927 of the intervention’s ability to reduce falls among community-dwelling older adults. Out of 41
928 (multifaceted, clinical, home modification, and exercise) interventions, 15 are single
929 intervention exercise interventions.
930 (https://www.cdc.gov/homeandrecreationalafety/pdf/falls/CDC_Falls_Compndium-2015-
931 [a.pdf](https://www.cdc.gov/homeandrecreationalafety/pdf/falls/CDC_Falls_Compndium-2015-a.pdf))
932
 - **Disability & Health Resources for Facilitating Inclusion and Overcoming Barriers:** Resources to
933 assist in creating and using inclusion strategies to improve the health, well-being, and
934 participation of people with disabilities in all aspects of life.
935 (<https://www.cdc.gov/ncbddd/disabilityandhealth/disability-resources.html>)
936
 - **Division of Population Health (DPH), Physical Activity for Arthritis:** This DPH website provides
937 resources and guidance on physical activity for individuals with arthritis.
938 (<https://www.cdc.gov/arthritis/basics/physical-activity/index.html>)
939
 - **Increasing Physical Activity Among Adults with Disabilities:** Resources for doctors and other
940 health professionals outlining how to increase physical activity among adults with disabilities.
941 (<https://www.cdc.gov/ncbddd/disabilityandhealth/pa.html>)
942
 - Infographic (<https://www.cdc.gov/ncbddd/disabilityandhealth/documents/disability->
943 [pa-infographic.pdf](https://www.cdc.gov/ncbddd/disabilityandhealth/documents/disability-pa-infographic.pdf))
944
 - **MyMobility Plan:** MyMobility Plan, a set of resources supported by CDC, provides older adults
945 with information, guidance, and tips on how to stay safe, mobile, and independent as they age.
946

947 The mobility planning tool has three parts: Tips to manage health and mobility, a home safety
948 checklist for fall prevention, and a plan to stay mobile in the community.

949 (https://www.cdc.gov/transportationsafety/older_adult_drivers/mymobility/index.html)

950 • **National Center on Birth Defects and Developmental Disabilities, Increasing Physical Activity**
951 **Among Adults With Disabilities:** The National Center on Birth Defects and Developmental
952 Disabilities website provides data, resources, and guidance on increasing physical activity among
953 adults with disabilities. (<https://www.cdc.gov/ncbddd/disabilityandhealth/pa.html>)

954 • **Older Adult Falls Program:** This collection of effective fall interventions is designed to help
955 public health practitioners, senior service providers, clinicians, and others who want to address
956 falls among older adults in their community. The website also provides a program guide
957 designed for community-based organizations interested in implementing their own evidence-
958 based fall prevention programs.

959 (<https://www.cdc.gov/homeandrecreationalafety/falls/programs.html>)

960 • **Preventing Falls: A Guide to Implementing Effective Community-Based Fall Prevention**
961 **Programs:** A related “how-to” guide designed for community-based organizations who are
962 interested in program planning, developing, implementing, and evaluating their own evidence-
963 based fall prevention programs.

964 (https://www.cdc.gov/falls/programs/community_prevention.html)

965 • **The Community Guide:** The Guide to Community Preventive Services (The Community Guide) is
966 a collection of evidence-based findings of the Community Preventive Services Task Force
967 (CPSTF). It is a resource to help you select interventions to improve health and prevent disease
968 in your state, community, community organization, business, healthcare organization, or school.

969 (<https://www.thecommunityguide.org/pages/about-community-guide.html>)

970 *National Institutes of Health (NIH)*

971 • **National Institute on Aging:** Website and resources on exercise and physical activity for healthy
972 aging. (<https://www.nia.nih.gov/health/topics/exercise-and-physical-activity>)

973 *Office of Disease Prevention and Health Promotion*

974 • **Physical Activity Guidelines for Americans:** The Physical Activity Guidelines is an essential
975 resource for health professionals and policy makers. It includes recommendations for Americans

976 ages 3 years and over — including people at increased risk of chronic disease — and provides
977 evidence-based advice on how physical activity can help promote health and reduce the risk of
978 chronic disease. ([https://health.gov/our-work/nutrition-physical-activity/physical-activity-
979 guidelines/current-guidelines](https://health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines/current-guidelines))

980 • **Move Your Way®:** Move Your Way® is the campaign from the U.S. Department of Health and
981 Human Services led by the Office of Disease Prevention and Health Promotion that provides free
982 tools in both English and Spanish to promote the *Physical Activity Guidelines for Americans*. The
983 campaign encourages Americans to get the physical activity they need to get and stay healthy by
984 increasing awareness, knowledge, and self-efficacy. The campaign resources include interactive
985 tools, videos, posters, fact sheets, and social media messages for audiences of all ages, including
986 older adults. (<https://health.gov/moveyourway>) Specific resources highlighting older adults
987 include:

988 • Information on how much physical activity older adults need and why physical activity is
989 key for healthy aging.

990 ([https://health.gov/sites/default/files/2021-
991 02/PAG_MYW_FactSheet_OlderAdults_508c.pdf](https://health.gov/sites/default/files/2021-02/PAG_MYW_FactSheet_OlderAdults_508c.pdf))

992 • Information on the different types of physical activity older adults need and how they
993 can get a mix of activity types.

994 ([https://health.gov/sites/default/files/2021-07/PAG_MYW_FactSheet_OlderAdults_07-
995 08_508c.pdf](https://health.gov/sites/default/files/2021-07/PAG_MYW_FactSheet_OlderAdults_07-08_508c.pdf))

996 • Story illustrating how two older adults eat healthy and find safe ways to get active.
997 (<https://health.gov/moveyourway/stories/john-patty>)

998 • Planning tool to help people build a personalized weekly activity plan with tips for fitting
999 activity into their daily routines.

1000 (<https://health.gov/moveyourway/activity-planner>)

1001 • **Healthy People:** Healthy People provides science-based, 10-year national objectives for
1002 improving the health of all Americans. It has a physical activity topic area, which includes
1003 objectives used to track the progress of populations meeting the *Physical Activity Guidelines for
1004 Americans* as well as other physical activity areas. (<https://healthypeople.gov>)

1005 *Office of the Surgeon General*

- 1006
- **Step it Up! The Surgeon General’s Call to Action to Promote Walking and Walkable**
1007 **Communities:** This Call to Action is intended to increase walking across the United States by
1008 calling for improved access to safe and convenient places to walk and wheelchair roll, as well as
1009 for a culture that supports these activities for people of all ages and abilities. This publication
1010 presents five goals and supporting implementation strategies that are grounded in scientific and
1011 practice-based evidence. These goals call for action by multiple sectors of society, as well as
1012 families and individuals. ([https://www.surgeongeneral.gov/library/calls/walking-and-walkable-](https://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/index.html)
1013 [communities/index.html](https://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/index.html))

1014 **Environmental Protection Agency (EPA)**

- 1015
- **Healthy Places for Healthy People:** Healthy Places for Healthy People engages with community
1016 leaders and health care partners to create walkable, healthy, and economically vibrant
1017 communities that can improve health, protect the environment, and support economic growth.
1018 One key focus of the program is creating physical activity programs and supporting sidewalks,
1019 bike paths, trails, and parks in the community to promote active living.
1020 (<https://www.epa.gov/smartgrowth/healthy-places-healthy-people>)
 - **National Walkability Index:** The EPA’s National Walkability Index is a nationwide geographic
1022 data resource that ranks block groups according to their relative walkability. The national
1023 dataset includes walkability scores for all block groups as well as the underlying attributes that
1024 are used to rank the block groups. ([https://www.epa.gov/smartgrowth/smart-location-](https://www.epa.gov/smartgrowth/smart-location-mapping#walkability)
1025 [mapping#walkability](https://www.epa.gov/smartgrowth/smart-location-mapping#walkability))

1026 **National Park Service (NPS)**

- 1027
- **Healthy Parks Healthy People Program:** The National Park Service’s Healthy Parks Healthy
1028 People program connects people to parks through health promotion, fosters society’s
1029 understanding and appreciation for the life-sustaining role of parks, and creates the next
1030 generation of park stewards. The program addresses health promotion in parks and
1031 communities, at local, state, national and international levels through five main programmatic
1032 areas, including healthy recreation. (https://www.nps.gov/public_health/hp/hphp/about.htm)

1033 **U.S. Department of Agriculture (USDA)**

- 1034
- **Forest Service Accessibility Resources:** Provides over 15 resources and tools to promote trail use and outdoor recreation opportunities accessible to older adults with mobility limitations and persons with disabilities. “Accessibility” defines a facility in compliance with accessibility guidelines or standards when it was built or altered. One of the most popular pastimes on forests and grasslands is camping. Many Forest Service campsites are accessible to visitors of any ability. (<https://www.fs.usda.gov/managing-land/national-forests-grasslands/accessibility/resources>)
- 1041
- These resources include an Interactive Visitor Map. (<https://www.fs.usda.gov/ivm/>)

1042 **U.S. Department of Transportation (DOT)**

- 1043
- **Federal Highway Administration’s Complete Streets:** This website is focused on helping people to plan, develop and operate equitable streets and networks that prioritize safety, comfort, and connectivity to destinations for all people who use the street network. (<https://highways.dot.gov/complete-streets>)
- 1047
- Moving to a Complete Streets Design Model: A Report to Congress on Opportunities and Challenges (<https://highways.dot.gov/sites/fhwa.dot.gov/files/2022-03/Complete%20Streets%20Report%20to%20Congress.pdf>)
- 1050
- **Federal Highway Administration’s Bicycle and Pedestrian Program:** The Bicycle and Pedestrian program provides resources to help promote bicycle and pedestrian transportation use, safety, and accessibility. Resources include a listing of State Pedestrian and Bicycle Coordinators, information on funding sources, and bicycle- and pedestrian-related legislation. (https://www.fhwa.dot.gov/environment/bicycle_pedestrian/index.cfm)
- 1055
- Pedestrian and Bicycle Funding Opportunities: U.S. Department of Transportation Transit, Safety, and Highway Funds (https://www.fhwa.dot.gov/environment/bicycle_pedestrian/funding/funding_opportunities.pdf)
- 1059
- **Federal Highway Administration’s Small Town and Rural Multimodal Networks:** The DOT’s Small Town and Rural Multimodal Networks guide is a design resource and idea book to help small towns and rural communities support safe, accessible, comfortable, and active travel for people of all ages and abilities.
- 1062

1063 (https://www.fhwa.dot.gov/environment/bicycle_pedestrian/publications/small_towns/page00
1064 [.cfm](#))

1065 **U.S. Department of Veterans Affairs (VA)**

- 1066 • **Gerofit for Veterans:** Gerofit is an exercise program that promotes health & wellness for
1067 Veterans. Veterans are given a personalized exercise prescription and guidance in carrying out
1068 the exercise program is provided by trained exercise staff such as physiologists, nurses, or
1069 physical therapists. (https://www.va.gov/GERIATRICAL/pages/gerofit_Home.asp)
- 1070 • **MOVE! Weight Management Program:** MOVE! is a weight management and health promotion
1071 program, supported by the U.S. Department of Veterans Affairs' (VA) National Center for Health
1072 Promotion and Disease Prevention (NCP), designed to improve the lives of Veterans. The
1073 program helps Veterans maintain and lose weight by encouraging healthy eating and increased
1074 physical activity. (<https://www.move.va.gov/>)