



12 Dragons Health

Building Environments and a Public Health Workforce to Support Physical Activity Among Older Adults



Physical inactivity is one of the main causes of mortality globally, as well as one of today's most pressing public health issues. Decades of empirical data show that regular physical activity (PA) at all ages, especially senior adulthood (65 years or older), considerably reduces the risk of cardiovascular disease, diabetes, some malignancies, and certain behavioral health disorders.

The US Department of Health and Human Services issued the Physical Activity Guidelines for Americans in 2008 to encourage PA among all citizens of the country. Despite this, only around 16% of older persons reach the recommended level of physical activity, with time spent inactive rising with each decade beginning in middle age.

There is an urgent need to emphasize precise, concrete suggestions for improving PA among older individuals that take into consideration this group's distinct demands in comparison to younger adults. This policy statement outlines a comprehensive strategy for improving the environment for active aging and building a public health staff with expertise in PA among older individuals.

Relationship to Existing APHA Policy Statements:

The current policy declarations mentioned below were designed to support initiatives to increase population physical activity levels (PA). While these policies are relevant to the existing policy statement, the population-based character of the proposals falls short of the level of detail needed to adequately address the needs of subpopulation groups such as older persons. Policy Statement 20121, supporting the National Physical Activity Plan, is perhaps the clearest illustration of this. The National Physical Activity Plan's (NPAP) extensive scope is both a strength and a problem.

The plan's breadth is positive in that it seeks to reach every American, with more than 250 ideas spread throughout eight socioeconomic sectors. However, because the National Psychological Association For Psychoanalysis is organized around social sectors (e.g., health care, education, and public health) rather than demographic subgroups (e.g., older people), it can be lacking in depth when it comes to giving practical suggestions for older individuals, whose needs are unique. Effectively encouraging physical activity among older persons, in particular, necessitates both a public health personnel with experience in addressing the needs of this group and environmental improvements tailored to the requirements of this population. The action presented here builds on the policy principles provided below to give meaningful, evidence-based suggestions with the precision necessary to adequately meet the individual requirements of older adults.

- APHA Policy Statement 20121: Supporting the National Physical Activity Plan
- APHA Policy Statement 9709: Promoting Public Health Through Physical Activity
- APHA Policy Statement 2005-8: Supporting the WHO Global Strategy on Diet, Physical Activity, and Health
- APHA Policy Statement 20079: Building a Public Health Infrastructure for Physical Activity
- APHA Policy Statement 201313: Advancing Efforts to Enumerate and Characterize the Nation's Public Health Workforce.

Problem Statement:

By 2050, there will be twice as many US adults (89 million) over the age of 65 as there were in 2010. According to projections, 20% of the US population will be over 65 in 2030, an increase of 7% from 2010, and by 2050, there will be 19 million people over the age of 85. (from 5.5 million in 2010). Additionally, it is anticipated that by 2050, there will be a rise in the percentage of minorities in the population over 65, including Hispanics, African Americans, and Asians.

Physical inactivity is thought to be responsible for \$131 billion, or 11.1%, of US health care spending. In addition, if 10% of US individuals started a regular walking program, it would save the nation an estimated \$5.6 billion in heart disease-related expenses. Although the United States has made progress in increasing the ability of public health departments and agencies to encourage physical activity, the investment in PA promotion is still insufficient to result in appreciable increases in the level of PA among the general public. The area of public health does not contain competences relating to the requirements of this demographic, and the present public health workforce lacks training or education related to dealing with older persons.

Opposing Arguments/Evidence:

The majority of older persons' PA-promoting therapies have been on private behavior modification programs carried out in communal settings (such as recreational facilities). The US Preventive Services Task Force and the American Geriatrics Society both endorse these programs because there is enough data to support their efficacy. However, there are gaps in the data that show which techniques work best for older persons over the long term.

Enhancing Efforts to Count and Describe the Nation's Public Health Workforce, according to American Public Health Association Policy Statement 201313. In determining the most effective strategies, methodology issues include a preponderance of self-reported results versus objective measurements or observations, a lack of randomization, a lack of well-matched intervention or comparison groups, inadequate study durations (often due to funding restrictions), an emphasis on personal-level strategies rather than a community-based or public health-based focus that recognizes socio-environmental influences, and a focus on the individual rather than a focus on the community or public health.

There are problems with several of the built environment proposals. In a recent review on active ageing, the authors noted that conclusions about characteristics that result in "walkable" neighbourhoods (such as connectivity) frequently apply to people commuting to jobs and that, among older adults, a different set of characteristics (such as cul-de-sacs), might encourage or enable activity. Since many environmental studies have used cross-sectional methods, it is challenging to conclude causation. There have been various initiatives to design urban settings that support and encourage healthy aging and aging in place, but there have only been a few reviews of this strategy. Despite the lack of evidence, the Community Guide and the National Physical Activity Plan recommend environmental-level interventions to encourage PA among older adults, such as community and street-scale designs and land use policies that create environments conducive to active living, creation of or improvement of access to places designed for PA, and transportation improvements.

Action Steps:

This proposal offers data in favor of a comprehensive strategy for encouraging PA among older persons. The following suggestions are based on the National Physical Activity Plan and the National Standards for Culturally and Linguistically Appropriate Services guidelines (CLAS). There is evidence to support each of the suggestions made here for boosting physical activity in older persons. Given the funds and the will to do so, every suggestion should be given priority for execution. On the other hand, we have established two priority groups depending on their viability and possibility of implementation or adoption.

High-Priority Recommendations:

- To build and maintain amenities (like walking trails, shaded areas, and benches) that support the health and well-being of older adults, particularly in rural and other low-resource neighborhoods and communities, leaders in public parks and recreation departments should prioritize and allocate the necessary resources.
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- To promote physical activity among older persons, faculty in public health schools should be obliged to complete training in physical activity techniques. This training should focus on healthy aging, active living, and culturally competent and sensitive approaches.
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- The health care system and payer leaders should emphasize physical activity evaluations and promotion, create payment plans for physical activity counseling and assessments, and create all-encompassing strategies for encouraging physical activity among older adult populations.

Reference Of The Article:

<https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2016/01/26/14/18/building-environments-and-a-public-health-workforce-to-support-physical-activity-among-older-adults>

Image Reference:

<https://www.mckinsey.com/industries/public-and-social-sector/our-insights/care-for-the-caretakers-building-the-global-public-health-workforce>