

Synthesis of AARP Research in Physical Activity: 1999-2003

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AARP

Knowledge Management

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AARP is a nonprofit, nonpartisan membership organization dedicated to making life better for people 50 and over. We provide information and resources; engage in legislative, regulatory and legal advocacy; assist members in serving their communities; and offer a wide range of unique benefits, special products, and services for our members. These include *AARP The Magazine*, published bimonthly; *AARP Bulletin*, our monthly newspaper; *AARP Segunda Juventud*, our quarterly newspaper in Spanish; *NRTA Live and Learn*, our quarterly newsletter for 50+ educators; and our web site, www.aarp.org. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

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PREFACE

Americans and people across the globe are discovering what the new longevity means. As life expectancy increases, people plan for -- and expect -- a “golden age” in which they will enjoy family and friends, volunteering, and old and new hobbies and leisure activities. They know that medical advances can help them prevent, delay or even cure disease and prolong life.

Attitudes about aging are changing. Gone are the days when people slowed down at age 50. If anything, today’s 50 is a new beginning. More people are staying fit and living healthy lives to fully enjoy the next two, three, four, even five decades statistics show they can expect. They want to see their grandchildren grow up, be involved in their communities, explore new activities and take on new challenges. Expectations are high.

But the wild card is health. If large numbers of people don’t make the lifestyle changes that will ensure their health and related quality of life, our nation will face a level of disability like none we have seen before. An alarming number of Americans are overweight or obese and few are getting recommended levels of physical activity, especially among people 50 and older. The vital golden years could be an empty fantasy for millions.

To better assist our own planning to meet the needs of today’s and tomorrow’s older population, AARP in partnership with The Robert Wood Johnson Foundation has conducted an extensive amount of research into the health knowledge, attitudes and behaviors of people age 50 and over, and especially about physical activity. We have found that knowledge levels about what makes us healthy are very high, yet important healthy behaviors are far from commonplace. This report summarizes a variety of qualitative and quantitative studies conducted from 1999 through 2003, with the intent of sharing this knowledge with others so that it can be put into action toward the goal of healthy aging.

There is much to encourage us. AARP research tells us that people 50 and over want to be more active, they want opportunities for physical activity in their homes and communities, and they want lots of information and support.

Working together with others like you who are dedicated to helping people stay healthy as they age, we can provide the opportunities, information and support they need. Our work will make a difference for an aging population.

Introduction: A Reality check on the Health Status of an Aging Nation

By the time they reach 50, most Americans know what experts say they should be doing to stay healthy and fit. They know they should be active. And they understand that this activity will help control their weight, strengthen muscles and bones, improve balance and help prevent or alleviate many of the problems and conditions associated with aging.

But few Americans are acting upon their knowledge of the need to be physically active. A number of government studies show that far too many Americans are inactive despite their professed knowledge of the risks. Sadly, many midlife and older adults pay a harsh price in terms of disease, disability and premature death. CDC has reported that approximately 300,000 deaths a year in this country are linked to obesity, compared with 400,000 for smoking. Physical inactivity and related obesity and overweight are direct contributing factors to the most prevalent and disabling diseases and conditions, such as diabetes, heart disease, stroke, some kinds of cancer, arthritis and osteoporosis.

The concern about the skyrocketing rates of obesity and overweight that has occurred in the last decade is not about outward appearances. Beyond the serious disadvantages people experience in their personal lives for physical inactivity through shortened life spans and increased disability, which reduces their capacity to stay in control of their lives and fulfill their dreams, this epidemic also presents staggering monetary costs to the nation. The obesity epidemic costs America about \$117 billion a year in direct medical costs, lost productivity, disability payments and other costs. Industry data indicates that overweight and obese individuals cost the payers of health services 37% more than for those of normal weight.

On the other hand, we know that physical activity can significantly improve health. Clinical researchers have proven unequivocally that physical activity reduces the risks of dying prematurely from heart disease, and of developing diabetes and colon cancer. It can help reduce high blood pressure for those who already have it, relieve feelings of depression and anxiety, help control weight, help build and maintain healthy bones, muscles and joints, and help older adults become stronger, more balanced, supple and more able to move without falling.

Paradoxically, with all the information accumulating that confirms the importance of physical activity, very few Americans age 50 and over achieve even the minimum amount of recommended physical activity. Sixty percent of those 65 and older are completely inactive. Even with recently-adjusted government recommendations now stating that shorter periods of activity (of at least 10 minutes), several times a day including such routine chores as housework and gardening count as physical activity, the percentage of those who do not meet minimum requirements remains high.

Healthy People 2010, a document of the federal government that sets targets and goals for improving the nation's overall health, showed that only 16 percent of the population met the

goal of 30 minutes of moderate activity five or more days per week. Among those aged 75 and over, only 12 percent meet the goal of 30 minutes five or more days a week.

Such statistics gain new meaning when placed in the context of an aging nation. Medical science has delivered phenomenal advances that extend lives, including medicines that control high blood pressure, high blood cholesterol, and prevent strokes; better diagnostic techniques to detect diseases at their earliest, most treatable stage; vaccines that prevent pneumonia, flu and other ailments that formerly caused premature death; and surgeries and other treatment that keep millions of Americans alive and functioning with chronic conditions much longer than previously possible. These developments mean that more Americans are living longer, at the same time the Baby Boom generation reaches age 50 and beyond. Indeed, millions of Americans will live well into their nineties and even cross the 100 year mark.

But unless this growing number of older Americans can maintain their health and functionality, they will face a diminished quality of life even as medical science has extended their lives. Currently, the average person who reaches age 75 suffers from at least three chronic conditions that require regular medical attention and medication, which can bring with them disability and expense.

Taken together, the changing demographics, individual desires and projected costs to the health care system highlight the urgent need to increase the levels of physical activity among all Americans, and especially among those age 50 and older.

AARP Research on Physical Activity

As part of its central mission AARP has long been committed to supporting the quality of life of people as they age, and in supporting people to engage in healthy behaviors. In addition, in recent years health and fitness have surged to the top of a list of concerns voiced by AARP members. To learn more about how to address this issue with its members, AARP initiated a series of studies to take a closer look at the health and fitness of the growing 50 plus population. To guide the development of programs, AARP researchers and program planners wanted to know how people 50 and over view their own health, what they know about physical activity and fitness, and what they are doing to maintain their own health and fitness. Researchers were especially eager to discover what motivates some people to become and stay active -- and to identify the roadblocks that prevent so many others from taking this step.

From 1999 to 2003, AARP conducted five different surveys and six sets of focus group on slightly varying health and fitness topics, involving some 15,000 Americans 50 years and over.* Several of the studies were supported with a grant from The Robert Wood Johnson Foundation through the Active for Life™ program. Some AARP research projects focused

* Survey sample sizes for all surveys were more than 1000 per wave, with the maximum margin of error at the 95% confidence level +/-3% for the full sample size. Sub-sample margins of error are higher. Focus groups are a qualitative research method and as such their responses are not projectable to the population. Their findings are used for general guidance in strategic direction.

more on attitudes and knowledge about exercise, others on perceptions of health and well being, including the role of exercise and physical activity. Two focus group projects involved developing and testing message designed to motivate increased physical activity, another project sought to test reaction to a physical activity handbook, and yet another round of focus groups explored obstacles to physical activity in the built environment.

The cumulative findings from this work begin to fill an existing knowledge gap about the physical activity patterns of 50 plus Americans. It is the intent of AARP that knowledge gleaned from this wealth of information will provide guidance for researchers, health care providers, program planners in wellness and fitness programs and the aging services network, and others concerned with improving the health and fitness of this growing segment of the nation's population.

If there is an overall message, to date, from the ongoing AARP research efforts, it is that most 50 plus Americans—regardless of race, gender, income, education level, or where they live—recognize the value of physical activity, strenuous enough to cause at least modest increases in heart rate and breathing. The findings also show that many are not only aware of the value but are taking active steps to preserve and improve their own health and fitness. But, for a variety of reasons, significant numbers are not.

After synthesizing data from all the studies, AARP identified several major themes that may help guide program development and research in this important area:

1. **Lack of knowledge is not the primary challenge**; indeed knowledge levels are high but acting upon knowledge is at low levels. Many barriers, real and perceived, deter people from action.
2. **Imagery and tone are very important in motivating people to be physically active.** People 50+ are motivated by images they can relate to, not by elite senior athletes that make them feel discouraged or overwhelmed. For a variety of reasons, a “no pain, no gain” message often used to motivate younger audiences to exercise is not motivating to this age cohort. Similarly, a confrontational or critical “get off the couch” approach is not effective.
3. **People view increasing physical activity as an extremely difficult, even daunting task**, and need affirmation of their struggle and acknowledgement for any amount of effort.
4. **A very large majority want more information** about how to exercise safely, stay motivated, and set realistic goals.
5. **Exercise activities that can be done at home are appealing** to more than half of those who want to be more active. Walking is the preferred exercise of a large majority, and for many it is their only form of exercise.
6. **Community services and programs help people 50 and over to engage in physical activity.** Although a majority prefers exercising at home, 30% of people take advantage of physical activity offerings in the community.
7. **The terms “physical activity” and “exercise” convey different things to different people.**

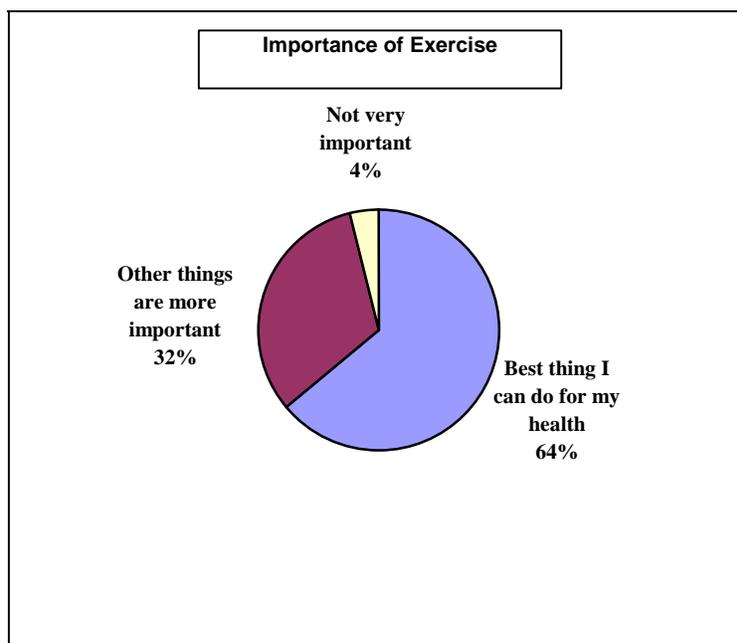
8. **Physicians and other health professionals can play a critical role** in the decision to be physically active.
9. **Being physically active in the community as part of a daily routine is a rare relic of the past.** Many public health officials and experts recognize the importance of community design that facilitates and encourages “walkability” and other physical activity such as sidewalks, bike paths, and neighborhoods built so that everyday needs can be fulfilled without dependence on a car. **Many consumers, however, do not make the link between physical activity-friendly environmental features and their level of physical activity,** and in fact they cannot imagine a life or community that includes walking to achieve daily errands. This reflects a need for basic education, unlike the health benefits of physical activity, which are well known among consumers 50 and over.

These recurring themes, the research behind them, and their implications are explored in greater detail in the remainder of this report.

THE THEMES

1. Knowledge levels are high, but action levels are low.

AARP research demonstrated that 50 plus Americans understand and value the benefits of exercise and physical activity. Ninety-eight percent of all AARP survey participants are aware that getting enough exercise is important to staying healthy and 64% identified physical activity as the “best” thing they can do for their health.



Source: *Exercise Attitudes and Behaviors*, May 2002

Yet only 36% know the recommended levels of 30 minutes a day and five days a week, so this presents an opportunity to provide the kind of specific direction and detailed information research respondents say they desire. About one half (49%) think flexibility exercises such as stretching or yoga are “very important.” Slightly less than half (42%) believe strength training is very important, and about one third believe vigorous exercise is important.

Women are significantly more likely than men to believe strength training is very important (46% vs. 37%) and balance (36% vs. 25% are important). Only four percent of all survey respondents deny the value of physical activity.

The responses demonstrate that people 50 and over understand the benefits of exercise. Many of those who report that they exercise regularly (59% say they have been “active on a regular basis” for six months or more) identified a range of benefits, from physical and mental health reasons to “looking good” (48%), socializing with others (34%) and better sex (28%). The benefits most often mentioned were health reasons. Improving overall health was the top motivator, with 83% reporting this as a benefit. Sixty-nine percent listed increased energy level as a benefit, 67% mentioned preventing disease, and 60% identified reducing stress and controlling weight as major benefits of physical activity.

With such high levels of knowledge about the need for physical activity, program efforts should go beyond education about the benefits of exercise, to providing specific messages that refute barriers, provide incentives, and direct people to specific resources. Clues for effective strategies to improve participation can be found in the values of exercise cited by those who do exercise.

2. Imagery and tone are important

In focus groups people 50+ responded well to images of people who “look like me,” by which they mean not a “perfect” body type, as well as “looking my age.” They generally responded negatively to images of super-fit athletes, even if the people depicted were obviously of their age or older. Some people discussed openly that images of very fit and trim people contributed to their discomfort and embarrassment about being physically active.

“All the commercials you see mostly show people in their 20s. You never see men and women in their fifties. You see a commercial about a health spa and the heaviest person weights 103 pounds. Get them out of there. Why are they there?”
– Focus Group Participant

Similarly, they reacted negatively to images of people being physically active in clothing that looked clingy, perfectly color-coordinated, fashionable or expensive. Instead, they felt comfortable and encouraged by the idea of being active in “regular” clothing such as loose and comfortable T-shirts and baggy shorts or sweatpants. These issues are critical when we consider the large role imagery plays in all kinds of communication that seeks to persuade or attract people to make choices.

Responses from participants in the AARP research projects suggest that the “no pain, no gain” admonishment that pushes so many younger people to exercise more strenuously does not work

with the 50 plus generation. People 50 and over seemed to reject completely this concept they see frequently in reference to exercise in commercial, news, and entertainment media. They see this approach as dangerous and inappropriate for them. Many are reluctant to exercise because they already are in pain, because they associate discomfort and pain with physical activity, or because they worry that they will be injured if they exercise. In one survey, 46% of those who were not active said it was because of pain.

They also viewed any approach that directed them to “get off the couch” or “get moving” as confrontational and critical, and were not receptive to any information conveyed in this tone.

3. It's not so easy

People view increasing physical activity as an extremely difficult and daunting task. The well-known Nike slogan “Just do it” seems a cruel oversimplification to many people over 50.

Many research respondents have very real scheduling problems, juggling full-time work with long commutes, care-giving for an older parent or other family obligations. Others point out that motivation is very difficult if you are very out of shape or overweight, and that group exercise or sports can be particularly intimidating or embarrassing.

Research participants responded positively to messages that conveyed a sense of what they called “tolerance,” in which they strongly appreciated a mention that it can be very difficult to become active and stay active. They seem grateful for affirmations that every little bit of activity counts, and “something is better than nothing.”

“It's very easy to move straight from the dinner table to the comfortable chair and fall prey to the television until it's time for bed.”
– Focus Group Participant

“It's especially hard to get out of a warm bed on a cold morning to do this.”
– Focus Group Participant

In one-on-one in depth interviews and focus groups in which respondents discussed their use of a self-directed handbook to become physically active, they found it very encouraging that they were not being reprimanded or scolded for finding it difficult

to exercise regularly. They found it motivating to think that they could begin slowly and even erratically.

4. Good news: People want more information

While it is often noted that Americans are constantly barraged with too much information, especially on their health, it is encouraging to note that there are areas where they still want more information. A consistent theme through all focus groups on all health topics was that much health information is too general or too vague. People over 50 want specific, detailed guidance and direction.

In particular, survey respondents mentioned that they would like more information on:

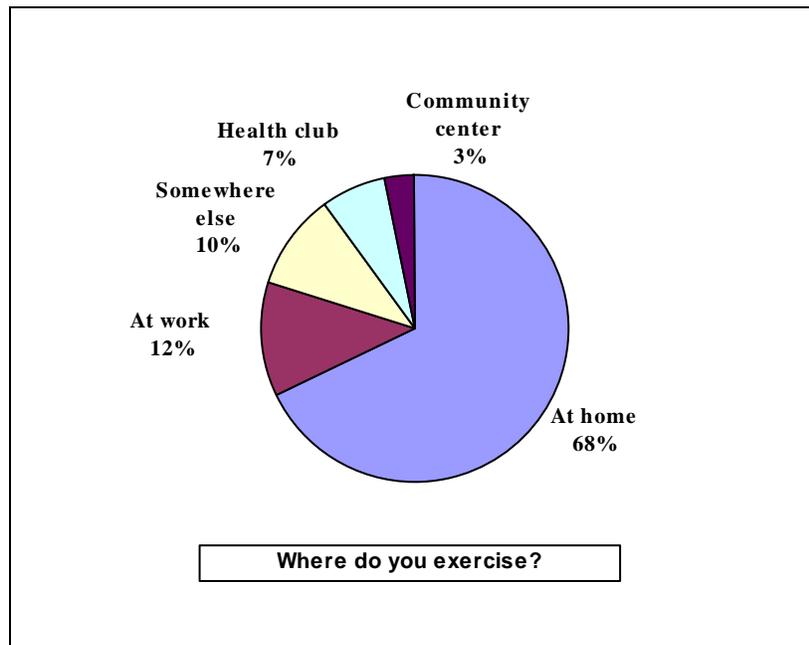
- exercising safely (74%),
- staying motivated (71%),
- setting realistic goals (66%),
- developing an individualized plan (51%) and
- tracking progress (50%).

Focus group participants requested referrals to web sites and brochures that make scientific information understandable. They talked about the strong appeal of goal-setting and tracking devices, charts, calendars and tip sheets that could help them organize a physical activity plan and stay motivated.

Some respondents suggested that distinctions between “moderate” and “vigorous” activity need to be clarified. Further, more guidance is needed for those who take activity seriously about how much is beneficial, how and when to increase activity levels and even whether there is such a phenomenon as too much exercise.

5. There's no place like home

Over half of all survey respondents say they would be interested in learning more about an exercise program they could do at home, vs. 45% who are interested in exercise classes for someone their age. Focus group respondents also emphasized the appeal and practicality of exercising at home.



Source: *Exercise Attitudes and Behaviors*, May 2002

In fact, of those survey respondents who do report engaging in regular physical activity, a large majority – 67% -- get their exercise in the home setting.

Many of the concerns voiced in focus groups and one-on-one in-depth interviews about feeling self-conscious, not knowing how to exercise, not being able to learn new activities and the inconvenience and expense of going somewhere to exercise can be overcome with exercise programs that can be done at home.

Some participants, though, managed to identify roadblocks to exercising at home. Some considered the hardest part “getting out of the chair,” while others acknowledged that “something else” always got in the way.

Women and those in the 70 to 79 age group were those most likely to get their physical activity at home and this included everything from housework—mentioned as a physical activity by one in three participants, mostly women—and gardening, to a jog around the neighborhood or simply taking a walk.

Among participants who considered themselves moderately active, walking was by far the activity of choice. In all age groups and for both sexes, 74% said they walk regularly, briskly enough and long enough to meet goals for physical activity. Some walk alone, others with a companion or in a group. A few said they actively tried to increase opportunities to walk through such strategies as parking far from a store when they visit the mall or taking stairs or that they combined shopping with something they enjoy, such as socializing or going “some place,” maybe for a meal or coffee.

Among those in focus groups, personal safety and fear of injury emerged as concerns that prevented them from exercising, sometimes simply because participants knew they were older and felt slower and weaker than they once were. They worried about strangers or transients in the neighborhood, a lack of sidewalks or safe places to walk and rest, no longer knowing many—if any—of their neighbors. Several focus group participants also mentioned concerns about the danger of unleashed dogs.

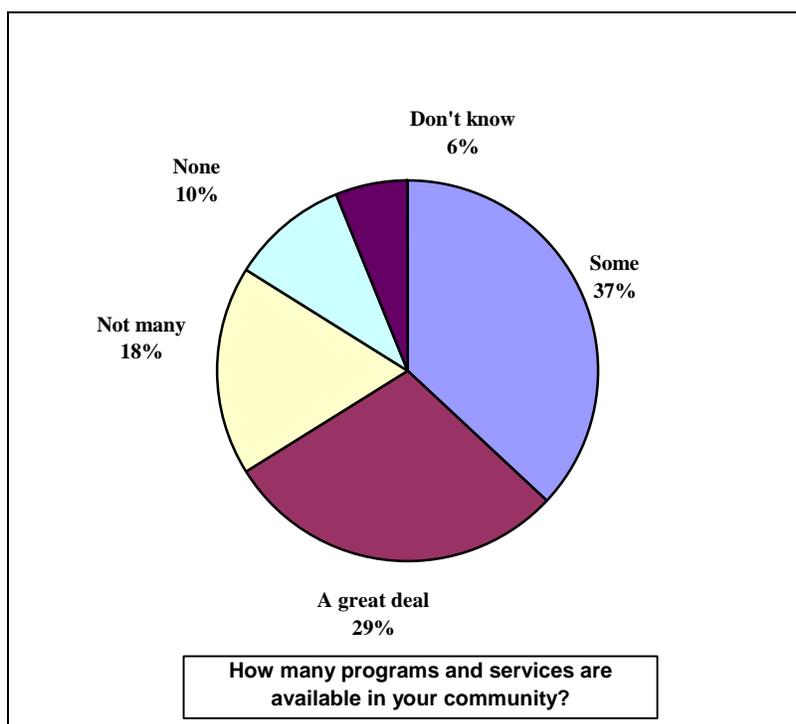
For those who say they engage in moderate activity at home, 54% mean walking, with smaller numbers doing more structured activity such as push-ups and stretching (14%), weights (13%), treadmill (10%), or cycling (10%).

Household chores comprise the other large category of activity for those who get their exercise at home. Some 35% of participants counted housework—though women (52 %) were far more likely to mention housework than men (12 %). Eighteen percent listed gardening and 17% mentioned other yard work. Only 9% considered housework a vigorous activity, though 37% included heavy yard work and 18% gardening as vigorous.

6. The community setting as an opportunity for increased physical activity

An overwhelming majority of people surveyed reported a preference for exercising at home; however, almost one third (30%) get their physical activity in the community at health clubs, community centers, workplaces, or other community settings. To keep the older population motivated for the long run and engaging in the variety of activities that will help them make long-lasting lifestyle changes, it is important to support continued community programming.

The AARP research showed that a majority of adults 50+ are aware of community exercise programs and services for people their age. Two thirds (67%) of respondents believe there are a great deal, or some programs services in the community for people their age, whereas only 18% thought there were “not many programs,” and 10% thought there were no programs or services in the community.



Source: *Exercise Attitudes and Behaviors*, May 2002

These perceptions vary significantly by region. For example, while 67% of people nationwide are aware of such programs, 72% of people in the West are aware, vs. 61% in the Midwest and 59% in the South.

Only about 15% of 50+ adults surveyed reported current participation in community exercise classes or programs, though 42% said they had at some time in the past. Both women and people in younger age brackets (50 – 59 and 60 – 69) were more likely to participate in community activities than men and older people (70+).

Weight lifting and strength training were the most popular community programs, listed by 31% of respondents. Aerobics was next in popularity at 22%, followed by walking, running/jogging, dance, cycling, yoga, basketball, golf, and water activities.

Poor health was the most common reason given by those who no longer participate in community programs, and other reasons frequently mentioned were expense, inconvenient times and locations, lack of adequate facilities and classes that were “too boring.”

Findings from portions of the research that probed further about community programs and activities suggest a number of ways to make exercise participation more attractive to members of the 50 plus generation. Many focus group participants, and those who have participated in AARP partner organizations’ exercise programs at the community level, demonstrate a strong demand for age appropriate exercise. They stressed a need for classes or written materials that are geared to an older audience and are not disease specific.

In addition to classes, other types of activities were considered community programs by participants. They cited walking groups, mall walking, running and biking clubs, and sports leagues. Few focus group respondents participated in these activities, although they knew others their age who did.

When asked what might make exercise more attractive, a number of focus group participants suggested more centrally located facilities, increasing the number of programs, providing greater variety in program and class offerings, and lowering the cost. Though in smaller numbers, a few suggested more convenient hours, availability of a gym, a walking path or track, and a swimming pool. Exercise programs and classes geared specifically to their age groups were also recommended.

The information needs cited earlier, i.e. to learn about ways to exercise safely, stay motivated, develop an individualized activity plan and find ways to track exercise progress can be addressed well in a community setting, as well.

7. The importance of terminology: “physical activity” vs. “exercise”

Words have different meanings to different people and can significantly influence how a message is received. To clarify the connotations of various terms, AARP researchers made a distinction between “exercise” and physical activity.” People acknowledged that both expressions can mean the same thing depending on how they are used, but many preferred the idea of physical activity to that of exercise.

Focus group participants defined exercise as planned and purposeful activity that requires physical effort and may, or may not, involve going somewhere. They said exercise means going for a walk, going to a gym, swimming, riding a bicycle, walking instead of taking a car or

using the stairs instead of an elevator, running/jogging, lifting weights, using a treadmill, doing aerobics, or playing tennis, baseball, basketball or golf.

On the other hand, they associated “physical activity” with an active and busy life that might include more formal exercise as well as such necessary tasks of daily living as housekeeping, gardening and even shopping.

Many respondents, however, seemed to make little distinction between the two terms, using them almost interchangeably. Interestingly, AARP researchers created a survey with a split sample – one half of the survey sample were asked about “physical activity” and the other half were asked about “exercise,” and the responses were the same for both words. For those who do make the distinction, however, the term “physical activity” was more appealing than “exercise,” because the latter term implied hard work, exertion and sweating. This preference was more pronounced among women than men.

In general, respondents thought of exercise as “work,” while they viewed physical activity as everyday things we must do anyway as part of life.

8. The critical role of health care professionals.

Numerous studies confirm that a majority of people report that their doctor is their primary, and most trusted, source of health information. In AARP studies as well, focus group respondents who were regular exercisers consistently said they were doing so on the recommendation of a doctor. Many said that they had been planning to become more active, but when their doctor told them to get started, they finally took action.

Many of the participants had experienced a serious health incident such as heart disease, diabetes, or a mild stroke, and this gave them extra incentive. Most focus group participants mentioned that a “wake up call” in the form of a health problem of a loved one or themselves was the single most motivating factor in deciding to become more physically active.

Other findings from AARP research confirm that physicians and other health professionals are a significant contact point for Americans 50 and over for a variety of regular screenings, health conditions, and caregiving responsibilities for others. For example, 80% of people 50 and older say they have discussed their health with a physician in the last year, 76% have had their cholesterol level checked, and 53% have had a cancer screening.

However, most Americans have heard the phrase “check with your doctor first” or “ask your doctor first” countless times. These messages may convey to older people that physical activity is inherently dangerous, and in addition, the perceived need to schedule a doctor’s visit may create an entirely unnecessary barrier. Needing to check with a doctor first is often mentioned in focus groups as a reason people have not acted upon their intention to become more active.

Physicians can help alleviate this barrier by reassuring patients individually and in published material and ongoing campaigns that for those who meet certain criteria, gradual increases in moderate activity, especially walking, can be undertaken without a visit to a physician's office and are immediately beneficial. The short, self-administered Physical Activity Readiness Quiz (PARQ) developed by the Cooper Institute and widely used by a variety of physical activity programs can be safely recommended as an initial screener.

Health care professionals have the opportunity to motivate physical activity in another way as well. Many focus group participants mentioned a health care "scare" of a loved one as a motivating factor in increasing physical activity. As family members interact with physicians, nurses and therapists in the aftermath of a serious health incident, one of the most "teachable moments" for increasing physical activity emerges. The health care team can use this opportunity to urge family members to assess their own health habits and make changes such as increasing physical activity to improve their own health.

Physicians and other health care professionals have a great opportunity to become major influencers in encouraging older Americans to become more physically active. Because of their frequent contact, their position of authority and their trusted advisory role, health care providers can play a significant role in efforts to increase levels of physical activity among older patients.

9. Relic of the past: everyday walking as part of life's routines

Of those who do not exercise, most point to lack of time (26%), lack of energy (37%) or health problems (34%), but some point to environmental barriers such as having no place to stop and rest (9%), no place to walk at all (8%) or lack of safety (7%).

AARP created a set of focus groups specifically to explore the connection between consumers' attitudes and behaviors toward walking, and the built environment in which they live. It is well documented that the "walkability" of communities influences the activity level and the health of its residents, and that the more car dependent a community becomes the more overweight its citizens become.

The issue is complex. Some participants did not think sidewalks were at all advantageous. Some thought they destroyed the "country" feel of suburban and rural roads, compromised privacy, and might be a financial burden to property owners, among other complaints. Few saw a lack of sidewalks as an obstacle to walking as a physical activity. At the same time, they acknowledged being tied to their cars, and sheepishly admitted that even for trips of very short distances they jumped in the car without thinking about the walking alternative. Most could not even imagine a life in which daily chores could be done without a car. The small town or village lifestyle that preceded the suburban sprawl that began in the 1960s, that is being recreated in today's "new urbanism" communities is an alien concept to most focus group participants. When discussion turned toward children walking to school, and a greater sense of community because of meeting neighbors on foot, however, some participants warmed up to the idea.

This reaction demonstrates that community planners, anti-sprawl activists, and public health officials who hope to foster community design that increases physical activity and reduces traffic congestion have an education task ahead of them. New community design can and does facilitate increased physical activity via walking and biking, but public support should not be taken for granted.

Conclusions

Research conducted by AARP on exercise and fitness documented that those in the 50 plus age groups understand the benefits of physical activity, yet they desire more information on specific recommendations, on community resources, on how to exercise safely and how to develop a plan that will work on a personal level. It also showed that while many are meeting the recommendations for physical activity, often on the advice of a physician or other health professional, a great many are not.

This research identified many of the reasons members of this age group participate in different physical activities. It showed that walking is the activity of choice for most 50 plus Americans but that many also participate in activities to improve flexibility, strength, and balance. Research participants were able to list many benefits of physical activity. Many reported that they both felt and looked better and a significant number discovered that exercise can be fun.

The research also pinpointed some significant barriers to exercise for those who are not physically active. Fatigue and lack of energy were the most common reasons given, but lack of motivation, no previous experience with exercise, self-consciousness and problems finding time to exercise were other reasons. A number of respondents said health problems kept them from exercising.

The challenge ahead is to help meet the ever growing expectations people age 50 and beyond have about living life to the fullest. Increased physical fitness needs to be part of a new, healthier future. AARP is committed to helping people reach that goal.

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AARP has conducted extensive research into this area and will share more specific research and information upon request. Additional references and sources for this document include:

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