

Live Well, Live Long: Steps to Better Health

Health Promotion and Disease Prevention for Older Adults

Physical Activity for Older Adults: Exercise for Life!

Chapter 3. Promoting Physical Activity in Your Community

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Introduction

Your organization or community can promote physical activity in dozens of ways. These will depend on factors such as your particular interests, leadership, budget, resources, and location. Chapters 1 and 2 provide you with basic tools: Chapter 1 describes common barriers and ways to work with elders to find solutions. Chapter 2 discusses the nuts and bolts of physical activity—elements, programming, types, guidelines—and how to engage inactive older adults in physical activity. This chapter puts it all together to help you find ways to promote physical activity opportunities for older adults in your area.

This chapter provides the following building blocks for you to use:

- Ideas for promoting physical activity in your community
 - Strategies for *every* community
 - Health literacy: making your program accessible to older adults of all reading levels
 - Walkable/bikeable communities that support active living
 - Physical activity is for *every* body
 - The mind-body connection

- Strategies for culturally diverse communities
- **Examples of innovative physical activity programs for older adults**
 - Community-based programs (senior housing, senior centers, recreation and park departments)
 - Aging network, national/state level programs or university programs (national- or state-level initiatives, mass media campaigns, area agencies on aging)
 - Health-focused services (community-based health services)
 - Programs in culturally diverse communities
- **Resources**

The Blueprint module of this website will give you a good foundation in the following topics related to promoting physical activity in your community:

- Changing behaviors and changing communities
www.asaging.org/cdc/module1/phase1/index.cfm
- Developing health promotion campaigns
www.asaging.org/cdc/module1/phase2/index.cfm
- Working with the media
www.asaging.org/cdc/module1/phase3/index.cfm
- Creating culturally sensitive materials
www.asaging.org/cdc/module1/phase4/index.cfm

Other modules in this website may give you additional ideas on creating partnerships:

- Choosing Partners
www.asaging.org/cdc/module2/phase3/phase3_4.cfm

Strategies for Promoting Physical Activity in *Every* Community

No matter what part of the country you live in or whether it is urban, suburban or rural, all communities need to provide physical activity opportunities for older adults.

Whether you think of “community” as people who live in the same area, or those who share a connection due to their culture or other characteristics, here are some ideas for how to approach promoting physical activity in *your* community.

Step One: Recognize that Every Community is Unique and Has Its Own Culture

Every community is unique and has its own culture.

No matter where you come from or what your background, everyone has a cultural identity. Cultural characteristics create a “personality” for a community.

We can see and feel this personality through cultural expressions in the way we talk, the clothes we wear, the food we eat, the music we listen to, the movies we go to, and the jobs we have. We may be less aware of noticing cultural expressions in other things such as our values, traditions, history, ideas, feelings, behavior and institutions.

To promote physical activity in a community, think about the culture and personality of the community:

- What is the community like?
- What are its unique characteristics? What is it like to live there?
- Are the characteristics different for different groups of residents? For example, the well-off side of town may have parks and recreation facilities, while the less well-off side of town may have vacant lots and fewer facilities.
- Does the community have big celebrations that bring everyone together?
- What are the main barriers to older adults participating in physical activity?

Step Two: Engage with the Community’s Elders and Learn About the Community

To create effective physical activity programs for older adults, engaging with the community’s elders is an essential step. Getting to know them and showing them your commitment will go a long way toward building trust with you and your program.

- What are the elders like? Where do they congregate and what do they do? What facilities exist for older adults? What are the facilities like? Is the community one big inclusive group or are there many subgroups?
- Take your time to get to know the community and its elders. Through talking with individuals (informally and formally) and participating in community groups, you will gather more information about the community, its characteristics and common barriers.

Step Three: Connect Your Program to the Community's Characteristics and Barriers

Your program will be more successful if you work with the older adults to identify and relate key characteristics and barriers to your program.

- For example, if the community is a small town and its centerpiece is a popular bowling alley, find out if many of the older adults bowl. That might be a way to start a physical activity program
- What values are important to the community? If you discover that the community prizes the educational achievement of its youth, you could explore an intergenerational program that would involve physical activity, tutoring and mentoring components
- If transportation is a common barrier for many of the community's older adults, you can brainstorm with them to come up with some possible solutions, such as holding a class in a centrally-located school, or tying in with a local community group that might be able to provide carpools
- Incorporate music, dance and visual arts into your program and materials that are popular among the community's older adults. Don't make assumptions: ask them! You may be surprised by their answers.

A strong program needs to relate to the community's specific cultural personality. No two communities are exactly alike; your challenge is to connect your program with characteristics that the older adults feel are important to *their* particular community.

Step Four: Seek Out the Community's Assets and Strengths

Every community has its strong points and resources. Find out what they are from your involvement with the community's elders and other residents, and connect with them. This affiliation will strengthen your ties to the community, show that you want to give something back to the community, and may provide additional opportunities for physical activity.

- Can you develop relationships with local businesses, clubs and civic organizations and explore partnerships with them?
- Can you tie your program to a senior center health fair or a faith-based event?

- Can you connect your program with a local issue about transportation, recreation and park use, or safety for older adults?
- Can you hire or recruit older-adult volunteers to be peer leaders or champions to promote your program?

Your program can help build community capacity and empowerment for the older adults in addition to providing opportunities for physical activity.

A few last tips:

- Always get feedback from older adults about your program and materials
- Be flexible about making changes
- Keep in mind your goal: to make your program fully accessible to the community's elders

Health Literacy: Making Your Program Accessible to Older Adults of All Reading Levels

Many older adults, whether born in another country or in the United States, did not have the opportunity to go to school long enough to learn how to read well. A successful physical activity program considers the literacy level of its potential participants so that lack of reading skill is not a barrier. Addressing literacy issues affects program materials and may also involve other aspects of the way a program functions.

Health literacy includes:

- The ability to obtain, interpret and understand basic health information and services
- The competence and motivation to apply generalized information to personal health situations

Informally assessing the literacy level of your program participants may help you better design your program and materials. It is estimated that the average adult in the U.S. reads at an eighth-grade level, but many older adults may read at a lower level, or not be able to read at all.¹

¹ Sanner, B.M. (July/Aug. 2003) "Are your written materials missing the mark?" *Journal on Active Aging*, p. 19. Available at International Council on Active Aging on the World Wide Web:
<http://icaa.cc/Journal%20on%20Active%20Aging/Journalarticles/Journalarticles10/areyourwrittenmaterials10.pdf>

Health communications professionals generally recommend designing adult-targeted public education print materials for about a fifth- or sixth-grade reading level, to accommodate individuals at all reading levels.²

Besides using language at an appropriate reading level, visual tools are another way to effectively get your message across. The Blueprint module discusses visual tools and other health literacy issues and features examples of innovative programs that address health literacy.

Walkable/Bikeable Communities That Support Active Living

Active Living Combines Physical Activity with Everyday Activities And Routines

In the past, people led active lives because they had to fetch water, chop wood, grow their own food, walk to visit a friend or walk to work. Today, we enjoy many modern conveniences that have eliminated the need to move our bodies and expend energy:

- Using electric appliances and the television remote control
- Driving to fast-food take-out windows
- Emailing a coworker who works in the next cubicle
- Taking an elevator or escalator
- Parking as close as possible to a building

Physical activity has become separated from our lives. As a result, inactivity and its consequences of chronic disease, functional limitations and premature death have become a major public health problem.

Our Communities Are Not Designed to Make It Easy to Be Physically Active

America has become a car-dependent culture.

- In cities it can be difficult or unsafe to walk or bike
- Stop lights may not be long enough for older adults to walk completely across the street
- Many suburbs do not have sidewalks or services within walking distance
- Public transportation may be limited

² *Ibid.*

On the other hand, in communities whose environments support physical activity, it is easier for people to lead more active lives.

- There is increasing evidence that individuals' health status improves when obstacles to active living are decreased³
- A study of 3,000 Japanese women and men in their 70s and 80s found increased activity and longevity associated with homes that were located near green spaces and walkable streets⁴
- A survey of 1,200 adults found that having sidewalks in the neighborhood, using a mall for walking and having physically active neighbors were associated with walking more⁵
- Participants in the U.S. Physical Activity Study who did not walk at least 10 minutes at a time while at work, for recreation, or for exercise (21 percent of the population) were 1½ times more likely than regular walkers to report a lack of sidewalks, no enjoyable scenery, lack of trails, and a lack of other exercisers in their community⁶

Walking is one of the most popular forms of physical activity among older adults

- Almost everyone can walk or wheel in a wheelchair
- It requires no special equipment other than good, supportive shoes
- It can positively affect physical, mental and social functioning and provide many overall life benefits

What Are Some of the Obstacles to Active Living in Our Communities?

- **Community design of buildings, streets and neighborhoods**
 - Unsafe crosswalks and intersections; lack of curbcuts on sidewalks

³ Bors, P., Altpeter, M., Luken, K. and Marshall, V.W. (Jan./Feb. 2004) "Community design: the next step to an active society?" *Journal on Active Aging*, p. 24. Available at International Council on Active Aging on the World Wide Web:

<http://icaa.cc/Journal%20on%20Active%20Aging/Journalarticles/Journalarticles13/communitydesign.pdf>

⁴ *Ibid.*

⁵ Addy, C.L., Wilson, D.K., Kirtland, K.A., Ainsworth, B.E., Sharpe, P., and Kimsey, D. (2004) "Associations of Perceived Social and Physical Environmental Supports With Physical Activity and Walking Behavior." *American Journal of Public Health* 94:440–43.

⁶ Eyler, A.A., Brownson, R.C., Bacak, S.J., and Housemann, R.A. (2003) "The Epidemiology of Walking for Physical Activity in the United States." *Medicine & Science in Sports & Exercise* 35(9):1529–36.

- Poor street lighting
- Sprawling, spread-out suburban neighborhoods or dense, unsafe urban neighborhoods
- Hard-to-find stairwells in buildings
- **Transportation systems**
 - Lack of accessible or reliable transportation to stores, services and recreational areas
 - Lack of bike lockers or storage facilities
- **Parks and recreational spaces**
 - Lack of parks or recreational areas
 - Lack of benches to sit on if rest is needed
 - Lack of bike or walking paths

Active Living Environments Promote Active Aging

Active living is critical for older adults to maintain functionality and independence while aging. An active living environment promotes active aging in many ways:⁷

- It is walkable and bikeable with an interconnected network of streets, sidewalks, homes, workplaces, schools, services, stores, multi-use paths and trails, parks, open space and recreational facilities
- It mixes living and retail spaces so it is more convenient and pleasurable to walk to the store than to step into your car
- It has accessible, reliable public transit
- It makes 30 minutes of physical activity a day easy, convenient and pleasurable
- It creates a sense of safety, community and social engagement

Active communities not only provide places for walking and biking, they connect destinations and make it easier to fit walking and biking into hectic schedules.⁸

Tools to Help Make Your Community an Active Living Environment

⁷ Active Living Frequently Asked Questions. Active Living Network. Available at Active Living Network on the World Wide Web: www.activeliving.org/index.php/FAQ/10

⁸ Partnership for Prevention (2002) *Creating Communities for Active Aging* 11. Available at Partnership for Prevention on the World Wide Web: www.prevent.org/publications/Active_Aging.pdf.

Many organizations are working on the national, state and local level to transform neighborhoods and communities into activity-friendly places for older adults and all residents. You can find tools such as walkability checklists and information on how to develop a strategic plan⁹ to make your community an active living environment in the resources on **Active/Walkable Communities** listed at the end of the module.

Physical Activity Is for *Every Body*

Promoting physical activity in your community means creating activity environments that older adults will feel comfortable in.

- Gyms and fitness centers can be alien, intimidating places for some older adults
- Some elders may thrive on competitive physical activities while others dislike competition
- Many older adults, especially women, may not feel comfortable being physically active in public
- Some older adults may feel hesitant to start being more physically active because they feel self-conscious about their body or functional ability, or they mistakenly believe that physical activity is only for the young and fit

Just about all older adults can participate in some kind of physical activity and benefit from it. Here are some suggestions for how to promote the message that elders don't need to wait until they get stronger, lose weight, or meet some other condition in the future – they can start ***now***.

Key Message: Start Being Physically Active *NOW*

- Teach older adults how to "listen" to their bodies. Being in touch with their bodies will help them to better judge their physical limits, allowing them to participate in physical activity without injuring themselves
- Physical activity programs with built-in social support may help engage elders in being more active
- Help elders pursue physical activity that suits them. A wealth of options exists between lifestyle physical activity and more traditional exercise options, depending on personal preferences, functional ability and available choices.

⁹ *Ibid.*, p. 6.

- Physical activity will make older adults feel and function better
 - Deconditioned and frail elders make the greatest gains in strength training
 - Almost all older adults with chronic conditions will find improvement from regular physical activity

... but only if they start!
- Active at Any Size, a program of the National Institute for Diabetes and Digestive and Kidney Diseases, Weight-Control Information Network, has excellent supportive tips for how large people can start being more active and healthier, no matter what their size (www.win.niddk.nih.gov/publications/active.htm). See the section on Exercise for Large Women and Men in Resources, below, to order a free hard copy

The Mind-body Connection

Mind-body exercise incorporates an inner focus as part of physical activity, based on the ancient idea that the mind, body and spirit are connected and in balance. Mind-body exercise typically includes relaxation, breathing exercises, and self-awareness. Tai Chi and yoga are two of the more common forms. Chinese and Chinese American elders have practiced Tai Chi in many American cities for decades.

Older adults in the U.S. are increasingly drawn to mind-body exercise as part of their health-and -wellness regimen.

- As they age, some people focus on “inner” rather than “outer” attributes
- The increased awareness of self that mind-body activity promotes can have an empowering effect
- The slower, gentle movements of Tai Chi and yoga may appeal to older adults and be less likely to cause injuries¹⁰
- Some older adults may be interested in the stress reduction, relaxation and improvement in mood that yoga and Tai Chi may bring¹¹
- Tai Chi is a good form of physical activity to work on balance
- There is some scientific evidence that yoga and Tai Chi may benefit people with cardiovascular disease¹²

¹⁰ Ives, J.C., and Sosnoff, J. (2000) “Beyond the Mind-Body Exercise Hype.” *The Physician and Sportsmedicine* 28(3). Available at The Physician and Sportsmedicine on the World Wide Web:

www.physportsmed.com/issues/2000/03_00/ives.htm.

¹¹ *Ibid.*

¹² *Ibid.*

Yoga is *innercise* in that it stimulates the system internally, e.g., organs, glands, nerves. The more we practice yoga, the more we integrate the physical, mental, and spiritual aspects of our being.¹³

Tai Chi and yoga can be valuable parts of a physical activity routine that should include endurance, strength training, stretching and balance. Classes may be available at senior centers and community recreation centers. Some communities have outdoor Tai Chi classes in good weather. Tai Chi and yoga videotapes tailored to older adults are available for those who want to practice at home.

Examples of Innovative Physical Activity Programs for Older Adults

Physical activity programs all over the U.S. are engaging elders and encouraging them to lead active lives. The programs in this section are featured because they demonstrate innovation in their approach to promoting physical activity. These examples may be helpful to you to see how another program handled an issue or program component similar to yours. The programs are grouped into four areas:

- Community-based programs (senior housing, senior centers, recreation and park departments)'
- Aging network, national/state level programs or university programs (national- or state-level initiatives, mass media campaigns, area agencies on aging)
- Health-focused services (community-based health services)
- Programs in culturally diverse communities (these examples follow the section on Strategies for Promoting Physical Activity in Culturally Diverse Communities)

Community-based Programs

- Local collaboration
Example 1 - Madison School & Community Recreation Goodman-Rotary 50+Fitness Program
- Multiple community sites organized by area agency on aging
Example 2 - Chicago Fitness Plus
- Private nonprofit community senior center
Example 3 - Get Fit-Stay Fit Challenge
- Rural congregate housing facility

¹³ Center for Public Health Practice, U.S. Dept. of Health & Human Services, Health Resources & Services Administration (Feb. 14, 2000) "What Yoga Is."

Example 4 - Annie Maxim House Wellness Program

Community-based Programs – Example 1

Example—Local Collaboration (school district, recreation and park department and civic group)

Highlight: Extensive program located in many city neighborhoods

Madison School & Community Recreation Goodman-Rotary 50+ Fitness Program

This program was started in 1994 by Irwin and Bob Goodman to offer affordable exercise to adults 50 and older in the Madison, Wisconsin, area. It is cosponsored by Madison and Community Recreation (the metropolitan school district) and Madison Downtown Rotary Foundation.

How: The program offers a wide variety of exercises, ranging from stretching, water exercises, low-impact fitness, a class especially for people with arthritis, and chair-based fitness to country-western line dancing, jazzercise, golf, kayaking, Pilates/yoga, and Tai Chi/qigong. Participants are welcome at all fitness levels (physician consent is mandatory every two years). The fee for classes varies from \$10–54.

Members receive free newsletters, educational clinics, and access to more activity choices. Seventy-five fitness and health classes are offered each fall, winter and summer session, taught by 20 certified part-time instructors. To address the barrier of access, classes are located in neighborhoods throughout the city, serving 1,300 middle-aged and older adults at all fitness levels.

Evidence of accomplishment: The program is extensive in the scope of its offerings, service area, and the fitness levels that are accommodated. Its success is evidenced by its continued viability as an organization serving a large community and the support of two respected public and private institutions.

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Community-based Programs – Example 2

Example—Multiple Community Sites Organized by Area Agency on Aging

Highlights: Affordable and accessible active aging program for diverse populations; partnership with fitness company; matching funds from fitness management companies

Chicago Fitness Plus

This citywide program of the Chicago Department of Aging is a comprehensive health, fitness and wellness program for people 60 and older, designed to help them become more physically active (offering exercise classes and fitness equipment), and to promote the image of “active, vital aging.” In 1995 the department created a health initiative to change the way older adults look at aging (i.e., that it represents frailty, disease and loss of independence). In addition to findings in the Surgeon General’s Report on Physical Activity and Health that inactive people can benefit from even moderate regular physical activity, another inspiration was Tufts University research on the positive effect of strength training on frail 80-to-90-year-old nursing home residents (increased muscle mass, strength, functional ability and independence). The goal of Chicago Fitness Plus is to establish active lifestyles by enhancing enjoyment of participation in a variety of activities; developing skills to encourage maintaining healthy behavior; and ensuring that it is affordable and accessible.

How: The program is funded by the federal Older Americans Act, with matching funds from fitness management companies. The city partnered with Fitness Formula, a professional fitness company. Classes are free; voluntary donations are accepted. Hiring an ethnically diverse staff of trainers helped address barriers within a population ethnically, socioeconomically as well as functionally diverse. The program provides individual consultation in addition to its programming, and uses praise and assistance to increase self-efficacy and counter the stereotype of aging. The program is two-tiered: six regional senior centers and 44 community sites within the city provide accessible exercise venues. The senior centers house fitness centers, with equipment and certified personal trainers, and group classes. Participants receive a preliminary health screening, comprehensive fitness evaluation and exercise prescription, and orientation (including an informational packet on health-related subjects). The second tier offers twice-a-week group sessions with a certified fitness instructor at 44 community sites: churches, senior housing, and congregate dining sites in low- or fixed-income neighborhoods. In addition, the Chicago Municipal Television station presents “Windy City Workout,” a program of seated strength training for homebound or frail elders.

Evidence of accomplishment: Over 7,000 Chicagoans currently participate in the program. Success is measured by the level of participation, the increase in fitness levels among participants as well as their feedback. The department on aging advises other cities and states on establishing similar programs, although it suggests that the two tiers may be less adaptable to other settings.

Chicago Fitness Plus attributes its success to several elements: having key stakeholders, partnering with a fitness company to ensure quality, having a basis in scientific research and behavior modification theory; addressing barriers that older communities face; using a diverse staff that is sensitive to older adults.

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Community-based Programs – Example 3

Example—Private Nonprofit Community Senior Center

Highlight: Individual physical activity time credited to teams on simulated nature hike challenge

Get Fit-Stay Fit Challenge

The Dorothy Garske Center in Phoenix, Arizona, aims to help people “develop, maintain and even increase their commitment to regular physical activity.” Based on the theory of individual behavior change, which uses goal setting, recording progress and positive feedback, it is part of a community effort to encourage fitness. By means of strong visual elements and material and an emphasis on fun, its goal is 30 minutes of movement at whatever level is optimal for the individual.

Get Fit-Stay Fit Challenge invites older adults to participate in their favorite activities such as swimming, dancing or walking, and complete a designated number of physical activity days. Participants record the number of days they were physically active for at least 30 minutes. Each person lists the days in both a personal log and a community log. Individuals work toward a challenge goal for prizes, and also compete for trophies as part of community teams.

Participants complete an exercise readiness screening, receive guidelines for creating a safe and beneficial routine, and commit to being physically active at least three days per week.

Each year, the Challenge picks a famous hiking trail as a theme. Each recorded day of physical activity equals ten miles of the simulated hike. For example, the Arizona Trail wanders through 750 miles of scenic and historic landscape. By recording a day’s worth of activity, the participant can check information on the location that he or she just completed on the simulated leg of the hike.

Evidence of accomplishment: Motivation to continue comes from the individual recording of accomplishment, social participation in teamwork, tangible prize rewards and visual satisfaction from “traveling through” natural scenery that symbolize the process. The program has been successful for many years, and is fueled by community involvement.

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Community-based Programs – Example 4

Example—Rural Congregate Housing Facility
Highlights: Shoestring budget; peer support

Annie Maxim House Wellness Program

The Annie Maxim House is a congregate housing facility in rural southeastern Massachusetts. The wellness program was created in 1996, in response to requests by residents for an exercise class. It was designed to create an atmosphere of wellness for residents and elders in the community.

How: Based on *The Wellness Workbook* by John Travis, MD, and Regina Sara Ryan (2nd ed.); Ten Speed Press, 1981, the program offers four classes per week: two strength training and two chair exercise classes for flexibility and range of motion. Transportation is provided twice a week to a local Y for an arthritis swim program. In addition to fall prevention workshops, there is an annual senior Health and Fitness Day, presented in collaboration with the rehabilitation department of the local hospital, a vocational high school, a walking club, and the Mature Markets Research Center.

The project does not depend on outside grants. It is, supported solely through the home, its Resident Association, participants and the community.

Evidence of accomplishment: Participants have agreed to demonstrate their exercise routines at community venues and share how the program changed their lives. Some of the strength trainers at times do their classes without leaders, and professional observers have praised their performances. The home conducted an evaluation of the program, which showed that it was effective in "promoting and enhancing a sense of physical well-being," and that in many cases respondents made wellness a component of their daily schedule.

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Aging Network, National/state Level Programs or University Programs

- Area agency on aging in a large county
Example 1 - Feeling Fit Club
- Community-based walking clubs organized by state public health department
Example 2 - Keep Moving
- Federal agency partnership with community organizations
Example 3 - You Can! – Steps to Healthier Aging
- Public and private national organizations collaboration
Example 4 - Hearts n' Parks
- State-county-university collaboration
Example 5 - Wellness Works
- State-university collaboration
Example 6 - Colorado on the Move™ (pilot program for America On the Move)
- Two national organizations' partnership
Example 7 - Training and Encouraging Senior Activity (TESA)
- University-based community walking program
Example 8 - Walk Everyday Live Longer Arizona (WELL AZ)
- University-based community-wide media campaign
Example 9 - Wheeling Walks
- Web-based strength training program created by Tufts University-CDC collaboration
Example 10 - Growing Stronger: Strength Training for Older Adults

Aging Network, National/state Level Programs or University Programs – Example 1

Example—Area Agency on Aging in a Large County

Highlights: Functional fitness program located at nutrition centers; availability to homebound elders by cable television; use of culturally-specific music

Feeling Fit Club

The Feeling Fit Club was developed in 1999 by San Diego County's area agency on aging, Aging and Independence Services (AIS) for sedentary, at-risk older adults of various ethnicities and cultures who participate in local senior nutrition program. It was created as part of an overall wellness program focusing on exercise, socialization and nutrition.

How: Based on research programs at Cal State Fullerton and Tufts University, it offers functional fitness classes focusing on flexibility, strength and balance movements, for 1–1½ hours 2–3 times per week. Its goal is to enhance the ability of participants to maintain independence and activities of daily living, reduce the risk of falls, and help improve mood, sleep, digestion and resistance to chronic diseases. Classes are free and equipment is provided.

There are also classes for frail, at-risk elders, featuring progressive resistance with weights and resistance bands, which can be modified for special needs. The program seeks to create a welcoming, relaxed, caring, and familial setting in which participants can enjoy social interaction, and improve their self-esteem. Homebound elders can also participate by watching the program on County Television Network (CTN) and other cable stations.

In addition to television outlets, AIS collaborates with the San Diego State University Adult Fitness program, local community colleges and other adult and community programs. AIS considers its community team approach a key to its success: its partnership (as the organizer) with nutrition centers (as hosts), the university (source of instructors, research/assessment, guidelines and expertise), local colleges/adult ed programs (more instructors), cable television, the instructors and of course the older-adult participants. AIS asserts that replication can be achieved with one organizing body partnering with the community, including community college and adult ed programs.

The six pilot sites have grown to 25 throughout the county. They offer 200 classes to 600 participants per month. They also present wellness workshops (dealing with osteoporosis, fall prevention and other health issues). Members are given a preliminary functional fitness test, and receive pre- and post-test results.

To serve the diverse cultures that make up San Diego County, the classes offer culturally-specific music, use some nonverbal communication to accommodate non-English speakers, and enlist the nutrition site staff to assist them with questionnaires and paperwork necessary for planning.

Evidence of accomplishment: The program has expanded throughout the county. Feedback about long-term results has been positive.

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Aging Network, National/state Level Programs or University Programs – Example 2

Example— Community-based Walking Clubs Organized by State Public Health Department

Highlights: Statewide program with strong outreach to diverse cultures and genders; each club is tailored to its setting and individually sponsored

Keep Moving

Keep Moving is an initiative of the Massachusetts Department of Public Health Office of Elder Health, a network of community-based walking clubs developed to increase physical activity among adults 50 and older.

How: There are over 183 clubs in rural, suburban and urban areas, with 3,000 participants. Each club is individual, varying in size, activities, and character. Councils on aging, park and recreation departments, assisted-living communities, churches, and at housing-sites sponsor the clubs. Several clubs in different areas have collaborated on events.

To implement its goal of comprehensively serving the people of Massachusetts, the program has enlisted partnerships with public and private agencies and organizations, such as the state unit on aging, the USDA Human Nutrition Research Center on Aging at Tufts University, the Massachusetts Councils on Aging & Senior Centers Association, the Boston Commission on Affairs of the Elderly, and BlueCross/BlueShield of Massachusetts. The sponsorship of the public health department links physical activity issues to other chronic disease initiatives.

Keep Moving is committed to serving diverse cultures, ethnicity's and both men and women (e.g., men's walking groups); programs are modified to address the specific needs of these populations. To do this, outreach staff develops ways to approach these communities. They involve community leaders in strategizing. A leader training was conducted at a Latino site, resulting in a Latino walking group; a further result was a Spanish-language manual and logbook. Trainings at Chinese housing sites introduce walking to Tai Chi programs, and provide on-site translation. Urban

black churches and health centers have been a source of male participants. Several focus groups of men asking how they prefer to receive health messages resulted in a training model specifically for them (they like to hear concise health messages from a male physician). Keep Moving is working with the Executive Office of Elder Affairs to train seniors in low-income housing sites to start walking clubs to reach sedentary elders.

The program continues to evolve based on surveys of participants and leaders to improve outreach and training (750 leaders have been trained in five years). Twelve new walking clubs are established each year. Growth is focused on improving diversity, including development in rural communities and among men. A "How to Start a Keep Moving Program" instructional guide has been developed for other locations, and serves as a revenue source.

Evidence of accomplishment: The success of the program lies in the variety of community-based clubs around the state, and their level of participation. Developing their own activities created a sense of personal involvement in the group. Expansion to include underserved communities means that physical activity is being implemented in greater numbers.

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Aging Network, National/state Level Programs or University Programs – Example 3

Example—Federal Agency Partnership with Community Organizations

Highlight: Partnership with several federal agencies recruits local community program partners in hundreds of communities

You Can!- Steps to Healthier Aging

You Can! - Steps to Healthier Aging is part of the U.S. Department of Health and Human Services' *Steps to a HealthierUS* initiative, which encourages all Americans to make healthier choices. Established by the Administration on Aging (AoA) in 2004, the *You Can!* campaign seeks to increase the number of active and healthy older adults, recruiting partners to mobilize communities to create public awareness and make available programs for nutrition and physical activity. The AoA would like at least 2,000 community organizations to reach at least two million older by 2006 to deliver its message.

How: *You Can!* partners sign up and receive access to information and resources so they can implement nutrition and physical activity programs in their community.

Partners can include aging services, public and private community organizations, faith-based organizations, health organizations, senior centers, nutrition providers, local health departments, local government, parks and recreation departments, and hospitals. The campaign is designed both for organizations already doing health promotion or those just getting started.

Benefits for a community organization are publicity for current activities, and resources and networking to start new programs. A toolkit provides ideas and tools for new activities and programs. Through the campaign, they can be promoted to a wider audience.

Besides the direct service of community partners, other levels of involvement include champion partners – international, national, state, and area agencies on aging that promote the campaign to their stakeholders, members, and local affiliates; and media partners, in which the campaign can be included as part of the news or feature programming. At the national level, partnerships have been established with three federal agencies: the Centers for Disease Control and Prevention; the National Institute on Aging; and the President's Council on Physical Fitness and Sports.

Evidence of accomplishment: In its first year (2004), the *You Can!* Campaign has a reach already extending to over 1450 partners in communities throughout the nation.

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Aging Network, National/state Level Programs or University Programs – Example 4

Example—Collaboration Between Public and Private National Organizations

Highlights: Adaptability; access to diverse communities through partnerships

Hearts n' Parks

Hearts n' Parks is a collaboration between the National Recreation and Park Association and the National Heart, Lung, and Blood Institute of the NIH, dedicated to reducing obesity and the risk of heart disease in the United States. The program encourages Americans to "aim for a healthy weight, follow a heart-healthy eating plan and engage in regular physical activity." The American Dietetic Association is also a partner.

How: In 1999, 33 pilot sites were established in North Carolina, with over 2,000

participants. The program has expanded to 56 sites in 15 states. These sites made a three-year commitment to implement activities that promote the "5 Ps": people, programs, partners, public visibility, and performance measures.

Local programs can be adapted to each community. Some examples are walking programs, health/nutrition education, community fitness competitions, arthritis aquatics and stretching programs. Different communities acquired a variety of partners, such as government agencies, community organizations and local businesses.

The program provides education for participants, presenting science-based information about how to reduce the risk of heart disease and incorporate heart-healthy behavior into their lives. In addition, community programs are given evaluative tools to measure the impact of their activities.

A key element of the program is its adaptability—heart health can be promoted in many types of programs, such as nutrition/fitness and stress reduction, and can be adapted for any age group. Training and resources are given to staff of participating organizations, for incorporating activities and information into existing programs or for creating new programs.

Evidence of accomplishment: The impact of community park and recreation programs on health, particularly in terms of involving diverse communities, is a positive outcome. Evaluations have yielded positive results: participants lost weight, expanded their knowledge of healthy activities, and changed their behavior.

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Aging Network, National/state Level Programs or University Programs – Example 5

Example—State-County-University Collaborative

Highlights: Focus on culturally competent programs serving poor and low-income African American, Latino, Russian, American Indian, Hmong, Laotian and Chinese elders; a community empowerment/holistic approach at numerous community and faith-based settings

Wellness Works

Wellness Works is a community-based physical activity, health and wellness

program, developed by the Milwaukee (Wisconsin) County Department on Aging Resource Center, partnering with the University of Wisconsin Milwaukee College of Health Sciences and interfaith older adult programs. Funded by the state since 2000, its mission is to address health disparities throughout the state, focusing on the relationship between disease, physical activity and nutrition among older adults of color.

The Wellness Works Health and Fitness Initiative provides free access to a variety of physical activities. These interventions are designed to prevent age-related disability. An information and assistance specialist and a registered nurse from the Department of Aging Resource Center provide informational outreach, joining the effort to forestall health crises as people age.

Four sites located at large senior centers house strength and cardio training equipment and a staff of exercise/fitness professionals and paraprofessionals. Faculty and students from the University of Wisconsin human movement science and occupational therapy departments conduct programs and research in strength and fitness training for individuals, and provide group and individual guidance on fall prevention. They also conduct home safety assessments at senior housing sites. This partnership has made many studies comparing exercisers vs. nonexercisers, and is compiling a research database.

At the fitness centers, participants receive fitness assessments and individualized plans, and access to programs with personal trainers. Other services include free healthcare publication and other print material, individual counseling on nutrition, fitness and other topics, medical monitoring, problem solving, benefits assessment and health and social services referrals. Participation is free and transportation is provided.

All 12 sites offer many group and individual physical activity programs. They are located across Milwaukee County, in community settings serving diverse populations. For the non-English speakers (including Latinos, Russians, Hmong and Chinese), programs may be presented in the appropriate language, or translators may be available.

Wellness Works is a multi-purpose program. It provides community service to older adults, service learning opportunities for students, and research opportunities on physical activity and aging.

Evidence of accomplishment: Benefits of the fitness program participants have mentioned are: socializing opportunities with other elders and staff, great variety of equipment, convenience, and the health benefits. The research team has found increases in strength and endurance and declines in depression.

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Aging Network, National/state Level Programs or University Programs – Example 6

Example—Collaboration Between a State and a University

Highlight: Statewide walking program in local communities using rural and faith-based settings

Colorado on the Move™ (pilot program for America On the Move)

In 2001, the Colorado Department of Public Health and Environment partnered with the University of Colorado Health Sciences Center to create a statewide physical activity and nutrition program to prevent obesity. Research has shown that preventive measures such as improving nutrition, stopping smoking, becoming more active, in addition to early detection and intervention may prevent chronic diseases like heart disease and stroke.

How: The physical activity component addresses the overall mental and physical health benefits of regular exercise. It promotes community-based programs that encourage small behavioral changes over time to achieve long-term healthy results. Participants are encouraged to walk 2,000 steps a day more than before the program. Participants use pedometers or step counters to measure their progress.

Participating work sites throughout the state received a starter kit containing information and practical ideas for ways to involve people. Each site developed a 14-week program, with incentives for its participants. Depending on the individual site, pedometers were either free of charge or at a reduced cost, or were a full-price requirement. Activities, such as competitions, also varied among sites.

The health department implemented two community interventions, one in a rural area and the other in the Denver Metro Black Church Initiative, a faith-based community of 20 churches. By using this platform, program coordinators are able to work in an already established community setting to reach urban high-risk populations of older adults.

Evidence of accomplishment: This walking program with low overhead is implemented in over 50 work sites and 12 communities, and is part of the state plan to address obesity. It also served as the pilot site for America on the Move, a national version of the program (www.americaonthemove.org).

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Aging Network, National/state Level Programs or University Programs – Example 7

Example—Collaboration of National Organizations

Highlight: Educational program to promote networks and physical activity for older adults and providers who work with older adults

Training and Encouraging Senior Activity (TESA)

Developed by the national organization the American Association for Active Lifestyles and Fitness, collaborating with the National Senior Games Association, and funded by the Centers for Disease Control and Prevention, TESA promotes regular physical activity for people 50 and older.

How: TESA conducts half-day multimedia workshops for older adults and professionals who work with them. Their areas of focus are heart-/muscle-healthy activities, nutrition, goal setting and overcoming barriers to activity.

The workshops provide guidelines on physical activity and strategies and encouragement for participants to implement their own program. TESA has developed resources for developing strong networks, and encourages the cooperative efforts of already active elders and professionals to increase activity levels among more sedentary adults. It supports ongoing physical training programs and promotes programs that “lead to healthy behaviors and practices.” TESA also offers special training for professionals in planning and overseeing basic physical programs in facility and community settings.

TESA provides toolkits, which include: pedometer, resistance band, *Exercise for Seniors* guide booklet, informational brochure (*The Activity Guide Pyramid for Older Adults (60+)*), exercise video and workbook (which includes national/local resources for ongoing community support).

Evidence of accomplishment: The original program was piloted in August 2002 at two community sites. Two years after the pilot, 31 workshops have reached 1,971 older adults. In May 2004, “TESA2” for professionals to plan and oversee basic physical programs was piloted. By the end of 2004, four of these workshops reached 68 providers. Trainers for these TESA workshops are university faculty with specialties in such areas as biomechanics, exercise psychology, exercise physiology and athletic training.

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Aging Network, National/state Level Programs or University Programs – Example 8

Example—University-based Community Walking Program

Highlights: Goal setting; lifestyle physical activity

Walk Everyday Live Longer Arizona (WELL AZ)

Modeled after First Step, a renowned Canadian program, WELL AZ is a packaged four-week program for increasing physical activity by walking more each week. It has been used among healthy adults and those with specific chronic conditions.

How: Each once-a-week meeting (after an orientation) includes individual progress reports, brief, progressive group walks (week one—10 minutes; week two—20 minutes; last two weeks—30 minutes), and a discussion session to plan personalized strategies and goal-settings for the next week. Participants monitor their progress with pedometers. Based on their progress, they can set new personal daily activity each week. The manual includes an activity calendar for recording step-by-step progress.

This program sets out to prove that physical activity can be included into any daily routine; the Surgeon General's recommendation of 30-minutes of moderate activity most days is presented, and participants set individual goals based on their needs.

Evidence of accomplishment: In 2004, the program was expanded to include all age groups. According to evaluation, on average, participants in the four-week program increase their step counts by 1,000 steps daily.

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Aging Network, National/state Level Programs or University Programs – Example 9

Example—University-based Communitywide Media Campaign

Highlight: Extensive use of advertising to promote walking

Wheeling Walks

Wheeling Walks was developed by West Virginia University as an eight-week media campaign in 2001 to encourage people to walk 30 minutes or more per day almost every day. Designed as a “communication intervention” (and the subject of a scientific study), using theories of social marketing and planned behavior, the campaign gave heavy exposure in the media to the idea of the ability to incorporate physical activity into one’s schedule.

How: The campaign used a combination of paid media ads, public relations and public health activities. Ads on radio and television and in print addressed the time factor, a common barrier to regular physical activity. Events and educational programs (to which press were invited) were heavily promoted at press conferences to maximize local news coverage.

- The “Worksite Wellness Walking Challenge” was implemented at work sites. Packets were distributed by the Wellness Council of West Virginia, and registered participants submitted weekly logs of minutes walked.
- Setting up a website made the campaign more available to the public: people could find out about events, register online and submit their weekly logs
- “Prescriptions for Walking” asked 270 physicians to write prescriptions for their patients to “walk 30 minutes or more on almost every day, as appropriate to their health status”
- Seven local health professionals were trained to give presentations about walking and physical activity that emphasized its importance to health and energy. These were held at worksites and civic organization meetings, and were attended by a total of 900 people.

Evidence of accomplishment: The evaluative study yielded positive results. The intensive media exposure led to changes in behavior and created positive messages. Success was attributed to community and media involvement and the advantage of using paid advertising over public service announcements (they can be more targeted and shown more frequently). The campaign had an impact on policy and even environmental matters: the mayor (who had served on the advisory committee) set up a task force to improve walking facilities through a collaboration with the National Park Service, the state department of transportation, and local rails-to-trails groups. For replication purposes, a PowerPoint presentation is available online which discusses how the campaign worked.

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Aging Network, National/state Level Programs or University Programs – Example 10

Example—Web-based Strength Training Program Created by Tufts University–CDC Collaboration

Highlights: Program is user-friendly, featuring clear instructions and animated illustrations

Growing Stronger: Strength Training for Older Adults

Growing Stronger is a web-based exercise program designed by the John Hancock Center for Physical Activity and Nutrition at Tufts University and the Centers for Disease Control and Prevention. The program is directed to the older adult participating in a home-based exercise routine.

How: The program website features detailed exercise instructions and animated illustrations. It also provides information on how to prepare for physical activity such as stages of change, equipment needs, and when to check with a doctor or avoid doing exercise. Helpful tools are also given for maintaining physical activity such as worksheets for setting goals, maintaining motivation and benchmarks for increasing exercise intensity.

Evidence of accomplishment: These specific exercises are based on Tufts research that demonstrates strengthening exercises maintain the integrity of bones and improve balance, coordination, and mobility. Tufts University used a strength-training program with older men and women with moderate to severe knee osteoarthritis. The researchers report that “the results of this sixteen-week program showed that strength training decreased pain by 43%, increased muscle strength and general physical performance, improved the clinical signs and symptoms of the disease, and decreased disability. The effectiveness of strength training to ease the pain of osteoarthritis was just as potent, if not more potent, as medications. Similar effects of strength training have been seen in patients with rheumatoid arthritis.” Tufts program developers also cite a New Zealand study of women 80 years of age and older that demonstrated a “40% reduction in falls with simple strength and balance training.”

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Health-focused Services

- Community teaching hospital affiliated with a university school of medicine
Example 1 – CareCard
- Hospital-initiated mall walking program
Example 1 - Valley Health PrimeTime Mall Walkers

Health-focused Services – Example 1

Example—Community Teaching Hospital Affiliated with a University School of Medicine

Highlights: Holistic orientation; outreach to underserved communities and partners

CareCard

CareCard is a free health and wellness membership program for people 55 years and older. Established in 1987 by the Hospital of Saint Raphael in New Haven, Connecticut, a community teaching hospital affiliated with Yale University School of Medicine, the program is dedicated to a holistic approach to “enhance the physical, emotional, and social wellness of its members.” The curriculum is based on scientific studies on the benefits of regular exercise for older adults, in areas such as joint function and flexibility/balance (decreasing the risk of falling), and depression/self-esteem. Notably, CareCard also attempts to reach underserved communities, and works to address negative stereotypes and fears about exercise.

How: CareCard provides a wide variety of services—a range of health screenings, tax filing assistance, education seminars, monthly newsletters/magazines, prescription and local merchant discounts.

Its fitness center and other sites feature a range of physical activity classes: indoor/outdoor walking, low-impact aerobics and stretching, weight training, and aquatic exercise classes (some specifically designed for participants with arthritis), Tai

Chi, and line dancing. Some are ongoing; others, like indoor walking, are seasonal. Indoor walkers can set their own pace.

The program has formed alliances with many community resources in order to reach elders from culturally diverse communities, as well as frail and disabled adults. There is extensive outreach toward Latino and inner-city communities, working with churches and senior centers, and ethnic media, and relying on input from the communities to create culturally competent programs. Additional sites have been established in local neighborhoods to help reduce cultural barriers. Classes are offered for free or a nominal fee.

Participants at all sites receive health-risk assessments and referrals. Screenings cover a wide spectrum of conditions, which are monitored as needed. Fees vary according to class and level of participation, from \$58–\$102 per class. These, as well as government funding and community partnerships, help subsidize the inner-city classes.

Currently, CareCard provides six core programs at six sites, which are fiscally self-sufficient, and is well-respected, partnering with diverse resources such as the Department of Elderly Services and Casa Otoñal, a low-income Latino housing complex partially funded by the Area Agency on Aging. The program attempts to encompass the wellness needs of all New Haven elders, from the suburbs to the inner city.

Evidence of accomplishment: The program has been serving the community for 17 years. Classes are well-attended, and many have been added on demand. Their impact is measured through health monitoring (blood pressure, cholesterol, etc.), and recognition of individual progress in newsletter, vendor discounts, and events. Results from pre- and –post-test fitness assessments found improved mood, strength, self-esteem, weight loss, energy level and social wellness.

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Health-focused Services – Example 2

Example—Hospital-initiated Mall Walking Program
Highlights: Social support

Valley Health PrimeTime Mall Walkers

The PrimeTime Mall Walkers began in 1996 as a program of Valley Health Hospital. It is a free membership exercise and education program for people 50 and older, created to promote a “natural high” through walking.

How: Over 40 active members meet once a month, and listen to a health lecture every other month by Valley Health professional staff. Members begin with a one-hour interview by staff, who continue contact with follow-up phone calls. Walkers set their own pace, keep time, and receive incentives for every 25 hours they walk. Members may include various fitness levels; some are residents in assisted living facilities.

Evidence of accomplishment: The program’s effectiveness is evaluated in a semiannual member survey. Among its results: lower blood pressure, lower cholesterol and blood sugar levels, and weight loss. Valley Health considers the program holistic: in addition to physical health benefits, social relationships are formed, and both of these may lead to increased participation in other health and wellness programs. These include health screenings, Tai Chi, yoga, stretching, and dancing.

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Strategies for Promoting Physical Activity in Culturally Diverse Communities

The U.S. population is aging and, at the same time, becoming more culturally diverse. By the middle of this century it is expected that elders of color will make up 35 percent—30,000,000 people—of the 65-and-older age group.¹⁴ Currently, white adults are the most physically active.¹⁵ The following chart shows the level of physical inactivity of different ethnic and racial groups in the U.S.:

Group	% Inactive
Hispanic or Latino	54%
Black or African American	52%

¹⁴ Day, J.C. (1996) Population projections of the United States by age, sex, race, and Hispanic origin: 1995 to 2050. U.S. Bureau of the Census Current Population Reports (P25-1130). Available at U.S. Census Bureau on the World Wide Web: www.census.gov/prod/1/pop/p25-1130/.

¹⁵ U.S. Dept of Health & Human Services. *Healthy People 2010. (2nd ed.)*: “Understanding and Improving Health” and “Objectives for Improving Health”.(2 vols). Available at Healthy People on the World Wide Web: <http://www.healthypeople.gov/>.

American Indian/Alaska Native	46%
Asian or Pacific Islander	42%
White	38%

Chronic diseases also affect ethnic/racial groups more than European Americans.

- A higher proportion of African Americans and Latinos have at least one chronic disease
- African Americans and American Indians/Alaska Natives are more likely to have limitations in work or other daily activities (walking, bathing, dressing)¹⁶

Physical activity has many benefits. It can improve the health of elders with chronic conditions and increase physical, mental and social functioning throughout the aging process.

The challenge is to create ways to promote physical activity so that *all* elders have access to a variety of options, and can lead active lives in their communities.

The following approach to developing innovative and effective physical activity programs for older adults of culturally diverse backgrounds grew out of the National Roundtable on Increasing Physical Activity Among Adults of Color Age 50 and Older, a day-long forum sponsored by the Robert Wood Johnson Foundation, held in 2003.

Step One: Appreciate That Every Community Is Unique and Diverse

Culture provides people with a framework for living and for interpreting their environment. Culture incorporates language, values, traditions, customs, food, music and the arts, history, ideas, feelings, behavior and institutions.

Culture is influenced by race and ethnicity, and also by socioeconomic status, gender, age, sexual orientation, disability, geographic region, geographic setting (urban-suburban-rural) and other factors.

¹⁶ Center on an Aging Society (Feb. 2004) "Cultural Competence in Health Care: Is It Important for People with Chronic Conditions?" Issue Brief No. 5., Washington DC: Georgetown University. Available at Georgetown University's Health Policy Institute on the World Wide Web:
<http://ihcrp.georgetown.edu/agingociety/pdfs/cultural.pdf>

Members within a cultural group may experience and express their cultural identity in different ways, creating a diverse range of identities within any cultural group. No matter where you come from or what your background is, everyone has a cultural identity.

Several central values are shared by many cultures of color: connection with ancestors, duty to family, and respect for elders. However, the way any particular cultural community as a whole experiences and expresses its cultural identity may also vary quite a bit. These differences may be due to any of the factors that influence culture mentioned above.

- When working with a culturally diverse community, explore what is unique about the community
 - What is the community's history?
 - Where do its residents come from? How long ago did they arrive? At what age? Did they come as immigrants, refugees, descendants of slaves, forced laborers?
 - What is their socioeconomic status (education, income, occupation)? Is there a big range?

Poor refugees who have limited writing skills in their native language are going to require a very different approach than middle-class immigrants who have high-school and college degrees, although both groups may speak the same language or even the same dialect.

- Are there experiences in the community's past that have influenced its response to programs or studies?
- For example, many African Americans all over the U.S. are wary of participating in any kind of study or program as an aftereffect of the U.S. government's Tuskegee Syphilis Study,¹⁷ in which 399 poor African American men and their families were monitored but not treated for the deadly effects of syphilis from 1930 to 1972.
- A cultural group as a whole may be affected by a shared past, but how the residents of any particular community feel about it may vary. How do the residents of your community feel?
- What else is unique about this particular community?

Step Two: Learn about the Community's Culture from Its Elders

¹⁷ For more information see the CDC's Tuskegee Syphilis Study Page available at CDC on the World Wide Web: <http://www.cdc.gov/nchstp/od/tuskegee/index.html>

- The elders are your key to the community. They are the experts on their culture and their lives. By interacting with and learning from them, you will be in a better position to determine how to successfully promote physical activity in their community. Engage with the community to build trust
 - Start the process at the very beginning of your program planning
 - Find creative ways to engage with elders, community groups, and other community members
 - Initiate informal conversations
 - Hold focus groups or interviews
 - Attend community meetings, events and programs
 - Hire elders as program staff
 - Involve elders as volunteers
 - Build a relationship with the community over time
 - Developing a trustworthy reputation with the community is an ongoing process
 - The seeds you plant may not bear fruit now, but maybe at a later time
- Learn about the community's key cultural characteristics
 - What cultural characteristics are important to this community?
 - What parts of their culture are most visible?

Examples:

- Many Latino communities prize fiesta and celebration
- Many African American communities have strong faith-based networks
- Many American Indian communities take a traditional approach to health through ceremony
- Many Asian American communities have a strong tie to ancestors and duty to family

- As you get to know the elders, find out if these cultural characteristics are important in this community
- As you explore the community with its elders, you will go through a process of proving or disproving generalizations. It's okay to make assumptions ("I assume this Vietnamese community is Buddhist") as long as you don't stereotype ("this community is Vietnamese so it must be Buddhist"). You may be surprised to find out that in your particular Vietnamese community, few of the residents are practicing Buddhists.

- Learn what common barriers prevent the elders from participating in physical activity
 - See Chapter 1 for an in-depth discussion of common barriers
 - Barriers are related to the community's cultural characteristics

Examples:

- In some Latino communities, residents who do not have documented immigration status may be afraid to fill out forms or participate in an exercise class
- In some African American communities there is mistrust toward programs and studies
- In many rural American Indian communities transportation is limited and elders are geographically isolated
- In many Asian Pacific American communities elders, especially women, may have lack of time due to caregiving responsibilities

- As you explore barriers with the community's elders, you will go through the same process of proving or disproving generalizations as described above in relation to cultural characteristics. Again, be open to learning about what barriers are blocking participation in physical activity for the elders in *this* community.

Step Three: Connect the Program to the Community's Cultural Characteristics and Barriers

Use the key cultural factors and barriers that you and the elders have identified to relate the program to the community's cultural characteristics.

- Use the community's language or dialect in your program and materials

Language is the "lowest common denominator of cultural sensitivity"¹⁸

- Relate the program to the community's rituals, practices, and philosophies

¹⁸ Kreuter, M.W., Lukwago, S.N., Bucholtz, D.C., Clark, E.M., and Sanders-Thompson, V. (2003) "Achieving Cultural Appropriateness in Health Promotion Programs: Targeted and Tailored Approaches." *Health Education & Behavior* 30:133–146..

- Explore each cultural characteristic and barrier with the community's elders:
 - How important is it?
 - Can a characteristic be a foundation of your program?
 - Can a barrier be overcome?

Examples:

- In a Latino community, build on the love of fiesta by adding a dance component to the celebration. Plan monthly mini-fiestas
- In an African American community, take a faith-based approach to an exercise program by holding the program in local churches, enlisting the support of the church leadership and incorporating faith-based values such as making an elder strong in body and spirit
- In an American Indian community, relate to the community's orientation to health through ceremony by adding a group walk to the end of a ceremony, or holding weekly walks led by tribal elders
- In an Asian Pacific American community, build on the strength of family ties by holding intergenerational exercise activities. A family walking program will connect exercise with the different generations in a family and may allow caregivers to be active while maintaining social roles and functions

- Use the community's music, dance and visual arts
 - What music do the elders like?
 - For program materials, what colors and styles relate to the community's culture and are also appropriate for elders with low literacy and low vision?
- Constantly revise and refine your program and materials
 - Work with a small group of elders to get their specific feedback
 - Do as much planning as you can up front
 - Your program is a work in progress – be prepared to make changes!
- Connect the program to the community's strengths and resources. Every community has assets that you can discover by working with the community's elders. The program can help build community capacity and empowerment.
 - Recruit elders in the community to be peer leaders and champions

- Create opportunities to connect the program with other local issues such as transportation, park and recreation use, and safety
- Coordinate with existing community programs and resources (senior centers, health fairs, tribal or local government programs, churches)
- Develop relationships with local businesses, clubs and civic organizations and explore partnerships with them

Make the program fully accessible—culturally, linguistically, socially, financially and environmentally.

Examples of Innovative Physical Activity Programs for Older Adults in Culturally Diverse Communities

Many of the strategies mentioned previously have been successfully used in community programs. The following are examples of how these innovative methods can work in a specific community.

Programs in Culturally Diverse Communities

- Individually tailored approaches to several communities of color
Example 1 - Community Health and Nutrition Demonstration Project
- Multi-ethnic community wellness center
Example 2 - White Crane Wellness Center Inc.
- Spiritually-based wellness activities in an African American community
Example 3 - Healthy Lifestyles
- Walking program for Latinas ages 50 years and older
Example 4 - Camine con Nosotros "Come Walk With Us"
- Walking program for Navajo elders
Example 5 - Healthy Path: A Nutrition and Physical Activity Program for Navajo Elders

Programs in Culturally Diverse Communities – Example 1

Example—Individually Tailored Approaches to Several Communities of Color
Highlights: Multicultural project staff; community-capacity building; devoting time to develop trust and relationships with underserved and unserved elders of color

Community Health and Nutrition Demonstration Project

Since 1992, the Cross Cultural Health Care Program (CCHCP) has been addressing broad cultural issues that impact the health of individuals and families in ethnic communities in Seattle and nationwide. Through a combination of cultural competency trainings, interpreter trainings, research projects, community coalition building and other services, the CCHCP serves as a bridge between communities and healthcare institutions to ensure full access to quality healthcare that is culturally and linguistically appropriate.

How: The Community Health and Nutrition Demonstration project, a program of the CCHCP, conducted culturally appropriate health-promotion programs targeting unserved and underserved Asian Pacific American communities in Seattle to address the high incidence of diabetes and cardiovascular disease. The project worked with Tongan Americans, Samoan Americans, Polynesian Americans, Filipino Americans, Native Hawaiians, American Indians, Hmong, Mien, and Laotians. The 16-week exercise and nutrition curriculum covered topics such as how to modify traditional recipes to make them more healthful. In groups where participants expressed dislike of conventional exercises such as marching in place and knee bends, the program instituted traditional dance forms as exercise.

Meetings were held with key leaders in each community to plan and prepare the implementation of the project and make necessary changes in the project design. Building the relationships was an essential step that began the foundation of trust and interaction with community leaders. Contacts and meetings with community leaders to understand the political and societal structures of each community took about three months. Other key elements included additional staff trainings in building relationships, evaluation design, data collection, and cultural and linguistic curriculum development; staff familiar with the targeted communities; additional team consultants with expertise in the areas of nutrition, visual aid communication, evaluation, and exercise; and a project advisory board with both community and professional members.

In addition, key staff participated in ongoing educational trainings with the University of Washington Nurses' Diabetes Program, the public health department, hospitals and health services. The collaboration among these groups and community leaders strengthened the trainers' knowledge of the groups and health issues as well as the importance of understanding cultural, social, and linguistic dynamics in particular communities.

Incentives for project participants assisted in the promotion of the program, and also served as guides and tools for them to use when preparing foods. They included measuring cups, measuring spoons, recipes, toothbrushes, and t-shirts.

Evidence of accomplishment: A respectful, tailored approach to each community—characterized by extremely careful attention to building relationships before talking about specific health-promotion issues, getting buy-in from community leaders, holding program sessions in familiar locations, avoiding the use of slick program materials, providing materials and sessions in the community's language and listening

to the elders in the program—resulted in more than 5,000 older adults participating in the program each year.

Contact: Alison Alfonzo Pence
Cross Cultural Health Care Program
270 South Hanford Street, Suite 100
Seattle, WA 98134
Phone: (206) 860-0329 or (206) 860-0331
Fax: (206) 860-0334 Website: <http://www.xculture.org>

Programs in Culturally Diverse Communities – Example 2

Example—Multi-ethnic Community Wellness Center

Highlights: Integration of traditional cultural practices into health promotion activities; empowerment through social support and participant involvement in running the Center; partnership with ethnic community centers

White Crane Wellness Center Inc.

White Crane Wellness Center is an independent, nonprofit organization in Chicago, Illinois, founded by a multi-ethnic group of elders to provide empowering direct services to older adults seeking ways to improve their health. The center encourages active, involved, and healthy lifestyles and is named after the Asian white crane that symbolizes the spirit of long life.

How: The first White Crane was a grassroots effort organized by the Jane Addams Senior Caucus, which negotiated a partnership with the Illinois Masonic Medical Center to open White Crane Senior Health Center in a storefront in 1985. The center integrated outpatient medical care with innovative wellness activities, governed by a board of older adults, hospital representatives and community leaders. White Crane promotes wellness through nutrition, exercise, education, screenings, treatments, activism and social support. The center features many innovative programs and services for elders including Tai Chi, international folk dance, yoga, fitness classes and resistance exercise, health screenings and education, support groups, nutrition classes, massage, foot care, and acupuncture. Socializing and interaction help build the White Crane community.

The center has grown to several locations and serves a diverse racial/ethnic clientele including Japanese, Korean, Chinese, African American, Latino, Assyrian, Russian, Cambodian, Vietnamese, South Asian and Romanian immigrant and refugee elders. White Crane partners with ethnic community centers, public housing sites and the Coalition of Limited English Speaking Elderly. The staff adopts culture-specific strategies into its health-promotion activities in order to integrate rather than ignore traditional cultural practices. For example, the staff dietitian modified traditional recipes gathered from older Russian women in an English-as-a-second language class

and the healthier versions were shared at a meal.

The White Crane Players is a group of elders who have performed their original musical review and commentary "Food Glorious Food" for hundreds of older adults and professional audiences throughout the city and state.

Evidence of accomplishment: With over 500 members who pay a small annual membership fee, White Crane forms a vibrant, multi-ethnic community. Members serve on the board, volunteer, teach classes, and participate in Center activities. The Center has been successful in prevention by developing small informal groups to discuss and share health experiences, and by integrating its nurse educator's knowledge with traditional practices. Health promotion services have expanded to over 35 locations in Cook County. Most services are free and White Crane serves 6,000 elders per year.

Contact: Elizabeth Cagan

White Crane Wellness Center Inc.

1355 West Foster Avenue

Chicago, IL 60640

Phone: 773 271-9001

Fax: 773 271-9231

E-mail: ecagan@whitecranewellness.org

Website:

<http://collaboratory.nunet.net/itrc/wcwc/WhiteCraneWellnessCenterindex.html>

Programs in Culturally Diverse Communities – Example 3

Example—Spiritually-based Wellness Activities in an African American Community
Highlight: Faith-based health approach, which connects with cultural values and maximizes community resources

Healthy Lifestyles

Healthy Lifestyles is an initiative of the Centers for Healthy Hearts and Souls in Pittsburgh, Pennsylvania, whose goal is to address the high incidence of cardiovascular disease in the African American community. The program seeks to promote behavior change and incorporation of faith, build trust with individuals and communities, and motivate both to reach and obtain achievable health outcomes through health education, prevention and behavior modification.

How: Since 1998, the Healthy Lifestyles program has conducted spiritual and health-based wellness activities. Local pastors and churches initially focused on decreasing health disparities by partnering with healthcare resources such as hospitals and insurers to develop financial, medical and program development support. The program has since grown to incorporate an expanded health-and-wellness mission

that includes many partners, including universities, health associations, schools, community collaboratives, citywide cancer institutes, corporations and unions. Trusted lay facilitators provide another avenue to improve healthcare outcomes.

Participating church and community sites in the Healthy Lifestyles Fitness Program offer spiritually-based programs designed to address the differing fitness and nutrition needs of men and women. Participants learn to control their weight and eat healthy foods while reducing stress, blood pressure and cholesterol. The 12-week programs were designed by local fitness experts and physicians from the University of Pittsburgh Medical Center (UPMC) and introduce new spiritual challenges, information about nutrition and a solid hour of exercise six days a week. Between sessions, participants engage in personalized home activities to help them get into better shape. The Healthy Lifestyles for Women Program is centered on challenging aerobic routines to uplifting gospel music. Women can work at their own pace or length of time. The men's program incorporates aerobic activities and weight training. The program has broadened its focus and now includes white and Asian American participants.

Evidence of accomplishment: The use of community members to design and run the program successfully builds on the strengths of the community. Sessions are held in familiar places of worship, and 27 churches are currently involved. The faith-based partnership contributes to building trust with participants, and partnership with academic and public health institutions continues to grow. In 2003, one-third of the 700 program participants were older adults.

Contact: Paul Pelmon
Centers for Healthy Hearts and Souls
100 North Braddock Avenue, Suite 304
Pittsburgh, PA 15208
Phone: 412 371-3282
E-mail: CenterHHS@aol.com
Website: www.healthyheartsandsouls.com

Programs in Culturally Diverse Communities – Example 4

Example—Walking Program for Latinas Ages 50 Years and Older
Highlights: Bilingual program and materials; use of *promotoras* (community lay health workers)

Camine con Nosotros ("Come Walk with Us")

Camine con Nosotros ("Come Walk with Us") was a theory-based walking program for poor and low-income Latinas ages 50 years and older in Maricopa County, Arizona. Funded by the CDC and the Arizona Department of Health Services, the goal was to

decrease risk factors for cardiovascular disease by increasing daily physical activity.

How: The one-year program included numerous components to support the walking activities: an educational session; a booklet; information on how, when and where to walk; a mailed monthly packet; a self-monitoring daily activity log to record minutes walked and target heart rate goals; a newsletter; and staff telephone calls. A monthly contest to provide incentive for participation and maintenance of walking activities consisted of questions related to well-known Latino people, cultural and historical events. Social support, skill modeling and connection between program staff and participants were provided by *promotoras de salud* (community lay health workers) who were involved in community activities to promote the program, such as health fairs and meetings at schools and churches. The *promotoras* also facilitated the educational sessions and helped participants with recruitment forms and evaluation questionnaires.

In order to assure cultural and linguistic competence of the program, focus groups and *promotoras* provided continuous feedback during the assessment and preparation stages of the program. A Latina health-promotion specialist was involved in the planning and evaluation stages. Program materials were initially developed in Spanish by a Latina health educator and translated into English. The bilingual project staff of *promotoras* and health professionals reviewed the materials for appropriate language level and health information accuracy. All written project materials were bilingual, and the educational sessions were offered in Spanish and English.

Evidence of accomplishment: One of the goals of the project was to create a culturally sensitive program that related to the cultural environment of the participants, rather than depending on models that were not developed to meet their needs. The project initiated cultural sensitivity on multiple levels by using *promotoras* as an integral program component, having a bicultural professional project staff, tying information in the educational sessions to the health risk of Latinas, using the monthly contest related to Latino culture to maintain interest, and producing culturally specific program materials in Spanish and English.

Contact: Scott Going, Ph.D.
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1177 East 4th Street
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E-mail: going@u.arizona.edu
Website: <http://nutrition.arizona.edu/>

Programs in Culturally Diverse Communities – Example 5

Example—Walking Program for Navajo Elders
Highlight: Incentive of walking with tribal leaders

Ats'íis Yá'át'éehgo Áhool'á – Healthy Path: A Nutrition and Physical Activity Program for Navajo Elders

The Navajo title of the project reflects the focus, translated as follows: Ats'íis means “the physical body;” Yá’át'éehgo, “when it is in good condition, homeostasis;” and Áhool'á, “as extending there, proceeding into the future.”

The Healthy Path for Navajo Elders diabetes-prevention program includes a physical activity component that draws on a traditional cultural activity—walking with a Navajo leader.

How: Project partners included the Navajo Area Agency on Aging, Navajo Nation Council on Aging, and Eastern Navajo Health Board, in addition to the University of New Mexico and a healthcare facility. To increase physical activity among older adults, the program staff organized a morning walk for older adults, joined by Navajo community leaders. The program, Healthy Path, incorporates traditional beliefs, values, and foods of the Navajo elder community, and it is designed to help elders make healthy dietary and physical activity choices. About 200 older adults at ten senior centers in the eastern area of the Navajo Nation are participating in the program.

Evidence of accomplishment: The incentive of walking with their leaders while sharing ideas and asking questions resulted in significant participation in the walking program.

Contact: Sally Davis, Ph.D., Director

smdavis@unm.edu

Dr. Leslie Cunningham-Sabo, Co-Investigator

ldcunningham-sabo@salud.unm.edu

Center for Health Promotion and Disease Prevention

University of New Mexico

MSC 11 6145

Albuquerque, NM 87131

Phone: (505) 272-4462

Website: <http://hsc.unm.edu/chpdp/projects/hlthpth.htm>

Resources

Key Resources on Physical Activity, Health and Aging

Centers for Disease Control and Prevention (CDC)

Physical Activity and Health: A Report of the Surgeon General

www.cdc.gov/nccdphp/sgr/sgr.htm

This definitive report published by the Department of Health and Human Services can be found on the CDC website.

Fact Sheet on Older Adults

www.cdc.gov/nccdphp/sgr/olderad.htm

This is an excerpt from the *Physical Activity and Health* report that concerns older adults.

Physical Activity Homepage

www.cdc.gov/nccdphp/dnpa/physical/index.htm

This is a large website with many excellent downloadable resources on physical activity including recommendations, measurement, making physical activity part of your life, and health professional resources

Healthy Aging for Older Adults Homepage

<http://www.cdc.gov/aging/>

The CDC's healthy aging website includes numerous resources such as health information for older adults, health statistics/research, links, publications, and an email forum on public health and aging.

Health Professional Resources on Older Adults

www.cdc.gov/nccdphp/dnpa/physical/health_professionals/index.htm#Older

Preventing Chronic Disease

www.cdc.gov/pcd/

This online journal features downloadable articles on public health research, practice and policy

"Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services"

CDC (2001) *Morbidity and Mortality Weekly Report* 50(RR-18)

www.thecommunityguide.org

The Community Guide evaluates the evidence of effectiveness of community interventions grouped into three categories: informational approaches, behavioral and social approaches, and environmental/policy approaches.

Narrative Summary of "Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services"

www.thecommunityguide.org/pa/pa-ajpm-recs.pdf

State-Based Physical Activity Program Directory

<http://apps.nccd.cdc.gov/DNPAProg/>

The directory provides information about physical activity programs involving state departments of health. Use this site to research programs, gather ideas, and share information.

National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older

www.agingsblueprint.org

This is a national coalition of organizations to plan strategies to help people age 50 and older increase their physical activity. Its website has many excellent user-

friendly resources including aging and physical activity links, dozens of downloadable tip sheets on a wide range of active aging topics, and photos of physically active role models

American College of Sports Medicine

This excellent website provides extensive resources

www.acsm.org/index.asp

Includes:

Position Stand on Exercise and Physical Activity for Older Adults

www.acsm-msse.org/pt/pt-core/template-journal/msse/media/0698b.htm

Fit Society Page: Exercise and the Older Adult

www.acsm.org/health%2Bfitness/pdf/fitsociety/fitsc303_rev.pdf

Healthy People 2010

Healthy People 2010 Homepage

www.healthypeople.gov/

This website is a set of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce them.

Administration of Aging Summary of *Healthy People 2010*

http://aoa.gov/prof/addiv/healthy/addiv_healthy.asp

Agency for Healthcare Research and Quality

Physical Activity and Older Americans: Benefits and Strategies

www.ahrq.gov/ppip/activity.htm

Jointly prepared with CDC.

University of South Carolina Prevention Research Center

<http://prevention.sph.sc.edu/tools/index.htm#compendium>

This CDC-sponsored center is dedicated to research on physical activity. Its extensive website has many excellent resources including:

[Environmental Supports for Physical Activity Questionnaire](#)

[Recreation Facility Evaluation Tool](#)

[Sidewalk Assessment Tool](#)

[Evaluating Community Coalition Characteristics and Functioning](#)

[The Compendium of Physical Activities](#)

[International Physical Activity Questionnaire](#)

[Heart Healthy & Ethnically Relevant \(HHER\) Tools](#)

[Directory of Reviewed Physical Activity Promotional Materials](#)

Also featured are research updates, an excellent monthly e-newsletter and a very helpful listserve. Highly recommended.

Active Aging Organizations

International Council on Active Aging

<http://icaa.cc/>

The council is the world's largest association dedicated to changing the way we age by uniting and working with professionals in the retirement, assisted living, recreation, fitness, rehabilitation, medical and wellness fields.

Excellent publications are available with membership, including *The Journal on Active Aging* and *Functional U*. (topical issues such as osteoporosis, diabetes, hand health, gait training).

Its excellent website has many resources including:

E-newsletter

<http://icaa.cc/newsletter.htm>

On-line articles on various topics such as aging, wellness and community design

<http://icaa.cc/articlearchives1.htm>

Extensive section on facility planning tools and resources

<http://icaa.cc/Facilitylayouts.htm>

How to design an age-friendly environment

Canadian Centre for Activity and Aging

www.uwo.ca/actage

Extensive resources include an e-newsletter, home support exercise program for frail older adults, research and conference proceedings.

Alberta Centre for Active Living

www.centre4activeliving.ca

This website provides numerous excellent educational and research resources based on a population health approach. It includes an e-newsletter for practitioners (Wellspring) and research updates.

Older Adult Physical Activity

www.centre4activeliving.ca/Education/OlderAdults/index.html

Health in Action

www.health-in-action.org/content.asp?catid=21&rootid=2

This large website brings you health promotion, injury prevention and population health information from Alberta, Canada. It includes many excellent resources on active aging, fall prevention, best practices, hot topics in physical activity.

California Center for Physical Activity, California Department of Health Services

www.caphysicalactivity.com/about.html

The website features resources, fact sheets and other information on active aging, community design, physical activity data and physical activity guides. Free online subscription to excellent quarterly newsletter *Everyday Activity*.

AARP Staying Active

www.aarp.org/health-active/

Staying Active contains extensive articles and resources in “staying active” categories of walking, sports, working out and getting motivated; also has resources for professionals.

Active Living Network

www.activeliving.org

The network is an extensive website of a group of programs and organizations funded by the Robert Wood Johnson Foundation that support a national coalition of leaders in their efforts to promote the connection between places and health, and to create living environments for people that support physical activity.

Active for Life

www.activeforlife.info/default.aspx

This organization was established to learn how to deliver research-based physical activity programs to large numbers of mid-life and older adults, and to sustain such programs through existing community institutions.

Active Living Brochure

www.activeliving.org/downloads/ALN_brochure_final.pdf

Active Living by Design

www.activelivingbydesign.org

Establishes and evaluates innovative approaches to increase physical activity through community design, public policies and communications strategies

Active Living Leadership

www.activelivingleadership.org/

Supports government leaders as they create and promote policies, programs and places that enable active living to improve the health, well-being and vitality of communities

Active Living Resource Library

www.activeliving.org/index.php/Resource+Library/61

Extensive, excellent online library includes fact sheets, power point presentations, research and reports on active living topics

Active Living Research

www.activelivingresearch.org/index.php/What%eds_New/index.php/What_We_are_Learning/117

Research on the influence of environments and policies on physical activity

Excellent downloadable fact sheets include:

Communications Toolkit (core messages)

www.activeliving.org/downloads/core_messages.pdf

Designing for Active Recreation Fact Sheet (an introduction to activity-

friendly environments)

www.activelivingresearch.org/downloads/recreation.pdf

Designing for Active Transportation Fact Sheet (an introduction to walkable/bikeable communities)

www.activelivingresearch.org/downloads/transportation.pdf

Research Overview and extensive bibliography

www.activelivingresearch.org/index.php/Research_Overview/171

What the Research Tells Us (an introduction to active living)

www.activelivingresearch.org/downloads/research.pdf

Active/Walkable Communities

America Walks

www.americawalks.org

This national coalition of local advocacy groups is dedicated to promoting walkable communities

Brookings Institution, Metropolitan Policy Program

www.brookings.edu/es/urban/urban.htm

The program seeks to redefine the challenges facing metropolitan America and promote innovative solutions to help communities grow in more inclusive, competitive, and sustainable ways.

California Walks

www.californiawalks.org/

This is a coalition of nonprofit pedestrian advocacy groups promoting walkable communities for all people throughout California. Resources include Organize Your Neighborhood

CDC Active Community Environments

www.cdc.gov/nccdphp/dnpa/aces.htm

Includes:

Designing and Building Healthy Places

www.cdc.gov/healthyplaces/

Trails for Health: Increasing Opportunities for Physical Activity in the Community

www.cdc.gov/nccdphp/dnpa/pdf/Trails_Increasing_Opportunities.pdf

Downloadable brochure

Healthy Transportation Network, California Center for Physical Activity

www.healthytransportation.net

The network works with local governments to support walking and bicycling. Its

excellent website has resources and tools in the areas of improving streets, sidewalks and trails; planning new development; revitalizing neighborhoods and town centers; and finding the money.

Local Government Commission

www.lgc.org

This excellent downloadable brochure includes topics such as streets safe for pedestrians, health and community design, and a walkability checklist.

National Center for Bicycling and Walking

www.bikewalk.org

Learn how to help create neighborhoods and communities where people walk and bicycle

National Recreation and Park Association

www.nrpa.org

The NRPA provides advocacy to support the opportunity for all Americans to lead healthy, active lifestyles and the preservation of great community places.

Partnership for Prevention

www.prevent.org

This website has many excellent resources on active aging communities and chronic disease prevention.

It includes the following downloadable brochures:

Creating Communities for Active Aging: A Guide to Developing a Strategic Plan to Increase Walking and Biking by Older Adults in Your Community

www.prevent.org/publications/Active_Aging.pdf

From the Field: Four Communities Implement Active Aging Programs

www.prevent.org/publications/CCFAA_case_studies.pdf

Program Evaluation: Measuring the Value of Active Aging

www.prevent.org/publications/CCFAA_evaluation.pdf

Partnership for a Walkable America

www.walkableamerica.org

This partnership is a national coalition of governmental agencies and nonprofit organizations working in the areas of health, safety and the environment to improve the conditions for walking in America.

Walkability checklist

www.walkableamerica.org/checklist-walkability.pdf

Promoting Active Living Communities: A Guide to Marketing and Communication

www.activelivingbydesign.org/fileadmin/template/documents/rwjf_toolkit.pdf

This guide, funded by the Robert Wood Johnson Foundation, is a step-by-step approach to planning marketing and communications programs.

Rails-to-Trails Conservancy

www.railtrails.org/about/default.asp

The conservancy is a national nonprofit advocacy organization whose mission is to build a nationwide network of trails from former rail lines and connecting corridors to create livable communities on the local level.

Walkable Neighborhoods for Seniors/United Seniors of Oakland and Alameda County

www.ebdir.net/wn4s/info.html

This organization convenes local coalitions comprised of residents, community leaders and local government officials to address community walkability for older adults. Its website provides many resources, including an excellent Walkability Audit and implementation strategies for creating walkable neighborhoods.

Books for Providers of Physical Activity

Human Kinetics publishes many excellent books for providers on health and fitness for older adults.

Contact: P.O. Box 5076
Champaign, Illinois 61825
Phone: 800 747-4457
Fax: 217 351-1549
Email: info@hkusa.com
www.humankinetics.com

Chronic Conditions

Americans with Disabilities Act (ADA)

www.usdoj.gov/crt/ada/adahom1.htm

Here is information and technical assistance on the ADA.

CDC

Preventing Chronic Disease

www.cdc.gov/pcd/

This online journal features downloadable articles on public health research, practice and policy.

Healthy Aging for Older Adults

<http://www.cdc.gov/aging/>

The CDC's healthy aging website includes numerous resources such as health information for older adults, health statistics/research, links, publications, and an email forum on public health and aging.

Georgetown University Center on an Aging Society
Issue Briefs on chronic and health conditions
<http://ihcrp.georgetown.edu/agingsoociety/profiles.html>

Multiple Chronic Conditions
<http://ihcrp.georgetown.edu/agingsoociety/pubhtml/multiple/multiple.html>

Cultural Competence in Health Care: Is It Important for People with Chronic Conditions?
<http://ihcrp.georgetown.edu/agingsoociety/pubhtml/cultural/cultural.html>

Partnership for Prevention
Comprehensive and Integrated Chronic Disease Prevention: Action Planning Handbook for States and Communities
www.prevent.org/publications/Chronic%20Disease%20Prev%20Action%20Planning%20Handbook.pdf

Books on Working with Older Adults with Chronic Conditions

Human Kinetics

ACSM's Exercise Management for Persons with Chronic Diseases and Disabilities (2d Ed.)

Barnes, D. (2004) *Action Plan for Diabetes*

Best-Martini, E., and Botenhagen-DiGenova, K.A. (2003) *Exercise for Frail Elders.*

Brill, P. (2004) *Functional Fitness for Older Adults*

Cotton, R.T. (ed.) (1998) Exercise for Older Adults: American Council on Exercise's Guide for Fitness Professionals, Chapter 3

Millar, A. (2003) *Action Plan for Arthritis*

Exercises for Osteoporosis

Daniels, D. (2000) *Exercises for Osteoporosis*. Long Island City, NY: Hatherleigh Press

www.getfitnow.com

Community Health Promotion

Community Tool Box

ctb.ku.edu/index.jsp

The tool box provides excellent, practical skill-building information on over 250

different community-related topics such as community assessment, building community capacity, community organizing, programs and interventions, models for promoting community health, evaluation.

"Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services"

CDC (2001) *Morbidity and Mortality Weekly Report* 50(RR-18)

www.thecommunityguide.org

The Community Guide evaluates the evidence of effectiveness of community interventions grouped into three categories: informational approaches, behavioral and social approaches, and environmental/policy approaches.

Narrative Summary of "Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services"
www.thecommunityguide.org/pa/pa-ajpm-recs.pdf

Diabetes

American College of Sports Medicine

Position Stand on Exercise and Type 2 Diabetes

www.acsm-msse.org/pt/pt-core/template-journal/msse/media/0700.pdf

Exercise Guidelines

American College of Sports Medicine

Position Stand on Exercise and Physical Activity for Older Adults

www.acsm-msse.org/pt/pt-core/template-journal/msse/media/0698b.htm

Position Stand on Exercise and Type 2 Diabetes

www.acsm-msse.org/pt/pt-core/template-journal/msse/media/0700.pdf

Position Stand on Physical Activity and Bone Health

www.acsm-msse.org/pt/pt-core/template-journal/msse/media/1104.pdf

Position Stand on The Recommended Quantity and Quality of Exercise for Developing and Maintaining Cardiorespiratory and Muscular Fitness, and Flexibility in Healthy Adults

www.acsm-msse.org/pt/pt-core/template-journal/msse/media/0698a.htm

Current Comment on Exercise and the Older Adult

www.acsm.org/health%2Bfitness/pdf/currentcomments/eoapdf

Current Comment on Resistance Training in the Older Adult

www.acsm.org/health%2Bfitness/pdf/currentcomments/rtoapdf

CDC

Physical Activity Recommendations for Older Adults

www.cdc.gov/nccdphp/dnpa/physical/recommendations/older_adults.htm

"Strength Training Among Adults Aged \geq 65 Years—United States, 2001"

CDC (Jan. 23, 2004) *Morbidity and Mortality Weekly Report* 53(02):25–28

www.cdc.gov/mmwr/preview/mmwrhtml/mm5302a1.htm

National Center on Physical Activity and Disability

General Exercise Guidelines for People with Disabilities

www.activeforlife.info/resources/files/NCPAD%20General%20Exercise%20Guidelines.pdf

Exercise for Large Women and Men

National Institute of Diabetes and Digestive and Kidney Diseases

Active at Any Size

<http://win.niddk.nih.gov/publications/active.htm#dancing>

Here are supportive tips, suggestions and resources to help large people be physically active and get fit

Contact: NIH Publication No. 04-4352 (May 2004)

Weight-control Information Network

1 WIN Way

Bethesda, MD 20892-3665

Phone: (877) 946-4627 (toll-free)

Fax: (202) 828-1028

E-mail: win@info.niddk.nih.gov,

Evaluation of Physical Activity

CDC

Physical Activity Evaluation Handbook

www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf

This is an excellent, comprehensive, free 73-page handbook of easy-to-use steps to evaluate physical activity programs. It includes theories and models, SMART objectives and sample case studies.

Health Literacy

Further resources can be found in [Blueprint](#) and Diabetes modules.

International Council on Active Aging

"Are Your Written Materials Missing the Mark?"

Sanner, B.M. (July/Aug. 2003) *Journal of Active Aging* 2(4):18–24

<http://icaa.cc/Journal%20on%20Active%20Aging/Journalarticles/Journalarticles10/areyourwrittenmaterials10.pdf>

Center for Medicare Education

Kiefer, K.M. (Feb. 2001) [*Health Literacy: Responding to the Need for Help*](#) (PDF).

Kiefer, K.M. (Sept. 2000) [*Considering Health Literacy*](#) (PDF).

Instructor Training and Qualifications

The International Society for Aging and Physical Activity

International Curriculum Guidelines for Preparing Physical Activity Instructors of Older Adults

www.isapa.org/guidelines/index.cfm

Human Kinetics

Best-Martini, E., and Botenhagen-DiGenova, K.A. (2003) *Exercise for Frail Elders*

Cotton, R.T. (ed.) (1998) *Exercise for Older Adults: American Council on Exercise's Guide for Fitness Professionals*

Jones, C.J., and Rose, D.J. (eds.) (2005) *Physical Activity Instruction of Older Adults*

Osteoporosis

Bone Health and Osteoporosis: A Surgeon General's Report

www.surgeongeneral.gov/library/bonehealth

American College of Sports Medicine

Position Stand on Physical Activity and Bone Health

www.acsm-msse.org/pt/pt-core/template-journal/msse/media/1104.pdf

Physical Activity Guides

AARP

Physical Activities Workbook

<http://www.aarp.org/health-active/Articles/a2004-06-28-workbook-users.html>

Canadian Society for Exercise Physiology

Canada's Physical Activity Guide to Healthy Active Living for Older Adults Handbook

www.paguide.com or toll free 1-888-334-9769

National Institutes of Health, National Heart, Lung and Blood Institute

Guide to Physical Activity

http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/phy_act.htm

National Institutes of Health, Senior Health/National Institute on Aging

Exercise for Older Adults

<http://nihseniorhealth.gov/exercise/toc.html>

Exercise: A Guide from the National Institute on Aging

Print version and video available from National Institute on Aging, P.O. Box 8057, Gaithersburg, MD 20898

Online version: weboflife.ksc.nasa.gov/exerciseandaging/cover.html

U.S. Department of Transportation

National Highway Transportation Safety Agency

Stepping Out – Mature Adults: Be Healthy, Walk Safely (how to maintain your safety while walking for exercise or to run errands)

www.nhtsa.dot.gov/people/injury/olddrive/SteppingOut/pdf_version/stepping_out.pdf

Contact: U.S. Department of Transportation and National Highway Transportation Safety Agency
400 Seventh Street S.W.
Washington, DC 20590

Sit and Be Fit

Exercise videos based on the public television series with Mary Ann Wilson, RN.

Contact: SIT AND BE FIT

P.O. Box 8033
Spokane, WA 99203
Phone: (509) 448-9438
Fax: (509) 448-5078
www.sitandbefit.com

Physical Activity Tips

American College of Sports Medicine

Current Comments

Downloadable pdf files on various exercise topics

www.acsm.org/health%2Bfitness/comments.htm

Active Aging Tips

www.acsm.org/health%2Bfitness/activeaging.htm

Fit Society Page

Quarterly e-newsletter written for the general public on a variety of popular health and fitness topics

www.acsm.org/health%2Bfitness/fit_society.htm

American Council on Exercise

ACE Fit Facts

http://acefitness.org/fitfacts/fitfacts_list.cfm

Here are dozens of downloadable one-page information sheets on various exercise topics

Health and Fitness Tips

Here is the latest research, trends and workouts originally published in recent issues of *ACE FitnessMatters*.

http://acefitness.org/fitfacts/fitbits_list.cfm

American Senior Fitness Association

Fitness Facts, Tips and Handouts

www.seniorfitness.net/index.htm

CDC

Physical Activity Tips

www.cdc.gov/nccdphp/dnpa/physical/life/tips.htm

Fifty-Plus Lifelong Fitness Organization

Extensive online library of fitness, aging and wellness topics

www.50plus.org

Fitness After 50

Ettinger, W.H., Mitchell, B.S., and Blair, S.N. (1996) *Fitness After 50*. St. Louis: Beverly Cracom

Statistics and Fact Sheets on Older Adults and/or Physical Activity

CDC

"Physical Activity Trends—United States, 1990–1998"

CDC (Mar. 9, 2001) *Morbidity and Mortality Weekly Report* 50(9)

www.cdc.gov/mmwr/pdf/wk/mm5009.pdf (PDF)

www.cdc.gov/mmwr/preview/mmwrhtml/mm5009a3.htm (HTML)

Physical Activity Among Adults: United States, 2000

CDC (May 14, 2003) *Advance Data No. 333*

www.cdc.gov/nchs/data/ad/ad333.pdf

"Physical Activity Among Asians and Native Hawaiian or Other Pacific Islanders — 50 States and the District of Columbia, 2001–2003"

CDC (Aug. 27, 2004) *Morbidity and Mortality Weekly Report* 53(33):756–60
www.cdc.gov/mmwr/preview/mmwrhtml/mm533a2.htm

Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity
2003
www.cdc.gov/nccdphp/aag/aag_dnpa.htm

Prevalence of Physical Activity, Including Lifestyle Activities Among Adults—United States, 2000–2001

CDC (Aug. 15, 2003) *Morbidity and Mortality Weekly Report* 52(32):764–69
www.cdc.gov/mmwr/preview/mmwrhtml/mm523a2.htm

This 2003 report presents data from responses to the 2000 Behavioral Risk Factor Surveillance System (BRFSS) leisure-time activity questions and the updated lifestyle activity questions of the 2001 BRFSS to compare overall U.S. and state-specific prevalence estimates for adults who engaged in physical activities consistent with recommendations from both survey years.

Promoting Active Lifestyles Among Older Adults
2002
www.cdc.gov/nccdphp/dnpa/physical/pdf/lifestyles.pdf

U.S. Physically Active Statistics
www.cdc.gov/nccdphp/dnpa/physical/stats/us_physical_activity/index.htm

Administration on Aging
Snapshot: A Statistical Profile of Older Americans Aged 65+
2003
http://aoa.gov/press/fact/pdf/ss_stat_profile.pdf

Snapshot: A Statistical Profile of Hispanic Older Americans Aged 65+
2003
http://aoa.gov/press/fact/pdf/ss_hispanic_elderly.pdf

Statistics on the Aging Population
<http://aoa.gov/prof/Statistics/statistics.asp>

A Profile of Older Americans: 2003
<http://www.aoa.gov/prof/statistics/profile/2003/profiles2003.asp>
Thirteen key subject areas include racial and ethnic composition; geographic distribution; health, healthcare, and disability.

Disabilities Data
http://aoa.gov/prof/Statistics/disabilities_data/disabilities_data.asp
Age by Types of Disability
<http://aoa.gov/prof/Statistics/Census2000/SF3/Disabilities-x-State-65plus.pdf>

Disability Data by Age

http://aoa.gov/prof/Statistics/disabilities_data/97sipp-disabiliestable.pdf

Number and Percent of Persons Reporting Problems with Two or More Activities of Daily Living (ADLs) based on 1994-95 National Health Interview Survey on Disability data

http://aoa.gov/prof/Statistics/disabilities_data/2plusadls.pdf

Older Persons with Mobility and Self-Care Limitations: 1990, includes data by age and by state

http://aoa.gov/prof/Statistics/moblimit/mobility_limit.asp

A Profile of Older Americans: 2003, Disability and Activity Limitations

<http://aoa.gov/prof/Statistics/profile/2003/15.asp>

Strength Training

CDC

"Strength Training Among Adults Aged ≥ 65 Years—United States, 2001"

CDC (Jan. 23, 2004) *Morbidity and Mortality Weekly Report* 53(02):25–28

www.cdc.gov/mmwr/preview/mmwrhtml/mm5302a1.htm

Tai Chi

Video: *Tai Chi for Elders*

Contact: White Crane Wellness Center

1355 W. Foster

Chicago, IL 60640

Phone: 773 271-9001

<http://collaboratory.nunet.net/itrc/wcwc/WhiteCraneWellnessCenter.html>

Tools

Active Living Leadership

Financial Cost of Inactivity Calculator

www.activelivingleadership.org/costcalc.htm

CDC

Inventory of Qualitative Research

www.cdc.gov/nccdphp/dnpa/qualitative_research/

This is a searchable database of qualitative studies in physical activity, nutrition and other topics.

Tuskegee Syphilis Study

CDC

Tuskegee Syphilis Study

<http://www.cdc.gov/nchstp/od/tuskegee/index.html>

This CDC website contains information and links from the Tuskegee Health Benefit Program of the Office of Health Disparities on the Tuskegee Syphilis Study.

Yoga

Video: Elder Yoga Plus

Filmed at a senior center yoga class in Newton, Massachusetts, the video focuses on ways to relax the mind as well as the body. It includes exercises that provide flexibility and strengthening for the neck, shoulders, abdomen, back, arms, wrists, hands, hips, knees, ankles and other areas.

Contact: Steffi Shapiro

P.O. Box 1211

Watertown, MA 02471

Phone: 800 735-3274

<http://www.elder-yoga.com/>

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Active Living Frequently Asked Questions. Active Living Network. Available at Active Living Network on the World Wide Web: www.activeliving.org/index.php/FAQ/10

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Center on an Aging Society (Feb. 2004) "Cultural Competence in Health Care: Is It Important for People with Chronic Conditions?" Issue Brief No. 5., Washington DC: Georgetown University. Available at Georgetown University's Health Policy Institute on the World Wide Web: <http://ihcrp.georgetown.edu/agingociety/pdfs/cultural.pdf>

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www.prevent.org/publications/Active_Aging.pdf

Sanner, B.M. (July/Aug. 2003) "Are your written materials missing the mark?" *Journal on Active Aging*, p. 19.

U.S. Dept of Health & Human Services. *Healthy People 2010. (2nd ed.)*: "Understanding and Improving Health" and "Objectives for Improving Health." (2 vols). Available at Healthy People on the World Wide Web: <http://www.healthypeople.gov/>

U.S. Dept. of Health & Human Services. Tuskegee Syphilis Study. Available at CDC on the World Wide Web: <http://www.cdc.gov/nchstp/od/tuskegee/index.html>