

March 10, 2023

Paul Reed, MD
Deputy Assistant Secretary for Health
Director, Office of Disease Prevention and Health Promotion
Office of the Assistant Secretary for Health,
Department of Health and Human Services,
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

Dear Director Reed:

The American Geriatrics Society (AGS) greatly appreciates the opportunity to submit our feedback on the Physical Activity Guidelines Midcourse Report on Older Adults to the U.S. Department of Health and Human Services (HHS).

The AGS is a nationwide, not-for-profit society of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of older people. Our 6,000+ members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician assistants, pharmacists, and internists who are pioneers in advanced-illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. The AGS believes in a just society – one where we all are supported by and able to contribute to communities and where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers. The AGS advocates for policies and programs that support the health, independence, and quality of life of all of us as we age.

We applaud HHS' ongoing efforts to engage with and incorporate recommendations from stakeholders, including [our prior comments](#), to inform the development of the draft Physical Activity Guidelines Midcourse Report on Older Adults. Considering that there are significant health benefits of physical activity and that few older adults adhere to the recommendations for aerobic and muscle-strengthening activities,¹ it is crucial to support the promotion and implementation of physical activity among older people in diverse settings as well as in an equitable manner.

Geriatrics health professionals work in teams to provide care for older adults, typically over the age of 65, with complicated medical issues and social challenges. The AGS appreciates that HHS is supporting the advancement and implementation of physical activity among older adults. Below, we offer our recommendations to ensure that the Physical Activity Guidelines Midcourse Report for Older Adults

¹ National Center for Health Statistics. Healthy People 2020. Increase the proportion of adults who meet the objectives for aerobic physical activity and muscle-strengthening activity. <https://wayback.archive-it.org/5774/20220414161822/https://www.healthypeople.gov/2020/data-search/Search-the-Data?nid=5072>. Updated February 6, 2022. Accessed March 3, 2023.

reflects the most relevant and appropriate considerations for older Americans and best supports all of us as we age.

RECOMMENDATIONS

Comment #1

Section: Developing the Midcourse Report

Comment

The AGS appreciates the inclusion of the recommendation that organizations review, plan, and implement programs with an equity lens to ensure inclusivity of older adults from all backgrounds. We believe that greater access to and opportunities for physical activity and education about its benefits and any safety concerns to be mindful of are important. There are added challenges for older adults in group settings as well as those living with complex conditions and/or social determinants of health barriers.

Suggested Action

While the report acknowledges that the literature review did not provide sufficient findings for inclusion of how factors such as age, race/ethnicity, and health characteristics may influence physical activity participation, the AGS urges that the report dedicate a section related to equity emphasizing the importance of and potential steps for communities to consider that could reduce disparities in access, availability of resources, and opportunities for physical activity.

Comment #2

Suggested Action

To further communicate that physical activity is for all people, the AGS recommends that the photographs and images to be utilized in the report include healthy older adults, older adults using assistive devices who live in the community, and older adults living in long-term care facilities. Images should reflect a range of ages and types of disability as well as racial and ethnic diversity.

The AGS also recommends that the report place greater emphasis on the importance and benefits of physical activity for older adults living with osteoarthritis and with cognitive impairment. Although regular and consistent physical activity has shown significant benefits for osteoarthritis—including reduced pain and improved physical function—the implementation of exercise therapy in osteoarthritis management has been a challenge given the lack of knowledge on the role of physical activity and uncertainty about the safety and unintentional harms of physical activity.² Physical activity may also have beneficial impacts for people at risk for or living with mild cognitive impairment or dementia, such as improved cognition (especially executive functioning and memory in MCI), functional independence, and psychological health in dementia.³

² Nissen N, Holm PM, Bricca A, Dideriksen M, Tang LH, Skou ST. Clinicians' beliefs and attitudes to physical activity and exercise therapy as treatment for knee and/or hip osteoarthritis: a scoping review. *Osteoarthritis and Cartilage*. 2022;30(2):260-269. [doi:10.1016/j.joca.2021.11.008](https://doi.org/10.1016/j.joca.2021.11.008)

³ Nuzum H, Stickel A, Corona M, Zeller M, Melrose RJ, Wilkins SS. Potential benefits of physical activity in MCI and dementia. *Behavioral Neurology*. 2020:1-10. [doi:10.1155/2020/7807856](https://doi.org/10.1155/2020/7807856)

Comment #3

Section: Community Design

Comment

We applaud the consideration of physical activity among older adults in group settings as well as the addition of recommendations for specific health concerns (e.g., joint pain, falls) and the section on Community Design related to built environments and people using assistive devices.

Suggestion Action

The AGS recommends explicitly recognizing other assistive devices, such as walkers and canes, to be inclusive of all types of devices. Given that 15 percent of older adults use an assistive device for mobility, it would be beneficial if the report could demedicalize devices and begin to position them as tools that support all of us to remain active in our communities for longer.⁴

Thank you for taking the time to review our feedback and recommendations. For additional information or if you have any questions, please do not hesitate to contact, Anna Kim at akim@americangeriatrics.org.

Sincerely,



Michael Harper, MD
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer

⁴ Clark, PJ. The Role of the Built Environment and Assistive Devices for Outdoor Mobility in Later Life. *J Gerontol B Psychol Sci Soc Sci.* 2014;69(1):S8-S15. [doi:10.1093/geronb/gbu121](https://doi.org/10.1093/geronb/gbu121)