



Leading Change. Improving Care for Older Adults.

THE AMERICAN GERIATRICS SOCIETY

40 FULTON STREET, 18TH FLOOR

NEW YORK, NEW YORK 10038

212.308.1414 TEL

www.americangeriatrics.org

December 7, 2021

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 inform the development of the Physical Activity Guidelines (PAG) Midcourse Report on older adults. 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 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 the U.S. Department of Health and Human Services' (HHS) engagement with stakeholders to inform the development of the PAG Midcourse Report as well as commitment to support the promotion and implementation of physical activity among older people in diverse settings. Given the significant health benefits of physical activity (e.g., reducing the risk and progression of chronic disease) and small sample of older adults meeting aerobic and muscle-strengthening activities recommendations,¹ it is increasingly important to identify best practices and encourage older adults to be more physically active.

We appreciate the opportunity to review the PAG and share our recommendations which we hope you will consider as you develop the midcourse report.

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. Available at https://www.healthypeople.gov/2020/data-search/Search-the-Data?nid=5072&_ga=2.255747720.1606148380.1638817697-1924743470.1638817697. Published December 2, 2010. Accessed December 6, 2021.

General Recommendations

The AGS recommends that the photographs and images utilized in the report include more adults using assistive devices, people of all ages with disabilities, and racial and ethnic diversity to communicate that physical activity is for all people.

We also recommend reconsideration of the word “active” in each chapter title as it may suggest that the guidelines are for people who are presently active, which would be antithetical to the goal for all Americans to engage in regular physical activity.

Additionally, the current PAG includes in its chapter, “Additional Considerations for Some Adults,” a section for “Physical Activity in People with Chronic Health Conditions or Disabilities.” However, the AGS believes it would be helpful to add a section in each of the chapters for children and adolescents, adults, and older adults that focuses on people with disabilities so that there are details on being physically active specific for all age levels. We also encourage the inclusion of a callout box around chronic health conditions for both the adult and older adult chapters.

Recommendations on Older Adults Chapter

The AGS generally supports the guidelines on older adults, but we are concerned it is too vague in addressing what exactly older adults can and should do to engage in regular physical activity. We urge that the midcourse report includes more explicit guidance about physical activities that focuses on targeted areas or issues that the older individual would want to improve on. To reduce the risk of falling, it would be critical to do muscle-strengthening and balance activities while aerobic activities are critical for reducing blood pressure.² Though multicomponent physical activity should be encouraged and performed, it would also be beneficial to make recommendations for specific concerns. Moreover, additional information about balance exercises and resistive exercises that address all major muscle groups may be a helpful supplement.

We are appreciative that the special considerations in the PAG includes frail older adults whose physical function can be improved through physical activity. Being physically active would help frailer older adults maintain the ability to walk, perform personal care, feel better overall, and it is the best way to prevent a fall.³ However, we believe supplemental resources such as “[Staying Active Even When Feeling Frail](#),” from Exercise is Medicine (managed by the American College of Sports Medicine), and images of older adults in long-term care facilities exercising would bolster the guidelines. The AGS also strongly supports greater attention to the importance and benefits of physical activity for older adults with osteoarthritis, and in reducing dementia risk, preventing falls, and promoting functional fitness and independence. Routine physical activity for older adults experiencing such concerns would help with

² Kraus VB, Sprow K, Powell KE, et al. Effects of Physical Activity in Knee and Hip Osteoarthritis: A Systematic Umbrella Review. *Medicine & Science in Sports & Exercise*. 2019;51(6):1324-1339. <https://doi.org/10.1249/MSS.0000000000001944>. Published June 2019. Accessed December 7, 2021.

³ American College of Sports Medicine. Stay Active Even When Feeling Frail. Available at https://www.exerciseismedicine.org/assets/page_documents/Rx%20for%20health%20-%20staying%20active%20even%20when%20feeling%20frail.pdf. Published April 2021. Accessed November 15, 2021.

pain management and improving physical and cognitive function, including memory, attention, and executive function.⁴

To facilitate the promotion of and increased access to physical activity for all people, the AGS recommends considering older adults with cognitive impairment, who are hospitalized, individuals living in skilled nursing and other long-term care facilities, and people using assistive devices, particularly as the issues and strategies for physical activity are different in these situations. Being physically active would be crucial to help reduce the negative impacts of prolonged times of sitting and other sedentary behaviors as well as improve physical function, mobility, and ability to perform instrumental activities of daily living (IADL).^{5,6} We believe it would also be beneficial to have a callout box or section that focuses on physical activity when using an assistive device, a tool for living, in the older adult chapter. Furthermore, there are added challenges for older adults with social determinants of health barriers, particularly in group settings—such as access to and opportunities for physical activity and the education of its benefits and safety concerns to be mindful of when physically active—that should be addressed in the report. Using language that resonates with the public and does not suggest discrimination and other forms of bias would be crucial⁷ and we hope that you will take into account [Gauging Aging: Mapping the Gaps Between Expert and Public Understandings of Aging in America](#), a report the AGS developed with the FrameWorks Institute (a copy which includes an Executive Summary is attached).⁸

The AGS also recommends the consideration of a section on community planning (i.e., age-friendly cities and towns). Physical activity may be better facilitated for older adults in such built environments with green spaces, separation from traffic, smooth pavement, and cohesive neighborhoods that create perceived safety and security, mitigating factors that negatively impact experiences of outdoor physical activity (i.e., walking) and allowing greater functional ability.^{9,10}

⁴ Nuzum H, Stickel A, Corona M, et al. Potential Benefits of Physical Activity in MCI and Dementia. *Behavioral Neurology*. 2020. <https://doi.org/10.1155/2020/7807856>. Published February 12, 2020. Accessed December 7, 2021.

⁵ McArthur C. Enhancing Opportunities for Physical Activity Among Long-Term Care Residents: A Narrative Review. *Journal of Clinical Outcomes Management*. 2019;26(2):90-96. <https://cdn.mdedge.com/files/s3fs-public/jcom02602090.PDF>. Published April 2019. Accessed December 7, 2021.

⁶ Arnold M & Vernikos J. Mobility-Non-Exercise Physical Activity (NEPA) is the key to health and longevity. *Journal of Novel Physiotherapy and Physical Rehabilitation*. 2020;7(1):7-8. <https://doi.org/10.17352/2455-5487.000067>. Published March 2020. Accessed December 7, 2021.

⁷ Lundebjerg NE, Trucil DE, Hammond EC, Applegate WB. When it Comes to Older Adults, Language Matters: *Journal of the American Geriatrics Society* Adopts Modified American Medical Association Style. 2017;65(7):1386-1388. <https://doi.org/10.1111/jgs.14941>. Published June 1, 2017. Accessed December 7, 2021.

⁸ Lindland E, Fond M, Haydon A et al. *Gauging Aging: Mapping the Gaps Between Expert and Public Understandings of Aging in America*. Washington, DC: FrameWorks Institute, 2015. Available at https://www.frameworksinstitute.org/wp-content/uploads/2020/03/aging_mtg.pdf.

⁹ World Health Organization. *Global Strategy and Action Plan on Ageing and Health*. Available at <https://apps.who.int/iris/bitstream/handle/10665/329960/9789241513500-eng.pdf>. Published January 2, 2017. Accessed December 6, 2021.

¹⁰ Ottoni CA, Sims-Gould J, Winters M. Safety Perceptions of Older Adults on an Urban Greenway: Interplay of the social and built environment. *Health & Place*. 2021;70:1-10. <https://doi.org/10.1016/j.healthplace.2021.102605>. Published June 2021. Accessed December 7, 2021.

Thank you for all you are doing to support the advancement and implementation of physical activity among older adults in various settings and the opportunity to submit these comments. For additional information or if you have any questions, please contact Anna Kim at akim@americangeriatrics.org.

Sincerely,

Handwritten signature of Peter Hollmann MD in black ink.

Peter Hollmann, MD, AGSF
President

Handwritten signature of Nancy E. Lundebjerg in black ink.

Nancy E. Lundebjerg, MPA
Chief Executive Officer