Office of Health Equity

Veterans Health Administration Department of Veterans Affairs



AGE DISPARITIES AMONG VETERANS IN MEETING CURRENT EXERCISE GUIDELINES

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INTRODUCTION

The Veterans Health Administration (VHA) serves a Veteran population that is increasingly racially and ethnically diverse. Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans.

HEALTH DISPARITIES

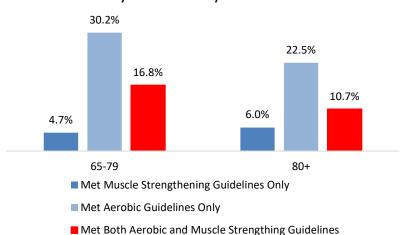
The benefits of regular physical activity occur throughout life and are essential for healthy aging. According to the Second Edition of the Physical Activity Guidelines for Americans, adults need at least 150 minutes of moderate-intensity aerobic activity, like brisk walking or fast dancing, each week and to engage in some kind of muscle-strengthening activity, like lifting weights or doing push-ups, at least 2 days each week.

Adults ages 65 years and older gain substantial health benefits from regular physical activity. Physically active older adults are less likely to experience falls, and if they do fall, they are less likely to be seriously injured. Physical activity can

also preserve physical function and mobility, which may help maintain independence longer and delay the onset of major disability.

However, according to National Health Interview Survey data from the Centers for Disease Control and Prevention, most older Veterans are not meeting Physical Activity Guidelines. While some older Veterans are meeting aerobic activity guidelines (30.2% of 65–79-year-old Veterans and 22.5% of Veterans 80+ years old), most (more than 80%) are not sufficiently and regularly physically active.

Percentage of Older Veterans Meeting Physical Activity Guidelines



From Veteran's Health Statistics Tables: National Health Interview Survey 2015-2018



REDUCING DISPARITIES

The Office of Health Equity supports efforts across VA working to reduce health disparities by targeting interventions aimed at Veteran groups at higher risk for poor health outcomes. In VA Medical Centers across the country programs are available to encourage older Veterans to become more physically active.

GEROFIT

Gerofit is an exercise program that promotes health and wellness for older Veterans. All Veterans who participate in Gerofit are given a personalized exercise prescription and guidance in carrying out their exercise program. Gerofit was started in Durham, NC in 1986. The program is now offered at 31 different VA Healthcare Systems around the country. A list of locations and resources including home exercise videos can be found on the Gerofit websitemaking this resource available for Veterans who do not live near an available Gerofit site. Veterans who have participated in the program



have demonstrated improved health, mental, physical function, and well-being.

IMPROVING MOBILITY AND HEALTH OUTCOMES FOR VETERANS RECEIVING INPATIENT CARE

Inactivity during hospital stays is associated with falling, longer hospital stays, higher risk for readmissions, and being discharged to skilled nursing facilities instead of to home. Inpatient mobility programs improve health outcomes and help older Veterans remain independent.

STRIDE (assiSTed eaRly mobIlity for hospitalizeD older vEterans) provides hospitalized Veterans with a targeted gait and balance assessment by a physical therapist and supervised daily walks for the remainder of their hospital stay. Hospitalized Veterans also receive patient education about the importance of daily walking. STRIDE was developed and tested at the Durham VA in 2012, and has now been implemented at 41 VA Medical Centers and is continuing to expand via VA's Diffusion Marketplace.

For more information about the Office of Health Equity visit:

https://www.va.gov/healthequity/

References

Hastings SN, Stechuchak KM, Choate A, et al. Effects of Implementation of a Supervised Walking Program in Veterans Affairs Hospitals: A Stepped-Wedge, Cluster Randomized Trial [published correction appears in Ann Intern Med. 2023 Nov;176(11):1575]. Ann Intern Med. 2023;176(6):743-750. doi:10.7326/M22-3679