



Comment/Perspective

Physical activity for health across the lifespan: A call to action

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The importance of physical activity for overall health is widely acknowledged. Who does not know that moving your body is associated with several health benefits? No one! Whether through daily tasks like walking to the car or engaging in structured exercise routines, moving offers many benefits, such as a decreased risk of 26 chronic conditions and premature health [1]!

Despite this knowledge, approximately 30 % of adults and 80 % of children fail to meet recommended physical activity levels [2], disproportionately affecting older adults, women, and girls. The problem is even more pressing in high-income countries, where three times as many individuals fail to meet the physical activity guidelines. Shockingly, the prevalence of inactivity remains stagnant among adults, with little progress toward the global 2030 goal of reducing inactivity by at least 15 % through the development of active societies, environments, people, and systems. Another alarming point is that the lack of physical activity encompasses more than just aerobic exercises; resistance training is equally crucial yet often overlooked and not included in the definition of inactivity. Moreover, many researchers have reported that the situation would even be more alarming if the prevalence of inactivity were based on device-based measures and not mainly on self-reporting tools. Finally, several cost-effective analyses have been completed on the financial burden of physical inactivity, and it is clear that investing in physical activity is beneficial and necessary for public health [2,3]. These results are unsurprising as the global cost of inactivity is estimated at approximately \$47.6 billion annually [3].

The prevalence of inactivity is highest among older adults, and their barriers to increasing physical activity and reducing sedentary time are greater due to the challenges associated with aging, such as chronic diseases. However, the efforts put into this demographic are worthwhile, as people aged 65 and above use the most health system resources, and the number is increasing due to an aging population. For all age groups, the most effective investment is encouraging completely inactive individuals to become active, regardless of the quantity. For example, those who go from unfit to fit over five years have a 44 % reduction in

the relative risk of death compared with people who remain unfit over five years [4]. Several physical activity resources and programs have been developed for seniors, but long-term adherence is challenging [5]. It is essential to acknowledge that reducing sitting time, even without engaging in structured exercise, has several benefits. Becoming active is simply another step further in the continuum of movement. As Dogra et al. [6] explained, reducing sitting time to become more active should be viewed as a victory for public health.

The solution for older adults and other age groups to move consistently and meet the physical activity guidelines must involve offering different options, recognizing that not everyone has the same resources or preferences, and that these preferences change with seasons, age, and other factors. The message needs to change from getting people to meet the minimum guidelines to gradually increasing their activity, even to levels below the guidelines. There are always opportunities to explore additional ways for older adults to be more active, such as utilizing outdoor gyms or exploring virtual options. Additionally, an active lifestyle cannot depend solely on the individuals; an inventory of activity options should be available across all levels of the Social Ecological Model (i.e., individual, social, organizational and physical environment, and policy changes [7]). We must ask ourselves: Why is it socially acceptable to sit when we wait? Why not have walking groups to attend activities instead of parking at the event? The choice remains with the individual, but society can make it easier to make active choices!

Efforts to address this issue of global physical inactivity have been numerous, yet several challenges persist. Despite the identification of effective programs for various demographics, including children, older adults, pregnant women, and those with chronic conditions, implementation of these programs remains a challenge. To combat this global epidemic, a paradigm shift is necessary. Instead of solely focusing on efficacy trials (e.g., randomized control trials), researchers must prioritize implementation trials to identify and address barriers to adoption so we can collectively reduce the \$85 billion a year in wasted health research [8].

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Implementation science must be the priority in the immediate future to put evidence-based programs on shelves and in practice. Implementation science is generally defined as the scientific examination of strategies to foster the integration of evidence-based approaches into standard practice [9]. It is essential to prioritize this evolving science, as it currently takes approximately 17 years for an intervention demonstrating effectiveness to be implemented. There are many barriers to implementing an evidence-based intervention in practice, including the fact that researchers and clinicians and researchers often work in silos. Secondly, too many similar approaches are tested for efficacy instead of truly building on what has been established. Finally, when there is a plethora of evidence in a specific area, such as the benefits of exercise in reducing the risk of falls in seniors, the only studies that should be funded should focus on the implementation and sustainability of such programs.

In conclusion, reducing the prevalence of physical inactivity is not a task for one but a collective effort that spans individuals, communities, and decision-makers. By prioritizing physical activity as a fundamental aspect of health and well-being, we can create environments that support and encourage movement for all ages and backgrounds. It is not just about our health but about the health of our communities and future generations. Together, we can make a difference.

CRedit authorship contribution statement

Brianna Leadbetter: Conceptualization, Writing – original draft, Writing – review & editing. **Danielle R. Bouchard:** Conceptualization, Supervision, Writing – original draft, Writing – review & editing.

Declaration of competing interests

The authors declare that they have no known competing financial

interests or personal relationships that could have appeared to influence the work reported in this paper.

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