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Obstacles to Physical Activity and Healthy Eating Among Older Veterans with Dismobility: A Self-Report Survey

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Low levels of physical activity and mobility impairments are common in older Veterans and often accompanied by reduced diet quality. These limitations are a leading cause of repetitive falls, increased rates of hospitalization, and higher healthcare costs. **PURPOSE:** To utilize self-reported surveys to determine barriers to healthy diet and exercise in older Veterans. This survey is the foundation for the development of a larger pilot study that will investigate a peer-led nutrition and exercise program focusing on older Veterans with mobility limitations who are often excluded from lifestyle intervention studies. **METHODS:** 87 older Veterans (74 males; 73.9 ± 5.9 years; $BMI 28.0 \pm 5.8 \text{ kg/m}^2$) from two diverse VA facilities (Baltimore, MD and San Antonio, TX) completed a comprehensive online survey. The multi-component questionnaire included a medical history, the VA Binge Eating Screener, the Center for Epidemiologic Studies Depression (CESD) Scale, the insomnia severity index-7 (ISI-7), and questions related to obstacles to exercise participation and healthy eating. Means and standard deviations were calculated for the CESD and the ISI-7. The percentage of responses for each answer was calculated for the remaining ordinal scales. **RESULTS:** Presence of at least one co-morbidity was reported by 100% of respondents, with 95% reporting use of at least two medications. 69% reported they were at least mildly overweight with 54% reporting an episode of binge eating at least once per month. 43% reported mild insomnia or greater and 21% expressed symptoms of depression on the CESD. Related to exercise barriers, 25% reported lack of proper equipment, 31% stated insufficient skill or coordination, 12% described issues finding a place to exercise, 24% reported lack of others to exercise with, and 9% stated lack of time. For questions related to dietary patterns, 6% admitted problems estimating portion sizes, 24% described issues estimating fat content and calories and 15% stated they were unknowledgeable about healthy food preparation. **CONCLUSIONS:** In this questionnaire, insomnia, episodes of binge eating, and presence of co-morbid conditions were frequently reported. A large proportion of Veterans stated a lack of knowledge related to healthy food choice and preparation as an obstacle to healthy dietary patterns and lack of equipment and exercise knowledge as an obstacle to exercising. Many of the identified barriers may be reduced through dietary and exercise education interventions and represent areas to address to improve the health of older Veterans. **SIGNIFICANCE/NOVELTY:** Many of the reported barriers may be ameliorated via dietary and exercise education interventions and therefore represent effective targets to improve the health of older Veterans.

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