Although our findings may facilitate the translation of walking time into meaningful and readily understandable daily steps, this work warrants further research before the full potential of step-based recommendations can be realized. First, research on stepping intensity suggests that a heuristic cut point of 100 steps per minute denotes time in moderate-to-vigorous physical activity (MVPA), an intensity level that is the main focus of the current physical activity guidelines. However, the application of this cut point in middle-aged cohorts that used thigh accelerometry returned unusually high values of MVPA at the group level (0.9 hours/d; SD, 0.4 hours), which questions the internal and external validity of stepping cadence conversion to time-based physical activity measures. Additionally, all intensity standards mentioned are based on absolute intensity, which may lead to different physiological and metabolic strain across different individuals.

Future research should divert from absolute cut points and embrace relative, individual thresholds to better reflect best natural effort and intensity of stepping, including exploiting the potential of innovative metrics, such as peak 30-cadence or peak 1-minute cadence. Second, in the absence of calibration studies, it may be inappropriate to use device-based data to top estimate adherence to questionnaire-based evidence-derived physical activity guidelines because this evidence captured behavioral blocks of MVPA and not actual time in each session that devices capture. More research is needed to ensure accurate calibration of device-based data, including steps vs questionnaire data before the 2 metrics can be precisely compared.

In conclusion, our findings and those of others advocate for step-based recommendations to be included as part of future versions of physical activity guidelines. It is our hope that the scientific community embraces the challenging task of realizing, through robust research activities, the promising value of steps as a major mainstream target to improve public health.

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CORRECTION

Errors in Table 1: The Original Investigation titled, “Factors Associated With Mortality Among Homeless Older Adults in California: The HOPE HOME Study,” published in the October 2022 issue, included minor data errors that appeared in Table 1. These errors did not affect the results of the study. This article has been corrected online.
