



Prevention Research Centers

Senior Center Exercise Program for Older Adults: Improves Health and Is Catching on Around the Country

University of Washington: Health Promotion Research Center

Background

The decline in strength, endurance, flexibility, and balance that occurs with aging contributes to diminished independence, diminished vitality, and increased likelihood of disabling injury.

Context

After years of research showing that exercise leads to improved physical function and reduced disability in older adults, researchers at the University of Washington's Health Promotion Research Center, a CDC Prevention Research Center (PRC), addressed the feasibility and effectiveness of offering an exercise program in the setting of a community senior center.

Methods And Results

An exercise program for community-dwelling older adults was announced at the Northshore Senior Center affiliated with Senior Services of Seattle/King County (SSSKC). Volunteers were randomly assigned to a control group (no special program) or an intervention group that was enrolled in an exercise program consisting of 1-hour classes that meet 3 times a week for 6 months. The sessions were conducted by a trained instructor and included balance, strength, aerobic, and flexibility exercises. The control group did not receive any special services but was eligible to attend the exercise classes after completion of the pilot study. Over the 6 months, the intervention group improved in physical, emotional, and social health scores while the control group deteriorated in these measures, leading to significantly better (by 10%-30%) health status for the exercise group.

Consequences

Group Health Cooperative (GHC) (a large Seattle-based HMO) began offering participation in this program as a free benefit to all its Medicare enrollees in 1998. In the first two years, alone over 1,000 of its enrollees participated in the program.

Recognizing the wisdom of making the program sustainable by adapting it for community-based administration and dissemination, the PRC continued its partnership with GHC and SSSKC. SSSKC obtained funding from the local Area Agency on Aging to make the program available to community-dwelling seniors via senior centers. Working with its partners, SSSKC adapted the program for local dissemination and portability by developing standards; manuals for instructors, administrators, and participants; and procedures for monitoring outcomes. The exercise program, formerly called the Lifetime Fitness Program, is now packaged as EnhanceFitness, one half of SSSKC's Project Enhance, which also includes a health and wellness program for older adults.

In addition to Area Agency on Aging funding, SSSKC now receives funding from the Washington State Department of Health for development of a "train-the-trainer" program and for pilot programs in Hispanic and American Indian communities. It also receives funding from local foundations to help defray the cost of the program for low-income older adults of color.

Impact And Potential Impact

In 2009, EnhanceFitness has 5,900 seniors enrolled at 315 sites in 26 states. The number of participants continues to increase—by 76% in the most recent calendar year. Attendance is tracked per class, and physical and functional capacity are measured three times per year to monitor the program's continued effectiveness.

EnhanceFitness

- Physical activity sessions developed for seniors
- Implemented in community settings, such as senior centers
- Shown to enhance physical and psychosocial function
- Adapted and disseminated successfully by community organization
- Proven sustainable and portable

A recent PRC analysis of GHC Medicare enrollees showed that people who participate in EnhanceFitness at least once per week had significantly fewer hospitalizations (by 7.9%), and lower health care costs (by \$1,057) than nonparticipants.

Consistent with the research findings, EnhanceFitness is proving to be feasible and well-attended when offered in senior centers and other community-based settings. Moreover it is showing itself to be sustainable and portable when owned and managed by a community-based organization and HMO in continued partnership with a PRC. The availability of such a successful program will become more and more pertinent as the U.S. population ages and disability prevention among the elderly becomes a higher national priority.

References

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For more information, please contact
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Mail Stop K-45, 4770 Buford Highway NE, Atlanta GA 30341-3717
(770) 488-5395
cdcinfo@cdc.gov
<http://www.cdc.gov/prc>

