

Recommendations for Fitness Clubs to Engage Older Adults in Ageing Programmes

- 1 Provide some simple and relevant knowledge to target older adults, their family and network through info days/seminars on the ageing process, modifiable risk factors, and the health-enhancing benefits of physical activity – even in later life.
- 2 Develop programmes that facilitate enjoyment and social interaction.
- 3 Tailor the club environment to make it more appealing to the main motivations and desires of older adults. This could involve socially attractive spaces that promote interaction and skills development.
- 4 Create a “community” of older adults by promoting formal and informal social networking inside and outside the fitness club by supporting peer lead activities.
- 5 Create a “multi-competence centre” with professional network in the community where older adults may receive on-site advice on different life-style factors (e.g. nutrition) or be referred to an efficient local network.
- 6 Increase professional skills of the trainers especially regarding the behavioural knowledge to support and motivate older participants with different level of readiness.
- 7 Promote occasionally intergenerational activities which foster family support for older people.
- 8 Consider expanding the team of trainers with older trainers who may reflect an inclusive image of the fitness club open to all ages.

References

Active ageing
communities

europe active
MORE PEOPLE · MORE ACTIVE · MORE OPEN

Co-funded by the
Erasmus+ Programme
of the European Union

Active Ageing Communities (AAC) was a 2-year project (2021-2022) co-funded by the Erasmus+ programme of the European Commission and coordinated by EuropeActive:

<https://www.europeactive.eu/projects/active-ageing-communities>

With the involvement of the following partners:



Green Paper on Ageing. Fostering solidarity and responsibility between generations, European Commission, 2021.

https://ec.europa.eu/info/sites/default/files/1_en_act_part1_v8_0.pdf

Global Action Plan on Physical Activity 2018- 2030: More Active for a Healthier World, World Health Organisation, 2018.

<https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf?sequence=1&isAllowed=y>

WHO Guidelines on Physical Activity and Sedentary Behaviour, World Health Organisation, 2020.

<https://www.who.int/publications/i/item/9789240015128>

Special Eurobarometer 525: Sport and Physical Activity, European Commission, 2022.

<https://europa.eu/eurobarometer/surveys/detail/2668>

Deloitte and EuropeActive (2021). European Health and Fitness Market Report:

https://www2.deloitte.com/content/dam/Deloitte/de/Documents/consumer-business/European%20Health%20and%20Fitness%20Market_Reportauszug%202021.pdf

The programme is based on a 4 “pillar” approach:



EDUCATION AND AWARENESS

PILLAR 1

- “Natural” biological processes that occur with ageing
- Modifiable life-style factors (e.g. physical activity and nutrition)



SOCIAL CONNECTIVENESS

PILLAR 2

- Increase social inclusion
- Enhance intergenerational relationships
- Encouraging social support among peers



EXERCISE SESSIONS

PILLAR 3

- Increase physical activity
- Improve muscle function and functional capacity
- Increase aerobic capacity



BEHAVIOUR CHANGE

PILLAR 4

- Establish healthy habits
- Increase motivation to be physically active
- Optimising retention to the programme

OUTCOMES

- I. Create communities for healthier and more active other adults
- II. Optimise retention
- III. New memberships
- IV. Reduce social isolation/exclusion



ACTIVE AGEING COMMUNITIES

A UNIQUE OPPORTUNITY FOR THE FITNESS AND PHYSICAL ACTIVITY SECTOR

GOOD PRACTICE GUIDE

The role of Fitness in Active Ageing

By 2060 an estimated one third of the EU population will be over 65 (European Commission, 2021). Unfortunately, this trend joins with high levels of physical inactivity and sedentary behaviour where physical inactivity is considered the fourth biggest killer in the world (WHO, 2018).

The ageing population is an unprecedented challenge for the demographic structure in Europe and worldwide. However, it may also represent one of the greatest opportunities to tap into a rarely explored market, where the penetration for the European fitness sector targeting older adults is currently below 10% (Deloitte and EuropeActive, 2021).

This lack of engagement can be explained by many behavioural and socioeconomic factors, but it shows that the sector is not currently providing a sufficiently tailored and attractive offer to older people. The Active Ageing Communities programme is particularly relevant for the fitness sector to engage more older adults in appropriate, safe, and effective opportunities for physical activity, and to support their healthy lifestyles.

Active Ageing Communities:

A SUCCESSFUL PROGRAMME TO ENGAGE OLDER ADULTS IN PHYSICAL ACTIVITY

Active Ageing Communities (AAC) was a 2-year project (2021-2022) co-funded by the Erasmus+ programme of the European Commission and coordinated by EuropeActive, which involved 556 older people in 18 fitness centres from 6 European countries: Czech Republic, Finland, Greece, Ireland, Italy and Portugal.

In the frame of this project, experts of the University of Southern Denmark developed a comprehensive programme for engaging older adults in physical activity and healthy lifestyles, specifically designed for fitness and recreational sport environments.

How to Implement the AAC Programme

BASELINE ASSESSMENTS

Collection of data by clubs: age, sex, civil status, living arrangement, chronic conditions + anthropometrics (weight, body composition, physical function, physical activity, loneliness, social network and Quality of Life).

MODULE 1

3x1 hour presentations by fitness staff to older adults and their family:

- Biological processes of ageing** - what happens to our body when we get older.
- Physical activity, exercise and sedentary behaviour.**
- The basics of a healthy nutrition** and how it can positively modify ageing trajectories.

MODULE 2

- Peer-led social activities**, such as:
 - coffee mornings
 - group walks
 - board games...
- Instructor-led Intergenerational events**, such as:
 - family day event
 - yoga in the park
 - bike rides...

Block 1

Familiarisation

Block 2

Focus on muscle strength, aerobic capacity, and functional training

Block 3

Focus on muscle power, aerobic capacity, functional training, and motor skills

FINAL ASSESSMENTS

Collection of same data after the programme implementation.



MODULE 3

Structured exercise 2 times a week during 24 weeks, including traditional exercise components such as muscle strength and power, aerobic training, functional training.

All exercise sessions should include:

- a 5–10 minutes general and/or specific warm-up, ideally with social interactions (games).
- 40-50 minutes of different exercises adapted to the older adults' functional and fitness level.
- a 5–10 minutes cool-down (breathing exercises and stretching).

Example from Block 2 (week 4 of the AAC programme):

- General warm-up (10 minutes)
- Strength and functional components (35 minutes): The strength and functional training should be completed as a circuit training with 8 different exercises and 1 minute rest in between sets:

NUMBER OF SEATS	REPETITIONS	INTENSITY	REST	TYPE
EXERCISE 1: LEG PRESS				
3	12	14 RM/2 RIR	1 min	Lower body push
EXERCISE 2: PULL-DOWN				
3	12	2 RIP	1 min	Upper body pull
EXERCISE 3: LOADED SIT-TO-STAND (DUMBBELL OR KETTLEBELL)				
3	12	2 RIP	1 min	Functional
EXERCISE 4: KETTLEBELL SWING				
3	12	2 RIP	1 min	Lower body pull
EXERCISE 5: CHEST PRESS				
3	12	2 RIP	1 min	Upper body push
EXERCISE 6: TANDEM WALK ON A 5-10 METER COURSE				
3	30	-	1 min	Balance
EXERCISE 7: ABDOMINAL CRUNCH				
3	12	-	1 min	Core
EXERCISE 8: LOWER BACK EXTENSION				
3	12	-	1 min	Core

Aerobic component (10 minutes): 3 rounds of 4 group exercises (30 s. work / 15 s. break):

- Exercise 1: Jumping jacks / Step out jacks
- Exercise 2: Marching/Jog in place
- Exercise 3: Knee raises
- Exercise 4: Steam engines

Flexibility component (5 minutes): static stretching (2 times, 30 seconds of each stretch)

- Stretch 1: Hip flexors (Kneeling hip flexor stretch)
- Stretch 2: Hamstrings (Sit-and-reach stretch)
- Stretch 3: Plantar flexors (Standing calf stretch)
- Stretch 4: Hip extensors (Knees to the chest in a supine lying position)
- Stretch 5: Chest (Wall chest stretch)

MODULE 4

10 instructor-led behaviour change meetings (45 min-1 hour): providing the older adults with the skills needed to develop and maintain healthy habits (self-efficacy, goal setting), enhanced by peer support and motivational techniques.

- The first session should be organised as the very first meeting of the AAC programme.
- Similarly, the last session should be the final meeting with the instructor(s) where the programme will be evaluated.
- These sessions should ideally take place right after or before the exercise sessions (module 3).
- In groups of 8-12 older adults (ideally with the same groups as in module 3).

Example - session 5:

- Aim: to establish personally meaningful long-term goals.
- Conduction: the instructors help older adults establish long-term functional goals that they would like to reach after completing the AAC programme. These goals have to be meaningful and achievable in their daily life for their well-being in any of the spheres of the programme: physical function, mobility, social inclusion, connectiveness and experience of ageing.



Success Factors Promoting Adherence to the AAC Programme

Overall, the AAC programme was rated very positively by the 556 older adults from six European countries who took part in the project: 4,76 out of 5.

Furthermore, the programme had a very high retention rate (> 90%) after 6 months.

Here are some key success factors:

01

A PROGRESSIVE, MODULAR APPROACH

the 4 modules of the AAC programme are designed in a gradual way that enables older adults to progressively feel safe, valued and connected to the fitness instructors and the other participants before diving into the exercise activities, securing a long-lasting involvement. Each module had a strong value for the participants:

MODULE 1

Increased their awareness and understanding of the health benefits of physical activity and promoted the uptake of healthy habits.

I got inspired... I need to do more for my health. I need to change my lifestyle in order to feel better.

MODULE 2

Had a positive impact on older adults' relationships, enhanced their social network, and strengthened family relationships.

I met people of the same age, with the same experiences and we shared our fears, our thoughts and our everyday worries. It was very helpful and I found people in this programme who were willing to listen to my problems and find solutions without judgments. I found support and my everyday life became easier.

MODULE 3

Participants highly appreciated the exercise programme specifically tailored for them, the group-based format, the variety of activities, and noticed improvements in their physical and functional health and their self-confidence.

Now it is a part of my daily routine. It's necessary for me to be able to exercise and of course I started to like it more. When the programme was concluded I missed it a lot. I try to follow everything we did during the programme.

MODULE 4

Supported the adoption of healthier behaviours which translated into the maintenance of positive lifestyle changes.

I was informed about many new things and they have changed my priorities. I am trying to adopt what I learnt in my daily life.

02

INTERACTIVE AND SAFE ENVIRONMENT

the presentations included in the AAC programme were not designed as "traditional lectures", but rather as dynamic, interactive, and conducive to a friendly environment supporting social interaction in the group and preventing the participants from feeling "judged" in a setting which often conveys stereotypes.

03

SOCIAL INTERACTION AND ENJOYMENT

are key for promoting adherence and encouraging participants to maintain their healthy behaviour. With a major focus on social and intergenerational connectiveness, the AAC programme managed to increase social relationships and decreased loneliness of the participating older adults.

04

SKILLED AND EXPERIENCED FITNESS INSTRUCTORS WORKING WITH THE TARGET GROUP

are a fundamental requirement for the successful delivery of community-based programmes, such as AAC. The fitness instructors involved in the project had on average 8 years of experience working with the target group and 14,5 years of experience with exercise and physical activity classes.

05

INVOLVEMENT OF THE FAMILY AND THE COMMUNITY

an intergenerational approach which allows youth and older adults to work together and learn from each other was shown to be effective in promoting different forms of physical activity and reducing social exclusion. In this regard, the clubs joining the AAC programme were invited to recruit older adults through their family members who are already physically active, and to organise joint events to make older adults feel part of a wider community. Fitness instructors supported intergenerational learning through various carefully-chosen activities (neighbourhood walks, "family day" events, etc.).