

# EMPOWERING OLDER ADULTS TO STAY FIT AND STRONG! A GUIDE TO IMPLEMENTATION





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### **EXECUTIVE SUMMARY**

**Empowering Older Adults to Stay Fit & Strong! A Guide to Implementation** is a product of the National Recreation and Park Association (NRPA) and is intended to be used by local park and recreation (P&R) professionals in the planning and implementation of the Fit & Strong! program.

Since 2013, NRPA, in partnership with the National Association of Chronic Disease Directors (NACDD), the Arthritis Foundation (AF) and the Centers for Disease Control and Prevention (CDC), has been supporting local P&R agencies in the delivery of evidence-based physical activity programs. To further expand the suite of programs being delivered through parks and recreation, NRPA identified four local P&R agencies with varying levels of experience delivering evidence-based programs to pilot the Fit & Strong! (F&S!) program.

This guide examines the practices and experiences of the four agencies listed below in the planning, implementation and sustainability planning for the F&S! program and is based on in-depth interviews with P&R staff involved in the delivery of the program.

The four P&R agencies were funded to implement the F&S! program March–September 2017 and include:

- · City of Buckeye Community Services Department, Buckeye, Arizona
- City of Chattanooga Department of Youth and Family Development, Chattanooga, Tennessee
- City of Mustang Parks and Recreation, Mustang, Oklahoma
- City of Florence Recreation Department, Florence, South Carolina

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- $\cdot\,$  Training and technical assistance- University of Illinois at Chicago,
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### **INTRODUCTION**

#### **OLDER ADULTS AND CHRONIC CONDITIONS**

The percentage of U.S. older adults (individuals 50 years and older) is rapidly increasing and this population is especially vulnerable to developing one or more chronic conditionshealth conditions that last more than one year and cause functional limitations or require ongoing monitoring or treatment.

Six in 10 older adults have at least one chronic condition including diabetes, hypertension, heart disease, stroke, cancer, arthritis, or Alzheimer's disease, and at least 81% of older adults suffer from multiple chronic conditions.

Chronic conditions also account for more than seven in 10 deaths among older adults.

In addition to the functional declines associated with aging, older adults with chronic conditions often experience a lower quality of life as they have greater difficulties with activities of daily living such as walking and lifting objects, as well as social and cognitive functions that are important to their independence, security and productivity. Furthermore, older adults with chronic conditions are burdened with additional healthcare spending costs due to higher rates of hospitalization and medication usage. More than 75% of healthcare costs are attributed to the management of chronic conditions.

#### CHRONIC CONDITIONS AND PHYSICAL ACTIVITY

Engagement in regular physical activity is one of the most highly recommended lifestyle modifications for overall health improvement. However, the limitations associated with chronic conditions often prevent older adults from engaging in physical activity- a behavior that has been shown to effectively prevent and manage chronic conditions. *Maintaining healthy levels of physical activity has been shown to reduce pain and improve physical functioning by 40%,* support mobility, and enhance mood and quality of life for individuals with chronic conditions. Physical activity has also been shown to reduce the risk of falling, the leading cause of injury among older adults.



According to the 2008 Physical Activity Guidelines for Americans, older adults need to do two types of physical activity each week to improve health—*aerobic and musclestrengthening*, which includes one of the following regimen:

- 2.5 hours (150 minutes) of moderate-intensity aerobic activity (e.g., brisk walking) every week and muscle-strengthening activities on two or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).
- 1.25 hours (75 minutes) of vigorous-intensity aerobic activity (e.g., jogging or running) every week and muscle-strengthening activities on two or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).
- An equivalent mix of moderate- and vigorous-intensity aerobic activity and muscle-strengthening activities on two or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).



#### PUBLIC HEALTH IMPACT OF THE FIT & STRONG! PROGRAM

Structured evidence-based physical activity and selfmanagement education programs offered in community settings have been shown to help older adults prevent and manage chronic conditions. Federal agencies such as the CDC and the U.S. Department of Health and Human Services Administration for Community Living have been leading efforts to ensure the availability of these programs to older adults across the country through national, state and local partners.

Fit & Strong! is an evidence-based, multiple-component physical activity and behavior-change program designed for people with osteoarthritis and lower extremity mobility challenges. The benefits of the program include increased physical activity engagement, increased strength and mobility, improvements to lower extremity stiffness, decreased lower extremity pain and reduced perceptions of anxiety and depression.

The program is offered in two different formats:

- Three 90-minute classes for eight weeks, or
- Two 90-minute classes for twelve weeks

The program focuses on the two recommended types of physical activity for older adults, aerobic conditioning and strength training, in addition to flexibility and balance. The program also includes an educational component aimed at increasing participants self-efficacy in achieving and sustaining healthy engagement in physical activity.

### **FIT & STRONG! IMPLEMENTATION GUIDE**

### **1. ASSESSMENT OF ORGANIZATIONAL CAPACITY**

To determine if agencies could successfully deliver the program, they first assessed their organizational capacity. This included determining if there was support from leadership, staff to lead the program, physical space to offer the program, ability to reach the target audience, and community partners that could help support and expand the program.

#### SUPPORT FROM AGENCY LEADERSHIP

The support from the organization's leadership is critical to the overall success and sustainability of a new program, particularly because the delivery of new programs require collaboration with various departments. This includes marketing and communication, as well as staff and financial resources, which may already be limited. Among the pilot sites, support from leadership was unanimously positive. Agency leadership was supportive of reallocating resources and staff time to assist in the planning and implementation of the F&S! program.

"My supervisor has been supportive. The community center here is all about whatever is going to help the people who live here." *City of Mustang* 

#### **ABILITY TO REACH TARGET AUDIENCE**

The F&S! program is designed for older adults with osteoarthritis and lower-extremity mobility challenges. All four pilot agencies were already serving the older adult population (the most popular age group served for some agencies) and cited a growing demand for new programs to meet their population's needs as a major factor in offering the F&S! program. Individuals 50 years and older were the main targets for this program.

"We have a strong senior focus program. Staff immediately knew who we could reach out to gage interest in the program." *City of Chattanooga* 

#### STAFF TO LEAD THE PROGRAM

Prior to the planning and implementation of the program, agencies reviewed their pool of available staff to identify those that were: (1) comfortable leading group-based physical activity and health education classes, (2) experienced working with older adults, especially those with chronic conditions, (3) flexible in their work schedules to add a new program to their list of duties, (4) current with their CPR certifications, and (5) experienced leading evidence-based curriculums.

Each agency identified and trained two staff who were either part-time or full-time to lead the programs, one of whom had serval years of experience facilitating older adult programs. The years of experience among staff leading the program ranged from one year to 25 years. Staff also had one or more professional certifications including personal training and group fitness.

#### PHYSICAL SPACE TO OFFER THE PROGRAM

The F&S! program is typically implemented indoors, and as a result, agencies had to identify facility space that would be able to accommodate a class of 25 (or more) participants.

The classes also require the use of equipment such as floor mats, chairs, ankle cuff weights and resistance bands, so staff had to ensure there would be enough space for participants to complete the required exercises comfortably. Where there were no meeting spaces with chairs, staff had to transport and set up the equipment before and after each class.





#### **COMMUNITY PARTNERSHIPS**

Assessing whether or not there are community partners that could support the delivery and sustainability of the program was also completed by the pilot agencies. Agencies partnered with senior housing facilities, public libraries, YMCAs and local hospitals in order to generate support for the program and maximize community outreach.

For example, the City of Mustang partnered with their local library to host the program so they could target older adults who frequently visited the library.



### **2. PROGRAM PLANNING AND IMPLEMENTATION**

#### MARKETING AND COMMUNICATIONS

All pilot agencies started the marketing and communications for their programs 2-4 weeks prior to the start of the first program offering. To do so, agencies used a variety of marketing and communications strategies to reach the intended audience including:

• **Print-** flyers, local newspapers and press releases, brochures, posters, host facility newsletters and calendars. Flyers were distributed to non-affiliated senior centers, senior assisted living facilities, local churches, YMCAs and community businesses, such as medical facilities, physicians' offices and community libraries.

"We have a column in the newspaper. One of the reporters attended a class to learn more and took pictures, so it was in the newspaper several times." *City of Mustang Parks and Recreation* 

- Broadcast- local television advertisements. For example, the City of Florence used a local channel to advertise the program offering.
- **Social Media** posting of program information to P&R agency website and Facebook.
- *Face-to-Face Recruitment-* talking to people at promotional events, health and wellness fairs, community centers and the senior center.



#### POWER OF WORD OF MOUTH

"What really helped our attendance was word of mouth. By the time we did about two classes, we kept having a multitude of people wanting to sign up for the class. I couldn't believe it." *City of Mustang* 

"A big part of our advertising was via word of mouth." *City of Florence* 

"We have water aerobics and other older adult programs, and participants doing the program spread the word and told them to come and join." *City of Buckeye* 

"With word of mouth, with our staff, we were able to exceed the number of participants for the program." *City of Chattanooga* 



#### **PROGRAM FACILITATION**

The pilot agencies considered a few facilitation strategies while implementing the program including:

- Location of the program- Agencies chose locations that were already meeting and gathering spaces for older adults including the senior and community centers and public libraries. Choosing these locations where the intended population already gathered made it more convenient for individuals to participate, thereby eliminating transportation barriers that often contribute to a lack of program participation.
- *Timing of the program* Agencies offered the program on days of the week and during times of day when the intended audience regularly visited their facilities. Majority of the programs were offered on Tuesdays and Thursdays at 9:30 a.m, and some agencies also offered morning and afternoon classes on the days the program was offered to accommodate varying schedules among participants. Consideration was also given to the timing of popular programs and activities. Agencies were sure to schedule the program around other popular activities for example water aerobics and bingo.
- **Participant retention-** Some pilot agencies used incentives to recruit and retain program participation. However, due to the rapport P&R staff had with the participants, many of whom they were already serving, participants informed staff if they were not going to attend a class. Having this open communication helped both staff and participants ensure that they were getting the maximum benefits from the class.

#### **FACILITY SPACE**

A major barrier in facilitating the program was physical space. Agencies found that as additional programs were offered and the class sizes grew, physical space became a challenge. This was particularly an issue during the summer months, when the implementation of child and youth programs was at its peak and there was competition for meeting spaces. Agencies had to locate the ideal meeting space, and in some cases limit participation to a certain number of participants, even in cases where there was additional interest.

"We started out in a small room and were jam packed. We had to change to a bigger room. Staff broke down chairs and tables and made it ready, but that had to be done every Tuesday and Thursday." *City of Buckeye* 

#### **PROGRAM EQUIPMENT**

Facilitation of the F&S! program requires the use of participant manuals and equipment including adjustable ankle cuff weights, resistance bands and floor mats. For agencies that offered the program in multiple locations, it became a challenge to transport the equipment from site to site. To overcome this challenge, one agency purchased a cart that could be used to transport the ankle weights and additional materials. Others offered the program at only one site and stored the equipment there.



#### **PROGRAM MODIFICATION**

As part of the F&S! curriculum, participants perform a series or aerobic, flexibility, balance and muscle-strengthening exercises. Instances where participants were less mobile and not able to perform the exercises as recommended due to lower levels of functional ability and issues with balance, modifications were made to the format of these exercises so that participants could still complete them. For example, participants not able to perform the fitness walking and other low-impact aerobics were able to walk in place and perform chair aerobics, and participants who were unable to perform any of the exercises standing up, performed the exercises while seated. In addition, if participants were not able to safely get down to and up from the floor during the floor exercises, they were encouraged to observe and either perform them while seated (if capable) or at home in bed.

"It was harder for our less mobile participants get on the ground and back up, we let them stay in their chairs." *City of Buckeye* 

Some agencies also noted that they would sometimes vary the exercises during the 30 minute aerobic portion of the program so that participants would become familiar with a variety of exercises they could engage in outside of the program setting.

#### **PROGRAM SUSTAINABILITY**

While this pilot opportunity awarded funding for agencies to implement the F&S! program, agencies reported efforts to continue offering the program by including it into their programming portfolios and charging a nominal fee for participation beyond the funding period. All pilot agencies recommended offering the program at or less than \$10 per eight or 12-week session or for free if the agency is able to absorb the costs.



### **3. RECOMMENDATIONS**

All four pilot agencies successfully delivered the F&S! pilot program. Below is a list of recommendations to guide the planning and implementation of your own F&S! program:

- Obtain support from leadership to deliver the program.
- Assess the organization's capacity, especially staffing and location, to deliver and sustain the program.
- Identify and train staff capable of safely and effectively delivering the program.
- Use a variety of marketing strategies to recruit participants.
- Offer the program during non-travelling seasons to increase participant retention.
- Secure space large enough to accommodate the classes, ensuring that there are no scheduling conflicts with other popular programs for the intended target audience.
- Partner with organizations that can help generate support for the program and increase community outreach efforts.
- Offer the program in convenient locations and at varying times to accommodate different schedules.

- Create an open and supportive environment for the participants.
- Thoroughly understand the goals and the expectations of the program to accurately deliver and sustain the program.
- Plan for program modifications and work closely with the program developer to find safe and effective alternatives.
- Distribute a post-program survey to evaluate participant satisfaction and use this information to make the case for the continuation of the program.
- Secure participant materials (manual and equipment) based on the recommended class size (20) and promote a "lending library" where participants "check out" the participant materials and return them after the completion of class.



For more information about the F&S! program, please visit our <u>Healthy Aging in Parks</u> <u>Evidence-Based interventions</u> webpage or visit the <u>Fit & Strong!</u> webpage.

## A CLOSER LOOK AT THE FIT & STRONG! PILOT SITES

# CITY OF MUSTANG, OKLAHOMA

Geographic Location	Suburban
Number of program sessions offered	One 8-week and three 12-week
	sessions
Number of sites offering program	4
Number of participants reached	111
Number of instructors trained	2
Dedicated programs and services for older adults	Yes
Two or more years offering evidence-based interventions	Yes

#### CITY OF CHATTANOOGA, TENNESSEE

Geographic Location	Urban
Number of program sessions offered	Two 12-week sessions
Number of sites offering program	2
Number of participants reached	80
Number of instructors trained	2
Dedicated programs and services for older adults	Yes
Two or more years offering evidence-based interventions	Yes

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CITY OF BUCKEYE, ARIZONA		
Geographic Location	Suburban	
Number of program sessions offered	Two 12-week sessions	
Number of sites offering program	1	
Number of participants reached	45	
Number of instructors trained	2	
Dedicated programs and services for older adults	Yes	
Two or more years offering	Yes	

evidence-based interventions

#### CITY OF FLORENCE, SOUTH CAROLINA

Geographic Location	Rural
Number of program sessions offered	One 12-week session
Number of sites offering program	1
Number of participants reached	45
Number of instructors trained	2
Dedicated programs and services for older adults	Yes
Two or more years offering evidence-based interventions	Yes

### WHAT DO PARTICIPANTS SAY ABOUT THE PROGRAM?

"My desire was to be well. To gain all the confidence and strength I had before my stroke. This program gives me all that."

#### Jose, Fit & Strong! program participant

"I am more encouraged to take part in a group exercise class and will now make exercise a regular part of my day. When I walk, I am more aware of my posture and my muscle tone is better. I can now walk longer without getting tired."

#### Evy, Fit & Strong! program participant





"Fit and Strong! increased the strength in my legs and hips, I have a better sense of balance, lower blood pressure. I have the motivation to exercise now, and to keep it up. I have better mobility and more selfconfidence. I just feel good now!"

Wendall, Fit & Strong! program participant



8-30-17 Ut my routine doctor appointment today my blood pressure was 110/60! I have had hypertension since March of 2002 and had a mini stroke in Feb of 2005. Over the years my blood pressure has fluctuated and the meds have changed with the doses increasing. Currently & am on 3 different pills for my pressure Today my doctor asked what changes I had made to decrease my blood pressure. I explained the Fit of Strong class and he said I may be able to decrease my meds if my pressure stays down and maybe come off some of them. The only (ONLY) changes I have made in my life is the express class and it is working nicely. Thanks Malflan





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