

Michigan: Encouraging Physical Activity Among Older Adults with EnhanceFitness

The Michigan Department of Community Health (MDCH) Arthritis Program partners with multiple community-based organizations to increase physical activity among adults with arthritis—most of whom are older adults—through EnhanceFitness, an evidence-based group physical activity program for mature adults designed to improve functional fitness and well-being. The program has been shown to be effective at helping older adults of all fitness levels become more active and maintain their independence. Since 2007, MDCH has successfully increased EnhanceFitness’ reach to older adults and other populations across Michigan through ongoing collaborations with affiliate organizations, each of which has multiple sites.

Overview

Physical activity is important at any age, but there are considerable benefits to health and well-being for older adults. Physical activity can help to lower the risk of early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancers, falls, and depression. Among older adults, regular physical activity has also been shown to delay the onset of functional limitations and loss of independence, improve sleep quality, reduce pain and improve function for those with arthritis, and reduce cognitive decline. However, few older adults achieve the [2008 Physical Activity Guidelines for Americans](#) recommendation for a minimum 30 minutes of moderate intensity physical activity on most, if not all, days of the week, or 150 minutes of physical activity per week.

In 2007, MDCH’s Arthritis Program sought to offer an evidence-based physical activity program for adults with arthritis as part of their cooperative agreement with the CDC Arthritis Program. In Michigan, 34.7 percent of adults older than 65 are not engaged in any leisure-time physical activity. MDCH saw an opportunity in the [Project Enhance EnhanceFitness program](#), a CDC- approved, low-cost group exercise program that helps older adults become more active. The program uses adaptable exercises of varying degrees of difficulty that are challenging for active older adults and safe for those who are less fit or frail. Project Enhance was originally developed in the 1990s by [Senior Services](#), a Washington state nonprofit serving older adults, in partnership with the University of Washington and Group Health Cooperative, a nonprofit healthcare system. Since its founding, EnhanceFitness has expanded to hundreds of locations across the United States.

Each one hour EnhanceFitness class includes aerobic, strength training, balance, and flexibility exercises. Classes meet three times a week, are led by certified instructors, require arm and wrist weights, and chairs (for balance and/or seated participation). Instructors track participants’ progress with standardized fitness checks: one when participants begin the program, another at four months post-initiation, and at regular intervals thereafter (as determined by each organization’s capacity, resources, and data needs). At some sites classes are free, while participants pay a small fee at others, depending on the host organization.

Research has demonstrated that EnhanceFitness is not only popular with older adults—99 percent of participants say they would recommend EnhanceFitness to a friend—but also that regular participation in the class increases strength, boosts activity levels, and elevates mood. In one study, participants showed a 52 percent improvement in depressive symptoms and 35 percent improvement in physical functioning. In addition, research has shown that EnhanceFitness can result in healthcare savings. Total

healthcare costs for participants are 6 percent lower for those attending once a week and 21 percent lower for those attending three times a week. Moreover, EnhanceFitness provides a social outlet that many seniors enjoy.

Steps Taken

The Michigan Arthritis Program saw EnhanceFitness as a strategic approach to increasing physical activity among older adults. MDCH adopted a public health strategy highlighted in [The National Physical Activity Plan](#) to “create, maintain, and leverage cross-sector partnerships and coalitions that implement effective strategies to promote physical activity.” In 2007, the arthritis program partnered with Senior Services and the CDC Arthritis Program to host a master training for EnhanceFitness certification. It was the first EnhanceFitness master training to take place outside of Seattle, where Senior Services is located. Representatives from various organizations participated, including YMCA branches, senior centers, and other community partners. Funding for the master training came primarily from the CDC Arthritis Program. The result was a group of Michigan EnhanceFitness trainers who helped build statewide capacity by training additional instructors.

Following the master training, the arthritis program worked with partner organizations to begin implementing the program in community-based settings. Need for material support varied across organizations, with some needing significant support and others becoming self-sustaining quickly. In some cases, MDCH supported partners by providing funding for the initial EnhanceFitness license fees, ankle and wrist weights, and new instructor training.

Since the 2007 master training, MDCH has sought to build and support a network of partners across the state through several means, including providing technical assistance, training to increase capacity (the number of trained instructors in the state), skill-building and networking opportunities, and marketing materials (i.e. brochures). Beginning in 2009, the arthritis program has hosted an annual one-day conference for all EnhanceFitness partners and instructors. The conference highlights the importance of program fidelity, provides information about working with older adults and people with disabilities, and features active skill-building and refresher sessions for instructors. MDCH also recently began distributing updates and information via a biannual newsletter. These efforts have helped build a sense of shared identity and purpose among statewide EnhanceFitness affiliates.

In 2012, MDCH began collecting and analyzing data for all Michigan sites. Project Enhance, the national coordinating organization, was transitioning from a paper to a web-based data collection system, which affiliates paid to access and into which instructors were to enter their classes’ data. The arthritis program staff feared that cost, time, and lack of computer access or skills could be barriers to participation in the new system, and they did not want to lose access to statewide data as a result of such challenges. Although taking responsibility for centralized data collection has been a significant investment in terms of staff time and other resources, it has also allowed the arthritis program to identify data collection gaps and technical assistance needs across partner sites. Direct oversight of the data collection process, site-by-site, has made it possible to target such assistance more effectively. Greater understanding of the sites’ activities has also allowed the staff to provide greater marketing assistance, including compiling and maintaining accurate class listings by city or region for posting on the MDCH arthritis website and its collaborative partnership evidence-based programs [website](#).

Results

- The EnhanceFitness initiative has expanded steadily, recently surpassing 5-year targets set by the Arthritis Program as a part of their funding from CDC. As of 2013, there is a Michigan EnhanceFitness network of 69 partner sites offering 83 regularly occurring classes.
- Partnerships with nonprofit and community-based organizations have helped to expand the reach across the state. The National Kidney Foundation of Michigan (operating at 19 sites) and the Detroit Area Agency on Aging (12 sites) regularly host and promote classes in various locations.
- As of April 2013, the EnhanceFitness initiative has reached more than 9,000 participants since 2007.
- Data from 2012 indicate that 91 percent of participants are 60 years or older, with 56 percent between 70 and 89; 9 percent are disabled. Many have chronic health conditions, including arthritis (29 percent), hypertension (27 percent), diabetes (12 percent), and heart disease (9 percent).
- Pre- and post-test fitness data indicate that 59 percent of participants show improvement on a chair stand test, 56 percent on an arm curl test, and 40 percent on an “[Up and Go](#)” task over the course of a year.
- The majority of participants are women (86 percent women, 14 percent men), representing Caucasian (54 percent), African-American (43 percent), and other races.

Lessons Learned

- EnhanceFitness Master Training (Training of Trainers) is key to sustaining programs and ensuring fidelity, providing a core of Enhance Fitness instructors who are able to train additional instructors as the program grows.
- Each EnhanceFitness partner needs different levels of support. While some sites are financially self-sustaining, others have needed help covering the EnhanceFitness license and renewal fees (\$3,000 for the first year, \$500 for each additional site, \$50 renewal fee per year) or assistance with paying for fitness instructor certification.
- If the state health department covers the startup costs for new sites (i.e. training, equipment, license fee), establishing a memorandum of understanding or some type of contractual agreement with the partner may increase the likelihood of long-term success and self-sustainability. MCDH did not establish MOUs, and without them found some partners’ investment was minimal, making it easier for them to back out if the program did not immediately take off.
- An annual meeting of partners and instructors helps to foster a sense of shared identity and purpose among statewide EnhanceFitness affiliates and is important for skill-building, information sharing, and ensuring consistent data collection and program fidelity.
- Centralized data collection is both helpful to the partners and valuable to state health department, allowing for better monitoring and provision of more effective technical assistance.

References

Ackermann RT, Cheadle A, Sandhu N, *et al.* “Community exercise program use and changes in healthcare cost for older adults.” *American Journal of Preventive Medicine*, 25(3): 232-7. 2003. Available at <http://www.sciencedirect.com/science/article/pii/S074937970300196X>. Accessed 7-3-2013.



Physical Activity Guidelines for Americans

Belza B, Shumway-Cook A, Phelan EA, *et al.* "The effects of a community-based exercise program on function and health in older adults: the EnhanceFitness Program." *The Journal of Applied Gerontology*, 25(4): 291-306. 2006. Available at <http://jag.sagepub.com/content/25/4/291.abstract>. Accessed 7-3-2013.

Wallace JI, Buchner DM, Grothaus L, *et al.* "Implementation and effectiveness of a community-based health promotion program for older adults." *J Gerontol A Biol Sci Med Sci* 1998;53(4):M301-06. 1998. Available at <http://www.ncbi.nlm.nih.gov/pubmed/18314570>. Accessed 7-3-2013.

For more information:

Annemarie Hodges, MA

Michigan Department of Community Health

Arthritis Program

Hodgesa5@michigan.gov

<http://www.mihealthyprograms.org/>

Kristen Wan, MS, PAPHS

Senior Analyst, Health Promotion and Disease Prevention

Association of State and Territorial Health Officials (ASTHO)

kwan@astho.org