



Program



History

In 1994, researchers at the University of Washington Health Promotion Research Center (UW HPRC) and Group Health Cooperative (a health maintenance organization) collaborated with Senior Services, a non-profit community-based organization, to conduct a trial of a multicomponent disability prevention program. One hundred older adults were recruited for a 6-month study at a State of Washington senior center. Evaluative measures showed that the intervention group significantly improved on a number of fitness and general health measures compared to the control group.

Following completion of the study, Senior Services was chosen to hold the license for the program and oversee its dissemination to additional sites. Senior Services' dissemination strategy has been to license, train, and support community-based delivery sites that adopt EnhanceFitness. In 2013, Y of USA was licensed as a national partner and in 2015, American Council on Exercise (ACE) collaborated with EnhanceFitness in development of an online continuing education program focused on chronic disease and safe exercise instruction for EnhanceFitness instructors. This strategy has been quite successful in balancing the need to maintain fidelity to the program's protocols with the mission to expand the program's reach in a sustainable way. (1)

Program Description

EnhanceFitness is an ongoing class, held three times per week in hourly sessions. Classes include the exercises commonly used to maintain and build physical health in older adults – warm up, cardiovascular workout, cool down, dynamic and static balance exercises, posture and strength training, and stretching. Strength training focuses on upper and lower body muscles, using soft cuff wrist and ankle weights. Cardio training can be anything from walking for 20 minutes to having 20 minutes of more intense exercises, with (optional) music.

Classes are appropriate for near frail to more active adults with exercises adapted for those who are more frail. For example, exercises can be completed while sitting rather than standing. The class is led by a nationally certified fitness instructor who also completes a 12 hour training reviewing and conducting the class exercises. Class sizes depend on available space but are never larger than 25. Typical class sizes range from 10 to 15 participants.

Program Outcomes

The original research study (2) showed a:

- 13% improvement in social function;
- 52% improvement in depression;
- 35% improvement in physical functioning.

Members of the control group, who did not participate in the program, but who attended other senior center activities, deteriorated in these measures over the same period (2).

A 2013 retrospective study (3) found that:

- EF participation was associated with an estimated total medical cost savings of \$945 (95% CI: \$1,480, \$411) $p=.05$. Specifically, participants in an unplanned inpatient setting saw savings of \$545 (95%CI: \$817, \$272) and those in a skilled nursing facility setting saved \$139 (95% CI: \$276, \$3).
- EF participation helped decrease unplanned hospitalizations; one unplanned hospitalization was prevented during the outcome period for every 20-25 participants.
- Participants saw a decreased mortality rate; 1.4% versus 2.9% among controls.

A 2015 study Group Health Research Institute Study (4) found that:

- In fully adjusted Cox proportional hazards models, consistent (hazard ratio [HR], 0.74; 95% confidence interval [CI], 0.63–0.88) and intermittent (HR, 0.87; 95% CI, 0.8–0.94) EnhanceFitness participation were both associated with a reduced risk of falls resulting in medical care. Consistent use of EF was associated with the greatest reduction in risk of a medical fall, lowering risk by 20% to 30%.

Program References

1. Belza B, Snyder S, Thompson M, LoGerfo J. (2010) From research to practice: EnhanceFitness, an innovative community-based senior exercise program. *Top Geriatr Rehabil* 26(4):299–309.
2. Wallace JI, Buchner DM, Grothaus L, Leveille S, Tyll L, LaCroix AZ, et al. (1998) Implementation and effectiveness of a community-based health promotion program for older adults. *J Gerontol A Biolo Sci Med Sci* 53a(4):M301–6.
3. Report to Congress: The Center for Medicare and Medicaid Services' Evaluation of Community-Based Wellness and Prevention Programs under Section 4202 (b) of the Affordable Care Act, September 30, 2013
4. Greenwood-Hickman MA, Rosenberg DE, Phelan EA, Fitzpatrick AL. (2015) Participation in Older Adult Physical Activity Programs and Risk for Falls Requiring Medical Care, Washington State, 2005–2011. *Prev Chronic Dis* 2015;12:140574.



Program Contact: Paige Denison

Email: paiged@soundgenerations.org

Phone Number: (206) 268-6739

Website: projectenhance.org