

# ACTIVE AGEING COMMUNITIES

## EXECUTIVE SUMMARY

### *An Ageing and too Inactive Europe*

Europe will be “turning increasingly grey” in the coming decades, and combined with an overall population that is set to shrink by 5% between 2019 (447 million) and 2070 (424 million). Not only is the population in decline, but the significant change in its age structure will mean that by 2060 an estimated one third of the EU population will be over 65 (European Commission, 2021).

Unfortunately, this trend also joins with high levels of physical inactivity and sedentary behaviour. Physical inactivity is considered the fourth biggest killer in the world (WHO, 2018), and is the main cause of non-communicable diseases (coronary heart disease, diabetes, breast cancer, etc.). It is therefore crucial to highlight the importance of regular physical activity as the now universally considered most powerful non-pharmaceutical treatment to counteract accelerated ageing.

### *What is Active Ageing?*

“Active ageing” (or “healthy and active ageing”) is about “promoting healthy lifestyles throughout our lives and includes our consumption and nutrition patterns and our levels of physical and social activity. It helps reduce the risk of obesity, diabetes and other non-communicable diseases which are on the rise. (It) is a personal choice and responsibility, but it depends heavily on the environment in which people live, work and socialise” (European Commission, 2021).

Physical activity is central to active ageing as it enables older adults to stay healthy and have an improved quality of life in later years. The World Health Organisation recommends at least 150 minutes of moderate-intensity aerobic physical activity weekly or at least

75 minutes of vigorous-intensity aerobic physical activity weekly or an equivalent combination of moderate and vigorous-intensity activity. Muscle-strengthening activities should be done for major muscle groups on 2 or more days a week (WHO, 2020).

Despite the overwhelming evidence of the health benefits of structured exercise and physical activity in general, many European older adults are inactive and do not meet the minimal national recommendation for physical activity (European Barometer 2022). Across Europe, only 31% of people aged 55 years and over engage in any form of exercise or physical activity on a regular basis (European Commission, 2022).

### *The role of Fitness in Active Ageing*

The ageing population is an unprecedented challenge for the demographic structure in Europe and beyond. However, it may also represent one of the greatest opportunities for the fitness sector to tap into a relatively unexplored market. The market penetration for the European fitness sector targeting older adults is currently below 10% (Deloitte and EuropeActive, 2021). This lack of engagement is closely tied to a range of behavioural and socioeconomic factors, but it also indicates that the sector is not currently providing a tailored and sufficiently attractive offer to older adults.

Hence, the industry should strive to become a significant game changer, substantially assisting other public and private stakeholders in the global challenge of enhancing health and maintaining independent living in the ageing population. 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 improved healthy lifestyles.



## The Active Ageing Communities (AAC) Project

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 aimed at creating communities for healthy and active older people in fitness and recreational sport environments. Overall, the project successfully involved 556 older people in 18 fitness centres from 6 European countries: Czech Republic, Finland, Greece, Ireland, Italy, and Portugal.

The AAC project developed a model for the fitness sector based on international recommendations, scientific evidence, and hands-on experience, to engage older adults in physical activity and long-term sustainable healthy lifestyles, while reducing their levels of social isolation.

### ACTIVE AGEING COMMUNITIES: A SUCCESSFUL PROGRAMME TO ENGAGE OLDER ADULTS IN PHYSICAL ACTIVITY

The AAC programme was designed by experts from the University of Southern Denmark as a 24-week multi-layered intervention with the following goals:

- To improve overall health, physiological capacity and physical function,
- To create a feeling of belonging and to make older adults experience physical and psychosocial benefits such as weight loss, improved aerobic capacity, a sense of fun, and enjoyment,
- To empower the participants to establish a long-term sustainable active lifestyle.



The AAC programme was based on four different components

#### 1 | EDUCATIONAL AWARENESS

This module was designed with three structured presentations aimed at increasing participants', their families', and friends', awareness on what the biological ageing process is, but also on what, and to which extent, specific lifestyle habits and behaviours may potentially modify ageing trajectories.

#### 2 | SOCIAL INCLUSION AND CONNECTIVENESS

This module aimed at increasing social inclusion among the participants through two main components: 1) Peer-led social activities and 2) Intergenerational events.

#### 3 | EXERCISE

Building on WHO's newly updated physical activity guidelines for older adults, this module was designed with biweekly frequency, 1 hour per session, for 24 weeks in total. It was divided in three blocks, focusing on: 1) familiarisation; 2) increasing physiological capacity; 3) increasing muscle power, aerobic capacity, functional training, and motor skills.

#### 4 | BEHAVIOURAL CHANGE

This module, composed of 10 instructor-led behaviour change meetings carried out in parallel with the 24-week exercise programme, focused on fostering motivation to promote and maintain physical activity beyond the structured exercise module, and optimise retention to the programme.

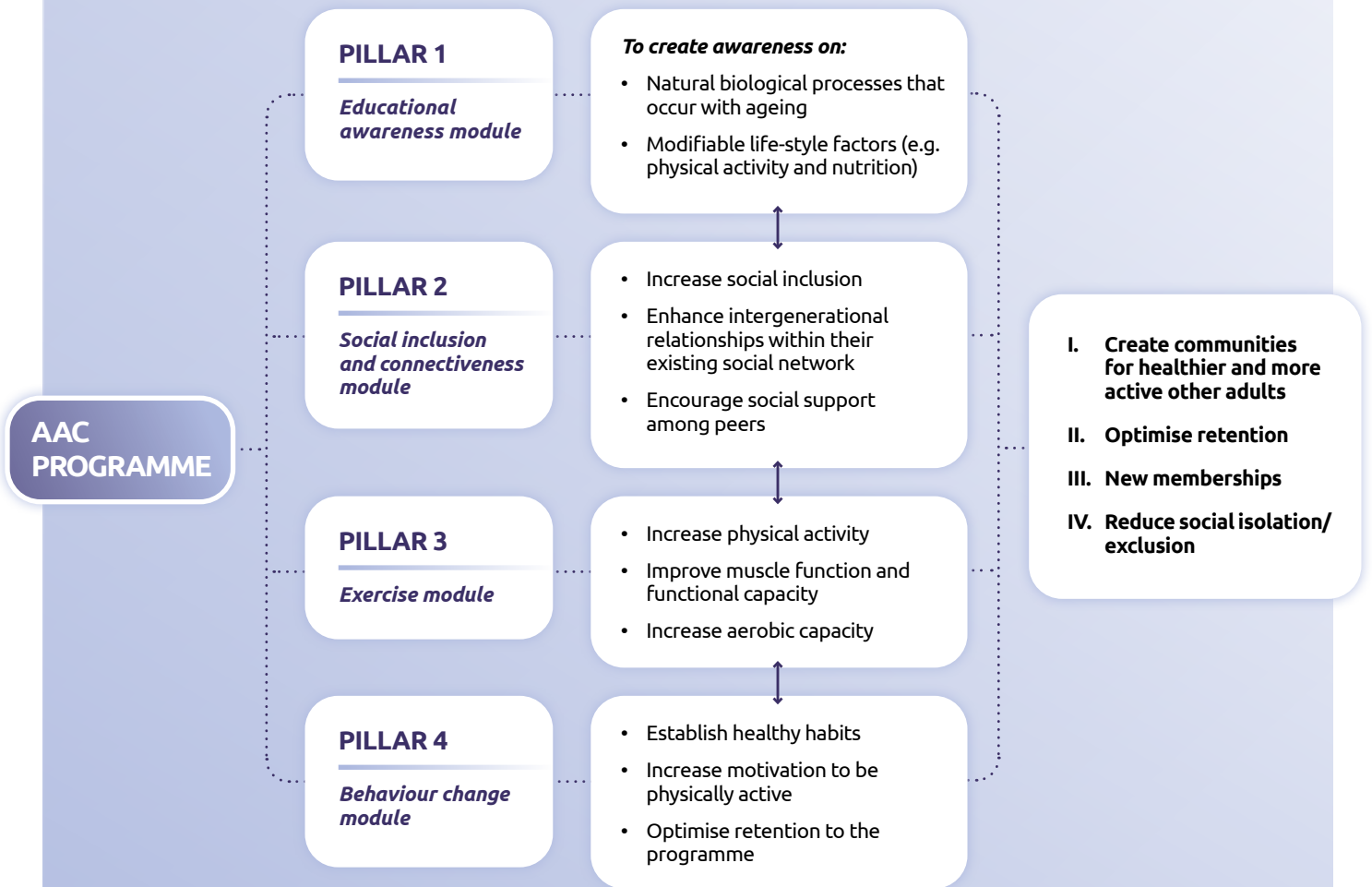


Figure 1: Active Ageing Communities intervention framework



## The AAC Programme: Evaluation Measures and Process Evaluation

The effectiveness of the programme was evaluated by a set of domains before and after the intervention. The evaluation included measuring anthropometrics (e.g. weight, body composition), physical function, physical activity, loneliness, social networks, and quality of life.

The process evaluation was based on quantitative data (retention to the programme) and qualitative data (short questionnaires and semi-structured face-to-face interviews), provided by the different AAC stakeholders: national fitness associations, clubs instructors and staff, and of course older adults.

## The AAC Programme: Results

1

### Pre- and post-intervention results: effects on health function and behaviour

The AAC interventions induced significant positive changes on anthropometric, physical function, behaviour, social relationship, and loneliness:

- Participants reduced their body weight and fat percentage and increased their fat free mass.
- Gait speed (the time it takes to walk a specified distance) increased from 0,95 m/s to 1,06 m/s.
- Participants significantly improved their physical function, mobility and balance.
- Participants reported to have reduced their level of loneliness, and increased their social relationship and overall health related quality of life.

2

### Process evaluation results

The AAC programme was rated very positively by the older adults who took part in it: 4,76 out of 5. Each module had a strong value for the participants (Figure 2):

- Older participants appreciated the interactive educational seminars in pillar 1 and reported that they received new knowledge which also promoted the uptake of new healthy habits.
- Promoting formal and informal social connectiveness (pillar 2) increased participants' sense of belonging to the "community" and strengthened relationships in the family.
- Participants highly appreciated the exercise module (pillar 3) specifically tailored for them, the group-based format, the variety of activities, the perception of the physical and functional "benefits" derived from the programme and the positive role of the trainers in creating a safe and non-judgmental environment.
- Finally, the "behaviour change module" (pillar 4) supported the adoption of healthier behaviours which translated into the maintenance of positive lifestyle changes such as increased level of daily physical activity.



## AAC COMPONENTS

### PILLAR 1

*Educational awareness module*



### PILLAR 2

*Social inclusion and connectiveness module*



### PILLAR 3

*Exercise module*



### PILLAR 4

*Behaviour change module*

## IMPACT ON PARTICIPANTS

- Increased their understanding of the health benefits of physical activity
- Improved awareness of the importance of being active
- Promoted the uptake of healthy habits

- Positive impact on relationships
- Enhanced their social network
- Improved familiar relationships (strengthened family bonds)

- Enjoyed the variety of exercises included and perceived benefits of group-based exercise and working with peers
- Noticed improvements in their physical and functional health and increased self-confidence
- Appreciated having a trainer and a tailored program

- Developed healthier behaviours and made positive lifestyle changes
- Promoted the maintenance of positive lifestyle changes
- Increased daily physical activity

Figure 2: Thematic analysis derived from interviews with the older participants reporting main "factors" related to each module of the intervention

The AAC programme had a very high retention of the participants (> 90%) after 6 months. The factors that promoted such retention are summarised in Figure 3 according to the 4 "pillars". Overall, this indicates that a well-tailored complex programme specifically designed for older adults was not only highly appreciated by the participants, but also translated in a very low drop out. Improving retention of users and members is one of the substantial challenges of the fitness industry in all target groups.

### PILLAR 1: EDUCATIONAL AWARENESS

*Better knowledge  
Useful information  
Trainer influence*

### PILLAR 2: SOCIAL CONNECTIVENESS

*Peer support  
Family involvement  
Utilising social spaces*

### PILLAR 3: EXERCISE SESSIONS

*Trainer led sessions perceived to be safe  
Tailored program for target group (>65 years)  
Perceived positive effects on physical and emotional wellbeing*

### PILLAR 4: BEHAVIOUR CHANGE

*Healthier habit formation  
Improved self-motivation  
Willingness to achieve goals*

Finally, more than 55 % of the participants involved in the AAC project had entered a fitness club for the first time or re-visited the fitness club after a physically inactive period.

Figure 3: Main "factors" promoting adherence to the AAC programme

## CONCLUSION

The initial objectives of the AAC project were successfully reached: the programme did improve overall health, physiological capacity, and physical function, and did create a sense of belonging among older participants, who reported perceiving and experiencing physical and psychosocial benefits.

Furthermore, the project provides a potential roadmap for fitness and sport clubs to recruit new, older participant members in their clubs and to be able to retain them. The AAC programme demonstrated that the fitness and recreational sport sector can play a key role in enhancing healthy and active behaviours for older adults.



## References

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:



Active Ageing Communities (AAC) project funded under the ERASMUS+ Sport Programme Collaborative Partnership 2019. Project Reference Number: 622008-EPP-1-2020-1-BE-SPO-SCP.

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

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](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>

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

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