Enhance®Fitness

What is it?

- Developed at the University of Washington in partnership with Group Health Cooperative (now Kaiser Foundation Health Plan, Inc.) in the mid-1990's, Enhance®Fitness, formerly Lifetime Fitness, is an exercise program that combines cardiovascular and balance exercises, strength training, and stretching to prevent functional decline in older adults.

- Classes are dynamic and interactive with a focus on creating a relaxed and fun atmosphere for participants. In hour-long sessions conducted three times a week, Enhance®Fitness instructors lead small groups through a series of cardiovascular, dynamic and static balance work, strength training and stretching activities (using cuff weights).

- Classes are available in-person or remotely with class size limits to ensure that the instructor can attend to all participants.

- All activities can be adapted to participants' fitness levels and are arthritis appropriate. Activities are accessible for a range of ability and mobility levels, and can be done standing or seated.

- Fitness checks are provided at the beginning of the program and every four months thereafter. All exercise equipment is provided.

- Enhance®Fitness is available in several languages other than English, including: American Sign Language, Belarus, Bhutanese, Chinese, Hmong, Japanese, Korean, Lao, Mien, Norwegian, Russian, Samoan, Somali, Tongan, Ukranian, and Vietnamese.

- It is strongly recommended that Enhance®Fitness instructors hold a nationally recognized fitness instructor certification and CPR certification. They also receive 12 hours of specialized training by an Enhance®Fitness master trainer.

Who is it for?

Enhance®Fitness is designed for older adults and people with disabilities who want to improve or maintain their physical activity level and lessen their risk for falls. It is intended for the general community, as well as people with or at risk for arthritis, or who are living with other chronic health conditions.

What are the benefits?

- Improves physical function.
- Decreases depression.
- Protects against falls and fall injury.
- Promotes a physically active lifestyle.
- Reduced medical care utilization costs.

For More Information

Project Enhance
www.projectenhance.org

Centers for Disease Control and Prevention
www.cdc.gov/arthritis/interventions/physical_activity.htm

Project Enhance, Class Locations
https://projectenhance.org/locations/

Project Enhance, Enhance®Fitness Citations
www.projectenhance.org/what-is-an-evidence-based-program/citations/

Selected References

Ackermann RT, Cheadle A, Sandhu N, et al. Community exercise program use and changes in healthcare costs for older adults. *American Journal of Preventive Medicine*. 2003;25(3):232–237. PMID: 14507530.

Ackermann RT, Williams B, Nguyen HQ, et al. Healthcare cost differences with participation in a community-based group physical activity benefit for Medicare managed care health plan members. *Journal of the American Geriatric Society*. 2008;56(8):1459-1465.

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. *Journal of Applied Gerontology*. 2006;25:291–306.

Patel KV, Hoffman EV, Phelan EA, Gell NM. Remotely delivered exercise to rural older adults with knee osteoarthritis: A pilot study. *ACR Open Rheumatology*. 2022 Aug;4(8):735-44. https://doi.org/10.1002/acr2.11452

Petrescu-Prahova, M. G., Eagen, T. J., Fishleder, S. L., & Belza, B. (2017). Enhance®Fitness Dissemination and Implementation: 2010-2015: A Scoping Review. *Am J Prev Med,*

52(3S3), S295-S299.
doi:10.1016/j.amepre.2016.08.015 http://www.ncbi.nlm.nih.gov/pubmed/28215384

Tomioka M, Braun KL, Wu YY, Holt K, Keele P, Tsuhako L, Yago J. Twelve-month retention in and impact of Enhance® Fitness on older adults in Hawai ʻi. *Journal of Aging Research*. 2019 Sep 2;2019. https://doi.org/10.1155/2019/9836181

Wallace JI, Buchner DM, Grothaus L, et al. Implementation and effectiveness of a community-based health promotion program for older adults. *Journals of Gerontology: Medical Sciences*. 1998;53(4):M301–M306. PMID: 18314570.

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Ackermann RT, Cheadle A, Sandhu N, et al. (2003)	Retrospective matched cohort study Compared estimated health care costs and utilization rates of Lifetime Fitness Program participants vs. controls	1,114 program participants aged 65 or older 3 randomly selected matched controls per participant	Adjusted total health care costs for participants were 94% of control costs For participants attending >1 class per week, total adjusted follow-up costs were 79.3% of controls
Ackermann RT, Williams B, Nguyen HQ, et al. (2008)	Retrospective cohort study Compared estimated health care costs and utilization rates of Enhance®Fitness participants vs. controls Outcomes assessed at 1 and 2 years	1,188 older adult participants Matched group of controls	No difference in healthcare costs in Year 1 Year 2 outcomes: ↓ adjusted total healthcare costs for participants ↓ in-patient costs for participants

Belza B, Shumway-Cook A, Phelan EA, et al. (2006)	Outcomes testing of program participants at 4 and 8 months	Older adults enrolled in program	Outcomes sustained at 8 months: ↑ strength, functional mobility ↑ self-rated health
Patel KV, Hoffman EV, Phelan EA, Gell NM (2022)	Pretest-posttest self-reported outcomes and performance-based physical capacity assessments	15 older adults with knee osteoarthritis	↑ physical function ↑ perceived ease of use and usefulness of videoconferencing for engaging in exercise ↓ knee pain ↓anxiety, sleep disturbance, fatigue
Petrescu-Prahova, M, Eagan, TJ, Fishleder, SL, Belza, B. (2017)	Scoping review of Enhance®Fitness literature published between 2010-2015	84 publications identified, 17 met search criteria	Results demonstrate: ↑ functional outcomes ↓ healthcare costs High level of patient satisfaction
Tomioka M, Braun KL, Wu YY, et al. (2019).	Longitudinal study Assessed physical performance and prevalence of falls at baseline, 4, 8, and 12 months	1,202 participants over the age of 50. 427 completed the 12-month program and 775 dropped out of the program	↑ physical performance between baseline and 4-month and 8-month measure ↑ physical performance maintained at 12-months Younger adults were more likely to drop out. Japanese adults were more likely to maintain participation than Caucasian adults
Wallace JI, Buchner DM, Grothaus L, et al. (1998)	6-month RCT	100 older adults	↑ physical functioning ↓ depression 85% program completion rate at 6 months