

Strength in Old Age ABC – Effective Model for Health Exercise

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AIMS

The Strength in Old Age Programme aims to launch research-based counseling, guided strength and balance exercise, and

outdoor activities for independently living older adults (75+) with decreased functional capacity.

“When you see the progress you exercise even harder.”

METHODS

The implementation of good practices of health exercise was supported by the Age Institute with mentoring of collaboration in 38 municipalities in 2010–2015. The key sectors of municipal collaboration groups included municipal sports and social and health care authorities as well as NGOs.

The municipal collaboration groups collected annual sectoral follow-up data and evaluated their own work and learning.

JOINT DEVELOPMENT

MUNICIPAL INTERSECTORAL GROUPS 3-YEARS MENTORING

- Reaching the target group
- Coordination of exercise activities and counseling
- Local training of trainers
- Facilities, transportation
- Information
- Guidance, networks
- Instructor training
- Training programmes for professionals and peers
- Learning and communication materials
- Tools for follow-up and evaluation

IMPLEMENTING GOOD PRACTICES



Figure Strength in Old Age Model

FINDINGS As a result of intersectoral cooperation in 38 municipalities:

- The number of strength and balance exercise groups (786→1500) and participants in the groups were doubled (10 883→22 044).
- The results of mobility tests among participants improved in 53 % of the cases, remained stable in 38 % and decreased in 9 % of the cases (n=2060).
- Guided outdoors groups more than tripled (20→74).
- Exercise counseling activities were more than doubled (56→137).
- 170 trainers were trained in municipalities, and they trained almost 4 000 professionals and peers.
- More than a half of key actors saw that they had learned intersectoral cooperation very well or well, and they thought that mentoring was important.
- Intersectoral work methods became established in almost all municipalities.
- The network of municipalities enabled benchmarking.

CONCLUSIONS

The mentoring of intersectoral collaboration groups promoted the implementation of good practices of health exercise in municipalities for the elderly lacking

in exercise services. The Strength in Old Age activities continue with new municipalities.

“We have succeeded in implementing Strength in Old Age activities into the regular municipal activities. There is no fear that this would end here.”