

Sociaal Vitaal & Sociaal Vitaal in kleur

A community-based Healthy Ageing strategy



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Objective

to enhance physical activity and physical fitness and decline loneliness in frail older adults (55-85 year) living in deprived neighbourhoods*

* low social economic status, poor health literacy,
lower life expectancy



Frailty

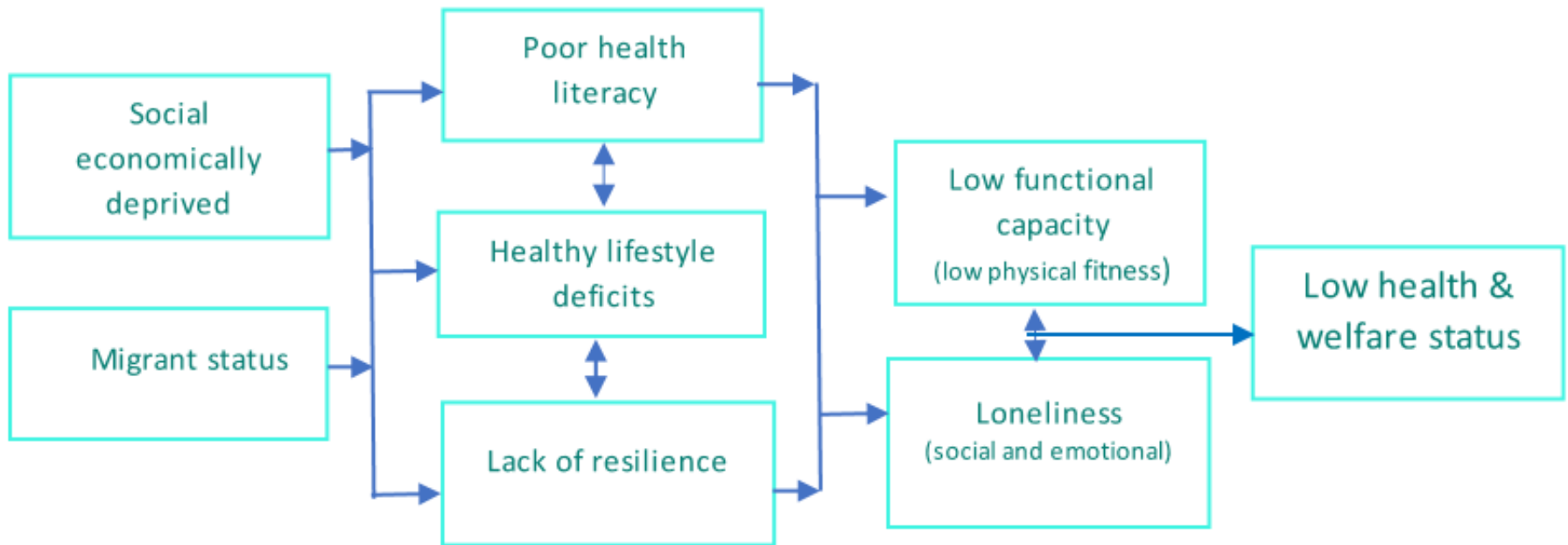


An age related accumulation of health deficits, due to a gradually lose of homeostasis and in-built body systems reserves, resulting in a decline in physical, psychosocial and cognitive functioning & loss of resilience*

Prevalence the Netherlands 21% age group 65+ (CBS 2021)

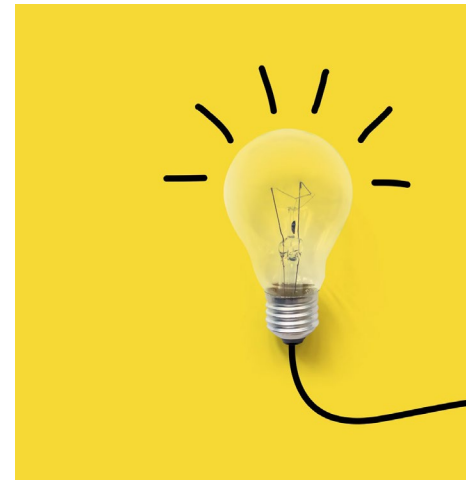
*Rockwood and Mitnitski 2007

Focus of the Intervention



Intervention design*

4 components



1. Recruitment strategy

2. Health Screening protocol

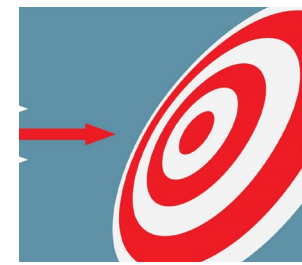
3. Multi-facet intervention

4. Behavioral retention strategy

*the intervention start with the formation of a local projectgroup
Older adults participate in the projectgroup, the design of the
intervention (rerruitment and intervention) and evaluation



Recruitment strategy



Community based recruitment

Neighbourhoods are selected based on epidemiological data



1400 inhabitants (65-85) get a written invitation to take a health screening.* Non responders are visited at home



Response

18% (250 out of 1400) targetgroup
40% (100 out of 250) take health screening
16% (40 out of 250) participate

Social network recruitment

Local migrant communities are selected based on epidemiological data and consultation of key persons



200 older migrants (55-85) are individually invited to take a health screening using a network recruitment strategy (snowball method)



Response

50% (100 out of 200) targetgroup
60% (60 out of 100) health screening
38% (38 out of 100) participate

* Sample Municipal Population Administration

Health screening



step test



Flexibility shoulder



Metabolic fitness (BMI, bloodpressure)

Physical fitness (grip strength, leg strength, endurance, flexibility shoulder and low back, dynamic balance)

Physical activity Readiness Questionnaire (PARQ)

6 item Loneliness questionnaire (de Jong Gierveld)

Physical activity questionnaire (SOC)

Groningen Frailty Indicator (GFI)

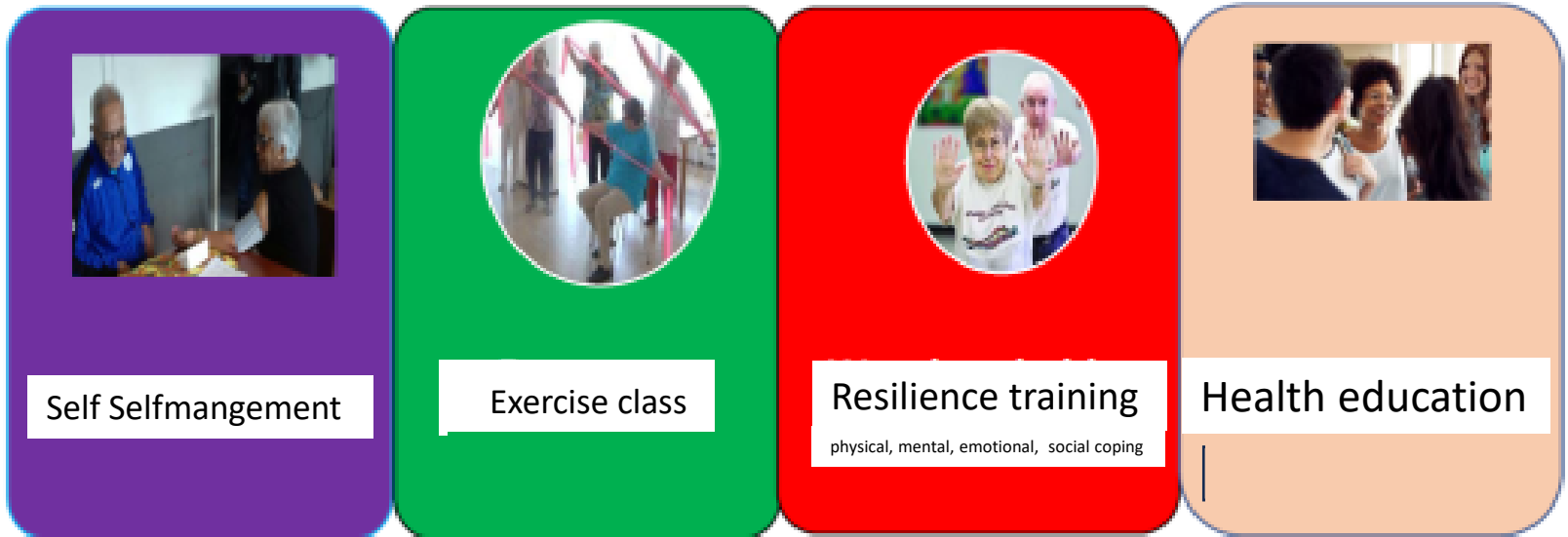
Self Management Ability Scale (SMAS)

Groningen Aging Resilience Inventory (GARI)

Multi facet Intervention*

combination of 4 components

30 weeks, weekly 90 minutes, indoor classes**



*Based on a diversity of behavioral change theories such as Social Learning theory Goalsetting theory, Cognitive reframing theory, Resilience theory, Selfmanagement theory), Exercise–Affect–Adherence Pathway theory

** classes older migrants are gender (man-and women classes) and c specific (language, music)

results



Implementation

60 local Sociaal Vitaal projects & 26 local Sociaal Vitaal in Color projects executed (2014-2022)*

Participants

3388 older adults included

Age 73 years, 35% frail (+34% prefrail), 71% lonely, 68% sedentary, 50% low income

Effects

Increase physical activity (+44%) & physical fitness (+48%), decline loneliness (-32%), increase resilience (+21%)

Selfreported effects participants: physical activity +60%, decline loneliness 48%

* In cooperation with Dutch National Campaign Against Loneliness and the Dutch National Campaign to enhance a healthy Lifestyle of Ministry of Health and Welfare in the Netherlands

EVALUATION

Time consuming en expensive local project
(budget needed € 22.000 per project)

Frail and pre-frail older adults are prone to dropout.
Intensive support of to prevent dropout is needed

Project based budget available for 12 months.
Behavioral change in frail older adults is a long term
process an need long term financial commitment

Thanks for your attention