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Peer coaching as a population approach to increase physical activity in older adults

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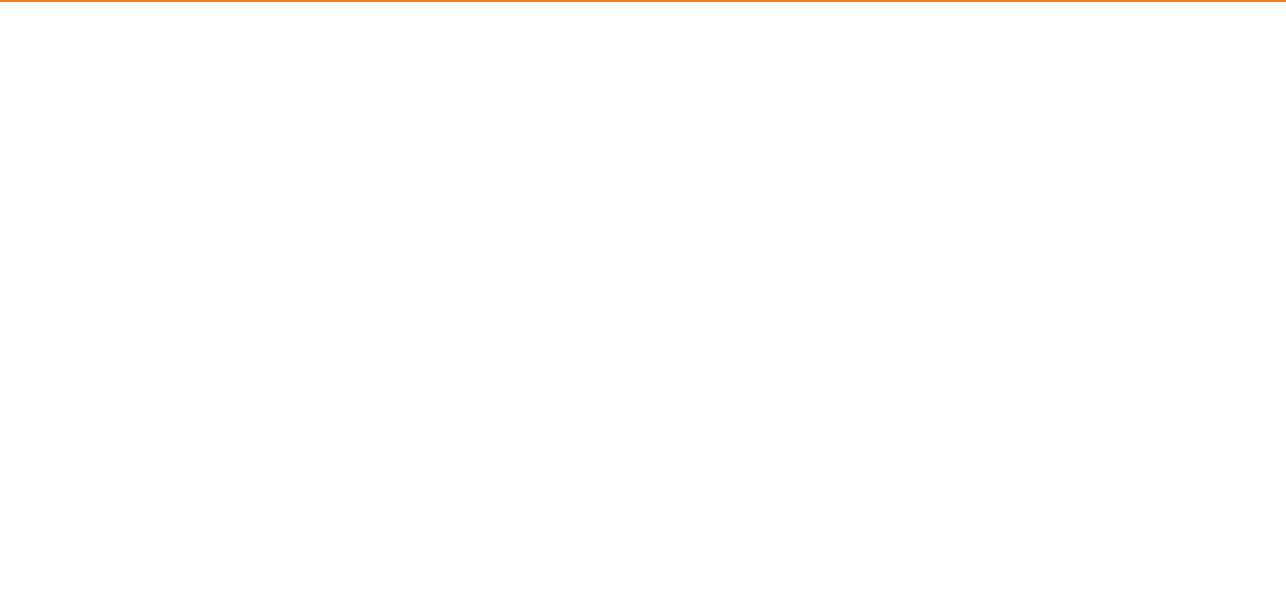
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CHAPTER 8

Summary

PEER COACHING AS A POPULATION APPROACH TO INCREASE PHYSICAL ACTIVITY IN OLDER ADULTS

Introduction

The proportion of people older than 65 years increases worldwide. As a result, the prevalence of age-related diseases such as diabetes, cardiovascular disease, dementia and cancer increases steadily. Physical activity is effective in preventing and treating many of these age-related diseases. However, two thirds of Dutch older adults do not reach the recommended level of 150 minutes a week moderate intense physical activity. Current efforts to increase physical activity with professional led physical activity interventions are effective during the intervention period, but do not manage to have a sustainable effect. Scarcity and costs of professionals limit the reach and long-term implementation of these interventions.

Methods

In this thesis we studied the possibility of peer coaching to sustainably increase physical activity in older adults. Peer coaching is a promising method without the limitations of professionals-led interventions. Peer coaching is a face-to-face intervention to reach a common goal given by a non-professional, who has a common background with the recipient, either through a similar life experience or other shared characteristics.

Results

The first proof-of-principle of an effective peer coach physical activity intervention was created in 2010 by older adults themselves. This group of older adults exercised together every weekday one hour together under the guidance of one of their peers. The group was completely self-organizing and self-sustainable without external funding. At the time of writing, the group exists for 11 years and has almost 250 participants. Participants reported improvements in their well-being and the six-minute walk test showed yearly improvements in cardiovascular fitness. This peer coach physical activity intervention managed to engage older adults in daily physical activity for years at no structural costs to society.

The following question was if this success could be copied at another location which we tested in Leiden. Three similar peer coach physical activity interventions were set up by researchers in three neighbourhoods with different socioeconomic status. After the initial researcher led period, all three groups became completely self-organizing within 8 months. Investment per group was less than €170 and 187

hours. The three groups exist at the time of writing more than 3 years. During the study more than 15 similar peer coach physical activity interventions were set up in the Netherlands by older adults themselves, welfare organizations or private companies.

Consecutively we investigated if these self-organizing groups could be linked to formal care through an exercise referral scheme in primary care. Eight primary care practices referred only 106 older adults in one and a half year. Only 6 people responded to the referral of which 4 started exercising regularly for over a year in the peer coach group. The reach was small, but the potential benefits could be regarded proportional to the small effort needed to refer.

Finally, we ended this thesis with a vision for the future by describing a best practice example from Cuba. Cuba has implemented the *Círculos de Abuelos* (grandparent circles) in 1987, where currently 12,000 groups of 900,000 older adults exercise and enjoy life together. Cuba managed to implement a population approach that reaches 40% of its older population and has been effective for over 30 years.

Conclusion

Older adults can effectively and sustainably increase physical activity of older adults through peer coach physical activity interventions. After a small investment for implementation, a sustainable self-organising exercise intervention can be created which has existed for several years now. The reach of the groups can be increased through an exercise referral scheme in primary care, but the effectivity needs to be improved through research. Nationwide implementation of exercise groups for older adults is possible, but it requires effort from a large (governmental) party.

