

Access to Senior Fitness Programs in Rural Minnesota

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Presentation Overview

- Goals and Outcomes
- Demographics—MN Seniors
- Hibbing Senior Fitness Project Timeline
- Community Resourcing
- Regional Fitness Model
- Impact on Senior Community
- Rural Health Advisory Committee Project
- Sharing of Experiences and Solutions

Senior Fitness Program Goals

- Readily accessible—programs provided locally, during daytime hours, and accessible through public transportation
- Evidence-based—long-term structured physical activities that promote social interaction, regular attendance, and community involvement (*What Works-Strategies to Improve Rural Health*, University of WI, 2016; Gill, TM, et.al., *Effect of Structured Physical Activity on Overall Burden and Transitions Between States of Major Mobility Disability in Older Persons*, 2016)
- Covered by insurance—reimbursed through a Medicare fitness benefit

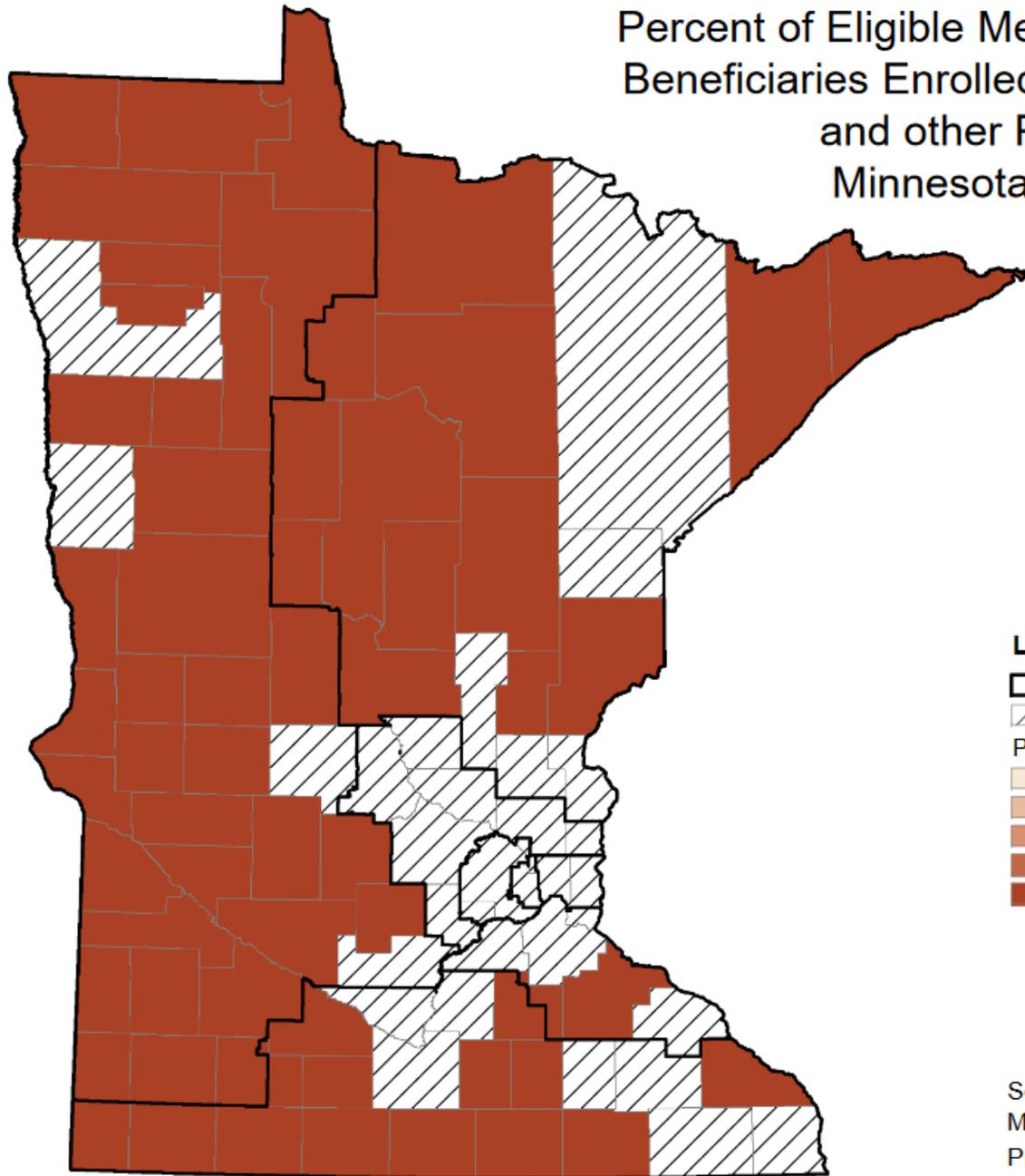
Desired Outcomes

- Maintain bone, muscle, and joint health
- Reduce risks and complications of chronic disease
- Reduce falls
- Maintain ability for independent living as well as reducing stress anxiety and depression
- Reduce ER visits and preventable hospitalizations

The Aging of America: Rural Minnesota is Comparatively Older Than Urban Minnesota

- 44 percent of rural Minnesota is over the age of 50.
 - 41% of small-town
 - 38% of large-town
 - 32% of urban
- Residents of rural and small-town communities are twice as likely to be over the age of 80. ¹

Percent of Eligible Medicare Non-Metropolitan Beneficiaries Enrolled in Medicare Advantage and other Prepaid Plans: Minnesota, March 2016



Legend

113th Congressional Districts

Metropolitan counties

Percent Enrolled by County

Less than 5%

5% - 14.9%

15% - 24.9%

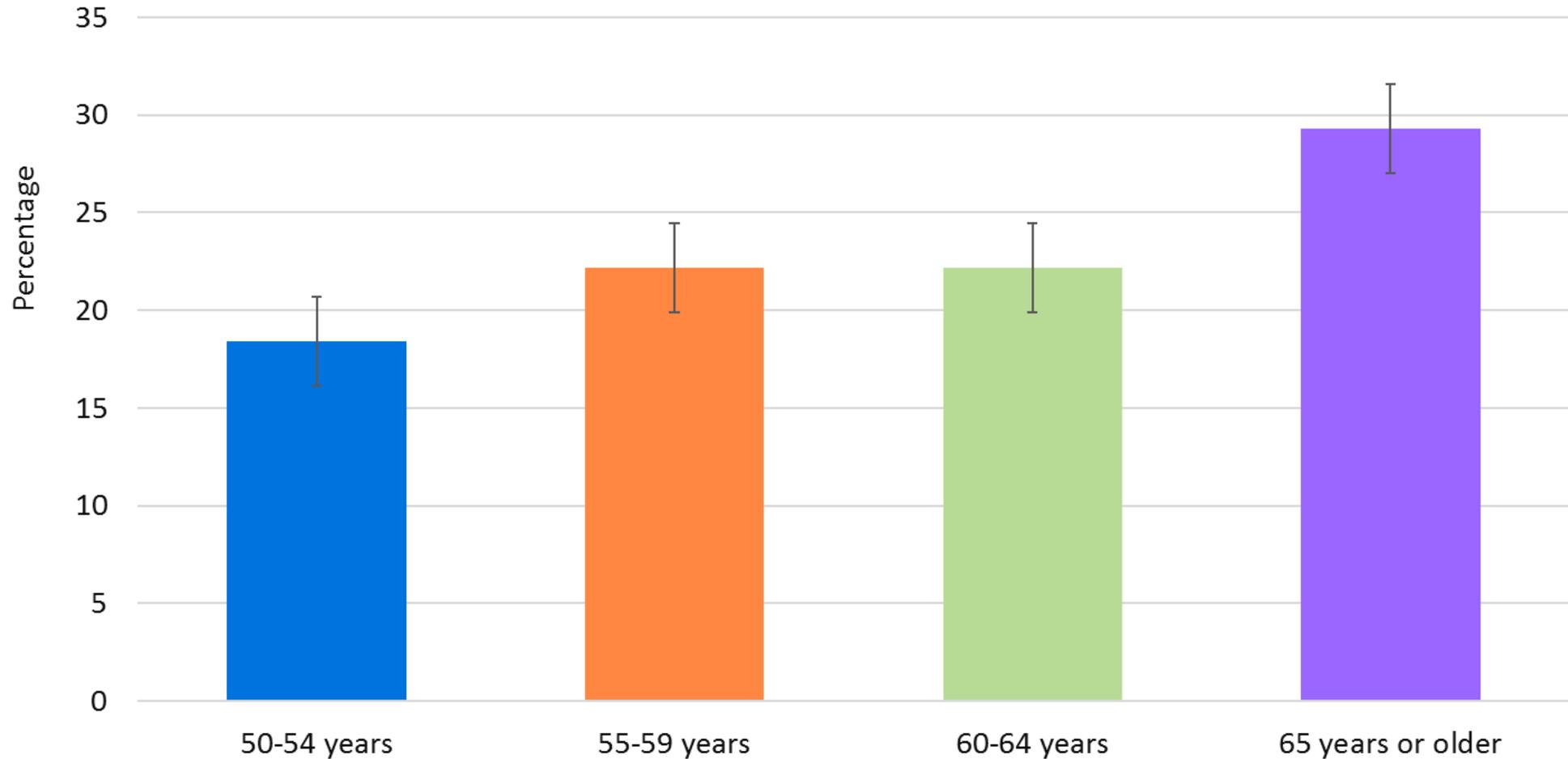
25% - 29.9%

30% - 68%

Source of data: Centers for Medicare and Medicaid Services (CMS) data, as of March 2016.

Produced by: RUPRI Center for Rural Health Policy Analysis, 2016

Percentage of older adults who have not had any leisure time physical activity in the past month (2014)



Older Adult Physical Activity

By age 75, most adults do not engage in any type of physical activity and this continues to increase with age (CDC, 2014).



Hibbing Fitness Project Timeline

2011	Program ceases with Mesabi Fitness Center closure		Program transfers to local church		Program transfers to Fairview Hospital
2012-2014	Fairview opens program at its hospital site	Fairview runs programs for 2 years			Seniors begin monthly social lunches
2015	Fairview closes program due to outpatient services demand	Social lunches become coordination lunches	Grace Lutheran Church donates site for senior fitness program	Volunteer Community Facilitator identified	Virginia Mesabi YMCA agrees to explore satellite model with Hibbing
2016	Funding received from Fairview	YMCA submits site assessment for satellite model		RHAC provides a Letter of Support	YMCA updates contracts with health companies
2017	Seniors enrolled and program opens		As of May > 120 seniors enrolled in program	Average daily attendance 40-60 participants	

Community Resourcing

Opportunities/Challenges

- Lack of local facilities with capacity
- Cultural challenges with community partnerships
- Impact on goodwill when program closed

Positives

- Community senior engagement
- Healthcare provider engagement-referrals
- Funding-monetary support from Fairview and foundation

Program Model

Satellite Location Model

Opportunities

- Established organization (YMCA) with a dedicated focus on healthy living and existing resources/expertise
- Existing partners (Fairview) to help defray start-up costs
- Existing participants to reduce new program “risk”

Challenges

- Rural service area (very different than urban areas)
- Higher percentage of subsidized memberships
- Start-up costs without existing partners in place
- Recruiting and retaining certified instructors

What Senior Fitness Class Looks Like



Impact on Senior Community

“It seems we are about to lose something good,
and no one seems to care.”

(Hibbing Daily Tribune Editorial, June 2015)



Rural Health Advisory Committee Project

- **Work plan Problem Statement:** Understanding of the difficulty of creating community prevention and wellness programs in rural communities, especially as they relate to linking government funded agencies, primary care clinics (or provider organizations) and community based organizations into systems that work together around common community priorities.
- **Work plan Goal:** Create a model using examples of best practices and success stories from other rural communities and develop list of recommendations for implementation.

Share Your Experiences and Solutions

Senior Wellness: Access and Participation

- How do successful prevention and fitness programs engage with the senior community?
- What are examples of partnerships that exist between government, clinic, and community to provide prevention and fitness programs?
- What would a rural community model look like? What is needed to make the model sustainable?
- How can rural communities assure their senior citizens have access to physical activity and prevention programs?