



A COMMUNITY-BASED OUTREACH PROGRAM DESIGNED TO REDUCE SOCIAL ISOLATION IN THE AGING POPULATION WHILE SIMULTANEOUSLY INCREASING ACTIVITY LEVELS AND VOLUNTEERISM IN OTHER COMMUNITY MEMBERS

Inception

Runners World Magazine

<https://www.runnersworld.com/runners-stories/a20810003/combining-running-with-social-service/>

“We are a community of runners that combine getting fit with doing good. We stop off on our runs to do physical tasks for community organisations and to support isolated older people with social visits and one-off tasks they can't do on their own. It's a great way to get fit, meet new people and do some good. As long as you're up for getting sweaty, everyone's welcome.”

<https://www.goodgym.org>



Fitness for Good Board

Amanda Fortuna, MS, OTR/L, Board President

Dr. Sarah Klemencic , Vice-President

Allison Bowersock, PhD, Secretary

Todd Creasy, CPA, Treasurer

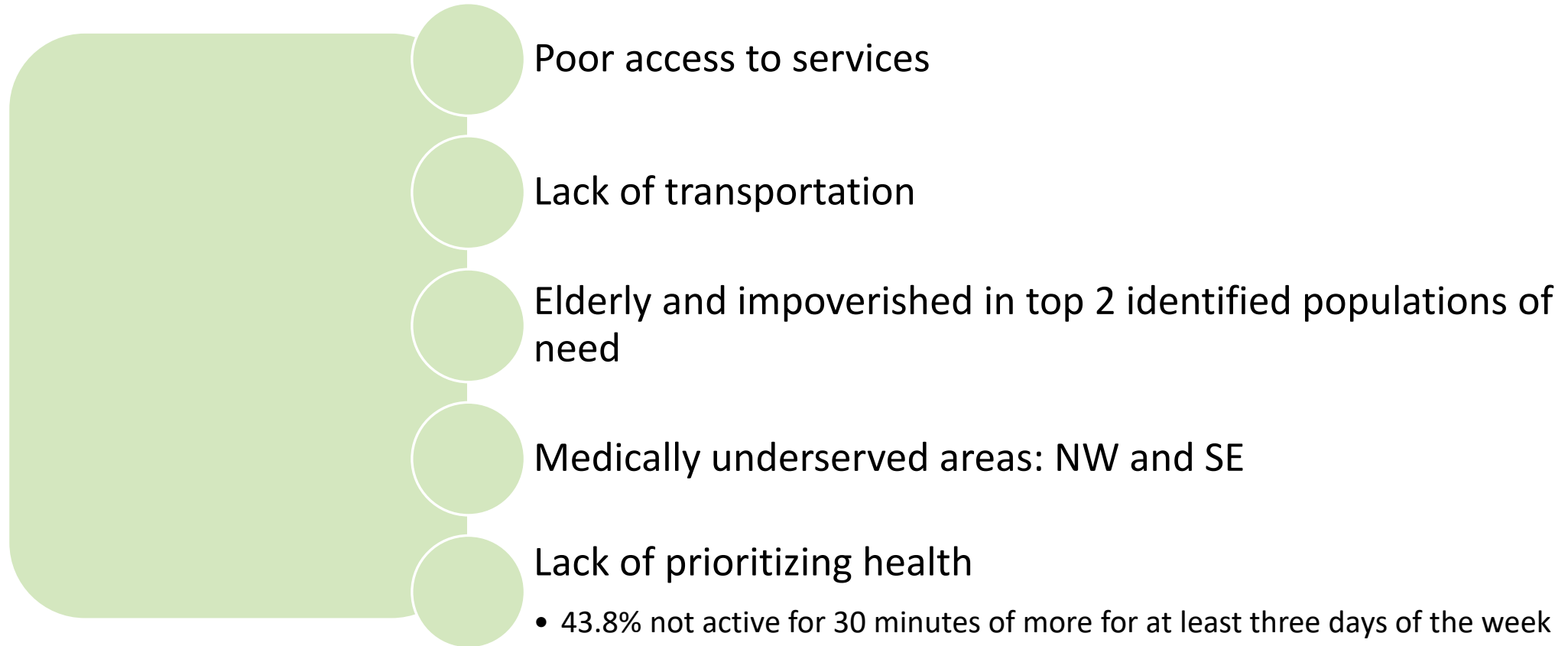
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2018 Roanoke Valley Community Health Assessment (RVCHA)



Social isolation



Impacts physical, behavioral, and psychological health

Increased risk of falls, depression, hospital re-admission, cognitive decline/dementia, and all-cause mortality

More likely to make poor behavioral health choices

Community Activity levels

- The Department of Health and Human Services:
 - For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity
<https://health.gov/dietaryguidelines/2015/guidelines/appendix-1/>
 - Benefits of recommended activity levels include lower risk of all-cause mortality, cardiovascular disease, HTN, DMII, cancers, anxiety dementia, weight gain, falls, fall-related injuries, depression, and more
 - Improved cognition, quality of life, sleep, bone health, and physical function

FFG Athlete Role

Plan	Plan a walk or a run to visit with their assigned older person at least twice a month
Visit	Visit with the older person – how they spend that time is determined by the older person; There is no expectation that the older person be active or walk
Communicate	Communicate any concerns or areas of need to FFG
Help	Perform simple odd jobs around the home if needed
Safety	Complete a background check and brief training to participate

FFG Elderly Participant Role

Enjoy the company of others!





Group Runs and Projects

Projects at people's homes

Community projects

Larger projects that require more people
and/or expertise

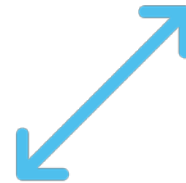
Community Benefits



Improve overall health
of older adults



Improve activity levels
in volunteers



Increase volunteerism
in Roanoke



Entire community
benefits from
community projects



Virginia PACE - Roanoke Valley

Sponsorships & Grants

SIMPLE ROANOKE

Community
Outreach and
Partnerships

Local office on Aging

PCC

SE Action Forum

United Way/HRV

I Heart SE

Morningside Urban Farm and Community Garden

Fitness for
Good
needs

Volunteers!

Referrals of older adults

Identification of community
projects, support to complete
them

References

- 1) <https://www.carilionclinic.org/sites/default/files/2018-12/2018%20Roanoke%20Valley%20Community%20Health%20Assessment%20Report%20FINAL%2012.13.18.pdf>
- 2) Coyle, C.C., & Dugan, E.D. (2012). Social isolation, loneliness and health among older adults. *Journal of Aging and Health*, 24(8), 1346-1363. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/0898264312460>
- 3) Faulkner, K. A., Cauley, J.A., Zmuda, J.M., Griffin, J.M., & Nevitt, M.C. (2003). Is social integration associated with the risk of falling in older community-dwelling women? *The Journals of Gerontology, Series A, Biological Sciences and Medical Sciences*, 58, M954-M959. Retrieved from <http://biomed.gerontologyjournals.org/cgi/content/full/58/10/M954>
- 4) Fratiglioni, L., Paillard-Borg, S., & Winblad, B. (2004). An active and socially integrated lifestyle in late life might protect against dementia. *Lancet Neurology*, 3, 343-353. doi: 10.1016/S1474-4422(04)00767-7.
- 5) Holt-Lundstadt, J., Smith, T.B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspectives on Psychological Sciences*, 10(2), 227-237. doi: 10.1177/1745691614568352
- 6) Mistry, R., Rosansky, J., McGuire, J., McDermott, C., & Jarvik, L. (2001). Social isolation predicts re-hospitalization in a group of older American veterans enrolled in the UPBEAT Progra,. *International Journal of Geriatric Psychiatry*, 16 (10), 950-959.
- 7) Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences*, 110(15), 5797-5801. doi: 10.1073/pnas.1219686110.
- 8) Piercy KL, Troiano RP, Ballard RM, et al. The Physical Activity Guidelines for Americans. *Jama*. 2018;320(19):2020. doi:10.1001/jama.2018.14854.