

THESIS

REASONS FOR JOINING AND ADHERING TO A COMMUNITY-BASED FITNESS
PROGRAM AMONG MIDDLE-AGED AND OLDER ADULTS

Submitted by

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ABSTRACT

REASONS FOR JOINING AND ADHERING TO A COMMUNITY-BASED FITNESS PROGRAM AMONG MIDDLE-AGED AND OLDER ADULTS

Purpose: Community-based fitness (CBF) programs address common barriers to physical activity (PA) participation for middle-aged and older adults and can help to increase regular PA. However, engagement in CBF programs among middle-aged and older adults is suboptimal, and those who do join tend to not adhere long-term. This study examined reasons for joining and adhering to a CBF program and explore common characteristics among long-term members.

Methods: Observational, cross-sectional cohort study. Participants were monthly paying members of Adult Fitness, a CBF program at Colorado State University. Participants completed a 24-question quantitative survey, and monthly membership length was determined from participant records. To determine reasons for joining and adhering to Adult Fitness, two 5-point Likert scale questions, on a scale from 1(not motivated at all) to 5 (extremely motivated) were used. The response options were the same and consisted of unique aspects of Adult Fitness and replicated responses from a previous study. Frequency statistics were run on both questions and “motivated a great deal” and “extremely motivated” percentages were summed to determine most prevalent reasons for joining and most prevalent reasons for adhering. Long-term adhering members were defined as having a membership length of ≥ 5 years, and common characteristics were determined by a response that had more than a 50% response rate. Frequency statistics were run on survey questions to determine common characteristics.

Results: The survey was distributed to N=151 members, and N=95 returned, for a response rate of 62%. There were n=8 duplicate and incomplete surveys, leaving a total of N=88 surveys included in analyses. Respondents were 70.5% older adults, 65+, 26.1% middle-aged adults, 35-64, and 3.4% young adults 18-34. Respondents were 50% female, and 50% male and average membership length was 132 months, 11 years (SD=142.8 months; range=563 months). For aim 1, the most frequently reported reasons for joining the Adult Fitness program were facilities available which 79.3% selected “motivated a great deal” or “extremely motivated”, followed by self-initiated search for an activity program, 74.7%, and low cost, 60%. Most frequently reported reasons for adhering, were self-initiated desire to promote fitness and/or overall health, 95.4%, facilities available, 80.4%, and low cost, 60%.

For aim 2, long-term adhering members (N=58) were motivated to join due to facilities available or self-initiated search for an activity program, motivated to adhere due to self-initiated desire to promote fitness and/or overall health, facilities available, and low cost, reported their current physical as either “good” or “very good”, selected either “improvement of health” or “help me stay active” as their most perceived benefit of participating in Adult Fitness, attended the program on average of 3-days a week, and participated in 21-60 min of physical activity (PA) outside of Adult Fitness per day.

Conclusion and Clinical Implications: The current study offers valuable insight to CBF program staff and organizational leaders. Understanding motivators of joining and adhering to CBF programs can contribute to tailoring these programs to increase membership and promote long-term participation/membership. These strategies may include offering competitive pricing, adding to existing facilities to cater to interest or needs of members and providing educational resources and progress tracking tools to keep members informed of their health status and/or

improvement. Future studies are needed to better understand reasons for discontinuing CBF program.

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1. INTRODUCTION

Regular physical activity (PA) benefits adults at all stages of life and it is essential for healthy aging (USDHHS, 2023). Previous studies have found that there is a direct link between physical inactivity and chronic diseases such as hypertension, obesity, diabetes, and sarcopenia (Ardeljan et al., 2023). Those who participate in regular PA have better quality of life, reduced risk of chronic disease, and reduction in all-cause mortality (Justine et al., 2013; Molanorouzi et al., 2015).

Benefits of PA are widely known, but a large percentage of middle-aged adults, 34-64 years of age, and older adults, ≥ 65 years of age, do not meet recommended PA guidelines (Justine et al., 2013). Only about 24.4% of adults ages 18 to 64 are achieving recommended PA guidelines of 150-min of moderate or 75 minutes of vigorous aerobic PA, in addition to two days of muscle strengthening activities (Elgaddal et al., 2022). Another 24.2% met one but not both recommended guidelines, and 46.3% did not hit either benchmark (Elgaddal et al., 2022). Further, PA levels tend to decrease with increasing age (Goddard et al., 2023). Older adults tend to be less physically active than their younger counterparts, contributing to a higher risk for developing chronic disease (Spiteri et al., 2019). In terms of meeting PA guidelines, even fewer older adults are achieving this benchmark. Only 37% of older adults (>65 years of age) meet recommended aerobic PA guidelines, 19% meet muscle-strengthening guidelines (U.S. Department of Health and Human Services, 2023), and less than 15% meet recommended guidelines for both aerobic and muscle strengthening activity (U.S. Department of Health and Human Services; 2023). Given that the older adult population is the fastest growing segment of the population (Burton et al., 2017), it is important to determine a way to increase PA levels

among this population to improve the overall health and longevity of our aging population. Even modest increases in PA participation and reduction in sedentary behavior can have a positive impact on overall quality of life for this population (Lachman et al., 2018).

With the important health benefits of regular PA, promoting PA among aging adults has become a major public health priority (WHO, 2024). In the U.S., chronic disease, disability, and elevated healthcare costs have been associated with aging, which some see as a burden and an inevitable consequence (Ory et al., 2003) but these circumstances have created many job opportunities. Nonetheless, it is important for middle-aged and older adults to get more PA to prevent and treat chronic disease to improve health and lower these healthcare costs. There is plenty of evidence supporting that individuals that are physically active are not only more productive and able to work longer, but they also have better physical, cognitive, and psychological health (Lachman et al., 2018). Thus, it is important to understand why these populations are not engaging in PA.

Previous systematic reviews have examined barriers to PA participation among middle-aged and older adults and there are common trends. Burton et al. (2015), conducted a systematic review that examined barriers for older adults' participation in resistance training, and found that common barriers among older adults included looking too muscular, beliefs that resistance training participation increased the risk of having a heart attack, stroke, or death, despite the minimal likelihood which happened to be very common beliefs among women (Burton et al., 2015). Another systematic review by Spiteri et al. (2019), examined barriers of PA participation in middle-aged and older adults, and found environmental factors and lack of resources to be major barriers among both groups (Spiteri et al., 2019). In addition to those systematic reviews, previous studies have suggested that behavioral change related to age could

influence self-efficacy related to exercise (Conn et al., 2003; Justine et al., 2013). They found that older adults have a lower exercise self-efficacy due to their belief that their physical fitness deteriorated with their increasing age (Conn et al., 2003; Justine et al., 2013). Initiating and maintaining regular PA can be challenging for aging adults due to long-term habits of physical inactivity (Huffman et al., 2020), as well as a variety of other factors like existing chronic disease, physical limitations, fear of falling, lack of professional guidance, lack of time, lack of motivation, availability of PA options and programs, etc. (Bethancourt et al, 2014; Justine et al., 2013; Spiteri et al., 2019).

Middle-aged adults have been found to have a variety of barriers to regular PA as well. Most common barriers in current literature include lack of time, lack of motivation, being at work, lack of social support, and lack of access to facilities (Justine et al., 2013; Karunanayake et al., 2020) (Brownson et al., 2001; Spiteri et al., 2019). In addition, some common beliefs among aging adults include that age related declines are inevitable and cannot be reversed or that those common barriers are impossible to overcome (Lachman et al., 2018). These beliefs diminish bodily autonomy, leading individuals to perceive their aging process as something which they have little control over (Lachman et al., 2018). This leads them to be less likely to adopt healthy lifestyle changes, such as involvement in regular exercise (Lachman et al., 2018). Taken together, many adults and older adults face barriers to PA such as age-related myths, long-term habits of sedentary behavior, lack of professional guidance or social support, access to facilities, time, etc. Barriers to PA are unique to each individual and any combination of those barriers can prevent someone from regularly being physically active.

Many adults and older adults struggle with overcoming those common barriers to PA. Therefore, many community-based fitness programs (CBF) have been designed to encourage,

enable, and engage these individuals in PA. These programs address many of the common barriers and facilitators of PA (Goddard et al., 2023) by providing motivation to improve physical fitness, improvements in mental health, development of social connections, and accountability from peers and fitness professionals (Bethancourt et al., 2020). These programs vary in design and strategy, for example, each CBF program has their own structured plan of action to achieve the goal of increasing PA within a community, but typically offer supervised group-based or personalized exercise activities where participants can get professional guidance. (Physical Activity Guidelines for Americans Midcourse Report, 2023).

Although CBF programs can address common barriers to PA, few middle aged and older adults take advantage of them, and those who do join tend to not adhere long-term (Nguyen et al., 2008). For example, Medicare offers a health plan that grants low-cost or free access to two CBF programs, SilverSneakers and Enhance Fitness (Bethancourt, et al.,2020), but estimates suggest only 25% of those eligible enroll in one of these programs (Nguyen et al, 2008). More importantly, even after joining these programs, retention rates are very low. Reports have shown that only 28% of those enrolled visited the facilities at least once, and only 7% actively utilize these facilities (Nguyen et al, 2008). Understanding why middle aged and older adults join and adhere to a CBF program is important because these programs address common barriers to regular PA participation and to our knowledge, few previous studies have examined factors related to participating in community-based fitness programs among middle aged and older adults.

One study by Goddard et al. (2023) examined reasons why older adults join and adhere to SilverSneakers, a health and fitness program provided through Medicare Advantage plans, available at fitness locations across the U.S (Goddard et al, 2023). This study found statistically

significant relationships between long-term adherence and the desire to promote physical fitness as well as social aspects of the SilverSneakers program. Another study, by Bethancourt, et al. (2014), used a qualitative approach to examine barriers and facilitators of PA program participation among older adults. Specifically, looking at Medicare Advantage members who have free access to Enhanced Fitness (EF) and SilverSneakers. This study found positive associations between program participation, access to affordable convenient PA options and motivation to promote physical fitness and improved mental health. Together, these studies suggest that motivation to promote physical fitness and mental health, the social aspect of the programs, as well as affordability among Medicare members who have access to insurance reimbursement for these programs may be factors associated with participation in community-based fitness programs among middle aged and older adults (Bethancourt, et al, 2014; Goddard et al, 2023).

Outside of these two studies, there is a lack of research on reasons for why middle-aged and older adults join and adhere to a CBF program. Further, each CBF program has unique aspects that may motivate this population to join, as well as retain participation in the program. Therefore, the purpose of this study is to add to the literature by examining factors related to joining and long-term adherence to a local CBF program for middle age and older adults. Specifically, the first aim for this study was to compare primary reasons for joining and primary reasons for retaining membership, and the second aim was to explore common characteristics among long-term members (i.e., $\geq 5+$ years).

2. METHODS

Participants and Recruitment

Participants were recruited from Colorado State University's (CSU) Adult Fitness program. Adult Fitness program is a CBF program offered through the Health and Exercise Science (HES) department at CSU. It is available for adults ≥ 18 years of age and it also serves as a practicum experience for undergraduate health promotion students. Members can exercise independently, and structured activities are also provided. Individualized exercise programming with an undergraduate practicum student trainer is also available.

To be eligible for the study, Adult Fitness members had to pay monthly or have Renew Active/ One Pass eligibility through their insurance company which covers the cost of their membership. Punch pass members (prepaid pass for 10 sessions), and those on a 2-week or 1-month free trial were not eligible.

Procedures

A quantitative survey was developed and distributed to active members of CSU Adult Fitness program. The survey was created to collect information about reasons for joining the exercise program and reasons for retaining membership. Following approval from CSU's Institutional Review Board (IRB) for the protection of human subjects (Protocol #4928), the survey was available via Qualtrics, a secured web-based survey platform. The survey was distributed via email, recruitment posters posted around the facility with a QR code linked to the survey, and lastly study information was published in the monthly Adult Fitness newsletter with a QR code linked to the survey. When a participant scanned the QR code or clicked the survey link, it immediately took them to an informed consent page. Once the participant provided full

informed consent, participants gained access to the survey. Results were collected, assessed, and summarized for analysis.

Survey

The survey was adapted from Goddard et al., who developed and utilized a quantitative survey. This survey was created to determine reasons why older adults joined the SilverSneakers program and why they continue to participate and thus several questions were replicated for the current study. In addition, some questions were modified to reflect specific characteristics of the Adult Fitness program, and additional questions were created to address our research aims.

Before distribution, Adult Fitness program staff and practicum students (n=16) completed the survey to ensure that questions were clear, concise and responses were appropriate for the questions being asked.

First, participants provided their names and email addresses. Names were collected to match name to program membership information, and email address to be entered in a drawing to win 1 out of 5 \$50 gift cards as an incentive for completing the survey. Once membership information was confirmed, names were removed from the data, and participants were assigned a respondent ID number by Qualtrics.

The survey also collected demographic information including age when initially joining the program, current age, gender, ethnicity, physical health status, and employment status. In addition to employment status, if participants were employed, they were asked if they were currently employed by CSU.

Program usage and attendance were assessed using the following three questions: (1) “How many days on average per week do you attend the Adult Fitness Program?” (2) “What Adult Fitness session time slots do you regularly attend?” (3) “What Adult Fitness classes do you

participate in regularly?”. Motivation to join and adhere to CSU’s Adult Fitness program was assessed by Likert scale questions with identical responses, using the following 2 questions: (1) “Which of the following contributed to your motivation to join CSU's Adult Fitness program?” (2) “Please rate your motivation for why you continue to attend the Adult Fitness program.”.

Program benefits, barriers, and extended breaks were assessed using the following four questions: (1) “What are the three most important benefits you receive from participating in the Adult Fitness program?” (2) “Below are the benefits you selected as the most important benefits to you. Of these, which is the top benefit you receive from your participation in the Adult Fitness program?” (3) “Which factors, if any, are barriers to you attending Adult Fitness sessions?” (4) “Excluding during the COVID-19 pandemic, have you ever taken an extended break of three months or more from attending the Adult Fitness program?” if participants selected yes, this question was followed by “Briefly explain why you took an extended (three months or more) break from the Adult Fitness program, and why you resumed attending Adult Fitness sessions again.”

Lastly, participants physical activity outside of the Adult Fitness program was accessed using the following three questions: (1) “What physical activities or exercise do you participate in outside of Adult Fitness sessions?” (2) “On average, how many days a week do you participate in planned, structured physical activity outside of Adult Fitness sessions?” (3) “On the days you participate in planned, structured physical activity outside of Adult Fitness sessions, on average how many minutes do you participate in per day outside of these sessions last?”

Data Analysis

Prior to analysis, the data was exported to Microsoft Excel to be cleaned by removing irrelevant data from the dataset, such as participant’s location, start date and end date of survey,

and IP Address. As well as removing duplicate responses from participants who already completed the survey once. The participant's response ID was also shortened to make them easier to identify during data analysis. Data was exported to Statistical Package for the Social Sciences (SPSS) statistical software version 28.0.1.1. for analysis.

Basic demographics were analyzed as well as, descriptive statistics such as age at enrollment, current age, how they heard about the program, how many days they attend sessions per week, which sessions they attend regularly, what classes they attend regularly if any, benefits they gain from the program, barriers to attending sessions, and if they exercise regularly outside of Adult Fitness. Means, standard deviation, range, or frequencies (n,%) were computed as appropriate.

For Aim 1, to examine primary reasons for joining and primary reasons for adhering to the Adult Fitness program, two 5-point Likert scale [1(not motivated at all) to 5 (extremely motivated)] questions were used (see questions 11 and 12 in appendix). The response options were the same, but motivation to "join" and "adhere" were exchanged. Summary statistics, frequency (n,%) statistics, were run on both individual Likert scale questions to determine most prevalent reasons for joining and most prevalent reasons for adhering to the Adult Fitness program.

For Aim 2, to explore common characteristics among long-term adhering members, membership length in months was extracted from the Adult Fitness membership database. Frequencies (n, %) from the database were used to determine the proportion of participants who were members for ≥ 60 months, ≥ 5 years, and participants who were members for < 60 months. Long-term adherence was defined as membership length of ≥ 5 years, and frequencies were used

to determine common characteristics. For a response to be considered common, it had to have over >50% of the sample selecting that response.

3. RESULTS

The survey was sent to a total of N=151 members, and N=95 were returned for a response rate of 63%. Of the 95 surveys returned, N=2 were duplicates, and N=5 were incomplete, resulting in N=88 being included in analyses. Current age was Mean=68 years (SD=12.005; range 30-86 years) and age at enrollment was Mean=58 years (SD=12.78; range of 24-80). Average membership length of participants was Mean=132 months (SD=142.80, range =). Most participants, (54.5%, n=48), had been participating in the Adult Fitness program for ≥ 120 months (10 years). Out of the sample, 18.2% were within the first year of their membership (n=16), and 27.3% were within 2-9 years of their membership (n=27.3). Figure 1 represents Adult Fitness membership length in months of respondents. Additional demographic characteristics are represented in Table 1.



Figure 1: Respondents membership length in months.

Table 1: Participant demographics

Table 1				
Variable	Whole Sample	%	Long-term Adhering Members	%
Sex				
Female	44	50	24	41.4
Male	44	50	34	58.6
Race				
White/Caucasian	83	94.3	54	93.1
Non-Hispanic Black or African American	1	1.1	1	1.7
Hispanic/Latino	2	2.3	1	1.7
Asian/Pacific Islander	3	2.3	2	3.4
Age				
18-34	3	3.4	3	5.2
35-64 (Middle Age)	23	26.1	45	77.6
65+ (Older Adult)	62	70.5	10	17.2
Employment Status				
Retired	56	63.6	44	75.9
Part-time employment	4	4.5	1	1.7
Full-time employment	21	23.9	10	17.2
CSU Employee	18	20.5	8	13.8

Participants were asked how they heard about CSU’s Adult Fitness program. The most frequent responses were “friend” which 29.5% of respondents selected and 25% selected “other” such as health fairs, newspapers, etc., and 19.3% from a “family member”. Participants were asked how many days on average they attend Adult Fitness sessions. A little over half, 53.4%, of participants attend Adult Fitness 3 days a week, while 17% attend 2 days a week. Figure 2 represents participants’ response to how many days per week they attend Adult Fitness sessions.

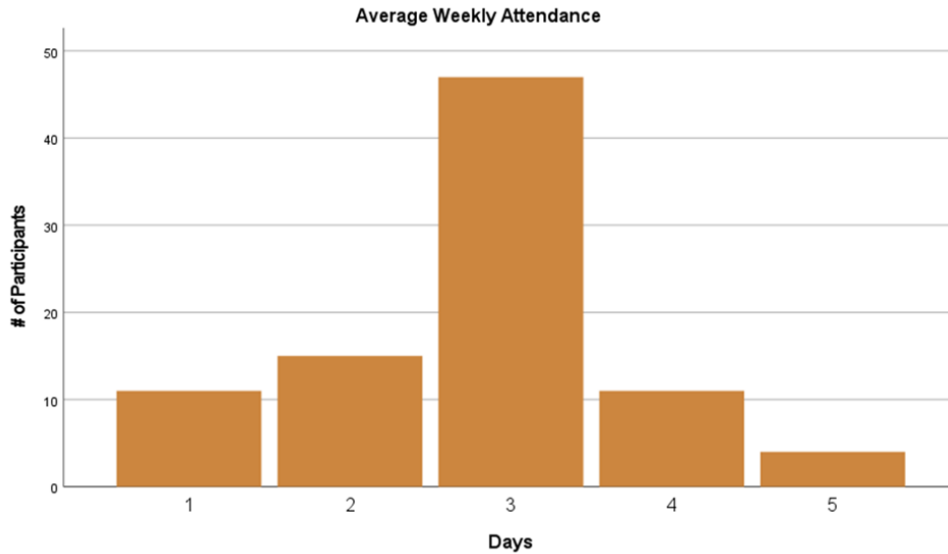


Figure 2: Participants average weekly attendance.

Participants were asked what Adult Fitness sessions they attend regularly. Nearly half of participants, 41.1%, attend midday session, 11:45-1:15pm regularly, while 28.4% attend morning sessions, 6-8am, and 23.2% regularly attend evening sessions, 5-7pm. Participants were asked what classes they participated in, if any. 28.1% selected “warmup”, 13.8% selected “stretch & balance” and 11.4% selected “None, I don’t regularly participate in classes”. Figure 3 represents participants response to regular Adult Fitness class participation. Further, participants were asked what they perceived to be their most important benefit from participation in the Adult Fitness program. The most frequent responses were “improvement of health”, which was selected by 34.5% and “help me stay active” and “increased strength and/or flexibility” which were both selected by 26.4% of participants. In addition, participants were asked if they had any barriers to attending Adult Fitness sessions. The most frequent responses included, “No barriers apply” which was selected by 26.4% of participants and “inclement weather” which was selected by 14.3% of participants. Figure 4 represents participants response to barriers to attending Adult Fitness sessions.

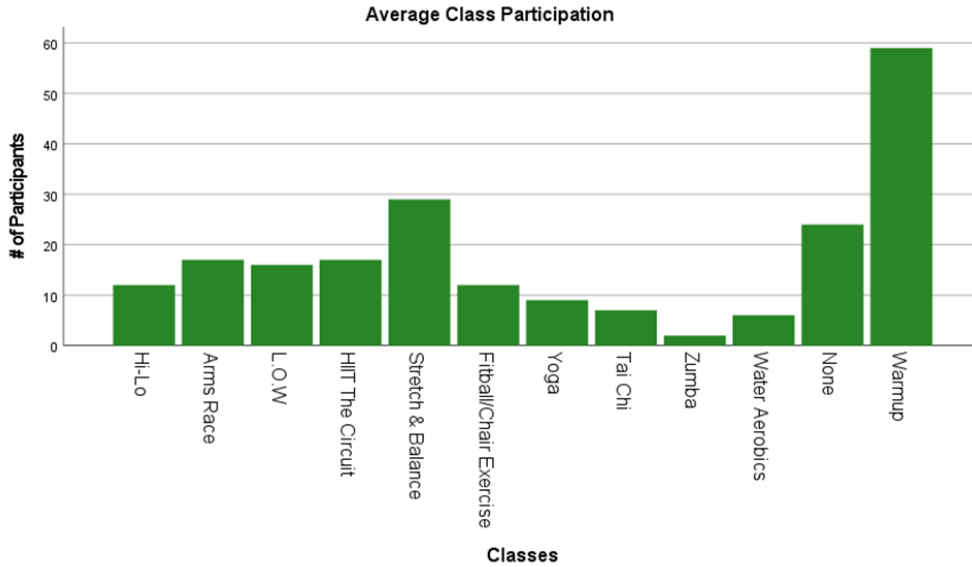


Figure 3: Respondents average class participation.

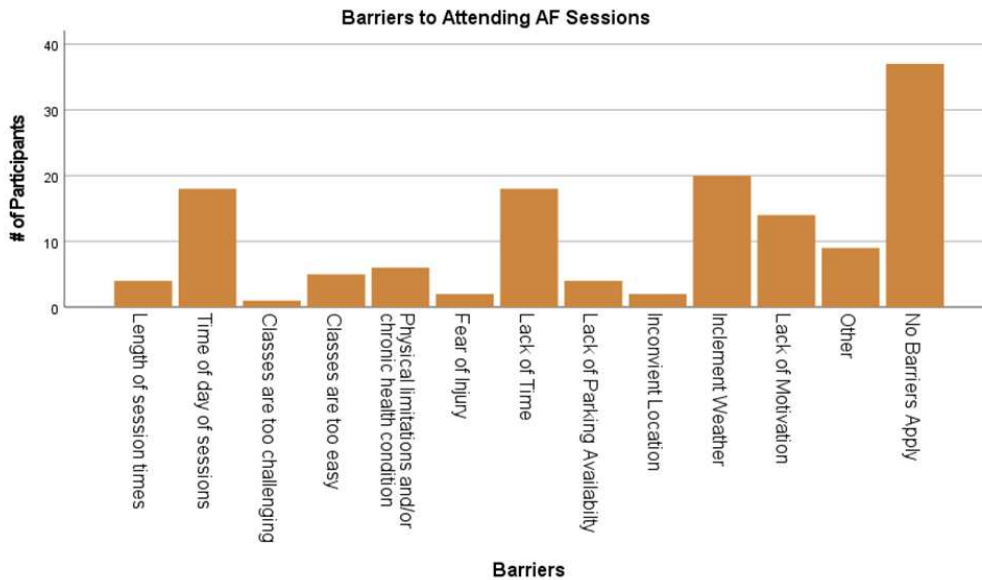


Figure 4: Respondents barriers to attending Adult Fitness sessions.

Participants were asked if they took any extended breaks of 3 months or more outside of COVID-19 closures. Most participants selected, “no” which was 71.6% and 27.3% of participants selected yes. Those who selected yes to taking an extended break of 3 months or more had the option to explain why they took that break. The responses included, travel, needing

to care for a family member, recovery from injury/surgery, lack of time, and trying out other fitness avenues.

Participants were asked on average, how many days a week do you participate in planned, structured physical activity outside of Adult Fitness sessions. The most selected response was “2 days per week”, which was selected by 23.3% of participants. While 19.7% of participants selected none. Table 2 represents how many days a week participants participate in planned, structured physical activities outside of Adult Fitness sessions. Participants were asked on the days you participate in planned, structured physical activity outside of Adult Fitness sessions, on average how many minutes do you participate in per day outside of these sessions last. Over half of participants, 63.2%, selected 21-60 minutes per day. Figure 5 represents how many minutes on average participants participate in planned, structured physical activities outside of Adult Fitness sessions. Participants were asked what physical activities or exercises they participate in outside of Adult Fitness. The most selected response was “walking/hiking” which was selected by 29.6% of participants and 18.5% selected “stretching”. Figure 6 represents physical activities participants participated in outside of Adult Fitness

Table 2: Average days per week participants participate in planned, structured physical activities outside of Adult Fitness sessions.

Table 2	
Days	%
1	15
2	23.3
3	17.4
4	8.1
5	9
6	2
7	4.6
None	19.7

Participants were asked how they would characterize their current physical health. Based off this definition “Physical health is the condition of your body taking into consideration your fitness level and absence or presence of disease.” The most selected response was “good”, which 20% of participants selected and 12.9% of participants selected “very good.

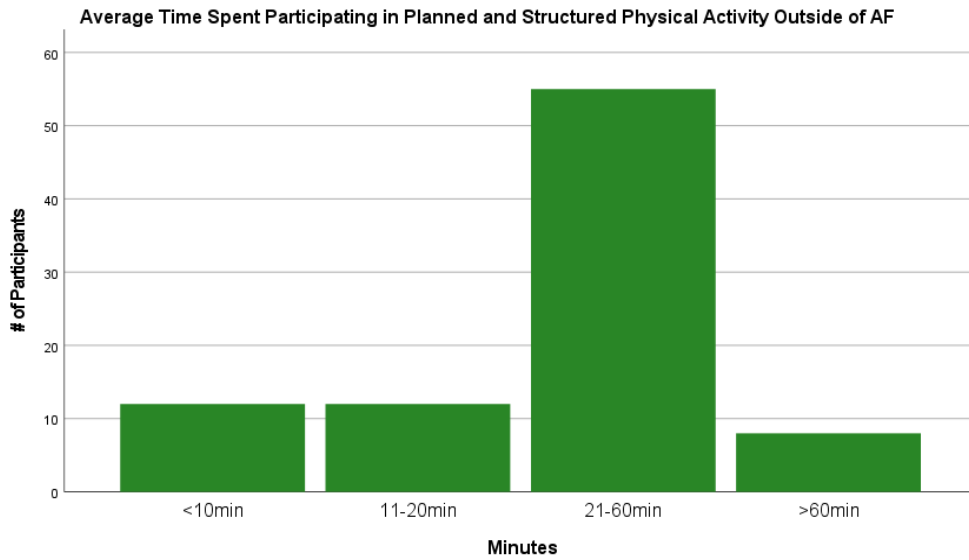


Figure 5: Average time spent participating in planned and structure PA outside of AF.

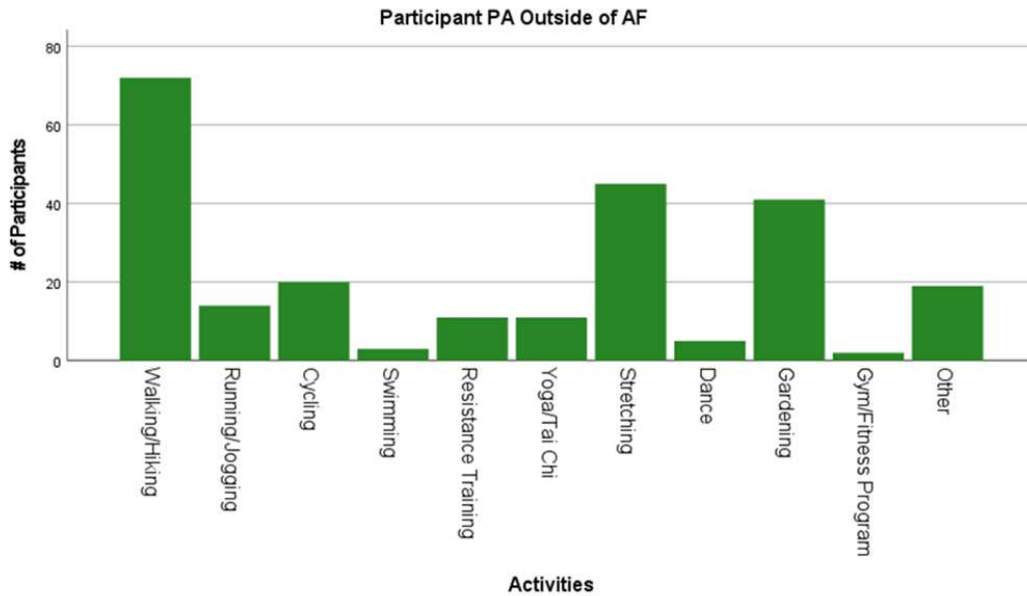


Figure 6: Physical activities participated in outside of AF.

Aim 1 - Primary reasons for joining and long-term adherence

Participants were asked what contributed to their motivation to join CSU’s Adult Fitness program from a list of factors on a Likert scale from “not motivated at all” to “extremely motivated”. A little over 3/4 of participants, 79.3% were “motivated a great deal” or “extremely motivated” to join the program because of the facilities available. In addition, 74.7% were “motivated a great deal” or “extremely motivated” to join the program because of their self-initiated search for an activity program. Lastly, 59.7% of participants were “motivated a great deal” or “extremely motivated” by low cost. Table 3 represents participants motivation to join CSU’s Adult Fitness program on a Likert scale.

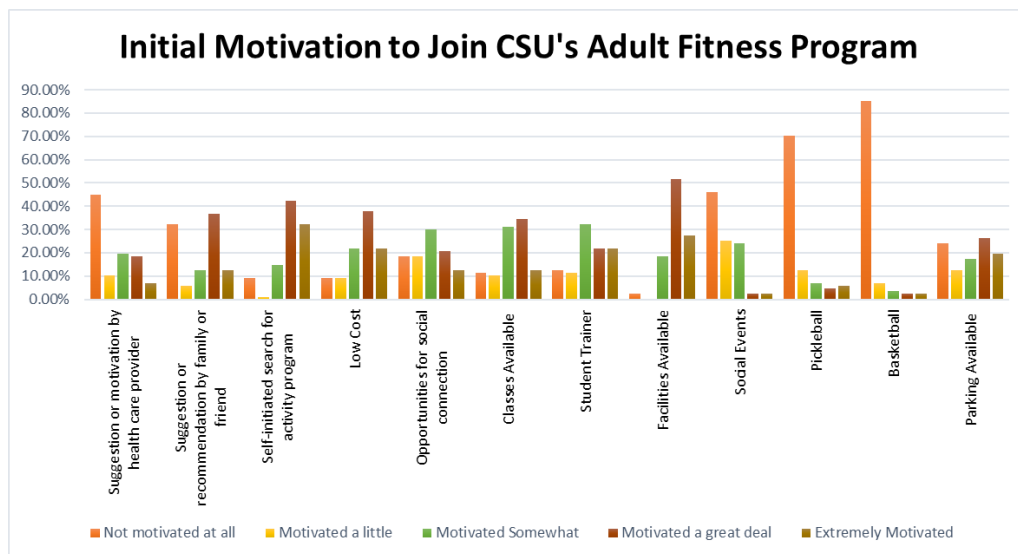


Figure 7: Participants initial motivation to join AF.

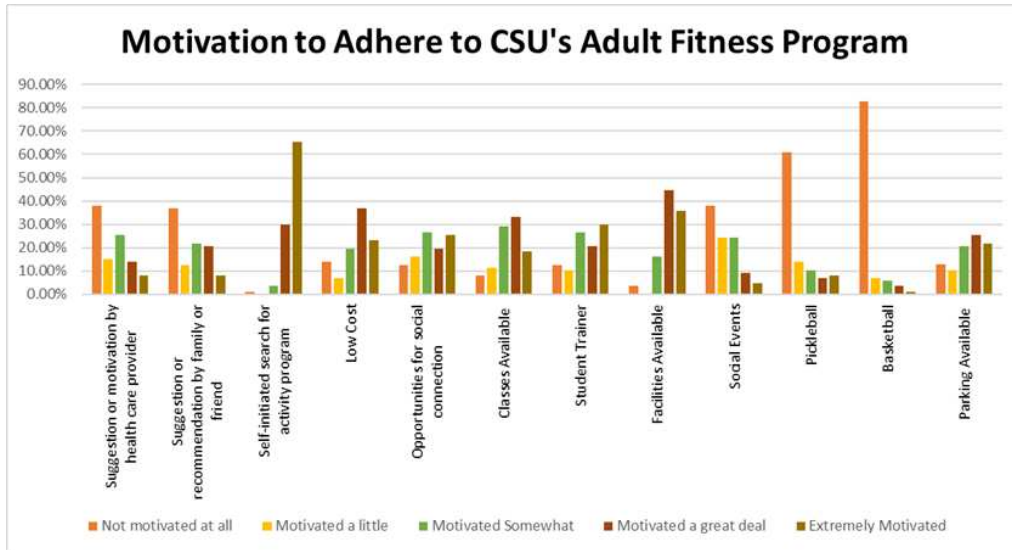


Figure 8: Participants motivation to adhere to AF.

Participants were asked what contributed to their motivation to continue to attend CSU’s Adult Fitness program from a list of factors on a Likert scale from “not motivated at all” to “extremely motivated”. 95.4% of participants were “motivated a great deal” or “extremely motivated” by their self-initiated desire to promote fitness and/or overall health. 59.8% of participants were “motivated a great deal” or “extremely motivated” due to low cost. 80.4% of participants were “motivated a great deal” or “extremely motivated” by facilities available. Table 4 represents participants motivation to adhere to CSU’s Adult Fitness program on a Likert scale.

	Not motivated at all	Motivated a little	Motivated Somewhat	Motivated a great deal	Extremely Motivated
Suggestion or motivation by health care provider	44.8%	10.3%	19.5%	18.4%	6.9%
Suggestion or recommendation by family or friend	32.2%	5.7%	12.6%	36.8%	12.6%
Self-initiated search for activity program	9.2%	1.1%	14.9%	42.5%	32.2%
Low Cost	9.2%	9.2%	21.8%	37.9%	21.8%
Opportunities for social connection	18.4%	18.4%	29.9%	20.7%	12.6%
Classes Available	11.5%	10.3%	31%	34.5%	12.6%
Student Trainer	12.6%	11.5%	32.2%	21.8%	21.8%
Facilities Available	2.3%	0%	18.4%	51.7%	27.6%
Social Events	46%	25.3%	24.1%	2.3%	2.3%
Pickleball	70.1%	12.6%	6.9%	4.6%	5.7%
Basketball	85.1%	6.9%	3.4%	2.3%	2.3%
Parking Available	24.1%	12.6%	17.2%	26.4%	19.5%

Table 4. Motivation to Adhere to CSU’s Adult Fitness Program					
	Not motivated at all	Motivated a little	Motivated Somewhat	Motivated a great deal	Extremely Motivated
Suggestion or motivation by health care provider	37.9%	14.9%	25.3%	13.8%	8%
Suggestion or recommendation by family or friend	36.8%	12.6%	21.8%	20.7%	8%
Self-initiated desire to promote fitness and/or overall health	1.1%	0%	3.4%	29.9%	65.5%
Low Cost	13.8%	6.9%	19.5%	36.8%	23%
Opportunities for social connection	12.6%	16.1%	26.4%	19.5%	25.3%
Classes Available	8%	11.5%	29.9%	33.3%	18.4%
Student Trainer	12.6%	10.3%	26.4%	20.7%	29.9%
Facilities Available	3.4%	0%	16.1%	44.8%	35.6%
Social Events	38%	24.1%	24.1%	9.2%	4.6%
Pickleball	60.9%	13.8%	10.3%	6.9%	8%
Basketball	82.8%	6.9%	5.7%	3.4%	1.1%
Parking Available	12.8%	10.3%	20.7%	25.3%	21.8%

Aim 2 - Explore common characteristics among long-term adhering members

Among survey respondents who have adhered to the program for ≥ 5 years (N=58, 65%) the mean current age was 71.7 years old (SD= 8.17; range 51-86 years). The mean age of participants at enrollment was 54.3 years old (SD= 11.3; range of 24-76). Demographic characteristics are represented in Table 1. The mean membership length of participants was 235.03 months, 21 years (SD=124.42). Most of this split sample of participants, 81% (n=47) have been participating in the Adult Fitness program for 120+ months, 10+ years (n=47). While 19% are within 5-9 years of their membership (n=11)

Common characteristics were defined as a response rate of $>50\%$ since it would be representative of more than half of long-term adhering participants. All responses were analyzed to determine common characteristics among long-term adhering members. Out of this sample of participants who have adhered long-term, 79.3 % of long-term adhering members were either “motivated a great deal” or “extremely motivated” by facilities available and 74.2% were by their self-initiated search for an activity program when they initially joined CSU’s Adult Fitness program. Table 5 represents long-term adhering participants motivation to join CSU’s Adult Fitness program on a Likert scale. While, an overwhelming majority, 96.6% of long-term adhering members were either “motivated a great deal” or “extremely motivated” by their self-initiated desire to promote fitness and/or overall health to adhere to the program, followed by 81.1% being motivated to adhere by facilities available, and 53.4% by low cost. Table 6 represents long-term adhering participants motivation to adhere to CSU’s Adult Fitness program.

Table 5. Long-Term Adhering Members' Initial Motivation to Join CSU's Adult Fitness Program

	Not motivated at all	Motivated a little	Motivated Somewhat	Motivated a great deal	Extremely Motivated
Suggestion or motivation by health care provider	43.1%	10.3%	19%	22.4%	5.2%
Suggestion or recommendation by family or friend	36.2%	5.2%	12.1%	32.8%	13.8%
Self-initiated search for activity program	8.6%	1.7%	15.5%	39.7%	34.5%
Low Cost	10.3%	12.1%	27.6%	36.2%	13.8%
Opportunities for social connection	19%	17.2%	25.9%	24.1%	13.8%
Classes Available	17.2%	8.6%	33%	34.5%	6.9%
Student Trainer	17.2%	10.3%	26.2%	20.7%	15.5%
Facilities Available	1.7%	0%	19%	55.2%	24.1%
Social Events	41%	24.1%	28.3%	1.7%	3.4%
Pickleball	69%	15.5%	6.9%	3.4%	5.2%
Basketball	86.2%	8.6%	1.7%	1.7%	1.7%
Parking Available	22.4%	13.8%	17.2%	31%	15.5%

Table 6. Long-Term Adhering Members Motivation to Adhere to CSU’s Adult Fitness Program

	Not motivated at all	Motivated a little	Motivated Somewhat	Motivated a great deal	Extremely Motivated
Suggestion or motivation by health care provider	31%	15.5%	29.3%	17.2%	6.9%
Suggestion or recommendation by family or friend	39.7%	12.1%	24.1%	15.5%	8.6%
Self-initiated desire to promote fitness and/or overall health	1.7%	0%	1.7%	29.3%	67.3%
Low Cost	13.8%	10.3%	22.4%	31%	22.4%
Opportunities for social connection	8.6%	17.2%	25.9%	22.4%	25.9%
Classes Available	12.1%	10.3%	36%	31%	10.3%
Student Trainer	13.8%	12.1%	31%	17.2%	25.9%
Facilities Available	1.7%	0%	17.2%	48.3%	32.8%
Social Events	31%	27.6%	27.6%	8.6%	5.2%
Pickleball	60.3%	15.5%	10.3%	6.9%	6.9%
Basketball	82.8%	10.3%	3.4%	3.4%	0%
Parking Available	17.2%	12.1%	24.1%	25.9%	20.7%

All participants were asked to characterize their current physical health with the definition of physical health being the condition of your body taking into consideration your fitness level and absence or presence of disease and 70% of long-term adhering members selected either “good” or “very good”. In addition, all participants were asked to select their three most important benefits of Adult Fitness participation and out of those three, pick the top benefit they receive from participation in the Adult Fitness program. 76% of long-term adhering members selected either “improvement of health” or “help me stay active” which are aspects of physical health.

Lastly, over half, 60.3%, of long-term adhering members attend Adult Fitness sessions on average of 3-days a week. On days long-term adhering members participate in PA outside of Adult Fitness, 60.3% spend 21-60 min on those activities such as hiking/walking, gardening, stretching, etc.

4. DISCUSSION

The benefits of CBF programs on overall health are widely known and have been well documented. Previous literature has found that for middle-aged and older adults, CBF programs address common PA barriers, provide motivation to increase PA, improve mental and physical health, facilitate development of social connections, and provide accountability from peers and fitness professionals (Goddard et al, 2023; Bethancourt, et al, 2014). Even with the benefits being well documented, few middle-aged and older adults tend to join CBF programs and even fewer adhere long-term (Nguyen et. al, 2008). Therefore, this study aimed to add to the literature by examining factors related to joining and long-term adherence to a CBF program for middle-aged and older adults.

In the current study, we found that middle-aged and older adults' primary motivators to join CSU's Adult Fitness program included facilities available, self-initiated desire to search for an activity program, and low cost with majority with majority (>60%) selecting these options as either "motivated a great deal" or "extremely motivated". A previous study by Goddard et al., examined initial motivation to join and adhere to SilverSneakers among older adults utilizing a quantitative survey. They found that most participants selected either "motivated a great deal" or "extremely motivated" on a Likert scale for self-initiated desire to search for an activity program. Another commonality between the current study and the Goddard et al. study was the lack of importance of the influence of a healthcare provider as a motivator for joining the program. The current study found that almost half of participants were "not motivated at all" to join Adult Fitness by suggestion/recommendation of a healthcare provider while Goddard et.al., found that almost half of participants selected "Does not apply." This suggests that outside influences, even from a healthcare provider do not play a huge role in the want to join a CBF program among this

population. It is not known if this is because healthcare providers are not providing information about CBF programs or if this population is just not motivated by the suggestion or recommendation from healthcare providers. This is surprising because healthcare providers are seen as reliable resources of health information which can influence an individual's decisions. Previous studies have shown that recommendations from a healthcare provider can motivate an individual to adopt healthy lifestyle changes such as participating in preventative health programs (Grol & Grimshaw., 2003).

This study found that middle-aged and older adults' primary motivators to adhere to CSU's Adult Fitness program were self-initiated desire to promote fitness and/or overall health, facilities available and low cost, with majority ($\geq 60\%$) selecting these responses as either motivated a great deal or extremely motivated. Similarly, Goddard et al., found that the majority of Silver Sneakers participants selected "promote fitness and/or overall health" as a motivator to keep coming back to SilverSneakers. The findings from both the current study and Goddard et al., show that self-initiated desire to improve health is a common reason for adhering to community-based fitness programs. Enhancing an individuals' bodily autonomy and enjoyment of PA can foster intrinsic motivation. Self-Determination Theory (SDT) suggests that intrinsic motivation arises from the fulfillment of basic psychological needs such as autonomy, competence, and relatedness (Deci & Ryan, 2000). For example, CBF programs can provide goal-setting sessions to help participants identify and achieve their specific health goals. In addition, offering a variety of fitness activities allows participants to find a mode of PA they enjoy that can in turn increase their intrinsic motivation. CBF programs that enhance personal relevance and provide satisfaction are important for sustained behavior change (Patrick & Williams, 2012).

CBF programs can also target inactive individuals in the community through initiatives like workplace wellness programs. Where fitness professionals can offer one-on-one consultations for physically inactive individuals and identify intrinsic motivators and barriers to develop a plan aligned with the individuals' interest and address barriers to increase PA. These barriers can include limited free time, fear of falling, injury or pain experienced during exercise, and a lack of enjoyment in activities (Lachman et al., 2018). Addressing these barriers is crucial for enhancing adherence. Availability of affordable programs and availability of facilities and activities that are safe and enjoyable can help overcome these barriers (Lachman et al., 2018). By addressing these obstacles, CBF programs can facilitate long-term engagement and promote better health outcomes for this population. By adopting these strategies, CBF programs can effectively enhance intrinsic motivation and support long-term adherence, fostering a healthier and more physically active community.

The current study findings support the implication of these initiatives programs by proving that a desire to promote fitness and/or overall health, access to facilities, and low-cost programs are top reasons for adherence to a CBF program. Members appreciated having access to facilities which address issues like finding enjoyable activities. Most adhered because they desired to improve their health, which highlights the need to focus on personal health goals during one-one consultations. Further, the low costs of CBF programs also removes financial barriers making participation more accessible.

Strengths & Limitations

A strength of this study was the ability to collect data from a relatively large sample of middle aged and older adults, with many who have adhered to a CBF for ≥ 10 years. This was a strength of our sample because previous literature, such as the study by Nguyen et. al., examined

the association between the use of a health plan-sponsored health club benefit by older adults and total health care costs and found that many adults eligible for that benefit do not adhere long-term to those programs. The large sample of long-term adhering members in the current study is a strength because it allows for a stronger analysis of the effectiveness and sustainability of behavior change over a prolonged period. The current study is adding to existing literature by providing data from a CBF program that has been successful with long-term adherence from the middle-aged and older adult population. For example, finding that majority of our long-term adhering members were either extremely motivated or motivated a great deal by their self-initiated desire to promote fitness and/or overall health tell us that self-determination plays a significant role in long-term adherence. In addition to the current study findings, Smith et al. (2019) conducted a randomized controlled trial examining the impact of CBF programs on self-determination and self-efficacy among middle-aged and older adults. They found that participants who had access to facilities and received accountability from peers and/or fitness professionals reported significantly higher levels of self-determination and self-efficacy compared to those without access to these support options. Participants who see noticeable progress and feel supported within these programs are more likely to maintain membership and continue regular participation in PA (Annesi, 2003). These findings suggest that CBF programs equipped with these tools can have a substantial effect on enhancing self-determination and self-efficacy within this demographic. Therefore, CBF programs that provide tools such as access to facilities and accountability from peers and/or fitness professionals can have a major effect on this population's self-determination and self-efficacy which can have an effect on membership length.

Another strength of this study was the high response rate of 62%, representing close to the desired 65% response rate for survey research to accurately represent the target population (Kelley, et al., 2003). A larger sample size gives a better estimate of a population, and it lowers the occurrence of response bias from a large non-response rate (Kelley, et al., 2003). The response rate for this study is close to that acceptable response rate in current literature.

A limitation of this study was the participant demographics which can limit the generalizability of the current study. Participants were predominately Caucasian, and relatively well-educated, which is representative of Fort Collins, CO, but does not represent all middle-aged and older adults who participate in CBF in the United States. Further, another limitation that can limit the generalizability of our study is that Colorado is one of the fittest states in the country and may not be representative of the average middle-aged and older adults who are members of an CBF program around the country. According to the Centers for Disease Control and Prevention (CDC), only 17.7% of Colorado residents reported participating in no physical activity outside of work compared to the national average of 25.3%.

The primary limitation of this study was that we were not able to collect data from Adult Fitness members who withdrew from the program, resulting in selection-bias of only gathering data from individuals who were current members. This limited our ability to make comparisons in reasons for joining or adhering between current members and those who discontinued the program. Comparing long-term adhering members to those who discontinued program participation can provide valuable insight into factors that influence CBF program adherence. For example, analyzing current members can identify motivational factors that sustain long-term membership, like intrinsic motivators and perceived benefits of participation. Further, gaining a better understanding of why individuals discontinue participation can uncover demotivators of

participation, like perceived barriers. Comparing adhering members to individuals who discontinued program participation allows researchers to gain a better understanding of the multifaceted factors that influence membership length, which can lead to more effective strategies to promote continued participation in CBF programs. Without data from members who withdrew from the program, it is harder to determine which program or external factors influence participants' decisions to remain active members.

In addition, the use of a self-report questionnaire where participants were asked to recall their motivation for joining and adhering, as well as their average behavior was a limitation. The main limitation was the participants' ability to recall why they joined the program which may have been 5-10 years ago.

Practical implications

The study findings for CSU's Adult Fitness program have several practical implications. The top reason for joining the Adult Fitness program were facilities available, such as the weight room, indoor track, pool, etc., suggesting that program staff should continue to prioritize maintaining these facilities, as well as consider diversifying the range of facilities that they offer to cater to the wants and interests of new participants. The second top reason for joining the Adult Fitness program included a member's self-initiated search for activity program. This indicates that the program staff should ensure that information on program offerings is easily accessible to those in the target population who are seeking out fitness opportunities. For example, maintaining the website, distributing brochures and/or flyers in community centers and businesses, and being active on social media to reach potential participants.

In addition, the primary reason for retaining a membership was a member's self-initiated desire to promote fitness and/or overall health. This suggests several practical implications for

the program as well. To support an individual's desire to improve their health and fitness, it is important to provide tools that track progress and provide access to educational resources. For example, providing nutrition guidance, fitness education workshops, health assessments, exercise demos, etc. can empower individuals with the knowledge and skills needed to make improvements in their overall health. Further, offering opportunities for development of social support among members and fitness professionals, individuals are more likely to feel supported and motivated to achieve their goals. For example, organizing social events where relationships between members and program staff can develop to provide motivation and positive enforcement. Showing progress in health and fitness outcomes with these supportive tools can strengthen an individual's dedication to their health journey.

Further, the current study gathered information on common characteristics of long-term adhering members. Most long-term adhering members actively sought out a CBF program, therefore ensuring program information is easily accessible to adults in the community as well as promoting program participation benefits is an important recruitment strategy. Long-term adhering members were motivated to join and adhere due to the program due to low cost and access to facilities, proving that affordability and providing a variety of facilities is vital to keeping members engaged. Further, they had a positive perception of their physical health, which motivated them to stay physically active. The main benefits of program participation among this group, were improvement in health and motivating them to stay physically active, which should be communicated to new and current members. Lastly, they typically attend the program three days per week, proving that regular structured PA is essential to adherence. By analyzing traits and behaviors of these individuals, other CBF programs can develop retention strategies tailored to the preferences of their target population. Utilizing common characteristics of long-term

adhering members identified in the current study can inform outreach efforts aimed to attract individuals who are more likely to adhere to the program. This may include tailoring program offerings that align with the interests of successful participants.

Last, the current study can help facilitate collaboration with community stakeholders with new knowledge on why individuals join and adhere to CBF programs and common characteristics of long-term adhering members. This insight demonstrates that facilities, affordability, and individual health goals are key motivators for CBF program participation. CBF programs can align their objectives with local health organizations and government agencies that share common public health goals. This can lead to the sharing of resources such as funding, promotional support, and access to other facilities. For example, a CBF program and a local health department can collaborate and share resources with the common goal of increasing PA in the community with the knowledge of understanding why middle-aged and older adults join and adhere to a CBF program from the findings of the current study.

Future Directions

Future studies aiming to understand joining and adherence motives to CBF programs, should adopt a longitudinal method. This method would reduce recall bias and allows the exploration of how motivates evolve over a period. In addition, future studies should aim to gather data from previous CBF program participants and strive to gather insights into reasons why they discontinued CBF program participation. This would be helpful in determining best practices in recruiting and maintaining middle-aged and older adult participation in CBF programs by helping to understand motivational shifts and identifying barriers to adherence.

5. CONCLUSION

In conclusion, the current study provides additional information about why middle-aged and older adults join CBF programs and why they adhere to them, as well as common characteristics of long-term members. Identifying key motivators to joining and adhering to CBF programs can help tailor program offerings (e.g., facilities available), and inform outreach methods to increase participation.

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APPENDIX A

Survey Questionnaire

Block: Block 1 (1 Question)

Start of Block:

Thank you for your interest in participating in the study “Reasons for Joining and Adhering to a Community-Based Fitness Program Among Middle Aged and Older Adults”. One of the aims of this study is to examine factors associated with membership length. Are you a current, monthly paying member of CSU’s Adult Fitness Program?

Yes (1)

No (2)

Page Break

Block: Block 2 (25 Questions)

Start of Block:

Informed Consent

You are being asked to participate in a survey for current monthly members of Colorado State University's (CSU) Adult Fitness Program. This survey is part of a research study, and we appreciate your time to contribute to this project! If two members of the Adult Fitness Program share an email address, both members are invited to participate in this survey, but we ask that you complete it separately.

Study Purpose: To explore reasons for joining and long-term adherence to CSU's Adult Fitness program, and determine factors related to membership length.

How long will it take to complete the survey: Your participation will take approximately 10-15 minutes to complete.

Am I Required to complete this survey?: This survey is completely voluntary. You can withdraw from taking this survey at anytime without any repercussions.

Confidentiality: Every survey will be assigned an identification number and only study personnel will have access to the survey responses. Your name will be used to link the data you provide on this survey to Adult Fitness membership information (e.g., membership length). Once that data is linked, all of the data provided in this survey will be de-identified and your name will no longer be associated with any of your responses. All confidential information will be stored on a password protected secure server. Any report of this research that is made available to the public will not include your name or any other individual information by which you could be identified.

Benefits and Risks: There are not any direct benefits to you. But we hope to gain more knowledge about why adults and older adults join the CSU’s Adult Fitness program and why they retain their membership. Psychological risks include the production of negative affect states including but not limited to anxiety, depression, guilt, and loss of self-esteem.

Social risks include the potential labeling of an individual that the individual may not agree with.

Will I be compensated for my participation?: You will be entered to win a \$50 gift card if you provide your email address.

Who is doing the research: The Principal Investigator (PI) is Dr. Heather Leach from the Physical Activity for Treatment and Prevention Laboratory (PATP). The co-investigators are Kimberly Burke, the director of

the Adult Fitness Program and Zoe Kirksey, a graduate student in the department of Health and Exercise Science, and the graduate service assistant for the Adult Fitness Program.

Who do I contact with any questions?: If you have any questions about the study, please contact Heather Leach at heather.leach@colostate.edu or Zoe Kirksey at zoe.kirksey@colostate.edu. If you have any questions about your rights as a research volunteer, contact the CSU IRB at CSU_IRB@colostate.edu. We appreciate your insight into participating in the Adult Fitness program!

Q1) Selecting "Yes" below indicates that you are 18 years of age or older, and you consent to participate in this survey. I have read the consent and agree to participate in this study.

1. Yes (1)
2. No (2)

Q2) Provide your name and email address.

3. First Name (1) _____
4. Last Name (2) _____
5. Email Address (3) _____

Q3) At what age did you join the Adult Fitness program?

Q4) What is your current age?

Q5) What is your gender?

6. Female (1)
7. Male (2)
8. Gender non-confirming (3)
9. Other, please specify: (4) _____
10. Prefer not to answer (5)

Q6) Which race or ethnicity best describes you?

11. White/Caucasian (2)
12. American Indian or Alaskan Native (3)
13. Non-Hispanic Black or African American (4)
14. Hispanic or Latino (5)
15. Asian/Pacific Islander (8)
16. Multiple Ethnicity/ Other (Please Specify) (6)

- _____
17. Prefer not to answer (7)

Q7) Physical health is the condition of your body taking into consideration your fitness level and absence or presence of disease. How would you characterize your current physical health?

- 18. Very Good (1)
- 19. Good (2)
- 20. Fair (3)
- 21. Poor (4)
- 22. Very Poor (5)

Q8) What is your employment status?

- 23. Retired (1)
- 24. Unemployed/ Not Working (2)
- 25. Full-Time Employee. (3)
- 26. Half-Time Employee. (4)
- 27. Other: (5) _____

Skip To: Q9 If 8.) What is your employment status? = Full-Time Employee.

Skip To: Q9 If 8.) What is your employment status? = Half-Time Employee.

Display This Question:

If 8.) What is your employment status? = Full-Time Employee.

Or 8.) What is your employment status? = Half-Time Employee.

Q9) Are you a Colorado State University (CSU) employee?

- 28. Yes (2)
- 29. No (3)

Q10) How did you hear about CSU's Adult Fitness program?

- Healthcare Provider (1)
- Family Member (2)
- Friend (3)
- Employer (4)
- Health Insurance Benefit (5)
- Other (6) _____

Q11) How many days on average per week do you attend the Adult Fitness Program?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)

Q12) What Adult Fitness session time slots do you regularly attend? (Select all that apply)

- Monday, Wednesday, Friday 6am-8am (2)
- Monday through Friday 11:45am-1:15pm (3)
- Monday, Wednesday, Thursday 5-7pm (4)
- Saturday 8am-10am (5)

Q13) Which of the following contributed to your **motivation to join** CSU's Adult Fitness program?
 (check one box in the row for each item)

	Not motivated at all (1) (1)	Motivated a little (2) (2)	Motivated Somewhat (3) (3)	Motivated a great deal (4) (4)	Extremely Motivated (5) (5)
Suggestion or recommendation by health care provider (1)					
Suggestion or recommendation by family or friend (2)					
Self-initiated search for activity program (3)					
Low Cost (4)					
Opportunities for social connections (5)					
Classes Available (6)					
Student Trainer (7)					
Facilities Available (8)					
Social Events (Holiday party, Spring event, etc.) (9)					
Pickleball (10)					
Basketball (11)					
Parking Available (12)					

Q14) Please rate your **motivation for why you continue to attend** the Adult Fitness program.
 (check one box in the row for each item)

	Not motivated at all (1) (1)	Motivated a little (2) (2)	Motivated Somewhat (3) (3)	Motivated a great deal (4) (4)	Extremely Motivated (5) (5)
Suggestion or recommendation by health care provider (1)					
Suggestion or recommendation by family or friend (2)					
Self-initiated desire to promote fitness and/or overall health (3)					
Low Cost (4)					
Opportunities for social connections (5)					
Classes Available (6)					
Student Trainer (7)					
Facilities Available (8)					
Social Events (Holiday party, Spring event, etc.) (9)					
Pickleball (10)					
Basketball (11)					
Parking Available (12)					

Q15) What Adult Fitness Classes do you participate in regularly? Select all that apply.

1. Warm Up (12)
2. Hi-Lo (1)
3. Arms Race (2)
4. L.O.W (3)
5. HIIT the Circuit (4)
6. Stretch and Balance (5)
7. Fitball/ Chair Exercise (6)
8. Yoga (7)
9. Tai Chi (8)
10. Zumba (9)
11. Water Aerobics (10)
12. None, I don't regularly participate in any classes. (11)

Q16) What are the **three** most important benefits you receive from participating in the Adult Fitness program?

Select all that apply.

13. Social support (1)
14. Help me stay active (2)
15. Improvement of health (3)
16. Increased strength and/or flexibility (4)
17. Control weight (5)
18. Reduction in stress (6)
19. Improvement of mood (7)
20. Sense of accomplishment (8)

Carry Forward Selected Choices from "16.) What are the three most important benefits you receive from participating in the Adult Fitness program? Select all that apply."



Q17) Below are the benefits you selected as the most important benefits to you. Of these, which is the top benefit you receive from your participation in the Adult Fitness program?

- 30. Social support (1)
- 31. Help me stay active (2)
- 32. Improvement of health (3)
- 33. Increased strength and/or flexibility (4)
- 34. Control weight (5)
- 35. Reduction in stress (6)
- 36. Improvement of mood (7)
- 37. Sense of accomplishment (8)

Q18) Which factors, if any, are barriers to you attending Adult Fitness sessions? Select all that apply.

- 21. Length of session times (1)
- 22. Time of day of sessions (2)
- 23. Classes are too challenging (4)
- 24. Classes are too easy (5)
- 25. Physical limitations and/or chronic health condition (6)
- 26. Fear of injury (7)
- 27. Lack of time (8)
- 28. Lack of transportation (9)
- 29. Lack of parking availability (10)
- 30. Inconvenient location (11)
- 31. Inclement weather (12)
- 32. Lack of motivation (13)
- 33. Other, please specify: (14) _____
- 34. No barriers apply (15)

Q19) Excluding during the COVID-19 pandemic, have you ever taken an extended break of **3 months or more** from attending the Adult Fitness program?

- 38. Yes (1)
- 39. No (2)

Display This Question:

If 19.) Excluding during the COVID-19 pandemic, have you ever taken an extended break of 3 months or... = Yes

Q20) Briefly explain why you took an extended (**three months or more**) break from the Adult Fitness program, and why you resumed attending Adult Fitness sessions again.

Q21) What physical activities or exercise do you participate in outside of Adult Fitness sessions? Select all that apply.

- 35. Walking/Hiking (1)
- 36. Running/Jogging (2)
- 37. Cycling (3)
- 38. Swimming (4)
- 39. Resistance training / weight training (5)
- 40. Yoga / Tai Chi (6)
- 41. Stretching (7)
- 42. Dance (8)
- 43. Team Sports (9)
- 44. Gardening (10)
- 45. Gym/ Fitness program (11)
- 46. Other, please specify: (12) _____

Q22) On average, how many days a week do you participate in planned, structured physical activity outside of Adult Fitness sessions?

- 40. 1 day (1)
- 41. 2 days (2)
- 42. 3 days (3)
- 43. 4 days (4)
- 44. 5 days (5)
- 45. 6 days (6)
- 46. 7 days (7)
- 47. None (8)

Skip To: Q23 If 22.) On average, how many days a week do you participate in planned, structured physical activity... = 1 day

Skip To: Q23 If 22.) On average, how many days a week do you participate in planned, structured physical activity... = 2 days

Skip To: Q23 If 22.) On average, how many days a week do you participate in planned, structured physical activity... = 3 days

Skip To: Q23 If 22.) On average, how many days a week do you participate in planned, structured physical activity... = 4 days

Skip To: Q23 If 22.) On average, how many days a week do you participate in planned, structured physical activity... = 5 days

Skip To: Q23 If 22.) On average, how many days a week do you participate in planned, structured physical activity... = 6 days

Skip To: Q23 If 22.) On average, how many days a week do you participate in planned, structured physical activity... = 7 days

Q23) On the days you participate in planned, structured physical activity outside of Adult Fitness sessions, on average how many minutes do you participate in per day outside of these sessions last?

- 48. <10 minutes (2)
- 49. 11-20 minutes (3)
- 50. 21-60 minutes (4)
- 51. >60 minutes (5)

Q24) Thank you for completing the survey! Would you like to be entered to win a \$50 gift card?

- 52. Yes (2)
- 53. No (3)