

**A survey exploring characteristics of older people attending lunch clubs in South-West of England.** By R. Lumley<sup>1\*</sup>, F. Tsofliou<sup>1\*</sup>, J. Lara<sup>2</sup>, Z. Sheppard<sup>1</sup> and C. Clark<sup>1</sup>, <sup>1</sup>*Department of Human Sciences and Public Health, Faculty of Health and Social Sciences, Bournemouth University, Bournemouth BH1 3LT, UK and* <sup>2</sup>*Department of Applied Sciences, Faculty of Health and Life Sciences, Northumbria University, Newcastle upon Tyne NE1 8ST, UK; \*Joint first authors*

Lunch Clubs (LCs) have been long considered a valuable community-based service to promote health and wellbeing of older people<sup>(1)</sup>, however people attending LCs are poorly characterised. The aim of this study was to explore the characteristics of those attending lunch clubs in South-West England and the reasons for attendance. Body weight (kg), height (m), hand-grip strength (kg) and waist circumference (WC) (cm) were measured by a trained observer following standard protocols. The length of attendance to LC, transport utilised and distance travelled to the LC was also explored. Participants reported self-rated health status, self-rated physical activity and reasons of attendance via a Likert scale.

Forty older individuals from 5 LCs completed the survey during the day of their LC visit. Characteristics are shown in the table below.

	Men (n=18)	Women (n=22) Mean (Standard deviation)	All subjects (n=40)
Age (years)	82 (SD 7)	83 (SD 9)	82 (SD 8)
BMI (kg/m <sup>2</sup> )	30 (SD 5)	28 (SD 4)	27 (SD 4)
Waist circumference (cm)	104 (SD 12)	97 (SD 12)	100 (SD 13)
Grip strength (kg)	23 (SD 5)	14 (SD 5)	18 (SD 6)

Overall, participants were older adults (65% over 75 years old), overweight, abdominally obese with low hand-grip strength. Self-rated current health was rated as 'good to very good' by 68% of participants; 60% reported their current health being the same as the previous year, with 23% reporting an improvement and 18% declaring worsened health in relation with the previous year. Current self-reported physical activity was rated as 'moderate' by 63%; low physical activity was reported by 28% of participants. Only 3% reported an increase in physical activity levels on the previous year with the remainder reporting levels "about the same" or lower (85% and 12.5% respectively). Most (65%) participants lived alone being either widowed (68%), single (8%) or divorced (2%). None of them lived in a care home nor lived solely on benefits; 50% receive state pension. Word of mouth was the most popular (70%) route to find out about the LC. 63% of participants lived within half a mile ratio from the LC; 27% were travelling over a mile to attend a LC. The most popular means of access to lunch club were getting a lift with a friend or walking to the lunch club (35% and 35% of participants respectively). Overall, over 73% of participants rated that 'meeting friends' (92%); 'to eat out' (78%), 'to have a hot meal' (75%), and 'for a home cooked style meal' (73%) were important reasons to attend lunch clubs. Other factors such as 'not having to cook', 'affordability of a meal' and 'the additional activities (bingo, raffles and talks)' were rated as very important or important by only 45%, 40% and 18% of participants, respectively.

Older adults attending LCs in the South West of England reported good self-rated health, nonetheless they are characterised by high rates of overweight and obesity, abdominal obesity and low muscle strength placing them at risk of sarcopenia and sarcopenic obesity<sup>(2)</sup>. These findings suggest the need for lifestyle interventions targeting these health problems.

1. Dwyer P & Hardill I (2011) *Ageing Soc* **31**, 243-264.

2. Prado CM, Wells JC, Smith SR *et al.* (2012) *Clin Nutr* **31**, 583-601.