Old Age Fitness and the Marketplace

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Kilgore Academy Journal

Volume 8

Article 1

September – October 2025

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Most members of gyms are far younger than retirement age. There are a number of reasons why this is so, but, one of the most commonly cited reasons has to do with cost. How much money does a geriatric client have to spend on gym membership or exercise in general? Remember, those in the over 60 age range often are the most unfit of us all as they have had an entire adulthood of sedentary bodily decay. As such they likely need more than access to equipment, they need to be taught how to exercise in their current state and they need direction on how to program that training … or more likely they need someone to do it for them.

The price tag on fitness is an extremely disarticulated calculation. Big gyms, little gyms, yoga studios, lifting gyms, bodybuilding gyms, dojos, CrossFit affiliates, spinning studios, personal training studios, and more are all clumped together in most public data sources, making knowing what costs what quite difficult. The average price for a gym membership is frequently listed as $40 to $70 per month. However there are lower cost mega-gym memberships available for about $10 to $20 per month. We can call these big fitness operations "pay for access gyms" as a membership simply allows access to their fitness facilities. Their low nominal costs are a function of two elements; (1) The membership fee provides access to facilities for self-directed exercise, any other service or product is a separate charge. (2) These gyms oversell memberships. The typical big gym facility has about 1000 to 5000 people paying for memberships. Of that membership, only about 55 to 60% are actually used. You can tell this is true when you visit one. These gyms can only hold about 200 to 300 people at a time, and other than in the very few peak traffic hours they are only minimally to moderately populated.

Having such a low fee for access, people who were motivated enough to buy a low cost access membership but aren't motivated or confident enough to use it tend not to cancel their membership until many months to years later. Having a membership has a minute bit of gravitas to it when in conversation. Cancelling an unused membership requires personal acknowledgement that while exercise is important, it is not important enough personally to actually go do it.

Gyms that buck this trend and actually provide members with actual assistance and direction in their fitness journey can be called "pay for service gyms". These are gyms where customers receive direct individual or group attention. The services offered are from coaches, trainers, or instructors and their work is included in the membership's price, a price higher than that seen in "pay for access gyms". In general, these memberships can be around $100 to $200 per month, but exclusive or service intensive memberships can be far more expensive.

Running the numbers

One set of government financial data says that the median household income of those 60 and older is $54,182 (*household = total income of those family members in the house; median = 50% make more, 50% make less*). Another set of data provides the average amount of money spent per year by age group (*Bureau of Labor Statistics*); those under 65 have a median income of about $64,428 and spend, on average, about $12,000 per year more than their earnings. While older, over 65 age groups, also deficit spend, they have less income to spend or borrow against but still have an expense outlay of about $2,000 more than they earn each year. It is suggested that about 80% of all Americans over 60 experience financial hardship. About 45% of all Americans over the age of 60 have incomes that do not meet their basic needs.

The income that identifies an individual as being in poverty is an annual income of $31,200. If we look at an analysis by the Gallup organization, they published the median income for those 65 years of age and older as $29,285. Moreover, an older individual supported only by Social Security receives an average $1,900 monthly stipend or about $23,000 annually (*this status describes more than 42% of those Americans over 65 and retired with no other retirement income*). Combined, this suggests that more than 50% of US senior citizens are in poverty, relative to individual income, but not necessarily by household income. This high level of monetary duress is a far cry from the overall poverty rate for the USA, 11.1%.

What this means is that if we want to provide service to older populations, we need to create pathways to fitness that meet them where they are at, in terms of current state of fitness, exercise experience, basic knowledge of the human body and exercise, AND affordability. Providing a $20 pay-for-access gym membership to a 67 year old who is dependent on a mobility scooter to shop at a discount grocery store will be of minimal benefit if they do not know how to exercise in their current physical condition and they must have physical assistance to access the gym and exercise. Old-age beginners who are unfit require significant trainer assistance to onramp them slowly into an active life, to motivate them to keep coming back, and to safeguard them during their time in the gym. That means a trainer or coach working with elderly clients should not be one who focuses on developing “peak fitness for performance” rather they should focus on “life-saving fitness”.

If an average elderly person has, as data suggests, just over $2,000 in total to spend on miscellanea and services for a year, spending $100 to $200 per month on the training they need is likely unaffordable. This is a difficult situation. The production costs of training an individual client is a fairly hard number; facility costs, equipment costs,

disposable supplies, labor in developing an individual's program, labor in delivering that program, advertising. These are all relatively fixed costs that set the stage for calculating a fee that actually pays the trainer. No one wants to work for free or for so little they too end up with poverty level income.

So, if elderly individuals require more attention than a younger person and the cost of individual training is beyond the means of a majority of over 65s, what is another approach?

Training services as a loss leader?

Many retail businesses use a strategy involving a "loss leader". This means that the business advertises the price for a desirable item to be at or below their cost of purchasing their stock wholesale. For that item they will not profit, they may actually lose a tiny bit of money on it for the duration of their promotional sale. The company is willing to take the minute loss as the loss leader item gets people into their store where they will likely buy other items other than the loss leader, or it may attract new customers to the business.

If you scour the web for pay-for-service gyms, you find that many, possibly a majority already provide a version of a loss leader offer by providing the very first session in the gym for free. It's a great service, providing the client information on the facility, staff, and the approach to fitness to be used, plus they get to do a little exploratory exercise. For the trainer, this session informs them on the trainee's history, current state of fitness, limitations, and they get to see how well the trainee can take instruction and move. If we can do that movement assessment while introducing the older trainee to a few other older trainees and their stories, a level of comfort and comradery can be seeded.

After that first loss leader session, we can transition to a second phase, a loss leader period of training but where the financial loss is minimal.

In the second phase the trainer can offer two 1-hour sessions per week for two months, where new older trainees receive service in small groups of about 5. With a discounted membership fee at $30 to $40 per month per person in the group, this provides the trainer/gym with $300 to $400 of revenue to cover about 16 hours of trainer/coach labor over the two months. This low-loss loss leader business strategy, keeps the cost of initial training for the older individual, who is in the bottom half of income data, low. And the two months of training time should lead to tangible fitness progress to the point the older trainees are happy with the outcome, the trainer, and the gym. A happy trainee

will be more likely to take the next step in their journey to be less frail and dependent, and hopefully their success increases their willingness to pay a bit more for it. Stage 2 would add a third weekly session and bring the monthly fee to $50 to $60. This puts $500 to $600 in the bank to fund about 24 hours of trainer/coach labor over the two months. While not really a loss leader at this point, it still is not a great source of short term profit for the gym. However, we still have to recognize that a $60 per month membership for one year represents 36% of the average geriatric's total available funds for purchasing services and miscellaneous expenses for the year. Charging more than that may be prohibitive of their continued participation. But by four months in, the small group of five trainees should be ready be part of a larger group of older trainees, maybe 10 to 15 total older trainees in a session, all who have been through the onramp system. At this point revenues are enough to exit loss leader status and actually contribute to the gym's and the trainer's financial wellbeing. If these are non-working older individuals (*retired*) then these sessions can be set up for non-primetime hours in the gym. This adds a revenue stream during underutilized times of day.

Numbers have to be low (*<15*) in order for a single trainer to be able to effectively coach and perform adequate safety surveillance. It is highly likely that any older trainee brings with them at least one hypokinetic disease, syndrome, or condition, so, they do require advanced observation and training individualization (*i.e., scaling and movement modifications as needed*). If this is the case, a selling point arises. In session number one on day one we can provide them with a pathway of financial benefit; "if, through consistent training over time, we can get you off of one hypokinetic disease drug, the savings can easily pay for your membership." (***read this for more drug cost information***)

Some geriatric caveats

With older individuals it is important to conduct a health screening in order to determine if the new trainee is physically and medically capable of commencing a program of exercise (***link to my screening form template***). If a health screening at the gym indicates the trainee may be at risk of aggravating or being limited by a stated health risk, they should be directed to obtain a physician's clearance and provide it to the gym. The gym can provide a medical clearance letter to the prospective trainee, if they drop it off at their physician there should be no cost to them (***link to my letter template***). This level of scrutiny is warranted as it is very common to find older individuals with multiple chronic diseases, syndromes, or medical conditions. Over two thirds of the over 65 population have two or more present and their presence is associated with having at least one physical limitation in performing simple activities of daily living (*Jindai et al, Preventing Chronic Disease 13: 160174, 2016*). With each additional chronic

disease, syndrome, or medical condition present there is an associated increase of 1.68 additional physical limitations.

Ensuring that the trainee is capable of safely beginning to exercise is important, but even with medical clearance you should not be surprised at the degree of un-fitness that is present in the average geriatric client. Pat Sherwood (*CrossFit Linchpin*) in some of his symposia and seminar lectures referenced one of his elderly clients who had not seen their home's second floor for more than a decade. This client's absent work capacity led to their entire early workouts being lower in volume and intensity than a healthy person's warm-up. Standing up generally required assistance and 100 yards of walking exhausted them (*but they improved massively with his close attention and guidance and now navigate stairs with ease*). This level of limitation is not exceptional even in otherwise healthy geriatric clients; they have had a lifetime to avoid exercise and proper nutrition. Trainers must be ready to accept that exercise modification, assistance in movement and stability, and constant surveillance for safety is needed for new elderly trainees. This is a major reason why individual or very small groups are preferential in the training of the new elderly client.

Failing to plan is planning to fail

Having a gym emergency plan is important to have in place. This isn't specific to gym businesses, all workplaces have specific Occupational Safety and Health Administration (*USA*) and local government requirements with which to comply. For any trainer that attends to the needs of geriatric clients, an emergency plan is critical and essential. In the over 65 age range, unintentional injury is the seventh leading cause of death (*Centers for Disease Control & Prevention Data*). Within that category a whopping 55% of those deaths result from the elderly person falling. This means that gyms catering to geriatric trainees must perform regular safety surveillance to reduce or eliminate the presence of trip hazards. De-conditioned, physically limited, or frail individuals are at a high risk of falling from even minor items that would only cause minimal balance disruption in younger populations (*data indicates that long term exercise training reduces fall risk in the elderly*). Ensuring that the gym's emergency plans and surveillance protocols are robust and regularly practiced does not significantly increase costs of operation as everyone deserves a safe workspace and training space.

Pursuant to the prevalence of cardiac issues in the elderly, it is an increasingly common practice to have an Automated External Defibrillator (*AED*) on site and available within the gym. Some states such as Arkansas, California, New Jersey, New York, and Washington have specific laws in place requiring their presence in every gym or fitness center. Under these laws the presence of an AED does not satisfy requirement, the

equipment must be ready at all times, must be properly maintained according to manufacturer instruction, be regularly inspected, and be stored in an accessible and visible location for rapid access and use. It is also common that these laws require at least one staff member be trained in both Cardiopulmonary Resuscitation (*CPR*) and operation of the AED to be on premises during operating hours. Even without a state or local law mandating the presence of an AED device, one should be on location as its absence can be a source of legal risk exposure. Courts have found that it is a reasonable expectation of a gym to foresee potential risks of cardiac events occurring during or after exercise and as such, not having an AED present can constitute professional negligence. Such a finding can result in significant and punitive financial duress placed on the gym. It is advisable, legally required or not, to have an AED in place. Doing so, while costing between $750 and $2500, should not be considered an elderly client specific cost as every trainee has potential to suffer a cardiac event.

The same but different

About 10,000 people turn 65 each day in the USA. To neglect them is to ignore a potentially large client pool. Even though the majority of elderly Americans may have limited financial means, if the program is designed for them, is noticeably effective, objectively improves their life, and is affordable, a solid senior exercise program can be moderately profitable. However, you cannot treat them like every other younger trainee. That is an invitation to lose the patronage of those elders who actually came to the gym to fix themselves. To modify an exercise program template is not as difficult as it seems, but it is necessary. As Greg Glassman wrote relative to older populations, "The needs of Olympic athletes and our grandparents differ by degree, not kind. One needs functional competence to say out of a nursing home. The other wants functional dominance to win medals".

Some of us old dudes and dudettes try to fit in both of these worlds, pursuing sports medals and doing everything we can to defeat age related physical decay to remain independent. I don't want my kids to have to disrupt their lives to be care givers for me, and I invest effort and time to train and compete in sports for fun – medals are nice but seeing lifelong friends is just as good – but also to stay strong, enduring, mobile, and stay out of dependency and the nursing home. So to all the gym owners out there, if an old man or woman chooses you to help them recover physical function, to stave off frailty, to completely avoid premature dependency, please create that opportunity for them. With creativity you can train them effectively, affordably, and they can become dedicated and valuable members of your gym community, adding financial, social, and promotional value to your operations.