moving ahead

STRATEGIES AND TOOLS TO PLAN, CONDUCT, AND MAINTAIN EFFECTIVE
COMMUNITY-BASED PHYSICAL ACTIVITY PROGRAMS FOR OLDER ADULTS: **A BRIEF GUIDE**

ABOUT THE PREVENTION RESEARCH CENTERS-HEALTHY AGING RESEARCH NETWORK

CDC's Prevention Research Centers-Healthy Aging Research Network (PRC-HAN) has developed a research agenda on the determinants of healthy aging and on interventions that promote healthy aging. The nine university members of the PRC-HAN, a subset of 33 Prevention Research Centers located throughout the United States, provide the PRC-HAN with the expertise necessary to address topic areas within the research agenda. As with all PRC research programs, there is a strong focus on partnering with community-based groups to develop programs that improve health, with a special emphasis on those communities and populations that bear a disproportionate burden of illness and disease. PRC-HAN member universities include:

Texas A&M University
University of California, Berkeley
University of Colorado at Denver and Health Sciences Center
University of Illinois at Chicago
University of North Carolina at Chapel Hill
University of Pittsburgh
University of South Carolina
University of Washington: PRC-HAN Lead Coordinating Center
West Virginia University

CITATION

TIME TO GET MOVING, KEEP MOVING –

Encouraging older adults to become and stay active has developed into an important public health priority. While the physical and emotional benefits of exercise are increasingly well known, just 40 percent of older adults are engaged in regular leisure-time physical activity. In recent years, researchers and research institutions have begun to develop and test a variety of new evidence-based programs in physical activity, several of which have produced significant measurable health benefits and other positive outcomes for older participants. In turn, with support from the federal government and private funders, public health systems and providers of aging services have sought to adapt these research models for application in the "real world" in the hope that similar outcomes will be achieved by older adults in senior centers, housing sites, Y's, and other community settings.

The Healthy Aging Research Network of CDC's Prevention Research Centers program (PRC-HAN) has actively participated in this evolution. Its members have served as evaluators, consultants, and in some cases program developers for these physical activity interventions. PRC-HAN members understand that helping older adults benefit from powerful new programs (several of which are highlighted in this document) will require taking what we know from research and making that knowledge usable and available to the broader community of providers in public health and aging services.

To that end, the PRC-HAN held a symposium in Seattle, Washington, in February 2007. This meeting gathered more 160 professionals—both researchers and service providers —to highlight some of the best evidence-based programs in physical activity now available and provide a forum to explore challenges and successful strategies associated with creating flourishing programs in communities across the country. The PRC-HAN organized the meeting around the RE-AIM framework, a comprehensive approach to interventions in health behavior that was developed by Russ Glasgow, PhD, and colleagues; it includes planning, dissemination, and evaluation (for a fuller description, please see page 2).

The resulting two days of high quality presentations, spirited question-and-answer sessions, and highly interactive small-group discussions deepened researchers' awareness of the practical concerns involved in starting and running evidence-based programs. Just as importantly, the symposium provided service providers with new tools and insights that presenters at the symposium hope are being used in places from Portland, Maine, to Honolulu, Hawaii.

While a brief publication cannot capture the full flavor and excitement of these two days, we offer this monograph to make some of the conference's key learnings more broadly accessible. We hope it will increase your knowledge of evidence-based physical activity programs and the value of the RE-AIM framework for planning and delivering these programs. We also hope that it will suggest new strategies, practical ideas, and helpful tools that you can use wherever you work on behalf of older adults.

The discussion begins with an overview of RE-AIM and its essential components, followed by sections devoted to each of those components. The sections include explanations and suggestions for using the component under discussion, a practical example from a real-world implementation, and a list of online and print tools that can help you in your own implementation of each component. The final section offers more general tools to help you through each step of the RE-AIM process.

While heartened by the positive response and the energy generated by the symposium, we also understand that this is just the beginning of what is needed. It is time for all of us to get moving and keep moving to ensure that these exciting evidence-based programs in physical activity become more broadly available for the growing number of older adults who need them in communities everywhere.

re-aim

A COMPREHENSIVE FRAMEWORK FOR PROGRAM PLANNING AND EVALUATION

Effective, practical, evidence-based interventions for health promotion and self-management of chronic disease offer advantages for both older adults and program planners. As program participants, older adults can look forward to improvements in their health. Program planners can proceed confidently with the knowledge that these programs will yield demonstrable, measurable outcomes that both healthcare partners and funders seek and increasingly support. Successful implementation, however, requires careful attention and effort—from recruiting participants to ensuring that the program is run in a high quality, consistent manner.

To help program planners, evaluators, funders, and policymakers plan, evaluate, and implement health programs in real world settings, psychologist Russell E. Glasgow, PhD, and his colleagues developed a conceptual framework called RE-AIM. Initially created to evaluate interventions in health behavior, RE-AIM also serves as a helpful planning tool for a whole range of programs and policies in health promotion.

The acronym RE-AIM stands for Reach, Effectiveness, Adoption, Implementation, and Maintenance, which are the five critical elements in the program development process:

REACH describes the absolute number, proportion, and representativeness of the persons who participate in a given program. Representativeness refers to the extent to which participants' characteristics are the same as or different from those who are eligible but do not participate. For example, if you intended to increase physical activity among sedentary but relatively healthy people between the ages of 65 and 85, you would compare information on demographics, health, and physical activity of those who participated with those who met your recruitment criteria but declined to join. If there are no significant differences between the two groups, your participants are likely representative of the entire population you hoped to reach. If that is the case, you can then more confidently advocate expanding the program further.

EFFECTIVENESS describes the impact of a program on important outcomes. These outcomes may include quality of life, health status, functioning in daily life, healthcare costs, and potential negative consequences. (See box "A Presumption of Effectiveness" below.)
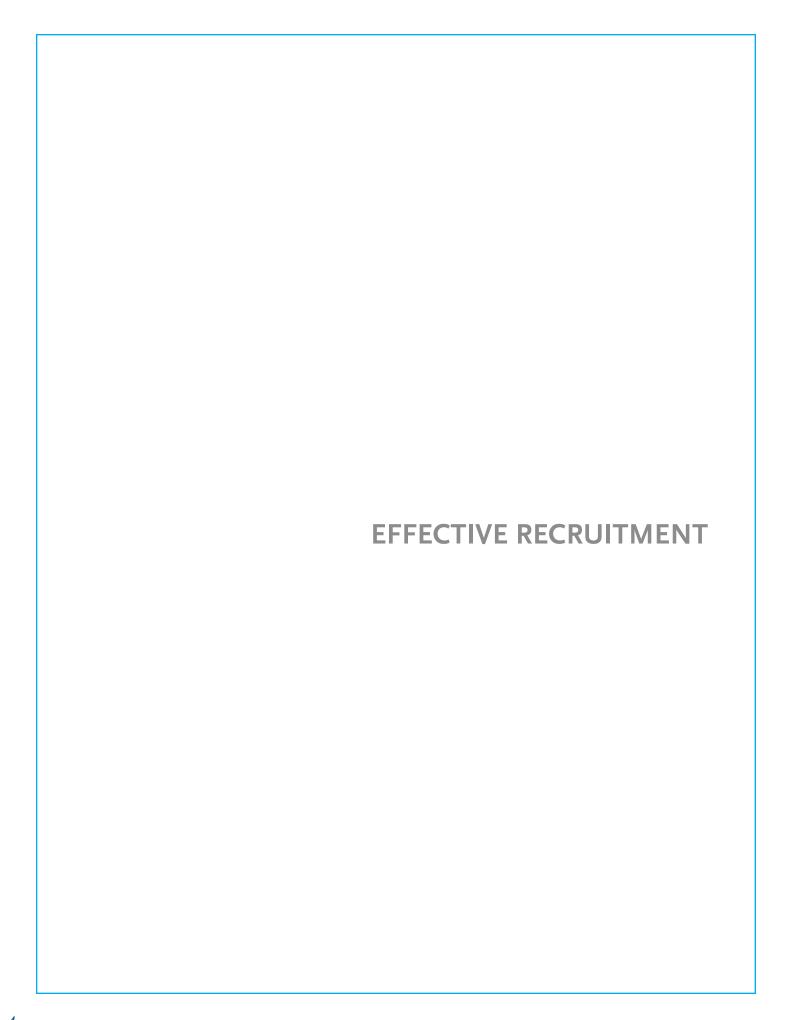
ADOPTION is defined as the absolute number, proportion, and representativeness of settings that are willing to offer a program. If you intended to initiate a physical activity program in hospitals, clinics, and senior centers, for example, but could locate funding only for larger hospitals, you would find it more difficult to generalize or apply your outcomes to smaller settings because those settings would represent a different set of characteristics (e.g., in terms of staff, space, and resources).

IMPLEMENTATION is the degree to which staff members follow the program as it was originally designed. Implementation also addresses consistency of delivery and cost, using the original model as the standard. Rigorous documentation, often by a third party, is essential to measuring the success of implementation. We know, for example, that relying on lay leaders to assess the progress of an exercise class might render a far more optimistic picture than relying on reports from master trainers who periodically observe the class.

MAINTENANCE describes the extent to which a program becomes part of the routine in both the setting of interest and at the level of the individual man or woman. In settings, "maintenance" refers to organizational practices and policies. At the personal level, it refers to monitoring the long-term effects (six or more months) of a program on the man or woman's health and functioning. For example, one intervention in physical activity/cardiorespiratory capacity, Project ACTIVE[1], showed that although activity increased from the program's beginning to six months it decreased from six to twenty-four months, supporting the need for multiple assessments of behavior over time. For a program to be truly successful, it must perform well in all five areas described above. If your REACH is strong and you are using an EFFECTIVE program, you are well on your way. But if staff deliver the program inconsistently (IMPLEMENTATION) or the program isn't continued after its first year (MAINTENANCE), the absolute impact of your work will be limited.

To provide a deeper understanding of the RE-AIM framework, the remainder of this monograph offers further details and real-world examples of four RE-AIM components: reach, adoption, implementation, and maintenance.

A PRESUMPTION OF EFFECTIVENESS: The evidence-based interventions featured in this document (and at the PRC-HAN symposium) have already undergone research trials and adaptations (in communities) that have validated their EFFECTIVENESS. For our purposes, therefore, we pay little specific attention to EFFECTIVENESS, the second element of the RE-AIM framework. If you would like to learn more about this part of the RE-AIM framework, please see www.re-aim.org or "RE-AIM for Program Planning: Overview and Applications," produced by the Center for Healthy Aging at the National Council on Aging, at www.healthyagingprograms.org.

[1]Dunn AL, Marcus BH, Kampert JB, Garcia ME, Kohl HW, Blair SN. (1999). Comparison of lifestyle and structured interventions to increase physical activity and cardiorespiratory fitness: a randomized trial, JAMA 1999; 281(4), 327-34.

EFFECTIVE RECRUITMENT

At the beginning of project planning, you need to specify the characteristics of your target population (e.g., sedentary older adults 75+ in West Philadelphia) and then to estimate as closely as possible the number of people in that population. (Is it 300, 3,000, 30,000?) With that number in mind, you can estimate the number of people in the population whom you can feasibly recruit into your program. REACH is then calculated as the percentage of people in the potential target population you believe you can recruit. The degree to which you actually attract that percentage of the population provides one measure of your program's success.

The RE-AIM Web site (www.re-aim.org) has a REACH calculator that can help you do the math (www.re-aim.org/2003/calculate-reach.html). You may also want to assess the degree to which the population you recruited represents the target population as a whole, or whether you were more successful at reaching one segment of the group than others (e.g., men and women from one senior center or community or from one ethnic community or another).

FIRST THINGS FIRST

How do you effectively REACH desired populations? The first steps are internal to the provider organization. For example, before you begin your recruitment efforts, you will want to take the following steps:

- Assess the other programs your organization offers, your staff, and the attitudes of your organization and evaluate how well positioned you are to reach your target population(s).
- Educate your project staff and partners about the characteristics and needs of the older adult group you intend to reach.
- Identify staff and partners who already have contact with your target population and ensure that they have the messages and materials necessary to talk about and build enthusiasm for your program.
- Encourage staff to create relationships and build credibility in target communities. This may mean spending time there before you actually begin recruitment. As one participant in the PRC-HAN symposium said, "[You] need to come sit on the porch…and build [the] relationships [you need]."
- Commit to holding your program accountable for following your recruitment plan and achieving successful results.

GETTING THE WORD OUT, PEOPLE IN

With your "own house" in order, you can develop a plan to recruit participants. As in traditional marketing efforts, effective recruitment begins with a keen knowledge of your market and its needs. This may mean conducting informal interviews, one-on-one or group conversations, and focus groups or surveys to get to know how your target population views physical activity and the program you are offering. You want to learn who influences them (and ultimately seek and get the support of those influencers), discover where they get their information, and determine how they make decisions to act on the information. You want to ensure the program is easily accessible and doesn't compete with other popular activities. You also want to make sure that the benefits of the program (as understood by your target group—not you) outweigh the personal, financial, time, and other costs associated with participating.

With this knowledge in hand, you can develop messages and an associated recruitment plan. Broadcast advertising and flyers may help to build general awareness for your program but are generally not viewed as cost-effective. More successful methods noted at the PRC-HAN symposium include:

- Group presentations where people can get a "taste" of the program, particularly in settings where the target population naturally convenes (e.g., faith organizations, senior centers);
- Using elder "champions" who use their personal networks and word of mouth to bring people in;
- Piggybacking on existing activities (like a congregate meal) to provide information and recruit face-to-face; and
- Working with local media to develop stories about the benefits of physical activity and, once implemented, your program.

OVERCOMING COMMON CHALLENGES

With the right strategies, you can achieve effective REACH, even with communities that may have geographical, cultural, or other barriers. If you intend to recruit participants from ethnic groups or faith-based communities beyond your own or those of your center's, you will want to identify partner agencies/religious groups who have standing in those communities and who can carry your message with credibility. In addition, it is critical that the recruitment materials and program activities be culturally appropriate and welcoming to everyone.

For many activity programs, men are particularly difficult to reach. Participants at the PRC-HAN symposium suggested several ideas to recruit men, including using exercises with weights, building competition into the program, and offering separate orientations or classes for men. One participant said she found that messaging that addressed men's sense of athleticism and teamwork and referred to their past participation in sports (even their participation as students or young men) was particularly effective.

POLICY MATTERS

Your organization may also want to begin working with local and state agencies to create opportunities that extend REACH. Forming government partnerships at all levels can be very helpful. The planning processes of your local Area Agency on Aging (AAA) may provide an opening to advocate for funds to support and expand activity programs. You may want to approach departments of parks and recreation to see how existing programs might be modified to accommodate older adults. Finally, you can work with public-private physical activity coalitions in your area to expand their work to include older men and women as well as younger people.

FIT AND STRONG!

Fit and Strong! is an evidence-based physical activity/behavior change program developed at the Center for Research on Health and Aging at the University of Illinois at Chicago. It targets older adults (60+) with osteoarthritis (OA) of the lower extremities. Studies have shown that OA is the most common and most disabling of all chronic conditions affecting older adults. It can lead to decreased muscle strength, reduced aerobic capacity, and impaired activity due to pain—a combination that can ultimately lead to disability and loss of independence. Therefore, Fit and Strong! includes flexibility exercises, aerobic conditioning, strength training, and an educational component on lifestyle change and arthritis disease management.

To help expand its REACH, Fit and Strong! collaborates with multiple agencies, such as the Chicago Department on Aging, to maximize recruitment. It provides programs at five sites across Chicago, all of them accessible to the targeted population, which includes older adult minorities. The program is also being offered at three sites in North Carolina and one in West Virginia. The program incorporates elements that facilitate wider distribution, such as low costs and minimal use of health professionals. It has also broadened its population of enrollees, which initially was largely white, to include greater numbers of African Americans. In 2007, Fit and Strong's REACH calculations in Chicago were as follows:

- Older adults in Chicago=286,912
- Assuming 60 percent have OA=172,147
- Assuming 50 percent of those have OA of the lower extremities=46,440
- 700 participants recruited to date
- 700/46,440= 1.5 percent REACH

This REACH may seem modest, but Fit and Strong! is a new program that is just beginning to collaborate with the national Arthritis Foundation on dissemination. If the program can continue to reach similar numbers over time, it will ultimately reach a much more significant percentage of older adults with OA.

REACH TOOLBOX

To learn more about recruiting older adults into your physical activity programs, go to:
healthyagingprograms.org/content.asp?sectionid=73&ElementID=384

To learn more about the long-term impact of Fit and Strong! on older adults with osteoarthritis, go to:
gerontologist.gerontologyjournals.org/cgi/content/abstract/46/6/801

For statistics to help you assess REACH, go to:
www.cdc.gov/nchs and www.cdc.gov/brfss

adoption
FINDING, SUPPORTING NEW SITES

Delivering a physical activity program requires significant organizational support. The ADOPTION piece of the RE-AIM model describes the extent to which community-based organizations, clinics, worksites, and other settings in your area actually put your program into action.

WHAT'S YOUR TARGET? -

As with REACH, the first step in ADOPTION is to estimate the size of the target group of organizations and settings that might implement your physical activity program. Four essential questions include:

- What are the criteria that identify an "appropriate" setting? If you keep them broad, you're more likely to reach a diverse population. For example, does a setting have the space to accommodate your program? Is it accessible to all potential participants? Is it located in an area that participants will consider safe?
- How many settings or organizations in your targeted group meet your defined criteria?
- What are the differences between those groups and settings that are included and those that are excluded?
- If your criteria would exclude a large percentage of settings, do you need to consider revising your criteria?

Once you have answered these questions, you will want to develop a list of potential sites, particularly noting those that have contact with (or have the potential to recruit) large numbers of representative participants you wish your program to REACH.

ASSESSING READINESS

To begin your ADOPTION work, you will want to consider first whether the local community service provider organizations you have identified as possible targets are ready to implement an evidence-based intervention. To do this, it is helpful to discuss the following key questions:

- Is the agency willing to conduct evidence-based health programs and stay true to the model(s) being implemented?
- Does the agency have funding for the program (new funds or a reallocation of current resources)?
- Is there access to both expert/appropriate personnel and to the target population?
- How is buy-in from senior leadership and other key partners reflected (programmatic and/or financial support)?

If the organization you are approaching and its partners cannot yet respond positively to all four of these questions, you first need to work with the group and its staff to address areas needing attention.

DEVELOPING ORGANIZATIONAL SUPPORT

Having a clear idea of the organizations that are ready to participate allows you to develop strategies for building their buy-in. Even if they meet the readiness criteria, you will likely still need to:

- Meet with leadership and staff at potential sites to determine how your program can fit within their organizations and existing offerings. Look for overlapping goals, and be patient. Trust takes time to develop, and so do collaborations. As a practical issue, if there are a series of meetings (e.g., in the development of a partnership to run a program), rotate the facilitators and the location of each meeting to foster a greater sense of equality and shared responsibility.
- Help organizations to see the need for your program and the critical role they can play in reaching people with the greatest need. You will want to help them understand the advantage of your program over similar existing programs.
- Provide technical assistance and resources for planning and implementation.
- Develop different cost options and ways to customize the program, always keeping in mind that funding may be an issue.

HOW SUCCESSFUL WERE YOU IN GETTING PARTNERS ON BOARD?

Given the size of your initial target group of sites, you can count the number of sites that implement your program and ultimately chart the success of your ADOPTION efforts over time. As with recruitment, the RE-AIM group offers a Web-based calculator that can help at: www.re-aim.org/2003/calculate-adoption.html

A MATTER OF BALANCE

A Matter of Balance (MOB): Managing Concerns about Falls is an evidence-based program developed at the Roybal Center for Late-Life Function at Boston University. This program helps reduce the fear of falling among older adults and encourages them to increase their activity levels. The state of Maine, where falls are the leading cause of hospitalization and injury among older adults, first implemented the program in 1999. In 2003, The Partnership for Healthy Aging received an Administration on Aging grant to translate MOB from one taught by healthcare providers to a volunteer lay leader model (MOB/VLL). In the program, master trainers train volunteer lay leaders, called "coaches," to lead the MOB sessions.

These sessions involve low-to-moderate level exercises to increase flexibility, balance, strength, and endurance. The program also teaches participants how to view falls and fear of falling as controllable, to set realistic goals for increasing activity, and to change their environment to reduce risk factors for falls.

MOB's most important ADOPTION strategy was a request for partners, which was distributed widely throughout the state to AAAs, community hospitals, Y's, Healthy Maine Partnership Communities, and others. This strategy identified qualified organizations that wished to become master trainer sites. The request for partners required potential master trainer sites to address the core components of the MOB model and identify which community groups were available to assist with implementation. In general, master trainer sites are responsible for a great deal of program implementation—recruiting volunteer lay leaders, teaching the curriculum to volunteer lay leaders, providing guidance and support, sponsoring classes, recruiting participants, and measuring outcomes. This intensive request-for-partners process and related requirements, therefore, enabled MOB to find the sites most willing, able, and committed to adapting the program locally.

ADOPTION TOOLBOX

To self-assess your readiness for implementing evidence-based programs in health promotion and self-management, go to:
www.healthyagingprograms.org/content.asp?sectionid=15&ElementID=9

To learn more about partnerships that support ADOPTION, go to:
www.healthyagingprograms.org/resources/HA_CommunityPartnerships.pdf

To learn more about Matter of Balance (MOB), go to:
www.healthyagingprograms.org/content.asp?sectionid=123&ElementID=418

implementation

For an evidence-based program in physical activity to deliver successful results, its IMPLEMENTATION must be faithful to the original program in all of its core elements (and thus the term "intervention fidelity" is often used). Beyond that, it should remain consistent with the intention of the developers over time and regardless of who delivers it. Although some modifications may be necessary to adapt a program to local needs, changes to the essential elements in a program can result in unexpected (and undesirable) outcomes in terms of health, cost, and other variables, even though the original intervention was evidence-based.

CORE ELEMENTS -
An essential first step toward effective IMPLEMENTATION is understanding which aspects of the program are absolutely critical to its success. These may include the specific components of the training curriculum and its requirements (for example, including physical activity plus a health education component plus a socialization component), the conduct of the actual classes or curriculum as specified (for example, two, two-hour sessions a week for eight weeks), and the number of times a participant must attend to derive benefits from the program. Most good program manuals will specify core elements. If you are not sure what is essential, it is important to review the original program and if necessary, contact the program developers to discuss any modifications you plan for your IMPLEMENTATION.

GETTING IT RIGHT
To be confident that your program, once implemented, will effectively deliver optimal results, you will want to ensure that:

- *Your version* of the program maintains the tested program's core elements;
- High-quality training prepares instructors or leaders to deliver the program as intended;
- The program is delivered consistently across sites and by all instructors or leaders; and
- Instructors or leaders encourage participants to use relevant strategies consistently for changing attitudes and behaviors, both during the program and then in real-life settings after the program ends.

BUILDING STAFF AND VOLUNTEER CAPACITY
For IMPLEMENTATION to be successful, it is essential that the people who lead the program, whether paid or volunteer (if involved), be qualified and dedicated. Ultimately, much of the program's success lies in their hands, and thus it is crucial to invest in their recruitment, training, development, and evaluation over time. Here are some tips gleaned from the PRC-HAN meeting for helping program leaders reach their full potential:

- *Train and train Again.* After intensive orientation and initial training, regular contact with master instructors will help program leaders/instructors/coaches sharpen their skills. Master instructors can also help resolve any issues with participants that a leader does not feel sufficiently competent to handle.

- *Clarify what is essential.* Ensure that program leaders understand the core elements of the program and establish very clear and simple guidelines for them to follow. The clearer the guidelines, the more likely it is that leaders will remain faithful to the intent of the program.

- *Meet and meet again.* Holding regular meetings for everyone involved in your program will keep them involved. Note the program's collective progress and remind staff and volunteers about the importance of continuing to deliver high-quality, consistent programming.

- *Provide feedback.* Have master instructors or other staff sit in on classes and offer suggestions to class leaders that can ensure that the program is delivered as intended and that leaders are following the guidelines for program delivery. You may also want to use surveys of participants to gauge how well a leader is conducting the program.

- *Build a network.* Especially in rural areas, where distance may be an issue, it can be helpful to build a network of leaders to encourage communication and to facilitate ways they can provide support to one another.

- *Show appreciation.* Be sure to let staff know when they're doing a good job; recognize their achievements and those of the program, and show appreciation and note milestones in their service.

- *Be consistent.* Seek ways in which you can make essential components of the program and its IMPLEMENTATION part of the regular, day-to-day operations and budget of your organization or center. Over time, this will help make your IMPLEMENTATION more efficient, ensure consistent program delivery, and promote MAINTENANCE (see p. 15).

PAYING ATTENTION TO FUNDING

Finding ongoing funding for an evidence-based program in physical activity is of course critical to program IMPLEMENTATION. In several sessions at the PRC-HAN symposium, participants discussed relevant strategies such as charging participants a nominal fee per class, finding partners (e.g., a local church or YMCA) to help defray the cost of equipment or space, redirecting funding from existing programs to make an evidence-based offering possible, and particularly, seeking out new, and generally local, sources of support from government, foundations, healthcare entities, and corporations. Helpful tactics here include:

- *Gathering evidence.* Many funders are now beginning to require data that demonstrate a program can actually achieve the outcomes it promises.

- *Building on personal relationships.* You should know potential funders well enough to understand the types of programs they would want to be involved in. Even if they can't fund you immediately, keep them apprised of your program's successes. They may be able to offer funding in the future.

- *Using existing organizational structures.* For example, if you want to implement your program at a local corner Baptist church, you might go to the Baptist Union for funding.

- *Finding a champion.* Locate a champion group or foundation that will help you with the transition period from start-up to a more sustained and expanded program. Many agencies that fund in aging say they are very open to partnering with the big names in funding, such as the Centers for Disease Control and Prevention, in transitioning programs to the next funding stage.

- *Spreading the word.* Keep local agencies well informed of the impact of your programs. After you build relationships with them over time, they may come to you and ask how they can help fund your programs.

EnhanceFitness®

EnhanceFitness (EF) is an evidence-based physical activity program based on a program first implemented at the Northshore Senior Center in a suburb of Seattle. The program was developed by the University of Washington Health Promotion Research Center in 1994, in partnership with Senior Services and Group Health Cooperative. The program focuses on stretching, flexibility, balance, low-impact aerobics, and strength training to help maintain or improve functional abilities and help people lead independent lives. Certified, trained fitness instructors lead the classes, which are held three times a week on an ongoing basis.

To support IMPLEMENTATION in new sites, EF provides a complete package, which includes training, training manuals, data collection forms, annual reports describing its sites and its national program reports, a link to its Web site (www.projectenhance.org), marketing materials, program updates, subscription to a listserv, and a required annual workshop for instructors.

In addition to this package, which supports the ability of new sites to maintain the program's core elements, EF emphasizes educating of instructor to maintain these essential program components. Training sessions include instruction on the entire EF protocol, which includes how to lead a class; conduct fitness checks; collect data on demographic characteristics, attendance, and health history; and engage in motivational interviewing. EF also offers continuing support for the sites and the instructors through its Web site, listserv, class DVD, E-newsletter, sample budget worksheet, technical assistance staff, site visits, phone calls, grant-writing materials, and annual workshop.

IMPLEMENTATION TOOLBOX

To read examples of IMPLEMENTATION, go to:
www.re-aim.org/2003/researchers/implementation_res.html

For an IMPLEMENTATION checklist, go to:
www.re-aim.org/2003/I-ck_sip.html

To learn more about EnhanceFitness, go to:
www.projectenhance.org/pro/fitness.html

FOR THE LONG HAUL

MAINTAINING GAINS

In the RE-AIM framework, successful MAINTENANCE for participants means that a physical activity program produces beneficial effects for participants that last—generally at least a year or longer. Several strategies were identified at the PRC-HAN meeting to help programs support this objective:

- As one participant recommended, "Be clear from the beginning what your program is and what it isn't." That way you don't lose people along the way who don't get what they initially expected.
- Address the particular needs of your participants and adapt nonessential elements of the program to be more attractive to them. For example, some groups may prefer salsa dancing to a walking program for aerobic exercise. Appropriate adaptations will improve attendance initially and make it more likely that participants will sustain their activity levels over time.
- Help break down barriers to continued activity, whether they are concerns about safety, transportation, or something else. If participants feel unsafe walking alone, for example, help them to form a walking group that exercises after the program officially ends.
- Encourage self-monitoring. Provide tools, such as pedometers and exercise log books that help people chart their progress over time.
- Ask local businesses to provide incentives for physical activity. Members of a walking group, for example, might receive discounts on bottled water or coffee at some place along their exercise route, making their daily walks a more attractive experience that they are less likely to abandon over time.

STAYING IN TOUCH

Ongoing, personal engagement with participants is critical. For example, you and your program should:

- Talk with participants when you see them, and send cards reminding them to stay active, if possible. Frequent communication will help them feel more connected to the program and to their fitness goals over time.
- If your program is not ongoing, hold booster sessions from time to time. Similarly, you can do follow-up coaching on an individual level, even if only by phone. "Treat people as if they are still 'in' the program," said one meeting participant.
- Follow up with people who have had a major event such as a hospitalization. If you don't stay in touch, they may give up on physical activity and relapse into a sedentary lifestyle.
- Conduct long-term follow-up assessments. Feedback from participants is essential as you adapt and improve your program. You can learn why changes in behavior last for some people but not for others. And in the process, you can continue your connection to participants, further encouraging them to stay active.

THINKING "PARTNERSHIP"

On the organizational level, maintaining a program means that the sponsoring and partnering organizations and their staff must support it even after the early rush of enthusiasm has faded and the initial funding is gone. Effective MAINTENANCE is often related to effective ADOPTION. On the front end, it is important first of all to seek adopting organizations whose mission and programs fit well with your program. This will help promote a sense of shared ownership and make it more likely that your physical activity program can be sustained. Similarly, forming a community coalition, partnership, or advisory group with broad representation at the start of your REACH and ADOPTION efforts can provide you with access not only to a broad range of participants, but to funders and service providers that can support your work over the long haul.

Several ideas for promoting organizational MAINTENANCE emerged at the PRC-HAN symposium. Physical activity programs can, for example:

- Keep local agencies and funders well informed of your program's impact. They're more likely to provide continued or new support if you can demonstrate a strong track record. Nothing succeeds likes success.

- Identify champions from your programs who can serve as spokespeople and advocates and communicate their enthusiasm and support to various community stakeholders.
- Investigate what makes some organizations continue with the program and what makes others leave it. Use that knowledge to improve your program's IMPLEMENTATION and subsequent ADOPTION activities as well.

TAKING CARE OF YOUR PEOPLE

Finally, strong program MAINTENANCE depends on continuing to engage and inspire staff and volunteers who will deliver your program with energy and fidelity. Some helpful ideas raised at the PRC-HAN symposium included:

- When recruiting staff or volunteers to lead your program or classes, listen carefully while screening people. Try to identify those who seem genuinely committed to your efforts and who care about physical activity and older adults. This will help reduce turnover.
- Regularly meet with organizational staff, program leaders and volunteers, and participants. Develop routinized mechanisms for getting their feedback about the program.
- Keep training. Periodic refresher courses that keep staff and volunteers up-to-date are important and can help ensure that they are continuing to deliver the program as directed.
- Give volunteers or staff leaders a "sabbatical." Allowing them a break from your program can refresh their enthusiasm, especially if they can take on an enhanced role when they return.

ACTIVE FOR LIFE®

The Active for Life program delivers two research-based programs in physical activity to midlife and older adults and sustains those programs through community institutions such as community or senior centers, recreation centers, public health departments, housing authorities, and faith-based institutions. The programs are Active Choices and Active Living Every Day, which promote physical activity among midlife and older adults who are at risk for health problems because of their sedentary lifestyles. Active Choices is a six-month, telephone-based counseling program. Active Living Every Day is a behavior-change program delivered in small groups. Both programs employ self-monitoring through the use of a pedometer and tracking tools. The National Program Office at the Texas A&M Health Science Center School of Rural Public Health oversees a grants program (supported by the Robert Wood Johnson Foundation) that tests the effectiveness, reach, and sustainability of these two established behavioral interventions.

The Active for Life program assesses participant MAINTENANCE through pre- and post- (years 1, 3, and 4) self-report surveys of participants' physical activity levels, health-related issues, and quality-of-life considerations such as stress, depression, and satisfaction with body function and appearance. It has also used follow-up testing in functional fitness.

At the organizational level, the Active for Life program builds alliances with other groups and integrates efforts with existing community groups and systems to MAINTAIN programs, specifically by doing the following:

- Forming a steering committee with the community in which Active for Life is delivered;
- Establishing partnerships with community organizations; and
- Working with community leaders and residents who can be "program champions," including community leaders, senior housing staff, social workers, and church liaisons.

All of these efforts help to build a strong base of support that enhances the sustainability of programs over time. An independent evaluation of the program is being conducted by University of South Carolina.

MAINTENANCE TOOLBOX

For more information about Active for Life, go to:
www.activeforlife.info

For information about purchasing the Active Choices package, go to:
http://hprc.stanford.edu/pages/store/itemDetail.asp?118

For information about Active Living Every Day, go to
www.humankinetics.com (click on "Active Living Partners" and then "Active Living Every Day.")

For additional insight into MAINTENANCE, see:
www.re-aim.org/2003/maintenance_cl.html

NEXT STEPS

PRACTICAL RESOURCES FOR EVIDENCE-BASED PHYSICAL ACTIVITY PROGRAMS: *The following Web sites contain practical tools to help you implement your program through all five steps of the RE-AIM framework.*

Prevention Research Centers-Healthy Aging Research Network (PRC-HAN) *depts.washington.edu/harn*
Includes publications, presentations, tools, a research agenda, links, and resources related to its mission, which is to understand better the determinants of healthy aging in older adult populations; to identify interventions that promote healthy aging; and to assist in the translation of such research into sustainable community-based programs throughout the nation.

RE-AIM *www.re-aim.org*
Provides resources and tools, including calculators for assessing REACH and ADOPTION, for community leaders and researchers interested in using the RE-AIM framework. Other tools include links, figures, tables, presentations, measures, and publications.

National Council on Aging (NCOA) Center for Healthy Aging *www.healthyagingprograms.org*
Encourages and assists community-based organizations serving older adults to develop and implement evidence-based programs on health promotion, disease prevention, and self-management of chronic disease. Resources include manuals, toolkits, research, examples of model health programs, and links to Web sites on related health topics.

Community Tool Box *ctb.ku.edu*
Provides over 6,000 pages of practical information to support your work in promoting community health and development. The Web site was created and is maintained by the Work Group on Health Promotion and Community Development at the University of Kansas in Lawrence, Kansas.

Retirement Research Foundation (RRF)
The nation's largest private foundation devoted solely to serving the needs of older persons in the U.S. and enhancing their quality of life. We're working to make sure that today's seniors remain vibrant, vital participants of our society.

MEASUREMENTS AND STATISTICS:
your target population and evaluating your REACH efforts. The following sites are excellent sources:

CDC Behavioral Risk Factor Surveillance System (BRFSS) *www.cdc.gov/brfss/index.htm*
This is the world's largest, ongoing, telephone health survey system. Conducted by the 50 state health departments as well as those in the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands, BRFSS provides state-specific information about asthma, diabetes, access to healthcare, use of alcohol, hypertension, obesity, cancer screening, nutrition and physical activity, tobacco use, and more. This information can be used to track health risks, identify emerging problems, design disease programs to prevent disease, and target interventions.

CDC National Center for Health Statistics (NCHS) *www.cdc.gov/nchs/default.htm*
This center provides comprehensive statistical information to guide health-improvement actions and policies.

Fedstats *www.fedstats.gov*
Fedstats provides a full range of official statistical information available to the public from the federal government.

National Association for Public Health Statistics and Information Systems (NAPHSIS) *www.naphsis.org*
This is the national association of state vital records and public health statistics offices.

SPECIAL POPULATIONS: *For help in working with rural elders or faith-based communities, the following resources may be useful.*

Rural Assistance Center (RAC) *www.raconline.org*
This is the national informational resource on rural health and human services. Information specialists are available to provide customized assistance for rural topics and funding resources, link users to organizations, and furnish relevant publications from the RAC resource library.

US Department of Health and Human Services: Center for Faith-Based and Community Initiatives (CFBCI)
www.hhs.gov/fbci
This center provides comprehensive information for faith-based organizations seeking to partner with community initiatives. It includes instructions on applying for federal funding as well as links to various relevant government agencies and programs.

GENERAL INFORMATION ABOUT PHYSICAL ACTIVITY AND PROGRAMS FOR OLDER ADULTS: *For general information on government programs, funding, and policy regarding programs in physical activity for older adults, the following sites may be helpful.*

CDC Healthy Aging Program *www.cdc.gov/aging*
Offers information on a variety of topics related to the promotion of healthy aging for older adults; provides a searchable online version of The State of Aging and Health in America 2007 report with national and state level data.

CDC Division of Nutrition and Physical Activity *www.cdc.gov/nccdphp/dnpa*
Provides information on the science behind the benefits of physical activity and a variety of resources and publications related to physical activity and interventions to promote such activity

National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older *www.agingblueprint.org*
Outlines broad strategies that will lead to increasing physical activity among older Americans. The plan was developed with input from more than 60 persons representing 46 organizations with expertise in health, medicine, social and behavioral sciences, epidemiology, gerontology/geriatrics, clinical science, public policy, marketing, medical systems, community organization, and environmental issues.

The US Administration on Aging (AoA) *www.aoa.gov*
Offers a comprehensive list of resources for older adults and their families as well as professionals in the aging field. Also included is a list of grant programs and funding opportunities.