



**Program:** Evidence-Based Disease Prevention:  
**Physical Activity**

**Organization:** City of LA Department of Aging (DOA)  
**Project Title:** Increasing Physical Activity for Sedentary Older Adults in Los Angeles  
**Project Period:** September 30, 2003 TO September 29, 2006  
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**Evidence Base**

The proposed intervention uses the OASIS HealthStages program, a community-based health education program designed for older adults and The Cooper Institute's *Active Living Every Day* course. The intervention emphasizes healthy aging by helping participants set personal goals and develop self-management skills.

**Original Research Evidence**

HealthStages is based on James Prochaska's Transtheoretical Model or "Stages of Change" Model. This model states that individuals are at different levels of readiness to change behavior, and thus, strategies for change must be structured accordingly. The stages of change are: Pre-contemplation, Contemplation, Preparation, Action, and Maintenance.

HealthStages was initiated and piloted in three cities where OASIS centers are located and is currently being offered in all 26 OASIS cities. The program Crosses the Stages of Change with key health topics such as nutrition, exercise, memory, disease management, mental health, and general health promotion. *ExerStart!* is a moderately paced exercise program, designed to accommodate older adults who are out of shape or who have not been exercising due to injury or illness and is part of the HealthStages program.

The *Active Living Every Day* course, developed by The Cooper Institute, is based on the research study, Project ACTIVE, which was conducted at The Cooper Institute in Dallas, Texas. This groundbreaking research showed that teaching people lifestyle skills such as setting realistic goals, identifying and addressing barriers to physical activity, and developing social support systems helps people become and stay physically active.

### **Adaptation of Model**

The intervention model will consist of two classes, *Active Living Every Day*, a 20-week behavior modification course and *ExerStart!*. Participants will take the two classes in conjunction with each other starting with *Active Living Every Day*, and then adding *ExerStart!* after the second class of *Active Living Every Day*.

### **Project's Overall Design**

The goal of this project is to increase physical activity among sedentary older adults over three years. The project will recruit older adults that are at risk and encourage them to incorporate physical activity into their lives. Participants will be screened prior to taking part in the class in order to determine their current activity and fitness levels.

The model will consist of weekly one-hour behavior change instruction provided by the *Active Living Every Day* curriculum and a total of 90 minutes of light to moderate physical activity through the *ExerStart!* class. The total intervention will result in a maximum of 20 hours of behavior modification instruction and 1,080 hours of physical activity.

Participants in recruitment classes will be personally invited by the local coordinator, class instructor or key individual at the class site to register for the intervention. Participants are not required to take recruitment classes to participate in the intervention; however, experience has shown this method to be most successful.

The local coordinator and project partners will also work with other community agencies to develop a community-wide awareness campaign to reach other segments of the population of sedentary older adults.

### **Target Population**

The target population is sedentary older adults in the Los Angeles area who are serviced by the OASIS center and two nutrition centers. The OASIS centers currently serve 22,400 seniors; a population that is 47% African American, 48% Caucasian, 1% Hispanic, 3% Asian, and 1% other. Approximately 69% are widowed, single, or divorced. Nearly 45% have annual household incomes under \$30,000. Of the two nutrition centers, one serves a population that is 33% African American, 27% Hispanic, 21% Caucasian, and 19% other. The second center services a population made up of 91% Caucasian (primarily Russian speaking), 4% African American, and 5% other.

### **Anticipated Outcomes**

- Increased fitness levels in older adults participating in exercise classes.
- Increased number of minutes per week older adults are engaged in physical activity.
- Increased number of older adults who indicate an intention to make changes related to their health or physical conditions in order to help reduce the risk of falling.
- Increased number of older adults suffering from chronic conditions who have indicated an intention to increase physical activity in order to help control and/or manage their condition.
- Improved attitudes towards physical activity.

- Increased awareness of community services to support physical activity.
- Increased confidence (or self-efficacy) levels of older adults to increase physical activity.

### **Evaluation Design**

The Impact Evaluation will be based upon the data collected in the pre and post surveys. Pre and post-intervention fitness level testing will be conducted, as well. Stages of change measures will be collected through self-reporting mechanisms included in the curriculum.

The Process Evaluation is in the development stages.

### **Partnerships**

- The City of LA Department of Aging (DOA) is the Area Agency on Aging (AAA) and grantee for this project. They will be responsible for overseeing the project activities and ensure effective implementation for all partners.
- Delta Sigma Theta Center for Life Development is a Community Aging Service Providers (CASP) and nutrition center. They will serve as one site for implementation of the HealthStages program.
- Jewish Family Services nutrition centers of Los Angeles is also a CASP, and will assist with marketing, recruiting, and implementing the HealthStages curriculum at their site.
- Tenet California, as the health provider organization, will ensure the quality and appropriateness of the health components of the program and assist in coordinating service provisions between its hospitals and project partners.
- Saint Louis University is the research organization. Saint Louis University is a CDC funded Prevention Research Center (PRC) and will assist with applying evidence-based disease prevention research into the program design and implementation. They will be responsible for the project evaluation.
- The OASIS Institute, an organization with a history of developing and disseminating curriculum-based programs for older adults, will be responsible for project implementation.