



ACTIVE CHOICES

Telephone-Assisted Physical Activity Self-Management Program for Older Adults

Program Approved by AoA

Year Program First Implemented in Community Settings: 2001

Currently offered in 13 states, including Canada and Australia

Program Synopsis

- General description of program
 - 6-month telephone-based individualized program provides remote guidance, feedback and support, while offering older adults the flexibility to choose when and where to undertake their exercise. This telephone-supervised approach to physical activity facilitates long-term exercise participation with a minimal amount of face-to-face contact.
- Program goals
 - Assist older adults to incorporate their preferred physical activities into their daily lives.
- Reasoning behind the program design and elements
 - Many older Americans prefer to engage in leisure-time physical activity in or around their homes, or in other locations of their choosing.
 - Research has demonstrated the safety and effectiveness of telephone-supervised physical activity regimens for a range of populations, including middle-aged and older women and men.
 - Research has demonstrated the utility of the telephone as an effective, convenient, and flexible delivery channel to provide physical activity advice and support, regardless of what type or format of physical activity is chosen. The convenience of the telephone as the main method for delivering exercise advice, as well as the typical brevity of such contacts (e.g., 10-minute telephone calls) can free up staff time and availability to reach larger numbers of participants with an individualized program.
- Target population
 - Older adults 50+
- Essential program components and activities
 - Initial 30-40 minute face-to-face session with a health educator.
 - The purpose of this introductory session is to develop a realistic, individualized exercise plan based on the adult's current physical status, functioning and personal preferences. Initial short- and long-term goals and expectations are discussed. The participant is given written information (e.g., tips on stretching, exercise tracking logs, resources for exercising in the local area) to supplement the discussion.
 - Follow-up telephone contacts.
 - The initial session is then followed by regular telephone contacts initiated by the health educator throughout the remainder of the program. The typical schedule of calls progresses from weekly, to bi-weekly, then monthly contacts for the duration of the program. Typically, 15 calls are made during the course of 12 months, with calls lasting 10-15 minutes each. The purpose is to provide social support

and assistance in problem-solving, and identify and plan for potential future relapse situations.

- Some form of activity tracking, either through simple logs or reports collected during the telephone contacts.
 - Additional/Optional components: Many of the mailed materials (e.g., tip sheets, newsletters, self-assessments) are helpful and useful, but can be optional if staff time and resources won't allow for them. Additional components such as physical activity resource guides (e.g., locations of walking trails, bicycle paths, parks, and community exercise classes relevant to older adults) and thank-you gifts for participants (e.g., small, inexpensive items such as key chains, water bottles, or T-shirts) are not considered essential, but also are helpful to keep participants motivated and interested in their program. Similarly, some organizations have found that easy-to-administer functional fitness assessments and monthly group events are useful to encourage recruitment and adherence to the program, but such elements are also optional.
- Length/Timeframe of Program
 - 6 months
 - Recommended class size
 - Individualized program
 - Desired outcomes
 - Long-term exercise participation is incorporated into daily living.
 - Measures and evaluation activities
 - Simple logs, calendars or reports are utilized during telephone contacts to track progress.
 - Staff can be trained to administer safe, inexpensive functional fitness assessments, which can also serve as another feedback and motivational tool.

Health Outcomes and Evidence Supporting Health Outcomes

- The Active Choices approach was originally tested in the Stanford Cardiac Rehabilitation Program. After 26 weeks, uncomplicated, post-myocardial infarction patients who received telephone-supervised exercise counseling achieved similar increases in functional capacity and exercise adherence, and similarly low rates of re-infarction and dropout compared to patients assigned to group-based, structured exercise classes. This trial was the first to document that telephone-supervised exercise programs could successfully and safely rehabilitate low-risk cardiac patients, while increasing availability to a wider population and decreasing costs associated with supervised, group- or facility-based exercise. Telephone-assisted exercise counseling was subsequently tested in a wide range of adults, including worksite populations, the overweight, sedentary community-dwelling older adults, and older women family caregivers. Most recently, the Active Choices model was successfully adapted for the California Department of Health's Active Aging Initiative, in which over a dozen different community agencies throughout California successfully implemented telephone-supervised physical activity programs for elders in their communities. Forty-four percent of the communities represented by these agencies contained significant numbers of ethnic

minority adults. Five of the communities served rural populations and 11 served primarily urban populations.

- Decades of research underscore the utility of telephone-supervised physical activity as a proven alternative or supplement to face-to-face approaches to promote exercise participation among older women and men. Telephone-supervised interventions have been found to promote significant, sustained improvements in physical activity among older adults across periods of up to four years. Such programs have been shown to result in significant improvements in cardiovascular risk factors. In addition to improvements in physical performance, body weight, blood cholesterol levels, and blood pressure responses to stress, we have found moderate-intensity, telephone-supervised exercise regimens to have a positive impact on psychological variables relevant to well-being and quality of life in middle- and older-aged women and men (e.g., reduced pain and stress, and improved sleep quality).

Program Costs

- Licensing Cost: no licensing fees, one time purchase of Active Choices Manual.
- Materials cost: \$295 per organization for electronic Active Choices manual, including coach/counselor training material and electronic program forms for duplication.
- Training Cost: minimum \$1200; costs vary depending on organization, number of trainees, and location (on- or off-site).
- Participant Materials Cost (i.e. books, equipment, etc): no cost to participant; material toolkit comes with reproducible forms and information sheets. Participant materials are in both English and Spanish.
- Organizational Costs: private space for facilitators to conduct face-to-face sessions, telephones, access to printing/photocopy services to reproduce program forms and participant materials, facilitator supervision (from more experienced facilitator or on-site Trainer).

Program Organization and Estimated Expenses:

- Agencies wishing to implement Active Choices should anticipate the following types of general needs during the initial implementation year of the program (these are considered guidelines):
 - One full-time Program Coordinator in charge of administrative duties and staff management, as well as delivery of the program to a caseload of clients.
 - One half-time Participant Recruitment Coordinator in charge of recruiting older adults in the community to participate in Active Choices.
 - A full-time health educator or program facilitator to accommodate 80-100 clients annually. (Additional clients can be accommodated through additional trained health educators, as well as, in some instances, trained, supervised volunteers.)
 - A part-time Administrative Assistant to assist in general office duties.

Resource Requirements

- Space Requirements:
 - N/A
- Equipment:
 - Working telephone

Training Requirements

- Training Content
 - Agencies should anticipate a 1-2 day training workshop from Active Choices consultants to train the program coordinator in general operations, and to train health educators or facilitators in the delivery of the face-to-face and telephone sessions. Participation in the training workshops should be preceded by careful reading and review of the Active Choices training manual. Subsequent to the training workshops, health educators/facilitators should expect to devote an additional 1-2 weeks to practice sessions, audio taping, and review prior to initiating contact with participants. Periodic follow-up training will be incorporated based on the needs of the agency. Ongoing technical assistance and support will be provided by the Active Choices consultants.
 - Facilitator Training strongly recommended, but not required. Facilitators undergo training workshops to learn the project protocol, enhance counseling and listening skills, develop a working knowledge of behavior change strategies, and discuss questions or concerns related to facilitation, health education, and counseling. Facilitators also receive training on the fundamentals of moderate physical activity, including guidelines and recommendations for older adults related to moderate-intensity aerobic exercise, as well as stretching and strengthening activities. Training includes:
 - Assigned reading and written test
 - Facilitator Training workshop (8-hr minimum)
 - Completion and submission of 3 sample sessions to be reviewed by trainer
 - Trainer certifies Facilitator based on satisfactory completion of above assignments
 - Train-the Trainer is available to organizations that have completed Facilitator Training and implemented program for a minimum of 6 months. Train-the-Trainer includes:
 - Completion of Facilitator Training
 - 6-months experience as Facilitator
 - Assigned reading and written test
 - Train-the-Trainer Training workshop (8-hr minimum)
 - Completion and submission of Facilitator Training Workshop to be reviewed by trainer
 - Trainer certifies Trainer based on satisfactory completion of above assignments
- Trainer Qualifications
 - While no specific criteria are required, appropriate program staff should be able to demonstrate:
 - Personal and/or professional interest in exercise, health, and wellness.
 - Interest and ability to work with older adults.
 - Strong communication skills and comfort in communicating effectively via the telephone.
 - Some experience or education in counseling and teaching methods.
 - Personal experience in trying to fit regular physical activity into one's life.

Additional Information

- For the latest information on program implementation and costs, please contact Cynthia M. Castro, Ph.D., Program Developer & Trainer at cync@stanford.edu.

References

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