



Active for Life[®]: Increasing Physical Activity Levels in Adults Age 50 and Older

An RWJF national program

SUMMARY

Active for Life[®]: Increasing Physical Activity Levels in Adults Age 50 and Older, a national program of the Robert Wood Johnson Foundation (RWJF), studied how to deliver and sustain research-based physical activity programs in real-world settings so that large numbers of older Americans could benefit from them. The program supported the overarching goal of increasing the number of adults age 50 and older who engage in regular physical activity.

Researchers from the University of South Carolina Arnold School of Public Health evaluated *Active for Life* to determine whether the community organizations were able to adapt—or "translate"—the models and whether the adapted programs achieved outcomes comparable to the original models. The evaluation did not report on the sites' results individually.

Active for Life featured:

- Nine community-based projects in which a variety of community organizations implemented one of two behavior change programs that research demonstrated to be effective in helping mature adults become more active:
 - Active Living Every Day, a 20-week program in which groups of between 12 and 20 people age 50 or older met for one hour each week with guidance from a trained facilitator. Weekly discussion topics were presented in the participant manual titled *Active Living Every Day: 20 Weeks to Lifelong Vitality*. Participants read the relevant chapter and completed written assignments between discussion sessions.

Researchers at the [Cooper Institute](#) in Dallas designed the program.

- Active Choices, a six-month program delivered through an initial face-to-face meeting during which a health educator and the participant formulated a physical activity plan that addressed the participant's readiness to change, motivations and concerns. During about eight subsequent telephone consultations, they discussed health status and reviewed activity levels and progress toward goals.

Researchers at [Stanford Prevention Research Center in the Department of Medicine](#) in Palo Alto, Calif., designed the program.

Key Results

- Nonresearch organizations delivered research-based programs and significantly increased physical activity levels in sedentary adults age 50 and older:
 - Participating organizations included city and county health departments, social service organizations, a hospital and a health insurance provider.
 - Project sites met or exceeded recruitment goals of 900 participants per site.
 - Project staff and partners served people from various racial and socioeconomic backgrounds, who were older, had more risk factors for chronic diseases, were more overweight, and had lower incomes and education levels than participants in the original research studies.
- Program developers and national program office and project staff identified and introduced adaptations that made Active Living Every Day and Active Choices more responsive to community needs. Key adaptations included:
 - Reducing the duration of Active Living Every Day from 20 to 12 weeks.
 - Increasing or decreasing the frequency of Active Choices telephone consultations to meet individual circumstances.
 - Changing marketing materials to reflect a wider age range of participants and more diverse racial groups.
- Seven of the nine sites sustained or expanded their *Active for Life* programs.
- National program office staff designed and launched the Learning Network for Active Aging, an Internet-based, interactive resource for education and communication.

Key Findings

The evaluators reported the following findings:

- Participants significantly increased their level of moderate-to-vigorous physical activity.
- Participants reported increases in satisfaction with body appearance and function, and decreases in weight (as measured by body mass index or BMI).
- Participants in Active Living Every Day, but not in Active Choices, reported modest reductions in symptoms of depression and perceived stress.
- Participants were more ethnically and economically diverse, and in poorer health than the older adults in the original research-based studies of the two programs.

Nonetheless, the levels of improvement in *Active for Life* participants were comparable to those seen in the original studies.

- Participants generally sustained their gains six months after completing the program.

Conclusion

Based on these findings, *Active for Life* evaluators concluded that:

- Adaptations, especially those threatening program fidelity, need to be made with great care and, ideally, in consultation with program developers. However, with some flexibility for tailoring, it is possible for community organizations to effectively and successfully implement evidence-based programs to diverse settings and populations.

Laura Leviton, Ph.D., RWJF's special adviser for evaluation adds, "the adaptations were studied carefully and made it possible to deliver the really important components more effectively and to expand our understanding of the models themselves."

Program Management

RWJF established a national program office at Texas A&M University to manage *Active for Life*. Marcia G. Ory, Ph.D., M.P.H., directed the program. Diane M. Dowdy, Ph.D., served as deputy director. The management team included Cynthia M. Castro, Ph.D., from the Stanford Prevention Research Center and Ruth Ann Carpenter, M.S., R.D., L.D., of the Cooper Institute, who provided technical assistance in adapting the two evidence-based program models.

The team also included Russell E. Glasgow, Ph.D., and Paul Estabrooks, Ph.D., who had developed **RE-AIM** (Reach, Efficacy/Effectiveness, Adoption, Implementation and Maintenance), a framework that helps researchers and community practitioners translate research-based programs into real-world settings and evaluate their impact.

Communications were directed by Brigid Sanner, B.S., a health communications and marketing consultant, who helped project staff develop and implement strategies to recruit participants and communicate results.

Funding

In April 2001, RWJF's Board of Trustees authorized *Active for Life* for up to \$17 million for four years.

CONTEXT

Many People Age 50 and Older Are Not Physically Active

Physical inactivity is an important modifiable threat to health and functional independence in later life. Despite mounting evidence that physical activity slows premature aging and chronic disease, many older Americans live unnecessarily sedentary lives.

According to the RWJF-funded *National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older* (a framework for promoting physical activity among people age 50 and older developed by representatives from 48 public and private organizations):

- Most older Americans know what they should be doing to stay fit but few are acting on that knowledge. Some 34 percent of people over 50 are sedentary.
- Some 88 percent of people over age 65 have at least one chronic health condition that may be improved or managed with physical activity.
- From 35 to 50 percent of women age 70 to 80 have difficulty with activities like walking a few blocks, climbing a flight of stairs or doing housework.
- Fewer than half of older adults report ever having received a suggestion to exercise from their physicians.

See [Program Results](#) on ID# 039866 for more information about the National Blueprint project.

As the population ages, physical activity among midlife and older people will become a more critical public health concern. In 2000, 35 million people or 13 percent of Americans were age 65 and older. By 2030, this will increase to 70 million people or 20 percent of Americans, according to the National Blueprint report.

Evidence-Based Behavior Change Programs Are Effective But Few Have Been Implemented in Community Settings

In 2002, the federal Centers for Disease Control and Prevention (CDC) Task Force on Community Preventive Services issued a report entitled *Health Behavior Change Programs Adapted for Individual Needs are Recommended to Increase Physical Activity* (available [online](#)). The report found that individually-adapted health behavior change programs are effective in getting people to be more physically active.

Although many of the programs recommended by the task force had demonstrated their effectiveness in [randomized controlled trials](#) in research settings, few had been implemented in real world settings in diverse communities. As a result, while effective

programs existed, their broader public health impact on the larger population of older adults was limited.

Translational Research Helps Bridge the Gap Between Research and Practice

The experience of the Behavioral Health Consortium highlighted the need for additional [translational research](#) studies to help understand and overcome the barriers that prevent community agencies from adopting, disseminating and sustaining effective physical activity programs to help older adults be more active.

Translational research bridges the gap between research and practice by asking whether evidence-based interventions work in the real world. It examines not only whether such programs improve outcomes but also how community organizations can adapt them to reach large numbers of diverse people.

RWJF Interest in the Issue

The [Behavior Change Consortium](#), a group of 15 academic institutions funded by the National Institutes of Health from 1997 to 2003 (with some support from RWJF for the work of Glasgow on RE-AIM), worked with community agencies attempting to implement research-based behavioral health programs, including physical activity programs. Glasgow (co-chair of the NIH's Behavior Change Consortium's Representativeness and Translation Work Group) and Paul Estabrooks, Ph.D., developed the RE-AIM framework in 1999 to help researchers and community leaders evaluate and understand the effects of behavior change interventions in nonresearch settings.

The Behavior Change Consortium concluded that:

- Practitioners are concerned that interventions successful in controlled research settings do not generalize to real-world settings.
- Organizations that have the potential to adopt interventions often do not have the time or resources to do so.
- It is difficult to implement research models in a consistent manner over time or in a variety of locations.

By the end of the 1990s, the problem of physical inactivity and its consequences had become a priority for RWJF. Following recommendations in the *National Blueprint*, RWJF began by addressing the physical activity needs of older adults. *Active for Life* was funded as part of this effort. Some of the other projects funded in this area were:

- A social marketing campaign by AARP to get older people to be more physically active in Richmond, Va., and Madison, Wis. See [Program Results](#) for more information.

- Strength training, balance and mobility classes for older adults in 28 California counties. For more information, see [Program Results](#).
- A test of a 12-week physical activity program that combined aerobics, resistance exercise and motivational activities in a group of 340 low-income, mostly African-American seniors in New York City. See [Program Results](#).
- An evaluation by AARP of its Web-based physical activity program for older adults. See [Program Results](#).
- A Stanford University study showing increased exercise lowers risk of cardiovascular disease for people age 75 and older. See [Program Results](#).
- A study by researchers at Texas A&M of methods used to screen older people before they begin an exercise program. See [Program Results](#).
- An exploratory study of a comprehensive exercise and nutrition program for sedentary adults offered by YMCAs in five Western cities. See [Program Results](#).

At the same time, RWJF's Health and Behavior Program Management Team set promoting healthy communities and lifestyles as one of its goals. "We wanted to re-engineer activity back into people's lives," said former RWJF Program Officer Karen Gerlach, Ph.D., M.P.H.

In 2002, RWJF launched a suite of national programs designed to work together to increase physical activity through community design, public policies and communications. When Risa Lavizzo-Mourey, M.D., M.P.H., became Foundation president in 2003, the focus on active living began to shift to preventing childhood obesity.

THE PROGRAM

Active for Life focused on testing whether community agencies, assisted by experts, could adapt two research-based interventions that had been shown to be effective in controlled settings to increase the physical activity levels of their older adult populations.

After considering several interventions, including some identified by the Centers for Disease Control and Prevention (CDC) and the National Institute on Aging, the program focused on two interventions—one group-based and one telephone-based. Both draw on the [Stages of Change](#) model of behavioral change, which tailors activity goals to the participant's level of readiness.

Model A (Active Living Every Day): A Group-Based Lifestyle Program

[Active Living Every Day](#) is a 20-week program in which groups of between 12 and 20 people age 50 or older meet for one hour each week with guidance from a trained

facilitator. Weekly discussion topics are presented in the participant manual titled *Active Living Every Day: 20 Weeks to Lifelong Vitality*.

The [Cooper Institute](#) in Dallas developed Active Living Every Day, which is based on the Institute's [Project ACTIVE](#) study of the early 1990s. Project ACTIVE demonstrated that behavior change interventions help people become and stay active.

Active Living Every Day is attractive to people who might not want to join a gym or who do not have a lot of time to exercise because it:

- Emphasizes moderate-intensity activity goals that are realistic and attainable for people who are not athletic.
- Offers a system of social support that creates opportunities for people to exercise with others and to receive compliments and feedback.
- Features techniques for fitting activity into daily routines that help people become more active without substantially changing the way they live or spend their time.

Staff at [Human Kinetics](#) publishers developed materials to help community groups implement Active Living Every Day. These materials include the participant manual, planning and marketing guidelines, a facilitators' guide, and curricula for training facilitators.

For a list of Active Living Every Day discussion topics and details about training, see [Appendix 1](#).

Model B: An Individually Tailored, Telephone-Supervised Program

This model is based on 20 years of systematic research and evaluation by public health researchers and community intervention specialists at the [Stanford Prevention Research Center \(SPRC\) in the Department of Medicine](#) in Palo Alto, Calif.

This model did not initially meet *Active for Life's* criteria of having a brand name, a manual or a formal training program. However, its success in research settings and the willingness of the developer to create manuals and training protocols justified its selection for *Active for Life*. (See [Overall Program Results](#) for more information on the development of this model, later known as Active Choices.)

The concept was first tested in the Stanford University Cardiac Rehabilitation Program. Results of this study indicated that patients receiving telephone counseling had rates of reinfarction and dropout as low as those of patients receiving group-based exercise classes.

When a person enrolls in the six-month program, a health educator holds a face-to-face meeting that lasts from 30 to 45 minutes and results in a physical activity plan that addresses readiness to change, motivations and concerns.

The initial meeting is followed by about eight one-on-one telephone consultations with the health educator. Calls take place about every other week for the first two months and monthly for the following four months. During these calls, the health educator and the participant discuss health status and review activity levels and progress toward goals.

See [Appendix 2](#) for more information about Active Choices.

A Model for Translating Research Into Practice: The RE-AIM Framework

According to Marcia G. Ory, Ph.D., M.P.H., *Active for Life* national program director: "Until we started, the two models had been used mostly in research settings with smaller numbers of participants. We wanted to learn what would grab people's interest and make them want to enroll. We had ideas, but we realized they were just that, ideas."

To that end, Ory and her staff designed *Active for Life* to test the two research-based models with:

- Different types of sponsoring organizations (e.g., aging, public health, housing, recreation, social/leisure networks)
- Varied geographic settings (e.g., rural, urban, inner city)
- Diverse groups of people (e.g., level of health and functioning, age, socioeconomic, racial backgrounds)

To help with this process, *Active for Life* incorporated the [RE-AIM](#) framework. See [Appendix 3](#) for a summary of the five RE-AIM components and Sustainability Toolkit.

Between 2000 and 2005, Glasgow was the director of an RWJF-funded project that used RE-AIM to study how communities translated evidence-based programs into real-world settings. The study concluded that researchers who apply the RE-AIM framework are much more likely to measure their program's real world impact (its external validity) than simply whether it works in the research environment (its internal validity). See [Program Results](#) for details.

Program Management

National Program Office

RWJF established the *Active for Life* national program office at the [School of Rural Public Health](#) at Texas A&M University Health Science Center in College Station, Texas.

Marcia G. Ory directed the program. Ory is a professor at the School of Rural Public Health. She also directs the school's Program on Healthy Aging and serves as a consultant to the Evidence-Based Health Promotion Initiative of the U.S. Administration on Aging.

Diane M. Dowdy, Ph.D., was the deputy director. Dowdy also directed RWJF's *Generations Working Together to Prevent Childhood Obesity*. See [Afterward](#) for details.

Brigid Sanner was the communications and marketing director.

The *Active for Life* team also included the developers of RE-AIM (Glasgow and Estabrooks) and the two interventions: Ruth Ann Carpenter, M.S., R.D., L.D. (Active Living Every Day) and Cynthia M. Castro, Ph.D. (Active Choices). These team members conferred with the national program office by telephone and provided technical assistance to community organizations adapting the research-based interventions.

National Advisory Committee

RWJF and the national program office established a national advisory committee to provide expertise and guidance to *Active for Life*. National advisory committee members developed site selection criteria, reviewed proposals, visited finalist sites and recommended sites for funding.

The national advisory committee formally ended in 2003, although some members remained involved as ad hoc consultants to the national program office. For a list of members, see the *Active for Life* program [website](#).

Planning and Site Selection

With support from a planning grant (ID# 042917) national program office staff:

- Established the program office, hired staff and developed administrative systems.
- Prepared a call for proposals, released in January 2002, inviting communities to apply for grants to implement one of the two programs.
- Launched the *Active for Life* [website](#) in January 2002.
- With assistance from the national advisory committee, screened applicants in RWJF's first all-electronic solicitation, application and review process.

Developer Cynthia Castro created a brand name and other program materials for the telephone-based intervention (Active Choices).

Some 500 organizations submitted letters of intent expressing interest in *Active for Life*. Of these 28 were invited to submit full proposals and 12 received site visits from national program office staff and national advisory committee members.

In December 2002, the national program office notified nine agencies that they had been selected to receive a grant of about \$970,000 over four years. The projects were those that best demonstrated, among other criteria:

- Capacity to market the program and serve 1,000 people (later reduced to 900) in at least five different community settings representing diverse racial and ethnic groups.
- Ability to generate resources to sustain the program after the grant.
- Experience working with an evaluation team.

Active for Life Project Sites

Active Living Every Day: The following organizations received grants to operate Active Living Every Day:

- [Jewish Council for the Aging of Greater Washington](#), Rockville, Md.

The Jewish Council for the Aging helps midlife and older adults of all faiths maintain independence, quality of life and dignity. The council proposed to operate Active Living Every Day in Washington and in neighboring areas of Virginia and Maryland, recruiting participants from diverse racial and ethnic groups.

- [Greater Detroit Area Health Council](#), Detroit.

The council is a coalition of agencies dedicated to improving health care quality, access and costs for residents of southeastern Michigan. It contracted with two community agencies—the Northwest Neighborhood Health Empowerment Center and the Virginia Park Citizens Service Corporation—to implement Active Living Every Day in several neighborhood settings. See [Sidebar](#) for a description of the Detroit program.

- [OASIS Institute](#), St. Louis.

The OASIS Institute is an educational organization serving people age 50 and older through a network of centers in 26 cities. The institute provides training, curricula and technical support to the centers. The OASIS Institute proposed to implement Active Living Every Day in its centers located in Pittsburgh, St. Louis and San Antonio.

- [FirstHealth of the Carolinas](#), Pinehurst, N.C.

FirstHealth is a nonprofit health care network serving 15 counties in North Carolina. FirstHealth planned to offer Active Living Every Day in several rural areas in the counties, with a goal of engaging retirees in rural and resort communities. See [Sidebar](#) for a description of the program in North Carolina.

- [Council on Aging of Southwest Ohio](#), Cincinnati.

The Council on Aging plans, coordinates and administers publicly funded programs for older adults in five Ohio counties. The council contracted with the Hamilton County General Health District, a public health department, to operate Active Living Every Day in partnership with the Health Alliance, a system of hospitals and physicians. It proposed to recruit and serve participants through a network of senior centers.

Active Choices: The following organizations received grants to operate Active Choices:

- [Blue Shield of California](#), San Francisco.

Blue Shield is a health insurer whose mission is to ensure that Californians have access to high quality care at a reasonable price. Blue Shield proposed to offer Active Choices to members enrolled in its Medicare HMO and Medicare supplement programs throughout the state, with an emphasis on recruiting Hispanic members.

- [San Mateo Health Department](#), San Mateo, Calif.

The Health Department of San Mateo County contracted with the Berkeley City Health Department to operate Active Choices in Berkeley. The agencies proposed to target low-income urban residents including African Americans, Hispanics, Filipinos and Pacific Islanders.

- [The YMCA of Metropolitan Chicago](#), Chicago.

The YMCA proposed to focus on former members and inactive members. It proposed to use Active Choices to create a "virtual YMCA" at which people could receive services without coming to a YMCA facility. The YMCA targeted low- and middle-income people living in urban and suburban areas, including people living in YMCA residences.

- [Church Health Center](#), Memphis, Tenn.

Church Health is a faith-based community ministry whose mission is to provide affordable, high quality health care to uninsured people and to promote healthy bodies and spirits. The health center proposed to work with an interfaith association and a community development corporation to serve participants who were traditionally less likely to turn out for programs.

See [Appendix 4](#) for contact information for all *Active for Life* sites.

Launching the Program, Phase 1—The Pilot Year, 2003

During the pilot year, program sites developed partnerships, recruited participants from at least three different settings and identified areas for modification or adaptation in the program. They recruited only 100 participants each during the pilot year.

During this year national program office staff:

- Worked with AARP marketing and communications staff to develop guidance for sites regarding effective marketing and communication strategies.
- Worked with program evaluators to ensure that the evaluation design met programmatic needs and that program and evaluation schedules were coordinated.
- Convened the first annual grantee meeting in Dallas, February 2–3, 2003.
- With program developers Castro and Carpenter, trained Active Living Every Day facilitators and Active Choices health educators. This training took place in Dallas on February 4–5, 2003.

Site staff:

- Attended training for either Active Living Every Day or Active Choices.
- Identified aspects of Active Living Every Day and Active Choices they felt should be modified to meet local needs. Program developers worked with site staff to modify the programs without compromising the integrity of the models.
- Recruited participants using a variety of recruitment strategies including flyers, presentations, paid advertisements and door-to-door visits.
- Delivered Active Living Every Day or Active Choices programs to about 100 participants per site.
- Collected data for the evaluation and provided feedback to evaluators about data forms and procedures.

Implementation Phase 2: The Implementation Years, 2004, 2005, 2006

The goals of Phase 2 were to learn about the program's impact and broaden its reach by increasing the number of participants and the number and type of organizations from which participants would be recruited.

The *Active for Life* program team provided regular and ongoing direction to site staff via twice-monthly telephone conference calls. One focused on recruitment, communications and marketing issues and the other focused on program operations. In addition, team members worked with individual sites as issues arose.

National program office staff visited several sites each year and convened five annual meetings (2003–07) that brought together site staff, program developers, evaluators and RWJF staff.

Sustaining Projects: The RE-AIM Toolkit

Working with sites and the national program office, RE-AIM developers Glasgow and Estabrooks created a Sustainability Toolkit that they gave to sites in April 2004. The toolkit consisted of steps for communities to take and templates to guide staff in completing a sustainability action plan. (See [Appendix 3](#) for details.)

National program office staff and the RE-AIM developers devoted conference call time and workshop sessions at annual meetings to help site staff use the toolkit. By February 2005, sites had completed their action plans.

Educating Policymakers: The Connect Project

[Connect](#) is a project of RWJF's Communications Department. Under Connect, staff at [Burness Communications](#), a public relations firm based in Bethesda, Md., and [Spitfire Strategies](#), a communications firm headquartered in Washington, help RWJF grantee organizations build relationships with elected officials.

The 2004 *Active for Life* grantee meeting featured a workshop on how to gain access and make compelling presentations to federal representatives. March 7–9, 2005, staff from the sites participated in a follow-up workshop in Washington, including meetings with federal representatives or their staff.

Through Connect, staff from Blue Shield of California developed a relationship with Rep. Hilda Solis, D-Calif., whose district includes many Hispanics. In August 2005, Solis sponsored a "Fitness Fiesta" at which a bilingual fitness expert spoke about Active Choices and the value of exercise for older people.

Synthesizing and Disseminating Lessons: The Learning Network

In 2005, under grant ID# 048957, the national program office subcontracted with the [National Blueprint](#) office at the University of Illinois at Urbana–Champaign to develop an Internet-based learning network to disseminate information about physical activity and healthy aging to communities and individuals around the country.

Through focus groups with representatives of agencies interested in active aging and presentations at conferences, the national program office determined the types of information that would be most valuable and the mechanisms for sharing it. With continued support (ID# 053981), national program office staff promoted the Learning Network at national conferences and professional meetings and designed an interactive website.

OVERALL PROGRAM RESULTS

Ory, Dowdy and site project directors summarized the results of their work as follows:

- **Nine community organizations, with some assistance, put research-based physical activity programs in place and made them work in real-world settings, reaching large numbers of older adults of varied racial and socioeconomic backgrounds.** *Active for Life* sites also succeeded in maintaining the integrity of the models while adapting them to local cultures.

- The 12 sponsoring organizations ranged from statewide health insurance plans such as Blue Shield of California to county health departments such as the Council on Aging of Southwest Ohio, rural health systems such as FirstHealth of the Carolinas, and urban social service organizations such as the Northwest Neighborhood Health Empowerment Center and the Virginia Park Citizens Service Corporation in Detroit.

"This was the first opportunity for the neighborhood organizations to participate in a national research study and the learning curve was steep for everyone" said Detroit's Kimberly Voytal-Campbell at the project's end. "We had to balance the demand for accountability to the national program with our commitment to allowing community organizations to experiment, grow and learn." (See the [Detroit Sidebar](#) for more information about Detroit's project).

- Project sites met or exceeded their recruitment goals of 900 participants over the four years.
 - Some 4,689 individuals attended one of 328 Active Living Every Day groups.
 - Some 3,470 individuals participated in Active Choices.
- Sites recruited low-income people, minorities and people who infrequently left their homes and engaged in physical activity programs they typically would not have joined.
 - Some 17 percent of Blue Shield of California's Active Choices participants were Hispanic. Project director Mindy Morgen noted, "We were happy to get that number. We generally did not do that well in engaging Hispanic members in our programs."
 - More than 70 percent of Active Living Every Day participants in the OASIS Institute's St. Louis center were Black.
 - The San Mateo County/City of Berkeley Active Choices program targeted low-income Filipino, Asian and Hispanic adults. Staff noted, "We served people who could not afford a gym membership. We gave them a good program that was free. We are a public health department and this kept us to our mission."

- Some 41 percent of Active Choices participants at the YMCA of Metropolitan Chicago were Black. Some 24 percent were male.
- **Active Choices acquired a formal name, logo, manual, training protocol and competency certification for the program.** As noted earlier, when Active Choices was selected as a program model, it did not have a brand name, a manual, a formal program of training or a competency certification. In 2001 and 2002, developer Cynthia Castro created these specifically for *Active for Life*. Active Choices now offers a standard package of material for use by other community groups and researchers.

In October 2007, developer Cynthia Castro reported that Active Choices had "a life of its own," with 15 clients nationwide implementing the "off the shelf" package.

- **Developers of Active Living Every Day and Active Choices introduced adaptations that made these research-based interventions more responsive to community needs.**

Active Living Every Day Adaptations

- **Creating a 12-week option.** Developer Ruth Ann Carpenter created an alternative 12-week curriculum that retained essential topics from the original 20-week version and cut or shortened others. See [Appendix 5](#) for a list of discussion topics.
 - Some sites chose to increase the length of weekly sessions from 60 to 90 minutes in order to cover most of the original program material.
 - Starting in 2007, project staff could choose either or both program options, giving them the flexibility to provide participants with the program that worked best for them.
- **Presenting homework assignments orally.** Some participants were ashamed to attend group meetings because they could not read well enough to complete written homework assignments. Facilitators found that presenting assignments orally, and letting participants record responses in language that was useful to them, was a good tool for sparking discussion.
- **Making written materials more relevant.** Site staff changed pictures of people and places featured in written materials to make them more relevant to local settings. For example, materials in Detroit featured urban Blacks, while materials of the Council on Aging of Southwest Ohio featured older people and people who had graduated from the program.

Active Choices Adaptations

- **Changing the number and duration of telephone consultations.** Health educators thought that some participants required more frequent or longer

counseling calls than specified in the program model. Some participants required less frequent calls, particularly after they had been in the program for some time.

Health educators adapted the frequency and length of calls to the needs of individual participants, but they retained the overall length of the intervention to the specified six months.

- **Holding initial meetings in groups or by telephone.** Some health educators thought it more effective and practical to introduce Active Choices to people in groups rather than in one-on-one meetings. They found that in some cases, holding group meetings reduced scheduling problems and created social support networks.

Blue Shield of California served the entire state and it was unfeasible for health educators to travel hundreds of miles for a face-to-face meeting. At times, health educators used Blue Shield's extensive telephone conferencing network to conduct group introductory sessions by telephone.

- **Counting in-person discussions as official contacts.** In San Mateo County/City of Berkeley some participants felt that telephone consultations were impersonal. At times, health educators would meet these participants in community centers and conduct the consultation in person. With concurrence from program developer Cynthia Castro, staff could count these discussions as official consultations.

See the [Creative Adaptation Sidebar](#) for more real-world examples.

- **Most sites were able to sustain or expand their *Active for Life* programs.** Sites used their sustainability plans to guide them in securing additional funds and incorporating their programs into ongoing operations of their agencies:
 - **All five sites that adopted Active Living Every Day sustained their programs.**
 - The **Virginia Park Citizens Services Corporation in Detroit** received a grant from the Area Agency on Aging to operate 12 Active Living Every Day groups. The Northwest Neighborhood Health Empowerment Center in Detroit received funds from the Area Agency on Aging to continue its Active Living Every Day alumni support group.

See [Detroit Sidebar](#) for more information about this program.

- The **OASIS Institute and several centers** secured public and private funds to expand Active Living Every Day from its centers in three cities (St. Louis, Pittsburgh and San Antonio) into all of its centers in 26 cities. The program is now a required core program of OASIS Institute health services.
- **FirstHealth of the Carolinas** received a \$1.5 million grant from the [Kate B. Reynolds Charitable Trust](#). The grant enables FirstHealth to continue Active

Living Every Day as part of its Healthy Living in the Mid-Carolinas program in 15 counties. FirstHealth also offers Active Living Every Day to its employees and as a benefit to people enrolled in FirstCarolinaCare, FirstHealth's insurance company.

See [North Carolina Sidebar](#) for more information about FirstHealth's Active Living Every Day program.

- The **Council on Aging of Southwest Ohio** trained 12 additional facilitators to conduct Active Living Every Day in other parts of the state. The Ohio Department of Aging provided funds for the facilitators. The Council on Aging also purchased Active Living Every Day evaluation software for use by all locations to collect data on an ongoing basis.
- The **Jewish Council for the Aging of Greater Washington** received funds from the Maryland Department of Aging to operate three Active Living Every Day groups for people age 65 or older. These groups will be part of the Jewish Council's larger chronic disease self-management program.

See the [Sustainability Sidebar](#) for more information about how sites sustained their projects.

— **Of the four sites that adopted Active Choices, two sustained and two discontinued** the program.

- The YMCA of Metropolitan Chicago is training all staff in behavior change telephone coaching based on the Active Choices protocols. The YMCA also incorporated Active Choices telephone protocols into its Commit to Be Fit program.
- The **Church Health Center** of Memphis secured private funds to add a telephone component based on Active Choices into its On the Move in Congregations program. On the Move in Congregations is a six-week walking program featuring scriptures, meditations and health tips. The new telephone feature is titled Support Line.

For more information about how Active Choices transformed these two organizations, see the sidebar [Transformational Effects on Implementing Organizations](#).

- The **Health Department of San Mateo County** concluded that a telephone-based program is not appropriate for its target population and is not continuing it. (The University of California at San Francisco and the **City of Berkeley Health Department** received a National Institutes of Health grant to implement CHAMPS, the original protocol on which Active Choices was based, to reduce the onset of diabetes.)

- **Blue Shield of California** did not continue Active Choices because it made a business decision to focus on its core health benefits and its pharmaceutical, co-payment and premium policies.
- **Active Living Every Day facilitators received advanced training and are approved to train others to be facilitators.** Facilitators at FirstHealth of the Carolinas, Church Health Center, Health Department of San Mateo County, the YMCA of Metropolitan Chicago, the OASIS Institute and the Council on Aging of Southwest Ohio completed "train the trainer" programs and are training others to facilitate groups.
- **In 2007, *Active for Life* launched the Learning Network for Active Aging.** The network used an "e-collaboration" approach to bring together stakeholders interested in creating healthy communities by bridging research and practice. Partners included *Active for Life*, the [National Blueprint](#), the National Council on Aging, the Environmental Protection Agency's (EPA) [Aging Initiative](#) and the CDC's [Healthy Aging Research Network](#).
 - **The Learning Network operated from 2007 to 2009**, providing older adults, researchers, community and government agencies, nongovernmental and for-profit organizations with an interactive Internet-based forum on translating research-based programs into practice in diverse communities.
 - **The Learning Network [website](#) features resource materials, program reports and an online learning module** (the National Council on Aging "Introduction to Health Promotion Programs for Older Adults Series"). Although the website no longer functions as an interactive forum and is not actively maintained, these materials are still available.
 - ***Active for Life* helped develop the EPA [Excellence in Building Healthy Communities for Active Aging Award Program](#).**
 - **Learning Network activities have been sustained through the [Active Aging Community Center](#)** sponsored by Human Kinetics. The center also sustains Web activities from the National Blueprint on Aging and the International Council on Aging. According to Ory, "It takes an active Web master to keep the site looking fresh. The Active Aging Community Center will bring needed resources to continuing the initial goal of advancing research and practice on active aging and smart growth principles."
- ***Active for Life* won honorable mention in the Archstone Foundation's 2005 Award for Excellence in Innovation program.** The [Archstone Foundation](#) makes grants to organizations that address and meet the needs of an aging population.

Communications

Active for Life produced four book chapters, more than 30 published articles and 72 presentations at more than 33 meetings. One article, "*Active for Life: Final Results From the Translation of Two Physical Activity Programs*" was selected as one of the top 10 most influential RWJF research articles published in 2008. In 2009, RWJF identified it as one of 25 that "had major policy impact, affected our work and thinking, or stood out in some other way."

The *Active for Life* [website](#) provides information about the program, summaries of funded projects, news articles and links to other relevant sites.

The Learning Network [website](#) features curricula, learning modules and information about other programs.

See the [Bibliography](#) for details about articles, reports and the websites.

Throughout the program, Communications Director Brigid Sanner worked with national program office staff and participating sites to develop communications and media strategies. This included training in conducting media interviews, preparing news releases, creating program descriptions and marketing material, and reaching out to potential enrollees.

THE EVALUATION AND ITS FINDINGS

Evaluation Goals and Methods

RWJF commissioned a two-part evaluation of *Active for Life* that focused on both the implementation process and physical activity outcomes.

The Arnold School of Public Health at the University of South Carolina conducted both evaluations. Sara Wilcox, Ph.D., was the evaluation director.

Process Evaluation

The primary goals of the process evaluation were to:

- Understand the challenges that community-based organization face when adapting evidence-based programs to the needs of diverse populations.
- Monitor the extent to which the adaptations remain consistent with core elements of the original models.
- Assess staff experiences with implementing the models.
- Assess participant impressions with the models.

In this component of the evaluation, the team:

- Developed an online grantee reporting system for tracking project activities, participant enrollment and dropout, and resources needed for implementation.
- Conducted quarterly telephone interviews with site staff to assess implementation activities, staff perceptions of participant involvement and resources needed for implementation.
- Conducted written surveys of participants to assess their impressions of the program as they neared completion.

Outcome Evaluation

The primary goal of the outcome evaluation was to examine whether participant outcomes in community settings were comparable to those reported in research settings. The outcome evaluation was not designed to demonstrate the effectiveness of either Active Choices or Active Living Every Day, or to compare the two programs.

Both Active Choices and Active Living Every Day had been rigorously tested in randomized controlled studies. Therefore, instead of a control group, the *Active for Life* outcome evaluation used a pre-post study design that measured each participant's progress against a baseline measure. In other words, each participant served as his or her own control.

The evaluators collected outcome data on:

- **2,503 participants who enrolled in Active Choices** during 2003, 2005 and 2006 (187 participants withdrew from the program in those years).
- **3,388 participants who enrolled in Active Living Every Day** during 2003, 2005 and 2006 (401 people withdrew from the program in those years).

Evaluators did not collect or analyze outcome data from participants recruited in 2004. They spent that year analyzing data from the pilot year and refining tools and processes.

Participants completed written surveys at baseline (pretest) and at the following intervals:

- During 2003, the pilot year, participants filled out a written survey when they completed the program—after 20 weeks for Active Living Every Day and after six months for Active Choices.
- In 2005 and 2006, the first 100 participants completed a written survey when they completed the program (post-test). The remaining 200 participants completed a shorter survey at program completion.

- Active Living Every Day participants recruited in 2006, when the intervention was shortened from 20 to 12 weeks, also completed a short survey when they completed the program after 12 weeks.

The surveys gathered information regarding:

- Sociodemographic characteristics
- Level of physical activity
- Perceived stress
- Depressive symptoms
- Satisfaction with body function and appearance
- Impressions of the program (post-test only)

With additional funds from RWJF (ID# 057814), evaluators assessed whether participants sustained their gains over time. Researchers collected data for 2,519 participants six months after they completed the program at:

- Council on Aging of Southwest Ohio
- Blue Shield of California
- FirstHealth of the Carolinas
- OASIS Institute
- Jewish Council for the Aging of Greater Washington

Evaluation Findings

Findings From the Process Evaluation

The evaluators reported findings related to the challenges and adaptations needed to translate research-based programs into community settings in two journal articles and in reports to the RWJF.

- **Sites modified some program elements during implementation but overall "fidelity" (consistency with the original evidence-based models) was high.** The evaluators reported their findings on fidelity and "dosage" in an article, "Results From the *Active for Life* Process Evaluation: Program Delivery Fidelity and Adaptations," by Griffin et al, in *Health Education Research*, 2009 (Abstract available [online](#).)
 - **Intervention "dose" (measured as group attendance for Active Living Every Day and telephone call completion for Active Choices) was high for both programs.**

- Average attendance rate across the four years and sessions was 65 percent for Active Living Every Day.
- All Active Choices participants received the initial face-to-face session (a requirement for enrollment).
- On average, Active Choices participants received 5.4 of the recommended eight telephone counseling calls (31 percent received all eight calls and 7 percent received no calls). Average call duration was 13.5 minutes, within the recommended range of 10–15 minutes.

— **Implementation fidelity was high for both programs.**

- Group size for Active Living Every Day averaged 15 participants, within the program developers' recommended range of six to 24.
- One area where sites departed from the model was in combining sessions. Across the years, six percent of sessions were combined due to weather, holidays or logistical barriers. Sites often conducted a longer session (90 minutes) to cover core content from both sessions.
- For Active Choices, sites' overall completion of the 10 key steps in the initial face-to-face sessions was 98 to 100 percent. The pattern of high completion rates of recommended activities was also evident in the content of telephone calls.

— **Variations occurred more often for program elements requiring more participant involvement** (such as tracking physical activity and completing homework assignments). In contrast, program elements under the control of the site staff (such as completing session activities or call steps) had higher levels of full implementation.

— ***Active for Life's* success in terms of outcomes and fidelity led the evaluator to offer several best practice recommendations for conducting process evaluations of community-based translational research.**

- Evaluation should be an interactive process. "Maintaining open communication between the sites, program developers, national program office and evaluation team helped facilitate high fidelity to the essential elements of each program" despite some modifications.
- Core elements of the program should be identified and all parties should understand and embrace these at the outset. All parties should consider what will be gained and lost by a particular modification before it is approved.
- Clear guidelines and open communication between stakeholders regarding what can be adapted and how are critical.

- Data should be collected over the course of the study to examine whether there is a departure from fidelity.
- **In adapting evidence-based programs in their communities, *Active for Life* organizations encountered three types of challenges: logistical, theoretical and philosophical.** Evaluators reported their findings in an article, "Understanding the Challenges Encountered and Adaptations Made by Community Organizations in the Translation of Evidence-based Behavior Change Physical Activity Interventions: A Qualitative Study," by Lattimore et al, published in the *American Journal of Health Promotion*, 2010.
 - **Logistical challenges** include adaptations of program materials, class sites and facilities and other real world issues that organizations face when preparing to implement a program.
 - All sites experienced challenges related to program materials and responded by increasing font size, reducing the literacy levels and adding graphics, pictures or examples appropriate to the age, culture or activity in order to make the materials better suited for populations served.
 - Active Living Every Day sites experienced challenges with regard to class sites. In one case, classes were scheduled in a school cafeteria, with child-sized tables and chairs, prompting facilitators to change to a different room to accommodate their adult clients, some of whom were obese. Facilitators "did not allow these minor challenges to derail their ability to offer the programs as scheduled," evaluators concluded.
 - **Theoretical challenges** include adaptations to components grounded in the underlying theory, such as *Active for Life's* emphasis on self-monitoring.
 - All sites experienced challenges in this area. Modifications included procedures to deal with incomplete calls (Active Choices) and changes to the physical activity tracking form (Active Living Every Day).
 - **Philosophical challenges** relate to the underlying focus of a program. In *Active for Life*, that included a goal of increasing moderate-intensity physical activity among older adults.
 - Adaptations in this area included tracking light as well as moderate intensity physical activity. Developers agreed to this change in philosophy to accommodate *Active for Life's* target group, underactive middle to older age adults who often were not ready to begin moderate-intensity physical activity but were willing to increase light exercise.
 - **In the context of frequent and open communication with program developers, *Active for Life* sites were able to make these adaptations without negatively impacting fidelity or program outcomes.**

- **The evaluators concluded that "some challenges threaten program fidelity and others do not."** Theoretical and philosophical challenges are more threatening to fidelity than logistical challenges. However, the degree of threat depends on how rigidly (or flexibly) fidelity is defined.

- In commenting on the implications of their work for other program practitioners and researchers, the evaluators concluded:

"Adaptations, especially those threatening program fidelity, need to be made with great care and, ideally, in consultation with program developers. However, with some flexibility for tailoring, it is possible for community organizations to effectively and successfully implement evidence-based programs to diverse settings and populations."

Laura Leviton, Ph.D., RWJF's special advisor for evaluation adds, "the adaptations were studied carefully and made it possible to deliver the really important components more effectively and to expand our understanding of the models themselves."

- **Some 88 percent of participants in both Active Living Every Day and Active Choices would recommend the program to a friend.** Evaluators shared their findings on participant responses to the two programs in reports to RWJF.
 - Participants noted they knew more ways to get physical activity and were more motivated to become active.
 - What Active Living Every Day participants liked most about the program were their facilitators, tracking their steps and being with others in their groups. They least liked tracking their thoughts, doing home assignments and receiving door prizes.
 - Participants in Active Choices most liked their health educators and having a pedometer. They least liked the materials sent to their homes and the calendar used to track minutes of physical activity.
 - Participants suggested that the programs include more contact and add activities that would incorporate physical activity, social activity or nutrition.

Findings From the Outcome Evaluation: Final Results (2003, 2005 and 2006)

Evaluators reported final results in an article titled "*Active for Life: Final Results From the Translation of Two Physical Activity Programs*" in the *American Journal of Preventive Medicine*, 2008, available [online](#).

- **The magnitude of increase in physical activity and other outcomes was comparable to that achieved in the original research studies of Active Choices and Active Living Every Day.** This finding was central to the evaluation. It showed

that the community organizations were able to adapt—or "translate"—the models and that the adapted programs achieved outcomes comparable to the original models.

- **When results were examined over multiple years (2003, 2005 and 2006), *Active for Life* participants had lower incomes, were more ethnically diverse and had greater health risks than participants in the original research-based studies.** Despite these differences, the levels of improvement in *Active for Life* participants remained comparable to those seen in more tightly controlled studies.
- **Participant characteristics changed over the years.**
 - For Active Choices, the percentage of participants who were ethnic minorities, had less than a high school education and were sedentary increased. The percentage with a household income less than \$30,000 was highest in year three.
 - Year three and four Active Living Every Day participants were older, more active, less educated and had lower income levels and higher rates of diabetes and hypertension than pilot year participants.
- **In all three years, there were significant increases in moderate to vigorous intensity physical activity and total physical activity.** Participants also reported increases in satisfaction with body appearance and function, and decreases in body mass index (BMI).
- **Depressive symptoms and perceived stress, both low at pretest, also decreased over time for participants of Active Living Every Day.** There was no significant change for Active Choices participants in these areas.
- **For Active Choices, the effects of the program were larger in the later two years while for Active Living Every Day the pattern was the opposite.** The change in population may account for the somewhat smaller physical activity effect in later years for Active Living Every Day. Because participants were more active at the start of the program, there may have been less room for change.
- **Active Living Every Day participants who attended the 12-week program had outcomes similar to those who attended the 20-week program.** It does not appear, therefore, that the shorter program led to reduced outcomes, at least when examined at the time of program completion.

For more information on the findings regarding each program individually, see [Appendix 6](#).

Evaluators also reported pilot year (2003) findings in the *American Journal of Public Health*. ("Results of the First Year of *Active for Life*: Translation of 2 Evidence-Based Physical Activity Programs for Older Adults Into Community Settings," by Wilcox et al, 2006, available [online](#).) For a summary of pilot year findings see [Appendix 7](#).

Findings From the Follow-up Assessment

Wilcox and her colleagues reported findings in a 2009 article entitled "Maintenance of Change in the Active-for-Life Initiative" published in the *American Journal of Preventive Medicine*, abstract available [online](#).

- **Participants sustained their gains over time.**
 - Active Choices participants maintained their improvements at the six-month follow up in all three domains: level of physical activity, satisfaction with body function and BMI.
 - For Active Living Every Day participants in the 20-week program, two outcomes—level of activity and satisfaction with body function—decreased significantly at the six-month follow up. Decreases in BMI were sustained.
 - Active Living Every Day participants in the 12-week program maintained their gains in physical activity and in reducing BMI. Participants' satisfaction with body function declined significantly after the program ended, but at six months it was still higher than it had been prior to their participation in Active Living Every Day.

Limitations of the Evaluation

Evaluators reported the following limitations in their 2006 article published in the *American Journal of Public Health* and in their 2008 article on final results published in the *American Journal of Preventive Medicine*:

- The absence of a control group prevented comparisons of participants and nonparticipants (controls) with regard to their levels of physical activity and other outcomes. However, the potential for bias stemming from the absence of a control group was more than offset, according to the evaluators, by the advantages of studying the translation of the two programs to community settings.
- To minimize the burden on grantees and participants, the evaluators relied on self-report data rather than on objective measures of physical activity. The tendency to give socially desirable responses is a concern in self-report surveys. However, evaluators noted that the pattern of results, which varied according to outcome, suggests that social desirability did not influence responses.
- Participants who returned post-test surveys were different from those who did not, particularly for Active Choices. Responders were significantly older, White and college educated. However, analyses indicated that even if nonresponders did not change at all, the health benefits of Active Choices would still be substantial.
- Finally, it is not clear whether small, community-based organizations with fewer resources than the nine sites would show comparable success in implementing the programs.

Conclusions

In their 2008 article entitled "Active for Life: Final Results From the Translation of Two Physical Activity Programs," published in the *American Journal of Preventive Medicine*, Wilcox and her evaluation team concluded that:

Active Choices and Active Living Every Day were successfully translated across a range of real-world settings. Study samples were substantially larger, more ethnically and economically diverse, and more representative of older adult's health conditions than in efficacy studies, yet the magnitude of effect sizes were comparable.

In their 2009 article entitled "Maintenance of Change in the Active-for-Life Initiative," also published in the *American Journal of Preventive Medicine*, they conclude that:

This finding [that gains were sustained after six months] is important because the maintenance of physical activity is a major challenge, and it demonstrates the translatability of evidence-based physical activity programs to midlife and older adults. The sustained improvements obtained outside of controlled research settings (i.e., in the community) provide further support of the external validity of the two programs tested.

CHALLENGES FACED AND LESSONS LEARNED

Challenges

Since *Active for Life* is a translational research project, many challenges related to recruitment, adaptation and sustainability were anticipated as part of the program design. These are discussed in detail in [Overall Program Results](#) and below in [Lessons Learned](#). What follows is a summary of unanticipated challenges and how they were addressed.

Active for Life management and site staff noted operational and administrative challenges:

- **"Defining roles, schedules, expectations and creating a working legal agreement** after activity had begun was difficult and almost derailed the launch of the *Active for Life* initiative," according to Ory. Some of these related to ownership of the programs and materials:
 - Active Living Every Day featured copyrighted material that site staff in some locations proposed to modify and disseminate.
 - Active Choices material was not copyrighted and there was uncertainty as to which organizations would own the intellectual property rights to the material.

The national program office, program developers and project sites resolved these problems by continuing to communicate their concerns and refusing to see them as

insurmountable. Ultimately, they agreed that sites could modify material as approved by program developers and could add local logos or other information to the material.

- **Sustaining momentum** was difficult when, in 2003, RWJF changed its funding priority away from physical activity for all age groups to focus on childhood obesity.

The national program office and site staff addressed this challenge by continuing to focus on the program's mission and its successes. Moreover, since the program emphasized long-term sustainability from the outset, project sites were well positioned to continue their projects after RWJF support ended.

In 2005, RWJF funded the national program office and four sites to implement strategies pairing older adults with children with the goal of improving physical activity for both (a program RWJF called Intergenerational Programming Within the *Active for Life* Program Sites to Reduce Childhood Obesity and that the *Active for Life* staff called Generations). Generations allowed the national program office and the sites to apply lessons learned from *Active for Life* to young children.¹ See [Afterward](#) for more information about Generations.

- **Site project staff faced several challenges** with administration of their projects.

- Staff found it difficult to apply some of the **eligibility criteria** in real-life situations. For example, guidelines defined "sedentary" or "irregularly active" as engaging in physical activity two or fewer days per week or for less than two hours per week. Staff found there were many gray areas within these guidelines.

During the pilot year, the national program office and evaluators helped sites operationalize these concepts so that when full implementation began, sites would be using comparable standards.

- **Some sites found it difficult to recruit or retain staff.**

- San Mateo County/City of Berkeley in California and Church Health Center in Memphis experienced a lot of staff turnover early on, resulting in problems meeting recruitment goals and disruptions in services.
- Blue Shield of California found Active Choices was more labor-intensive than expected. This meant Blue Shield had to hire and support full-time staff, even though its plans had been to use part-time or contract employees.

¹ This was one of four programs where RWJF experimented with starting small national programs focused on childhood obesity that were synergistic with existing programs while ramping up in the childhood obesity area. Other programs that piggybacked on existing programs not specifically focused on childhood obesity were:

Healthy Eating by Design (within *Active Living by Design*)

Obesity Prevention in Children: Synergy with Diabetes Initiative

Community-Based Childhood Obesity Prevention Within the Injury Free Coalition for Kids Initiative Sites.

- The Jewish Council for the Aging found that partner agencies were unable to provide expected staff support. The council originally proposed to extend Active Living Every Day by training staff of partner agencies to conduct classes at their agencies. This proved unfeasible due to staff turnover and conflicting priorities at the agencies.

Sites addressed these staffing challenges by more carefully screening candidates, widening their search efforts and in some cases increasing pay levels.

Lessons Learned

Translating Research Into Practice

Ory and the *Active for Life* team compiled lessons learned in "Translating Research to Practice: Real World Evaluation and Measurement Issues in Moving from Efficacy to Effectiveness Research" (a chapter in *Measurement Issues and Challenges in Aging Research*, 2006). Key lessons are summarized below.

1. **Community organizations are eager to be involved in research and evaluation endeavors that bring in service dollars as evidenced by the response—some 500 letters of intent—to the *Active for Life* call for proposals.** To determine which of these applicants could recruit the designated number of participants and meet other requirements, the project team established a set of selection criteria. (See [The Program](#) for a list of these.) (PO/Bazzarre)
2. **Do not rely solely on written proposals.** RWJF Program Officer Terry L. Bazzarre, Ph.D., M.S., reflected that "In this situation, we used a multistep process that involved letters of intent, telephone consultations, grant preparation workshops and site visits. This helped us better understand the sites from the outset and gave us a strong group that held up well over the four years of the project."
3. **When adapting an evidence-based program in a community setting, involve someone with a thorough understanding of the underlying behavioral theories, program philosophy and logistical needs.** The original program developers helped *Active for Life* sites understand how to modify programs without jeopardizing fidelity. While this is not feasible in most projects, the evaluators recommend involving a knowledgeable person throughout the translation project.
4. **Listen to the community for insights about what works and what doesn't work in their settings.** It is critical to assess adaptations to learn whether they are implementable in community settings because this information can guide others looking for ways to translate research into practice. A comprehensive process evaluation is useful in documenting the nature of adaptations, reasons for them and their impact on outcomes.
5. **Give communities a say in basic research design and evaluation methodologies.** Randomized controlled designs, the gold standard for academic researchers, are often

unacceptable in community projects where emphasis is on serving all constituents. Dividing participants into traditional study groups (which receive the intervention) and control groups (which do not) is difficult because communities feel that everyone should benefit.

6. **Be prepared to address wide variety in the capacity of community-based organizations to participate in evaluation activities.** Data-entry errors were common and required significant time from evaluators to correct. It may be useful to invest in intensive training for site-based data-entry staff, recommends evaluator Sara Wilcox.
7. **Show communities the value of research to their constituents if you want their "buy-in" to more extensive assessment.** Due to cost and logistical issues, the *Active for Life* team dropped the idea that everyone would get a physical function assessment, an objective measure that would have strengthened the study. (See [Limitations of the Evaluation.](#))

However, several groups, including some 401 participants in the Council on Aging of Southwest Ohio Active Living Every Day program, voluntarily used the functional assessment once they saw its value for making the case for sustaining the program in their communities. The council wanted a survey that would track participants for longer periods of time and was willing to share in the costs of developing and administering it.

8. **Help communities extend their reach beyond their typical clientele.** Communities are especially in need of tools they can widely apply to assess whom they are actually reaching. Some recruitment approaches may attract high numbers of participants without pushing programs beyond "business as usual" or help them reach those who are typically underserved by physical activity programs and could benefit the most.
9. **Sustaining a program is difficult in tight fiscal times, so give communities tools to build in sustainability plans from the start.**
 - **Keep in mind that researchers and communities may have different measures of success.** A community's definition of success may be more strongly related to sustainability than to the researcher's predetermined measures. For example, in some communities, measures of success were not data-based but practical, such as individual success stories that could be shared or the program's impact on health care costs and use.
 - **Train-the-trainer programs that let grantees train their own intervention facilitators help programs sustain themselves.** However, these programs are costly, especially as program growth and staff turnover require more training. Train-the-trainer programs should be developed that protect the integrity and effectiveness of the program while providing the grantee sites with the ability to sustain and grow the programs over time.

Running Community-Based Interventions

1. Community-based organizations can implement evidence-based protocols but doing so requires careful planning at all stages.

- **"Plan, plan and plan some more. Plan for sustainability, plan for developing partnerships and plan for your agency's implementation."** (Project Staff/Tracy Slate/OASIS San Antonio)
- **"Allow adequate planning time before trying to implement a program, and even then, expect unanticipated 'learnings.'"** (Project Director/Mary Ganzel/YMCA Chicago)
- **When implementing an "off the shelf" program, try to mainstream it into your organization.** Active Choices had its own protocols and was run by staff hired solely to deliver this intervention. While it was useful for ensuring fidelity and for evaluation purposes, it made the program harder to sustain when the outside funds ended. (Project Director/Ann Langston/Church Health Center)
- **Use evidence-based programs when seeking to add services to your organization.** This may require hard decisions that involve letting go of traditional approaches, but the benefits in terms of program quality and sustainability are worth the effort. (Project Director/Stacy Wegley/Council on Aging of Southwest Ohio, Project Director/Marcia Kerz/OASIS Institute, Project Director Mary Ganzel/YMCA Chicago)
- **Negotiate specific written agreements with partners well before projects start.** Although most projects had letters of agreement with partners, it became apparent that roles had not been adequately discussed and partners were not involved as expected. They did not always come through with participant referrals, space or staff time, even though project staff thought they had agreed to do these things.

Project directors should negotiate agreements that specify what partners can expect from the project and what the project expects from its partners. These discussions should take place early on, even before proposals are written. (Project Director/Marcia Kerz/OASIS Institute)

2. Use a variety of strategies to recruit people who do not generally participate in physical activity programs. Across the board, recruiting participants took more time and resources than anticipated. Site staff found it hard to describe interventions that aimed to increase physical activity but that were not exercise programs.

- **Use personal contacts by trusted community members even though it requires significant investments of time.** The first strategies sites used, including sending out mass mailings, distributing flyers and public service announcements did not yield many participants. All sites ultimately relied on personal contacts. Personal contact included:

- Visiting people in their homes to explain the program and answer their concerns. (Project Staff/Mary Cocanougher, Freeman/Detroit, Project Staff/Morgen/Blue Shield of California)
 - Taking graduates of former classes to new recruitment locations. (Project Director/Melissa Watford/FirstHealth)
- **Customize mailings and printed material to the target audience and be strategic in recruiting.** "People age 50 and over responded to flyers featuring people who looked like them, people wearing tee shirts and loose shorts. They did not want to see pictures of young, fit athletes." (Communications Director/Brigid Sanner)
- Mailings and outreach efforts directed to specific age groups, genders or members of organizations proved more effective than general mailings or newspaper advertisements. The AARP mailing list proved especially effective in generating interest. (Project Director/Stacy Wegley/Council on Aging of Southwest Ohio, Project Director/Hirsch/Jewish Council for the Aging, Project Staff/Yu/San Mateo County)
 - This program targeted people age 50 or older, but people older than 80 have different needs and will respond to different messages than people between 50 and 80. One message will not work for all age groups of people 50 and older. (Project Director/Morgen/Blue Shield of California)
- **If people come into your organization for one service, recruit them for others.** The Council on Aging of Southwest Ohio had access to a network of senior centers that elderly people visited for a variety of services. The Church Health Center in Memphis recruited participants from its on-site Hope and Healing Center. (Project Director/Stacy Wegley/Council on Aging of Southwest Ohio, Project Director/Jenny Bartlett-Prescott/Church Health)

See the [Recruitment Sidebar](#) for examples of how sites recruited participants of different ages, income levels and cultural backgrounds.

AFTERWARD

RWJF support for the Active Living Every Day and Active Choices project sites ended in 2007. With support from RWJF (ID#s 050340, 053981 and 064125), the national program office continued to provide periodic consultations to the original sites and developed the Learning Network for Active Aging through 2009.

In November 2005 through April 2008, RWJF funded the national program office to operate a related national program the program office titled *Generations Working Together to Prevent Childhood Obesity*. Under the Generations program, three *Active for*

Life sites and one site not involved in *Active for Life* tested strategies that paired young children with adults with a goal of increasing activity for both. The sites were:

- FirstHealth of the Carolinas
- Hamilton County General Health District, Ohio
- OASIS Institute, San Antonio
- The city of Berkeley (new site for Generations)

See [Program Results](#) for a report on this program.

In 2007, three Generations project sites received additional RWJF grants to create and disseminate lessons learned from their Generations projects. Those sites are: FirstHealth of the Carolinas (ID# 063167), the Hamilton County General Health District, Ohio (ID# 063161) and the OASIS Institute (ID# 063352). These grants ran until mid-fall 2008.

In 2010, RWJF commissioned a case study of the *Active for Life* evaluation to learn whether and how multiple stakeholders used evaluation findings in creating policies or implementing programs. According to Laura C. Leviton, RWJF special adviser for evaluation, "Evaluation is justified only if it is useful."

Judith M. Ottoson, Ph.D., M.P.H. and Diane Martinez, M.P.H. conducted the study. In their report "[An Ecological Understanding of Evaluation Use: A Case Study of the *Active for Life* Evaluation](#)," Ottoson and Martinez concluded that "there was a lot of use—multiple examples, by multiple stakeholders, in multiple contexts. Some of this was 'big' use, e.g., it changed program structure, organizational learning, advocacy and leveraged use to other programs."

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APPENDIX 1

Active Living Every Day Discussion Topics

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

Active Living Every Day is a 20-week program in which groups of between 12 and 20 people age 50 or older meet for one hour each week with guidance from a trained facilitator.

Components

Weekly discussion topics are presented in the participant manual titled *Active Living Every Day: 20 Weeks to Lifelong Vitality*. The topics are:

- **Getting Started**—Thinking about successful habit changes and assessing the need to see a doctor before increasing activity.
- **Ready, Set, Go**—Identifying your readiness for change, conducting your personal time study, weighing the weight-loss benefits of activity and finding time to get up and move.
- **Making Plans**—Taking a two-minute walk, turning downtime into opportunities for activity, turning light activity into moderate-intensity activity, checking out the benefits of walking and coming up with an activity plan.
- **Barriers and Benefits**—Looking beyond the usual excuses, identifying the barriers you face and reviewing the benefits of an active life.
- **Over, Under, Around and Through**—Learning the art of problem solving, coming up with ways to get around barriers and looking back at stages of change.
- **Let's Burn Some Calories!**—Recognizing factors that impact physical activity energy expenditure; identifying light-, moderate- and vigorous-intensity activities; calculating ways to burn an extra 1,000 calories per week and completing simple fitness tests.
- **Setting Goals**—Setting goals, taking the stairs and revisiting self-monitoring.
- **Enlisting Support**—Listing the kinds of support you need, identifying key sources of support, spotting people who may make things difficult and learning how to ask for help.
- **Gaining Confidence**—Replacing negative messages with positive strategies, identifying errands that can become opportunities for activity and revisiting the stages of change.

- ***Strengthening the Foundation***—Revisiting earlier activities, learning a few stretching techniques and testing your knowledge.
- ***Rewarding Yourself***—Identifying rewards that will keep you motivated, writing down positive messages and linking goals to specific rewards.
- ***Avoiding Pitfalls***—Recognizing the all-or-nothing trap, identifying pitfalls that can trip you up and planning for high-risk situations.
- ***Defusing Stress***—Learning about the risks of stress, identifying stressful situations, exploring four techniques to reduce stress and revisiting the stages of change.
- ***Step by Step***—Reviewing ways to monitor activity, introducing the step counter, keeping a weekly activity log and setting specific goals.
- ***Managing Your Time***—Setting priorities, finding the time in your busy schedule and identifying time squeezers.
- ***Exploring New Activities***—Identifying new opportunities to be physically active, checking out physical activity options in your community and selecting in-home exercise equipment.
- ***Making Lasting Changes***—Celebrating your accomplishments, looking back at the activities you like best and trying new activities to renew your motivation.
- ***Becoming a Hunter-Gatherer***—Adding a little extra activity to your weekly schedule, setting new goals to stay motivated and taking another look at the causes of overweight and obesity.
- ***Positive Planning***—Turning negative messages into a positive attitude, preparing for situations that can throw you off track and planning to increase your activity.
- ***Onward and Upward***—Reviewing key concepts, rating the skills and strategies that work best for you and making a commitment to the future.

Participants read the relevant chapter and complete written assignments between discussion sessions. In general, each session begins with a "check-in" during which participants review their assignments and discuss their successes or struggles since the last meeting.

After the check-in, the facilitator introduces the topic for the week. He or she uses practical and interactive activities such as dry runs or practice to help participants understand the issue and apply it in their lives. Classmates and facilitators offer feedback and help solve problems. The small group format enables participants to learn from peers and build support networks that last after the program ends. These peers may become exercise companions and friends.

Training Requirements and Costs

Staff at **Human Kinetics** publishers developed materials to help community groups implement Active Living Every Day. These materials include the participant manual, planning and marketing guidelines, a facilitators' guide, and curricula for training facilitators.

To become facilitators, people have to:

- Attend an Active Living Every Day course.
- Read the Active Living Every Day facilitator guide.
- Complete a 10-module distance-learning facilitator course.
- Attend a two-day training workshop.
- Successfully complete a competency test.

Agencies wishing to implement Active Living Every Day incur the following costs in addition to personnel costs for facilitators:

- A license costing \$1,000 for the first year. In subsequent years, the license costs \$1,000 less \$5 for each participant who enrolled in the program during the prior year.
- Program materials costing from \$64 to \$71 per participant. Materials include the self-help manual, access to an online study guide and participant step counters.
- Training fees costing \$350 for each facilitator trained.

APPENDIX 2

Active Choices

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

Active Choices is a six-month program delivered through a face-to-face meeting and about eight one-on-one telephone consultations from a health educator trained in the Active Choices model:

- When a person enrolls, the health educator holds a **face-to-face meeting** that lasts from 30 to 45 minutes. The educator and the participant formulate a physical activity plan that addresses the participant's readiness to change, motivations and concerns.
- After the meeting, the health educator calls the participant and provides **telephone consultations**. Calls take place about every other week for the first two months and monthly for the following four months. Frequency and length of calls may vary depending on individual circumstances. The calls last from 10 to 15 minutes.

During these calls, the health educator and the participant:

- Talk about changes in health status.
- Review participant level of activity, including days and minutes of exercise and step counts based on pedometer records.
- Discuss topics the health educator identifies as connected to the participants' readiness to change. Topics include barriers and benefits to activity, level of enjoyment, goal setting, motivation and social support.
- Discuss and celebrate successes.

Health educators may also send informational sheets based on issues raised during the call. Some organizations offer monthly or quarterly group events including group walks, lectures or social events, to build supports for participants.

Training Requirements and Costs

Health educators are encouraged to attend training workshops sponsored by Active Choices program developers using materials developed specifically for Active Choices.

Training topics include:

- Counseling and listening skills
- Behavior change principles and strategies
- Fundamentals of moderate physical activity

After the training workshops, educators practice counseling via telephone with each other. These practice sessions include audio taping sessions.

Agencies wishing to implement Active Choices are encouraged to purchase the Active Choices training manual and CD for \$295. In general, one health educator can work with from 80 to 100 participants per year.

APPENDIX 3

RE-AIM Five Elements and Sustainability Toolkit

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

Components

RE-AIM has five elements that help practitioners assess the real-world impact of research-based interventions. These are:

- **Reach**—The number, proportion (of the total targeted population) and representativeness (relative to the target population) of the individuals participating in a given intervention.
- **Efficacy/Effectiveness**—An intervention's impact on key outcomes, such as quality of life and economic outcomes.
- **Adoption**—The number, proportion and representativeness of the intervention settings and the people who deliver the intervention, relative to all targeted settings and potential people who might deliver the intervention.
- **Implementation**—The extent to which a setting offers the intervention in the way it is intended and also the ways in which clients use the intervention strategies.
- **Maintenance**—The extent to which an intervention becomes a routine part of an organization's practices and policies and also the long-term effects on individual outcomes.

Sustainability Toolkit

The RE-AIM Sustainability Toolkit consisted of three steps that required action by project staff and partners. The toolkit included one or more templates to guide staff in completing the steps:

Step 1: Address factors that could influence sustainability.

Templates included:

- A *Sustainability Needs Assessment* checklist on which staff identified areas in which they did well and areas where improvement was needed.
- An *Action Plan* worksheet for identifying tasks required and people responsible for completing them.
- An *Enabling Strategies* worksheet for documenting factors that contributed to successes in the areas in which groups did well.

Step 2: Examine current and future resources and identify potential modifications that might make the program more sustainable.

Templates included:

- A worksheet to identify potential *program modifications* and assess whether they would make the program more sustainable.
- A *Funding Matrix* worksheet to examine program costs, current funding sources and potential future sources.
- A *Connections Map* worksheet to identify individuals, organizations or networks that might support the intervention.

Step 3: Put it together with planning and periodic re-evaluation.

Template included:

- A *Sustainability Action Plan* worksheet to:
 - Identify evidence and marketing materials to promote the program.
 - Record the funding strategy.
 - Recruit program champions.
 - Keep the community involved.
 - Identify the program delivery team.
 - Integrate the program into ongoing operations.

APPENDIX 4

Project List—Active Living Every Day and Active Choices Projects

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

Active Living Every Day

Jewish Council for the Aging of Greater Washington (Rockville, Md.)

Active for Life[®]: Increasing Physical Activity Levels in Adults Age 50 and Older

ID# 047821 (January 2003–October 2007) \$972,460

Project Director

Sharlene P. Hirsch, Ed.D.

(301) 255-4232

sh@jcagw.org

Greater Detroit Area Health Council (Detroit, Mich.)

Active for Life[®]: Increasing Physical Activity Levels in Adults Age 50 and Older

ID# 047820 (January 2003–October 2007) \$972,460

Project Director

Karen Calhoun

(313) 963-4990

k.calhoun@wayne.edu

The OASIS Institute (St. Louis, Mo.)

Active for Life[®]: Increasing Physical Activity Levels in Adults Age 50 and Older

ID# 047816 (January 2003–October 2007) \$972,460

Project Director

Marcia Kerz

(314) 862-2933 x269

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FirstHealth of the Carolinas (Pinehurst, N.C.)

Active for Life[®]: Increasing Physical Activity Levels in Adults Age 50 and Older

ID# 047814 (January 2003–October 2007) \$972,460

Project Director

Barbara Bennett

(910) 715-1925

Council on Aging of Southwest Ohio (Cincinnati, Ohio)

Active for Life[®]: Increasing Physical Activity Levels in Adults Age 50 and Older

ID# 047818 (January 2003–October 2007) \$972,460

Project Director

Stacy Wegley, M.S.

(513) 946-7811

stacy.wegley@hamilton-co.org

Active Choices

Blue Shield of California (San Francisco, Calif.)

Active for Life[®]: Increasing Physical Activity Levels in Adults Age 50 and Older

ID# 047819 (January 2003–October 2007) \$962,898

Project Director

Mindy Morgen

(818) 228-2665

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San Mateo County Health Department (San Mateo, Calif.)

Active for Life[®]: Increasing Physical Activity Levels in Adults Age 50 and Older

ID# 047813 (April 2003–October 2007) \$972,460

Project Director

Doris Y. Estremera, M.P.H., C.H.E.S.

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YMCA of Metropolitan Chicago (Chicago, Ill.)

Active for Life[®]: Increasing Physical Activity Levels in Adults Age 50 and Older

ID# 047815 (January 2003–October 2007) \$972,460

Project Director

Mary Ganzel

(312) 932-1289

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Church Health Center, Inc. (Memphis, Tenn.)

Active for Life[®]: Increasing Physical Activity Levels in Adults Age 50 and Older

ID# 047834 (January 2003–October 2007) \$929,817

Project Director

Jenny Bartlett-Prescott

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APPENDIX 5

Active Living Every Day: 12-Week Program Discussion Topics

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

- Thinking about successful habit changes, medical readiness, self-monitoring, conducting your personal time study.
- Identifying your readiness for change, taking a two-minute walk, changing sedentary and light activity to moderate-intensity activity.
- Understanding barriers and benefits and developing strategies to address barriers.
- Setting goals and rewards.
- Learning about different physical activity intensities, self-monitoring, gaining confidence.
- Getting social support, review of prior weeks, optional scavenger hunt.
- Relapse prevention, assessing stages of change.
- Goal-setting and self-monitoring using a step counter.
- Stress and time management.
- Exploring new activities and adding vigorous activity.
- Positive thinking, planning for high-risk situations.
- Identifying personal success strategies, assessing stages of change, celebrating success.

Some sites chose to hold one additional session for formal celebrations or graduations.

APPENDIX 6

Evaluation Findings Regarding Active Living Every Day and Active Choices

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

Findings Regarding Active Living Every Day

Evaluators reported the following findings in an unpublished article titled "The Active for Life Initiative: Final Results of Translating the Evidence-Based 'Active Living Every Day' Program Into Practice."

- **Active Living Every Day participants had the following characteristics:**
 - Their average age of was 70.6.
 - Some 64 percent were White.
 - Some 83 percent were women.
 - Between 48.2 and 55.5 percent had annual incomes under \$30,000.
 - Between 74.1 and 75.8 percent were overweight or obese.
 - Their three most commonly reported health conditions were:
 - Arthritis: between 58.8 percent and 63.4 percent.
 - Hypertension: between 56.8 percent and 63.3 percent.
 - Osteoporosis: between 22.5 percent and 23.4 percent.
- **The percentage of participants who met the federal recommendations for 30 minutes of activity on most days increased significantly in all three years:**
 - In the pilot year, 15.36 percent of participants met the recommendations at baseline, compared with 42.14 percent who met them 20 weeks later.
 - In year three, 16.55 percent of participants met the recommendations at baseline, compared with 48.68 percent who met them 20 weeks later.
 - In year four, 15.65 percent of participants met the recommendations at baseline compared with 44.14 percent who met them 20 weeks later.

At a poster presentation at the 2007 conference of the American College of Sports Medicine, evaluators reported the following preliminary finding from the physical function tests conducted in Ohio:

- **The Council on Aging of Southwest Ohio's participants showed improvements in four dimensions of physical function: lower body strength, walking speed, mobility and flexibility.**

Conclusions

- **"Active Living Every Day sites were able to recruit and retain a diverse population that typically is less likely to participate in research studies.** Also, the fact that these robust results were seen with a participant population of older adults that averaged 70 years of age has implications for community organizations' understanding of what is possible with older adults."
- **"The original 20-week and a modified 12-week Active Living Every Day program were tested in a diverse sample of older adults recruited from organizations located within the community.** Results indicated consistently

positive improvements in physical activity and related outcomes across years and sites. Active Living Every Day, therefore, holds great promise in promoting physical activity and thereby improving health and functioning in large numbers of community adults and is a useful example of a successful translational research project."

Findings Regarding Active Choices

Evaluators reported the following findings in an article titled "The *Active for Life* Initiative: Final Results of Translating the Evidence-Based 'Active Choices' Program Into Practice" (unpublished):

- Active Choices participants had the following characteristics:
 - Their average age was 65.8 years.
 - Some 41 percent were White.
 - Some 80 percent were women.
 - Between 51.4 percent and 62.3 percent had annual incomes under \$30,000.
 - Between 76.4 and 80.1 percent were either overweight or obese.
 - Their three most commonly reported health conditions were:
 - Arthritis: between 55.5 and 61.3 percent.
 - Hypertension: between 54.4 percent and 58.4 percent.
 - Diabetes: between 21.2 and 28.3 percent.
- **The percentages of participants who met the federal requirements for 30 minutes activity on most days increased significantly in all three in all years.**
 - In the pilot year, 9.92 percent of participants met the recommendations at baseline compared with 24.07 percent who met them six months later.
 - In year three, 9.76 percent of participants met the recommendations at baseline, compared with 37.63 percent who met them six months later.
 - In year four, 11.19 percent of participants met the recommendations at baseline compared 35.64 percent who met them six months later.

Conclusions

- **"Results [of the Active Choices program] were remarkably consistent over the years of the study.** They were consistent over a range of lead organizations and sites and across diverse populations."

APPENDIX 7

Findings From the Outcome Evaluation: 2003 (Pilot Year)

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

Evaluators reported pilot year findings in the *American Journal of Public Health*. (Wilcox et al, "Results of the First Year of *Active for Life*: Translation of 2 Evidence-Based Physical Activity Programs for Older Adults Into Community Settings," 2006, available [online](#).)

- **The magnitude of increase in physical activity and other outcomes was comparable to that achieved in the original research studies of *Active Choices* and *Active Living Every Day*.** This finding was central to the evaluation. It showed that the community organizations were able to adapt—or "translate"—the models and that the adapted programs achieved outcomes comparable to the original models.
- **Physical activity levels among *Active for Life* participants increased.**
 - Moderate and vigorous intensity physical activity increased by 2.12 hours per week from the pretest to post-test survey.
 - Total physical activity increased by 3.84 hours per week.
- **Physical activity-related quality-of-life outcomes also improved as a result of *Active for Life*.** Participants reported:
 - **Greater satisfaction with body appearance and function**, a domain particularly relevant to older adults who are at increased risk of functional decline.
 - **Moderate reductions in depressive symptoms and perceived stress.** As in most physical activity programs, *Active for Life* participants had low baseline levels of depression and stress, which moderated the program's impact in these areas.
- **When analyzed separately by program, all outcomes remained significant with two exceptions: depression and perceived stress.** *Active Choices* participants did not report the moderate but still significant reductions in these two factors that *Active Living Every Day* participants did. The difference may be due to the smaller number of *Active Choices* sites and the larger number of participants experiencing stress who failed to return the post-program survey.
- **Program participants were more representative of older adults in the population as whole than were participants in the research-based studies.**
 - Participants in the original randomized trials of *Active Choices* and *Active Living every day* were more than 80 percent White, highly educated with few chronic health conditions, and, for *Active Living Every Day*, relatively young (35 to 60 years).

- By contrast, among *Active for Life* participants:
 - 30 percent were Black and 6 percent were Hispanic.
 - Mean age was 68.4 years.
 - 20 percent had diabetes, 56 percent hypertension and 61 percent arthritis.
- *Active for Life* participants were more likely to be obese and less likely to be normal weight than the older U.S. population.
- Although *Active for Life* participants had higher educational levels relative to the older U.S. population, they were less educated than participants in the Active Choices and Active Living Every Day randomized trials.

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SIDEBAR LIST

- [Creative Adaptation of Research Models Into Community Settings](#)
- [Detroit Tackles Sedentary Lifestyles and Obesity among Older African Americans](#)
- [FirstHealth of the Carolinas Faces Inactivity and Obesity in its Communities](#)
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