

Title of Intervention and Website: Telephone Counseling for Older Adults

Intervention Strategies: Supportive Relationships, Group Education

Purpose of the Intervention: To increase exercise adherence in older adults through cognitive or social mediators

Population: Healthy, sedentary, older adults

Setting: Sunnyvale, CA; home-based

Partners: Local YMCA

Intervention Description: Participants were assigned to one of two groups: 1) moderate intensity endurance and strengthening exercises or 2) stretching and strengthening exercises.

- Supportive Relationships: Participants received an exercise prescription and telephone exercise counseling. Trained health educators called participants (decreasing frequency over time) at home to answer questions, problem solve ways to overcome barriers and remind participants to turn in logs.
- Group Education: Exercise classes were offered for all participants at a local community center. Participants were recommended to participate in two group classes a week and in a similar manner for two sessions at home. The “Fit and Firm” class aimed to improve cardiovascular fitness using low impact aerobic exercise and to improve muscular strength using resistance training. The “Stretch and Flex” class aimed to improve flexibility without elevating heart rates.

Theory: Social cognitive theory

Resources Required:

- Staff/Volunteers: exercise instructors
- Training: Trained Health Educators for phone counseling and exercise class instructors
- Technology: not mentioned
- Space: not mentioned
- Budget: not mentioned
- Intervention: exercise classes, prescriptions
- Evaluation: questionnaires, logs, vitalog microprocessor, class attendance sheets

Evaluation:

- Design: Randomized 2 group prospective cohort with no control group
- Methods and Measures:
 - Self-efficacy for Exercise Questionnaire assessed confidence.
 - Outcome expectancies/realizations were measured by rating 16 potential physical/psychological/behavioral outcomes for exercise.
 - Social Support for Exercise Questionnaire assessed perceived exercise-related social support from family, friends, and exercise mates.
 - Exercise adherence was measured by weekly exercise logs.
 - Class attendance was recorded by instructors.
 - Vitalog Microprocessor was worn by a subsample to measure heart rate and continuous movement for 3 days to validate self-reported exercise intensity and duration data.

Outcomes:

- Short Term Impact: Adherence was high for both groups. Changes in self-efficacy and fitness outcome realizations were associated with adherence while exercise-related social support was not.
- Long Term Impact: not mentioned

Maintenance: Not mentioned

Lessons Learned: Attention should be given to increasing confidence in older adults to overcome barriers to exercise and achieve relevant fitness outcomes in exercise programs.

Citation(s):

Brassington, G. S., A. A. Atienza, et al. (2002). "Intervention-related cognitive versus social mediators of exercise adherence in the elderly." *Am J Prev Med* 23(2 Suppl): 80-6.