

Title of Intervention and Website: Educational and Behavioral Strategies for Physical Activity

Intervention Strategies: Supportive Relationships, Individual Education

Purpose of the Intervention: To increase knowledge of and participation in an exercise program aimed at increasing physical activity

Population: Sedentary adults ages 36 to 65

Setting: A primarily outpatient diagnostic center located in North East Florida; health care facility-based

Partners: Not mentioned

Intervention Description:

- Individual Education: All participants were provided information about the benefits and risks of exercise, injury prevention, how to exercise and how to check their pulse. They were also given two American Heart Association pamphlets about coronary heart disease and exercise. Educational sessions were tailored to meet the needs of the participants. Instructors worked with participants to create exercise goals.
- Supportive Relationships: Some participants received additional support in the form of goal-setting, self-monitoring, positive reinforcement, through telephone calls for 12 weeks. These participants recorded a 12-week long term goal and weekly short term goals in an Exercise Diary. Participants were encouraged to weekly goals, date and type of activity performed, minutes exercised, distance covered and exercise heart rate.

Theory: Health Belief Model

Resources Required:

- Staff/Volunteers: nurses
- Training: protocol training
- Technology: not mentioned
- Space: space to exercise
- Budget: not mentioned
- Intervention: Coronary risk factor and exercise pamphlets; American College of Sports Medicine exercise plans guidelines, Exercise Diary
- Evaluation: questionnaire

Evaluation:

- Design: Experimental
- Methods and Measures:
 - Questionnaire to measure knowledge of exercise, frequency and duration of current exercise administered pre- and post-intervention.

Outcomes:

- Short Term Impact: All participants showed a significant increase in knowledge over time.
- Long Term Impact: The participants who received the combination of educational and behavioral strategies had significantly higher frequency of exercise at 6 weeks, but not at 12 weeks, than the participants who received educational strategies alone. All participants showed a significant increase in physical activity over time.

Maintenance: Not mentioned

Lessons Learned: Life-style modification programs should include a combination of the following components: 1) educational strategies such as providing verbal and written information, tailoring teaching to the individual's needs and planning and collaborating with patients; 2) behavioral strategies such as goal setting, self-

monitoring, positive reinforcement and follow-up telephone calls every two weeks; and 3) evaluation of program effectiveness in terms of increases in knowledge, changes in behavior and health care costs.

Citation(s):

Schultz, S. J. (1993). "Educational and behavioral strategies related to knowledge of and participation in an exercise program after cardiac positron emission tomography." *Patient Educ Couns* 22(1): 47-57.