Title of Intervention and Website: The Newcastle Exercise Project

Intervention Strategies: Individual Education

Purpose of the Intervention: To promote exercise in primary care settings

Population: Adults aged 40 to 64 years

Setting: Urban general practice in Newcastle, England; healthcare facility-based

Partners: None mentioned

Intervention Description:
Participants were randomized into four intervention groups and a control group. Those in intervention groups received motivation interviews (1 or 6) and vouchers (30).
- Individual Education: Participants received their baseline results along with a pack containing information on the benefits of physical activity and lifestyle factors. Participants were offered motivational interviews aimed at promoting safe, effective physical activity but were not prescribed particular activities. Other participants were given vouchers that could be exchanged for one episode of most aerobic activities in any local authority leisure center, swimming pool, or any other voluntary or community leisure activity in Newcastle.

Theory: Stages of Change model

Resources Required:
- Staff/Volunteers: health visitor to conduct motivational interviews and staff to prepare pack of materials
- Training: health visitor was trained in motivational interviewing
- Technology: computer, printer
- Space: interview space
- Budget: not mentioned
- Intervention: vouchers, baseline and informational materials
- Evaluation: questionnaire, stationary bicycle, physical examination and statistics software

Evaluation:
- Design: Randomized controlled trial
- Methods and Measures: A questionnaire addressing fitness and exercise was administered at baseline, 12 weeks and one year. Physical examination and exercise test using cycle ergometers were performed at baseline and 12 weeks. All data collected was used for statistical analysis.

Outcomes:
- Short Term Impact: not mentioned
- Long Term Impact: Increases were recorded in moderate and vigorous physical activity.

Maintenance: Not mentioned

Lessons Learned: National and local governments, health authorities, and primary healthcare teams should be conscientious of current and future expenditure on, and implementation of, exercise prescription or referral schemes.

Citation(s):