

## Grant Outcomes Report

# Grant Outcomes Report: Cost-effective Delivery of an Active Choices Health Promotion Program

### I. Executive Summary

The Active Choices program is a telephone-assisted counseling program developed by the Stanford Prevention Research Center, which has been found to increase physical activity among older adults (ages 50 years and older).<sup>i</sup> Under the project, "Cost-effective Delivery of an Active Choices Health Promotion Program," the Center for Excellence in Aging Services (the Center) at the Research Foundation of the State University of Albany implemented a volunteer-led Active Choices program for seniors in four New York State communities. This grant found that participants who completed the six-month project experienced a statistically significant increase in physical activity levels.

### II. THE PROBLEM

Older adults with health issues often face barriers to participating in regular physical activity, which can have substantial health benefits. Despite the availability of effective programs to increase physical activity in older adults, few evidence-based programs have been translated into community settings.<sup>ii</sup> Developed and tested by the Stanford Prevention Research Center, Active Choices is a six-month program delivered through one face-to-face meeting followed by one-on-one telephone counseling. The introductory meeting is structured to establish the relationship between the coach and the program participant, clarify expectations, develop an initial exercise plan, and establish a telephone contact schedule. Participants receive biweekly telephone calls from their coaches for the first two months and monthly telephone calls for the last four months (up to eight calls total). Counseling is tailored to the person's physical abilities and readiness for change. Active Choices emphasizes building routine lifestyle activity into one's day. When implemented in diverse community settings by trained staff, Active Choices has increased physical activity to a magnitude comparable to that seen in randomized trials.<sup>iii</sup>

<sup>i</sup> Sara Wilcox, et al. American Journal of Public Health. July 2006, Vol 96, No. 7. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1483857/>

<sup>ii</sup> Wilcox, et al.

<sup>iii</sup> Wilcox, et al.

## KEY INFORMATION:

### GRANTEE

Center for Excellence in Aging Services, Research Foundation of State University of New York

### GRANT TITLE

Cost-effective Delivery of an Active Choices Health Promotion Program

### DATES

January 1, 2008–June 30, 2009

### GRANT AMOUNT

\$124,512

With three-year funding from the U.S. Administration on Aging, the New York State Office for the Aging, the New York State Department of Health, and the Center established a partnership to implement Active Choices in New York City, the Capital Region, and Broome County. In the first year of this project, the Center realized that two factors increased the cost and limited the reach of Active Choices to frailer, stay-at-home adults: 1) the delivery of Active Choices through paid staff usually associated with YMCAs; and 2) delivery through aging services networks. These factors shaped additional Active Choices programs established by the Center, including the one that received NYSHealth support.

### III. GRANT ACTIVITIES AND OUTCOMES

Under this grant, the Center endeavored to adapt the Active Choices program for a volunteer base of coaches working within the aging networks, and implement the volunteer-led approach in six New York Counties. The Center proposed to carry out the following activities:

- 1) Adapt the Active Choices training manual for a volunteer-led program and develop treatment fidelity protocols.
- 2) Train 20 volunteer coaches recruited through County Offices for the Aging, senior centers, retired senior volunteer programs, and other community organizations.
- 3) Deliver the Active Choices program to 500 adults aged 60 years and older, recruited from organizations similar to those used to recruit the coaches. The Center targeted the program to frailer, stay-at-home adults who tended to be 60 years and older because they were underserved in previous Active Choices efforts.
- 4) Determine the costs associated with delivery and management of the volunteer-led program.
- 5) Identify six communities to sustain the volunteer-led Active Choices program.
- 6) Disseminate program results at State and national conferences, including the National Council on Aging—American Society on Aging conference.

Grant funds were primarily allocated to project staff to develop training materials, recruit coaches and participants, and collect data on the program's experience.

The Center successfully achieved many of its goals. It developed multi-media training materials, trained 15 coaches, and enrolled 500 participants. It implemented the volunteer-led Active Choices program in four of six New York communities (Albany, Binghamton, Plattsburgh, and Saratoga). Data gathered by the Center show that



approximately 50%, or 250, of the participants completed the six-month program. The Center found physical activity among the participants increased from an average of 47 minutes per week to an average of 160 minutes (2.7 hours) per week—a statistically significant difference. The Center also found that a majority of the individuals who completed the program reported exercising four or more days per week by the project's end, suggesting that physical activity was becoming part of a regular routine. Individuals who completed the program also reported at least one of the following benefits: improved flexibility and strength; less breathlessness; and better management of their chronic conditions. These results are similar to the results of previous studies.

While the Center did find statistically significant increases in physical activity among participants, it did not track participants beyond the six months. It is uncertain whether the increases in physical activity and related improvements will be sustained, but Stanford Prevention Research Center data suggest that the changed exercise behaviors will continue. All volunteer trainers (who train the volunteer coaches) are still participating in the Active Choices program, and 50% of the volunteer coaches have been participating between six and 12 months. Most of the remaining coaches were recruited less than six months before the grant was completed, and are still involved in the program.

The project also took six months longer than expected. The Stanford Prevention Research Center was delayed in approving the project's training manual, which postponed recruitment and implementation of the program.

The Center estimates fixed costs for implementing a volunteer-led Active Choices program are modest and would likely fit within health promotion budgets. Specifically, this program requires \$100 per participant for manuals, workbooks, and mailings; \$150 incentives for each coach; \$500 for coach trainings; and \$2,000 plus travel for coach-participant introductory sessions. A modest investment of \$500 per participant resulted in health improvements that may be sustained over the long-term and thus reduce the cost of caring for these individuals.

#### IV. LESSONS LEARNED

A chief challenge of the project was maintaining program participation among the participants. Approximately 10% of participants dropped out after the introductory session (citing that it was not for them) and the remaining non-completers dropped out within the first three months, citing health reasons or that the program was not for them.

#### FUNDING & RATIONALE

This project was awarded under NYHealth's Special Opportunities request for proposals (RFP) in fall 2007. Under this RFP, NYHealth was interested in supporting special opportunities that represented a one-time chance for an organization or group of organizations to have a large impact on the health of a group of people or to significantly improve the State's health care system. NYHealth was especially interested in funding nontraditional or pioneering ways of making a difference through this RFP. This particular project represented a one-time opportunity to improve the physical activity and health of adults ages 60 years and older in upstate communities.

The six-month participation requirement was unappealing for many coaches and participants. Many older adults leave New York communities for warmer climates for a substantial portion of the year, making a six-month commitment infeasible. The Center also observed worsening in some participants' health status over six months, leading some to end their participation early. These factors are likely tied to the Center targeting older, more infirm adults than participants traditionally served by the Active Choices program. This experience may suggest the Active Choices program is better suited to a younger adult population.

The Center plans to discuss with the Stanford Prevention Research Center whether a shorter intervention should be considered for a program targeting older adults. While building and sustaining a six-month program of physical activity will be more likely to support sustained change, if the timeframe seems too daunting, participants will not engage. Another option that may help increase the six-month participation rate among older adults is the use of computer—instead of telephone—mediation. The Center will also raise this alternative method with the Stanford Prevention Research Center experts.

## V. THE FUTURE

The project showed that it is possible to implement a volunteer-led Active Choices program at modest cost and achieve measurable improvements in physical activity. Amid state and local deficits, the Center found it difficult to identify communities willing to commit to the program, but the four participating communities are continuing the volunteer-led Active Choices program. The Center notes that several other upstate communities are considering implementing the program.

The U.S. Administration on Aging (AoA) has offered New York State a one-year supplement, in addition to monies made available by New York State, which will help sustain infrastructure for the volunteer-led Active Choices program. Now that the volunteer-led Active Choices training materials have been developed, Active Choices will become a component of the AoA grant and feature in the statewide dissemination and sustainability activities undertaken by the Center.



## BACKGROUND INFORMATION:

### ABOUT THE GRANTEE

The Center for Excellence in Aging Services is a translational research center that develops, tests, and implements practices and policies that address the needs of aging persons, their families, and caregivers. With funds from Federal and State government and foundations, the Center focuses on health promotion, dementia care, intellectual disabilities, and palliative and end-of-life care.

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