

Replication Report **Healthy Moves for Aging Well**

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Partners in Care (Partners) is a charitable, nonprofit organization whose mission is to catalyze a new vision of healthcare by partnering with organizations, families, and community leaders in changing healthcare systems, changing communities, and changing lives.

We work to develop more effective and efficient approaches to improve quality of life for diverse individuals and communities, targeting those most at risk. Successful models are replicated in leading local, regional, and national organizations.

Since its start as a freestanding nonprofit organization in 1997, Partners has become a nationally recognized leader in promoting innovative community and home approaches to geriatric care management, health promotion, chronic disease management, and end-of-life care, with a special focus on addressing ethnic health disparities and introducing positive practice change. With an annual operating budget of more than \$8 million, Partners has an extensive history of testing, adapting, and disseminating evidence-based models.

In collaboration with partners and supporters, Partners and its network of community-based agencies and providers are changing the shape of healthcare. Through innovative projects and meaningful programs, we are striving to improve the care and quality of life of those whose lives we touch. Visit our comprehensive Web site at www.picf.org.

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I. Introduction/Executive Summary

The Benefits of Physical Activity for All Ages

Physical activity for older adults has tremendous benefits and is recognized as one of the most powerful health promotion interventions for improving seniors' ability to function well and remain independent. However, despite the widely publicized benefits of staying active, low rates of exercise among older adults remain a national problem. An inactive lifestyle results in an average decline in physical functioning of about 10 percent each decade between the ages of 60 and 90. For those who are active, this decline is cut in half (Rikli and Jones, 1999).

While many changes occur in the body as people age, weakened muscles, restricted movements, and stiff joints are not a normal part of aging for those who stay physically active. However, the majority of frail, sedentary older adults living at home do not have access to tools that will help them lead a physically active lifestyle. Few in-home physical activity programs have been developed for older and particularly, frail adults living in the community. With formal training, care managers and organizations providing services in the home can combat inactivity in this group through the Healthy Moves for Aging Well program.

Healthy Moves for Aging Well: A Brief Description

The Healthy Moves program merges two evidence-based components to increase the likelihood of older adults adopting a more active lifestyle: a physical activity intervention modeled and adapted from the Senior Fitness Test work of Rikli and Jones (1999), and a lifestyle change counseling method called Brief Negotiation developed by behavior change experts Prochaska and DiClemente (1983).

The physical activity component of the Healthy Moves program is drawn from the Senior Fitness Test, an evidence-based program developed by Dr. Jessie Jones and Dr. Roberta Rikli (1999). This nationwide project examined the relationship between physical activity and functional mobility in later years and resulted in the Senior Fitness Test, the first standardized tool to assess the fitness levels of older adults. For the Healthy Moves program, the developers collaborated with Rikli and Jones to select in-home exercises that with repetition improve frail older adults' physical functioning. The Senior Fitness Test assessment exercises were adapted for our evidence-based work and chosen because of their simplicity for the very frail population, as well as their direct relationship to everyday movements and the specific muscles they target.

The second evidence-based component of the Healthy Moves for Aging Well program is the lifestyle change counseling method called Brief Negotiation. Brief Negotiation involves a short, structured discussion that evokes a client's internal motivation to change. Traditional care primarily focuses on imparting information—care managers tell clients what to do and how to do it in order to achieve healthy changes in behavior. However, it has been recognized that knowledge alone is poorly related to self-management behavior. Recognizing a client's readiness to change and identifying specific personal goals that support change have much more power to mobilize an

individual to alter behavior. For care managers, only a 15-minute session is needed with each client to motivate them to incorporate the physical activity program into their daily routines.

Choosing Healthy Moves for Aging Well

Many congregate community-based programs, although not always evidence-based, are currently available or being developed for well elderly or elderly who are able to attend group activities either in senior centers or adult day healthcare centers. The rationale for creating the Healthy Moves program is that few, if any, exercise programs have been developed that apply important physical activity research findings to frail, low-income, and diverse older adults for application in their homes. Safety in the home for frail elders can be enhanced through evidence-based and function-linked movements that represent safe and appropriate “exercise.” The Healthy Moves program is a cost-effective, culturally sensitive model that a community-based agency can incorporate into its care management program without significant additional expense or time demands on staff. The model can be widely replicated in care management agencies throughout the country.

The Importance of Evidence-based Programs

Current national initiatives are now shifting to a strong emphasis on the translation and adoption of evidence-based programs in the community. These types of programs are built on research findings that have been proven to work efficiently to improve the health and quality of life for individuals, groups, or communities. In today’s competitive healthcare environment, it is critical for providers to offer simple, cost-effective, and replicable programs that have been proven through credible research. Evidence-based programming enables providers to make more sophisticated decisions when planning, implementing, and evaluating programs that have been established in tested models or interventions.

There are numerous advantages of taking an evidence-based approach to health promotion programming. Evidence-based programs are already proven to work, thus increasing your likelihood of getting successful outcomes. Ultimately, this may make it easier to market your program and engage valuable partners. Also, with this approach, the methodology needed to implement the program is already in place, reducing the time and resources you need to get started. Finally, evidence-based programs provide a means to evaluate your program so that you can determine whether you achieve your goals and, importantly, how you might adapt and sustain your program over time.

The Healthy Moves work is one of many exciting model programs that is modifying and adapting research findings to make them useful and practical for the community. For additional information on evidence-based health programming, please see the Center for Healthy Aging’s Issue Brief, “Using the Evidence Base to Promote Healthy Aging,” Number 1 Revised, Spring 2006 at:

www.healthyagingprograms.org/content.asp?sectionid=15&ElementID=97

The Many Benefits of Healthy Moves for Aging Well

Engaging seniors in physical activity can enhance safety, reduce falls, and curtail costly medical expenses resulting from lack of strength and injurious falls. However, the majority of older adults do not engage in physical activity and have limited access to community fitness classes. Organizations adopting Healthy Moves give their clients the tools and the opportunity to improve their health, strength, and quality of life. The program supports older adults and the community at large because it is designed to:

- Improve levels of physical activity in frail elders enrolled in care management programs;
- Improve these clients' fitness;
- Implement a program that is highly satisfying to participants;
- Increase knowledge among older adults of the benefits of physical activity;
- Raise awareness among care management professionals about the value of increasing levels of physical activity in their clients' lives; and
- Strengthen and advance geriatric care management practice by training care managers in principles of behavior change and helping them to apply these principles and motivate clients to enhance the level of physical activity in their daily lives.

II. Planning and Partners

Planning

Recruitment of clients/participants for this program is somewhat simpler than recruitment for other evidence-based programs because participants are drawn from an agency's current clients. Rather, the program primarily relies upon altering organizational-level and staff practices. Its successful implementation does not require that it be a community-wide collaboration. Community partnerships and connections will greatly enhance the program, but are not absolutely essential. An individual agency can implement Healthy Moves if it has the financial and programmatic capacity to do so. However, a deep sense of collaboration within the organization is necessary.

Getting Started

As described in the first section, inactivity in the later years is a national problem, despite the widely publicized benefits of gentle to moderate physical activity. By adding 10-15 minutes onto their regularly scheduled home visits, care managers and in-home providers can address this problem by introducing the Healthy Moves for Aging Well program to their clients and taking advantage of the "teachable moment" that they have with their clients.

Before introducing Healthy Moves or any new evidence-based health promotion program at your project site, it is highly recommended that you assess the "readiness" of the practice setting to proceed with the implementation of this intervention. A useful tool for agencies is the *Readiness Self-Assessment Tool*, developed by a work group of the National Council on the Aging (NCOA Center for Healthy Aging, 2004). This tool provides a framework for organizations and their partners to address key issues that indicate their potential for success with evidence-based programming. It is available from the Center for Healthy Aging at <http://www.healthyagingprograms.org/content.asp?sectionid=15>, as well as in the Tools section of this document found in Section VIII.

For example, before replicating the Healthy Moves program, it is very important to develop strong relationships with supervisors and elicit buy-in from senior leadership and program administrators to ensure that the program receives programmatic and financial support as well as necessary time and attention by knowledgeable staff and agency leaders. Agency leaders need to evaluate the stability of their personnel and support staff before introducing a new standard of care into an agency that inherently disrupts the culture of an organization.

University Partners: Local schools of social work, gerontology, physical therapy, occupational therapy, kinesiology and health administration are valuable partners to assist in implementing the program. Student interns from these schools assisted in the implementation phases of Healthy Moves by helping with the motivational coaching piece of the program. Interns were assigned multiple clients at a time to supervise by phone for a three-month period. In some cases, the interns were able to visit the clients in the home and provide more comprehensive exercise counseling and social support.

Volunteer Partners: To recruit motivational phone coaches to the program, it is recommended that project sites seek volunteers from reliable agencies embedded into the community. Examples include the **Retired & Senior Volunteer Program (RSVP)**, the largest older adult volunteer program that enlists older adults and retirees to serve as volunteers in their communities; **AmeriCorps**, a national service program that engages more than 70,000 Americans each year in intensive service to meet our country's critical needs; and **Title V Older Americans Act employees**, the Senior Community Service Employment Program that provides unsubsidized, part-time on-the-job training for residents, 55 years or older whose income falls within federal low-income guidelines. Nonprofits, for-profits, hospitals, and Area Agencies on Aging also have a pool of volunteers to recruit from. Depending on the volunteer's organizational abilities and hours available per week, motivational phone coaches can coach up to 100 Healthy Moves clients at a time.

Resources on Partnerships

A variety of resources are available to help you organize and sustain effective partnerships that will promote this work. We refer you to the Center for Healthy Aging Web site's Partnership Resources section at <http://www.healthyagingprograms.org/content.asp?sectionid=86> for a listing of resources.

III. Adoption

Healthy Moves for Aging Well: Is it Right for You?

After successfully piloting the Healthy Moves program, Partners in Care Foundation is moving to find more sites capable of implementing and sustaining the program. We believe industry opinion leaders who adopt an innovation can trigger a domino effect such that others in the field follow their lead.

The Healthy Moves program was developed for the care management setting because in-home providers are natural vehicles for distributing health tools to the most high-risk seniors. Thousands of sedentary seniors receive services in their home from trained providers on any given day. With no guidelines to suggest what to prescribe, home physical activity has never been formally introduced through these programs. With the right training and tools, care managers can enhance the scope of their work by teaching their clients the Healthy Moves exercises at their visits.

The program was originally designed to benefit frail, low-income, and diverse clients enrolled in publicly funded Medicaid Waiver care management programs, but the capacity of the program has expanded to appeal to additional organizations. Such organizations include, but are not limited to, home care agencies, in-home supportive services, Area Agencies on Aging, privately funded care management programs, senior centers, adult day healthcare centers, healthcare providers, health plans, and congregate housing. Healthy Moves is carefully designed to accommodate the special needs of the frail elderly safely in almost any setting. The Healthy Moves materials are available to clients and providers in seven different languages (English, Spanish, Russian, Korean, Armenian, Chinese, and Farsi) to meet the cultural and linguistic needs of a diverse older population.

The Diffusion of Innovations Model

The diffusion of innovations model is based on the Everett Rogers, PhD, theoretical model, which measures the readiness of organizations to implement a new program direction (Rogers, 2003). Readiness consists of two components: capacity and willingness. Capacity measures the availability of resources and experience with similar types of programs and skill sets. Willingness looks at the decision and preparatory steps necessary to undertake an innovation. We have learned from our pilot program how important it is for potential Healthy Moves adopters to assess these components at all levels—from administration to line staff—before attempting to adopt such an intervention.

Indicators of Readiness

Based on more than five years of experience implementing Healthy Moves in care management agencies, we have identified a number of common predictors of and barriers to success. Characteristics we believe indicate a high likelihood of success include:

Program Resources

- ◆ Stable client enrollment near target capacity
- ◆ Adequate staffing levels and finances
- ◆ Flexible systems capable of incorporating Healthy Moves
- ◆ An organization not simultaneously engaging in other major changes
- ◆ Healthy Moves not viewed as more complex than other new programs that the organization has successfully adopted

Organizational Culture

- ◆ Key members of the staff believe that sedentary behavior puts their clients at risk and that clients would benefit from being introduced to movements they can perform at home
- ◆ Commitment and enthusiasm from one or more levels of staff (executive, managers, supervisors, and care managers) to champion the effort
- ◆ Members at all levels (board, executive staff, managers, supervisors and care managers) are involved in deciding to adopt Healthy Moves
- ◆ Track record of successfully implementing new procedures, research or pilot studies, or new models and systems of care

Staffing/Expertise

- ◆ Low levels of staff turnover
- ◆ Sufficient supervisory staff
- ◆ A staff accustomed to making frequent home visits
- ◆ Care managers willing to consider expanding their scope of work and learning new systems and procedures that will benefit their clients
- ◆ Care managers concerned about their clients' welfare
- ◆ Care managers who do not report being overburdened by their work responsibilities and are willing to follow up with clients on their progress

Ensuring Buy-In

In our experience, organizations that have these readiness indicators ensures that most participating sites are motivated and able to take on the Healthy Moves program. In general, however, we have also found additional crucial preconditions for successful buy-in, as well:

1. ***There must be a “felt need.”*** The issue addressed by the intervention must be something that staff and/or clients know to be a problem and wish to resolve. In the case of Healthy Moves, the public (including clients and their families), agency leaders, and/or care managers must be sufficiently concerned about the lack of physical activity and willing to allocate the time, effort, and resources necessary to implement a new program. A sense of the importance and urgency

of the problem should be widespread among stakeholders. Basically, it has to feel important enough to deserve one's effort.

2. ***There must be a champion.*** At least one strong and positively influential person in the organization must be enthusiastic enough to pull others along, learn systems, mentor, serve as an example, and cheerlead when there are successes.
3. ***There must be underlying stability.*** The organization should not be in turmoil; resources should be viewed as adequate; staff turnover should be minimal (at least comparatively speaking); and there must have been some recovery time since the last big change.

If people understand deeply how important the effort is, if there is contagious enthusiasm, and if it feels safe—like a no-lose proposition—the only thing left is to try to *make it fun!* In our experience, incentives, contests, and celebrations go a long way toward facilitating success.

Our Experiences: Successes and Challenges

When implementing a new program, it is important to recognize that it is challenging to integrate any kind of change into organizations, especially into care management programs with complex record-keeping with large client case loads. In retrospect, the most challenging component of Healthy Moves has been engaging the providers to adopt a new program into their established setting. While changing provider behavior is a difficult and complex task, there are solutions for achieving change in the practice setting despite existing or inherent barriers. These organizational change steps parallel the stages of individual behavior change used as the basis for Health Moves.

One solution to changing provider behavior is to involve the providers in the planning phase of the program. Joint planning with program staff, agency management, and clinical staff helps identify valuable methods to modify the Healthy Moves model for real world practice. Conducting focus groups with key players assists in identifying and developing methods that improve delivery of change counseling, exercise education, implementation, and maintenance within the care management model. Based on our experience, asking staff's permission or opinion before introducing a new program and involving them in the decision-making yields better outcomes. In select sites, we have found that monetary and time bonuses help motivate clinicians to take the extra time to introduce the clients to the Healthy Moves program.

Another solution to integrate change is to market the intervention to care managers in terms of its value to their clients. Providers have a strong interest in improving their clients' quality of life. For example, in one of our project sites, the intervention was presented as a good way to prevent falls, which care managers recognized as a critical issue for their clients. They knew a large majority of their clients suffered from multiple injurious falls because of their frail condition and poor muscle strength in their lower extremities. Healthy Moves, therefore, was framed as a good way to improve older adults' functioning and reduce falls. Sharing client testimonials linked to these kinds of benefits in the form of videos, websites, newsletters, and presentations generated

further enthusiasm for Healthy Moves. In our experience, the likelihood that a practice setting will adopt a new program into their standard of care relies heavily on how well the program's marketing addresses their interests and values.

IV. Reach – Outreach – Recruiting Participants

Who Benefits from Healthy Moves for Aging Well?

Healthy Moves for Aging Well is designed to benefit older adults who are currently enrolled in a care management program involving an ongoing, problem-solving relationship with a care manager. Thousands of frail elderly are clients of varied types of care management programs nationwide. Throughout the country, the majority of states sponsor Medicaid Waiver care management programs. There are 77 waiver programs across the country that serve an estimated 377,000 impoverished older adults. In California, the waiver program serves an estimated 12,000 low-income, frail, and diverse older adults on any given day.

Senior centers locally and across the country also provide an array of care management services for frail elders and are focused on maintaining health status and preventing nursing home placement. Since the staff are already paid for, we believe you can enhance their effectiveness and impact by integrating a structured, evidence-based physical activity intervention into these programs.

Once your care management program decides to implement the Healthy Moves program, you will need to choose clients that are appropriate for enrollment. Specific recommended participant recruitment criteria include:

- Age 65 years and older
- Willingness to participate (motivation)
- Caregiver in the home not required but permissible
- If client lives alone or has no caregiver available, s/he must have ability to stand unassisted in order to exercise alone safely
- Cognitive status sufficient to follow directions

Stages of Change: Overcoming Common Recruitment Barriers

Evidence-based health promotion programs are designed to help participants make informed decisions about their health and support appropriate behavior change. Change interventions are especially useful in addressing lifestyle modification for disease prevention, chronic disease self-management, fall prevention, healthy eating, and other similar activities. The failure of participants to make appropriate behavior changes or to even participate in programming is often ascribed to a lack of motivation.

We have found that the Stages of Change model, which offers us a more sophisticated way of better understanding participant readiness to make change, of appreciating barriers to change, and of helping older adults anticipate relapses, can result in better rates of client participation and ultimately, better health outcomes.

The Stages of Change model, developed by Prochaska and others, argues that for most persons a change in behavior occurs slowly. Regardless of age, an individual goes through several stages, starting with being uninterested, unaware, or unwilling to make a change (**precontemplation**), to considering a change is warranted (**contemplation**),

to deciding and preparing to make a change (**preparation stage**). The individual then takes genuine, determined action and, over time, he or she attempts to maintain the new behavior (**action stage**). Relapses are almost inevitable and become part of the process of working toward lifelong change (**maintenance stage**). We suggest you learn more about the Stages of Change model and how it can be used to enhance your recruitment and retention of participants.

Effective recruitment and retention strategies take into consideration the stage of change of the potential participants, as each stage requires very different approaches. By identifying the participant's stage of change in relation to your program, you can tailor your recruitment efforts to incorporate the participant's current attitudes and skill set.

In the Healthy Moves program, care managers use these stages of change criteria to identify barriers for each client. Addressing barriers and identifying specific personal goals that support changes have much more power to mobilize an individual to change behavior. Common barriers to adopting a physically active lifestyle among older adults include pain, poor health, educational level, weight, attitudinal barriers, fear of injury, social isolation, lack of time, information, and motivation (Dunlap & Barry, 1999).

Additional barriers for adherence to the Healthy Moves program are lack of knowledge of the importance of exercise, lack of interest, and clients' belief that they are already active enough. Additionally, many older adults, especially women, may not feel comfortable being physically active as they feel self-conscious about their body or functional ability.

Care managers and motivational coaches are trained through the Healthy Moves program to use behavior change strategies to increase activity levels to address all these barriers. Retaining client participation and assisting them in addressing the issues and barriers that typically undermine successful behavior change are key to the success of the program. The care managers, motivational phone coaches, family members, and caregivers are essential to maintaining client enthusiasm, and can help identify and address ongoing barriers to sustaining client participation.

V. Implementation

Healthy Moves for Aging Well: The Basics

Healthy Moves for Aging Well is a simple, safe, and evidence-based physical activity program designed to enhance health outcomes for frail, high-risk, and diverse older adults receiving services in the home. The program utilizes care managers from community-based care management agencies to teach the program's exercises to their older clients in their homes. During regularly scheduled visits, care managers enroll clients into the program by assessing their ability and readiness to participate safely and by using motivational interviewing techniques to engage each client in setting a goal.

Following enrollment, the agencies recruit and train motivational coaches from the community and local universities to complement the role of the care managers in reinforcing behavior change through motivational interviewing techniques. Dedicated, flexible, and patient coaches with cultural and linguistic competency for the clients in the program call their assigned clients on a weekly or bi-weekly basis to offer social support, motivate the clients to adopt and maintain the recommended exercises, and monitor each client's participation in the physical activity program. The care managers monitor their clients' participation during their monthly phone calls and at their regularly scheduled appointments. Depending on the structure of the care management agency, care managers formally reassess their clients in the home at three-month intervals.

Healthy Moves was developed for the care management setting because in-home providers are natural vehicles for distributing health tools to the most high-risk seniors. Geriatric care managers have ready access to and trusting relationships with frail elderly and are already focused on maintaining clients' health status, delaying or preventing institutionalization, and improving linkages with medical and community resources. Thousands of sedentary seniors receive services in their home from trained providers on any given day. With no guidelines to suggest what to prescribe, home physical activity has never been formally introduced through these programs. With the right training and tools, care managers can enhance their scope of work by teaching their clients the Healthy Moves exercises at their visits. Integration of a structured evidence-based physical activity program is generally compatible with the current goals and objectives of these programs.

The Healthy Moves approach is unique and beneficial for participants and organizations given that the program utilizes existing staff and can be used during regularly scheduled visits with clients. The program can be cost-effective, culturally sensitive, and sustainable, and it can improve client health. Community based agencies can incorporate this model into care management programs without significant additional expense or time demands on staff.

The Importance of Fidelity

Evidence-based programs like Healthy Moves are grounded in research. There are specific core components or constellations of components that comprise the essence of the program. In order to be assured of the health outcomes ascribed to the program,

these core components must be maintained in your implementation. This is termed “maintaining fidelity” to the original model. In order to implement Healthy Moves in your community and better match the program to your target population, you may wish to alter some of the program’s characteristics. Before making changes, however, be sure you understand what adjustments can be made without affecting the intervention’s core components, and ultimately client outcomes. The following discussion describes the core elements of the Healthy Moves program.

Healthy Moves for Aging Well: The “Core Components”

The Healthy Moves program merges two evidence-based components to increase the likelihood of older adults adopting a more active lifestyle: a lifestyle change counseling method called Brief Negotiation developed by behavior change experts Prochaska and DiClemente (1983) and a physical activity intervention modeled and adapted from the Senior Fitness Test work of Rikli and Jones (1999). The third core component of this program is the involvement of motivational phone coaches to support the new behavior change of each client. Complete details of each component of the program can be found in Section VIII.

The Behavior Change Component—Brief Negotiation

The Brief Negotiation behavior change component of Healthy Moves is an evidence-based method based on established behavior change theory and empirical clinical research. This counseling style offers an innovative approach for clinicians to increase older adults’ intrinsic motivation for making and sustaining health behavior changes.

Fundamental Belief:

The potential for making health behavior change is within every person.

The foundation of Brief Negotiation is modeled after the Stages of Change Model, also known as the Transtheoretical Model (Prochaska & DiClemente, 1983). The Stages of Change Model was established to recognize that people cycle through a series of stages as they strive to make and sustain successful lifestyle changes. The stages of change in relation to a physical activity program are precontemplation (client has no interest in starting to exercise), contemplation (client is thinking about starting but has made no plans), preparation (client is planning to exercise), action (client starts exercising), and maintenance (client sustains new behavior) (Dunlap & Barry, 1999).

For the Healthy Moves program, the care manager walks the client through the stages of change by using appropriate strategies that match the client’s readiness to change. A simple method involves a readiness ruler (Figure 1) scaled from 0 to 10 (higher numbers indicate greater readiness to change). The care manager asks the client to select a number that best describes how ready s/he is to consider making a particular change. After understanding the client’s current state of readiness, the care manager can ask a variety of follow-up questions to help the client increase and strengthen intrinsic motivation (e.g. *What prompted you to pick a 4 and not a 1? What would it take for you to move from a 2 to a 5? How might your life be different if you begin exercising?*)

What are the disadvantages of being physically active? What are the advantages of being physically active?). This method, also known as “change talk,” invites the client to make the arguments for change and ways of achieving it. This approach has been shown in the research literature to be related to whether a behavior change will actually occur (Bem, 1965; Amrhein, et al., 2003).

FIGURE 1: How ready are you to consider increasing your physical activity?



After it is clear that a client is motivated to make changes in activity levels, the clinician collaborates with the client to set goals and identify an achievable plan of action. Clinicians are trained to explore realistic goals with each client that can be accomplished through repetition and mastery of the Healthy Moves exercises (see Table 1, below). Goals frequently chosen by participating clients include walking in the home without falling, walking outside to the curb to get a ride, pouring a drink from a carton, rising from a toilet, and getting to the toilet on time.

When consistently incorporated into practice, Brief Negotiation strategies produce significant results for older adults: they increase clients' confidence in making and sustaining changes to their lifestyles. In Healthy Moves this approach is incorporated to encourage increased physical activity levels and prevent relapse into sedentary behavior. It also leads to subsequent improvements in patient satisfaction and health outcomes.

The Physical Activity Component

For the physical activity component of this evidence-based work, the developers of Healthy Moves collaborated with Rikli and Jones, to select five seated and standing in-home exercises developed to improve the physical functioning of frail older adults with repetition. The seated exercises consist of arm curls, the seated step-in-place, and the ankle point and flex. The standing exercises are for more advanced clients and include the chair stand and standing step-in-place. When appropriate, after mastery of the seated exercises, care managers are trained to encourage their clients to graduate to the more advanced standing exercises that focus on balance, flexibility, endurance, and stamina. Care managers distribute guidelines concerning the number of repetitions per movement to all participating clients. Care managers and motivational phone coaches then encourage clients to do the movements three to five days per week.

We chose the five Healthy Moves exercises because of their simplicity, given our very frail population and their direct relationship to everyday movements and the specific muscles they target (Table 1). For example, chair stands are important for getting out of a car and rising from a toilet or chair. By practicing exercises such as the seated or standing step-in-place and the ankle point and flex, clients ideally become more efficient with the exercises, build strength in the engaged muscles, increase flexibility, and even facilitate movements

such as walking. The Healthy Moves exercises are designed to help clients maximize their independence by giving them the strength to shop, hold grandchildren, get to the toilet, pour liquids to drink, and perhaps most importantly reduce the risk of falls.

TABLE 1. HOW DO THE MOVEMENTS APPLY TO DAILY LIFE?		
Movements	Examples of Benefits	
Arm Curl	<ul style="list-style-type: none"> • Lifting/carrying laundry & groceries • Pouring a drink from a carton 	<ul style="list-style-type: none"> • Builds upper body endurance & strength • Holding grandchildren
Ankle Point & Flex	<ul style="list-style-type: none"> • Increases ability to lift toes to avoid tripping on rugs, steps & curbs • Reduces fall risk 	<ul style="list-style-type: none"> • Increases blood circulation to manage/prevent ankle swelling • Increases ankle flexibility
Seated Step-In-Place	<ul style="list-style-type: none"> • Getting to toilet • Walking in the home 	<ul style="list-style-type: none"> • Shopping for groceries • Getting the mail
Standing Step-In-Place	<ul style="list-style-type: none"> • Getting to toilet • Walking outside to get ride 	<ul style="list-style-type: none"> • Shopping for groceries • Getting the mail
Chair Stand	<ul style="list-style-type: none"> • Rising from a chair or toilet • Getting on & off public transportation 	<ul style="list-style-type: none"> • Getting in & out of the car • Strengthens lower legs

The Motivational Phone Coaching Component

The third component of Healthy Moves is the involvement of volunteer motivational phone coaches. Every client enrolled into the program is assigned a motivational coach for three months. The care manager and coach work collaboratively with each client, based on the client's functional ability, to introduce the Healthy Moves exercise plan. The care manager is the responsible professional, and the coach is a lay resource, bringing personal support and encouragement to the first phase of lifestyle change. The involvement of coaches enhances the care manager's ability to motivate clients and sustain lasting behavior change.

The coach's primary job is to call the client on a weekly basis for the first eight weeks, then alternate weeks for the final four weeks. The coach encourages each client to perform the Healthy Moves exercises three to five times a week, with the ultimate goal for the client to be physically active on his or her own without assistance from the motivational coach. Each coach completes a phone log to track the client's progress during the three-month period. During each phone call, the coach monitors the client's progress with the movements, engages the client in goal-setting discussions, encourages the client to come up with solutions to challenges, offers social support and recommendations when appropriate, and instills confidence in the client's ability to make positive changes.

Getting Trained

In order to implement Healthy Moves for Aging Well, the in-home providers and motivational coaches must attend two training sessions led by expert consultants to learn the core components of the program. To reduce consultant fees, the Healthy Moves program developers at Partners in Care Foundation are exploring the production of a low cost training video. Visit www.picf.org or call 818-837-3775 for more details.

The first training session is a two-hour physical activity training led by a fitness expert with geriatric expertise in the training of older adults. To locate fitness trainers in your area, visit the following websites: <http://www.ideafit.com/index.htm> (Click on *Personal Trainer Locator*) or <http://www.acefitness.org> (Click on *Find an ACE Professional*). The training instructs participants how to teach the exercises correctly to older adults, explains the purpose of each movement, and provides demonstrations on how to assess and record the functional independence of clients using the Modified Senior Fitness Test. The training also addresses fall risk and prevention, the recruitment of clients, program evaluation, red flags indicating when exercising is not appropriate, and goal setting relating to the movements. A sample agenda for this training is included in Section VIII.

The second training session is a two- to four-hour training session in Brief Negotiation facilitated by a trainer with expertise in lifestyle change counseling and in Brief Negotiation methods (see Section VIII). In addition to appropriate credentials as a mental health professional with a health background, psychologist, or nurse, the expert must have training, experience, and qualifications to provide this consulting. This requires a search for an available consultant who has the skills to provide this kind of group education.

This training will teach participants how to use the Brief Negotiation methods to evoke a client's internal motivation for positive health behavior change. A sample agenda for this training is included in Section VIII. For care managers, only a 15-minute session is required with each client to encourage their identification of personal goals needed for motivation to incorporate moderate-intensity physical activity into their daily routines. This might include goals like reducing risk of falling, increasing ability to safely hold a grandchild, or improving endurance for walking, such as at a family wedding. To contact Brief Negotiation trainers in your area, visit the following website: <http://www.motivationalinterview.org>. This site includes general information about this counseling approach, as well as links, training resources, and information on recent research. When selecting trainers, be sure they have some knowledge of physical activity and behavior change specifically for the older population.

Critical Roles

There are two important roles in the implementation of Healthy Moves for Aging Well—the Care Manager/In-Home Provider and the Volunteer Motivational Phone Coach.

Care Manager/In-Home Provider

The role of the care manager/in-home provider in the Healthy Moves program is to introduce each client to the exercises and complete pre-test and three-month post-tests for the program evaluation. For the program to be successful, care managers need to be able and willing to recruit clients to participate in the Healthy Moves program. To orient them to the program, care managers attend two trainings, where they learn the exercises and use behavior change principles to engage each client in goal setting and lifestyle changes. They also collaborate with each client's assigned motivational coach and monitor each client's participation during their regularly scheduled calls and visits.

Volunteer Motivational Phone Coaches: Recruitment

Motivational coaches need to be recruited for each project site reflective of the diversity of the client population and capable of developing cultural competence for this new role. Coaches can be either retired or still working—as long as they have time to call their client once a week. When recruiting coaches, it is important to look for people who understand frailty and the challenges of aging. They must be motivated, enjoy working with older adults, have good communication and interpersonal skills for telephone support services, be dependable and enthusiastic, and have cultural and linguistic competency for the clients in the program.

Motivational coaches can be recruited from community resources such as Telephone Reassurance programs, AmeriCorps and RSVP (Retired Senior Volunteer Programs), or from professional organizations, especially healthcare organizations. Graduate students in social work, gerontology, occupational therapy, physical therapy, nursing, and kinesiology also make great coaches. In our experience, alternate types of coaches can be engaged, including care managers themselves and even paid homemakers who are already providing care in the home. Neighbors and families of clients can also be included.

Once recruited, coaches need to be trained. Each coach is given an instructional booklet and client call log for each client they coach. This booklet provides step-by-step instructions for coaches, with a list of sample questions that they should ask during each phone session. After each phone session, coaches are instructed to complete the client call log to record the information that was exchanged over the phone.

More detailed instructions on all aspects of implementing the Healthy Moves program can be found in Section VIII at the end of this document.

VI. Maintenance

Sustaining the Healthy Moves program was our goal from the onset and became even more our focus as the success of the program became evident through client and care manager testimonials. The overall goal of the Healthy Moves program is to establish physical activity as a standard of practice for Medicaid waiver programs providing services to high-risk, low-income elders who live at home. To implement the program broadly requires adopting organizations t:

- Recruit care management sites, including leaders and champions in each;
- Recruit motivational phone coaches to support the clients;
- Build upon existing partnerships and/or creating new ones;
- Provide ongoing training and support for implementing sites; and
- Identify a coordinator to work with motivational coaches and care managers.

Site-level maintenance of Healthy Moves: Once the program is implemented within an organization, it is important to sustain the program by:

- Providing ongoing support and education for care managers and coaches through meetings, case conferences, e-mails, newsletters, and phone calls;
- Training new staff members to introduce the program properly;
- Ensuring care managers are enrolling clients into the program on a consistent basis;
- Identifying new funding sources for expert trainers to offer in-services on physical activity and motivational interviewing techniques (optional);
- Conducting satisfaction surveys and other continuous quality improvement procedures to identify best practices and problems (see Section VIII for a sample survey); and
- Providing feedback to staff, funders, care managers, phone coaches, and community partners by sharing evaluation results and survey outcomes, including client vignettes and testimonials (see Section VIII for sample testimonials).

Next steps in Partners in Care Foundation's dissemination of Healthy Moves

The next phase of the project is to roll the intervention out to additional project sites in California and other states. In our effort to make this the standard of care in California, we are also working at the state level with the California Department of Aging to enhance policies supporting the inclusion of physical activity in all waiver programs. Our outreach efforts to date have focused on hosting presentations and workshops at conferences organized by professional groups such as the Gerontological Society of America, the American Society on Aging, the National Council on Aging, the National Association of Area Agencies on Aging, and the Centers for Disease Control.

Web site: A key dissemination tool is our Web site, www.picf.org. The Healthy Moves program can be found under the Aging Well Area of Focus. Many agencies have visited the site for the toolkit, to download project materials and PowerPoint presentations, to sign up to volunteer, and to ask for consultation in implementing the program.

VII. Effectiveness, Performance Measures, and Other Outcomes

Appropriate client outcomes and performance measures are important because they provide feedback to participants and demonstrate the success of the intervention for individual cases and as a whole. Evaluation measures can assess whether or not the program is producing benefits for participants that are comparable to the tested intervention. This is critical, as Healthy Moves' positive outcomes have already generated interest in the program among public and private funders and other sponsoring organizations, as well as older adults themselves. At the organizational level, documentation of the process demonstrates whether care managers and clinicians can engage their clients in this simple physical activity program in the home. Evaluation measures are both informative and enriching for organizations interested in future replication.

Key Outcome Measures

In Los Angeles, California, the key outcome measures Partners in Care used to test the effectiveness of Healthy Moves included the following: reduction of pain and depression, decrease in fear of falling and the number of injurious falls, goal setting and goal attainment, and maintenance of or improvement in physical functioning using a modified version of the evidence-based Senior Fitness Test. The most direct evaluation is repeated fitness measures using the modified Senior Fitness Test assessment that indicates improvements, maintenance, or decline on each of the exercises. The evaluation also explored care managers' satisfaction with the program, using a satisfaction survey asking about the adequacy of training, supervision, and support, their ability to implement the program, any adaptations they need to make, and their willingness to continue facilitating the program. This survey can be adapted to meet the needs of individual organizations offering the program. Finally, the success of Healthy Moves was evaluated by pursuing the following three research questions:

1. Does the intervention change care manager behavior?
2. Does the intervention change client behavior?
3. Does the intervention change the client's health outcomes?

What We've Found: Participant Outcomes

Overall, there are strong indications that Healthy Moves benefits the older adults who participate in several ways. Key measures of success for participants were tested through two generations of the project, including a pilot project from 2001 to 2004 funded by the John A. Hartford Foundation and a demonstration project from 2004 to 2008 funded by the Archstone Foundation, The California Endowment, and the UniHealth Foundation. It was also recognized as one of the current United States Administration on Aging Evidence-based Prevention Programs for the Elderly.

Pilot Project, 2001-2004

During the first generation of this work, we piloted Healthy Moves at four Medicaid Waiver sites in Los Angeles. With the assistance of trained care managers and motivational coaches from the community, we enrolled 49 clients in the Healthy Moves

program for a six-month period. Under supervision, care managers and coaches assessed client functional ability using the Senior Fitness Test, taught a variety of safe and simple in-home exercises to improve strength and the overall health of the clients, and monitored client involvement in the program on a regular basis. The results of the Healthy Moves pilot incorporating these new tools were promising, with a high 76.2 percent client retention rate in the in-home exercise program after six months of participation. Improvements were seen in many of the clients, including a once-sedentary, diabetic, mono-lingual Lebanese client who lost 40 pounds, improved his blood-sugar levels, and became ineligible for the care management program because he became too healthy. Other clients also expressed enthusiasm for the program. A 71-year-old Healthy Moves participant suffering from congestive heart failure began doing stretches, arm and leg lifts, and walking around her community pool.

Demonstration Project, 2004-2008

The favorable results of the pilot with four agencies clearly demonstrated the efficacy and value of the program for “able and willing” clients and led to the next application of this work. From 2004 to 2007, Partners in Care Foundation collaborated with Medicaid Waiver care management agencies in Los Angeles to test the ability to mainstream this innovative program as a new practice standard among a much larger pool of clients. The test sites included Partners in Care Foundation, AltaMed Health Services, Jewish Family Service of Los Angeles, and Huntington Hospital Senior Care Network. The evaluation of this generation of the program is still in progress until January 2008. To date, more than 800 older adults have been enrolled into the program.

Evaluation Tools

To engage providers in the Healthy Moves program, the intervention must fit into their practice environment. It is challenging to integrate change in any degree or form into existing community-based organizations, especially into care management programs requiring complex record-keeping with large client caseloads. The intervention, training time, evaluation, and procedural requirements must be simple and succinct. Therefore, Healthy Moves project sites have the option of evaluating their site’s performance using one of two evaluation methods, depending on the desired intensity level. The following tools are available:

- Long Enrollment & Three-Month Follow-Up Evaluation Forms
- Brief Enrollment & Three-Month Follow-Up Evaluation Forms

The long evaluation forms for the Healthy Moves program offer project sites an opportunity to evaluate all of the key outcome measures mentioned above, including reduction of pain and depression, decrease in fear of falling and the number of injurious falls, goal setting and goal attainment, and maintenance of or improvement in physical functioning using a modified version of the evidence-based Senior Fitness Test. Following the baseline enrollment of the client into the program, the care manager or motivational phone coach visits the client again in the home three months later and completes the long version of the follow-up form. The longer version of the evaluation

form enables the care manager to assess the client's ability to perform the program's movements using the modified Senior Fitness Test assessment.

The brief enrollment and three-month follow-up forms are available to project sites that do not have the time to collect evaluation measures during the home visits. The brief enrollment form assesses a client's readiness to consider participating in the program and engages the client in goal setting and goal attainment. The health outcome measures and modified Senior Fitness Test assessment are not included in this version of the evaluation. While the longer version is more comprehensive and useful when assessing the effectiveness of the program on individual clients, the brief version may be more practical to use in some sites, depending on the level of evaluation desired.

VIII. Appendices of Tools

1. Introduction/Background
 - Article(s) on original intervention
 - Background research reference list
2. Planning and Partnerships
 - Readiness Tool:
<http://www.healthyagingprograms.org/content.asp?sectionid=15>
 - Request for Funding
 - Center for Healthy Aging Partnership Resources:
<http://www.healthyagingprograms.org/content.asp?sectionid=86>
3. Implementation
 - Care Manager Training Tools
 - Brief Negotiation Training Agenda
 - Brief Negotiation Roadmap
 - Stages of Exercise Initiation and Matched Strategies (table attached)
 - Physical Activity Training Agenda
 - Healthy Moves Role-Play Script
 - Chairbound Exercises
 - Advanced Exercises
 - Motivational Phone Coach Training Tools
 - Phone Coach Instructions
 - Phone Coach Client Call Log
 - Participant (Client) Handouts
 - Chairbound Exercises
 - Advanced Exercises
4. Maintenance
 - Sample Request for Funding (??)
5. Effectiveness/Efficacy
 - Performance Measures: Evaluation Tools
 - Long Enrollment & Follow-Up Evaluation Forms
 - Brief Enrollment & Follow-Up Evaluation Forms
 - Satisfaction Questionnaires
 - Director/supervisor questionnaire
 - Care manager/clinician questionnaire

