"Move More" Replication Guide

A guide to help community groups plan, implement and promote **low-cost programs** to **increase physical activity** among adults

Developed by Alison Jones Webb on behalf of ***Move More***

January 2008

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MaineGeneral Health

"Move More" Replication Guide

The Diabetes Initiative of the Robert Wood Johnson Foundation was designed to demonstrate sustainable diabetes self-management programs in "real-world" settings. Through 14 demonstration projects around the country, the initiative examined ways to advance diabetes self-management in primary care settings and to improve the network of community supports for self-management. Clinic-community partnerships, such as the partnership between MaineGeneral Medical Center and *Move More,* demonstrated healthier self-management behaviors and improved clinical outcomes for the people they serve.

Move More is a community group located in rural central Maine that helps people be more physically active and eat better. We use a social marketing approach to designing interventions, and our work is founded on evidence-based interventions in The Community Guide. The grant MaineGeneral Medical Center received from the Diabetes Initiative provided resources for *Move More* to develop a pilot project to increase physical activity levels in adults with type 2 diabetes. This was followed by the expansion of the *Move More* program to other audiences and a broader geographic area.

As we expanded to new communities, we realized the power a community-based, locally-developed, organic intervention can have in changing health behaviors, compared to a pre-packaged intervention that may not fit the needs of adults in our area. This Replication Guide assembles in one place the rationale, methods and tools for building such a community-based program. Our hope is that other community groups will use it to develop interventions tailored to meet the specific characteristics of their communities.

Alison Webb, Move More coordinator, worked with *Move More* partners to develop this guide. We also want to acknowledge the assistance we received from a number of individuals as we developed this guide. First, this project was possible only because of the support and encouragement of the Robert Wood Johnson Foundation® and, in particular, Carol Brownson, who serves as Deputy Director, National Program Office, of the Diabetes Initiative. Colleagues in the National Program Office were also instrumental in developing and completing the project: Victoria Anwuri, Candice Graham and Mary O'Toole contributed to developing literature searches and editing.

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"Move More" Replication Guide

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Introduction

Move More is a community group that helps people be more physically active and eat better. We work to prevent chronic disease and help people manage chronic disease by changing health behaviors, such as increasing physical activity and improving nutrition and other self-care skills. We help employers, community groups, health care providers and citizens build and maintain healthy lifestyles.

We are located in the Kennebec Valley, a rural area in central Maine, and have been an active force in the community since 1999. Our leadership is composed of volunteers from a mix of health and social service organizations who participate in Greater Waterville PATCH (Planned Approach To Community Health), which has served the region since 1988.

This *Move More* Replication Guide is designed to help community groups plan, implement and promote a low-cost program like *Move More* to increase physical activity among adults. By following the steps in this guide and using our reproducible materials, groups can develop similar programs tailored to their own communities.

The *Move More* program provides enrollees with pedometers, physical activity logs and incentives branded with the *Move More* logo to encourage and support physical activity, yet it is much more than a pedometer program. *Move More* acts as a bridge between the clinic and the community and serves as a key element of the "community" portion of The Chronic Care Model in our area[1]. Our volunteers (called Movers) are trained to support enrollees and refer them to community resources for physical activity and chronic disease self-management skill development. We have further trained some volunteers (called Lay Health Educators) to deliver an evidence-based chronic disease self-management program in the community.

Using this guide, you will learn to:

- Assess your community's physical activity assets
- Identify target audience(s) for your program
- Tailor your *Move More* message to your target audience
- Implement CDC evidence-based interventions for increasing physical activity among adults
- Recruit and train volunteers to support your program

The keys to success in this physical activity program are:

- Building on existing capacity in your community, such as walking trails and indoor walking spaces at schools or community centers
- Working with health care providers to refer adults to your program
- Working with employers to support their workplace wellness initiatives
- Using volunteers to promote the program and provide support to people enrolled in your program
- Using social marketing to identify target audiences and develop appropriate messages for each audience
- Using the Centers for Disease Control and Prevention (CDC) evidence-based recommended interventions for promoting physical activity

Move More bases its interventions on: (1) data; (2) evidence-based recommendations for increasing physical activity levels; and (3) an evidence-based self-management program. Data sources include local health status indicators of chronic disease available from our local health system, as well as focus group and survey data about barriers to physical activity. (In our area, these include long winters and high rates of poverty.) We use evidence-based recommendations from the CDC for increasing physical activity; these recommendations are published in *The Guide to Community Preventive Services*. We also use the chronic disease self-management program developed by Stanford University to teach self-management skills.

Move More also uses social marketing to: (1) determine the health problem to be addressed; (2) define the target audience(s); (3) conduct formative research; (4) develop a strategy; and (5) develop a message and communication plan. Key elements of the program are evaluated as resources become available.

We encourage you to learn more about *Move More* by going to our Web site, www.movemore.org.

Move More was formed when health care providers and health promotion staff in our local health system (MaineGeneral Health) identified both low levels and lack of opportunities for physical activity in the community as high priorities to address in order to improve the health of our population. We have relied on partnerships with health care providers, social service agencies, businesses and support from community members to build an ongoing program.

Partners contribute resources as they are able. MaineGeneral Health has played a key role in providing resources and staff time to the group. *Move More* has been successful in obtaining grant funds as well.

For more information

To learn more about the Robert Wood Johnson Foundation (RWJF) Diabetes Initiative, go to http://diabetesinitiative.org.

For more information about The Chronic Care Model, visit http://improvingchroniccare.org/.

More information on Stanford University's Chronic Disease Self-Management Program is available at http://patienteducation.stanford.edu/programs.

More information on The Guide to Community Preventive Services is available at www.thecommunityguide.org.

[1] For more information about the Chronic Care Model, see Wagner EH. Chronic disease management: What will it take to improve care for chronic illness? Effective Clinical Practice. 1998;1:2-4, or visit www.improvingchroniccare.org/.

How to Use this Replication Guide

This guide can be used by any community with a committed group of individuals who want to create a locally-based program to increase physical activity levels in adults. Every community is different. It is important to know the strengths and challenges in your community and use those as your starting point. Some communities may have only a few opportunities for outdoor physical activity, but their school administrators are willing to open schools for safe indoor walking. Other communities may have ample opportunities for physical activity but lack the resources to promote them so residents are aware of and take advantage of those opportunities.

It is important to "start where you are," and build on what you have. That's why it's difficult to develop a single step-by-step process that works for all communities. As a result, you will find some steps in this guide helpful and others less so because you have already accomplished them.

Group energy and resources determine what and how much are accomplished.

The steps in this guide do not need to be taken in sequence; many can be accomplished simultaneously. In fact, most community groups find they work on more than one step at a time, and they also return to completed steps to revise and improve their programs. We suggest you look through this guide, find "where you are," and as a group determine what step(s) you want to work on next.

This guide is designed to be simple and easy to use. Each section can be used on its own. Each section concludes with suggestions about where to find additional information on the internet.

All of the *Move More* resources referred to in this guide can be found on the *Move More* website, www.movemore.org, and may be duplicated without permission.

While you work on specific steps, be sure to keep the broader context in mind. Overall, your successful community-based physical activity promotion program should include the following elements:

- **Capacity building.** Develop and promote places in the community where people can be physically active; disseminate simple walking maps and lists of indoor walking spaces.
- **Peer support.** Help people who want to become more physically active by providing peer support from trained volunteers.
- **Education and information.** Give people the information they need to be physically active, eat well and prevent and manage chronic disease through written materials, web sites, volunteer outreach, community chronic disease self-management programs and referrals to appropriate services.
- **Advocacy.** Work for change in your community by helping volunteers, community members, businesses, schools and community leaders identify, develop and promote more places and ways to be active.
- **Collaboration.** Work with other groups and businesses to ensure everyone can be active and eat well if they so choose.
- **Research.** Participate in research and pilot projects that help you understand how to help people lead healthier lives in communities like your own.

Getting Started: Creating a Physical Activity Asset Map

A physical activity asset map is an inventory of a community's physical activity resources (assets). It is not necessarily a geographical map; it can be as simple as an alphabetical listing of existing community resources, which helps community members think about how to build on these resources to address community needs and improve health.

A community resource or asset is anything that improves the quality of community life. Physical activity assets can include:

- **Community members**-names and contact information of members and partners of your community group;
- **Physical activity "champions"**-names and contact information of community members who promote physical activity in their professional lives;
- **Institutions**-names and addresses of local, public and nonprofit institutions or organizations that promote physical activity for their clients or customers, such as hospitals, schools, colleges, community centers and municipal recreation departments;
- **Businesses**-names and addresses of businesses that provide physical activity opportunities, such as local gyms or fitness facilities, bowling alleys, dance studios, ice skating rinks and hotels;
- **Associations or citizen groups that provide physical activity opportunities or promote physical activity**-names and addresses of associations such as trails groups, conservation groups, Rotary clubs, bicycle coalitions and snowmobile clubs;
- **Private and public physical structures**-names and addresses of schools with gyms or tracks, recreation centers, parks, playgrounds, walking trails, etc;
- **Web sites** that provide information about physical activity in your region.

Your physical activity asset map can be simple and inexpensive to create. Following are steps to creating a low-cost, practical asset map:

1. Decide as a group on which towns or neighborhoods to include in your asset map.
2. Make assignments within your group about who will identify which assets. For example, one person could be responsible for identifying all walking trails in the area, and another person could be responsible for identifying gyms and exercise clubs.

By including community members in the creation of the asset map, you also promote community involvement, ownership and empowerment.

"Move More"

Physical Activity Asset Map
Kennebec Valley Region
October 1, 2006

3. Sort your information about private and public physical structures by town or neighborhood so they are easy to locate.
4. Enter all information into a single word processing document. Spend more time ensuring the information is accurate and less time on layout and fancy graphics that may make the final product more difficult to reproduce.
5. Instead of mass producing your asset map, print a few paper copies to show community members, then post it on the Internet. Updated versions can easily be posted on the Internet as your community changes, new physical activity resources emerge, etc.
6. Be sure to include contact information for your community group in the asset map, and invite users to send you updated or corrected information.
7. Set a date, usually a year from when the asset map is first completed, to update and revise information and discuss new strategies for promoting the asset map.

For more information

The Kennebec Valley Physical Activity Asset Map is located on the web at www.movemore.org.

There are many free and easy-to-use guides to developing asset maps on the internet. Here are some examples:

University Outreach and Extension, University of Missouri System
http://extension.missouri.edu/about/fy00-03/assetmapping.htm

Southern Rural Development Center
http://srdc.msstate.edu/publications/227/227_asset_mapping.pdf

You can also do an internet search for "asset map" and find a sample guide that suits your needs.

Evidence-Based Interventions: CDC Recommendations

All *Move More* activities are evidence-based and recommended in The Community Guide, which is overseen by the CDC. The Community Guide Task Force systematically reviewed the effectiveness of selected population-based interventions designed to increase levels of physical activity and found sufficient evidence for the effectiveness of the following physical activity interventions:

- **Community-wide campaigns;**
- **Point-of-decision prompts;**
- **Social support intervention in community settings;**
- **Individually adapted health behavior change;**
- **Creation of or enhanced access to places for physical activity combined with informational outreach activities.**

Move More follows these guidelines when developing interventions.

- **Community-wide campaigns.** The Community Guide defines these as large-scale, intense, highly visible, community-wide campaigns with messages directed to large audiences through different types of media, including television, radio, newspapers, movie theaters, billboards and mailings. Community-wide campaigns are typically conducted as part of a multiple-component effort that also includes strategies such as support or self-help groups, physical activity counseling, risk factor screening and education, community health fairs/events and environmental or policy changes, such as the creation of walking trails.
- **Point-of-decision prompts.** Point-of-decision prompts are signs placed by elevators and escalators that encourage people to use nearby stairs for health benefits or weight loss. These signs tell people about the health benefits of taking the stairs and/or remind those who already want to be more active that an opportunity is at hand.
  (A complementary strategy is to make stairwells more inviting by ensuring they are brightly lit, attractive and safe.)
- **Social support interventions in community settings.** The Community Guide defines these as interventions that focus on changing physical activity behavior through building, strengthening and maintaining social networks supportive of behavior change (e.g., setting up a buddy system, making contracts with others to complete specified levels of physical activity and setting up walking or other groups to provide friendship and support).

Move More communicates locally-tested social marketing messages about physical activity through various low-cost channels:

- Volunteers
- Posters placed at grocery stores, churches, worksites, pharmacies, physician offices, etc.
- Ads in local newspapers
- Tri-fold table displays and posters at health fairs, farmers' markets and other community-wide events
- Our website, www.movemore.org

Move More worked with large employers that had elevators in their facilities and obtained a mini-grant to design, produce and install point-of-decision prompts near elevators in key buildings in the Kennebec Valley region.

- **Individually adapted health behavior change.** These programs teach behavioral skills to help participants incorporate physical activity into their daily routines. These skills include: (1) goal-setting and self-monitoring progress toward those goals; (2) building social support for new behaviors; (3) behavioral reinforcement through self-reward and positive self-talk; (4) structured problem-solving to maintain behavior change; and (5) prevention of relapse into sedentary behavior. These behavior change programs are tailored to each individual's specific interests, preferences and readiness for change.

- **Creation of or enhanced access to places for physical activity combined with informational outreach.** These interventions involve the efforts of worksites, coalitions, agencies and communities to create opportunities for physical activity, thereby changing the local environment. Such changes include creating walking trails, building exercise facilities or providing access to existing nearby facilities. Many programs also train participants to use the equipment and offer health behavior education, risk factor screening, referral to physicians or other services, health and fitness programs and support or buddy systems.

Move More trained community volunteers called Movers to provide "natural" peer support to people who want to be more physically active. Movers work through their own social networks at worksites, in their neighborhoods and in their churches to enroll and support adults in the program. This volunteer network is the cornerstone of the *Move More* program.

Move More developed a network of Lay Health Educators and worked with physician offices to refer patients to Stanford University's evidence-based Chronic Disease Self-Management Program (CDSMP). The CDSMP was delivered by Lay Health Educators. It helps participants build confidence in their ability to manage their health and maintain active, fulfilling lives.

Move More has developed and promoted places in the community where people can be physically active. Our walking maps and lists of indoor winter walking spaces are available by calling the *Move More* office. Maps and lists of indoor spaces are also available at physician offices, municipal offices, schools, etc., and on our website.

For more information

More information on The Guide to Community Preventive Services is available at www.thecommunityguide.org.

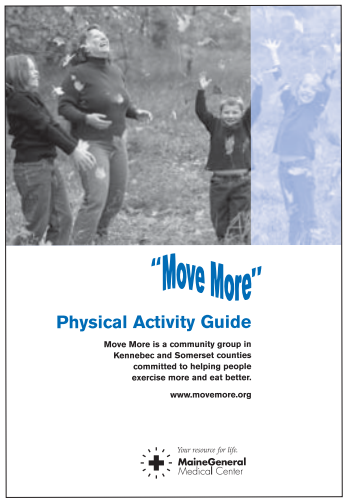
The Guide to Community Preventive Services has also been published in paperback (Oxford University Press, 2005).

More information on Stanford University's Chronic Disease Self-Management Program is available at http://patienteducation.stanford.edu/programs.

Move More maps, posters and other materials can be downloaded at www.movemore.org.

Laying the Groundwork

Resource Guides and Information Sheets



Before you begin your program, develop information about physical activity that you can distribute to program enrollees and community members. This information should be designed to increase your enrollees' knowledge of the benefits of physical activity, demonstrate healthy and safe ways to be active, provide information on places in your community where people can be active and motivate your enrollees to "move more." Materials should be easy to read and in a format that your target audience(s) will access and use. Materials also should caution people with chronic conditions to talk to their health care provider before beginning an exercise program.

Your Physical Activity Resource Guide can be simple and inexpensive to create. Following are steps to creating a low-cost guide:

1. Form a subcommittee to draft simple text about physical activity. Topics could include aerobic exercise, strengthening, flexibility, safety and avoiding injury, the benefits of physical activity, places in your community where you can be active and who to contact for more information. If you do not have someone knowledgeable about physical activity on your committee, have your health care partners review the draft.
2. Enter the text for your guide into a single word processing document. Make sure the format is clear and easy to read. Use simple language, a large font (size 12, for example) and include a few illustrations or pictures, as well as the program logo and your partners' logos.
3. Reproducing your guide can be as simple as making photocopies. Or you may be successful in finding resources to have the Guide professionally printed.
4. Distribute your guide to your partners, health care providers, municipal offices, schools and other high-visibility sites in your community that will reach your target audience(s). If you or your partners have a web site, post the guide on the Internet.

If you do not have the resources to develop your own physical activity guide, many free brochures and guides about the benefits of physical activity are available. You can tailor them to your area by inserting a single sheet listing places to be active in your community along with your logo and local contact information.

The *Move More* Physical Activity Resource Guide was printed by MaineGeneral Health and is provided to all enrollees in their initial *Move More* packet. The guide is distributed free of charge to physician practices, community organizations, employers, health fairs, farmers' markets and others. The guide is also posted on the *Move More* website.

It is important to include a health care professional in the development of your physical activity resource guide in order to secure "buy in" from the health care community.

For more information

Move More Resource Guides can be found on our website, www.movemore.org.

A good source of Information on plain writing for health communications is *Making Health Communications Programs Work*, developed by the National Institutes of Health and the National Cancer Institute. An online version is available at http://www.cancer.gov/pinkbook.

Information on writing in plain language is also available at www.plainlanguage.gov.

Walking Maps and Indoor Walking Spaces

Walking is the most common form of physical activity for adults. One barrier to physical activity is a lack of safe, convenient and low-cost or no-cost places to walk. Not all communities have networks of walking trails or indoor tracks for winter walking. However, most communities do have safe and accessible places where adults can walk, such as around the perimeter of parking lots or indoors in schools, community centers, malls or large stores.

Your walking maps can be simple and inexpensive to create. Following are steps to creating low-cost walking maps:

1. Agree on which towns or neighborhoods to include on your maps.
2. Assign someone in your group to identify existing outdoor walking areas. Go to these sites and walk the loops or routes to ensure walking trails are well maintained, sidewalks are in good shape and parking lots are well lit. Ask local employers if their employees have an outdoor walking loop they use regularly.
3. Assign someone in your group to identify indoor walking spaces. Go to these sites to ensure sufficient parking and get permission from the proper person to use the space at designated hours. Schools and community centers may open their gyms or corridors for early morning or evening walking. If possible, post the hours that the space is available for walking.
4. Ask your local recreation department or high school athletic department if they have a distance measuring wheel, and measure the walking distance of both the outdoor and indoor walking loops. (Measuring wheels also are available for purchase through online sellers.)
5. Make a map of the route by using free online mapping tools such as Google Maps for in-town walking loops, making hand-drawn maps or simply writing directions. If a map of the area already exists, try to adapt it to include your walking loop. Be sure your map is simple and clear so photocopies can be read easily.
6. Promote the use of your maps by posting them on the Internet if possible and by distributing photocopies to municipal offices, schools, health care providers, etc.

For more information

Move More maps can be found on our website, www.movemore.org.

Other maps from our area can be found at www.healthymainewalks.org.

Additional information on mapping walking loops can be found at www.movemore.org/pdf/WalkingMapGuide_lowrez%5B1%5D.pdf.

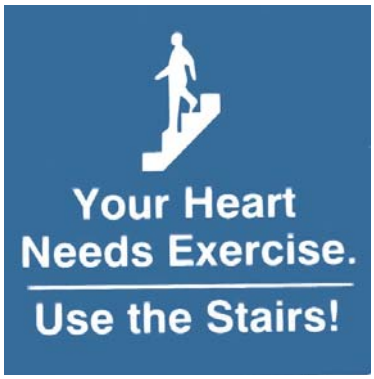
Free on-line mapping tools can be found at http://maps.google.com/maps.

Point-of-Decision Prompts

Changing social norms is an important part of increasing physical activity. One way to do this is to encourage people to make small changes in their everyday routines, such as taking the stairs instead of the elevator.

Following are steps for creating point-of-decision prompts:

1. Determine which buildings in your area have elevators, accessible stairs and a building owner (or employer) willing to post signs. Meet with the building owner or employer to discuss the message, the size and color of the sign, the materials the sign is to be made of, how the sign will be attached to the wall, etc.
2. Once you have an agreement with the building owner or employer on the type of sign, work with a sign-making company to produce a durable sign to display your message.
3. Work with the building manager or maintenance staff to install signs properly.



For more information

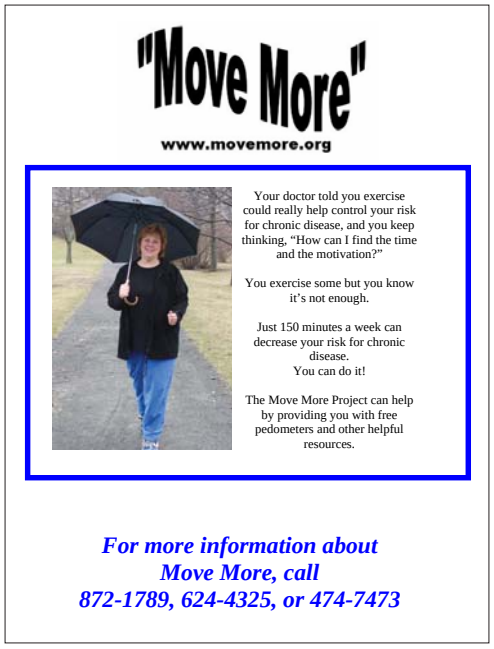
Templates for *Move More* point-of-decision prompts are available on our website, www.movemore.org.

Using Social Marketing

Developing a Social Marketing Plan

Social marketing is the use of marketing principles to influence human behavior in ways that improve health or benefit society. The basic steps in developing a social marketing plan are:

1. Describe the problem, including which health behaviors are contributing to the problem;
2. Conduct market research, including defining your target audience(s) (see below);
3. Create a marketing strategy, including message development and communication (see below);
4. Plan the intervention, or action to be taken;
5. Plan monitoring and evaluation;
6. Implement the intervention and evaluation.



Following are 10 strategic questions you can ask to help develop a basic social marketing plan. *Move More*'s response is provided as an example in italics after each question.

1. What is the social (or health) problem I want to address? ***Chronic disease.***
2. What action(s) do I believe will best address that problem? ***Increase physical activity to recommended levels.***
3. Who do I want to take that action (target audience)? ***Adults who are doing some physical activity and are ready to do more.***
4. What does the audience want in exchange for adopting this new behavior? ***To feel better, stay healthy, be able to play with grandchildren, enjoy quality of life, etc.***
5. Why will the audience believe what we offer is real and true? ***Message about physical activity levels is delivered by trusted health care providers and reinforced by credible peers.***
6. What does the competition offer? Are we offering something our audience wants more? ***Competition includes watching television, using the computer and other sedentary activities. Physical activity delivers health benefits (feeling better, ability to play with grandchildren, etc.) that have longer-lasting effects.***
7. What is the best time and place to reach members of our audience? When are they the most disposed to receiving our messages? ***At work, in the car and in the evening at home.***
8. How often, and from whom, does the message need to be delivered to influence our target audience? ***Message about physical activity levels from health care providers supported and reinforced by peers will be delivered through various media consistently over a period of time.***
9. What interventions should we use in a coordinated manner over time to influence target audience behavior? ***Volunteers located at worksites, community settings, health care provider offices, churches, etc., will enroll and provide follow-up support to participants.***
10. Do we have the resources to carry out this strategy alone? If not, where can we find helpful partners? ***Volunteers are a low-cost strategy, but require a network to recruit and support; potential partners include the local health system, social service providers, employers, etc.***

Audience Segmentation[2]

Before you can develop a successful community program to increase physical activity, you must be clear about your target audience(s). Once you agree on who belongs in this group, you need to segment (or divide) your audience into smaller subgroups according to shared characteristics that distinguish them from other subgroups. This will help you create marketing messages with specific appeal to each segment.

You can define your program's target audience — and audience segments — according to one or many characteristics:

1. Geography, such as town, city, or neighborhood where they live;
2. Demographics, such as age, gender and ethnic background;
3. Physical or medical characteristics, such as those with type 2 diabetes or those who are overweight;
4. Lifestyle, such as those who have never been physically active, those who have started a physical activity and stopped, etc.
5. Health behaviors that are either beneficial or put people at risk, such as being physical active (a benefit), engaging in physical activity only on weekends (a benefit and risk) or not participating in any physical activity (a risk).
6. Attitudes or beliefs, such as those who want to be more active, those who believe support would help them, etc.

Move More engaged in an audience segmentation exercise using a social marketing methodology.

Due to high rates of chronic disease in our area, we agreed we wanted to target adults with chronic disease or with risk factors for chronic disease. We also agreed we needed to select a target audience where we could have the most impact with our limited resources. We targeted "health seekers" and the "maybe if it's convenient to exercise" populations to increase their level of physical activity.

Experience in our area has shown us that adults do not want to be identified as having a chronic disease, so we decided to target adults in general. We identified our target audience as adults living in the Kennebec Valley region who are: 1) cleared for physical activity by their health care provider; 2) already doing some physical activity; and 3) ready to increase their physical activity levels.

Identifying a target audience helps you focus your time and resources and increases your likelihood of success with that audience. It also means you are not attempting to reach all segments of the population, so you must decide which audiences will not be included in your program efforts. For example, you may determine that some segments of the population fall outside the scope of your program (e.g., older adults who live in nursing homes) or are too difficult or costly to reach with the resources you have.

If you choose to target more than one audience, your methods and messages will most likely be different because of the characteristics of each audience segment. Because of the need for different approaches for different audiences, targeting multiple audiences has budget implications that your group will need to consider.

Message Development and Communication

To develop effective messages that will get the attention of your intended audience, you must find out about the needs, wants, knowledge, attitudes, current behaviors and perceived risks of each subgroup. You also need to learn where they get their health information. The best way to do this is to ask them! Focus groups, intercept interviews, surveys and informal information gathering are all ways to understand your target audience.

Move More wanted to deliver the message to adults that increasing their physical activity to recommended levels could prevent chronic diseases or delay the onset of complications from them. We conducted several focus groups and individual interviews with target audience members to find out more about them. In particular, we were interested in where and from whom they get information about physical activity. We held focus groups with a total of 137 adults and we interviewed an additional 109 adults. We asked the following questions:

1. What types of physical activity or exercise do you enjoy the most? Why?
2. What types of physical activity do you enjoy the least? Why?
3. If you do (would do) physical activity or exercise, where do (would) you go for the physical activity?
4. What kinds of places are available for physical activity or exercise in your area?
5. Do any neighborhood characteristics impede your efforts to carry out physical activity or exercise outdoors? Indoors?
6. Would you be more willing to do physical activity if you had another person's support? Why or why not?
7. Would you do more physical activity or exercise if you had exercise equipment available in your home? Why or why not?
8. What are the most important and second most important barriers to exercise that you face?
9. What would you suggest to help make getting physical activity or exercise easier for people in your community?
10. How can you help or encourage people in your community to exercise?
11. Would you be willing to travel to find physical activity or exercise? How far would you be willing to travel?
12. How would you suggest a person find out about available physical activity or exercise opportunities in the community? Where would you go for information?
13. What are your first and second most important sources of information about exercise or physical activity?
14. How would you rank "best practices" or programs known to be effective to motivate physical activity or exercise? [A list was provided.]

For more information

The basic steps for developing a social marketing plan are taken from *The Manager's Guide to Social Marketing*, found at http://turningpointprogram.org/Pages/pdfs/social_market/smc_managers_online.pdf.

Ten Strategic Questions is reprinted from *Social Marketing Lite*, Academy for Educational Development, 2000, www.aed.org.

CDCynergy - Social Marketing Edition is an interactive training and decision support tool designed to help Centers for Disease Control and Prevention staff and public health professionals systematically plan communication programs within a health context. CDCynergy is available for a minimal fee at http://www.turningpointprogram.org/Pages/socialmkt.html.

Additional information on social marketing can be found at The Turning Point Program website, www.turningpointprogram.org.

See also The Social Marketing Institute at www.social-marketing.org.

The Community Toolbox website also has information on social marketing at http://ctb.ku.edu/en/tablecontents.

Samples of our posters and newspaper ads are on the *Move More* website, www.movemore.org.

Current recommendations for physical activity levels can be found at www.americanheart.org/presenter.jhtml?identifier=1200013.

Our focus group participants told us they receive information about physical activity from their physicians, friends, peers and family members ("people like me"). They get information about physical activity resources primarily from weekly newspapers and the Internet. They prefer physical activity they can do within a 10-minute drive from their homes, and walking is the most common form of exercise. They prefer to exercise with a friend, co-worker, neighbor or family member.

As a result of this feedback, we developed the following messages:

"You can prevent diabetes and other chronic diseases by taking walking breaks and holding 'walking meetings' at work. Keep track of your minutes! We have pedometers and other tools to help you."

"Just 150 minutes of walking a week, 10 minutes at break time, after work or with your family can help prevent complications of diabetes, such as heart disease, blindness and stroke. Your family needs you. So ask a friend or family member to help, or call us. We can help get you started!"

"Just 150 minutes of walking a week, 10 minutes at a time, can help prevent diabetes and other chronic diseases. We have ideas about how to fit exercise into your busy schedule. Call Move More for some free motivation!"

For more information

Samples of our posters and newspaper ads are on the *Move More* website, www.movemore.org.

Current recommendations for physical activity levels can be found at www.americanheart.org/presenter.jhtml?identifier=1200013.

One of the key characteristics of the physical environment in central Maine is our long, cold winters, making it difficult for many adults to be active outdoors in the winter. In addition, the area is very rural, and most of our small towns do not have sidewalks. High poverty and low education levels are also characteristics of central Maine. We took this information into account in developing our messages.

Using our focus group and interview information, we developed tailored messages based on recommended physical activity levels (30 minutes of moderate intensity physical activity on five days each week). These are delivered via email and in person by our volunteers, on our website, through weekly newspaper ads and through posters distributed to workplaces, community sites, health care providers, etc. Our ads and posters feature photos of our volunteers delivering the message in familiar locations.

"Your doctor told you to exercise, and you keep thinking, 'How can I find the time and the motivation?' Walking with family or friends can help you achieve your physical activity goals. Your family needs you! Call Move More for some free motivation!"

"Your doctor told you exercise could help prevent chronic disease, and you keep thinking, 'How can I find the time and the motivation?' Why not take a walk today? Believe it or not, you can do it! Call Move More for some free motivation!"

[2]MaineGeneral Health received a grant from the Robert Wood Johnson Foundation to develop a program promoting physical activity specifically for adults with diabetes. This grant provided funds for development of the social marketing plan, including specific messages for adults with diabetes, and for implementation of the pilot program. For more information on this process, see Richert ML, Jones Webb A, Morse NA, O'Toole ML, Brownson CA. Move More diabetes: Using lay health educators to support physical activity in a community-based chronic disease self-management program. The Diabetes Educator. 2007;33(Suppl 6):179S-184S.

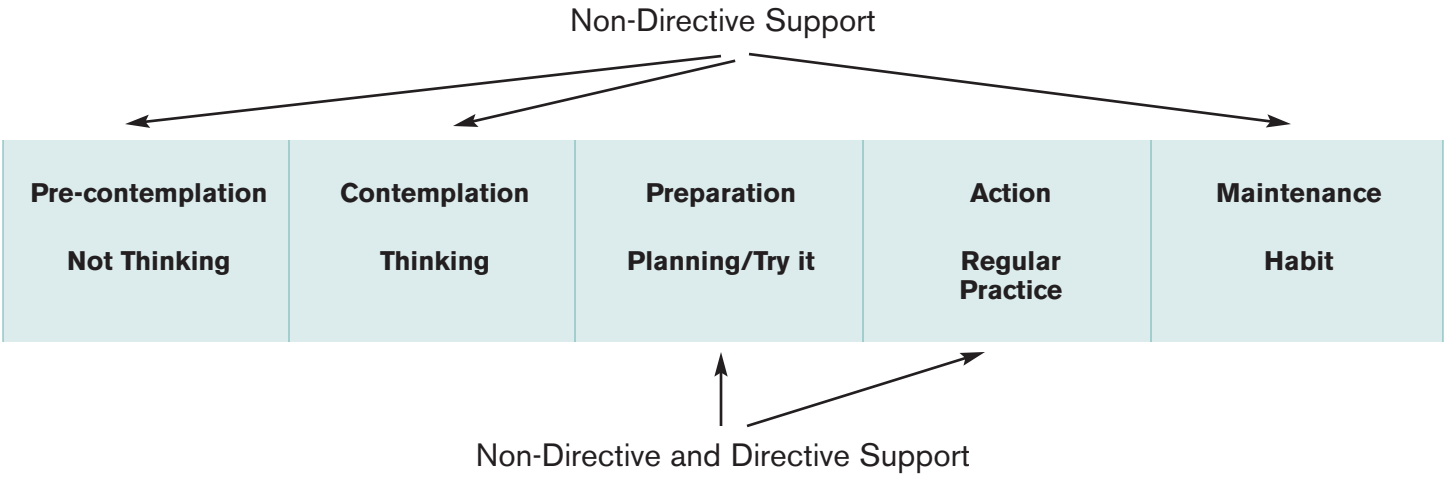
Volunteers: The Importance of Natural Peer Support

The Transtheoretical Model (also called the Stages of Change model) indicates that people progress through five stages of change when attempting (and accomplishing) a behavior change: pre-contemplation; contemplation; preparation; action; and maintenance.[3] A person does not necessarily move through these stages in this exact order and may make several attempts before actually achieving the desired behavior change.

The chart below describes the types of support that are most helpful for people in each stage.

Stages of Change Scale

Physical Activity and Directive/Non-Directive Support



Move More uses the Stages of Change model to identify its target audience of adults who are "ready to increase their physical activity levels." Research has shown that peer support for adults in this stage of readiness is important to help them be more active. *Move More* decided to develop a team of trained volunteers called Movers to promote physical activity and good nutrition in their communities and worksites. Movers are trained to provide nondirective support to people they know who are part of our target audience. Movers are the cornerstone of the *Move More* program.

You can develop a team of trained volunteers by following these steps:

1. **Recruitment.** Volunteers can be recruited from worksites, community settings, health care settings, schools and faith communities, for example. Make connections with worksite wellness staff, faith leaders, school health coordinators, and health care providers who can help you identify people who would make good volunteers. In our area, informal word of mouth works well, too.

   Experience and research have shown that volunteers who are best suited to provide peer support have certain qualities. They:

   - Understand the importance of physical activity in chronic disease self-management;
   - Are already physically active, though not necessarily at the recommended level;

- Have knowledge of community health problems;
- Have knowledge of physical activity resources in the community;
- Can motivate and work with individuals to promote participation;
- Can work with others and deal tactfully with professional personnel, enrollees and the general public;
- Have strong communication skills and can express ideas clearly and concisely;
- Use good judgment in evaluating situations and making recommendations;
- Are willing to receive continuing education and training in topics related to physical activity, good nutrition, disease prevention and health promotion

2. **Initial training.** To take advantage of the volunteers' initial enthusiasm for the program, training sessions should be scheduled as soon as possible after volunteers are identified and at a location and time convenient for them. Volunteers can be trained in a group setting or individually.

Training of *Move More* volunteers

Training of *Move More* volunteers (Movers) centers on three areas: the "Stages of Change" approach to helping people change health behaviors; non-directive social support; and providing "natural" support.

Stages of Change: Movers are taught to use the Stages of Change to support behavior change in these ways:

- For adults in the pre-contemplation phase, Movers offer information about the benefits of exercise.
- For adults in the contemplation phase, Movers offer information about exercise options and the types of support volunteers can offer.
- For adults in the preparation phase, Movers help participants set realistic goals with their doctor, develop a plan and set a date to begin. The Mover agrees to provide support and enrolls them in the *Move More* Program.
- For adults in the action phase, Movers offer resources that may help participants be successful, including physical activity log sheets, pedometers, etc. and enroll them in the *Move More* Program.
- For adults in the maintenance phase, Movers tell them about the program and offer resources to support maintenance (continued physical activity). Participants are encouraged to call if they need anything.

Non-directive Support: Volunteers receive information on how to provide support that is "non-directive," where they attempt to facilitate but not dominate enrollee behaviors by expressing caring and an understanding of the enrollee's feelings. Non-directive support is illustrated through these specific examples:

- Show an interest in how the enrollee is doing: "How's your walking going?"
- Offer suggestions: "When it's raining, I try to walk at the school in the morning."
- Provide information: "Here's a flier that has the dates and times for the diabetes support group in your area."
- Work on dealing with problems: "Would you like me to help problem-solve with you?"
- Understand how your enrollee feels about things. "When I don't meet my exercise goals, I feel discouraged, too."
- Recognize when the enrollee can (and can't) handle things: "If things are too busy for you now, I'll check in later."
- Be available to talk: "If something comes up and you want to talk, feel free to call or email me."
- Make it easy to talk: "I know what it's like to struggle with exercise. I'd love to talk to you about that any time!"

Natural Peer Support: Volunteers are encouraged to develop their own style and methods for providing support. They are instructed to provide the type of support that feels "natural" to their peers, such as walking with enrollees, sending them motivational emails or talking to them at the worksite, in the community, etc.

Training should include information on:

- The role of the volunteer and definition of responsibilities;
- Program-specific information and resources available to the volunteer, such as the enrollment process for participants, record-keeping requirements, materials for participants (including incentive items), log sheets or forms for tracking progress and additional training available;
- Specific approaches or protocols you expect them to use when interacting with participants.

Move More volunteers are responsible for helping enroll people in *Move More* by contacting friends, family members and co-workers; making sure enrollees fill out the *Move More* enrollment form (for mailings, record-keeping and evaluation purposes); providing information about places to walk or exercise in their town; giving incentives to enrollees when new items are available; and informing *Move More* about barriers to exercise in the community so organizers can try to find solutions.

3. **Ongoing training**. Research shows that one way to maintain volunteer interest and enthusiasm in your program is to provide ongoing training. You can do this inexpensively by using guest speakers at community centers or worksites on relevant topics such as new physical activity resources (trails, new facilities, etc.), physical activity needs of special populations (e.g., balance training for the elderly), exercise safety and being active with families.

   The number and frequency of training sessions depend on how many resources you can devote to training and the level of interest your volunteers have in attending.

We recognize our volunteers in different ways:

- A Thanksgiving Dinner, where volunteers were invited to bring a friend or family member;
- Cooking classes taught by a local chef;
- Raffle drawings for gift certificates to local merchants;
- Thank-you notes to volunteers who have worked especially hard.

Move More initially held monthly trainings. Then as funds for trainings declined, we held trainings every 2-3 months. Our training topics include:

- Understanding MyPyramid, by a dietitian from the Cooperative Extension;
- New local trails development, by a member of our local trails group and the director of the state arboretum;
- Diabetes, depression and physical activity, by a psychologist;
- Chronic disease self-management resources, by a health educator;
- Stress management around the holidays, by a health educator;
- Sleep hygiene, by a health educator;
- Balance issues for the elderly, by a Matter of Balance trainer;
- Selecting proper shoes for walking, by a local shoe manufacturer;
- Physical activity and safety, by a health educator;
- Being active with children, by a local childcare provider.

4. **Volunteer recognition.** Research also shows that another way to maintain volunteer interest is by recognizing their contributions. When resources are available, providing meals and public recognition encourages volunteers to stay active and engaged. If resources are scarce, consider sending simple thank-you notes or providing certificates of appreciation.
5. **Maintaining your volunteer base.** This can be very challenging. Volunteers are busy people, with changing responsibilities and interests. In addition to ongoing training and recognition of existing volunteers, it is also important to continue recruiting new volunteers.

Move More maintains a volunteer base of around 100 individuals to support approximately 1,800 enrollees. Maintaining the volunteer base is one of the most critical aspects of a successful program.

[3]According to the Cancer Prevention Research Center, pre-contemplation is the stage at which the individual has no intention of changing behavior in the foreseeable future. Many individuals in this stage are unaware or not fully aware of their problems. Contemplation is the stage in which people are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a commitment to take action. Preparation is the stage that combines intention and behavioral criteria. Individuals in this stage intend to take action in the next month and have unsuccessfully taken action in the past year. Action is the stage in which individuals modify their behavior, experiences, or environment to overcome their problems. Action involves the most overt behavioral changes and requires considerable commitment of time and energy. Maintenance (continuing beyond six months) is the stage in which people work to prevent relapse and consolidate the gains attained during action. See the Cancer Prevention Research Center's Web site at www.uri.edu/research/cprc/TTM/StagesOfChange.htm (accessed November 27, 2007).

For more information on the Transtheoretical Model, see Prochaska JO, Johnson SS, Lee P. The transtheoretical model of behavior change. In: Schron E, Ockene J, Schumaker S, Exum WM (editors). The handbook of behavioral change, Springer, 1998, New York, pp. 159-184, and Prochaska JO, Marcus BH. The transtheoretical model: Applications to exercise. In: Dishman RK (editor). Advances in exercise adherence, Champaign, IL, 1994, Human Kinetics, pp. 161-180.

For more information

For an overview of the Transtheoretical Model, see www.uri.edu/research/cprc/transtheoretical.htm.

The Mover Training Manual is on the *Move More* website, www.movemore.org.

Program Support for Enrollees: The Enrollment Process and Incentives

With the groundwork laid for a successful physical activity promotion program, the process for participant enrollment should be simple. After enrollment, many adults benefit from ongoing communication (such as quarterly newsletters and e-mails) and periodic incentives to support and encourage physical activity.

1. **Recruitment.** Volunteers are trained to recruit and enroll adult family members, friends, co-workers and others they know who are part of the target audience. Anyone interested in the program must fill out an enrollment form to receive a pedometer and other incentive items.
2. **Enrollment forms.** Volunteers give enrollees a simple form that asks for contact information, date of birth, height, weight and how the enrollee heard about *Move More*. They are encouraged to help enrollees fill out the form if necessary. The information on the enrollment form is entered into a database, which serves three purposes:
   - *Move More* sends out quarterly newsletters with tips about healthy eating and physical activity to all individuals in the database;
   - *Move More* conducts periodic follow-up surveys to understand more about enrollees (self-reported health status, employment status, etc.) and elicit suggestions for improving the program; and
   - The height and weight information can be used to calculate the body mass index (BMI) of enrollees. Follow-up surveys can include questions about height and weight to track changes over time.

Mover

For program use only

"Move More"

www.movemore.org

Enrollment Form

1. Contact Information

Name: _____

Phone: _____

Address: _____

_____

_____

2. What year were you born? _____

3. What is your height? _____

4. What is your weight? _____

5. How did you hear about Move More?

_____

_____

As part of Move More, you may be asked to complete a survey about you and about your health. Participation in the survey is voluntary and will help us improve our program.

6. Please complete and return this form to a Mover, or mail to:

Move More
32 College Avenue
Waterville, ME 09401

6/1/2006

Additional questions, such as types and amounts of physical activity in which enrollees engage, can also be included on follow-up surveys and tracked over time. However, it is important to know how much information your target audience is willing to share and how much time audience members are willing to spend filling out the enrollment form and survey(s). In our region, we have found that a simple enrollment form requesting a limited amount of information is most successful.

3. **Enrollment packets.** Within two weeks of sending in their enrollment forms, enrollees receive a *Move More* packet that includes:
   - Welcome letter from *Move More*;
   - *Move More* Physical Activity Resource Guide;
   - Pedometer and instructions on how to use it;
   - Walking maps for their town and nearby towns;
   - List of indoor walking spaces;
   - *Move More* physical activity log sheet; and
   - Information sheets on topics such as the importance of physical activity in preventing chronic disease.
4. **Ongoing communication.** For the most part, enrollees maintain communication with the volunteer who enrolled them. Some request weekly motivational e-mails, and all enrollees receive contact information for *Move More* if they have specific questions or suggestions; however, very few enrollees have actually contacted *Move More*. Direct communication from the *Move More* program is usually limited to the quarterly newsletter.
5. **Incentives.** As resources permit, *Move More* purchases health-related, useful incentive items branded with the *Move More* logo, such as water bottles, aprons, safety whistles, flashlights, etc. *Move More* notifies volunteers when a new incentive is available, usually every month. Volunteers are responsible for distributing incentives to their enrollees, if they so choose. Some volunteers set up a six-week walking program and distribute incentives to enrollees who complete the program. Other volunteers simply distribute the incentives to all enrollees. Some volunteers choose not to distribute incentive items at all.

The *Move More* enrollment form is simple and easy to complete. Every enrollee receives a pedometer and information packet. Periodically, enrollees receive incentives to maintain their motivation.

For more information

The following are on the *Move More* website, www.movemore.org:

- *Move More* enrollment form;
- Past issues of the *Move More* newsletter;
- The *Move More* physical activity log;
- *Move More* maps and indoor walking spaces;
- *Move More* Physical Activity Guide.

Building on the Core Program: Chronic Disease Self-Management

Lay health educators enroll chronic disease self-management class participants in *Move More* and offer them support for increasing their physical activity levels.

In addition to support for physical activity, community programs such as *Move More* can provide broader support for adults with chronic conditions. Chronic disease self-management classes are a natural extension of peer support provided by volunteers. These classes teach key skills that help people change their health behaviors and complement the broader physical activity promotion work going on in the community.

Move More has adopted the Stanford University Chronic Disease Self-Management Program, which is designed to help people gain confidence in their ability to control their symptoms and understand how their health conditions affect their lives. The course has been evaluated and shown to be a safe and effective means of helping people change their health behaviors. The Chronic Disease Self-Management Program is designed to be led by trained lay leaders who have a chronic disease themselves. The course generally lasts six weeks with classes held once a week for approximately two hours. Participants learn new skills, make action plans, share experiences and support each other.

Move More has trained a team of 12 lay health educators to lead chronic disease self-management courses. These individuals were recruited from our Mover team and have taken the chronic disease self-management course themselves. Some individuals were able to attend the specialized lay leader training, which is offered some distance from our communities. However, to train more lay leaders, we obtained a small grant to bring master trainers to our area and offer a leader training at a time convenient to our volunteers.

Move More has been successful in obtaining grant funds to provide lay health educators a small stipend. *Move More* has also recruited individuals for the chronic disease self-management program by working with local health care providers. The providers refer patients to the class, which is held at the physician's office at a convenient time for those taking the class.

For more information

More information on Stanford University's Chronic Disease Self-Management Program is available at http://patienteducation.stanford.edu/programs.

To find out where the lay leader training is held in your area, contact:
Stanford Patient Education Research Center, 1000 Welch Road, Suite 204, Palo Alto, CA 94304
Phone: (650) 723-7935, (650) 723-8165 (dedicated Spanish line) Fax: (650) 725-9422
Email: self-management@stanford.edu

Sustainability: Resource Development and Maintaining the Collaborative

Maintaining physical activity promotion and chronic disease self-management programs is key to improving the health of our communities. Funding will fluctuate from year to year, so it is important to develop a program that can be sustained even when few resources are available. Long-term viability can be safeguarded through several key strategies:

Move More started when our community health coalition recognized that chronic disease was fast becoming a critical health issue in our community. Our local health system provided staff time to establish a meeting time and place, research the issue and assist in planning. The group worked for nearly two years before receiving grant funding for specific projects.

- **Start where you are.** The capacity of your group determines the initial impact you can have in your community. If your group is small or has few resources, the first impact — in terms of actual behavior change — may not be as grand as you would like, but you will build capacity for future work. Avoid the temptation to bite off more than you can chew and end up with a failed effort.
- **Do your homework.** Research and strategic planning are among your most important activities. Most of us are tempted to jump into a community program with an intervention we think will be effective without proper research and planning. Time and time again, however, communities have learned that a wiser decision by far is to consult academic literature, conduct formative research in the community and identify interventions that are likely to be effective with community members. Not everyone is interested in research and planning, so your planning group likely will be small, expanding as you move into conducting community interventions.
- **Rely on community partners.** The most important element of any community program is its partners, who contribute to the program in different capacities and at different levels. For example, one partner may be able to distribute materials to its clients free of charge, whereas another partner may have access to a strong volunteer base. Other partners may provide financial assistance for particular initiatives. Your program will undoubtedly be different than *Move More* or any other community program because of your partners and what they can contribute. Recognizing partner capacities and celebrating all partner contributions are important to the health of the program.
- **Maximize existing resources.** All communities have assets and resources, and most communities underutilize what they have. Your asset map will identify your community strengths, and your group can determine which assets to highlight or expand. If walking trails have not been well maintained, perhaps you can host a community "trails clean-up day" or engage local high school sports teams to help with the job. Not only will you be maintaining existing trails, but you will be raising awareness about them as well.
- **Recruit and maintain volunteers.** Volunteers are a low-cost/no-cost strategy that can help sustain your program. Identifying volunteer interests and strengths when you first engage them helps you determine how they can best contribute to the program. Volunteers may be interested in posting trail signage or writing ads for employee newsletters. Retirees may be interested in giving back to their community and can be called on for various tasks. A prominent community leader may be willing to be your physical activity champion and host key events.

- **Use grant funding.** Money is important, but it is not the only key to success! Grant dollars should be used strategically on activities you have identified as evidence based and feasible given current group capacity. Do not apply for grant funding just because "it's there." This will create a distraction from what you have planned and likely means it will take longer to achieve your desired outcomes or behavior changes.
- **Persevere.** The long-term viability of your program depends on your flexibility and creativity at all times! Some partners will be engaged throughout the process, and others will choose to be involved for a short time. When volunteer numbers are down, you could promote your program at a local community walk for charity, for example. When enthusiasm is low, try seeking out new partners with fresh ideas. Expect an ebb and flow of enthusiasm and availability of resources, and work with what you have.

Sponsors

healthy communities OF THE CAPITAL AREA

http://www.healthycommunitiesme.org/

Healthy Maine Partnership of Greater Waterville
Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

http://www.healthyhorizonshmp.org/

healthySV
Sebasticook Valley Healthy Communities Coalition
A Healthy Maine Partnership

http://www.healthysv.org/

Your resource for life.
MaineGeneral Medical Center

http://www.mainegeneral.org/

SOMERSET HEART HEALTH
Helping Hands Helping Hearts

http://www.somersetheartheath.org/

Online Resources

Move More resources

- http://movemore.org/community_mover_lhe.htm

Asset Mapping

- *Move More* asset map
  http://movemore.org/pdf/Physical%20Activity%20Asset%20Map%20low%20Res.pdf
- University Outreach and Extension, University of Missouri System
  http://extension.missouri.edu/about/fy00-03/assetmapping.htm
- Southern Rural Development Center
  http://srdc.msstate.edu/publications/227/227_asset_mapping.pdf

Chronic Disease

- Chronic Care Model
  www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2
- Stanford University's Chronic Disease Self-Management Program
  http://patienteducation.stanford.edu/programs

Disease Prevention

- The Guide to Community Preventive Services
  www.thecommunityguide.org

Healthy Maine Partnerships

- Healthy Maine Partnerships in the Kennebec Valley (Augusta, Pittsfield, Skowhegan and Waterville)
  www.healthymainepartnerships.org/

MaineGeneral Health

- MaineGeneral Health
  www.mainegeneral.org

Physical Activity Recommendations

- American Heart Association
  www.americanheart.org/presenter.jhtml?identifier=1200013

Plain Language Writing

- The National Cancer Institute's Pink Book - Making Health Communication Programs Work
  www.cancer.gov/pinkbook
- Federal Plain Language Guidelines
  www.plainlanguage.gov

Robert Wood Johnson Foundation

- Robert Wood Johnson Foundation Diabetes Initiative
  http://diabetesinitiative.org

Social Marketing

- CDCynergy tool
  www.turningpointprogram.org/Pages/socialmkt.html
- The Community Toolbox
  http://ctb.ku.edu/en/tablecontents
- Social Marketing Institute
  www.social-marketing.org
- Turning Point Program
  www.turningpointprogram.org

Transtheoretical Model

- Summary Overview of the Transtheoretical Model
  www.uri.edu/research/cprc/transtheoretical.htm

Walking Maps

- A guide to creating walking maps
  www.movemore.org/pdf/WalkingMapGuide_lowrez%5B1%5D.pdf
- Maine Maps
  www.healthymainewalks.org
- Move More Maps
  http://movemore.org/Walking%20Maps.html
- Online mapping
  http://maps.google.com/maps