



What is Move More?

Although Move More uses pedometers as a tool to enhance frequency and duration of physical activity, it is much more than a pedometer program. We work together to prevent disease and help people manage chronic disease by changing health behaviors, such as increasing physical activity, improving nutrition, and other health self-care skills.

All Move More activities are evidence-based and recommended by *The Community Guide* which is published by the CDC. *The Community Guide* systematically reviews the effectiveness of selected population-based interventions designed to increase levels of physical activity. *The Community Guide* found strong evidence for the effectiveness of the following physical activity interventions: (www.communityguide.org)

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

Move More has followed these guidelines in the development of all our interventions. We also encourage other organizations and community members to become physical activity champions and advocate for evidence-based interventions.

- *Community wide campaigns.* The Move More program is a community-wide campaign that communicates tested social marketing messages about physical activity. The program gives people the information they need to eat well, be physically active, prevent chronic disease and manage chronic disease through various resources including Move More Guides, our website, www.movemore.org, and volunteer outreach.
- *Point of decision prompts.* “Use the Stairs” signs were installed near elevators at MaineGeneral Medical Center buildings in 2002. In 2003, a mini grant from the Maine Center for Public Health helped produce additional signs to be used near elevators at State of Maine and MaineGeneral Medical Center buildings in North and South Kennebec County.
- *Social support intervention in community setting.* Community volunteers called Movers and Lay Health Educators are trained to provide peer support to people who

want to be more physically active. This helps build, strengthen, and maintain social networks that provide supportive relationships for behavior change.

- *Individually adapted health behavior change.* Chronic disease self-management courses offered through physician offices and in community settings help people build confidence in their ability to manage their health and maintain active and fulfilling lives.
- *Creation of or enhanced access to places for physical activity combined with informational outreach activities.* Move More develops and promotes places in the community where people can be physically active. We have maps of familiar in-town walking loops and lists of indoor winter walking spaces.

Community Guide In Depth

www.communityguide.org

1. Informational Approaches

Community-wide campaigns

- These interventions were 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 were typically conducted as part of a multicomponent effort that also included strategies such as support or self-help groups, physical activity counseling, risk factor screening and education, community health fairs and other community events, and environmental or policy changes such as the creation of walking trails.
- Interventions were evaluated as a “combined package” because the relative contributions of each individual component could not be assessed separately.

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 a health benefit from taking the stairs and/or remind people who already want to be more active that an opportunity to do so is at hand.
- Interventions evaluated were single-component interventions, in which placement of signs was the only action taken.

2. Behavioral and social approaches

Social support intervention in community setting

- These interventions focus on changing physical activity behavior through building, strengthening, and maintaining social networks that provide supportive

- relationships for behavior change (e.g., setting up a buddy system, making contracts with others to complete specified levels of physical activity, or setting up walking groups or other groups to provide friendship and support).
- Interventions included in the review involved either creating new social networks or working within existing networks in a social setting outside the family, such as in the workplace.

Individually adapted health behavior change

- Individually-adapted health behavior change programs teach behavioral skills to help participants incorporate physical activity into their daily routines. The programs are tailored to each individual's specific interests, preferences, and readiness for change.
- These programs teach behavioral skills such as 1) goal-setting and self-monitoring of 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 the behavior change, and 5) prevention of relapse into sedentary behavior.
- All of the evaluated interventions were delivered to people either in group settings or by mail, telephone, or directed media.

School-based physical education

- To increase the amount of time students spend doing moderate or vigorous activity in PE class, these programs seek to change PE curricula by making classes longer or having students be more active during class.
- Interventions reviewed included changing the activities taught (e.g., substituting soccer for softball) or modifying the rules of the game so that students are more active (e.g., in softball, have the entire team run the bases together when the batter makes a base hit). Many interventions also included health education.

3. Environmental and Policy Approaches

Creation of or enhanced access to places for physical activity combined with informational outreach activities.

- These interventions involve the efforts of worksites, coalitions, agencies, and communities in attempts to change the local environment to create opportunities for physical activity.
- Such changes include creating walking trails, building exercise facilities, or providing access to existing nearby facilities.
- Many of these programs also train participants to use the equipment and offer health behavior education, risk factor screening, referrals to physicians or additional services, health and fitness programs, and support or buddy systems. These multicomponent programs were evaluated as a "combined package" because it was not possible to separate out the effects of each individual component.

Street-scale urban design and land use policies and practices

- These interventions involve street-scale urban design and land use policies that support physical activity in small geographic areas, generally limited to a few blocks.
- The interventions involve the efforts of urban planners, architects, engineers, developers, and public health professionals.
- Policy instruments employed include building codes, roadway design standards, and environmental changes.
- Design components include improved street lighting, infrastructure projects to increase safety of street crossing, use of traffic calming approaches (e.g., speed humps, traffic circles), and enhancing street landscaping.

Community-scale urban design and land use policies and practices

- These interventions involve community-scale urban design and land use policies that support physical activity in urban areas of several square miles or more.
- The interventions involve the efforts of urban planners, architects, engineers, developers, and public health professionals.
- Design elements include the proximity of residential areas to stores, jobs, schools, and recreation areas; the continuity and connectivity of sidewalks and streets; and the aesthetic quality and safety aspects of the physical environment.
- Policy instruments employed include zoning regulations, building codes, other governmental policies, and builders' practices.

4. Insufficient evidence exists to support

- Classroom based health education focused on providing information
- Mass media campaigns
- Classroom-based health education focused on reducing television viewing and video game playing
- College-based health education and physical education
- Family-based social support
- Transportation and travel policies and practices