Community-Wide Campaign to Promote Physical Activity Among Midlife and Older Adults: Lessons Learned from AARP’s Active for Life™ Campaign and a Synopsis of Evidence-Based Interventions

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Executive Summary

Physical inactivity is recognized as a serious public health problem in the United States, largely because it contributes to the development of certain chronic conditions, such as cardiovascular disease, diabetes, obesity, some kinds of cancer, osteoporosis and falls in older adults. The threat of premature mortality from inactivity-related health problems is most salient for people older than 65 years of age, who constitute one of the fastest growing segments of the U.S. population and who experience chronic disease and disability at a higher rate than other Americans (Bureau of the Census 1996; U.S. Senate Special Committee on Aging 1988; Hoffman, Rice, and Sung 1996).

By contrast, physical activity can add years of independence to an older person’s life, reduce that person’s level of disability and improve his or her quality of life, according to evidence summarized in the May 2001 report entitled The National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older. Despite these proven benefits, the percentage of physically active older adults is still low: in 2000, only 35.1 percent of men and 26.6 percent of women were meeting the recommended level of 30 minutes of moderate-intensity physical activity five or more days per week (Merck Institute of Aging & Health, Centers for Disease Control and Prevention [CDC] 2004). Research shows that midlife adults know what they should be doing to stay healthy and physically fit, but few are acting on that knowledge (AARP 2002).

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1 The National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older grew out of the need for a framework for planning, collaborative action and social change among organizations and agencies involved in physical activity/aging. Seven partner organizations led the effort to create the document: AARP, American College of Sports Medicine, American Geriatrics Society, Centers for Disease Control and Prevention, National Council on the Aging, National Institute on Aging, and the Robert Wood Johnson Foundation. In addition, representatives of approximately 50 interested organizations provided input and recommendations during a conference that was held in October 2000.
Active for Life™

Getting sedentary midlife and older adults to change their physical activity behaviors was the intent of Active for Life™ (AFL), a social marketing campaign supported by the Robert Wood Johnson Foundation (RWJF) and planned and implemented by AARP. The campaign encouraged adults older than age 50 to engage in moderate physical activity for at least 30 minutes a day, at least five days a week.

AFL tested the effectiveness of this physical activity directive by conducting targeted physical activity campaigns in two cities: Madison, Wisconsin and Richmond, Virginia. Overall planning, marketing and media relations were coordinated by staff at AARP headquarters in Washington, D.C., whereas local campaigns were run by AFL coordinators who worked closely with AARP’s Wisconsin and Virginia state offices. Local campaigns in each city employed a range of interventions to educate residents about physical activity, provide information about local physical activity programs and advocate for environmental changes that would make it easier for the 50+ population in each city to walk and bike.

Campaign Timeline and Locations

While AFL officially began in May 2002 with kickoff events in both Richmond and Madison, planning for the campaign began in October 2001 after AARP received the RWJF funding. The campaign continued on a formal basis until January 2004. Then, between January and July 2004, local campaigns in each city continued to operate without direct involvement from AARP headquarters in Washington. During this time, the local campaigns wrapped up their programmatic and environmental work and made plans to sustain AFL initiatives over the long term.

During the campaign’s early planning stages in 2001, AARP used a variety of criteria to select the cities in which it would launch AFL local campaigns. Potential sites were ranked according to a number of factors, including size; percentage of people aged 50 and older; number of AARP
members; state obesity and physical inactivity rates; current and potential community partners; variety of local media outlets; and the community’s diversity, environmental assets, and rates of crime and pedestrian deaths. Final sites were selected through a Kepner-Tregoe (KT) Decision Analysis.

In keeping with AARP’s site-selection criteria, Madison and Richmond were chosen to host the AFL campaign because they were similar in size and were both state capitals. In addition, both cities contained a large population of AARP members, were located in states with active AARP offices and appeared to have a large number of local organizations that could become AFL partners. Conversely, these two cities differed significantly in the level of physical activity among their residents.

AFL researchers learned more about the cities of Richmond and Madison during the course of their studies. For example, support for physical activity appeared to be stronger in Madison than in Richmond, according to AFL’s pre-campaign research. Madison residents who participated in AFL surveys showed a stronger overall commitment to physical activity than did older Richmond residents and were more knowledgeable about the benefits of physical activity for midlife and older adults. The city of Madison also appeared to have a stronger infrastructure for promoting physical activity than did Richmond. Older Madison residents interviewed before the AFL launch were more likely than older Richmond residents to report that a “great deal” of physical activity-related programs and services were available in the community for older residents who were interested in becoming more physically active. In addition, Madison’s built environment was slightly more conducive to outdoor activities, such as walking, than Richmond’s environment was.

Having this information was important to AFL researchers because it offered them significant insight into how the social and environmental differences between Richmond and Madison might affect the success of the AFL campaign in each city. The researchers later concluded that these differences might have contributed to the differing rates of success that Richmond and Madison residents enjoyed when attempting to continue their physical activity routines after AFL ended.
While AFL helped more of Richmond’s older residents initiate physical activity, older Madison residents were more successful at sustaining their activity levels over time.

**Research Goals**

AFL provided researchers with a unique opportunity to study whether it is possible to change the physical activity behaviors of midlife and older adults and to do so within the context of a broad-based social marketing approach. Research results suggest that the multi-faceted AFL campaign contributed to increases in self-reported physical activity among midlife and older adults in both Richmond and Madison. A multi-wave survey conducted by Princeton Survey Research Associates at several stages of the campaign showed increases in both cities in the percentage of midlife and older adults who became familiar with the recommendation to be physically active at least 30 minutes at least five days a week. In addition, the percentage of AFL participants who reported getting “more physical activity than a year ago” increased in both cities during the course of the campaign. However, as with most behavioral change efforts, the initial increases in awareness and behavior decreased over time.

**Primary Components of the Campaign**

The Active for Life™ campaign consisted of four separate components:

1. **Marketing and Communications.** AFL approached its marketing and communications efforts in a systematic way. Initially, the campaign relied heavily on surveys and focus groups to identify how adults aged 50–59 years old feel and talk about physical activity.\(^2\) Based on the focus group findings, AFL developed clear physical activity messages that it hoped would resonate with the 50+ population. It then created a marketing and communications strategy, which included both paid advertising and media relations, to spread those messages. The campaign also distributed guidebooks and resource guides that

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\(^2\) Reports of the focus groups are available, upon request, from AARP.
gave midlife and older adults advice and direction on how to increase their physical activity and maintain that increased activity over time.

2. **Partnership Building.** AFL coordinators in both Richmond and Madison developed partnerships with public health agencies, recreation and parks departments, health organizations, environmental groups, faith-based organizations, neighborhood associations, fitness facilities and clubs, major employers and other relevant groups. Some partners agreed to distribute AFL materials to their members and constituents, cosponsor AFL events, or form coalitions to improve local conditions for walking and biking. Other partners—including YMCAs, fitness centers and senior centers—offered free classes or walking clubs to local residents who participated in AFL. Notably, a significant number of former AFL partners continued to promote physical activity in Richmond and Madison up until the time that AARP and RWJF ended their involvement in the cities in 2004.

3. **Environmental Change.** By reducing environmental barriers to physical activity, communities can work toward providing numerous safe and pleasant opportunities for people to be active in their daily routines. The rationale is simple: citizens will be more likely to follow public health messages about the benefits of physical activity and to integrate physical activity into their lives if they have easy access to adequate sidewalks for walking and safe roads for bicycling. Active for Life™ took this rationale seriously when it incorporated advocacy for environmental change into the physical activity promotion strategies that it employed in Richmond and Madison.

AFL sponsored several major initiatives aimed at increasing local awareness of environmental issues, assessing specific environmental barriers and advocating for change. The Pedestrian Flag Project in Madison helped local residents cross busy intersections and educated motorists about their responsibility to yield the right-of-way to pedestrians. Through the PhotoJourney Project in Richmond, school-age children took photographs to document the environmental barriers that they encountered in their school neighborhoods. The Tour de Traffic in Madison and the Active Living Tour in Richmond allowed citizens and policy makers to tour key city intersections and roadways, study existing environmental
barriers and formulate recommendations to overcome those barriers. And, finally, local residents in both cities conducted a Walking and Biking Suitability Assessment to measure the ease or difficulty of walking or biking in their neighborhoods.

4. **The Walking Campaign.** In 2003, AARP and RWJF decided to narrow AFL’s focus from broadly promoting *all* physical activity to promoting *one specific* activity—and that activity was walking. AFL sponsored 12-week walking campaigns in Madison and Richmond that encouraged participants to record the amount of walking they did each day and then to set goals to increase that amount. The campaign distributed free step counters to participants who kept a daily log of the number of steps they took. A media campaign attracted participants to the walking initiative and a Web site and toll-free number kept the participants engaged.

The change from a broad focus on physical activity to a narrow focus on walking was undertaken primarily to boost the number of AFL participants. Despite the campaign’s early success—AFL had reached about 12,000 midlife and older adults during its first year—AARP research was showing that target audiences in both cities found the AFL effort to be too general and somewhat ambiguous. AFL organizers hoped that a narrower focus would make the campaign more attractive to members of the target audience.

Walking was chosen as AFL’s prime activity—and was endorsed by AFL’s local partners—because it is popular, inexpensive, healthful and easy for most people to do. In addition, AFL partners were convinced that a good experience with walking would eventually lead older adults to participate in other types of physical activities. The choice proved to be a good one. The walking campaign produced measurable increases in participants’ awareness of both physical activity benefits and recommended activity levels. It also added freshness to the AFL campaign and renewed media interest in the campaign.
Active for Life™ Guide

As part of the Active for Life™ campaign, AARP and RWJF conducted a literature review to identify potentially effective strategies for changing the physical activity behaviors of midlife and older adults. Design of the AFL campaign was based on this literature review, which included the Guide to Community Preventive Services, also known as the Community Guide (Kahn et al. 2002). After the campaign’s conclusion, AARP teamed up with the Centers for Disease Control and Prevention (CDC) to share lessons that AARP and RWJF learned during AFL. These lessons are included in this guide. The guide’s first four chapters were written by AARP staff with support from CDC. These chapters focus on the four AFL components mentioned above:

- Chapter 4: A Guide to Community-Wide Walking Campaigns.

Readers should note that Chapters 1-4 include information from a number of internal AARP reports, which are not yet publicly available. Researchers and other practitioners who are interested in more detail should contact AARP's Knowledge Management unit at (202) 434-6274.

Chapter 5, written by CDC staff, summarizes community-based strategies that have proven to be effective in changing physical activity behaviors among midlife and older adults. This last chapter, entitled “Strategies Used in Evidence-Based Interventions to Increase Physical Activity among Midlife and Older Adults,” includes references that readers can review for more detailed information about specific, community-based interventions.

In sharing examples of community-based physical activity interventions, the CDC-authored chapter draws heavily on the Community Guide. This respected publication, developed by an independent nonfederal Task Force on Community Preventive Services with the support of the
U.S. Department of Health and Human Services, provides recommendations for using a variety of evidence-based interventions to prevent disease and promote healthy behaviors, including physical activity behavior. The Task Force bases its recommendations on a rigorous and systematic scientific review of published studies.

Essentially, Active for Life™ was an attempt by AARP and RWJF to translate the general principles advocated in the *Community Guide* into the design of a community-wide campaign that would promote physical activity to adults who are aged 50 years and older. In doing so, AARP and RWJF sought to help community-based physical activity practitioners apply *Community Guide* recommendations to their own work so that campaigns similar to AFL might eventually be replicated throughout the country.

**Lessons Learned from Active for Life™**

The five chapters in this guide offer numerous lessons that AARP, RWJF and their local partners learned during the AFL campaign. Hopefully, practitioners working in local communities can use these lessons to develop and implement their own campaigns to promote physical activity among midlife and older adults. An overview of these lessons is provided below:

**Marketing and Communications Lessons:** When developing a marketing and media relations campaign to promote physical activity, involve communications professionals in your initial planning stage, and give them enough time—a year or more—to conduct market research and develop the campaign’s primary messages. When designing promotional materials, take into consideration the audience’s biases regarding physical activity, choose visuals to which the audience can relate, and focus on sending simple and specific messages that the audience will remember. You probably won’t have to spend much time convincing midlife and older people about the benefits of being active—they already know these facts. Instead, focus on helping them find ways to fit physical activity into their busy lives.
Develop your campaign’s messages before you reach out to the media. When you’re ready to reach out, get to know local reporters as individuals and develop ongoing and mutually beneficial relationships with them. In addition, spend time developing new twists and angles for the physical activity story. You’ll need a unique approach in order to capture the attention of news outlets that are already saturated with health-related stories. As you plan the campaign’s media events, spent some time anticipating what could go wrong in the course of these events. Then write a crisis plan that outlines what you will do and how you will respond if, for example, a campaign participant gets hurt or local residents have negative reactions to particular initiatives. Including local partners in the development of this crisis plan—as well as in your media campaign—will help solidify your relationship with those partners.

**Partnership Lessons:** It takes time—a year or more—to attract partners to a social marketing campaign like AFL. A savvy and outgoing local coordinator can help you attract these partners, and the process of finding partners should be ongoing. Look first for partners who are already working in the aging or recreation fields, and then seek nontraditional partners whose missions may be indirectly related to the campaign’s goals. Be sure to clearly explain to partners both the benefits and costs of participating in the campaign—and do your best to convince partners that the benefits far outweigh the costs. Strive for early buy-in from partners and ensure their long-term commitment by providing focused and finite activities in which they can participate. Once partners have signed on to your campaign, don’t leave them alone to fend for themselves. Make a concerted effort to communicate with your partners on an ongoing basis, and work with them to ensure that campaign-related activities will continue after your funding has expired.

**Environmental Change Lessons:** To be successful, environmental change projects should be carried out in collaboration with local partners. Attract supporters to your project by planning well-organized, professionally led, visually appealing and balanced public events aimed at raising local awareness about environmental barriers and teaching local residents how they can get involved in removing those barriers. When possible, involve children in campaign events to show that environmental barriers affect people of all ages.
Local organizations and residents can help you collect information and perform assessments that will support an environmental change advocacy effort. Interested parties can participate in high-profile tours that allow them to observe and offer recommendations for improving a neighborhood’s built environment. Local residents can be trained to complete a systematic, multi-step assessment of a neighborhood’s suitability for biking and walking. Involvement in such an assessment can educate volunteers and cement their commitment to improving the local built environment, while creating the hard data, maps and community-generated recommendations you need to advocate for change with public officials, committees and task forces.

Walking Campaign Lessons: Participants in a walking campaign will need information and ongoing support to help them sustain their commitment to walking. You can help walking campaign participants stay on track by providing step counters, which they can use to measure their progress. Providing opportunities for peer support will also help keep participants walking. High-priced rewards that are delayed until large amounts of physical activity are completed may not be a good way to motivate participants to stick with a walking campaign. A better approach might be to offer low-key and modest incentives that are timely and frequent. Promoting a walking campaign will be more successful if you enlist the support of local celebrities who can add credibility and visibility to the campaign. In addition, it’s important to enlist the support of local partners, who will appreciate having tangible and visible ways to become involved in a walking campaign.

Conclusion

As the chapters in this guide illustrate, encouraging physical activity is not a simple task. However, the Active for Life™ campaign has proven that such endeavors can be successful as long as they involve good planning, energetic outreach, collaboration with local partners, and education and support for the people who are trying to increase their activity levels. These adults know that they should be more active, and most of them want to be more active. Helping them accomplish this goal can be rewarding for local organizations and agencies, whether their
campaigns are large or small, well financed or shoestring operations, or located in large metropolitan regions or small villages and towns.

AFL’s coordinated, multi-faceted approach to physical activity promotion proved to be its greatest strength. In both Richmond and Madison, all AFL activities—marketing, media outreach, community organizing and partnership building—were closely coordinated in order to saturate local markets with physical activity messages. This “saturation” approach guaranteed that residents older than 50 years of age would hear AFL messages at least once during the campaign and, hopefully, from a variety of sources.

If enough practitioners sponsor campaigns that include physical activity messages, the end result could prove to be quite dramatic: a better quality of life for the older population, both now and in the future. AARP and CDC offer this guide in hopes that the information and advice it contains will help practitioners create physical activity programs that will help midlife and older adults enjoy a healthy and independent old age.

References


Table 1: Lessons Learned from AFL

Marketing and Communications

1. Marketing and media relations experts should be part of the initial planning for any physical activity promotion campaign.

2. It takes a year or more to plan an effective communications campaign.

3. Midlife and older adults know they should be more active; however, they need help fitting physical activity into their busy lives.

4. The audience’s biases and attitudes must be taken into consideration when marketing physical activity.

5. The visual images you choose for ads speak louder than the words you write.

6. Advertising won’t be successful unless viewers remember the message.

7. Consumers will become confused if you ask them to do too much.

8. The more specific advertising is, the more likely it is to resonate with the audience.

9. Before you call the first reporter, it’s important to develop the specific messages that you want to communicate.

10. Having a crisis plan may help you avoid a crisis.

11. Media outreach is based on relationships, so it’s a good idea to get to know local reporters as individuals.

12. Local news outlets are saturated with stories about health-related issues. This means that a media outreach campaign needs to find—and keep finding—new twists and angles to capture—and recapture—the media’s attention.

13. Cooperation on a media outreach campaign can solidify relationships with local partners.

Partnership Building

1. It takes a year or more to recruit, educate and gain a commitment from local partners in a social marketing campaign like Active for Life™.

2. Savvy and outgoing coordinators can make all the difference in attracting partners.

3. Successful campaigns will constantly be on the lookout for new partners.
4. Traditional partners will bring early credibility to a campaign, but nontraditional partners will add to its richness down the road.

5. Prospective partners will be most likely to sign on to a campaign if the benefits of participating outweigh the costs.

6. It is important to build partner commitment early.

7. Prospective partners feel more comfortable with a campaign that features concrete activities that have a specific focus and defined goals.

8. An organized strategy for communicating with partners on an ongoing basis can cement their commitment to the program.

9. A successful campaign will make plans to leave something behind after its funding has expired.

**Environmental Change**

1. Successful environmental change projects will be conducted in collaboration with partners who can provide information about local environmental barriers and actively participate in removing those barriers.

2. Well-planned public events will attract prospective partners and volunteers to an environmental change project.

3. Children can play an important role in educating the public and government officials about environmental barriers to physical activity.

4. An organized tour of a neighborhood—attended by citizens, advocacy groups and government officials—can raise awareness of environmental issues, generate recommendations for improvement and help build a coalition to work on change.

5. The best neighborhood tours are professionally led, visually appealing and balanced in their presentation.

6. A Walking and Bicycling Suitability Assessment (WABSA) can provide block-by-block details about how conducive the built environment is to physical activity in a community.

7. The WABSA auditing process can be useful to advocates but it is also a valuable and empowering educational tool for volunteers.

8. Some WABSA auditing tasks can be conducted simultaneously.
9. WABSA audit maps can be used successfully for both policy change and for individual change.

10. Public committees and task forces are powerful vehicles for influencing policy decisions.

The Walking Campaign

1. Local celebrities will add credibility and visibility to any walking campaign.

2. Community partners need tangible and visible ways to get involved in a walking campaign.

3. Consider carefully how you structure participant incentives.

4. Walking campaign participants need initial education as well as ongoing support and information.

5. Keeping track of participants’ progress helps to measure a walking campaign’s success and to keep participants on track.

6. It is essential for walking campaigns to offer participants the options of step counters and peer support.
Chapter 1:
A Guide to Marketing and Communications

Marketing and communications were primary components of Active for Life™ (AFL). Through the AFL social marketing campaign, AARP and the Robert Wood Johnson Foundation (RWJF) sought primarily to disseminate messages about physical activity on the national level and in two local markets: Madison, Wisconsin and Richmond, Virginia. The campaign’s communications strategy had four major objectives:

1. To increase the public’s awareness of AFL.

2. To educate the public about the Centers for Disease Control and Prevention (CDC)-American College of Sports Medicine (ACSM) recommendation, which was endorsed by the U.S. Surgeon General, that adults engage in moderate-intensity physical activity at least 30 minutes a day on most days.

3. To change the attitudes of midlife and older adults toward physical activity.

4. To promote specific AFL-sponsored activities and physical activity outlets in the community that would help members of the target population change their physical activity behaviors.

AFL approached its marketing and communications efforts in a systematic way. Once its objectives were identified, the next steps were clear: AFL needed to (1) identify its audience; (2) develop the specific messages it wanted to communicate; and (3) choose the communication vehicles it would use to disseminate those messages.

**Audience:** AFL decided to target its communications activities to three distinct audiences: Richmond and Madison consumers who were aged 50 years and older and who were already
trying to engage in physical activity or were currently planning to be more active; *community organizations* that might become AFL partners; and *government agencies* and *civic organizations* that could be enlisted to make local communities more “activity friendly.”

**Messages:** Initially, the campaign relied heavily on surveys and focus groups to identify how adults aged 50–59 feel and talk about physical activity. The focus groups included two types of participants: those who said they were “planning” to become more physically active and those who said they were “trying” to become more physically active. Based on the focus group findings, AFL developed preliminary messages for its marketing campaign and subsequently tested those messages during two more rounds of focus groups.

Even during their early stages, the focus groups had a significant influence on the design of the AFL marketing campaign and on its core message about physical activity. That core message was based on a CDC-ACSM recommendation, endorsed by the U.S. Surgeon General and disseminated in 1996, that Americans participate in 30 minutes of moderate exercise “on most days” of the week. Members of the AFL focus groups found the phrase “on most days” open to interpretation and, therefore, somewhat vague. Some focus group members believed that engaging in physical activity on four days a week would be acceptable, whereas others believed that being physically active on six days each week would meet the recommendation. To clarify the directive, AFL tested the phrasing “at least 30 minutes a day, five or more days a week” and found that most focus group members thought this directive was clear and consistent with the spirit of the CDC-ACSM recommendation. This phrase would be associated with the AFL campaign for the next two years.

**Dissemination vehicles.** To disseminate the AFL message on both the national and local levels, campaign staff and consultants purchased newsletter, television and radio advertising; convinced reporters to write and air stories about the benefits of physical activity; and distributed written materials explaining how midlife and older adults could change their physical activity behaviors and how they could sustain those behaviors over time.
Paid Advertising

The directive of “at least 30 minutes a day, five or more days a week” was featured prominently when Active for Life™ released its first package of advertisements between May 2002 and May 2003. These ads showed “real” older people (as opposed to professional models) engaging in simple activities like walking. AFL developed two sets of ads: one set that was targeted specifically to viewers who were aged 50-64 and another set that was aimed at people older than 65.

In one print advertisement, targeted to the older age group, a 67-year-old African American woman was pictured walking with three friends who were talking and laughing. An inset showed the same woman with family members who had just presented her with a pair of walking shoes. “I stay active because I choose to age on my own terms,” read the ad copy, which also encouraged readers to (1) “get your heart rate up—at least 30 minutes a day, at least five days a week” and (2) send away for a free handbook called Be Active for Life.

Similarly, AFL television ads released during this same period emphasized simple ways to stay active and showed heart-warming pictures of midlife and older people with their families. Each commercial featured a voice-over in which the ad’s main character explained his or her reasons for staying active:

- “Every bride deserves a dance with grandpa,” announced one gentleman, shown dancing with his granddaughter at her wedding.

- “I stay active because strong arms give better hugs,” said a grandmother, shown embracing her two grandsons.

- “I stay active because with this bunch, I need all the energy I can get,” remarked a grandfather, shown filling his barbeque grill with charcoal as young children played in the background.
Each television ad concluded by encouraging viewers to participate in a specific, local activity program and to “get your heart rate up, at least 30 minutes a day, at least five days a week.”

Although the ads were well received and their placements were highly concentrated, post-airing surveys conducted in both Richmond and Madison were not encouraging. On the positive side, viewers who recalled seeing the ads stated that the commercials were visually appealing and likeable. These viewers remembered such messages as “We need to exercise more,” “We should raise our heart rates for at least 30 minutes,” and “It’s never too late to start.” However, only a small segment of viewers—about 13 percent—recalled ever hearing about the campaign. This low level of awareness prompted AFL to consider making a mid-course correction in its strategy.

During its second year, AFL established a walking campaign that ran for 12 weeks in Madison and Richmond and used step counters as a motivational tool that allowed participants to keep track of each step they took each day. The campaign urged participants to determine their current steps-per-day and then to set goals to increase incrementally the number of steps they took each day during the 12-week program. To publicize the campaign, AFL aired a television commercial that was very different from the family-oriented ads of its first advertising round. While the first set of ads attempted to “tug at the heart strings,” the second ad was intended to “tickle the funny bone.”

The new ad was a tongue-in-cheek spoof on infomercials and featured two comical characters: a pony-tailed body builder named Chad, and his not-too-bright sidekick, Suzie. The commercial began as a sales pitch, with Chad energetically shouting at the audience, “What would you do to feel better, feel stronger and have more energy for the rest of your life?” During the remainder of the 60-second spot, Suzie builds the suspense by peppering Chad with specific questions about the exact nature of the mysterious product he’s selling. She asks, “What are you talking about? Some kind of magic pill or something?” … “A fad diet or something?” … “An ancient secret salve?” Finally, Chad announces, “It’s called … walking!” When the stage curtains behind Chad and Suzie open to reveal people walking in place, the audience applauds enthusiastically. Then,
the screen fades to black and a commentator summarizes the theme of AFL’s new ad campaign: “Walking. Who Knew?”

In addition to the television ad, AFL placed print ads in local newspapers to tout the benefits of walking. One ad introduced the concept of walking with the words, “It’s the least you can do. Literally.” The other ad exclaimed, “Finally! A workout that’s as easy as walking!”

AFL communications research showed that both the Chad and Suzie commercial and the two print ads were believable and meaningful to people who saw them, and were appealing in tone and content. The research also determined that the ads successfully conveyed AFL’s key messages about walking and the importance of being active, and were persuasive in suggesting that walking is an activity for anyone, at any age. Most important, more than half of the viewers recalled something about the ad, roughly four in 10 recalled something about walking, and one in 10 viewers remembered something about AARP. The tongue-in-cheek tone of the ad clearly had made it memorable.

Media Relations

In 2002 and 2003, the public relations firm of Fleishman-Hillard in Washington, D.C. worked in partnership with AARP in Washington and the association’s state offices in Wisconsin and Virginia to develop and implement an AFL media outreach program for Active for Life™. The media relations campaign took place at both the national and local levels.

At the national level, the campaign’s objective was to announce AFL as a partnership between AARP and RWJF, to establish the two organizations as players in the physical activity arena, and to generate visibility for AFL among national policy leaders. The campaign’s national kickoff, which took place in May 2002, received 3.4 million “earned” media impressions, meaning that television and newspaper outlets covered the kickoff event because they viewed it as newsworthy, not because AFL had purchased advertising time or space. The kickoff received national television coverage on CNN and local television and newspaper coverage in such major
media markets as New York, Los Angeles, the District of Columbia, Detroit and San Diego. In addition, the campaign’s kickoff event in Washington, D.C. was attended by representatives from such organizations as the CDC, the American Cancer Society, the American Association for Active Lifestyles, the President’s Council on Physical Fitness, and the National Center for Walking and Bicycling.

After AFL’s national launch, the campaign’s media relations work continued on the local level. Each local campaign began with a special kickoff event aimed at generating in-market visibility for AFL and introducing AARP and RWJF to the Madison and Richmond communities. The events featured fun walking and aerobics activities, which provided an opportunity for the visual media to take “light-hearted” pictures that told the AFL story in an entertaining way.

Before and after the local launch events took place, Fleishman-Hillard worked hard to place articles and feature stories about AFL in Madison and Richmond newspapers and on the cities’ television and radio stations. In addition to garnering publicity for the campaign’s major local events, the firm also focused on helping AFL’s local partners promote their own activities and programming. While media coverage of these partner events tended to be less extensive and often did not mention AFL, RWJF or AARP, they succeeded in communicating the importance of physical activity for people older than age 50 and helped to build goodwill with local partners. These partners reported to AFL that they viewed free advertising as one of the most lucrative benefits they received from their participation in the campaign.

**Other Marketing Materials**

Once AFL captured the attention of community residents through direct marketing and media relations, it needed to offer those residents some practical guidance about how they could increase their levels of physical activity. AFL provided residents in Richmond and Madison with three products aimed at motivating them to become “active for life.” All three products figured prominently in AFL’s promotional ads and articles, which continually urged readers and viewers to request one of the following:
• **A Handbook**: The *Be Active for Life Handbook* was a guide that residents could use to carry out their own physical activity programs. AFL project staff distributed 5,000 handbooks in Richmond and 3,000 in Madison during the course of the campaign. The 40-page handbook introduced readers to the CDC-ACSM recommendation, endorsed by the U.S. Surgeon General, that midlife and older adults should engage in at least 30 minutes of moderate-intensity physical activity at least five days per week. The handbook also provided a number of self-administered small surveys that participants could use to determine how much physical activity they were currently getting and to gauge their readiness to increase those activity levels. The book contained three sections of questions, worksheets and goal-setting exercises to help participants move from being “not yet ready” for physical activity to “staying active for life.” The final section provided tips for success and a listing of organizations that could offer information about exercise, fitness and health.

• **A Community Resource Guide**. A *Be Active for Life Guide* was published in each city. At 92 pages in Madison and 72 pages in Richmond, the guides provided a comprehensive listing of local programs, services, activities, health clubs and other physical activity resources for adults aged 50 years and older. No similar publication existed in either city. The 8½-by-11-inch booklets were organized according to activities in which older people might be interested—including aerobics and jazzercise, biking, bowling, court sports, dance, fencing, general exercise classes, golf, hiking, roller blading and in-line skating, skiing, soccer, running, walking, softball, strength training, swimming and aqua aerobics, t’ai chi and martial arts, tennis, table tennis, triathlon, volleyball, water sports, winter outdoor activities and yoga. Within each physical activity category, the handbooks listed contact information for local organizations that sponsored relevant events and programs. The books also provided tips on how to use a health club and how to establish a walking club. AFL distributed more than 17,000 copies of the guides in Madison and 20,000 copies in Richmond. Several energetic partners took an active role in collecting information for the guides by distributing questionnaires to appropriate organizations and then organizing the data for AFL.

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3 An updated version of this handbook, now entitled, *Physical Activities Workbook*, is available through the AARP Web site at http://www.aarp.org/health/staying_healthy/health_publications_order_form.html#physical
- **Step Counters.** Step counters were distributed, free of charge, to participants in the walking campaigns that took place in Richmond and Madison during AFL’s second year. The counters, which carried the AFL logo, were simple devices that clipped onto the walker’s waistband and counted each step that the walker took. AFL participants used the step counters to measure their current activity level, and to track their progress as they increased that activity level over time.

Lessons Learned About Conducting a Communications Campaign

Throughout the marketing and communications campaign, staff working for AARP, RWJF and AFL learned many valuable lessons that shaped the campaign’s strategies and resulted in several mid-course corrections. These lessons are shared in the following pages in an effort to help guide similar initiatives aimed at communicating physical activity messages to the 50+ population.

**Lesson #1:**

*Marketing and media relations experts should be part of the initial planning for any physical activity promotion campaign.*

Many organizations plan a particular initiative and then recruit media and marketing specialists after the fact to promote the specific activities included in those plans. AFL learned that developing an effective marketing and media strategy is easier if communications experts are involved from the beginning in planning the activities that they will later be promoting. It may be necessary to involve two types of communications experts in the planning process: (1) marketing experts to design and place paid advertising in local or national media outlets and (2) media relations experts to develop and pitch stories to national and local reporters. These experts will need to work together in a coordinated fashion to ensure that the campaign presents a unified message to the general public.
**Lesson #2:**

It takes a year or more to plan an effective communications campaign.

Promoting physical activity is a lot more complicated than thinking up a catchy motto, buying advertising or calling local reporters. An effective communications campaign can take a year or more to plan. The first nine months could easily be devoted to formative research—conducting surveys and focus groups that provide planners with the information they need to understand who the members of the target market are, what they think, what they know, what their challenges are, and what messages will resonate with them. The second nine months could be devoted to formulating messages for the campaign, designing advertising, and building relationships with local media. Organizers of a marketing and communications initiative may find that funders, partners and colleagues do not automatically appreciate how long it takes to develop an effective media campaign. It may be necessary to educate these individuals and organizations about a campaign’s planning requirements so that pressures to launch the campaign prematurely can be mitigated.

**Lesson #3:**

Midlife and older adults know they should be more active; however, they need help fitting physical activity into their busy lives.

AARP hired Roper ASW, a marketing research and consulting firm headquartered in New York, to conduct two national surveys among midlife and older adults that would shed light on respondents’ perceptions and attitudes toward health and physical activity. Generally, respondents were fairly knowledgeable about the CDC-ACSM physical activity recommendations, even if they were somewhat hazy about the specifics. More than half of those interviewed said that they thought it was appropriate to exercise about three times a week, whereas another 30 percent thought that they should exercise five or more times a week. Slightly more than one-third of the respondents said that a person of their age should exercise for about 30 minutes at a time, while similar percentages of respondents suggested that 20-minute or 45-
minute workouts were more appropriate. More than seven in 10 respondents (71%) said that it was very important for people their age to do some type of moderate exercise.

This research made it clear that AFL’s target audience was not inactive due to ignorance. Instead, midlife and older people knew that they should be more active, but were unable to integrate physical activity into their daily lives. In response to this information, AFL shifted the objectives of its communications plan. The campaign would have to do more than simply inform midlife and older people about the benefits of walking and other activities. It would also have to address—and hopefully break down—some of the barriers to physical activity that the target audience encountered.

Lessons Learned About Paid Advertising

Lesson #4:
The audience’s biases and attitudes must be taken into consideration when marketing physical activity.

When designing advertising for physical activity, it’s important to consider the biases that audience members have about exercise. For example, Active for Life™ learned early that what motivates a younger audience to exercise doesn’t have the same appeal for people in the 50+ age group. An older audience won’t view the prospects of having a “hard body” as an appealing motivator nor will it buy into the logic of “no pain, no gain.” Touting these notions in advertising could turn the audience away from physical activity.

Emotional appeals can also be tricky. Suggesting that physical activity will allow viewers to “dance at your granddaughter’s wedding” may work, but only as long as the marketing approach is not viewed as manipulative. Readers and viewers don’t respond well if they believe that an advertiser is trying to induce them to do something out of guilt or shame.

Finally, message developers must understand the reasons why members of the target audience
are not active. AFL gained this understanding from focus group participants who cited a number of barriers to increasing their own physical activity:

- **Lack of time.** Most people said that they didn’t have enough time to become physically active or couldn’t make time in their already busy schedules. AFL ads responded to this concern by emphasizing that physical activity doesn’t have to take a huge chunk out of every day—only 30 minutes a day is required.

- **Lack of a buddy.** Many respondents said that they weren’t physically active because they couldn’t find someone to share their activity. Finding an “activity buddy” was an important issue for focus group participants, who said they depended on companions to help them stay committed to physical activity and to distract them from tedious workouts. To acknowledge this desire for companionship, AFL ads featured groups of people engaged together in physical activity. Ads also promoted the availability of group classes and walking clubs in Richmond and Madison.

- **An aversion to sweat.** Some people viewed the whole idea of exercise—the sweating, flushing and heavy breathing—as distasteful. Focus group participants stressed that the physical activity portrayed in ads should not look like hard work—and should not be called “exercise” or “fitness.” AFL ads responded by featuring people who appeared to be enjoying themselves rather than “suffering” through an exercise regimen.

**Lesson #5:**

*The visual images you choose for ads speak louder than the words you write.*

No matter what the text of a print advertisement or television commercial is, the visual images—what the audience actually sees—leave the most lasting impression. If the visuals don’t match the viewers’ expectations, the entire message could be lost.

For example, one advertisement that AFL tested with focus groups encouraged readers to walk
or bike but showed a woman who was swimming. Focus group participants found it difficult to understand the mixed message and suggested that a reference to walking or biking should be accompanied by a photo of someone walking or biking.

Viewers also preferred to see advertisements and television commercials featuring people who looked like them, who were engaging in activities that they could envision themselves doing, and who were physically active at a realistic level of intensity. Mixed groups of men and women were preferred over groups of all men or all women. These mixed groups reinforced the idea that physical activity has important social aspects. Finally, the focus groups responded more positively to advertisements featuring “real people” than to ads featuring people who looked like professional models.

*Lesson #6:*

*Advertising won’t be successful unless viewers remember the message.*

Initially, AFL planners weren’t totally comfortable with the ad featuring Chad and Suzie and the fake infomercial. But while planners initially feared that the audience would be turned off by the commercial’s satirical tone, the ad received positive feedback from focus group members who rated it as both memorable and believable.

In fact, the most successful feature of the Chad and Suzie ad was the fact that it took a unique approach that distinguished its message from other messages being delivered in the crowded media market. Having a memorable ad—one that sticks in viewers’ minds, has a simple message, and stands out from other messages—is more important than striving for an ad that is pleasant to watch, as the first round of ads were. Even the best-conceived or best-produced ad will fail if people don’t remember it.

Results from telephone surveys conducted for AARP by International Communications Research of Media, Pennsylvania showed significant increases in knowledge and awareness measures after the Chad and Suzie ad hit the airways. The audience’s knowledge of the recommendation to
walk five or more times per week, its recall of the messages on physical activity and walking, and its awareness of AARP as the message sponsor all increased during the walking campaigns in both cities. A third survey showed that the new ad remained memorable even six months after the conclusion of the walking campaign.

**Lesson #7:**

*Consumers will become confused if you ask them to do too much.*

AFL’s initial advertisements in Richmond and Madison encouraged viewers and readers to take two distinct actions: (1) to become more physically active and (2) to call a toll-free number or visit a community site to request the *Active for Life Handbook*. The interconnected messages seemed clear to AFL: using the free handbook would help audience members become more active. However, most audience members appeared to miss these dual messages.

After viewing the early ads, audience members appeared to become confused about which action AFL wanted them to take. Were they supposed to become more physically active? Or were they supposed to get their hands on the AFL handbook? Faced with two separate instructions, most audience members took no action at all.

While the audiences’ confused response was surprising to ad designers, the breakdown in communication pointed out an important lesson: all advertising to promote physical activity must be as simple as possible. Ad writers must work particularly hard to develop a common language that all readers or viewers will understand, while taking pains not to appear as if the ads are talking down to the audience. Most important, each ad should focus on communicating only one message. If a campaign has two messages that it wants to communicate, then it’s best to communicate those messages through two separate ads—one message per ad.
Lesson #8:

The more specific advertising is, the more likely it is to resonate with the audience.

Advertising to promote the walking campaigns in Madison and Richmond was developed for a general audience rather than for a particular subset of the midlife and older population. AFL organizers now suggest that the campaigns might have been even more successful if the audience had been segmented to a greater degree. Specific ads could then have been designed to appeal to specific segments of the market.

For example, AFL had great success when it tested a narrowly focused direct mail campaign in May 2003. The mailing, which promoted the importance of walking 10,000 (or more) steps per day, went to more than 22,000 women in Madison and nearly 6,000 women in Richmond. All addressees were AARP members who had previously expressed an interest in physical activity. Each woman received an AARP-branded brochure along with a letter from her AARP state director. Women who returned the order form and a nominal fee received a walking guide and a step counter. Those who completed the walking program and mailed back an evaluation form received a motivational book as a reward. An initial response rate of 4.5 percent (a high response for direct mail) illustrated how much easier it is to attract the attention of an audience when messages are tailored to that audience’s specific interests.

Ads for the walking campaign could have been segmented in a similar way. For example, separate ads could have been designed for men and women, because the barriers to physical activity vary widely between men and women. Different ads also could have been developed for groups with different levels of readiness for physical activity. For example, ads might have been targeted specifically to people who were already “somewhat active” and could have been placed in locations where those individuals were most likely to see them.

Using another form of segmentation, AFL’s advertising campaign increased its effectiveness when it began focusing on one specific physical activity rather than promoting physical activity in general. The first AFL ad campaign, which used family-related themes, may not have been memorable or effective because its messages were too general and, therefore, were somewhat
vague. The second campaign, which focused specifically on the benefits of walking, was far more memorable because it zeroed in on one activity, communicated a more direct message and included a more specific call to action. ALF organizers believe that this specificity caused more people to remember and like the second campaign.

**Lessons Learned About Planning a Media Relations Campaign**

*Lesson #9:*

*Before you call the first reporter, it’s important to develop the specific messages that you want to communicate.*

The AFL campaign’s overarching message was that regular physical activity is beneficial, feasible and enjoyable for people aged 50 years and older. Within this larger framework, however, the AFL media campaign needed to identify several sub-messages that it would communicate to the general public.

By reaching general agreement on these sub-messages, and putting those messages in writing, AFL stakeholders ensured that the media campaign had defined goals and that partners stayed focused on the campaign’s primary messages. The large number of media campaign partners—including AFL staff, staff of AARP and RWJF, employees of Fleishman-Hillard, local organizations, and local residents who were interviewed by the media—made it critical to put the messages in writing and to make sure everyone understood them.

Five AFL messages emerged from group brainstorming sessions held for AARP and RWJF staff and facilitated by media specialists from Fleishman-Hillard. While the complexity of the AFL campaign dictated that a fairly large group be involved in the discussion about messages, smaller media campaigns may want to involve only a handful of participants in the brainstorming meetings. Once the campaign messages are identified and agreed upon, the brainstorming group can then expect to spend considerable time editing the messages so that they are succinct and can be easily grasped by the public.
The five messages that emerged from the AFL brainstorming sessions:

1. **Announced Active for Life™**: “The RWJF and AARP have formed an important national partnership aimed at emphasizing the importance of physical activity for Americans age 50 and older. This existing joint venture, ‘Active for Life™,’ involves a campaign that includes advertising, promotion, community partnerships, public relations and community advocacy initiatives to promote physical activity.”

2. **Outlined the problem that AFL would address**: “Despite a growing body of scientific evidence that indicates that physical activity can contribute to increased years of active independent life, reduced disability, and improved quality of life for people 50 and older, recent studies have shown a tendency for inactivity among this population.”

3. **Offered a compelling reason to engage in physical activity**: “Scientific evidence shows that physical activity can contribute to improved health and functional ability, and reduce chronic illness and disability.”

4. **Pointed to the need for information and support**: “A recent AARP survey of adults 50 and older found that while 63 percent say that exercise is the best thing they can do for their health, a large majority of respondents want information and support to help them get moving.”

5. **Explained the RWJF/AARP social marketing campaign**: “In response to escalating health issues associated with a sedentary 50 and older population, RWJF and AARP are launching a pilot social marketing campaign—Active for Life™—in Richmond and Madison to test the impact that using paid media, communications strategies with local constituents, policy and environmental changes will have on increasing physical activity among people 50 years and older.”
In addition to keeping the campaign focused and consistent, AFL used its identified messages to measure the effectiveness of its media outreach effort. After each event or major media outreach effort, staff at Fleishman-Hillard evaluated how many of AFL’s five messages were contained in each piece of media coverage that the campaign received.

**Lesson #10:**

*Having a crisis plan may help you avoid a crisis.*

In October 2003, a 29-year-old woman carrying a red pedestrian flag was stuck by a car while crossing Madison’s Monroe Street during the evening rush hour. The woman, who was not seriously injured, was participating in the Pedestrian Flag Project, an initiative that AFL was cosponsoring with the Safe Community Coalition (SCC) of Madison and Dane County to improve pedestrian safety in Madison. The project supplied bright red flags to pedestrians so they would be more visible to motorists when crossing the street; it also educated motorists about their responsibility to yield the right-of-way to flag-waving pedestrians in designated crosswalks.

The flag project participant was struck only four months after AFL had signed onto the flag project. The incident, which sparked a very public debate between people who favored use of the flags and people who did not, presented AFL media specialists with a huge challenge: they needed to keep negative press from damaging the flag project and the entire AFL campaign. Fortunately, the campaign was able to respond quickly to the incident because it had developed a Crisis Communications Plan when the Pedestrian Flag Project was still in the planning stages. As a result, the incident actually helped to shine a spotlight on the dangers that pedestrians face each day in Madison and the importance of the flag project in helping to make walking safer.

AFL’s Crisis Communications Plan anticipated two scenarios that everyone hoped would not happen. The first scenario was that a pedestrian would be hit and injured or killed at one of the designated flag crossings during the flag project’s launch or within the months immediately following the launch. The second scenario was that motorists would become infuriated by flag-
waving pedestrians and that the media would begin interviewing angry motorists and running negative stories about the flag project.

The crisis plan called for a step-by-step response to each scenario. If the first scenario occurred, and a pedestrian was injured, media relations specialists were prepared to contact medical and police personnel, gather information about what happened, and deliver crisis messages to local reporters. Those messages would address the campaign’s sorrow for the person involved, reiterate AFL’s primary concern for safety, and inform the public that AFL had coached participants on how to use the system and had urged them not to cross the street if they did not feel safe. If the project attracted negative publicity, the media specialists were prepared to monitor the local press and contact reporters who were writing and airing negative pieces. Media specialists also created crisis messages that explained pedestrian laws, described the project’s role in educating motorists about pedestrian safety, and emphasized that AFL and SCC were helping pedestrians and motorists work together.

As it turns out, AFL did not have to put its crisis plan into full action when the Madison pedestrian was struck by the car. The incident did not take place at the project’s launch, so no one from AFL was actually on site when the incident took place. In addition, SCC decided to handle the crisis because it had been the lead agency on the project for 17 months prior to AFL’s involvement. AFL supported SCC’s efforts by providing materials that the coalition could use in its dealings with the media. As a result, SCC was able to have letters to the editor and an opinion piece published in the *Wisconsin State Journal*, a local newspaper.

AFL only developed crisis plans for events that carried the risk of danger either because participants might get hurt or because a controversial event might attract negative publicity. In addition to the flag project, AFL created crisis plans for the Tour de Traffic in Madison and the Active Living Tour in Richmond, because tour participants—who included older people, pregnant women and people with disabilities—would be getting on and off buses and crossing dangerous intersections.
Lessons Learned About Pitching Stories to the Media

Lesson #11:

*Media outreach is based on relationships, so it’s a good idea to get to know local reporters as individuals.*

While Americans are fond of referring to reporters, editors, photographers and videographers as “the media,” it’s important for media relations specialists to recognize and relate to these professionals as individuals. The best news coverage will come from members of the media who understand a campaign’s messages and have a personal relationship with the campaign’s media specialists.

Establishing those relationships will require some preparation work. For example, before AFL began working in Madison and Richmond, media specialists from Fleishman-Hillard spent a good deal of time familiarizing themselves with the media outlets in both cities. This task involved reading newspapers, watching television news programs and listening to radio programs in order to understand the types of stories a particular media outlet carried. Before Fleishman-Hillard media specialists sought a health reporter to whom they might pitch stories, they read the health section of the local newspaper to identify who was writing about health and what topics were being covered. The media specialists then called the newspaper’s health reporter to suggest story ideas that fit the reporter’s area of interest and expertise.

Local media markets, like Madison and Richmond, are relatively small and have a limited pool of reporters to which a media campaign can reach out. Therefore, AFL found itself going back to the same reporters multiple times to pitch different types of articles. Repeated contacts were less problematic for reporters with whom AFL had developed personal relationships.

Developing a relationship with a reporter meant staying in touch, even when the media specialist wasn’t trying to sell a story. Typically, AFL sent periodic emails (far less intrusive than phone calls) to reporters to update them on how the campaign was going. Sometimes, media specialists would provide reporters with information that might interest the reporter, even if that information
was not directly related to AFL. This was a good way of showing that reporters could benefit from a relationship with AFL.

To avoid being viewed as a nuisance, AFL tried to choose carefully the stories that it pitched to individual reporters. AFL recognized that most reporters can only write a limited number of articles about a single topic. Therefore, AFL pitched the most important stories first, sometimes foregoing coverage of minor events so that it could garner a reporter’s interest in a major one.

The campaign also tried to build relationships with a variety of reporters and writers within one media outlet, including the obvious “health” and “senior” reporters as well as reporters who covered city affairs and the environment. As a result, media outreach specialists were not always calling the same reporters. AFL media specialists pursued this strategy in the hope that the campaign could obtain more media coverage because different reporters at the same media outlet were writing about AFL.

**Lesson # 12:**

*Local news outlets are saturated with stories about health-related issues. This means that a media outreach campaign needs to find—and keep finding—new twists and angles to capture—and recapture—the media’s attention.*

It’s hard to open any newspaper or magazine these days without seeing an article about health-related issues, whether that article is about the efficacy of taking vitamin supplements, the high cost of prescription drugs, or the latest cancer treatment breakthrough. This interest in health-related topics can be both good news and bad news for a media relations campaign that promotes physical activity. On the positive side, consumers are clearly more interested than ever in reading about how to improve their health, and media outlets are more interested than ever in writing about this topic. However, this increased interest also makes it more difficult to get the attention of health writers who are deluged with story pitches from media specialists in other health-related fields. To meet this challenge, AFL had to continually come up with interesting angles that would make its campaign seem “new” to the reporters who were covering it.
Special events were a good way to make the campaign seem “new” to reporters. The initial kickoff events in Madison and Richmond easily attracted media attention because they featured local celebrities—including the lieutenant governor of Wisconsin and the first lady of Virginia—about whom reporters wanted to write. Introducing new campaign elements was also a great way to attract renewed media coverage. The special features of AFL’s walking campaign—free step counters, the impressive group of local dignitaries who were on hand to launch the campaign, and the new Chad and Suzie ad campaign—helped to renew reporters’ interest in AFL and resulted in a great deal of media coverage more than a year after AFL was launched. The media campaign received an additional boost when AFL sponsored the Tour de Traffic in Madison and the Active Living Tour in Richmond. These events offered great visuals that attracted renewed media attention, especially from television stations.

Having a group of local AFL participants who were willing to talk to reporters also helped the campaign garner media attention. Reporters generally like to have a human-interest angle on almost any article they write, so AFL’s ability to connect reporters with “real” people who could tell their personal stories was often the key to obtaining local coverage. AFL’s local partners recommended articulate residents who would be good spokespersons for the campaign. AFL trained these people so that they knew what to expect from a media interview and understood the messages that AFL wanted to communicate.

Lesson #13:

Cooperation on a media outreach campaign can solidify relationships with local partners.

AFL enjoyed productive partnerships with local organizations in the Richmond and Madison communities. (See Chapter 2 of this guide for more details about partnerships.) In the area of media relations, local partnerships yielded clear and concrete benefits for both AFL and local organizations. The partners and their activities provided AFL with the local angle it needed to attract media attention to the campaign. In addition, AFL’s success in promoting local programs was one of the benefits cited most often by partners as the reason they participated in AFL.
A particularly successful partnership took place between AFL and the Wisconsin Senior Games, a statewide event that Madison hosted in 2003. The games, which offered non-competitive physical activities for older adults, were promoted in conjunction with an AFL-supported media campaign, the first ever conducted for the Senior Games. The event enjoyed a 10-percent increase in registration in 2003 compared to 2002. Other partners reported similar success stories when AFL media relations staff supported their outreach activities.

Due to limited resources, AFL wasn’t able to provide media relations support for every one of its partners. Often, local coordinators in Richmond and Madison were called upon to choose which partner activities the campaign would support in this way. Those decisions, which were not always well accepted at the local level, were made after local coordinators determined which local programs had missions that most closely dovetailed with the AFL message and which ones were likely to attract the most media attention. To mitigate the bad feelings that such decisions might cause, AFL developed a tool kit to help community organizations conduct their own media outreach. The kits offered tips on all aspects of media outreach, such as compiling a media database, monitoring local media, drafting media materials, hosting an event and reaching out to local reporters.

**Conclusion**

The marketing and media relations efforts conducted in Richmond and Madison served as the voice of AFL by spreading messages about physical activity to the widest possible audience and inviting local residents to take advantage of the many opportunities for physical activity that AFL and its partners offered.

Smaller organizations with limited budgets might be overwhelmed by the amount of time, effort and money that AFL spent promoting its physical activity campaign. They shouldn’t be. Small-scale campaigns may not find it necessary or effective to spend thousands of dollars developing and placing paid advertising in local media outlets. Instead, they may discover that media
relations efforts aimed at garnering free news coverage of campaign events can provide all the promotion they need.

In the end, the amount of money spent on a community-wide campaign is not the most important reason for that campaign’s success or failure. More importantly, every campaign should do the following:

- Involve communications experts in campaign planning work.
- Get to know the target audience.
- Develop clear messages that the campaign would like to communicate to the public.
- Create personal relationships with local reporters so that messages can be disseminated widely and accurately.

Finally—and most important—campaigns need to be willing to honestly assess the effectiveness of their efforts and to make mid-course corrections if necessary. Only then can a community-wide campaign truly give voice to the important messages about physical activity that midlife and older adults need to hear.
Chapter 2:
A Guide to Building Partnerships

The Active for Life™ (AFL) campaign took on what might seem like a daunting mission: to improve the health status of Americans aged 50 years and older by encouraging them to be active for at least 30 minutes a day, at least five or more days a week. AFL learned early in campaign planning that such a lofty goal could not be reached by an individual or organization acting alone. Instead, a group of both traditional and nontraditional partners from multiple disciplines and community sectors needed to work together on such an initiative if it was to achieve any measure of success.

Indeed, AFL can attribute much of its success in Madison, Wisconsin and Richmond, Virginia to its wide range of local partners, who brought different perspectives, resources and skills to the campaign. The AFL campaign clearly illustrated that when organizations and community members collaborate, they can create something new and valuable. Local collaborations enabled AFL to transform its national message about the value of physical activity into a practical, directed and targeted initiative that would impact behavior at the individual level. Partners benefited because AFL supported their local missions, helped them expand their existing physical activity programs, and enabled them to reach out to new audiences.

Background on the AFL Partnerships

Through its state offices in Virginia and Wisconsin, AARP already had a strong presence in Richmond and Madison even before it launched AFL. However, the association knew that it would need to enlist the help of a new set of active partners—many of them new to AARP activities—who had earned the trust of the local older population and who had experience with
or an interest in physical activity. Once AARP had recruited and hired an AFL coordinator who would oversee the campaign in each city, the next item on its agenda was to begin the search for partners who would make the campaign a truly local initiative.

Coordinators in both cities began their search for partners by using the cities’ telephone books, from which they were able to easily identify some “obvious” partner choices. In Richmond, the more traditional partners included the YMCA, the Jewish Community Center, the City Department of Parks and Recreation, and the American Heart Association, all of whom were already involved in physical activity promotion. Other traditional partners included organizations and agencies—including senior centers, nursing homes and area agencies on aging—that served the older population but did not necessarily provide physical activity programming. In Madison, the AFL coordinator found his first partners among people who directed or worked for government agencies and departments, including the departments of health and transportation, which had specific responsibility over areas addressed by the campaign. Having these traditional partners on board early brought credibility to the AFL campaign in both cities. Including the names of these partners on a list of AFL supporters motivated other organizations and agencies to join the campaign.

Being an AFL partner didn’t mean the same thing to every organization involved in the campaign. To some organizations, partnership status meant that the organization endorsed the AFL philosophy and wanted to be kept informed of the campaign’s progress. To other organizations, being an AFL partner meant that the organization agreed to distribute AFL materials to its members or to make those materials available in its offices or community centers. An additional tier of AFL’s most active partners included YMCAs, fitness centers and senior centers, which offered free classes or walking clubs to seniors who participated in AFL.

It was essential for AFL to attract the obvious partners to its campaign, but the search for partners did not end with these traditional organizations. Coordinators in both Richmond and Madison soon expanded their partner search to include nontraditional partners who were more difficult to identify but who, once committed to the campaign, proved to be among the most productive of AFL’s collaborators. These nontraditional partners included a group of parish
nurses, who incorporated the AFL approach into their health care ministry; a coalition of civic groups promoting pedestrian safety; environmental groups interested in promoting more livable, pedestrian-friendly communities; and shopping malls interested in attracting mall walkers to their premises.

Once partners agreed to join AFL, local coordinators and other AFL staff in each city engaged them in specific, targeted activities. Ideally, these activities provided partners with meaningful tasks, valuable visibility in the community, and the opportunity to network with like-minded people, agencies and organizations. In addition, the campaign in each city was designed, as much as possible, to ensure that AFL’s most successful elements would continue, under the sponsorship of one or more partners, after funding from the Robert Wood Johnson Foundation (RWJF) came to an end.

This chapter tells the story of how Active for Life™ was able to involve traditional and nontraditional partners in a successful physical activity movement. The story is told through nine of the most important lessons that AFL national staff and local coordinators learned along the way.

**Lessons Learned About Identifying and Recruiting Partners**

*Lesson #1:*

*It takes a year or more to recruit, educate and gain a commitment from local partners in a social marketing campaign like Active for Life™.*

When recruiting partners for a physical activity promotion campaign, it’s critical to allow enough time before kickoff for adequate organizing and relationship building. While social marketing projects such as Active for Life™ usually take a year or more to organize, AARP completed this task in nine months due to the requirements of its RWJF grant. This shorter planning window is not recommended, however, because it does not give the campaign sufficient time to fully initiate new partners and gain strong commitments from them. As a result of the shorter time
frame, several AFL partners initially felt neglected or peripheral to the campaign. Fortunately, follow-up interviews with partners showed that this situation later improved.

Having a year or more to plan a community-wide initiative will give campaign organizers enough time to complete several important partnership-building tasks, including the following:

- Meeting with partners to learn about the roles they play in the community.
- Educating partners about what the campaign hopes to accomplish.
- Working with partners to determine the role that they will play in the campaign.

Ideally, the bulk of a campaign’s planning efforts should take place before partners actually sign on to the campaign. Once local organizations become formal campaign partners, the planning process should be curtailed and action-oriented activities should begin quickly. In Madison, this rapid switch to action helped to keep partners focused and excited about the campaign. It also let partners know that AFL valued their time and was committed to moving from discussion to action as soon as was feasible.

**Lesson #2:**

*Savvy and outgoing coordinators can make all the difference in attracting partners.*

A strong coordinator can help a community-wide campaign make necessary contacts with potential partners and convince them to participate in the campaign. The coordinator doesn’t necessarily need to have pre-existing contacts in the geographic area where the campaign is taking place. While these connections certainly helped the Madison campaign identify and attract partners, the Madison coordinator’s communication and planning skills were more important in preparing him to lead the city’s AFL initiative, according to interviews with local partners. The coordinator had the ability to communicate AFL’s messages to partners in a clear and concise manner; the ability to think through, beforehand, the benefits that AFL would provide its partners and present those benefits to partners in a persuasive way; and the ability to anticipate the questions that partners were likely to raise about their involvement in the campaign. The
coordinator’s years of experience working in state government also gave him the confidence to walk into the office of any partner and feel comfortable, rather than intimidated.

Experience in the physical activity field should not necessarily be a prerequisite for the position of coordinator. In the case of the Madison coordinator, lack of experience in the field may have been advantageous. Because this coordinator did not know who the obvious partners were supposed to be, he reported feeling freer to think “outside the box” in order to attract a number of effective partners who did not have obvious ties to physical activity issues.

Finally, hiring a coordinator who is both a creative thinker and a good negotiator is helpful. The Richmond coordinator used both skills to negotiate “deals” between AFL and its prospective partners. The deals were often a clear “win-win,” so the partners did not turn them down. For example, Richmond’s coordinator convinced several for-profit fitness clubs to offer AFL participants free access to their classes for 12 weeks. In exchange, AFL offered to promote the classes and assured the fitness centers that they could recruit AFL participants to become full club members after the classes ended. The strategy worked. Forty percent of the AFL participants who attended classes at the Richmond Athletic Center decided later to become regular members of the center. In another typical scenario, AFL might offer to promote a prospective partner’s “walk-a-thon” fundraiser as long as the partner agreed to distribute AFL materials to participants.

**Lesson #3:**

*Successful campaigns will constantly be on the lookout for new partners.*

“Who is not at the table that needs to be here?” This was the question that coordinators in Richmond and Madison continually asked during their meetings with active AFL partners. The question usually sparked a brainstorming session about potential partners that should attend the next meeting or participate in an upcoming activity. After the meeting, the coordinator would typically call the prospective partner, explain the AFL initiative, and ask for the organization’s support. Following up on such leads brought more than 100 different partners to the Richmond
program, including the American Heart Association, Bon Secours Hospital System, and several assisted-living and nursing facilities.

Senior health fairs, community events and AFL activities were also good places to find new partners. The Richmond coordinator connected with several AFL partners by visiting tables that they staffed at health fairs. The coordinator engaged potential partners by asking them about their organizational goals for the coming year. If an organization’s goals matched AFL’s goals, the coordinator knew it would be worthwhile to begin exploring ways in which AFL and the organization could work together.

Lesson # 4:

*Traditional partners will bring early credibility to a campaign, but nontraditional partners will add to its richness down the road.*

Nontraditional partners won’t necessarily be promoting physical activity as part of their missions. They will most likely be promoting public safety, environmental causes, or even smart growth and livable communities. The coordinator’s job is to help these organizations see the connection between physical activity promotion and their own efforts to promote community planning initiatives, pedestrian-friendly design or the health of local residents. In Madison, for example, a group of parish nurses and a pedestrian advocacy group called the Safe Community Coalition (SCC) of Madison and Dane County became AFL’s leading partners even though physical activity was not their primary mission.

**Parish Nurses**

The City of Madison has about 25 parish nurses who are employed by a local hospital to help churches and other houses of worship address the health needs of their congregations. These nurses, whose salaries are partially funded by each faith congregation, typically provide bereavement support, administer flu shots, and conduct routine health screenings among their target populations. They also might run health education programs, connect their clients to affordable health services, or publish health newsletters.
Believing that the nurses might be interested in promoting AFL as part of their ongoing health-related programming, the Madison coordinator invited each nurse to sign on as an AFL partner. About one-third of the 25 nurses responded positively to the invitation and subsequently designed small programs to engage their respective congregations in the AFL-supported walking campaign. This campaign encouraged partners to design a program through which their constituents used AFL step counters to set and meet specific walking goals.

One nurse, who served two congregations, created two walking programs through which 100 Madison residents took a fun, team-centered walking journey together. The participants, who all received AFL step counters, reported their weekly step totals to the nurse, who converted the steps into miles and then charted those miles on a world map. Each group set a goal to walk enough miles to arrive at a specific destination. One group decided to walk a total of 8,450 miles—the distance between Madison, Wisconsin and an African mission that the church supported. At Madison’s St. Patrick’s Church, the second group decided to walk 3,500 miles—the distance between the church and Ireland. Both groups met their goals, and not one participant dropped out.

**Safe Community Coalition**

The Safe Community Coalition (SCC) of Madison and Dane County was concerned about pedestrian safety in a city where motorists are required to yield at intersections, but rarely do so. The result had been numerous traffic incidents and hesitancy among older people to walk along busy streets. The coalition’s goal to keep pedestrians safe didn’t exactly match AFL’s goal to promote physical activity but was close enough to provide opportunities for collaboration.

Just before AFL began, SCC launched an initiative, called the Pedestrian Flag Project, to increase the safety of Madison’s streets. Project participants carried red flags while crossing busy intersections to ensure their full visibility to oncoming motorists, who were required to yield the right-of-way. Pedestrians picked up their flags from a bin located near the intersection and then deposited the flag in another bin on the other side of the street.
With AFL’s help, SCC was able to expand the number of flagged intersections from two to 40 in both Madison and the surrounding Dane County. AFL provided funds for billboards that educated motorists about their legal responsibility to yield to pedestrians. It also paid about $1,000 to equip intersections with flags and flag bins that carried the AFL logo and information about walking and physical activity.

Lessons Learned About Engaging Partners in a Campaign

Lesson #5: Prospective partners will be most likely to sign on to a campaign if the benefits of participating outweigh the costs.

There are numerous reasons why community members or organizations choose to join a partnership. For example, the partnership might: (1) offer partners the opportunity to join in a collective action that promises to draw more attention to a cause that they feel is important; (2) give partners the opportunity to gain knowledge or access financial and human resources that they could not access by themselves; or (3) help like-minded people and organizations network with one another in order to refine a strategy or have a greater impact.

Conversely, there are many reasons why people and organizations don’t join partnerships. For example, the partnership might require too great a commitment from organizations already operating on a shoestring. In addition, the partnership might not use the individuals’ or organizations’ skills or time efficiently. Finally, a prospective partner might have different opinions, a different focus or a different target audience than the rest of the participants.

Each potential partner must make its own decision about joining a partnership. In order to make the best decision, however, an organization or individual needs help to identify and weigh the benefits and costs of partnership. In both Madison and Richmond, AFL coordinators provided this guidance. Those partners who signed on with AFL did so after being convinced that the benefits of participation definitely outweighed the costs, which were far from onerous.
The Costs of Partnership
Generally, AFL asked its recreation and fitness partners to make a commitment to invite the 50+ population into their regular operations and embrace the opportunity to serve this new market. Those partners already offering other, non-fitness-related services and programs to the 50+ population were asked to devise new strategies to encourage this population to be more active. Specifically, AFL asked each partner to do the following:

- Distribute AFL materials in the community. These materials included the Be Active for Life Handbook; Be Active for Life Guide-Madison; and Be Active for Life Guide-Richmond.

- Mention the Active for Life™ campaign and its handbooks and guides in the partner’s own communications.

- Promote Active for Life™ to the partner’s target audiences.

- Invite an Active for Life™ speaker to make a presentation to the partner’s constituents.

- Develop a program or activity especially for the 50+ population, or develop a program or activity that focused on the role of the built environment in promoting physical activity.

The Benefits of Partnership
Partner benefits were numerous and included the opportunity for partners to gain support for their AFL-related missions, receive free advertising for their programs, and network with like-minded organizations.

A Common Mission. Ukrops, a regional grocery store chain in Richmond, became an AFL partner because the campaign provided store patrons with well-designed, sound information and programming for physical activity. The store’s senior nutrition advisor recognized that fitness goes hand-in-hand with healthy eating to create overall health. Yet, she had little training or resources to develop physical activity programming on her own.
In another instance, a series of discussions between AFL and the City of Richmond Department of Public Health (DHP) led to the realization that AFL could enhance the department’s mission by helping to increase the number of people participating in DPH programs. Those programs included Richmond Rocks, DPH’s health, nutrition and physical activity promotion initiative. The successful partnership between AFL and DPH helped to bring two additional governmental partners to Richmond’s AFL campaign: the Department of Parks and Recreation and the Department of Community Services.

Prospective partners often became involved in AFL because they wanted to apply the campaign’s mission and goals to wider community issues in which they were interested. In Richmond, for example, a member of the City Council became an AFL partner after realizing that the campaign’s environmental change component might help address issues that affected the older, African American residents of her district. In Madison, key partners worked with AFL to address their own concerns about pedestrian safety.

**Free Advertising.** Many partners noted in a follow-up survey that free advertising was the most important benefit that they received from their affiliation with AFL. Some partners expressed appreciation for the opportunity to distribute AFL step counters, handbooks and other campaign tools, which they said had received positive feedback from—and built goodwill among—their clients. Partners with limited budgets and few resources appreciated AFL’s investment in promoting physical activity and were highly appreciative of the campaign’s willingness to market their specific programs. The *Be Active for Life Guide-Madison* and *Be Active for Life Guide-Richmond* were particularly popular among partners. Each guide included a complete, city-specific listing of physical activity programs, facilities, opportunities and services. Many partners who were interested in being listed in the guide volunteered to help plan and develop it.

**The opportunity to network.** According to campaign research conducted by the Sutton Group in Washington, D.C., the opportunity to network with like-minded organizations proved to be an unexpected AFL benefit. Networks were created when AFL held face-to-face meetings among community partners who shared a common mission and goals but who were unfamiliar with each
other’s programs. Once introduced, these partners quickly took advantage of the opportunity to become engaged in each other’s programs and activities, either on their own or through specific, short-term AFL-facilitated projects. These networks, which did not exist before the AFL launch, still operate in both cities through various committees and coalitions.

**Lesson #6:**

*It is important to build partner commitment early.*

There are several ways to prompt an early buy-in from partners, whether for an overall campaign or for one component of the campaign. These methods include the following:

- **Invite potential partners to an early informational meeting.** Prospective partners in Richmond and Madison were invited to an informational kickoff meeting, held in each city to explain Active for Life™ and how local organizations could get involved in the campaign. The meetings also showed prospective partners that AFL valued their participation enough to make a special effort to explain the campaign and provide opportunities for input. During these meetings, AFL used an independent facilitator to elicit local opinions about how AFL could carry out its program in partnership with local organizations. During subsequent meetings, AFL shared more details about campaign components and clarified any misconceptions that partners might have had about the program. One common misconception was that AFL’s grant from RWJF would be passed through to local organizations, which would then be free to spend the money as they saw fit. AFL representatives took time during partner meetings to identify clearly where AARP would spend the RWJF funds and how those expenditures would help partners carry out their own missions.

Kickoff meetings also gave AFL the opportunity to understand the specific challenges that its partners faced. In particular, many partners were running their own operations on a shoestring and had no significant time or resources to contribute to Active for Life™. These partners were still interested in being involved in the campaign but indicated that their involvement would, by necessity, have to be limited. As a result of this feedback, AFL
decided to make partner involvement as easy as possible by providing local organizations with ready-to-use materials to promote physical activity. Many partners were happy to use the *Be Active for Life Handbook* as the centerpiece of the physical activity programming that they sponsored during the campaign.

- **Keep up the communication.** AFL distributed newsletters to partner organizations as a way to keep new partners involved in and excited about Active for Life™. The newsletters included updates on campaign developments and profiled some successful partner activities.

- **Ask partners to sign a memorandum of agreement.** Each partner in Madison’s walking campaign signed a memorandum of agreement (MOA) that outlined what AFL wanted the partner to do and what the partner could expect from the campaign. By signing this MOA, the partners agreed to distribute step counters and informational materials to Dane County residents who were aged 50 years and older. They also agreed to promote the AFL walking campaign to their constituents/employees, to seek out human interest stories within their programs that could be used by the Dane County media, to provide to AFL a summary and brief evaluation of their activities, and to maintain contact with the local AFL office. On a more practical level, the partners also agreed not to remove the AFL branding from step counters or other materials and to return the supply of uncommitted step-counter kits at the end of the walking campaign’s enrollment period. Partners who signed the one-page MOA viewed it as a serious commitment and were more likely than other partners to remain involved for the duration of the campaign.

- **Hold an orientation session before launching specific activities.** AFL coordinators in both Madison and Richmond held partner orientation sessions before the start of their walking campaigns. At Madison’s orientation session, health and fitness experts from the University of Wisconsin talked to AFL partners about the importance of physical activity and then demonstrated how to use the step counters that partners would be distributing. The experts also facilitated brainstorming sessions about the types of walking programs that partners might design for their own constituents. Partners reported that the orientation sessions
inspired them to think creatively about their own walking programs, forged bonds with other partners and sealed partners’ commitment to the campaign.

**Lesson #7:**

*Prospective partners feel more comfortable with a campaign that features concrete activities that have a specific focus and defined goals.*

The sense of ownership that partners gain during the early days of a campaign is likely to translate into a commitment to support the campaign over the long term. This sense of ownership doesn’t necessarily come from sitting around a conference table and planning a campaign from scratch. Although some AFL partners responding to a campaign survey expressed a desire to be consulted more closely about the campaign’s general design, AFL also found that most partners did not have the time or the staff to become too involved in campaign details. These partners preferred when AFL offered them specific plans for the campaign and then provided the resources to help them follow through with those plans.

For example, Madison’s coordinator found it productive to approach partners with a specific invitation to participate in the AFL walking campaign. None of the partners seemed to mind the fact that they had not been involved in developing the campaign’s concept, and all seemed to appreciate the fact that the campaign was well defined, finite and would provide step counters and other promotional materials to support their outreach efforts.

In retrospect, local ownership of the Active for Life™ campaign might have increased even more if AFL had allowed partners to choose the name of the campaign, had asked for more local input into campaign components, or had invited cities to compete for the opportunity to participate in the campaign. Unfortunately, the research questions that drove the campaign, in addition to grant-imposed requirements to include specific components, limited AFL’s ability to ask for and incorporate partner feedback into the program’s design. In addition, AFL’s short startup timeframe would have made a national competition among prospective host cities difficult to organize.
Lesson #8:

An organized strategy for communicating with partners on an ongoing basis can cement their commitment to the program.

New partners can’t be left alone to fend for themselves. They need to feel engaged in the campaign even when they aren’t working on a specific activity.

Newsletters helped AFL make connections with its partners at least quarterly, and partners reported feeling more connected to the overall campaign after reading these publications. In addition, ongoing personal contact with partners was critical to building loyalty and commitment to the campaign. One-on-one contact with a single partner—often in the form of a five-minute telephone call—was often more productive than a one-hour meeting among many partners. When meetings were necessary, coordinators were careful to develop limited agendas and to invite only those partners interested in discussing specific agenda items. The coordinators knew that busy partners were unwilling to sit through presentations or meetings that focused on campaign aspects that did not interest or directly involve them. Partners expressed appreciation for the fact that AFL worked hard to determine how partner interests and expertise fit into the campaign and to engage partners in ways that best utilized their resources and capabilities.

AFL staff members in Madison made a concerted effort to carefully manage and track contacts with partners so that everyone on the AFL team knew the status of partnerships. The coordinator created a binder that contained a section for each partner. Staff people used the binder to record every contact they had with each partner, when it occurred, and the result. The binder also included notes on what resources AFL was providing to each partner, what each partner had requested from AFL, the goals of the particular partnership, and the next steps. By consulting the binder, staff people preparing to contact a partner would understand the partner’s program and the nature of the last contact that AFL had had with that partner. The binder also helped staff to keep track of—and follow through on—promises made to the partner.
Lesson #9:
A successful campaign will make plans to leave something behind after its funding has expired.

While Active for Life™ brought tremendous resources to Madison and Richmond, the nature of those resources—coming as they did from a finite grant—made sustainability a challenge for campaign organizers. AFL knew it would be important to demonstrate its long-term commitment to both Madison and Richmond in order to have a permanent impact on physical activity levels in both cities. However, the fact that the RWJF grant would last only three years imposed a measure of hard reality on the campaign. Once the grant period was over, the local presence of AARP and RWJF would necessarily be diminished. What could AFL do to ensure that its mission would continue after the grant period was over? During the course of the campaign, AFL learned two important lessons about how best to encourage the sustainability of its programs.

First, AFL knew it had to be honest with its partners by informing them, from the beginning, that the AARP and RWJF involvement was time sensitive and would eventually end. Community partners understood the nature of grants and were not surprised. In fact, the grant’s finite nature may have given local partners the push they needed to find ways to sustain particularly successful AFL components. AFL tried to promote that sustainability by making its partners as strong as possible and helping them feel ownership of the AFL campaign.

Second, AFL knew that partners would be more willing to sustain AFL initiatives if they had actually received tangible benefits from those initiatives. Armed with this knowledge, AFL staff devoted considerable energy to articulating the benefits it thought partners could gain from involvement in the campaign. AFL continually assessed whether partners were receiving those benefits and made necessary adjustments in the campaign to ensure that partners continued to benefit from their involvement.

Fortunately, AFL partners are maintaining their commitment to physical activity promotion among the 50+ population. In keeping with the lessons mentioned above, AFL partners who
received tangible benefits from their efforts to reach the targeted population have continued to reach out to this group, several years after AFL officially ended. And, partners that had been serving older constituents are now offering these consumers additional support for physical activity. While these promotional efforts are not called “Active for Life™,” they are based on the campaign and involve many of the same individuals and organizations that participated in AFL. They include the following:

- **Fit City Madison:** Fit City Madison, an initiative sponsored by the City of Madison, is probably the most visible continuation of AFL principles in that city. The initiative focuses on preventing obesity and disease through daily exercise. AFL’s coordinator participated in the development of Fit City Madison and helped plan the citywide summit that launched the initiative. This involvement solidified the partnership between the city and AFL, helped AFL establish programs with Fit City Madison partners and, as hoped, provided a permanent outlet through which AFL participants and other members of Madison’s 50+ population could increase their physical activity.

- **Ongoing outreach:** AARP’s Virginia state office and Bon Secours Hospital have agreed to continue their support for Project Joy, a faith-based cardiovascular health promotion for African American women. Buoyed by its success during AFL, the Richmond Athletic Club continues to reach out to the 50+ population and has committed itself to an annual marketing campaign aimed at attracting people in that age group to its programs. The DuPont Corporation is using AFL tools to reach out to its midlife and older employees. The Chesterfield County Parks and Recreation Department has developed a new walking program for people aged 50 years and older, and Robious Sports and Fitness clubs have agreed to periodically offer free one-month trial memberships to consumers aged 60 years and older.

In Madison, senior centers and faith-based congregations are maintaining the walking groups that they started through AFL. In addition, health clubs, local YMCAs and other organizations have revamped their offerings for and increased their outreach to people aged 50 years and older. The Dane CAN (Choosing Activity and Nutrition) initiative is bringing together local partners to improve levels of physical activity and nutrition in the community.
In addition, Wisconsin’s Department of Workforce Development and its Department of Health and Family Services have agreed to adopt program messages about the importance of physical activity for the 50+ population.

- **Coalitions and committees:** Various coalitions, committees and task forces have been formed and have pledged to continue the work of Active for Life™ in both cities. In Richmond, the Active Living Forum is sponsoring quarterly meetings in partnership with the city and state health departments. A Web site called Senior Navigator will maintain and update a community listing of physical activity opportunities in the Richmond area. Richmond now has a commission to assess and improve the health of the city’s population, as well as a task force to increase intergenerational use of city parks.

Madison established a committee to ensure citywide coordination of all physical activity projects. In addition, SCC received a grant from the National Highway Traffic Safety Administration that will allow it to expand its Pedestrian Flag Project. SCC will establish advisory committees in various sections of its target area. The committees, whose members are adults aged 65 and older, will identify intersections that are good candidates for the flag program.

**Conclusion**

Two true tests of partnerships are (1) what they have accomplished in the past and (2) their capacity to shape the future. AFL partners have passed both of these tests. As illustrated in the preceding pages, these partners brought energy and commitment to the AFL campaign while it was formally operating in Richmond and Madison. Clearly, the campaign could not have accomplished much without its partners.

In looking to the future, AFL partnerships stand poised to continue physical activity promotion. The principles of Active for Life™ continue to make an impact on both Madison and Richmond because of the efforts of partner organizations and a new mindset among residents, who continue
to value physical activity. In Madison, for example, a post-campaign survey showed that 26 percent of AFL participants continued to use step counters to track their physical activity. This significant finding illustrates AFL’s success in changing participants’ awareness of and approach to physical activity.

Even with these successes, however, it’s important to think realistically about sustainability and to recognize that not every element of a campaign to promote physical activity can be expected to continue after that campaign ends. Often, only small pockets of activities will survive—activities that were important to campaign participants and are sponsored by committed partners with limited resources. The most important ingredient of sustainability—an ingredient that was present in both Richmond and Madison—is an enduring commitment to physical activity promotion on the part of campaign partners. Because of this commitment, the AFL legacy is more likely to continue in both cities in a way that is most meaningful to the local 50+ population.
Chapter 3:

A Guide to Reducing Environmental Barriers to Physical Activity

Reducing environmental barriers to physical activity involves providing numerous safe and pleasant opportunities for people in the community to be active in their daily routines. The rationale is simple: citizens will be more likely to follow public health messages and integrate physical activity into their lives if their neighborhoods provide easy access to adequate sidewalks for walking and safe roads for bicycling.

The Active for Life™ (AFL) campaign took this rationale seriously when it incorporated advocacy for environmental change into the physical activity promotion strategies that it employed in Richmond, Virginia and in Madison, Wisconsin between 2002 and 2004. Throughout the two-year campaign, AARP and the Robert Wood Johnson Foundation (RWJF) tested the working hypothesis that dedicated citizens, working together, could improve the design of their communities so that those communities would more effectively promote such physical activities as walking and biking. Based on their experiences with Active for Life™, both AARP and RWJF identified five basic steps involved in coordinating such a community-based project. These steps include the following:

1. *Talking with local community residents* to determine how they perceive existing barriers to physical activity, their interest in removing those barriers, and the resources they can bring to the task.

2. *Increasing local interest in and awareness of* environmental barriers to walking and bicycling. This step will help local communities create forums for examining environmental issues and will provide an opportunity to recruit like-minded people to work on an environmental change project.

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3. Systematically assessing existing barriers to physical activity by going into the community and studying the level and type of environmental barriers that residents face.

4. Providing local officials, public committees and task forces with the information they need to plan changes to the community environment that will foster increased levels of physical activity.

5. Implementing actual changes by removing environmental barriers to physical activity in the community.

In its efforts to carry out all five of these steps in Richmond and Madison, AFL sponsored several major environmental initiatives, which are described in this chapter. These initiatives include the Pedestrian Flag Project, which helped Madison pedestrians safely navigate busy intersections, and educated motorists about their responsibility to yield the right-of-way; the PhotoJourney Project in Richmond, which encouraged school-age children to catalog environmental barriers that they encountered in their school neighborhoods; the Tour de Traffic in Madison and the Active Living Tour in Richmond, which gave citizens and policy makers the opportunity to tour key city intersections and roadways and to formulate recommendations for mitigating environmental barriers to pedestrian and bicycle traffic; and a Walking and Biking Suitability Assessment, through which Madison and Richmond residents measured the ease or difficulty of walking or biking on city streets and sidewalks.

Lessons Learned About Raising Local Awareness

Lesson #1:
Successful environmental change projects will be conducted in collaboration with partners who can provide information about local environmental barriers and actively participate in removing those barriers.
Some communities have been working for many years to assess and remove environmental barriers to physical activity. Other communities are thinking about environmental issues for the first time. In more active communities, newcomers to environmental advocacy process should seek out and join forces with the established organizations and individuals who are already working in this area. In less active communities, advocates should identify and make contact with people and organizations that might make good partners. These prospective partners might be friends and colleagues who are interested in the topic, or staff at the local departments of transportation, planning or health. It’s important also to talk with policy makers and advocacy groups, the local media and members of the 50+ population.

Anecdotal information suggests that bringing together local leaders to discuss environmental barriers to physical activity will increase the leaders’ awareness of these issues and encourage them to take action. In Madison, many of AFL’s environmental partners belong to a group called the Active Living Collaborative, which is helping Madison’s mayor oversee a physical activity initiative called Fit City Madison. One facet of the mayor’s program examines environmental barriers to physical activity. (For more information about AFL collaborations at the local level, see Chapter 2 of this guide.)

Lesson #2:  
**Well-planned public events will attract prospective partners and volunteers to an environmental change project.**

One of the best ways to attract prospective partners and volunteers to an environmental change project is to hold public talks, workshops or outdoor activities that raise awareness of the local barriers to physical activity in the community. These public events don’t have to be large. Even a small group of interested people who are aged 50 years and older can have a major impact on the local community. After attending an “eye-opening” event organized by a community-based organization, these citizens will gain a new appreciation for their sidewalks, roads and local planning practices, and will begin to observe their local environment with an eye toward its walkability and bikeability.
During a public talk or workshop, for example, campaign organizers can educate people who want to know more about environmental change issues, and can provide a forum for discussing those issues. Event participants could be invited to talk about local roads and intersections that concern them. This is a good time to make citizens aware of the fact that local government departments are responsible for fixing environmental problems in the community but that these governmental departments often take action only after citizens draw attention to the problems. Participants might then be asked about their interest in identifying specific environmental barriers, ranking those barriers according to their severity, brainstorming solutions with professionals and eventually sharing their conclusions with elected officials.

Events that are visually dramatic also raise public awareness about the physical environment, create new working relationships with community partners, and help to break down environmental barriers. This finding was particularly evident in Madison, where AFL partnered with the Safe Community Coalition (SCC) of Madison and Dane County, a local public-private partnership of 300 organizations that works to reduce injuries and address traffic and pedestrian safety. AFL joined SCC’s ongoing efforts to introduce drivers and pedestrians to a unique technique designed to allow pedestrians to cross the street safely. In the process, AFL was able to bring long-lasting attention to its social marketing campaign.

The street-crossing technique, pioneered by cities as diverse as Kirkland, Washington and Salt Lake City, Utah, became known in Madison as The Pedestrian Flag Project. The concept was simple: pedestrians who wanted to cross one of 40 hard-to-navigate streets in the city held up bright red flags, which were stored in bins near the crosswalks. When drivers saw the red flags, they were reminded that the law required them to yield the right-of-way to pedestrians so they could cross safely. Once the pedestrians reached the other side of the intersection, they placed the flags in another container located there. The flags were then available for other pedestrians to use.

Becoming a partner in the Pedestrian Flag Project enabled AFL to work with an organization that already had good relationships with the city government and the media. The project also gave
AFL the opportunity to educate pedestrians and motorists about physical activity and pedestrian safety issues. AFL posted physical activity messages on project flag bins and distributed brochures about health and traffic safety to pedestrians. The campaign also used brochures and billboards to educate motorists about their responsibility to yield at pedestrian crossings. According to project leaders, motorists’ awareness of their responsibility to yield increased from 75 percent to 98 percent during the course of the AFL campaign.

Even Madison residents who never ventured into a flagged intersection learned about the city’s environmental barriers because pedestrians carrying red flags across intersections attracted the attention of the local media. AFL received good coverage for several months after it became involved in the Pedestrian Flag Project. This coverage was particularly useful to AFL and its partners, because it shed light on prominent environmental barriers at a time when Madison citizens were debating whether and how to improve walkability in the city.

**Lesson #3:**
*Children can play an important role in educating the public and government officials about environmental barriers to physical activity.*

While AFL was primarily interested in focusing attention on physical activity among the 50+ population, it did not ignore the needs of younger people. Grandparents, parents and youngsters attending five Richmond elementary schools worked together on two projects that were launched in 2003 to call attention to the need for safer routes to the city’s schools. During the first project, AFL and Safe Kids International helped young people, parents and grandparents assess the relative safety of existing walking routes to the five schools. Grandparents were encouraged to teach their grandchildren safer walking behavior, and young people received disposable cameras to document their walking routes. Then, on National Walk to School Day, adults aged 50 years and older accompanied children to school, helping to focus municipal and media attention on the need to improve the walking routes to community destinations for people of all ages.

These two projects led to a subsequent AFL/Safe Kids activity called the PhotoJourney, an
An exhibit of the photographs was displayed at various sites throughout Richmond, including the Virginia General Assembly Building; the Richmond City Hall; the May 2005 Governor’s Conference on Greenways, Blueways, and Trails; and the Children’s Museum of Richmond. The exhibit was unveiled during a special event at the museum, during which several of the entrants received recognition from a judges’ panel that included Richmond’s vice mayor, the state coordinator for Safe Kids, the AARP volunteer organizer for Richmond, and representatives from the departments of police and public works. The State Secretary of Health and Human Resources, a strong advocate for physical activity and walking, delivered the keynote address. The executive superintendent of elementary education represented the schools. To add a bit of flare to the presentation, the bike and pedestrian coordinator for the Virginia Department of Transportation handed out awards while dressed as an orange highway safety cone.

The PhotoJourney project helped raise awareness about environmental barriers among policy makers and members of the general public. The project also illustrated that barriers to physical activity can adversely affect people of all ages. Additionally, the project had a significant personal impact on students and teachers. Teachers at the participating schools reported increased physical activity levels among their students, who now asked to take repeated excursions into local neighborhoods. In addition, several teachers became physical activity advocates, teaching pedestrian safety lessons to students who participated in the PhotoJourney project and educating other students about the concept of walkability. Some teachers even began advocating in the community for improvements to the local walking environment. Soon after the
exhibit opened, the mayor of Richmond announced that all school zones would be marked with long-lasting paint to make them more visible to motorists. In addition, the police department announced plans to train new volunteers, most of whom were in the 50+ age group, to serve as crossing guards in school zones.

Lessons Learned About Assessing the Built Environment

Lesson #4:
*An organized tour of a neighborhood—attended by citizens, advocacy groups and government officials—can raise awareness of environmental issues, generate recommendations for improvement and help build a coalition to work on change.*

During early October 2002, AFL Madison took approximately 30 people on the Tour de Traffic—a five-hour bus-and-foot tour of key city intersections and roadways. The group was an eclectic one that included elected officials, government staff, members of community and neighborhood organizations, policy makers and managers, community residents, advocates and members of the media.

During the course of this half-day event, which took two months to plan, participants studied the effects of traffic and other issues on pedestrians and bicyclists in a variety of city locations. When the bus arrived at a specific location, participants disembarked and walked through the intersection or along the sidewalk to obtain a clear perspective of the area being studied. Tour guides described the existing physical activity barriers and answered questions. At the end of the tour, participants discussed their impressions of what they had seen. They then worked together to devise strategies to bring about change. Representatives of the media photographed the event and interviewed participants throughout the day.

Among the tour participants in each city were community leaders who could “make change happen.” These high-level participants helped the tours produce tangible results. For example, a transit official who participated in Madison’s event subsequently directed staff to install a
missing 30-foot section of sidewalk near a public transit station. The job was completed within a month of the Tour de Traffic. After Richmond’s Active Living Tour, one of the city’s neighborhood organizations decided to focus its efforts on improving walkability between a retirement housing development and a nearby shopping center.

Madison’s Tour de Traffic brought together numerous government partners, including the city Traffic Engineering Division, the Dane County Planning and Development Department, Wisconsin’s Department of Transportation, and its Department of Health and Family Services. The event also attracted other partners, including the Safe Community Coalition; Wisconsin Walks, an organization that promotes walking for transportation, health and recreation; and the Bicycle Federation of Wisconsin, a statewide nonprofit advocacy organization that works to make Wisconsin a better place for bike enthusiasts. In addition, numerous neighborhood associations joined in helping to plan and carry out the activity.

Decision makers were equally represented on Richmond’s Active Living Tour. That tour, organized at the suggestion of the director of the local Sierra Club, targeted local government leaders, heads of organizations, members of policy-change organizations and senior advocates. Partners for the event included the Sierra Club, the City of Richmond Department of Public Works, the city’s Department of Parks and Recreation, the bike and pedestrian coordinator for RideFinders, and members of the City Council. In addition, the mayor’s office became involved in planning many tour details and representatives of several city departments—including the traffic engineer—led discussions among participants at each tour stop.

Tours in both cities were praised for giving participants the opportunity to learn about environmental issues from one another and from key decision makers. A surprising number of Madison participants—even those who were already involved in bicycle and pedestrian issues—reported that the event introduced them to new policy and advocacy ideas, increased their awareness of these issues and sparked their interest in getting more involved. AFL organizers found these responses surprising because they had assumed that event participants were already very familiar with these issues and ideas. Organizers concluded that while many people in the community have environmental concerns, most are not sure how to move forward to act on those
concerns. Creating ongoing forums, such as the Active Living Collaborative in Richmond and Fit City Madison in Madison, can provide citizens, advocates, organizations and elected officials with the opportunity to work together to find creative ways to break down environmental barriers to physical activity.

Lesson #5:

*The best neighborhood tours are professionally led, visually appealing and balanced in their presentation.*

Communities that host a Tour de Traffic-like event should keep several “to dos” in mind when designing a tour:

- **Be sure to have an environmental-design specialist on board** who can point out features of the built environment along the tour route. AFL hired a consultant from the University of North Carolina School of Public Health to fill this role. The consultant brought research-based knowledge to the tour and helped participants understand aspects of the built environment that might have escaped their attention otherwise. The consultant also brought credibility to the entire assessment process.

- **Strive for balance when designing tour stops.** Make sure that the tour points out ways in which the built environment is already encouraging physical activity. By showing positive aspects of the environment, a tour can provide exemplary examples of how outdoor space can be developed so that it promotes, rather than restricts, physical activity. Such examples also help to acknowledge the efforts of the people who advocated for, designed and built those environments.

Your tour should highlight some environmental barriers that can be addressed quickly and easily, along with those that are more complicated and will take more time to address. Low-cost changes that can be implemented expeditiously might include clearing walkways and removing brush and dense plant growth that limit sidewalk access. Walking areas might be
spruced up with some paint, signage or striping. Safety might be improved by repairing bike lanes, especially to fill in dangerous potholes. More expensive and time-consuming changes that could be more difficult to implement might involve installing sidewalks in neighborhoods that lack them. Biking could be improved by adding bike racks, bike lanes and signage that identifies bike routes. Bus stops could be improved by adding benches and a rain cover or by adding additional stops along a bus route.

- **Use the visual appeal of tours to attract local media attention to your cause.** The Richmond Tour de Traffic was able to attract media attention by featuring such attention-getting visuals as city department heads maneuvering through intersections in wheelchairs.

**Lesson #6:**

*A Walking and Bicycling Suitability Assessment (WABSA) can provide block-by-block details about how conducive the built environment is to physical activity in a community.*

In order to improve the built environment, advocates must know where problem areas exist. To find this out, AFL in both Richmond and Madison conducted a block-by-block Walking and Bicycling Suitability Assessment (WABSA) Project to uncover important details about the communities’ physical structure.

Researchers from the School of Public Health at the University of North Carolina (UNC) developed, tested, evaluated and validated the tools that citizens used to measure walkability and bikeability in their communities. (A sample WABSA form can be found in Appendix A, located at the end of this chapter.) Volunteers in Richmond audited and mapped a 150-square-block neighborhood on the city’s East End. Madison volunteers used a similar tool to audit a smaller neighborhood of 30 residential streets and to produce maps of suitable walking routes for residents.
The assessment tool was extremely “user friendly,” which was especially important because the assessment process itself can be challenging to volunteers. That assessment process included the following basic steps:

1. **Volunteers were trained** so that they knew from the beginning what was expected of them and what their efforts were expected to produce. In Richmond and Madison, UNC consultants provided a training workshop for approximately 50 volunteers and professionals who were interested in learning how to conduct audits. The four-hour workshop provided conceptual information, on-the-street auditing practice and suggestions for how to make change happen. Trained residents were better able to understand how specific environmental components enable or restrict physical activity in a neighborhood.

2. **Volunteers were assigned to a group** with a trained leader who guided them and answered their questions.

3. **Volunteer groups walked through the neighborhood** to observe the environment and record their assessment of specific environmental features, such as sidewalks and intersections. In Richmond, volunteers mapped their assessment results on paper and used different color pencils to record different barriers. The color-coded system enabled people reviewing the maps to see problem spots more easily so they could set priorities for advocacy and utilization of funds.

**Lesson #7:**

*The WABSA auditing process can be useful to advocates but it is also a valuable and empowering educational tool for volunteers.*

The trained individuals who conducted the WABSA Project may have started out as inexperienced volunteers performing clerical tasks. By the end of the assessment, however, many of these volunteers had been transformed into confident spokespersons for environmental community change.
Many volunteers reported that their participation in the auditing process helped to increase their awareness of how the built environment can affect physical activity levels. They also reported gaining an appreciation for the type of community designs needed to create a walkable environment for people aged 50 years and older. In addition, the mapping process increased the volunteers’ awareness of the specific environmental improvements needed in their own communities.

Armed with this newfound knowledge and awareness, many WABSA volunteers became outspoken advocates for livable neighborhoods. Several auditors worked actively to apply WABSA concepts, the assessment instrument and the audit results to their own neighborhood improvement projects. They also gave presentations about livable communities to local planning committees and at public forums.

Lesson # 8: Some WABSA auditing tasks can be conducted simultaneously.

The WABSA Project involved four tasks: (1) auditing roadways; (2) mapping audit results; (3) reviewing maps and setting priorities; and (4) advocating for change based on the audit findings.

The beauty of the process, AFL found, was that all four components could be implemented at the same time. There was no need to wait until one task had been completed in all sections of a neighborhood before volunteers moved on to the next task.

For example, volunteers could be auditing roads (Task 1) and mapping the results of the audits (Task 2) simultaneously during the same two-to-three-month period. As the audit data were being mapped, members of a WABSA planning group could be reviewing the maps and identifying trouble spots for walking and biking (Task 3). While the auditing process continued, some team members could begin advocating for simple and obvious improvements to the built environment (Task 4).
During early advocacy efforts, auditing teams can suggest improvements that are relatively inexpensive, like refreshing crosswalk striping or repairing broken pedestrian signals. Carrying out these improvements early in the process can often bring critical momentum and media attention to the project. More time will be required to identify recommendations for long-term action.

Lesson #9:

*WABSA audit maps can be used successfully for both policy change and for individual change.*

Once a community has produced audits of its major walking and biking routes, it’s time to have a discussion with city staff about the condition and safety of these routes. WABSA mapping can pinpoint specific problem areas, making it easy for city staff to evaluate and incorporate the data into city plans to improve the built environment.

**Advocacy in Richmond**

Many of the retired Richmond residents who had studied the WABSA maps with AFL staff quickly identified patterns of poor walkability between two elementary schools and many missing sidewalks near an area hospital. They also identified two, five-point intersections that presented challenges to both young and older pedestrians. AFL met with community residents to present its recommendations for improving these trouble spots. In addition, the AFL team made separate presentations to community organizations and city committees, including the East District Neighborhood Team; the City Council’s Transportation Committee; the Department of Public Works; and the Old South Neighborhood Team (OSNT), a neighborhood association. Good results came from these and other presentations:

- After hearing a presentation about the audit, a city councilwoman requested and obtained $50,000 from the City Council for a walkability audit of her entire district. Findings from that audit, which was conducted by the city’s Transportation Department, have been used to
support AARP requests that local government consider the needs of older people for safe, walkable neighborhoods.

- The chairperson of the East District Neighborhood Team pledged to use the audit data to prioritize spending of her annual allotment for sidewalk improvements.

- An AFL workshop for traffic engineers and community development planners explored ways to support citizen-initiated assessment projects that would help the city better understand and improve walkability. As a result of this outreach, the city installed signage to identify walking routes to a neighborhood park.

- The Richmond Regional Planning District Commission has incorporated the audit results into the work it is doing to develop safe routes to school. Information about the WABSA project is also included in the *Stepping Stones Toolkit for Safer and Healthier Kids*, produced by AARP and Richmond Area Safe Kids. Audit results are being incorporated into the city’s redevelopment plans for District 7 and are being used to support the Walk This Way Pedestrian Task Force, a partnership between AFL and the Department of Public Works.

### Advocacy in Madison

In Madison, the mapping project helped the South Metropolitan Planning Council, a coalition of neighborhood associations, work on improving biking and walking in the city’s Park Street area. It also brought about the following developments:

- After hearing reports on the WABSA project, volunteers began conducting similar audits in the city’s Bay Creek neighborhood with help from AFL and the city’s bike-pedestrian coordinator.

- Audit maps helped AFL promote walking in many of Madison’s neighborhoods, where a large percentage of the city’s midlife and older population said they like to walk. Volunteer auditors created maps to show people where they could walk, what they would see on their walks, and the distances that they would be walking. Maps also helped provide information
to the city government about what could be done to improve walking routes in specific neighborhoods.

Lessons Learned About Influencing Public and Organizational Policy

Lesson #10:
Public committees and task forces are powerful vehicles for influencing policy decisions.

Committed advocates of physical activity should seek positions on a variety of public committees, task forces and boards whose decisions can either support or restrict citizens’ access to physical activity outlets. For example:

- Physical activity advocates who serve on the local planning board can ensure that the health perspectives of people aged 50 years and older are taken into consideration when new areas of a community are developed and when decisions are made about how that community will grow. Planning board members could also work to ensure that all community designs that come before the board include walking and bicycling opportunities.

- Many states have a Council on Physical Fitness that promotes physical activity events and educates the general public. Having an advocate serve on the local chapter of this council could help influence physical activity promotion activities at both the local and state levels.

- Many local municipalities or counties have a Bicycle and Pedestrian Committee, which works to improve walking and bicycling throughout the locality. Such a group would be a powerful force for influencing public policy and planning decisions in the area of physical activity. If your town doesn’t have such a committee, contact your state’s Department of Transportation to find out how to form one.

- A city or county can convene, or at least condone, a Fitness Leadership Council. The council could be comprised of high-level administrators and political officials from such diverse
fields as health, transportation, planning, parks and recreation, education, research and local government. This “think tank” could meet quarterly to explore inter-sector policy changes that could provide more physical activity opportunities for people aged 50 years and older.

- Madison and Richmond have both established formally appointed committees to influence public policies relating to the built environment. Madison volunteers continue to educate policy makers in surrounding towns and non-incorporated areas about the benefits of pedestrian-scale design and policies that support walkable communities. As a result, policy committees are being established in some of these townships. AFL Richmond volunteers and staff influenced the decision by the state’s Economic Development Committee to support pedestrian-scale design. They also have helped to influence design and procedural policies developed by the Department of Transportation and the Department of Public Works.

**Conclusion**

During the Active for Life™ campaign, the cities of Richmond and Madison responded positively to AFL recommendations for changes that would make the local environment more conducive to physical activity. In Richmond, for example, sidewalks and roadways were cleaned up to provide easier and safer access for walking and biking. AFL partners opened the city’s first walking park, and walking trails were developed on the grounds of a nursing home and on the campus of one of the area’s largest employers. The Richmond Department of Public Works expanded its crosswalk improvements to include all city schools and erected signs around schools to encourage motorists to drive slower. Richmond volunteers also helped develop transportation design suggestions for the city’s 2004 Capital Improvement Plan.

In Madison, AFL was involved in planning the Great Neighborhoods initiative, which aims to develop livable communities in the Madison region. During the Great Neighborhoods planning process, AFL was able to convince the initiative’s sponsors (Dane County, a Thousand Friends of Wisconsin, and Madison Gas and Electric) that the needs of the 50+ population must be taken into consideration when designing livable communities. The partners will educate planning
commissions, mayors, municipal administrators and elected officials about smart growth, and will offer technical assistance to communities that are trying to manage their growth.

Changing a community’s environment so that it will promote physical activity is not an easy or quick process. Those who look for quick fixes or who expect big results in a matter of weeks or months will be sorely disappointed and discouraged. However, a view to the long-term, and a perseverance that suggests that advocates are willing to stick with environmental issues until they receive satisfaction, will eventually result in communities that are designed and retrofitted to meet the physical activity needs of all their citizens.
Appendix A
Data Collector Name: ___________________________  Date:  _________________

Road Segment ID#:  ________    Road Name:  _____________________   Boundary Streets:  _____________________  AADT:  __________

<table>
<thead>
<tr>
<th>Annual Average Daily Traffic (AADT)</th>
<th>Posted Speed (mph)</th>
<th># of Thru Lanes</th>
<th>Sidewalk/Path</th>
<th>Material</th>
<th>Surface Condition</th>
<th>Sidewalk Width</th>
<th>Buffer Width</th>
<th>Curb Ramps</th>
<th>Adequate Lighting</th>
<th>Isolated Problem Spots?</th>
<th>Total Score</th>
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</thead>
<tbody>
<tr>
<td>&lt;8,000 = 0</td>
<td>&lt;30 = 0</td>
<td>&lt;3 = 0</td>
<td>Both sides continuous = 0</td>
<td>Asphalt = 0</td>
<td>Good = 0</td>
<td>8’ or more = -1</td>
<td>4’ or more = 0</td>
<td>All = 0</td>
<td>Plenty = 0</td>
<td>Y = Yes</td>
<td></td>
</tr>
<tr>
<td>8,000-14,999 = 1</td>
<td>30-44 = 1</td>
<td>3-4 = 1</td>
<td>One side continuous and one side partial = 1</td>
<td>Concrete = 0</td>
<td>Fair = 1</td>
<td>5’ - 7’ 11” = 0</td>
<td>&lt;4’ = 0.25</td>
<td>Some = 2</td>
<td>Some = 0.50</td>
<td>N = No</td>
<td></td>
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<tr>
<td>15,000-24,999 = 2</td>
<td>45 or more = 2</td>
<td>5-8 = 2</td>
<td>Both sides continuous = 2</td>
<td>Brick = 1</td>
<td>Poor = 4</td>
<td>4’ - 4’ 11” = 1</td>
<td>None = 0.50</td>
<td>None = 4</td>
<td>None = 1</td>
<td>N = No</td>
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<tr>
<td>25,000 or more = 3</td>
<td></td>
<td></td>
<td>One side continuous = 3</td>
<td>Sand/Dirt = 2</td>
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<td></td>
<td>One side partial = 4</td>
<td>Gravel = 3</td>
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<td></td>
<td>None = 99 (STOP HERE)</td>
<td>Woodchip = 3</td>
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Do any busy intersections need marked crosswalks?  Y  N
Do any busy intersections need traffic signals lights?  Y  N
Do any busy intersections need pedestrian “Walk” signals?  Y  N
Do any wide intersections need a refuge island for safer crossing?  Y  N

Use this table to record Intersection Details, Isolated Problem Spots, and General Comments about needed design improvements:

<table>
<thead>
<tr>
<th>Nearest Intersecting Street</th>
<th>Describe Intersection Details (from “Yes” checkboxes above)</th>
<th>Describe Isolated Problem Spots</th>
<th>General Comments (For example: How are transit stops? Is the walk pleasant? Etc.)</th>
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Chapter 4:
A Guide to Community-Wide Walking Campaigns

A 40-page handbook called *Be Active for Life* was at the heart of the Active for Life™ (AFL) campaign that AARP and the Robert Wood Johnson Foundation (RWJF) launched to promote the benefits of physical activity among midlife and older adults in Richmond, Virginia and Madison, Wisconsin. The handbook offered guidance on how readers could design and carry out their own physical activity programs. Its questionnaires helped participants determine how much physical activity they were currently getting and to gauge their readiness to increase those activity levels. The book also offered tips to help readers sustain new activity levels and provided a comprehensive listing of local organizations that could offer more information about exercise, fitness and health.

During AFL’s first year, community partners in both cities incorporated the handbook’s 12-week, self-directed program into their existing classes and programs for people aged 50 years and older. In addition, AFL promoted the handbook as a perfect companion for people who wanted to pursue their own program to become more physically active.

AFL was successful in reaching a large audience; in fact, it reached about 12,000 people in the targeted age group during its first year. Yet, AARP research showed that the campaign’s target audience viewed the AFL promotional effort—and its call for midlife and older adults to simply “be active”—as too general and somewhat ambiguous.

In response to these findings, AFL decided to make major modifications in its approach to promoting physical activity among the 50+ population. Instead of broadly promoting *all* physical activity, as it had during the first year of the campaign, AFL decided to focus on promoting *one specific* activity—and that activity was walking. Walking was chosen.
by AFL—and endorsed by AFL’s local partners—because it had a combination of characteristics that made it accessible to a large number of people. For example:

- **Walking is popular.** A review of the research on walking and physical activity, along with AARP research data, showed that walking is the preferred activity for active people aged 50 years and older. Three-quarters (74%) of those who are active say that walking is their most frequent type of exercise. A national survey conducted by Belden Russonello and Stewart in October 2002 revealed that more than half of the American public would like to walk more throughout the day than they currently do, either for exercise or to get to specific places.

- **Walking is a universal activity.** It doesn’t require any training and it is appropriate for people of all cultures and many levels of disability.

- **Walking is safe and easy for most people.** Walking is recommended for almost every older adult. It’s gentle on the body. People can do it in many venues, alone or with others. In addition, people can engage in walking throughout the year by adjusting the time of day that they walk, wearing different clothing to suit the weather, or walking indoors at a mall when the weather is inclement. Even the most sedentary of people in the targeted age group are capable of walking.

- **Walking is both preventive and therapeutic.** Walking briskly for at least 30 minutes a day, at least five times a week can reduce the risk of cardiovascular disease, diabetes, obesity, osteoporosis, arthritis and some cancers, and may enhance mental health. Physical activities such as walking are also recommended for the therapeutic treatment of many chronic diseases.

- **Walking is inexpensive.** Walking doesn’t cost anything and requires no special equipment, except a good pair of shoes. Likewise, programs to promote walking are relatively inexpensive to implement and easy to promote.
• **Walking leads to other activities.** Health and fitness professionals who participated in AFL offered anecdotal evidence that people who get hooked on walking may be more likely to participate in other physical activities, such as strength training or tennis. AFL’s experience showed that walking programs can also positively affect entire communities by helping policy makers think more broadly about how they can support active-living behaviors among their residents. For example, AFL’s walking campaign played an important role in bringing about local environmental and policy changes that would help Madison and Richmond become more “walkable” communities.

**Designing a Walking Campaign**

AFL and its partners believed that the positive characteristics of walking, identified above, would make this activity appealing to midlife and older adults. In addition, AFL had several, more practical reasons for deciding to focus its physical activity promotion activities around walking. These reasons included the following:

• **Walking-focused campaign messages would be simpler, clearer and easier to communicate** than AFL’s previous messages, which generally encouraged people to be “physically active.” Campaign research had already shown that these general messages were viewed by the target audience as being ambiguous.

• **Walking represented one specific activity in which a large majority of campaign participants could engage** during one 12-week time period. AFL hoped that this unifying feature would increase local participation in its formal walking campaign.

• **Walking is easy to measure using step counters,** which are small, pager-like devices that clip onto the waistband of clothing and count every step the walker takes. Campaign participants would be able to use these step counters to set individualized walking goals and track their progress toward meeting those goals. No similar measurement tool was available to track physical activity in general.
Before choosing a design for its own walking campaign, AFL studied the structure and outcomes of several existing walking programs, all of which asked participants to walk 10,000 steps per day and to use a step counter to keep track of the number of steps they took. Documented outcomes from these programs were encouraging and included the following:

- Research by HealthPartners, a Minnesota-based not-for-profit health maintenance organization, showed that after eight weeks in its step-counting program, 81 percent of participants stated that the program had helped them increase their level of physical activity. After eight months, 90 percent of participants reported that they had achieved the public health recommendations for physical activity on most days of the week. More than half (53%) were still using their step counters at the eight-month mark, and almost all (90%) felt the program had motivated them to increase their daily activity.

- The Maine Partnership for Healthy Aging reported that older participants in its step-counting program increased their steps by 143 percent during one winter. During previous winters, inclement weather had forced them to become more sedentary.

- Colorado on the Move, a statewide initiative to prevent obesity and improve health through physical activity, found that step counters helped residents pay attention to their physical activity and, consequently, to increase it.

Encouraged by these research results, and convinced that walking could offer great benefits to the 50+ population, AFL launched broad-based walking campaigns in Richmond and Madison in 2003. The campaigns ran for approximately 12 weeks and used step counters as motivational tools to keep participants working toward their walking goals. Initially, the AFL walking campaigns encouraged participants to take 10,000 steps a day. However, AFL soon found out that this 10,000-steps-a-day requirement could be daunting for many older adults. Not wanting to frustrate these walkers, AFL subsequently dropped the 10,000-step feature from its program and suggested that participants start their walking program by determining how many steps they currently took each day, thereby establishing a baseline. Then, each participant was encouraged
to set an individualized goal for how to increase his or her steps during the course of the campaign.

Even though AFL dropped the 10,000-step feature from its walking program, it retained other components of the successful walking programs that it had studied. These components involved distributing to participants (1) step counters, (2) a participant guide, (3) articles about how to enhance the walking experience and (4) several forms that participants could use to record their activity and plot their progress over time.

**Elements of a Community-Wide Walking Campaign**

The Active for Life™ walking campaign had several key components:

- **A kickoff or launch event.** Both AFL Richmond and AFL Madison held kickoff events for their walking campaigns. These events took place in large public places and featured speeches presented by well-known public figures, the distribution of AARP-branded step counters and a ceremonial walk.

- **Distribution of step counters.** AFL distributed more than 11,000 free step counters: more than 6,000 in Richmond and more than 5,000 in Madison. People who received step counters were asked to sign a waiver, which captured their names and addresses and released AFL from liability in the event that campaign participants sustained injuries. The waiver also gave AFL permission to contact participants after the campaign concluded in order to evaluate their progress and the campaign’s success.

- **The involvement of community partners.** AFL partners participated in the kickoff events for each campaign. After each kickoff, these partners continued to distribute step counters and implemented walking programs throughout their regions.
• **Web site and toll-free number.** A special walking campaign Web site and toll-free telephone number offered around-the-clock information about the campaign, including where participants could pick up step counters.

• **A media campaign.** AFL developed a “Walking? Who Knew?” ad campaign on television, which used a tongue-in-cheek spoof on infomercials to convince viewers that walking was easy and offered myriad health benefits. Print ads, which appeared in local newspapers and magazines, emphasized the ease and benefits of walking and directed program participants to distribution sites where they could receive their free step counters. The ads also promoted AFL’s physical activity prescription (at least 30 minutes a day, at least five days a week), its toll-free number and its Web-site address. (See Chapter 1 of this guide for more information about walking campaign promotional activities.)

**Lessons Learned from the Walking Campaign**

AFL learned important lessons as it planned and conducted each element of its walking campaign, including the kickoff events that helped launch the campaign in Richmond and Madison. Those lessons include the following:

*Lesson #1:*

**Local celebrities will add credibility and visibility to any walking campaign.**

Local political figures came to events in Madison and Richmond that were designed to kick off the walking campaign. Through their keynote addresses during the events, and their statements to local reporters afterwards, these high-profile individuals demonstrated their support for AFL and encouraged local residents to join and stick with the walking campaign. On a practical level, the presence of local celebrities also increased the chances that media outlets would be interested in covering the kickoff events.
At Richmond’s kickoff event, Virginia’s first lady spoke about the benefits that walking held for people of all ages and then led an intergenerational walk around an elementary schoolyard. In Madison, Wisconsin’s lieutenant governor and Madison’s mayor led a walk around the city’s Capitol Square. The lieutenant governor made the event memorable when she gave “high-fives” to every participant as he or she finished the ceremonial walk. This spontaneous gesture added a celebratory feel to the event that motivated walkers and provided positive media coverage.

Lesson #2:

Community partners need tangible and visible ways to get involved in a walking campaign.

Community partners in Richmond and Madison chose to get involved in the AFL walking campaign because they hoped the campaign would help to increase the viability and credibility of their own programs. This is not unusual: the most successful collaborations offer benefits to all partners. (See Chapter 2 of this guide for more information about AFL collaborations at the local level.)

Given these motivations, it was important to provide AFL partners with meaningful ways to participate in the kickoff events. Partners needed assignments that would increase their visibility before the public and allow them to share their programs and expertise with the community’s 50+ population. With this in mind, AFL asked its partners in Richmond and Madison to distribute step counters and conduct educational sessions at the kickoff events. After the events, the partners continued to distribute step counters and implemented walking programs throughout the region.

Lesson #3:

Consider carefully how you structure participant incentives.

To test its new focus on walking, AFL launched small walking pilot programs in Richmond and Madison months before its official walking campaign began. During these pilots, AFL tested the
theory that consumers would be more likely to complete a walking campaign if they knew that a reward or prize was waiting for them at the “finish line.” Female participants, all of whom were AARP members, were offered two rewards if they finished the pilot walking program and returned an evaluation card. First, AFL would send them a motivational book about physical activity, called *Mind Walks*. Second, AFL would enter their names into a drawing for two free airline tickets to one of the 10-best walking destinations in the nation. Despite these incentives, very few participants returned the evaluation card.

On the surface, this poor rate of return might indicate that incentives simply don’t appeal to the 50+ population. However, AFL surveys suggested that the airline tickets didn’t work as an incentive because participants had to engage in too much activity—in other words, they had to complete the entire walking program—before they even had a chance to win a prize. In addition, the airline tickets lost points as a motivational tool because participants knew from the beginning that only one walker would win. The odds were simply not good enough to motivate participants to change their behavior.

This experience suggests that high-priced rewards that are delayed until large amounts of physical activity are completed may not be a good way to motivate participants to stick with a walking campaign. A better approach might be to offer low-key and modest incentives that are timely and frequent.

*Lesson #4:*

*Walking campaign participants need initial education as well as ongoing support and information.*

During educational sessions held at the kickoff events in both cities, it became clear that some walking campaign participants didn’t know how to use their step counters. Many participants asked if they should wear the step counters in the shower or to bed. To ensure that step counters would be an effective part of the walking campaign, AFL provided simple, yet specific,
instructions to participants about how to wear and use the devices. In addition, AFL and its partners sponsored the following educational outreach for participants:

- **Web sites.** Customized Web sites in each city provided consumers with information on such topics as how to purchase a step counter and where to find a good walking trail. The Web sites also sought to keep walkers motivated by posting success stories about walking campaign participants.

- **Toll-free hot lines.** People who didn’t have Internet access could call a toll-free number to hear announcements about distribution sites where they could receive free step counters and other campaign information.

- **Walking sessions.** Many of the campaign’s partners held weekly walking sessions to keep participants involved in their new walking regimen and to provide a social setting for exercise. These group sessions were often led by self-chosen leaders who scheduled walks independently or in conjunction with a formal program sponsored by AFL community partners.

- **Educational sessions.** During weekly educational sessions, partners taught campaign participants the right way to walk, helped them to identify and attain their walking goals, and facilitated social support networks that would help them continue their physical activity routines. These sessions provided important public exposure for partners and helped keep up the campaign’s momentum.

- **Maps.** Maps of designated walking trails or good walking routes within Richmond and Madison gave campaign participants a clear idea of where they could walk safely.
Lesson #5:

Keeping track of participants’ progress helps to measure a walking campaign’s success and to keep participants on track.

AFL was very deliberate about documenting the progress that participants made during the walking campaign. It surveyed participants before and after they joined the campaign to determine whether they had increased their physical activity. In addition, each participant in the campaign was asked to complete and turn in weekly walking logs that provided information about the number of steps that he or she had taken during the past seven days. Having information about a participant’s walking regimen helped AFL assess how successful it had been in helping participants reach the campaign’s goals. Madison’s very encouraging results showed measurable increases in participants’ awareness of physical activity benefits and their knowledge about recommended activity levels. Results in Richmond, while not as dramatic, also showed an increase in awareness of and knowledge about physical activity. No statistically significant increases in walking behavior were recorded in either city.

The data collected by AFL also allowed the campaign to help participants assess their own individual progress. In addition, the walking logs served as a motivational tool in and of themselves. AFL found that participants were more likely to be active if they knew they would be expected to turn in weekly step counts.

Lesson #6:

It is essential for walking campaigns to offer participants the options of step counters and peer support.

Anxious to apply the lessons learned during the AFL walking campaign to other areas of the country, AARP decided to pilot-test three different walking program models in 2004, a year after the conclusion of Active for Life™. Pilot tests were conducted in Raleigh, North Carolina; Little Rock, Arkansas; Columbia, South Carolina; and Montgomery, Alabama.
One model used step counters as a motivational tool, whereas another model focused solely on providing peer support to participants through walking groups and other activities. A third model offered both step counters and peer support to keep participants engaged in walking. Like the AFL walking campaign, each model encouraged participants to increase the amount of walking they did each day and to ultimately work up to walking 10,000 steps a day.

Results of the pilot tests suggest that combining the use of step counters with peer support worked better than either step counters alone or peer support alone in motivating participants to stick with a walking campaign. The sociability of walking groups also kept participants moving, according to pilot test results.

The step counters served as a tool to get participants interested in walking and helped them track the number of steps they took each day. Research shows that tracking behavior and keeping logs are important tools in changing behavior. Step counters are an acceptable way to do this, although some participants may prefer to track time or mileage. Whatever method is used, a tracking feature is important, because people tend to overestimate their level of activity.

Conclusion

Walking is an activity that almost anyone can do. It requires no training and little equipment, is gentle on the body and has the potential of getting even sedentary individuals hooked on physical activity. In addition, it provides myriad benefits for midlife and older adults. These characteristics make walking the “physical activity of choice” for this population group and a perfect activity on which to focus a campaign to promote increased physical activity. By providing step counters to encourage activity, and peer support to help sustain that activity, local organizations can launch walking campaigns that will have a significant impact on a community’s level of activity without using significant amounts of the organization’s limited resources.
Chapter 5:
A Summary of Evidence-Based Community Interventions to Promote Physical Activity in Midlife and Older Adults

Introduction

The Task Force on Community Preventive Services provides leadership in identifying effective community interventions to promote physical activity. Although convened by the U.S. Department of Health and Human Services, the task force is nonfederal and functions as an independent decision-making body. The task force conducts a rigorous and systematic scientific review of published studies. From these reviews, it determines whether sufficient evidence exists to recommend various interventions. Recommended interventions are classified as supported by either “sufficient evidence” or “strong evidence.”

Task force recommendations are published as part of the Guide to Community Preventive Services, commonly referred to as the Community Guide. This guide has become the definitive source of information about community approaches to address lack of physical activity and many other public health problems.

As shown below, the Community Guide currently recommends eight community interventions to promote physical activity. These interventions are classified according to three different approaches: informational approaches, behavioral and social approaches and environmental and policy approaches.

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Informational approaches to increasing physical activity include:

1. **Community-wide campaigns** that involve multi-component interventions and messages directed at large audiences through different types of media. (Supported by “strong evidence.”) Many of the interventions implemented during the Active for Life™ (AFL) campaign were modeled on this Community Guide recommendation. AFL was a social marketing campaign supported by the Robert Wood Johnson Foundation (RWJF) and planned and implemented by AARP from 2002 to 2004. (For more information about this campaign see the other chapters in this guide.)

2. **Point-of-decision prompts** that encourage people to use the stairs as opposed to elevators or escalators. (Supported by “sufficient evidence.”)

Behavioral and social approaches to increasing physical activity include:

3. **Individually adapted health behavior change** programs that are delivered at the population level to groups of people, either in person or by mail, telephone or directed media. (Supported by “strong evidence.”)

4. **School-based physical education** interventions that ensure adequate class time for moderate- and vigorous-intensity physical activity for all students. (Supported by “strong evidence.”)

5. **Social support interventions in community settings.** These interventions build, strengthen or maintain supportive interpersonal relationships for physical activity behavior change. (Supported by “strong evidence.”)
Environmental and policy approaches to increasing physical activity include:

6. **Creation of or enhanced access to places for physical activity, combined with informational outreach activities** that increase awareness of the opportunities for physical activity in these places. (Supported by “strong evidence.”)

7. **Street-scale urban design and land-use policies and practices that support physical activity in small geographic areas.** These policies and practices might include street lighting, traffic-calming road features that slow motorists, and enhanced street landscaping. (Supported by “sufficient evidence.”)

8. **Community-scale urban design and land-use policies and practices that support physical activity in urban areas of several square miles or more.** These policies and practices might include zoning regulations that promote connectivity of sidewalks and proximity of residential areas to schools and recreation areas. (Supported by “sufficient evidence.”)

The *Community Guide* has deemed that the evidence for several physical activity-related interventions is insufficient to determine whether the interventions are effective. (Note that “insufficient evidence” does not imply an intervention is ineffective.) These interventions include the following:

- Classroom-based health education focused on information provision.
- Classroom-based health education focused on reducing television viewing and video game playing.
- Mass media campaigns. (Mass media messages are an appropriate part of community-wide campaigns and some other interventions but have uncertain effectiveness by themselves.)
- College-level physical education and health education.
• Family-based social support.

• Transportation and travel policies and infrastructure changes to promote non-motorized transit.

This paper focuses on five of the interventions recommended by the *Community Guide* that are effective in promoting physical activity among midlife and older adults: #1 (community-wide campaigns), #2 (point-of-decision prompts), #3 (individually adapted health behavior change programs), #5 (social support interventions) and #6 (access to and information about places for physical activity).

Discussion of these interventions is based on the evidence review published in 2002 (Kahn et al. 2002). Intervention #4 (school-based physical education) is not discussed in this paper because it does not apply to midlife and older adults. This paper also does not discuss interventions # 7 (street-scale urban design) and #8 (community-scale urban design) covered by an evidence review published in 2006 (Heath at al. 2006). Such environmental and policy interventions are important, however, in that they have the potential to promote physical activity among people of all ages and can serve to complement and support all other evidence-based community interventions recommended by the *Community Guide*.

**Purpose Of This Paper**

While the *Community Guide* provides essential guidance for increasing physical activity among midlife and older people, practitioners still face challenges when selecting and implementing specific interventions recommended by the guide. For example, consider the guide’s recommendation to create or enhance access to places for physical activity. In what ways should a community improve access? Should a community build walking trails, reduce fees for existing exercise facilities or upgrade existing park and playground facilities? What evidence is available
to guide communities in selecting a specific intervention to improve access to places for physical activity?

The purpose of this paper is to review recommended community interventions that have the potential to increase physical activity in midlife and older adults and to describe the specific intervention components that were used in research studies. Summaries of these components are organized according to the five recommended *Community Guide* interventions that target these specific age groups. These summaries focus on intervention components used in specific interventions of the research studies that contributed to the evidence on which the *Community Guide* recommendations are based. These components are essentially “building blocks” that a community should consider when developing interventions to promote physical activity.

Interventions tested in research studies will need to be adapted to the specific situation and resources of a community. This adaptation process, often called “translation,” involves adding, deleting and modifying intervention components. A discussion of translation is beyond the scope of this paper.

**Terminology**

This paper’s usage of the terms “intervention” and “approaches” matches that of the *Community Guide*.

- **Intervention**: In the terminology used by *Community Guide*, an intervention is “any kind of planned activity or groups of activities (including programs, policies and laws) designed to prevent disease or injury or promote health in a group of people.” (Zaza et al. 2005). The *Community Guide* synthesizes the evidence from research studies to determine if an “intervention” is recommended. For example, “social support within community settings” is a strongly recommended intervention.
• **Approaches:** The *Community Guide* groups interventions under “approaches,” e.g., “environmental and policy approaches.”

The concepts of a “specific intervention” and “specific intervention components” are implicit in the *Community Guide* review chapter and articles, but the *Community Guide* does not use these terms as they are defined here.

• **Specific intervention:** A research study tests a “specific intervention” and communities implement specific interventions. That is, a “specific intervention” is an instance or example of the intervention recommended by the *Community Guide*. Placing a sign that says “Use the Stairs” by an elevator in an office building is a specific intervention. Placing a sign that says “Climb the stairs and Burn Five Calories” by an escalator in an airport is a different specific intervention. However, both specific interventions implement the *Community Guide* intervention “point-of-decision prompts.”

• **Specific Intervention component:** The research studies reviewed by the *Community Guide* typically tested specific interventions that included more than one activity. For example, the specific intervention to build a walking trail in a city park could include: (1) developing a community coalition to advocate for a trail; (2) building an asphalt, multi-use trail; (3) putting in trail enhancements such as mileage markers; (4) publicizing the trail in newspapers and web sites; and (5) facilitating the formation of walking groups that use the trail. This paper refers to the various parts of a specific intervention as “components.”

**Interpreting the Intervention Summaries**

The intervention summaries presented in this paper list and describe specific interventions and intervention components, which are taken directly from the research studies reviewed by the *Community Guide*. One cannot conclude that a listed intervention component alone has been proven effective. Because research studies evaluate the overall effect of a multi-component
intervention, one cannot separate out the effects of each component by itself. However, the summaries do describe components of evidence-based interventions.

The organization of the evidence summaries is *ad hoc*. The specific interventions were analyzed for common themes and components, and then a classification system was created to fit these themes and components. For example, consider the recommendation: “creation of or enhanced access to places for physical activity, combined with informational outreach activities.” There are two obvious groups for the activities of the specific interventions tested by research studies related to this recommendation: activities that increase access, and informational outreach activities that increase awareness. However, several of these research studies also included health-promotion activities, and these were separated out into a third group. Also, in an *ad hoc* manner, the intervention summaries organized the activities in each group based upon details of the actual specific interventions. For example, some specific interventions enhanced access to physical places designed for physical activity. Other specific interventions increased access to “health-related activities” such as exercise classes.

Intervention components can be cross-cutting—that is, they can be used in several recommended interventions. For example, a component to increase knowledge about physical activity can be part of community-wide campaigns, individually adapted behavior change programs, interventions to increase access, and social support interventions. Therefore, such components are mentioned under more than one intervention summary.

**Issues in Planning and Implementing Evidence-Based Interventions**

The evidence review of the *Community Guide* provides four options that communities have when selecting specific interventions:

1. Select a specific intervention derived from a research study that implements a *Community Guide* recommendation. The obvious research studies are those reviewed by the *Community
Guide (Zaza, Briss, and Harris 2005). Note that the evidence review for the guide’s physical activity chapter is now several years old and that newer research studies are also available.

2. Select a specific intervention that is not derived from a research study but that nonetheless implements a Community Guide recommendation. For example, many possible ways exist to increase access to places for engaging in physical activity besides those tested in the 10 studies dealing with access that were reviewed by the Community Guide.

3. Select a specific intervention derived from a research study that does not implement a Community Guide recommendation. This situation can arise when there are too few studies of this type of intervention to determine if such interventions are effective. Some researchers refer to such specific interventions as “promising practices.” This situation can also arise when substantial evidence for an intervention has accumulated, but systematic evidence reviews have not yet been updated to take into account more recent studies.

4. Select a specific intervention that has never been tested in a research study and that does not implement a Community Guide recommendation (or a recommendation of any other systematic review).

Clearly, Option #1 is desirable, whereas Option #4 does not involve an evidence-based intervention and should be avoided. Options #2 and #3 are justifiable in some situations, particularly when the community has the resources to conduct a well-designed evaluation. However, Option #1 should offer most communities enough flexibility in choosing and adapting interventions, because there are eight separate recommendations and many existing research studies to guide specific interventions. As noted previously, this paper focuses on five Community Guide recommendations, which are discussed in the following sections.
Community-Wide Campaigns

Community-wide campaigns are large-scale, intense, highly visible campaigns delivered through a variety of methods to large audiences. These campaigns may focus only on physical activity, or they may include physical activity promotion as one component of a larger campaign, such as one that aims to prevent cardiovascular disease (Kahn, et al. 2002). Key elements of a community-wide campaign are partnership building; message delivery to a large audience using different types of media; and a coherent mix of programs, environmental changes and policy changes. Most, if not all, options for promoting physical activity are potential components of a community-wide campaign. Campaigns have included self-help groups, physical activity counseling, health fairs and construction of walking trails.

Partnership Building

*Identify and engage local leaders and organizations* in the development of the campaign components through such methods as community analysis and community organizing (Luepker et al. 1996). Community-wide campaigns can seek partnerships with organizations that share goals and interests or have common ground with each other and with the campaign’s sponsors (Catford and Nutbeam 1992). Involving the community at large in planning a campaign will help to increase the likelihood of a long-term community commitment to implementing that campaign (Luepker et al. 1996).

*Identify and engage role models and opinion leaders* who will promote and champion physical activity behavior change. Role models and opinion leaders can play key roles in promoting an overall health-promotion campaign, such as one aimed at reducing cardiovascular disease risk (Catford and Nutbeam 1992).
Message Delivery to a Large Audience

*Use community health education programs to promote physical activity.* Health education programs disseminate information about the benefits of physical activity and encourage people to engage in regular physical activity (Young et al. 1996).

*Use a variety of media outlets to disseminate information about physical activity.* Channels for disseminating information about physical activity include professional papers, electronic and print media, paid national advertisements on television and public service announcements on radio (Owen et al. 1995). Other ways to distribute information include posters, leaflets, stickers, T-shirts and sweat shirts (Owen et al. 1995). Weekly newspaper columns have been used to provide information to the public, as have billboards and educational materials, such as self-help kits (Goodman, Wheeler, and Lee 1995). Promotional efforts for specific (but smaller) audiences are an option. These efforts might include publishing health information in church bulletins (Goodman, Wheeler, and Lee 1995) or in an organization’s newsletter. Translating and adapting materials into various languages for different ethnic groups may be appropriate options.

*Organize local events to promote physical activity.* Information about physical activity can be disseminated at community events such as health fairs (Goodman, Wheeler, and Lee 1995), seminars or workshops (Young et al. 1996). To provide a source of potential speakers at such events, a campaign can recruit volunteers for a campaign-sponsored speakers’ bureau (Goodman, Wheeler, and Lee 1995).

*Develop and publicize a physical activity resource inventory.* A guide to community resources that support physical activity can be distributed to worksites (Goodman, Wheeler, and Lee 1995) and to prominent community organizations that serve the target audience. Web sites can host resource inventories that allow regular updates at a cost that is lower than the cost of updating printed materials. At the same time, a copy of the current inventory can be printed periodically.
Programs, Environmental Change and Policy Change

**Mix policy or environmental changes with existing programs.** Existing programs that involve physical activity, such as a cardiovascular disease prevention program, can be mixed with environmental changes (Tudor-Smith et al. 1998).

**Implement policy or environmental changes to promote physical activity.** Policy and environmental changes may include development of a health club for school-age children or walking trails for people of all ages (Catford and Nutbeam 1992).

Point-of-Decision Prompts

The six studies of point-of-decision prompts reviewed by the *Community Guide* all had a single intervention component: placement of signs to encourage stair use. The research suggested that the messages on the signs could be crafted to selectively influence population subgroups. For example, a sign that linked stair use to weight loss produced a greater increase in stair use among obese compared to non-obese people (Andersen et al. 1998). Multi-component interventions have been published since the *Community Guide*’s evidence review. These include a study in an office building that placed signs, remodeled the stairs and played various types of music in the stairwell (Kerr et al. 2004).

**Post signs or posters with messages to encourage stair use.** Signs have been posted at escalators or elevators in a variety of settings, including the following:


• Train or subway stations (Blamey, Mutrie, and Aitchison 1995; Brownell, Stunkard, and Albaum 1980).

• Bus terminals (Brownell, Stunkard, and Albaum 1980).

Individually Adapted Health Behavior Change Programs

Individually adapted health behavior change programs teach behavior management skills, and provide a social environment that supports regular physical activity. Programs are generally based on an established behavioral model, such as Social Cognitive Theory and the Transtheoretical Model of Change. Programs that promote physical activity teach skills that are related to recognizing cues and opportunities for physical activity, learning ways to manage circumstances associated with a high risk of relapse, and learning methods—such as goal setting and monitoring progress—that will help participants maintain an active lifestyle over time. The programs are individually adapted, in that physical activity goals and methods for attaining goals are tailored to each person’s specific interests, preferences and readiness for change.

Individually adapted health behavior change programs also provide a supportive social environment in which group members support each other and group leaders regularly contact group members to provide them with feedback, reinforce the progress they have made and offer encouragement. In this case, social support is an adjunct intervention component to the primary intervention of individually adapted behavior change. The next section on social support interventions shows that the situation can be reversed, with individually adapted behavior change components representing an adjunct intervention component to a primary intervention of social support.

So why were individually adapted behavior change programs categorized as a community-level intervention? These programs involve not just a specific intervention that operates at the individual level but also an intervention that is delivered at the community level, which may include physical activity classes or home-based programming. All studies reviewed for the
Community Guide tested a method of delivering the individually adapted behavior change interventions to groups of people in the community by using such methods as mail or directed media.

It is logical to combine individually adapted behavior change interventions with an opportunity to be physically active, such as an exercise class. In fact, this approach was common. Several studies included group exercise programs, such as: (1) an eight-week walking program that included a home-based telephone and mail intervention (Chen 1998); (2) a one-year, home-based or group-based exercise program (King et al. 1991, 1995); (3) a home-based resistance exercise program using an exercise video and resistance bands for older adults with functional limitations (Jette, Lachman, and Giorgetti 1999); (4) a 20-week walking program that encouraged participants to walk with an exercise leader three times a week (McAuley et al. 1994); and (5) a self-instructional, 12-week aerobic exercise program delivered either through periodic mailings or as a single packet (Owen et al. 1987). These types of group exercise programs are an opportunity to provide people with information about physical activity and to teach behavioral skills that help people initiate and maintain physical activity.

Providing Information About Physical Activity and Instruction on Behavioral Skills

Distribute written information and self-help materials. Basic information about physical activity is important for behavior change (King et al. 1991, 1995). Such information about physical activity could be included as part of self-help booklets, such as those developed by the American Heart Association on starting and maintaining an exercise program (Chen 1998; Marcus et al. 1998) or as part of a walking kit, like one developed for a community-wide heart disease prevention program (Chen 1998). Alternatively, information could be distributed separately as exercise fact sheets about specific topics, such as stretching techniques, exercise safety and fitness-level assessment (Owen et al. 1987). Educational materials such as Age Pages, which is published by the National Institute on Aging, provide information relevant to physical activity goals of older adults (Mayer et al. 1994). Tip sheets can provide information on the benefits of physical
activity such as walking (Jarvis et al. 1997) or instructions on how to overcome barriers to physical activity (Chen 1998).

**Provide feedback based on self assessments of readiness to change and health risks.**
Programs may use health risk appraisal assessments to help people understand their risk for heart disease and premature mortality as well as how physical activity can modify these risks (Mayer et al. 1994). Programs also have disseminated materials to assess motivational readiness. These materials might include a computer-generated report that uses a 16-item decisional balance measure to summarize a person’s pros and cons of engaging in physical activity. Decisional balance materials can clarify a person’s perceived benefits of physical activity and suggest actions to reduce barriers to activity (Marcus et al. 1998). Self-help manuals can be matched to each stage of readiness for change, including pre-contemplation, contemplation, preparation, action or maintenance (Marcus et al. 1998). A motivational video that features positive physical activity role models (Jette, Lachman, and Giorgetti 1999) can also be used to encourage and assist people to become more physically active.

**Provide information, feedback and incentives, using computer technology.** Information and feedback about physical activity has been delivered through computer-generated telephone messages. As one example, people may receive one telephone contact per week after receiving training on using the messaging system (Jarvis et al. 1997). As another option, programs can assess a participant’s physical activity stage of motivational readiness and subsequently provide the participant with a computer-generated, tailored report and a self-help manual that matches the person’s stage of motivational readiness. This intervention can be designed to help participants think more about becoming physically active. It can also encourage participants to take steps to become more physically active or to initiate or maintain physical activity (Marcus et al. 1998).

**Teach skills related to structuring and monitoring a physical activity regimen.** Some programs provide information that allows each person to design an appropriate physical activity regimen for themselves (Dunn et al. 1999). An important goal in structuring a
physical activity regimen is to select enjoyable activities (Dunn et al. 1999). Programs may also provide information and instruction on how participants can monitor the intensity of their physical activity by monitoring their heart rate (King et al. 1991, 1995). During home visits, a physical therapist might instruct some older adults on appropriate exercises (Jette, Lachman, and Giorgetti 1999). Teaching participants how to gradually increase their progress toward physical activity goals is an important part of learning how to individualize an activity regimen (McAuley et al. 1994). Videotapes offer the opportunity to show age-appropriate role models doing physical activity properly and safely (McAuley et al. 1994).

**Teach skills related to goal setting, monitoring progress and rewarding success.** In addition to building skills to safely carry out physical activity, programs commonly teach the skills needed to set goals and monitor progress. Group leaders can demonstrate these skills by rewarding progress with, for example, verbal reinforcement (Dunn et al. 1999). People can learn to use behavioral contracts to set goals and specify rewards for physical activity (Jette, Lachman, and Giorgetti 1999; Mayer et al. 1994). Participants can learn to monitor their progress by using logs that record physical activity/exercise or attendance (Jette, Lachman, and Giorgetti 1999; King et al. 1991, 1995; McAuley et al. 1994).

**Use program staff to monitor progress.** Program staff can help monitor the progress of participants and allow people to compare themselves with other physical activity adopters and maintainers (Marcus et al. 1998). Staff also can conduct telephone calls to counsel participants on their progress: monitor their progress, answer questions and provide support and feedback (Jette, Lachman, and Giorgetti 1999; King et al. 1991, 1995; Mayer et al. 1994). Periodic meetings can be held to give participants progress reports (McAuley et al. 1994), feedback forms (Owen et al. 1987) or booster sheets that help them document their performance improvements, mastery of program requirements and goals (McAuley et al. 1994). A program can monitor participants’ stage of readiness for change each month and then provide intervention materials matched to the stage of readiness (Dunn et al. 1999).
Use program staff to provide feedback and incentives. Program staff can assess participants’ improvement each month on a timed walk (McAuley et al. 1994) or track improvement in the amount of resistance used in strength training (Jette, Lachman, and Giorgetti 1999). Preplanned counseling messages can help participants address problems and reinforce successes (Marcus et al. 1998). Modest incentives like stickers can be used to reinforce positive behavior or programs can offer participants $1 for turning in exercise logs (Jette, Lachman, and Giorgetti 1999). Program personnel may provide feedback and help participants “self-reinforce” progress by using a computer-generated report designed for this purpose (Marcus et al. 1998).

Providing a Supportive Social Environment for Behavior Change

Use program staff to provide social support. Social support can be provided as long-term follow-up after a structured exercise program or a lifestyle physical activity program. This follow-up could last from 12 to 18 months (Dunn et al. 1999).

Use small groups to provide social support. Small group meetings about cognitive and behavioral strategies can assist and support people to initiate and maintain a physically active lifestyle (Dunn et al. 1999). Small groups can provide cognitive restructuring to combat self-defeating thoughts (Jette, Lachman, and Giorgetti 1999). In addition, group participants’ physical activity self-efficacy (that is, confidence in their ability to be physically active) can be assessed and participants can be provided with computer-generated reports to reinforce or help them increase their level of self-efficacy (Marcus et al. 1998).

Use the telephone to provide social support to participants and to help them make their own plans to increase social support. An activity counselor can make structured telephone calls to participants throughout the physical activity intervention (Chen 1998). Telephone calls can also promote self-efficacy, encourage and enhance positive self-talk about walking, identify barriers to walking and allow participants to find solutions that will help overcome those barriers. The activity counselor can reinforce these telephone
calls with tip sheets about how to overcome barriers and with information about how to develop skills to prevent relapse (Chen 1998).

**Teach skills on how to increase social support for physical activity from friends, family and community.** After assessing the amount of positive social support for physical activity, a computer-generated report can describe ways to increase social support (Marcus et al. 1998). Assistance can be provided to increase social support by forming “buddy groups” that consist of two or three people who encourage each other to be physically active. Periodically, programs can give participants a written reminder (or “booster sheet”) to encourage them to support the other members of their buddy system (McAuley et al. 1994).

**Social Support Interventions in Community Settings**

Social support interventions focus on changing physical activity behavior by building, strengthening and maintaining social networks that provide supportive relationships for behavior change (Kahn, et al. 2002). These interventions involve either creating new social networks or working within existing networks, such as in the workplace (Kahn, et al. 2002). Program participants typically set physical activity goals and then work in groups to achieve those goals, providing social support for one another. Program staff may facilitate the group process of providing social support and/or they may directly provide social support to participants through such methods as telephone calls. Social support interventions commonly include adjunct components of individually adapted behavior change programs.

**Providing Social Support**

*Provide social support from peer groups for achieving physical activity goals.* Various structures for forming peer groups (including classes) have included the following: (1) a 10-week program of weekly group exercise and education classes (Blair et al. 1986b); (2) aerobic activity supervised by an exercise leader four times per week (Robison, Rogers,
and Carlson 1992); (3) brisk walking sessions monitored by a physical activity counselor on six days per week (Coleman et al. 1999); and (4) an eight-week training program with most social support provided by exercise leaders, followed by either group walking sessions or walking alone (Kriska et al. 1986). Identifying buddy groups whose members hold each other responsible for regular physical activity is a basic method of social support. Some programs encourage involvement from “significant others” in walking groups and other activities to support physical activity (Kriska et al. 1986). Peers have provided social support for setting physical activity goals (Coleman et al. 1999; Robison, Rogers, and Carlson 1992) and peers can be used as a source of feedback on meeting these goals (Robison, Rogers, and Carlson 1992).

**Provide social support from program staff.** Program staff often use telephone methods to provide social support, with differing frequency of calls: (1) a 12-week walking program using telephone prompts to encourage participants to walk three times a week (Lombard, Lombard, and Winett 1995); (2) telephone support for home-based exercise emphasizing frequent, short (five minutes) calls (King et al. 1988b); and (3) telephone support that is tailored to participants’ stage of readiness to be active (Marcus et al. 1998; Peterson and Aldana 1999). Support can also be provided during occasional home visits (Kriska et al. 1986).

**Supplementing Social Support Interventions with Other Interventions**

**Supplement social support interventions with components of individually adapted behavior change interventions.** Health-risk appraisals can inform participants about their health status and motivate change (Blair et al. 1986b; Marcus et al. 1998). Programs have provided motivational materials (Peterson and Aldana 1999), maps with safe and enjoyable walking routes (Lombard, Lombard, and Winett 1995) and handouts on how to find walking partners and start a walking program (Lombard, Lombard, and Winett 1995). Programs can teach people to use behavioral contracts and can help them to identify and solve barriers to fulfilling those contracts (Coleman et al. 1999). Efforts can be made to conduct an initial session to train participants to start a walking group and
complete weekly walking logs (Lombard, Lombard, and Winett 1995). Programs can also provide regular assessments and feedback on physical activity levels and fitness (Blair et al. 1986b). In one walking program, participants met weekly with a counselor to obtain regular feedback (Coleman et al. 1999). Activity logs have been used to provide feedback and train people in self-monitoring (King et al. 1988b). Programs have taught self-management skills (Coleman et al. 1999) and skills related specifically to relapse prevention (Peterson and Aldana 1999); some programs have provided awards in the form of buttons that recognize participants who have walked various amounts of mileage (Kriska et al. 1986). Individual achievements in a walking program can be chronicled and reinforced by listing those achievements in regular newsletters (Kriska et al. 1986). Programs can provide financial incentives, such as asking participants to forfeit part of a $40 reward if they fail to attain their goals (Robison, Rogers, and Carlson 1992).

**Supplement social support interventions with health education.** Physical activity training also can be provided (Lombard, Lombard, and Winett 1995) through face-to-face sessions or videotaped instructions (King et al. 1988b). Programs can train people to monitor the intensity of their exercise by using the Borg Scale (Coleman et al. 1999; King et al. 1988b).

**Creating/Enhancing Access to Places for Physical Activity, Combined with Informational Outreach Activities**

Though physical activity can be performed almost anywhere, some locations are specifically designed or intended as places for such activity, including swimming pools, soccer fields, school gymnasiums, walking trails, city parks and health clubs. A community promotes physical activity by creating or improving access to such places.

In identifying specific interventions to improve access, it is useful to imagine a place for physical activity that perfectly meets the needs of a community. The most obvious intervention to improve access is to provide such a place to a community that lacks one. Access is also improved
by eliminating barriers to a community’s use of an existing place for physical activity, such as concerns about safety. Improving existing facilities in a way that is consistent with community needs and preferences is also regarded as enhancing access. If people prefer having a walking trail with mileage markers, for example, then adding mileage markers to an existing trail will enhance access.

Of course, community facilities won’t be used unless the community is aware of them. Therefore, the recommendation also includes outreach activities that publicize places for conducting or participating in physical activity. Some specific interventions reviewed by the Community Guide commonly did more than informational outreach, and provided additional health promotion programmatic activities.

The Community Guide recommendation regarding access does not apply to interventions that change the general infrastructure of a community by changing places whose primary purpose is not related to physical activity but nonetheless offer some opportunities for it. Such interventions are addressed by other recommendations, including transportation system (insufficient evidence), street-scale community design (sufficient evidence), and community-scale urban design (sufficient evidence) (Heath et al. 2006).

**Enhanced Access to Trails, Equipment and Programs**

*Provide a range of places for physical activity throughout the community.* New exercise space can be provided at a community site, along with provision of exercise equipment (Henritze, Brammell, and McGloin 1992). A par course can be added to outdoor space (King et al. 1988a). A community site with exercise space can be located near a workplace (Blair et al. 1986a) or other frequently visited site, such as a community center or senior center. Access is improved by providing new equipment at existing recreation facilities (Linenger, Chesson, and Nice 1991). Opening a women’s fitness facility improves access for a specific population subgroup (Linenger, Chesson, and Nice 1991). A walking and fitness path (Brownson, Smith, and Pratt 1996), a bicycle path, or a 1.5 mile running course in the community can improve access to places for physical activity.
in natural environments (Linenger, Chesson, and Nice 1991). Worksite walking paths can encourage people to walk on their own time and can be enhanced by adding places to “stop and stretch.” (Heirich et al. 1989.) Stop-and-stretch places may also include benches so that users can walk at their own pace and adults who are less fit can use the facility.

Increase the availability of health-related activities in the community. The availability of physical activity classes (Henritze, Brammell, and McGloin 1992), activity clubs, or walking and low-impact aerobic programs for older adults can be increased. Availability is increased when exercise groups (Brownson, Smith, and Pratt 1996) meet at a variety of times or offer extended hours so that employees can participate in programs after the work day is over (King et al. 1988a). Health-related activities include physical activity competitions (Henritze, Brammell, and McGloin 1992) and athletic events that a subgroup of adults may enjoy (Heirich et al. 1989). Community events can provide meaningful opportunities for physical activity. For example, even though a race is a discrete one-time event, increasing the number of 5K and 10K races for walkers and runners increases access to health-related activities in a community. (One-time events also provide outlets for event organizers to publicize other physical activity opportunities, such as community walking trails or bicycle paths, or parks and recreational programs.) Communities have sponsored annual, heart-healthy fitness festivals that include exercise demonstrations; registration for exercise classes and walking clubs; and screenings for hypertension, diabetes and cholesterol (Brownson, Smith, and Pratt 1996). Communities have also promoted opportunities for simple physical activities that adults undertake at their own convenience and pace while socializing with friends (Heirich et al. 1989).

Health Education and Informational Outreach

At the workplace, educate employees about health risk factors and the availability of facilities and programs for physical activity. A variety of materials can inform employees about opportunities for physical activity, and encourage them to participate. These materials include individual invitations, electronic messages via employees’
computers, poster displays throughout the workplace, and displays of tray mats and table
tents in the employee cafeteria (Henritze, Brammell, and McGloin 1992). Newsletters,
health fairs, contests and information displays in cafeterias, hallways and restrooms can
promote opportunities for physical activity as part of highly visible health education and
promotion campaigns (Blair et al. 1986a). Materials may provide information about
regular exercise (Blair et al. 1986a; Breslow et al. 1990). Employees can be invited to
participate in a lifestyle seminar where they learn about worksite opportunities to
improve physical activity as part of adopting a healthier lifestyle (Blair et al. 1986a;
Breslow et al. 1990).

_Educate the public about the importance of behavior change_ through a “Heart Healthy”
corner in the local newspaper (Brownson, Smith, and Pratt 1996).

Health Promotion Activities That Encourage Use of Places for Physical Activity

*Build partnerships that promote opportunities for physical activity in a community.*
Community partners may select their own priorities (or mutual goals) from a list of
possible program activities (Brownson, Smith, and Pratt 1996). Community leaders and
residents can be enlisted to promote and champion opportunities for physical activity in
order to increase program participation and attendance (Lewis et al. 1993; Brownson,
Smith, and Pratt 1996).

*Use contests to provide incentives for regular physical activity.* Contests and other
activities where everyone can succeed will bring physical activity opportunities to the
attention of employees (Heirich et al. 1989). Walking contests among teams of
employees make use of places for physical activity, such as walking trails (Heirich et al.
1989). Regular contests, which could be held monthly, can encourage participation in
physical activity (King et al. 1988a).

*Use feedback to provide incentives for regular physical activity.* Opportunities for
physical activity can be increased by offering short-term incentives for individuals and
groups (King et al. 1988a). For example, to enhance participation in a worksite exercise program, staff could post feedback in a public place about the progress of program participants (King et al. 1988a), highlight or publicize names of top performers (Linenger, Chesson, and Nice 1991) or provide social support and reinforcement to program participants as part of feedback regarding improvements in their fitness test scores (Linenger, Chesson, and Nice 1991). Programs can help participants monitor their physical activity levels by recording all exercise sessions done at work or at home (King et al. 1988a).

Use financial incentives for regular physical activity. The cost of informational services and classes can be shared between employers and employees using co-pays, where employers pay most—perhaps two-thirds—of the costs (Heirich et al. 1989).

Use individually adapted behavioral change programs. One-on-one counseling about physical activity can be provided (Heirich et al. 1989, 1993; Henritze, Brammell, and McGlone 1992). Counseling involves individualized encouragement to help people engage in physical activity on their own time (Heirich et al. 1989, 1993). A combination of counseling, social support and simple, accessible exercise activity can be offered to inactive employees (Heirich et al. 1993). Regular counseling may be conducted by health professionals and tailored to specific health risks and conditions of a person (Heirich et al. 1993).

Summary

Persons and partnerships wishing to conduct community-based interventions to promote physical activity can select from numerous effective intervention options as identified in the Community Guide and described in this paper. State-of-the-art physical activity interventions typically include multiple components. Components from one type of intervention, such as social support interventions used in community settings, have been included as part of other intervention types, such as individual health behavior change interventions and interventions to encourage access.
and use of places for physical activity. Interventions that have been shown to be effective will most likely need to be tailored to the unique needs and preferences of a community and integrated with the community’s existing health promotion activities. This may require that an intervention described in the research literature be modified to some extent prior to use in another community setting. Due to scarce resources, it is prudent to model community-based physical activity promotion efforts on effective interventions, such as those identified in the *Community Guide*. However, it is equally critical to evaluate intervention effectiveness, and this becomes especially important the more an effective intervention is adapted to meet the needs and interests of a community.

**References**


Heath GW, Brownson RC, Kruger J, Miles R, Powell KE, Ramsey LT, The Task Force on Community Preventive Services. 2006. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. *Journal of Physical Activity and Health* 3(Suppl 1):S55–S76.


