

Angela Hitch of the Centers for Disease Control and Prevention in Atlanta analyzed 78 Mini-Grant applications, including the 20 funded projects. Her analysis follows.

The National Blueprint Office has funded 20 \$25,000 awards to organizations across the United States to implement physical activity programs for older adults. These programs were funded as 15-month projects.

The primary goal of all of the reviewed projects is to promote physical activity among older adults. Many programs want to promote increased physical activity to meet the CDC/ACSM recommendations. Other programs hope to increase access to physical activity and reduce barriers. The programs specify long-term goals of increased quality of life for older adults and decreased risk of disease.

There are many different strategies and program components in the projects. Most of the programs include an exercise component as a primary objective for increasing physical activity. Other main components are marketing, peer and facilitator training, decreasing barriers to physical activity, and education classes. A few of the programs address fall prevention, environmental change, care managers and physician education, walking programs, incentive based programs, and website development tools. Many programs aim to increase physical activity by addressing access and resource issues and will do this by developing a physical activity directory. Transportation services are offered in a few of the programs. Some programs plan to incorporate stages of change as a theory base for program planning and implementation.

Program implementation most often occurs in a series of weekly sessions. Some programs will have multiple sessions carried out over a certain number of weeks: for example six, eight, or twelve weeks, and so on. An ideal timeline is as follows:

**Month One:**

Develop materials, determine logistics of training, and begin evaluation and sustainability planning.

**Months Two through Four:**

Assist in program promotion and planning, conduct surveys, and begin program implementation.

**Months Four through Seven:**

Implementation and reassessments.

**Months Eight through Eleven:**

Begin to add enhancements to programs and begin next series of weekly program sessions.

**Month Twelve:**

Final reports, dissemination of findings.

Every program has partnerships and a goal of increasing linkages within their communities and building coalitions. The most common partnerships include athletic clubs, senior centers,

AARP, local Council on Aging, churches, local government, health departments, universities, health organizations, and parks and recreation. Many partners include nursing homes, assisted living facilities, doctor's offices, hospitals, the Arthritis Foundation, the YMCA, the American Red Cross, the United Way, transportation services, and a variety of community businesses and organizations.

Of the twenty funded programs, two are targeted to the Hispanic community, one is a Native American community program, one is for caregivers of older adults, and one is for health care providers. Other programs targeted staff and older adults with physical limitations.

The 20 funded programs represent 17 states in the following locations across the United States:

Pratt, Kansas and Soldonta, Alaska (home office in Boston, MA);  
Harford County, MD;  
local community in Fairfield, CT  
local communities of Providence and Pawtucket, RI  
four counties in central Illinois  
Inner city of Irving and Dallas, Texas  
local community of Portland, OR  
Los Angeles County, CA  
Ho-Chunk Nation, 15 county area in central WI  
Buffalo, NY  
Brooklyn, NY  
(Seattle) King County, WA  
city of Lafayette, IN  
Cabarrus County, NC  
Glenn Springs, SC  
Daly City, CA  
(Minneapolis) Hennepin County, MN  
Baltimore City, MD  
Paterson, NJ  
New York, NY

Of the 78 programs reviewed, including the 20 funded programs, there are a variety of settings and scopes. The quantitative description is as follows: (20 funded programs, 78 total programs)

One county - 5/20; 22/77

Multi-county - 2/20; 6/77

City-wide (many are one city, some are neighboring cities) - 13/20; 45 /77

Statewide – 4/77

Community -14/20; 65/78

Homebounds - 1/20; 1/78

Senior centers - 2/20; 5/78

Senior housing developments - 2/20; 4/78

Assisted living facilities - 1/20; 2/78

Worksite - 1/78

The strengths of these programs are the use of a variety of strategies and components to increase physical activity. The likelihood of sustainability and continued programming is very high. Many of the programs are research-based or are conducted as research programs and also have an evaluation plan. Most of the programs that attained funding were already conceptualized and had a solid infrastructure. These programs were prepared to begin planning and implementation once the funds were granted.

The weaknesses of many of the programs were that they had good ideas, but were not at the level where they could be implemented. Many requests were for funds to build coalitions, planning, training only, personnel and supplies costs, marketing, and raising awareness of physical activity benefits.

The 20 funded programs should prove to be successful and serve as “best practices” for communities around the country to utilize and promote physical activity among older adults.