

WellSpring

Strategies to Keep People Exercising After They Finish a Chronic Condition Exercise Program (CCEP)

TODD W.D. WOLANSKY, BSc, PT, ALBERTA HEALTH SERVICES, & LLOYD SUTHERLAND, MD, SEARCH CANADA, UNIVERSITY OF CALGARY

Chronic Condition Exercise Programs (CCEPs): An Overview

Many health care providers and organizations across Canada are now offering chronic condition exercise programs (CCEPs). And for good reason. Exercise helps people with chronic health conditions to manage these conditions and improve their quality of life (9, 12).

CCEPs are community-based and designed for people living with or at risk of developing diabetes, heart disease, arthritis, chronic lung



disease, or any other chronic or long-term health condition. The ultimate goal of these programs is to help people safely and effectively manage their chronic condition through regular physical activity.

The programs are supervised by trained health professionals who strive to make them welcoming and fun. They also usually individualize the program to the unique needs and goals of each participant.

The Problem: Exercise Drops off After the CCEP Ends

A major issue with CCEPs, however, is that up to 60% of participants stop exercising within the first six months after completing the program (11). If participants are to maintain the benefits they gain from the program, they must continue exercising.

What's in This Article for You?

- Chronic Condition Exercise Programs (CCEPs): An Overview
- The Problem: Exercise Drops off After the CCEP Ends
- The Search for Practices to Improve Exercise Maintenance
- Promising Practices for Exercise Counselling
- Other Tips for Your Own CCEP



Consequently, it is imperative for health care providers, program leaders and organizations to identify promising practices that will help to improve participants' exercise maintenance rates following their participation in a CCEP.

The Search for Practices to Improve Exercise Maintenance

Alberta's former Aspen Health Region teamed up with SEARCH Canada, a not-for-profit organization that helps bring health research closer to practice, to determine what strategies would effectively help CCEP participants to keep exercising after their time in the program is over.

We started by undertaking a systematic review of previous research in this area.

Due to a small amount of research on CCEPs for people with mixed chronic health conditions, we reviewed research on exercise maintenance after cardiac rehabilitation as an example of a well-researched CCEP. We compared the results of this research to similar studies examining exercise maintenance in sedentary adults, diabetics and people living with chronic obstructive pulmonary disease.

We identified five randomized controlled trials (RCTs) that adequately addressed our question (4-7, 10). These five RCTs used a variety of exercise counselling strategies to improve the exercise maintenance rates in their participants. Upon closer examination of the five RCTs, four promising practices for exercise counselling emerged.

Following our research review, we met with decision-makers and clinicians from the former Aspen Health Region and shared what we found.

Up to 60% of participants stop exercising within the first six months after completing the program. If participants are to maintain the benefits they gain from the program, they must continue exercising.

This was a key step in improving our CCEP. It gave us multiple perspectives and it allowed us to share the research easily and make decisions together. It was instrumental to ensuring the results of our review were translated in a way that was beneficial to all our stakeholders.

Promising Practices for Exercise Counselling

The four promising exercise counselling practices we identified were:

- promoting self-efficacy (10)
- encouraging self-directed goal-setting (4, 5, 10)
- reassessment (4)
- exercise consultation (4-7)

We categorize these four practices into “front-end” and “back-end” strategies.

The front-end strategies, promoting self-efficacy and encouraging self-directed goal-setting, are strategies that can be delivered during or prior to discharge from a CCEP. The back-end strategies, reassessment and exercise consultation, are strategies that need to be delivered after a participant completes the program.

In the former Aspen Health Region, we are beginning to incorporate these practices into our CCEP. We expect this will ensure that our participants continue to receive high-quality care that has a lasting positive impact.

Promoting Self-Efficacy

Self-efficacy, simply put, is the belief that you can accomplish a goal you set for yourself. Someone who believes they can continue to be physically active is more likely to continue participating in physical activity (8).

Some tips for promoting self-efficacy:

- Acknowledge participants' successes throughout the program.
- Encourage participants to track their physical activity with activity logs.



- Teach participants how to independently monitor important health indicators such as blood pressure and blood glucose levels.
- Arrange for more experienced participants to mentor new participants in the program.

Encouraging Self-Directed Goal Setting

Self-directed goal setting allows participants to set meaningful physical activity goals to work towards. This can occur both at the start of a CCEP and near the end just prior to discharge (4, 5, 10).

This strategy can be particularly effective, as individuals are able to select goals that are meaningful to them and that take into account personal factors such as work schedules and family commitments.

While exercise leaders should not set the goals for participants, they can certainly help them set goals. Here are some facilitation techniques:

- Help participants assess whether their goals are SMART: specific, measurable, achievable, rewarding, and within a time frame (3).
- Discuss barriers that might prevent them from remaining physically active once they leave the CCEP.
- Discuss and identify strategies for overcoming any barriers.

Reassessment

One interesting but not surprising finding from the review was that people were more likely to keep exercising if they knew someone was going to follow

up with them later and monitor their physical activity levels (2, 4).

Hughes, Mutrie, and Macintyre (2007) (4) found that subjects who were aware they were going to be reassessed for physical activity six months and one year after their exercise programs ended were more likely to remain physically active. Other researchers have found the same thing (2).

For us, this reinforced the need for long-term outcome measures beyond simply reassessing our participants at discharge. In addition to promoting maintenance of physical activity, regularly scheduled reassessment can act as a powerful source of data for continual program evaluation and improvement.

Exercise Consultation

In one study, participants were offered exercise consultation sessions that consisted of two 30-minute one-to-one discussions with a trained researcher and two 15-minute follow-up phone calls during the year after discharge (4).

The researchers who delivered this exercise consultation used cognitive and behavioural strategies to increase and maintain the motivation of the participants.

Subjects who were aware they were going to be reassessed for physical activity six months and one year after their exercise programs ended were more likely to remain physically active.

Some things to discuss with participants in follow-up exercise consultation sessions:

- Ask about their current level of physical activity.
- Discuss their progress with their physical activity goals.
- Identify barriers that may be hindering their ability to meet their goals.
- Develop strategies to overcome any barriers identified.

Working with practitioners, organizations, and communities to improve the health and quality of life of all people through physical activity.

Other Tips for Your Own CCEP

In addition to the promising practices we identified for exercise counselling, we also recommend the following:

Involve Stakeholders

Actively involving decision-makers and clinicians in our work from the beginning was an important part of improving our CCEP.

In addition to helping us generate interest in our project, it allowed us to discuss what the research was saying and how to apply that information within our contexts. We feel this was key to the successful development of a richer CCEP.

Keep Monitoring and Improving Your Program

We are continually tracking data to monitor and improve our program. We recommend ongoing evaluation of your CCEP to help ensure your program is a success with participants and is meeting your objectives.

Try New Things and Share What You Learn

We hope that health professionals and organizations build off our work. While our review has identified promising practices to support exercise maintenance, we believe there may be numerous other ways to achieve that goal. We encourage you to try new methods, evaluate your progress and share your results.

By making a few small changes to how you deliver your program and how you support participants after they finish, you can significantly improve their long-term outcomes.

For more information, please contact Todd Wolansky at 780-852-6604 or by e-mail (todd.wolansky@aspenrha.ab.ca). References are numbered and available on the Alberta Centre for Active Living website: www.centre4activeliving.ca

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Alberta Centre for Active Living
Percy Page Centre
3rd Floor, 11759 Groat Road
Edmonton, AB T5M 3K6
Phone: 780.427.6949 or
1.800.661.4551 (toll-free in Alberta)
Fax: 780.427.2677
Website: www.centre4activeliving.ca
E-mail: active.living@ualberta.ca

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