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Welcome!

A self-paced training for LIFT



Reflections



Reflect on your current practices regarding physical activity.



Why are you here? What do you wish to gain from this training?



What are you most excited about sharing with your community?





Who we are

Hi! I'm Dr. Samantha Harden the principal investigator of LIFT.

The Physical Activity Leadership Team of Virginia Cooperative Extension and members of the Physical Activity Research and Community Implementation Laboratory have developed and tested LIFT since 2015.



Our Vision And Mission

We want to ensure you have all programming needs from social media posts to evaluation for successful delivery of this evidencebased program in your community.



Overview of LIFT





Physical Activity Research & Community Implementation (PARCI) Laboratory at Virginia Tech

http://www.parcilab.org

LIFT Goals

A dynamic program that integrates behavior change principles for longterm physical activity and f/v consumption.





COMMUNITY CONNECTION

Can help with motivation, social support, and compliance.



PHYSICAL ACTIVITY

2 days of muscle strengthening activity.

150 minutes MVPA outside of class.

FRUIT/VEGETABLE CONSUMPTION

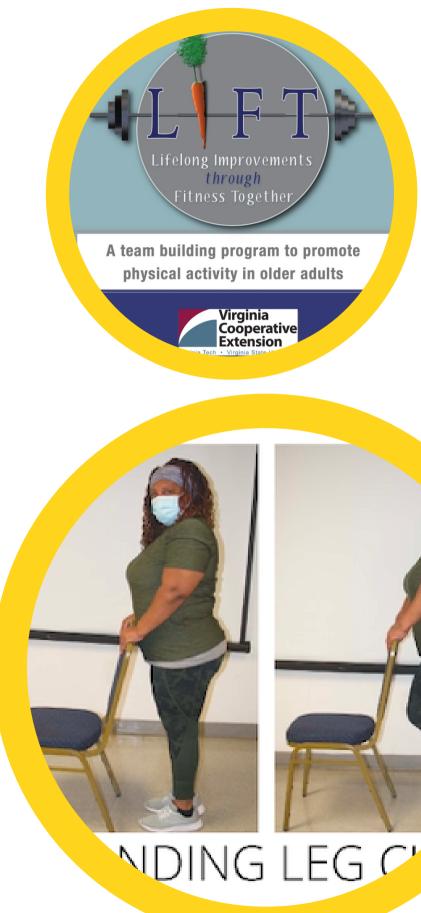
Nourish your body with the recommended servings of fruits and vegetables.

Your roadmap to instructing LIFT

Review the slide decks + recordings, complete competency checks

Submit a video (audio and visual) of you cueing all the exercises + strength and balance moves

Expectation: 6 hours





SAMANTH Prip

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What we'll cover

The recorded training comes in four parts





Physical Activity Guidelines for Americans

LIFT background, evidence-base and history

What it takes to deliver LIFT

How to measure + share impacts of LIFT

Part I: Physical Activity Guidelines





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Learning Objectives



Understand the history and application of the Physical Activity Guidelines (PAG)



Recall the PAG for adults and older adults

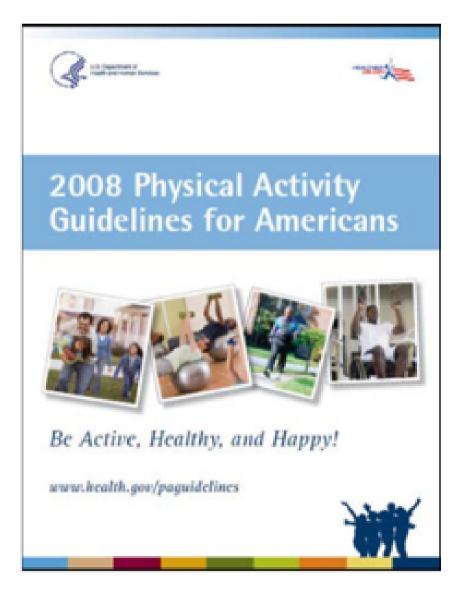




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Physical Activity Guidelines for Americans is issued by the U.S. Department of Health and Human Services (HHS)

Guidelines are evidence-based An external scientific advisory committee created a series of systematic reviews on the available literature related to physical activity and health







for Americans

2nd Edition

Physical Activity Guidelines (

Physical Activity Guidelines: Move Your Way



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Physical activity can make daily life better.

When you're active and strong, it's easier to:



Do everyday tasks, like chores and shopping



What's your move?



Keep up with the grandkids



OLDER ADULTS

Stay independent as you get older

✓ Better mood

 \checkmark Lower risk of many diseases

Physical Activity Guidelines: Move Your Way



How much activity do I need?

Moderate-intensity aerobic activity

Anything that gets your heart beating faster counts.



Break it up over the whole week however you want!

Muscle-strengthening activity

Do activities that make your muscles work harder than usual.







Physical Activity Guidelines: Move Your Way



Physical activity can help manage many health problems.

Reduce symptoms of arthritis, anxiety, and depression

Just getting started?

No problem — start slow and do what you can. Even a 5-minute walk has real health benefits. Build up to more activity over time.

Mix in stretches and activities to improve your balance, too! Keep your body flexible and help lower your risk of falls.

And all sorts of activities count.



Even things you have to do anyway

Help keep diabetes and high blood pressure under control





Even things that don't feel like exercise

Physical Activity Guidelines



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Key Guidelines for Older Adults

These guidelines are the same for adults and older adults:

- physical activity gain some health benefits.

- provide additional health benefits.

Guidelines just for older adults:

- of fitness.
- affect their ability to do regular physical activity safely.
- conditions allow.

Adults should move more and sit less throughout the day. Some physical activity is better than none. Adults who sit less and do any amount of moderate-to-vigorous

For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Preferably, aerobic activity should be spread throughout the week.

Additional health benefits are gained by engaging in physical activity beyond the equivalent of 300 minutes (5 hours) of moderate-intensity physical activity a week.

Adults should also do muscle-strengthening activities of moderate or greater intensity and that involve all major muscle groups on 2 or more days a week, as these activities

As part of their weekly physical activity, older adults should do multicomponent physical activity that includes balance training as well as aerobic and muscle-strengthening activities.

Older adults should determine their level of effort for physical activity relative to their level

Older adults with chronic conditions should understand whether and how their conditions

When older adults cannot do 150 minutes of moderate-intensity aerobic activity a week because of chronic conditions, they should be as physically active as their abilities and

Tips from the National Institute on Aging



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Endurance

Flexibility

Endurance exercises improve the health of your heart, lungs, and circulatory system.

Stretching can improve your flexibility to make everyday activities easier.

To learn more about exercise, visit: www.nia.nih.gov/exercise.

Balance

Balance exercises help prevent falls and can improve balance.

Strength

Strength exercises can help you stay independent and prevent fall-related injuries.





Benefits of Physical Activity

Increased strength and balance.

Decreased fall risk.



Increased ability to participate in daily tasks.



Improved cognitive function.



Improved mental health.



Increased community belonging.



Summary

Older adults need to engage in multicomponent physical activity that includes strength training, balance, flexibility, and cardiovascular movement. LIFT is here to help!



Part II: History of LIFT





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<image>

Learning Objectives



Contextualize LIFT as a product of Strong Women, Strong Bone; Stay Strong, Stay Healthy; and Activity for the Ages.



Understand and identify the core elements of the LIFT program (e.g., dose, behavioral strategies, exercise safety).



Recall preliminary outcomes of LIFT (e.g., the evidence-based).



Programs that Informed LIFT



STRONG WOMEN, STRONG BONES

Dr. Miriam Nelson, Tufts University. A two-stage, 12week program developed for midlife and older women focusing on exercise and nutrition.



STAY STRONG, STAY HEALTHY

Dr. Steve Ball, University of Missouri. A 10-week program developed to enhance the health and well-being of all middleaged and older adults.



A team-building program to promote fu and physical activity in congregate meal sites for older adults

ACTIVITY FOR THE AGES

Dr. Paul Estabrooks, Kansas State University. A 12session program developed to promote physical activity for all older adults.



International Journal of Environmental Research and Public Health

Article

Use of an Integrated Research-Practice Partnership to **Improve Outcomes of a Community-Based** Strength-Training Program for Older Adults: Reach and Effect of Lifelong Improvements through Fitness **Together (LIFT)**

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Abstract: Only 17% of older adults meet the recommendations for two days of full body strength training that is associated with improved functional fitness; reduced risk of falls; and reduced morbidity and mortality rates. Community-based interventions are recommended as they provide supportive infrastructure to reach older adults and impact strength training behaviors. Scalability and sustainability of these interventions is directly linked with setting-level buy-in. Adapting an intervention through an integrated research-practice partnership may improve individual and setting-level outcomes. The purpose of this study was to evaluate the initial reach and effect of a locally adapted, health educator-led strength-training intervention; Lifelong Improvements through Fitness Together (LIFT). LIFT was compared to an evidence-based exercise program, Stay Strong; Stay Healthy (SSSH). Intervention dose and mode were the same for LIFT and SSSH, but LIFT included behavioral change strategies. Older adult functional fitness was assessed before and after the 8-week strength training intervention. Health educators who delivered LIFT and SSSH were able to reach 80 and 33 participants, respectively. Participants in LIFT were able to significantly improve in all functional fitness measures whereas SSSH participants were only able to significantly improve



What were the adaptations?

Extension professionals wanted 1) to be able to discuss basic nutrition (f/v) information; 2) a focus on social support to reduce social isolation for older adults; and 3) ensure that participants seek to meet the MVPA part of the PAG as well

The results of this study indicated that older adult participants were able to significantly improve their functional fitness for strength, flexibility, aerobic endurance, agility, and dynamic balance.

LIFT Core Elements





ATTEND CLASS 2 TIMES PER WEEK FOR 8 WEEKS



MEASURE PROGRESS

Did it work?

Significant improvements in all aspects of the functional fitness assessment



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Functional Fitness Assessment	Baseline	Post-program (ITT)	Change scores
Sit and Stands M(±SD)	10.58 (±3.21)	13.07 (±5.14)*	2.67 (±3.73)*
Arm Curls M(±SD)	13.89 (±4.0)	17.65 (±6.22)	3.65 (±6.03)*
2-minute step test M(±SD)	61.66 (±30.0)	77.5 (±30.0)	14.03 (±16.71)*
Lower body flexibility M(±SD)	1.74 (±3.86)	-0.000 3(±2.96)	1.77 (±2.97)*
Upper body flexibility M(±SD)	-5.05 (±4.93)	-4.2 (±5.51)	1.24 (±3.17)*
8-foot up-and-go M(±SD)	7.68 (±3.84)	7.02 (±3.25)	065 (±1.31)*
Composite balance score M(±SD)	2.44 (±1.3)	2.79 (±1.5)	0.35 (±1.18)*

PREVENTING CHRONIC DISEASE PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

Volume 18, E32

IMPLEMENTATION EVALUATION

Assess, Plan, Do, Evaluate, and Report: Iterative Cycle to Remove Academic Control of a **Community-Based Physical Activity Program**

Samantha M. Harden, PhD¹: Laura E. Balis, PhD^{1,2}: Thomas Strayer III, PhD³: Meghan L. Wilson, PhD^{4,5}

Accessible Version: www.cdc.gov/pcd/issues/2021/20_0513.htm

Suggested citation for this article: Harden SM, Balis LE, Strayer T III, Wilson ML. Assess, Plan, Do, Evaluate, and Report: Iterative Cycle to Remove Academic Control of a Community-Based Physical Activity Program. Prev Chronic Dis 2021; 18:200513. DOI: https://doi.org/10.5888/pcd18.200513.

PEER REVIEWED

Summary

What is already known on this topic?

Multicomponent physical activity interventions are needed to increase the proportion of older adults meeting the Physical Activity Guidelines for Americans.

What is added by this report?

Because a one-size-fits-all approach has shown to thwart the translation of evidence-based programs into practice, a focus on intervention core elements and adaptability has emerged.

What are the implications for public health practice?

Based on the needs of different audiences, researchers are called to train and support delivery staff in their ability to adapt, implement, and evaluate community-based efforts.

A hatmant

Intervention Approach

The participant-level intervention is Lifelong Improvements through Fitness Together (LIFT), an 8-week, group dynamicsbased, strength-training program with 16 in-person sessions. The implementation intervention applies the iterative APDER cycle based on feedback for each dimension of RE-AIM. Each year, the APDER cycle was used to embed data collection procedures at the instructor and participant level to reveal the next evolution of the program.

APRIL 2021

Evaluation Methods

Each evolution of LIFT was measured through a pretest and posttest quasi-experimental design. Data were collected on each RE-AIM dimension through participant surveys and functional fitness assessments, number and representativeness of trainees, and process evaluation.

Results

Overall, LIFT was expanded to 4 states with 275 instructors, reaching 816 older adults; consistently improved functional fitness outcome measures; demonstrated strong program adherence; and was seen as feasible and enjoyable by instructors and participants. LIFT is now undergoing adaptations for virtual delivery as well as updating the exercise protocol to introduce yoga pos-



Ongoing adaptions necessary at the educator and state level based on need and target population.



Aim to remove academic control by providing an open-access program repository that includes materials on how to be a state administrator, how to provide training, and how to deliver and evaluate LIFT.

Going forward

Summary

LIFT is an 8-week strength-training program can significantly improve the strength, flexibility, agility, dynamic balance, and aerobic endurance of older adults.

+4000

Participants since 2015



Part III: Delivering LIFT





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Learning Objectives







- Perform the LIFT exercises (balance, strength, flexibility).
- Facilitate communication among participants during class.
- Implement seamless inclusion of group dynamics principles.









lead by Example

Leadership 101



Communication

Individual Attention

Provision of Choice

Fostering the Social Environment









Our Training Program



Safety

Program Sustainability

Individual Behavior Change

~

Group Dynamics-Based Behavior Change

Session 1



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SESSION 1

Session Objective:

- · Introduction to program components
- Introduction to group members

Preparation:

- · Chairs for each participant
- Weights for instructor only
- Remind participants to bring water and a regular-sized bath towel
- Print Physical Activity (PA) and Fruit/ Vegetable (F/V) trackers for everyone
- Read through Orientation

Session Outline:

- Orientation overview (10 minutes)
- Warm-up: Active name game (15 minutes)
- Demonstration of 8 exercises with no weights (25 minutes)
- Cool down and stretch (5 minutes)
- Homework and Reminders (5 minutes)

Group Activity: Active Name Game

All participants should stand in a circle. Facilitator should instruct group members to begin walking in place. Ask the group for volunteers for the first few rounds of this activity beginning with the facilitator. Each participant creates a movement that alliterates with their name (e.g., High-knees Henry, Jumping Jane). Each time a person introduces himself or herself, the entire group says their name and performs the exercise given. This is a great warm-up for participants to begin moving and getting to know one another.

Homework/Reminders:

- moving.
- We encourage accumulating up to 30-minutes of walking this week.
- Be sure to remind participants to begin tracking their activity on your PA and F/V consumption.
- We'll be creating a group name. Begin thinking of group names and we'll decide at the beginning of class next. week.
- · See you on (day) at (time)!

First week of class: you may feel sore in some muscle groups that you have not exercised lately. Be sure to keep

Adaptable Practice

The LIFT program allows for adaptability. You can do this program anywhere with 2 dumbells(5-8 lbs), a chair, and a smile!





Session 2



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Session Objective:

- Continued group development
- Establish group name (build group distinctiveness)
- Introduction to 'More Matters' fruits and vegetables.

Preparation:

- Chairs for each participant
- Weights for instructor and participants (at their own discretion.)
- Remind participants to bring water and a regular-sized bath towel

Session Outline:

- Be sure to have group walking in place to keep their bodies moving!
- Cool down (5 minutes)
 - Discuss and complete phone tree (Group Activity)

Group Activity: Phone tree

Ask participants to share their first name and best contact method (phone or email) on a class roster. Assign people to call someone when/if an individual misses class without a known absence (this develops a 'role' for the individual who makes the call and a sense of accountability for the individual who was called).

Nutrition Basics (example):

- Be sure to drink water before, during, and after all sessions.
- vegetables.

Homework/Reminders:

- your own, without weights.
- We will be decide on a group goal next week.
- · Be sure to track your activity and fruit and vegetable consumption.
- See you on (day) at (time)!

SESSION 2

Print, "I Can, I Will, I Must" cards for all participants (each participant receives one card)

Warm up: Brainstorm and decide on group name: (ex. Aged Avengers, Gladiators, etc.) while doing warm up exercises

8 full body exercises (follow class guide) – Discuss Nutrition Basics while class is completing the exercises.

Reminder: 2 counts up, 4 counts down, without weights for those who were previously sedentary (45 minutes).

We encourage the consumption of fruits and vegetables. Try replacing one sugary or salty snack with a cup of fruits or

 First week of class: you may feel sore in some muscle groups that you have not exercised lately. Be sure to keep moving. We encourage accumulating up to 30-minutes of walking this week as well as one day of practicing the class exercises on

 Have participants take home and fill out their first "I Can, I Will, I Must" cards. Encourage them to place them somewhere in their house that they will see it everyday (i.e. bathroom or bedroom mirror, front door, above the kitchen sink, etc.)





WIDE LEG SQUAT

SIDE HIP RAISE



STANDING LEG CURL



EXERCISE FLIP CHART





TOE STAND

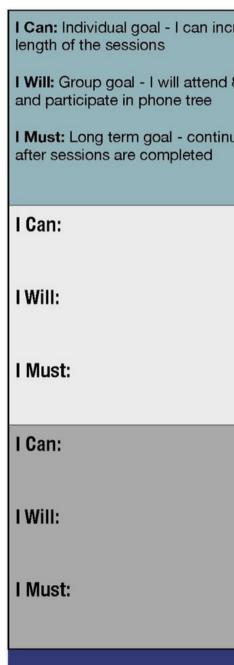




OVERHEAD PRESS

KNEE EXTENSION

BACK SCRATCH STRETCH





SEATED FIGURE FOUR

PYRAMID

HALF MOON

"I Can, I Will, I Must" Cards and Examples

crease my weights over the	I Can: short-term goal
80-90% of all sessions	I Will: Long term goal
nue seeing progress even	I Must: Positive or encouraging words to self (i.e. I must succeed, I must push myself a little harder, I must tell myself I can do it everyday, etc.)
	I Can:
	I Will:
	I Must:
	I Can:
	I Will:
	I Must:



Part IV: Evaluating + Sharing Impacts of LIFT





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Learning Objectives

 \checkmark

Assess functional fitness of participants.

Understand and communicate the importance of evaluation for participant compliance and program evolution.



Measure LIFT impacts.

Engage in shared use agreements for maintenance.



Functional Fitness Test	ing	Date:
First three letters of first name		
First three letters of last name		
Two digit month of your birth		
Two digit day of your birth		
First four letters of your county		
State Abbreviation		
Pre Program	Post Program	6 Month
Instructor		
Person completing assessment		
Exercise	Scoring	
Balance Station 1. Mountain Pose 2. Tandem Stand 3. One-Legged Stand 4. Tandem Stand w/ eyes closed 5. Tandem Stand w/ eyes closed & head turning 6. One-Legged Stand 30-Second Chair Stand Biceps Curl Arm (L) or (R): 2 Minute Step Test		Trial 2: Trial 2:
Chair-Sit-and-Reach Leg (L) or (R): Back Scratch	Trial 1: + Trial 1:	Trial 2: + Trial 2:
Top arm Leg (L) or (R): 8 Foot Up-and-Go Notes/modifications/injuries	- + Trial 1:	+ Trial 2:

15 minutes Group or individual

Functional Fitness Assessment



Data Management

Evaluation and tracking is imperative not just to keep records, yet self reporting allows for awareness and accountability for participants.



Pre-Program Surv of your name, last 4 digits of phone number County: ell us about you: ge: our Height: Feet Inches Your Weight: pounds Are you? □1 Male □₂ Female Do you consider yourself to be Hispanic or Latino? \Box_1 Yes \Box_2 No Please indicate which of the following best describes you (check all that apply □1 White or Caucasian D₂ Black or African American □₃ Asian □⁴ American Indian/Alaskan Native □ 5 Native Hawaiian or Other Pacific Islander □₆ Not sure □₇ Other: lave you participated in a Cooperative Extension program previously? □₁ Yes □₂ No Did you participate in the LIFT program previously? \square_1 Yes \square_2 No n general, compared to other persons your age, how would you rate your tremely healthy \Box_2 Somewhat healthy \Box_3 Not healthy \Box_4 Very Ithy D5 Don't know v were you recruited to the LIFT program? □₇ Family ewspaper \square_4 Friend line □₅ Extension Specialist □₈ Care Coordin □₆ Community Newsletter □ o Other

runctional Fitness Tes

First three letters of first name

First three letters of last name

Two digit month of your birth

Two digit day of your birth

First four letters of your county

State Abbreviation

Pre Program

Instructor

Person completing assessment

Exercise

Balance Station

- 1. Mountain Pose
- 2. Tandem Stand
- 3. One-Legged Stand
- 4. Tandem Stand w/ eyes closed
- Tandem Stand w/ eyes closed & head turning
- 6. One-Legged Stand w. eyes closed

30-Second Chair Stand

Biceps Curl

Arm (L) or (R):

2 Minute Step Test

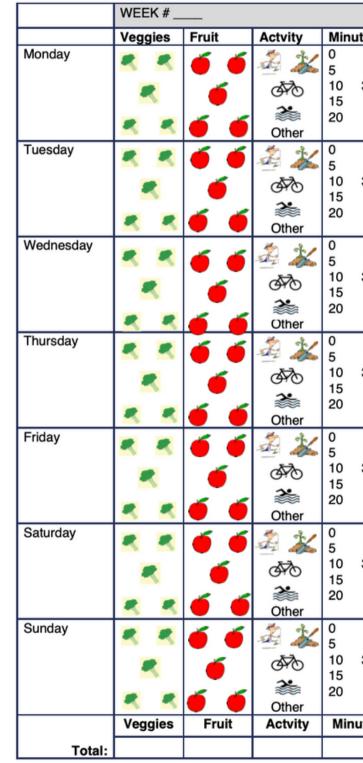
Sit-and-Reach

LIFT INDIVIDUAL LOG:

PHYSICAL ACTIVITY & FRUIT/VEGETABLE CONSUMPTION

Name:

Directions: every day, circle the minutes and type of physical activity as well as your servings of fruits and vegetables consumed. For example, if you biked for ten minutes you would circle 10 and the bike icon.



Data Management



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LIFT Leader:

Ites	Manufaa				
	Veggies	Fruit	Activity	Minutes	
25 30 30+	x x x x x x	6 6 6	view view view view Other	0 25 5 30 10 30+ 15 20	
25 30 30+	* *	 	کی کی کی Other	0 25 5 30 10 30+ 15 20	
25 30 30+	* * *	•••	దారి తారి యు Other	0 25 5 30 10 30+ 15 20	
25 30 30+	* * *	.	م م ک ک Other	0 25 5 30 10 30+ 15 20	
25 30 30+	* * *	• •	کی کی کی Other	0 25 5 30 10 30+ 15 20	
25 30 30+	* * *	• •	کی کی Other	0 25 5 30 10 30+ 15 20	
25 30 30+	* *	• • • • •	کی کی کی Other	0 25 5 30 10 30+ 15 20	
utes	Veggies	Fruit	Activity	Minutes	

Telling the full story Other relevant data





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April 2019 Volume 57 Number 2 Article # 2TOT1 Tools of the Trade

Beyond Evaluation: Using the RE-AIM Framework for Program **Planning in Extension**

Abstract

Extension professionals need to apply sound frameworks to program planning and evaluation in order to demonstrate strong population health impact and value. Pragmatic application of the RE-AIM (reach, effectiveness, adoption, implementation, maintenance) framework addresses the "who, what, when, where, how, and why" of a program's implementation. This article suggests pragmatic questions and example applications for each of the RE-AIM dimensions specifically for Extension professionals. This adapted RE-AIM tool can help Extension practitioners in all disciplines better plan and evaluate their programs and demonstrate the public value of Extension.

Keywords: RE-AIM, health, program planning, equity, public value

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The Cooperative Extension System has a long history of building community trust and responding to community needs (North Central Cooperative Extension Association, 2015; Rasmussen, 2002). In spite of its community ties and impacts on health behaviors, the system continues to function as one of the nation's "best kept secrets." This lack of recognition could be detrimental, as public perception of Extension and the measurable impact the system has on population health are tied to funding streams and decision making diana the colors and atmost one (Forenze 2014). We many Christian and Dillaren (0. Colorst 100C) To better

RE-AIM as a framework

RE-AIM helps to provide a frame work for the Reach, Effectiveness, Adoption, Implementation, and Maintenance of a program. We can then supplement specific measures to evaluate the programs we offer.

View LIFT through the lens of RE-AIM



LIFT is available for all aging adults, with a focus on expanding **REACH** of Extension Programs.



LIFT combines **EFFECTIVE** evidencebased behavior change strategies and best practices for exercise physiology.



Anyone who attends the 6 hour training, completes the action plan, and receives a training certificate can **ADOPT** LIFT.



LIFT adaptations must be reported in the process evaluation for strong **IMPLEMENTATION.**



RE-AIM for LIFT



Reach

How do I reach the targeted population?





Effectiveness

How do I know my program is effective?



Adoption

How do I develop organizational support to *deliver my intervention?*



Implementation

How do I ensure the intervention is being delivered correctly?



Maintenance

How do I incorporate the intervention so it is delivered over the long-term?





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Impact Statements

- Importance and Practice
- Why are they important?
- Two statements about each
- scenario that you can infer from the
- information provided.
- Two actionable steps to take to improve programming for each scenarios.

Scenario #1



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One instructor ran 3 LIFT programs - Winter. Spring, and Fall.

Between 10 to 15 participant in each session (20 unique participants).

All showed significant gains in strength and balance while most individuals showed positive positive gains in cardiovascular fitness as well.





Scenario #2

- Reaching 250 participants.
- 85% showed gains in Strength.
- - 60% showed gains in Balance.
 - 75% showed gains in Cardiovascular Strength.



Your state ran a total of 22 programs during the year.





Scenario #3

- Your state ran 50 programs of LIFT.
- That reached 300 unique participants.
 - 90% showed gains in Strength.
 - 10% showed gains in Aerobic fitness.
 - 25% showed gains in Balance.

5% showed gains in Flexibility.



Lifelong Improvements through Fitness Together

A team building program to prom physical activity in older ad



Resources

Start to explore the LIFT program website



Everything you need to get started

Recruitment language Social media prompts Training volunteers Evaluation

Explore

Scavenger Hunt:



Individual Goals

"I Can, I Will, I Must" Cards and Examples

I Can: Individual goal - I can increase my weights over the length of the sessions	I Can: short-term goal
I Will: Group goal - I will attend 80-90% of all sessions and participate in phone tree	I Will: Long term goal
I Must: Long term goal - continue seeing progress even after sessions are completed	I Must: Positive or encoura succeed, I must push myse myself I can do it everyday,
I Can:	I Can:
I Will:	I Will:
I Must:	I Must:
I Can:	I Can:
I Will:	I Will:
I Must:	I Must:



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raging words to self (i.e. I must self a little harder, I must tell y, etc.)

EXAMPLE GROUP GOALS FOR LIFT

Group goal setting is a powerful behavior change strategy. It allows individuals to identify where they are on their health journey, and where they can be at the end of the eight-week program.

As the LIFT facilitator, you can share strengths and weaknesses identified by the group and/or share information about recommendations (e.g., recommendations for aerobic exercise or fruits/vegetables).

Example:

Let's be S.M.A.R.T. about our goals. S.M.A.R.T. goals started in worksite settings, but have been applied to changing healthy behaviors. Since its inception in the 1980s, S.M.A.R.T. goals have stood for a number of things and have even been expanded to S.M.A.R.T.S. goals as well.

For LIFT, the acronym stands for:

- S Specific
- M Measurable
- A Attainable
- R Realistic
- T Time-bound
- S Shared

INDIVIDUAL GOALS

Instead of:

"I am going to be more active."

Consider changing to:

"I am currently doing about 10 minutes of walking per day, but I just learned I should be getting about 30 minutes of aerobic activity each day... and do two days of strength training. It seems a bit overwhelming to get to 30 minutes a day, right now."

"Each week, for the next four weeks, I will DOUBLE my walking time to 20 minutes of activity per day."

Set goals for your group. Remember to check in with these goals and adapt as needed.



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Group Goals

GROUP GOALS

Group Dynamics/Cohesion

- · Everyone remembers everyone's name by the end of the program.
- · Everyone shares a walk with at least five people in the group.
- Everyone attends at least 14 of the 16 sessions.

Fruits and Vegetables

- · Everyone consumes one more vegetable serving per day than currently eating.
- · Everyone eats at least one fruit and one vegetable serving per day.
- · Everyone eats the recommended fruits and vegetable servings, three days a week.
- Everyone eats the recommended fruits and vegetable servings every single day.

Cardio

- Everyone will try five new forms of cardio training.
- Everyone will work to raise their heart rate 20 beats per minute above their resting heart rate for five minutes daily.
- · Everyone will add one day of intense cardio a week, moving to the point where talking and moving together is challenging.

Strength Training

- Each person will increase their arm weights during the 16 sessions.
- · Each person will increase their muscle controlled range of motion (no momentum) in their legs.
- Each person will include core strength while using weights.

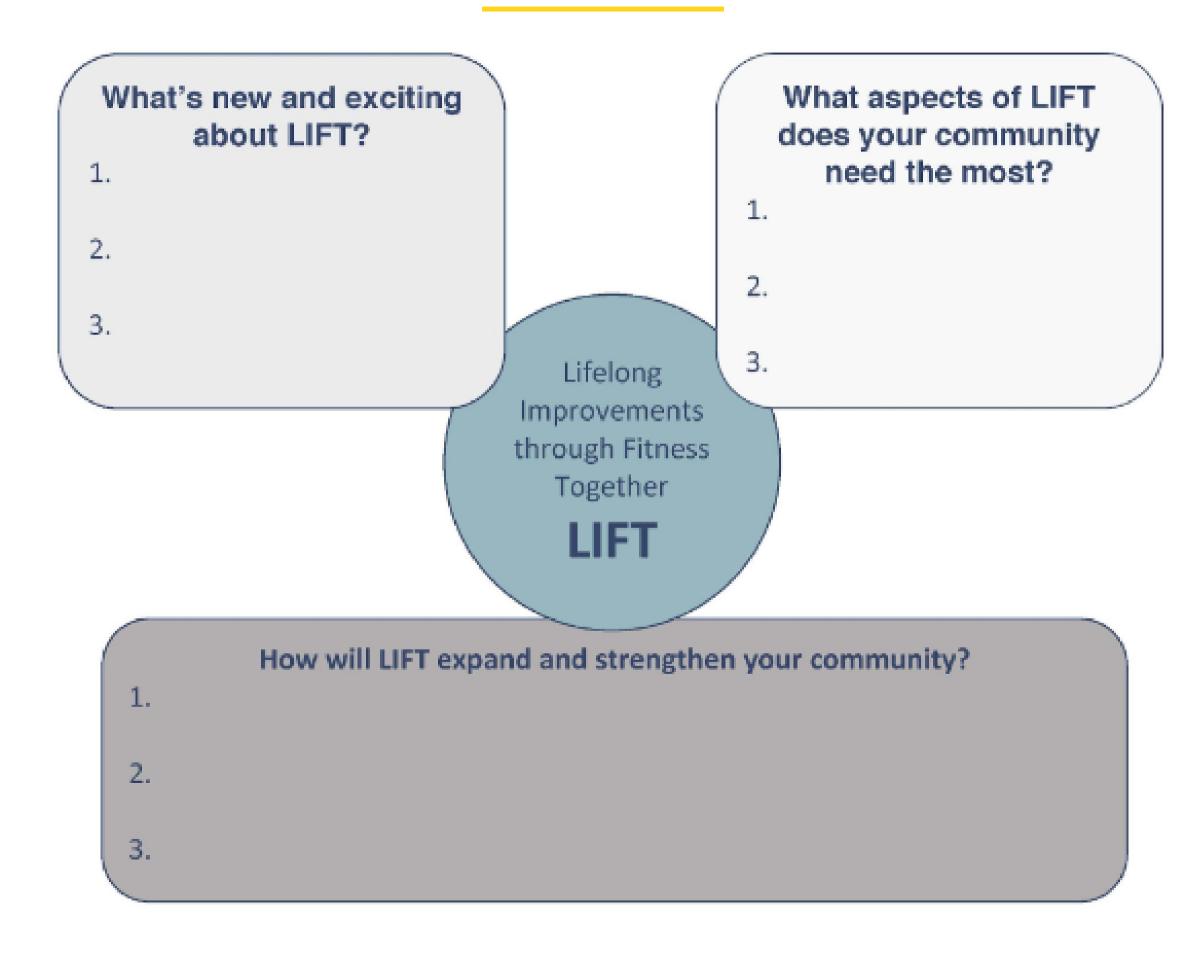
Set goals for your group. Remember to check in with these goals and adapt as needed.



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Group Goals

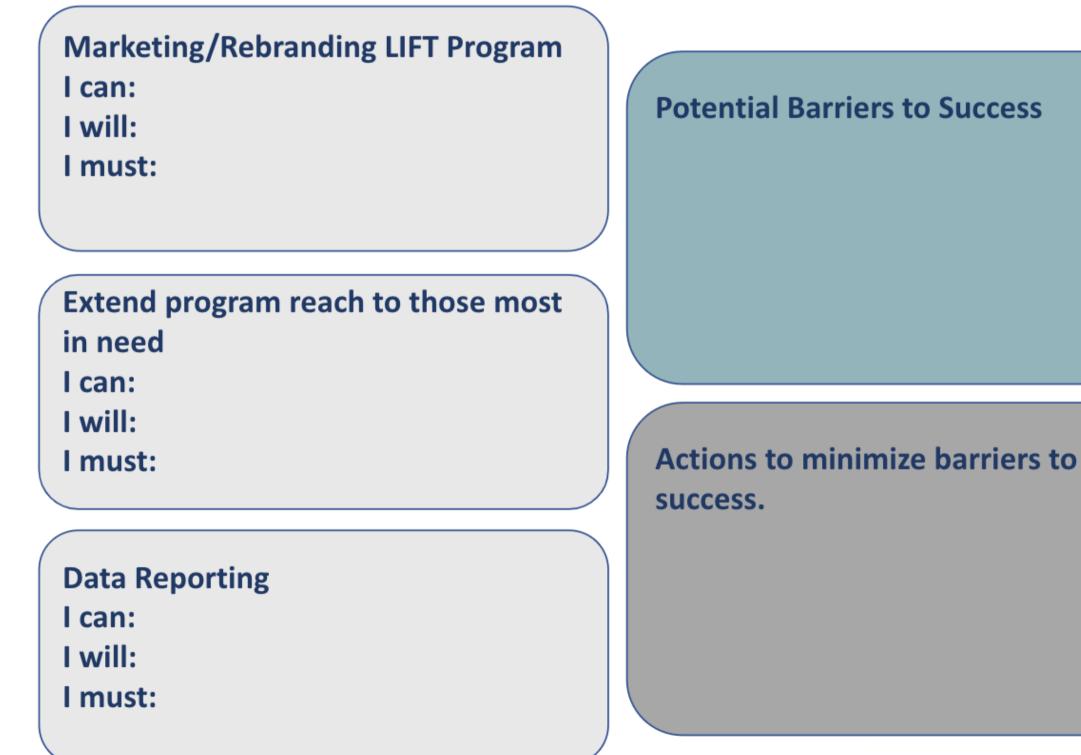
Reflection





Program Delivery Action Items

Set yourself up to succeed with LIFT in your community!







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Wrap Up + What's Next







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