

TELEPHONE

Fitness Interventions

A Sound Investment.

Getting fit by phone
is sound in theory...
and in practice.

By Melissa Welker, MEd, BS, LSW

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the specific and unique needs of the participant.”***

When Alexander Graham Bell first spoke these words into the telephone, “Watson, come quick, I need you!” he probably never guessed (well, he might have; he’d just invented the telephone) that the same tool would be used to get people up and out of their seats with the urgency of Watson (who was just next door). While the telephone may seem old-fashioned by today’s standard of communications—think email and chat rooms—it’s still the next best thing to being there. Using Telephone Intervention (TI) to provide fitness counseling and motivation has a proven track record in enabling those without the resources to begin to walk the walk (after the talk!).

Despite the convenience of onsite fitness centers and other physical activity programs, some employees may just never be able to participate. There will always be a segment of the employee population that, due to the hours of operation, geographic barriers, choices of programming, outside commitments, as well as a personal lack of knowledge or motivation on the part of the employee, will keep missing the opportunity to take part. There are also some individuals who may think they are not physically fit enough to “fit in” and feel uncomfortable setting foot in an onsite fitness program. How can wellness promotion leaders effectively reach these individuals and continue to encourage and promote physical activity without overstepping their boundaries?

Drop A Dime

One such avenue is the use of Telephonic Intervention. This type of medium works

well when made available to persons who demonstrate increased health risks and/or diseases; it provides the education, motivation, and empowerment necessary to mobilize people of all fitness levels. For many people, especially those who are at high risk, TI is an appropriate alternative to the onsite fitness center or related programs.

An effective TI for employees who do not utilize onsite fitness centers or programs must be flexible enough to be customized to meet the specific and unique needs of the participant. Potential participants have often already demonstrated that they either are not motivated on their own or have other extenuating circumstances that are preventing participation in the onsite programming. The TI must be able to help the participant identify and understand these factors, and develop a plan for addressing them.

My People Will Call Your People

Ideally, the TI provider will match each participant with a personal health advisor. Over the course of the program, which typically runs from six months to a year, the participant and the health advisor should build a relationship in which the health advisor serves as a mentor. The health advisor should provide motivation and support during each session. He or she should also provide direction and reinforcement when the participant appears to be losing sight of his or her goals and objectives.

The most effective TIs are those that provide pre-scheduled, outbound (they

call you) sessions to participants. Participants will know when to expect an advising session, but do not have to be responsible for initiating the call. This also allows the health advisors to schedule their time accordingly and to ensure that the participant speaks with the same health advisor during each session.

The health advisor should discuss and educate the participant on various areas of physical activity. The health advisor may focus on the importance of aerobic versus anaerobic exercise, target heart rate, stretching, and other need-to-know information. Throughout the program, the health advisor should continue to assist the individual in establishing goals and provide advising information on lifestyle changes that support physical activity. The advisor should also recommend services available at the worksite or in the community in an effort to integrate and build a support network for the participant.

“Please, Check Your Numbers...and Dial Again!”

Well-developed TIs also have uses beyond encouraging physical activity in a population. These programs can facilitate follow-through, provide motivation, and target preventive efforts toward many lifestyle behaviors and disease risk factors. Like with physical activity, the participant should be assigned to an individual health advisor who provides monitoring and guidance and helps the individual reduce health risks and diseases such as obesity, smoking, high cholesterol, diabetes, and hypertension.

In using a TI for risk reduction, employ-

ees generally must meet eligibility criteria to participate. The client and the provider should work together to develop this criteria. Sources that can be used to identify good candidates include health screenings, Health Risk Assessments, and medical care claims data. Enrollment in these programs is generally offered through a call placed by the health advisor. In this call the health advisor reviews the individual's data, explains why she or he is eligible for the program, and provides reassurance of the program's confidentiality.

The health advisor should discuss basic information with participants to become most effectively familiarized with their needs. For instance, the participant's learning style, level of social support, geographic location and demographics should be discussed and considered in the advisor's approach to behavior change. The health advisor should also assess the individual's readiness to change for the various behaviors under consideration for change. These individualized factors should be used to determine the most effective counseling strategy. This provides for a personalized understanding of the individual, their health risks, their needs, and the most efficient and effective way to assist them in reducing or controlling their health risks. Participants progress through learning, internalizing the knowledge, and following through with specific behavioral changes.

During each intervention session, the health advisor should establish a rapport with the participant, functioning as a mentor, monitor, and source of support. Together, the advisor and the participant should mutually agree upon behavior change goals specific to needs, risks, learning style, and the level of readiness of the participant. Outcomes should be measured during each interaction, and adjustments made when the desired results are not being achieved. Throughout the program, the health advisor should assist the individual in establishing goals,

provide information on appropriate clinical, lifestyle, or other necessary behavioral changes, monitor health issues, and recommend additional services as appropriate. The most sophisticated programs utilize specialized software to facilitate this process and to collect participation and outcomes data.

DO IT'S RING TRUE?

Case Study

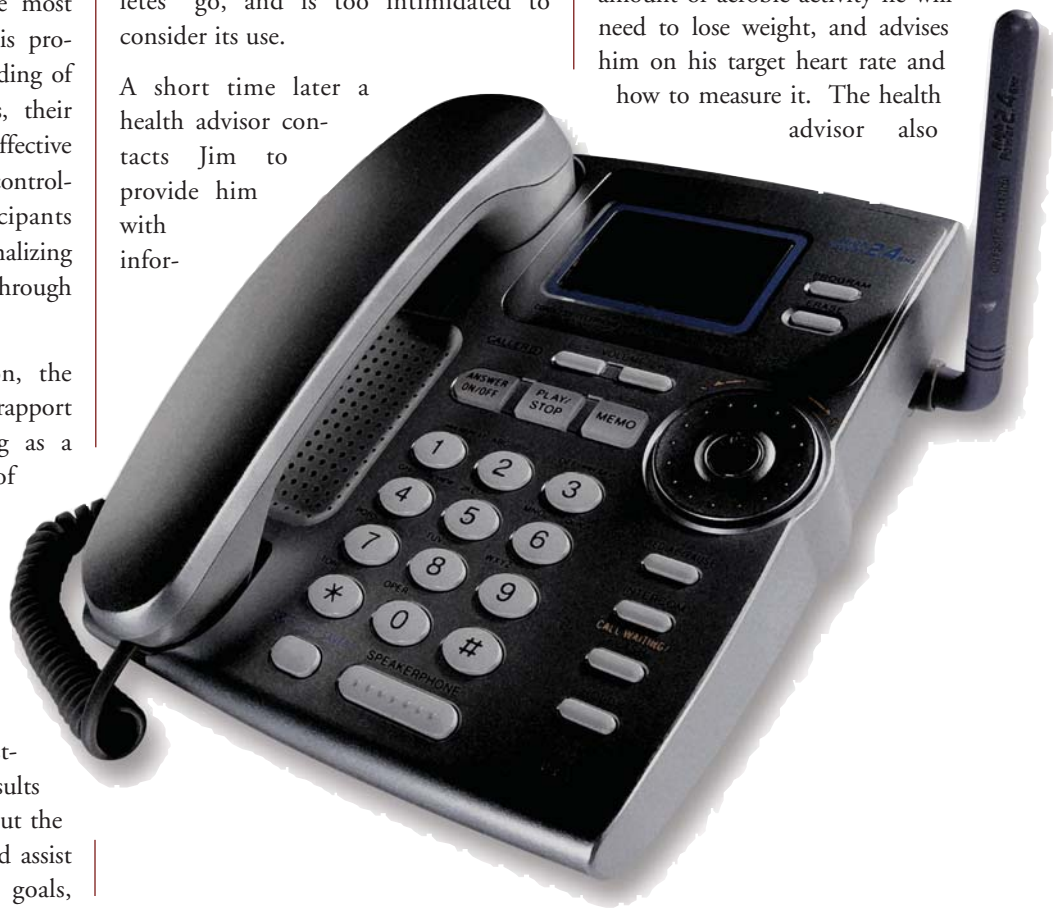
"Jim," a 43-year-old male, completes a Health Risk Appraisal and consent form at the annual company Health Fair. It is determined that Jim's health risks include a lack of physical activity and being overweight. Results indicate that he is eligible to take advantage of the telephonic health intervention program. Jim is also provided information on the company fitness center. Jim has a family and prefers to go home right after work. As a result, he generally skips his lunch break, working through it while eating, thereby allowing himself to go home at a reasonable hour. Furthermore, he perceives the fitness center to be a place where only the "athletes" go, and is too intimidated to consider its use.

A short time later a health advisor contacts Jim to provide him with infor-

mation about the telephonic program. Jim decides to enroll in the program because it is free, confidential, and convenient for him. His health advisor sets up a date and time to call him for his initial advising session.

During the initial advising session, the health advisor verifies Jim's potential health risks and assesses his readiness to change for his most prominent risk areas: physical activity and weight management. Jim is 6 feet, 1 inch tall and currently weighs 232 pounds. His BMI indicates that he should lose about 20 pounds, and he expresses an interest in increasing his muscle tone. Jim indicates that he has strong social support, that he owns a treadmill and a bicycle, and that he occasionally bikes with his family. Currently, Jim's exercise routine consists of riding his bike for about 5 miles on the weekends, and he sometimes utilizes his treadmill during the winter months. He considers mowing his lawn as exercise, as he uses a push mower across his .5 acres, getting his heart rate up.

The health advisor educates Jim on the amount of aerobic activity he will need to lose weight, and advises him on his target heart rate and how to measure it. The health advisor also



discusses the importance of a warm up, stretching, and a cool down. Jim's wife enjoys walking nearly every night and he has made a commitment to walk with her 3 times each week in addition to his weekend bike riding. The health advisor provides written materials to assist Jim in preparing to improve his exercise routine, as Jim was determined to be a visual learner. Jim's goal is to walk 3 times each week with his wife for 30 minutes and to bike ride for 2 hours during the weekend.

During the secondary advising call, the health advisor reviews Jim's previous goal. Jim has achieved his goal successfully and would like to continue his improvement of his exercise program so that the good habit is fully developed. The health advisor encourages Jim to visually track his exercise progress on a calendar. Jim also plans to weigh himself and compare his results to his initial HRA weight. Finally, the health advisor discusses proper hydration with Jim due to increased activity, and toning exercises that he can do without the use of equipment.

Jim reports during the third advising call that he has lost a total of 6 pounds, bringing his current weight down to 226 pounds. Jim tells his advisor that he has been continuing to walk 3 times each week for 30 minutes and that he rides his bike for 60 minutes during the weekend. He has also been consistent with his toning exercises. The health advisor discusses the benefits of increasing the duration of walking to 45

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minutes and the potential of incorporating some strength training at the fitness center in the future. Jim's goal is to strive to follow a low fat, balanced diet and to increase the duration of physical activity.

Jim's subsequent advising sessions consist of monitoring progress, revisiting goals and commitment to improvement, and eventually maintenance. By the time Jim completes the program he has begun to view his success as his reward, and is empowered to stay on a healthy course.

Please Stay

ABOUT THE

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On The Line

Jim's story is not uncommon, yet he may never have begun to perform physical activity or to make other lifestyle changes if a traditional fitness program were the only available option. By providing an option that fit his schedule, void of intimidating situations, and personalized to meet his needs, Jim was able to effectively incorporate fitness and healthy eating into his daily routine. The telephonic support

from his health advisor helped Jim achieve his goals, potentially preventing illness or injury by reducing risks.

Everyone is different and thus many modalities are needed to change the physical activity and other lifestyle behaviors of the workforce. Traditional programs reach a certain constituency, and that is of significant value. However, to have deeper market penetration and to potentially reach the proverbial 20% spending 80% of the health care dollars, other approaches may be necessary. TI could be the answer to reaching the fitness "wall flowers." ★