A TELEPHONE-COUNSELING INTERVENTION TO INCREASE PHYSICAL ACTIVITY AMONG FEMALE SPOUSE CAREGIVERS OF PEOPLE WITH DEMENTIA

Cathleen M Connell
Mary R. Janevic
Margaret L. Hudson

Department of Health Behavior & Health Education
School of Public Health
University of Michigan
Program Rationale

- Caregiving negatively impacts health-enhancing behaviors

- Physical activity is critical for optimal functioning in older adulthood

- Regular exercise may be especially beneficial for caregivers

- Regular exercise as appropriate self-care
The Health First Study

- Study design
- Participants
- Format
- Curriculum
## Sample Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total sample (N=137)</th>
<th>Intervention group (N=74)</th>
<th>Control group (N=63)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (range 40-87)</td>
<td>66.8</td>
<td>66.0</td>
<td>67.7</td>
</tr>
<tr>
<td>College degree(^)</td>
<td>24.1%</td>
<td>29.7%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Race (% White)</td>
<td>92.7%</td>
<td>91.9%</td>
<td>93.7%</td>
</tr>
<tr>
<td>Employed</td>
<td>21.9%</td>
<td>18.9%</td>
<td>25.4%</td>
</tr>
</tbody>
</table>

Note: \(^\)Between-group difference p<.10
Exploring program effects

∙ What are the post-intervention effects of *Health First* on exercise attitudes and behavior and psychological distress and burden?

∙ Multiple regression models controlling for age, objective burden, and number of chronic health conditions.
Results

Exercise attitudes and behavior

- Increased total weekly exercise
- Increased self-efficacy for exercise

Psychological distress and burden

- Decreased perceived stress
- Decreased depressive symptoms
- No significant program effects on caregiving burden
Conclusions

- A telephone-based exercise program increased weekly exercise and self-efficacy for exercise, while decreasing psychological distress.
- An exercise program might be added to a “menu” of services offered to caregivers.
- Implementation of the program is feasible and cost-effective and may be replicated in a community setting.
- Expansion of this program could be developed for other groups of caregivers and/or other self-care domains.
Biostatistics Core

- Patient database
  - Cognitive Disorders Clinic
  - Northern Michigan Satellite Clinic
  - Detroit Satellite Clinic
- Access to minimal caregiver data
- Access to patient data
- Statistical expertise
Clinical Core

- Recruitment
- Interpretation of patient data
Education Core

- Dementia outreach activities
- Collaboration with local chapter
- Space and proximity to colleagues with expertise in social and behavioral sciences
Challenges

- Recruitment via a patient database
  - Accurate and updated records
  - MADRC as source of communication
  - Need to incorporate community-based recruitment strategies

- Limitations to clinical patient data

- Cap on project budget

- Benefits of Caregiver Core