



Evidence-Based Community Programs

Help Your Patients Take Charge

Active Living Every Day (ALED)

ALED is a series of group classes designed to help people learn strategies for becoming and staying physically active. The program was developed by researchers at The Cooper Institute, a nonprofit preventive medicine research and education organization. ALED can increase physical activity levels, improve cardiovascular fitness, and reduce stress and depressive symptoms.

Encourage your patients to sign up for the program at a location nearby.

Who is it for?

- ALED is designed for sedentary adults who want to increase their physical activity levels.
- It has been studied for people with arthritis and other chronic diseases.
- ALED is appropriate for older adults.

How is it conducted?

- ALED meets for hour-long weekly sessions in groups of up to 20 people. Most ALED programs last 12 weeks; some organizations offer 20-week programs.
- ALED participants learn behavioral skills to help overcome barriers to exercise and develop a plan for incorporating physical activity into their daily lives. In group discussions, they explore topics such as setting goals, creating an action plan, and managing their time.
- Participants use what they learn in the group discussions and educational materials to make personal decisions about the type, frequency, intensity, and amount of physical activity suitable for them.
- Participants do their exercises on their own, outside the group setting. Online tools and resources are available for them to track their progress.

What are the qualifications of the instructors?

- There is one facilitator per workshop.
- ALED facilitators are required to complete online preparatory courses and a 2-day Web-based or in-person training. They must also pass a competency exam.

What are the benefits?

- Evidence suggests that ALED can be as effective as a structured exercise program in increasing physical activity levels, reducing body mass index (BMI), and improving cardiovascular fitness. Participants also report feeling less depressed and less stressed.¹⁻³
- In preliminary research, ALED participants with arthritis report increased physical activity and physical function after completing the course, with no safety concerns.²⁻⁴
- No safety concerns have been reported in the literature.¹⁻⁵
- People with arthritis identified the social support of the group setting and the opportunity to engage in low-impact activities in a step-by-step fashion as important features of ALED.⁵

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Wilcox S, Dowda M, Leviton LC, et al. (2008)	4-year pre-post quasi-experimental design Evaluation of 6-month telephone-based Active Choices and 20-week ALED	2,503 Active Choices participants 3,388 ALED participants Ethnically and economically diverse sample representing range of conditions among older adults	Outcomes for both programs: ↑ moderate-to-vigorous physical activity, total physical activity ↑ satisfaction with body appearance and function ↓ body mass index ↓ depression, stress over time with ALED
Baruth M, Wilcox S. (2011)	4-year pre-post quasi-experimental design to evaluate Active Choices and 20-week ALED Analysis of physical activity outcomes to examine differences in participants with and without arthritis	2,503 Active Choices participants 3,388 ALED participants; 619 completed at least one functional fitness test	Improvements in physical activity and related outcomes for both programs in patients with and without arthritis Outcomes for ALED only: ↓ depression ↓ perceived stress No adverse effects reported
Wilcox S, Dowda M, Wegley S, et al. (2009)	pre-post quasi-experimental design to evaluate Active Choices and 12- or 20-week ALED Analysis of outcomes at 12 weeks, 20 weeks, and 6 months post-completion	368 Active Choices participants 2,151 ALED participants All participants were aged 50 or older and sedentary or underactive	Improvements sustained at 6 months for Active Choices and 12-week ALED: ↑ physical activity ↑ satisfaction with physical function ↓ BMI For 20-week ALED, improvements declined at 6 months but remained above baseline
Callahan L, Cleveland R, Shreffler R, et al. (2014)	RCT of 20-week ALED and using wait list control group Followup with ALED group at 6 and 12 months	354 adults with arthritis	Outcomes at 20 weeks: ↑ physical activity and aerobic endurance No change in pain, fatigue, stiffness Outcomes at 6 and 12 months: Improved physical activity maintained ↓ stiffness No exacerbation of disease symptoms

Selected References

- Wilcox S, Dowda M, Leviton LC, et al. Active for Life: final results from the translation of two physical activity programs. *American Journal of Preventive Medicine*. 2008;35(4):340–351.
- Baruth M, Wilcox S. Effectiveness of two evidence-based programs in participants with arthritis: findings from the Active for Life initiative. *Arthritis Care & Research*. 2011;63(7):1038–1047.
- Wilcox S, Dowda M, Wegley S, et al. Maintenance of change in the Active-for-Life initiative. *American Journal of Preventive Medicine*. 2009;37(6):501-504.
- Callahan L, Cleveland R, Shreffler R, et al. Evaluation of Active Living Every Day in adults with arthritis. *Journal of Physical Activity & Health*. 2014; 11(2), 285–295.
- Callahan LF, Schoster B, Hootman J, et al. Modifications to the Active Living Every Day (ALED) course for adults with arthritis. *Preventing Chronic Disease*. 2007;4(3):A58.

Fees and Location

ALED is a low-cost program. Fees per session may vary by location. Check www.apta.org/Arthritis to find current locations.

For More Information

Active Living Partners
www.activeliving.info

Centers for Disease Control and Prevention
www.cdc.gov/arthritis/interventions.htm