

Behavioral and Social Approaches to Increase Physical Activity: Individually-Adapted Health Behavior Change Programs

Task Force Finding

Intervention Definition

Individually-adapted health behavior change programs are tailored to the individual's specific interests, preferences, and readiness for change. These programs teach participants the behavioral skills needed to incorporate moderate-intensity physical activity into daily routines. Behaviors may be planned (e.g., a daily scheduled walk) or unplanned (e.g., using the stairs when the opportunity arises). Many of these interventions use constructs from one or more established health behavior change models (e.g., Social Cognitive Theory, the Health Belief Model, or the Transtheoretical Model of Change). All programs reviewed incorporated the following set of skills: (1) setting goals for physical activity and self-monitoring of progress toward goals, (2) building social support for new behavioral patterns, (3) behavioral reinforcement through self-reward and positive self-talk, (4) structured problem-solving geared to maintaining the behavior change, and (5) prevention of relapse into sedentary behaviors. All of the interventions evaluated were delivered either in group settings or by mail, telephone, or directed media.

Task Force Finding (February 2001)*

Individually-adapted health behavior change programs are strongly recommended because of their effectiveness in increasing physical activity and improving physical fitness among adults and children. Other positive effects include decreases in weight and percentage of body fat and increases in flexibility, strength, and cognitive effects related to physical activity.

*From the following publication:

Task Force on Community Preventive Services. Recommendations to increase physical activity in communities. *Am J Prev Med* 2002;22 (4S):67-72.

Publications

Kahn EB, Ramsey LT, Brownson R, et al. The effectiveness of interventions to increase physical activity: a systematic review. *Am J Prev Med* 2002;22(4S):73-107.

Task Force on Community Preventive Services. Recommendations to increase physical activity in communities. *Am J Prev Med* 2002;22 (4S):67-72.

CDC. [Increasing physical activity. A report on recommendations of the Task Force on Community Preventive Services](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5018a1.htm) [www.cdc.gov/mmwr/preview/mmwrhtml/rr5018a1.htm]. *MMWR* 2001;50 (RR-18):1-16.

Task Force on Community Preventive Services. Physical activity. In: Zaza S, Briss PA, Harris KW, eds. *The Guide to Community Preventive Services: What Works to Promote Health?* Atlanta (GA): Oxford University Press;2005:80-113 (Out of Print).

Disclaimer

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they

provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

Document last updated March 11, 2014

Suggested citation:

The Community Preventive Service Task Force (CPSTF). *Behavioral and Social Approaches to Increase Physical Activity: Individually-Adapted Health Behavior Change Programs*. The Community Guide [www.thecommunityguide.org]. The Community Preventive Service Task Force, Atlanta, Georgia, 2001. <https://doi.org/10.15620/cdc/168565>