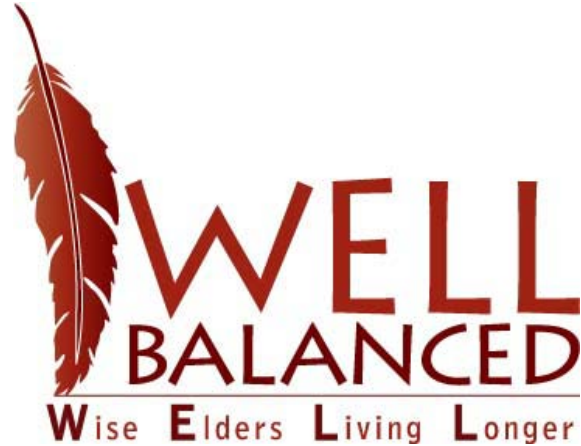


WELL Balanced Pilot Program

Overview

WELL-Balanced is a community intervention program for Native elders. It is designed to improve movement, encourage exercise, and help elders reduce their risk of falling. The 16 session (8 week) course is led by volunteer coaches and includes a home safety check, fall risk screening, and a home program for use after the course is completed.



Wise Elders Living Longer was developed by the National Resource Center on Native American Aging (NRCNAA) in conjunction with the University of North Dakota Wellness Center. Focus areas were derived from *Identifying our Needs: A Survey of Elders*, which is made available every 3 years by the NRCNAA. The survey looks at health status, chronic disease, functional limitation, access to healthcare, health risk factors, home and community based services, housing and social interaction of American Indian, Alaska Native and Native Hawaiian elders. Thus far over 300 Native tribes, homelands, villages and consortia have participated.

WELL-Balanced educational materials are based on experimental evidence for fall prevention and cognitive behavioral approaches to motivation and adherence to exercise programs. It includes evidenced based education, health promotion activities, and group movement (with adaptation for individuals with diabetes, arthritis, and hypertension).

Key Objectives

- Improve Movement
- Encourage Exercise
- Build Confidence
- HAVE FUN

Pilot Site Requirements

- 2 volunteers for each location (you can have more, but 2 are required)
- Elders
- Space for 10 to 12 elders to move around
- Completed application

NRCNAA Will Provide

- Training for volunteer instructors (including transportation and hotel if necessary)
- Publicity (sample press release, pamphlets, and posters)
- All necessary supplies (handouts, name tags, stability balls, resistance bands, etc)
- Assistance throughout the project (problem solving and guidance)

Since this is a pilot program we will be asking for student and instructor feedback about the sessions. We want to know what you think works and hear your suggestions on changes to make the program better. Once the pilot programs are completed we will make revisions based on your evaluations. When the program is completely updated it will be available to anyone who wants to use it. We hope to have not only a written manual but DVDs and an online version to choose from.

We do not have a set schedule for our instructor training sessions yet. Some will be here at the University of North Dakota Wellness Center and some will be scheduled at individual sites. As soon as we have pilot sites set we will begin scheduling the training.

If you have any questions, please feel free to call us at (800) 777-5382 or email us at nrcnaa@medicine.nodak.edu. If you would like to be a pilot site, please fill out the attached application and email or mail it to us at:

National Resource Center on Native American Aging
Center for Rural Health
UND School of Medicine, Room 4535
501 North Columbia Road, Stop 9037
Grand Forks, North Dakota 58202-9037



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WELL-Balanced Pilot Site Application

Name: _____

Organization/Tribe: _____

Mailing Address: _____

Phone: _____ Email: _____

Community(s) where project will occur:

1. Please tell us why your tribe, Alaska Village or Hawaiian Homestead would be a good choice to pilot this project:

2. Please tell us about your geographical area?

3. What is the population you hope to reach in your community with this program?

4. Should we be aware of any special customs or traditions about exercising?

You need 2 coaches for every 12 participants. If you have some volunteers arranged, please enter their names here.

Name of Volunteer Coach (#1): _____

Telephone: _____

Fax: _____

E-mail: _____

Signature: _____

Date

Name of Volunteer Coach (#2): _____

Telephone: _____

Fax: _____

E-mail: _____

Signature: _____

Date

Name of Volunteer Coach (#3): _____

Telephone: _____

Fax: _____

E-mail: _____

Signature: _____

Date

Name of Volunteer Coach (#4): _____

Telephone: _____

Fax: _____

E-mail: _____

Signature: _____

Date

Signature _____ Date _____

For office use only

Approved Not Approved Reason: _____

NRCNAA Staff Member _____ Date _____

We will contact you with our decision as soon as possible. When you are approved we will arrange for leader training and go over the details of the program. If you have any questions in the meantime, feel free to call or email us. Thank you for volunteering to pilot this program.