Stand Up for Your Health

Participant Guide

STAND UP For Your Health

wiha Wisconsin Institute for Healthy Aging

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Welcome to Stand Up for Your Health!

Thank you for participating in the Stand Up for Your Health workshop. During this workshop, you will learn more about why sitting too much is bad for your health and discuss strategies to reduce your sitting time. We will work together as a group towards a goal of standing up and moving more!

This guide contains all the materials you will use over the course of this workshop and beyond. There are informational handouts, logs, and worksheets. Some of the sheets in this guide will be turned in to your facilitator, but most of this guide will be yours to keep!

As you move through your group discussions, your workshop facilitator will let you know when you will need to refer to the guide. Therefore, it is important for you to **bring this guide to every session of the workshop**. The materials inside will reinforce the information we learn and provide visual references to what we discuss during the workshop.

Bring your guide along and enjoy standing up and moving more! We are happy to have you with us.

STAND UP
For Your Health

Session 1

Sedentary Behavior (Before)

While you fill out this worksheet, please think about the activities you did YESTERDAY while **<u>sitting or lying down throughout the day</u>**, only while you were **awake**.

For each of the activities, just count the time when this was your **main** activity. If you were multi-tasking, such as watching TV while doing a crossword puzzle, count it as TV time **or** crossword time, but not as both. Then, **add up the time from each activity (items #1-11) and write in the sum of total sitting time in the big box at the bottom.**

*Yesterday during the morning, afternoon, and evening, how much time in total did you spend **sitting or lying down while…***

SEDENTARY ACTIVITY	TIME
1. Watching television, videos, or DVDs	_____ hours _____ minutes
2. Reading	_____ hours _____ minutes
3. Using the computer, internet, tablet	_____ hours _____ minutes
4. Socializing with friends/family	_____ hours _____ minutes
5. Driving/riding in a car or on public transportation	_____ hours _____ minutes
6. Doing hobbies (e.g., crafts, puzzles)	_____ hours _____ minutes
7. Eating meals, snacks	_____ hours _____ minutes
8. Doing chores (e.g., paying bills)	_____ hours _____ minutes
9. Taking classes	_____ hours _____ minutes
10. Going to appointments, meetings	_____ hours _____ minutes
11. Doing other activities	_____ hours _____ minutes

TOTAL SEDENTARY TIME = (add items #1-11)

_____ hours _____ minutes

Activity Spectrum

Sedentary Behavior

Example:
Laying down
Sitting in a chair

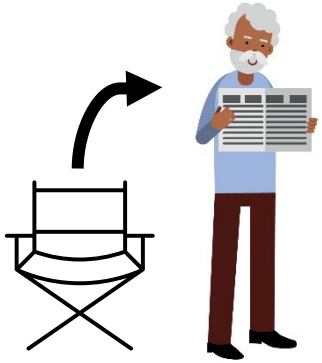
Standing

Also: movements of daily living such as getting dressed, walking across a room, folding laundry

Physical Activity (or exercise)

Example:
Walking
Biking
Dancing
Lifting weights

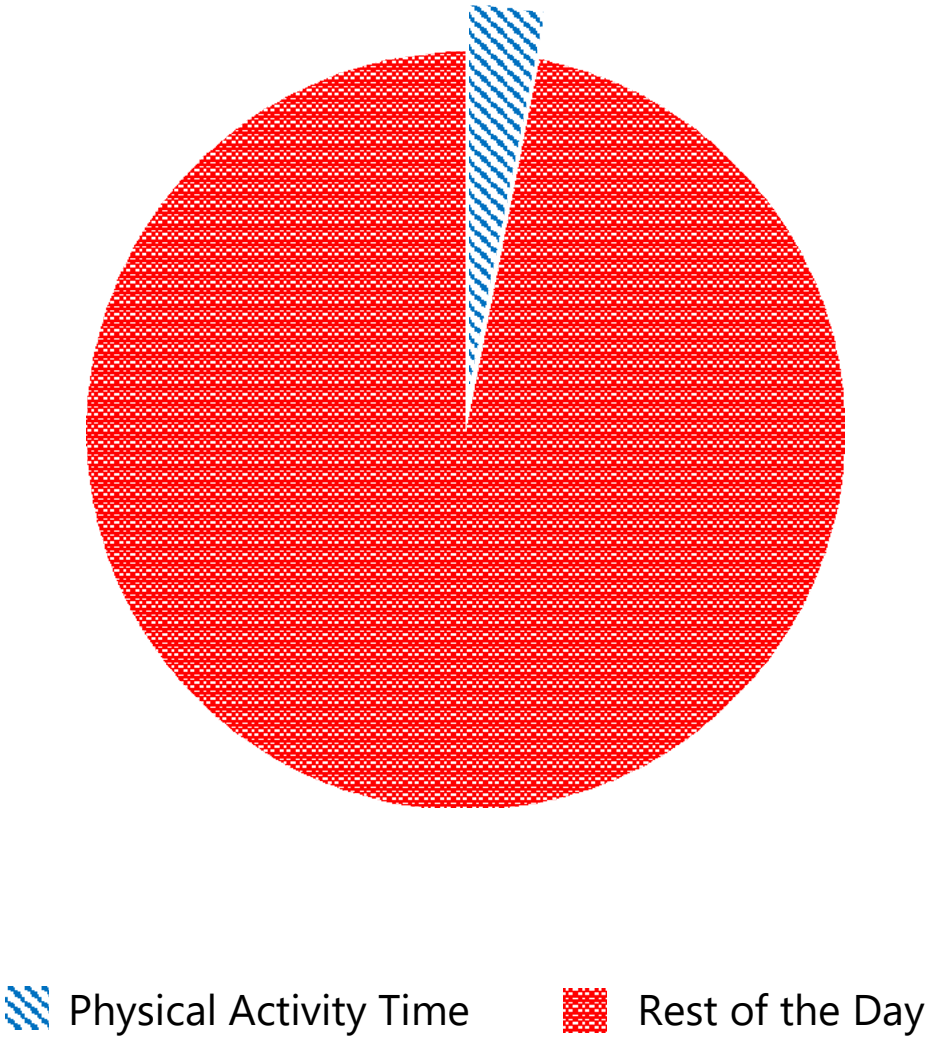
People over 65 spend most of their waking hours in sedentary activities.



The current physical activity recommendation for older adults is 150 minutes per week of moderate intensity activity. This is the equivalent of a brisk 30 minute walk 5 days per week.[1]

[1] Piercy K L et al., *JAMA*. 2018; 320(19):2020-2028.

Pie Chart of a 24-Hour Day



This chart shows us that only a small slice of our day is spent being physically active. This means we have lots of opportunities to stand instead of sitting all the time during the rest of the day.

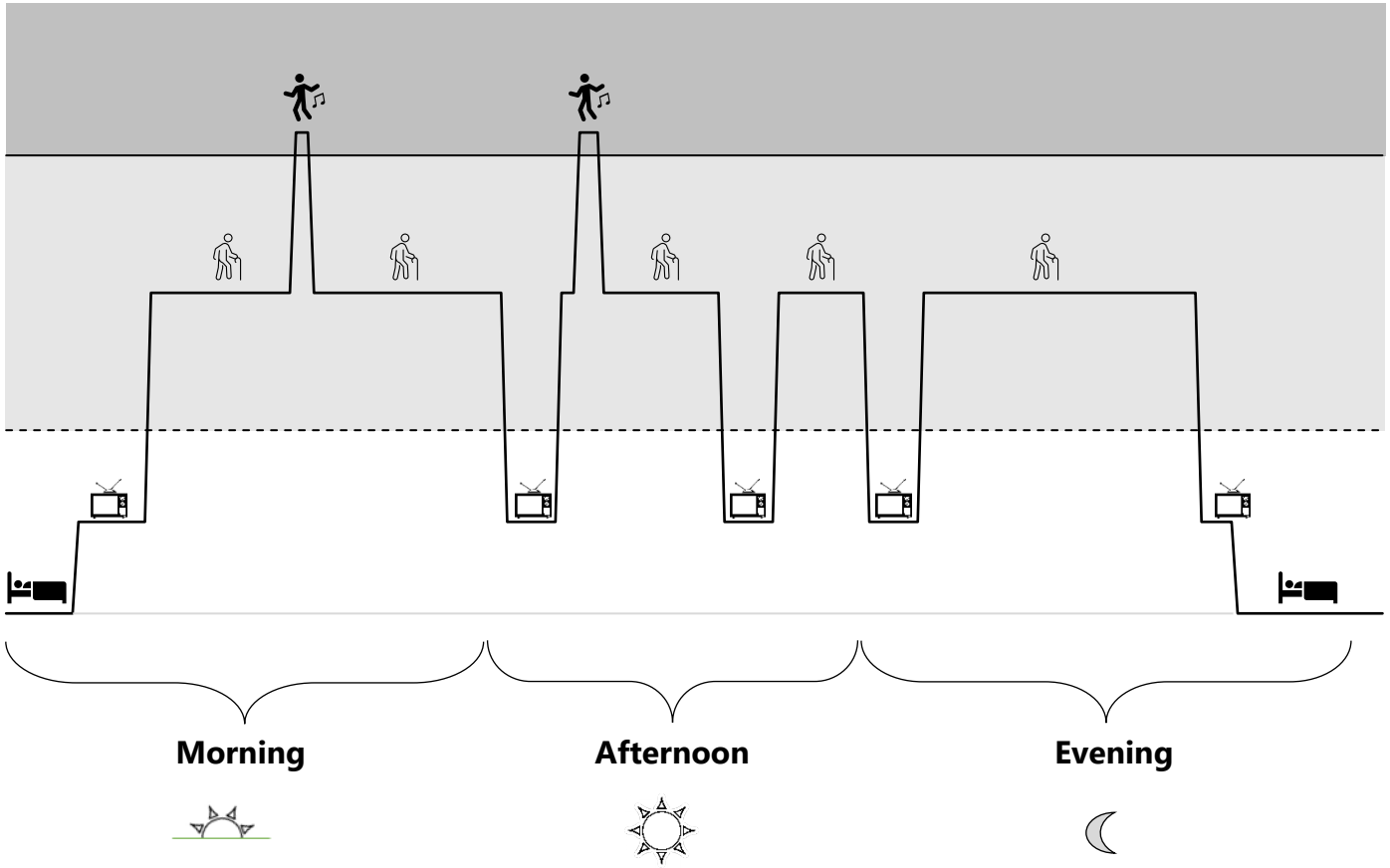
What ideal looks like: Light activity throughout the day

Let's look at activities we do over the course of one day. Follow the line to see what type of activities this person is doing from when they wake up until they go to bed.

Exercise Activities
(brisk walking, dancing, heavy gardening, etc.)

Light Activities
(standing, household chores, etc.)

Seated Activities
(watching TV, reading, eating, etc.)



As you can see, this individual spent most of their day doing light activities (lighter grey bar) with some exercise activities (darker grey bar). They spent very little time in seated activities (white bar). This is ideal!

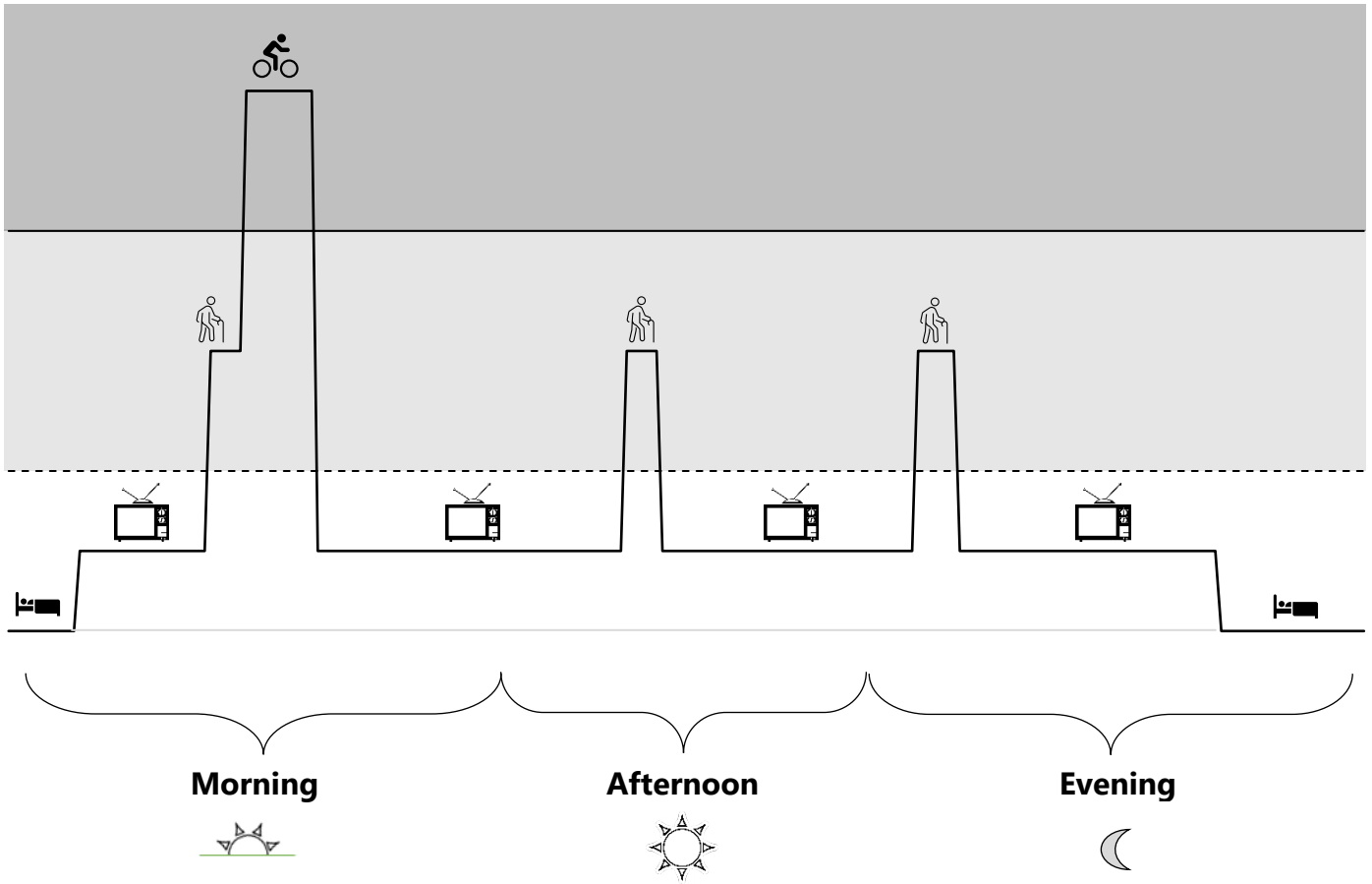
Not ideal situation: Active Couch Potato
(someone who exercises but sits most of the day)

Let's look at activities we do over the course of one day. Follow the line to see what type of activities this person is doing from when they wake up until they go to bed.

Exercise Activities
(brisk walking, bicycling, swimming, etc.)

Light Activities
(standing, household chores, etc.)

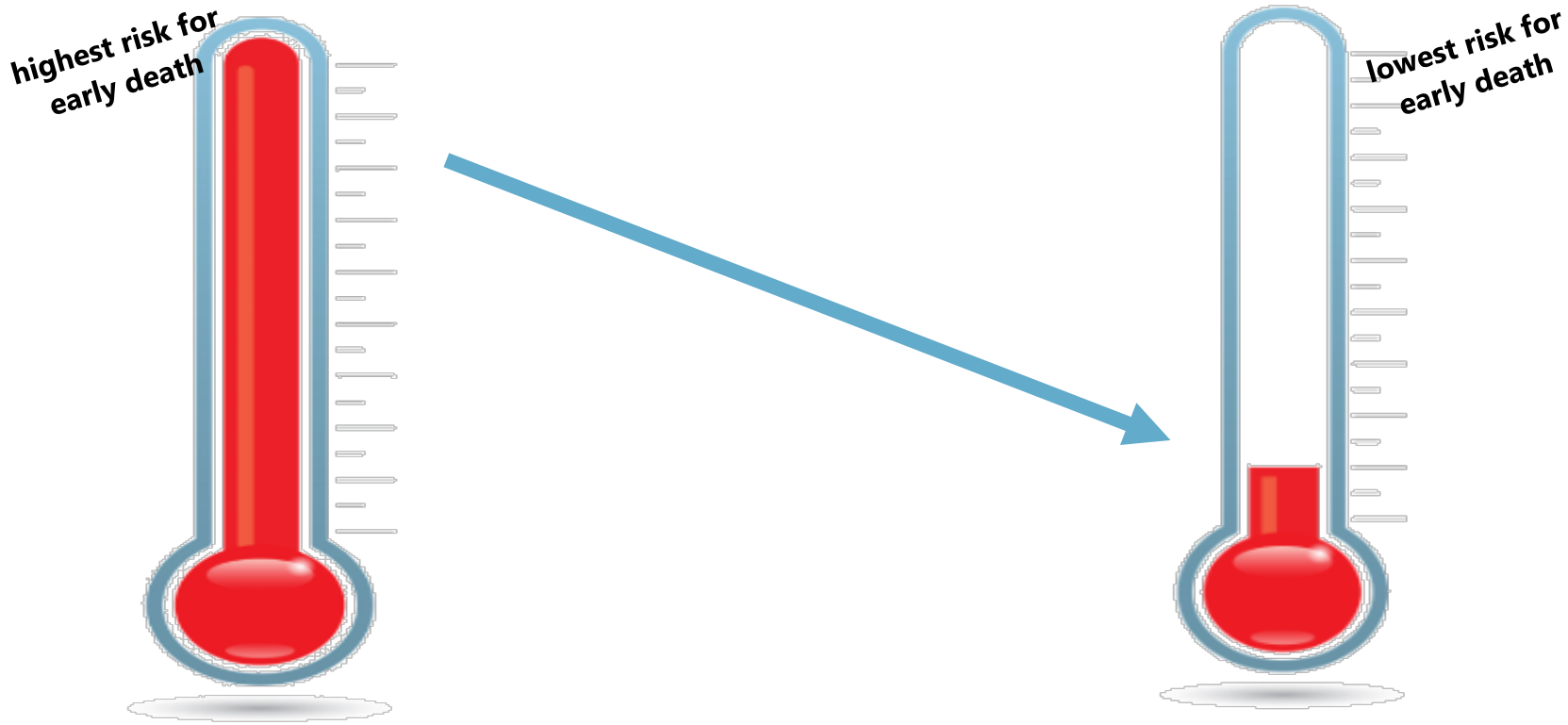
Seated Activities
(watching TV, reading, eating, etc.)



As you can see, this individual exercised in the morning, which is great. But they also spent most of their day in seated activities. In this workshop, we will focus on spending less time seated so that we can get all the great benefits that come with standing up and moving more!

Sitting Time and Risk of Early Death

Those who sit most of the day (e.g., ≥ 6hrs/day) and do not exercise have a higher risk of early death compared to those who sit <6 hrs/day and do some exercise. Even light physical activity (e.g., standing up and moving more) throughout the day provides some benefit (falls in-between highest and lowest risk of death).



Week 1 – My STAND UP! Plan

Name_____

Date_____

MY PLAN FOR THIS WEEK

In the space below, write one **action** you will do over the next week related to standing more. In the next column, write one or more **strategies** you will use to achieve your plan. In the last column, write your **confidence level**. Your confidence level is a number between 1 and 10 that best describes how confident you are that you will accomplish your action this week.

1 2 3 4 5 6 7 8 9 10

not confident at all — **moderately confident** — **very confident**

You will want to set your action goals so that you can have a confidence level of 6 or higher. We want you to set a plan you feel good about achieving. If your confidence level is low, we will work with you to adjust your plan.

Actions	**Strategies to achieve my actions**	**Confidence Level**
Example: I will stand up whenever I talk on the phone.	Example: I will put a note on my phone to remind me to stand. I will also tell my family.	Example: 9
1.		
2. (optional)		

Name: First Last Name

Daily Log: EXAMPLE

WHAT DID YOU DO DURING THE DAY/EVENING TO STAND UP FOR YOUR HEALTH?

At the end of each day, please record below how many times you stood throughout the day and what you did when you stood up.

Day of Week:	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday
Total # of stands:	12	14	16	11	20	18	21
What method for standing more did you try? Check all that apply.							
-Stood up during TV commercials	x	x	x		x	x	x
-Stood up while reading		x	x		x	x	x
-Stood up to work on a hobby (e.g., quilting, puzzles)							
-Went to get a drink of water			x	x	x		x
-Went to another room				x	x	x	x
-Did work around the house/household chores					x		x
-Other:		Stood while on phone		Stood while mowing lawn			

Name: _____

Daily Log: Week 1

WHAT DID YOU DO DURING THE DAY/EVENING TO STAND UP FOR YOUR HEALTH?

At the end of each day, please record below how many times you stood throughout the day and what you did when you stood up.

Day of Week:	___day	___day	___day	___day	___day	___day	___day
Total # of stands:							
What method for standing more did you try? Check all that apply.							
-Stood up during TV commercials							
-Stood up while reading							
-Stood up to work on a hobby (e.g., quilting, puzzles)							
-Went to get a drink of water							
-Went to another room							
-Did work around the house/household chores							
-Other:							

STAND UP
For Your Health

Session 2

Benefits of Sitting Less

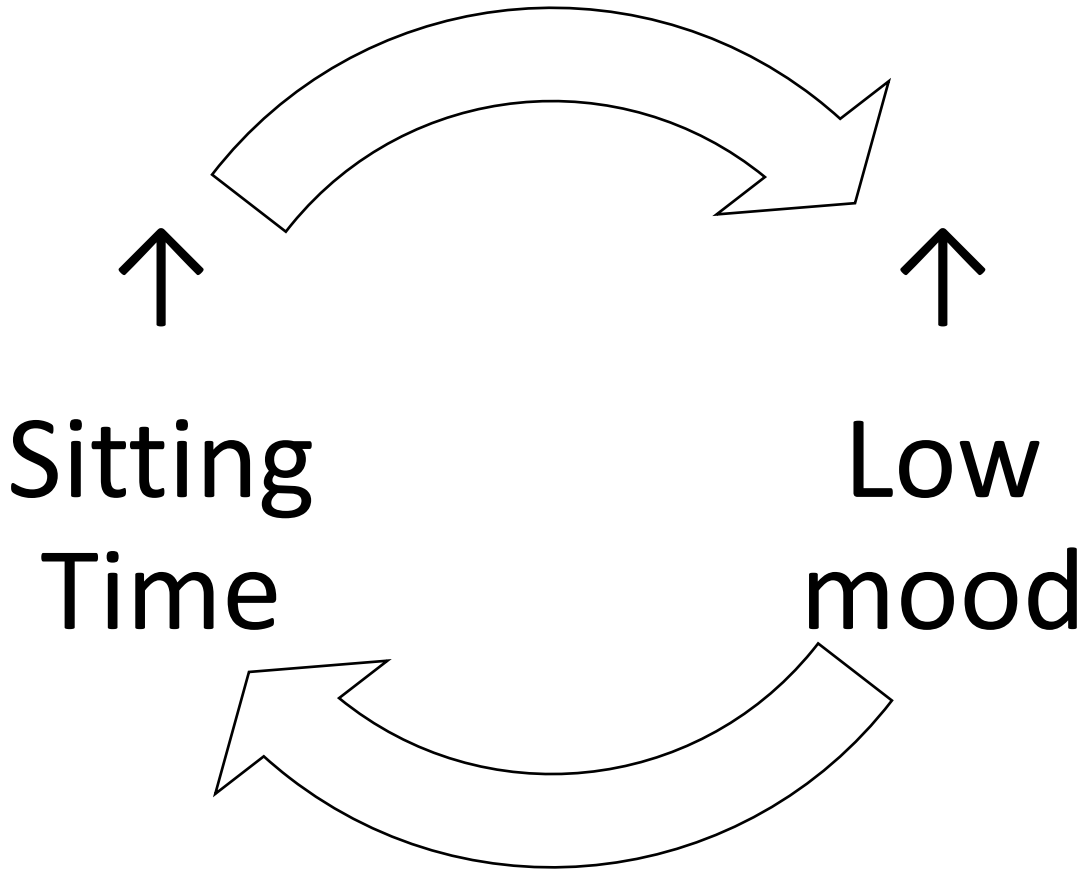
Did you know?

Standing also activates postural muscles in our body. This is important because muscles that are inactive for long periods of time can become weak.

Researchers have found other possible benefits in several important areas

- The act of standing releases certain chemicals that are beneficial to our health (e.g., chemicals associated with the production of "good" cholesterol (HDL cholesterol) (Healy et al., 2015)
- ↓ **Heart disease:** Research indicates that taking breaks during our sitting time can result in a lower risk of developing heart disease. (Grøntved, Hu, 2011)
- ↓ **Type 2 diabetes:** Reducing the time we spend watching TV every week has been suggested to reduce our risk of developing Type 2 diabetes. (Grøntved, Hu, 2011)
- ↓ **Early death:** Studies have shown that it is likely that older adults who reduce the amount of time they spend sitting may also reduce their risk of dying prematurely from any cause. (Grøntved, Hu, 2011)
- ↓ **Cancer:** Several kinds of cancer have been found to be related to sitting time--including ovarian, colon, and endometrial cancer. Research suggests that sitting less than 6 hours per day can reduce your risk of developing some of these cancers. (Grøntved, Hu, 2011)
- ↓ **Blood Pressure:** Regularly breaking up prolonged sitting has been found to be associated with reductions in systolic and diastolic blood pressure. (Larsen et al., 2014)
- ↓ **Hospitalizations:** A study from Australia found that adults reporting fewer than 8 hours of sitting time per day had a 14% lower risk of being hospitalized. (Biswas et al., 2015)
- ↓ **Inflammation:** Lower levels of sitting time have been found to be associated with lower levels of inflammation. (Gennuso et al., 2013)
- ↑ **Physical Function:** Breaking up sitting time by standing and moving has been found to be associated with better physical function (e.g., ability to climb stairs or get up out of a chair). (Sardinha et al., 2015)
- ↓ **Fatigue:** Less sitting time has been found to be associated with lower levels of fatigue and higher vitality/energy levels. (Ellingson et al., 2014)
- ↑ **Mental Function &** ↓ **Depression:** Lower levels of sitting while watching TV have been found to be associated with higher mental function and lower levels of depression symptoms. (Hamer & Stamatakis, 2014)

Mood & Sitting Time



Addressing Barriers

1. What is the barrier?

2. Why does the barrier prevent me from reaching my goal?

3. How might I remove the barrier and help it to become less of a problem?

4. Does my goal need to change in order for me to be more successful?

"Sit Less" Strategies

Strategies used to reduce and break up sedentary time by previous workshop participants.

Watching TV	• Stand up during TV commercials • Put the TV remote far away • Use a small glass or plate so you have to get up more frequently to refill • While watching a film, choose a word/phrase and stand up every time you hear it • Do chores while watching TV
Physical Reminders	• Hang reminders around the house using encouraging notes • Write a reminder on your bathroom mirror using window paint markers or lipstick • Set a timer to remind you stand up • Set a calendar reminder in your phone to stand up • Tape a reminder to the back of your TV remote • Stand up every time you hear an alert for a new email, voicemail, etc.
Household Errands	• Spread chores out across the day • Complete one chore at a time (e.g., take the trash and recycling out in two separate trips) • Put items needed to cook on opposite sides of the kitchen (e.g., put spices on one side and pots/pans on the other) • Stand up while paying bills • Use an ironing board as a standing desk • Start a chore such as laundry or dishes before starting a movie, playing a game, reading a book, etc. • Stand up while talking on the phone • Wash dishes by hand instead of using a dishwasher • Stand up while folding laundry
Friends and family	• Tell friends and family about your goals for reducing sedentary behavior and ask them to join you • Stand up while talking to friends and family on the phone • Stand up while visiting with neighbors • Invite friends to do active activities
Hobbies	• Stand up while quilting, sewing, reading, working on puzzles, etc. • Put items needed for your hobbies far away so you have to move more to do them • Stand up after finishing a chapter of a book • Stand up after finishing a section of a newspaper or a magazine article • Stand up during radio commercials
Other	• Stand up while waiting for the bus or car ride • Park in the back of the parking lot • Use the stairs whenever possible • Drink more water so you have to use the bathroom more often • Take the long route to get to the restroom, bedroom, etc.

Week 2 - My STAND UP! Plan

Name_____

Date_____

MY PLAN FOR THIS WEEK

In the space below, write one **action** you will do over the next week related to standing more. In the next column, write one or more **strategies** you will use to achieve your plan. In the last column, write your **confidence level**. Your confidence level is a number between 1 and 10 that best describes how confident you are that you will accomplish your action this week.

1 2 3 4 5 6 7 8 9 10

not confident at all — **moderately confident** — **very confident**

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Actions	**Strategies to achieve my actions**	**Confidence Level**
Example: I will stand up whenever I talk on the phone.	Example: I will put a note on my phone to remind me to stand. I will also tell my family.	Example: 9
1.		
2. (optional)		

Name: _____

Daily Log: Week 2

WHAT DID YOU DO DURING THE DAY/EVENING TO STAND UP FOR YOUR HEALTH?

At the end of each day, please record below how many times you stood throughout the day and what you did when you stood up.

Day of Week:	___day	___day	___day	___day	___day	___day	___day
Total # of stands:							
What method for standing more did you try? Check all that apply.							
-Stood up during TV commercials							
-Stood up while reading							
-Stood up to work on a hobby (e.g., quilting, puzzles)							
-Went to get a drink of water							
-Went to another room							
-Did work around the house/household chores							
-Other:							

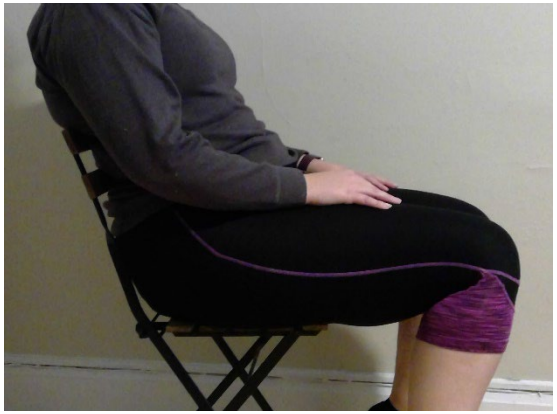
STAND UP
For Your Health

Session 3

When you must sit,

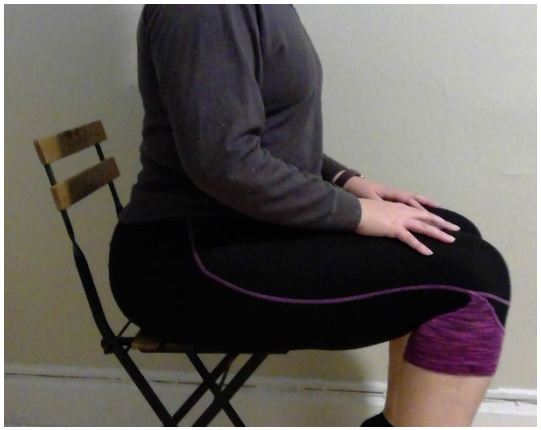
Sit Better!

Poor sitting posture



Slouching, arching the lower back, using back of chair instead of core muscles.

Better sitting posture



Sitting tall, using core muscles, having shoulders over hips.

Better Standing Posture

Poor standing posture

Slouched shoulders, bearing weight on one side, leaning forward

Better standing posture

Shoulders are back, weight is evenly distributed on both feet/hips, standing tall

Week 3 – My STAND UP! Plan

Name_____

Date_____

MY PLAN FOR THIS WEEK

In the space below, write one **action** you will do over the next week related to standing more. In the next column, write one or more **strategies** you will use to achieve your plan. In the last column, write your **confidence level**. Your confidence level is a number between 1 and 10 that best describes how confident you are that you will accomplish your action this week.

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Example: I will stand up whenever I talk on the phone.	Example: I will put a note on my phone to remind me to stand. I will also tell my family.	Example: 9
1.		
2. (optional)		

Name: _____

Daily Log: Week 3

WHAT DID YOU DO DURING THE DAY/EVENING TO STAND UP FOR YOUR HEALTH?

At the end of each day, please record below how many times you stood throughout the day and what you did when you stood up.

Day of Week:	___day	___day	___day	___day	___day	___day	___day
Total # of stands:							
What method for standing more did you try? Check all that apply.							
-Stood up during TV commercials							
-Stood up while reading							
-Stood up to work on a hobby (e.g., quilting, puzzles)							
-Went to get a drink of water							
-Went to another room							
-Did work around the house/household chores							
-Other:							

STAND UP
For Your Health

Session 4

Sedentary Behavior (After)

While you fill out this worksheet, please think about the activities you did YESTERDAY while **<u>sitting or lying down throughout the day</u>**, only while you were **awake**.

For each of the activities, just count the time when this was your **main** activity. If you were multi-tasking, such as watching TV while doing a crossword puzzle, count it as TV time **or** crossword time, but not as both. Then, **add up the time from each activity (items #1-11) and write in the sum of total sitting time in the big box at the bottom.**

*Yesterday during the morning, afternoon, and evening, how much time in total did you spend **sitting or lying down while…***

SEDENTARY ACTIVITY	TIME
1. Watching television, videos, or DVDs	_____ hours _____ minutes
2. Reading	_____ hours _____ minutes
3. Using the computer, internet, tablet	_____ hours _____ minutes
4. Socializing with friends/family	_____ hours _____ minutes
5. Driving/riding in a car or on public transportation	_____ hours _____ minutes
6. Doing hobbies (e.g., crafts, puzzles)	_____ hours _____ minutes
7. Eating meals, snacks	_____ hours _____ minutes
8. Doing chores (e.g., paying bills)	_____ hours _____ minutes
9. Taking classes	_____ hours _____ minutes
10. Going to appointments, meetings,	_____ hours _____ minutes
11. Doing other activities	_____ hours _____ minutes

TOTAL SEDENTARY TIME = (add items #1-11)

_____ hours _____ minutes

Health Benefits of Thinking Positive

- Lower levels of distress
- Greater resistance to the common cold
- Better psychological and physical well-being
- Better coping skills during hardships and times of stress

Positive Thought/Experience Log

Day of Week:	1+ Positive Thoughts/Experiences you saw or had:
_____day	
_____day	
_____day	
_____day	
_____day	
_____day	
_____day	

If/Then Strategies

Refer to this worksheet when you encounter obstacles after we stop meeting as a group for strategies to help you continue standing up and moving more long-term.

If you find it helpful, write down some of the ideas we brainstormed together.

Barriers to Standing Up and Moving More

IF…	THEN…
Example 1) *I get sick with the flu…*	*…I will make an effort to stand up 3-5 extra times per day when I start to feel better*
Example 2) *My family member tells me to take it easy…*	*…I will thank them for their suggestion and explain to them the benefits of standing up and moving more*

Barriers to Standing Up and Moving More

IF…	THEN…

Week 4 – My STAND UP! Plan (for the next 4 weeks)

Name_____

Date_____

MY PLAN FOR THE <u>NEXT FOUR WEEKS</u>

In the space below, write one **action for each week** over the *next four weeks* related to standing more. In the next column, write one or more **strategies** you will use to achieve your plan. In the last column, write your **confidence level**. Your confidence level is a number between 1 and 10 that best describes how confident you are that you will accomplish your action this week.

1 2 3 4 5 6 7 8 9 10

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Actions	**Strategies to achieve my actions**	**Confidence Level**
Example: I will stand up whenever I talk on the phone.	Example: I will put a note on my phone to remind me to stand. I will also tell my family.	Example: 9
Week 4.		
Week 5.		
Week 6.		
Week 7.		

Name: _____

Daily Log: Week 4

WHAT DID YOU DO DURING THE DAY/EVENING TO STAND UP FOR YOUR HEALTH?

At the end of each day, please record below how many times you stood throughout the day and what you did when you stood up.

Day of Week:	___day	___day	___day	___day	___day	___day	___day
Total # of stands:							
What method for standing more did you try? Check all that apply.							
-Stood up during TV commercials							
-Stood up while reading							
-Stood up to work on a hobby (e.g., quilting, puzzles)							
-Went to get a drink of water							
-Went to another room							
-Did work around the house/household chores							
-Other:							

Name: _____

Daily Log: Week 5

WHAT DID YOU DO DURING THE DAY/EVENING TO STAND UP FOR YOUR HEALTH?

At the end of each day, please record below how many times you stood throughout the day and what you did when you stood up.

Day of Week:	___day	___day	___day	___day	___day	___day	___day
Total # of stands:							
What method for standing more did you try? Check all that apply.							
-Stood up during TV commercials							
-Stood up while reading							
-Stood up to work on a hobby (e.g., quilting, puzzles)							
-Went to get a drink of water							
-Went to another room							
-Did work around the house/household chores							
-Other:							

Name: _____

Daily Log: Week 6

WHAT DID YOU DO DURING THE DAY/EVENING TO STAND UP FOR YOUR HEALTH?

At the end of each day, please record below how many times you stood throughout the day and what you did when you stood up.

Day of Week:	___day	___day	___day	___day	___day	___day	___day
Total # of stands:							
What method for standing more did you try? Check all that apply.							
-Stood up during TV commercials							
-Stood up while reading							
-Stood up to work on a hobby (e.g., quilting, puzzles)							
-Went to get a drink of water							
-Went to another room							
-Did work around the house/household chores							
-Other:							

Name: _____

Daily Log: Week 7

WHAT DID YOU DO DURING THE DAY/EVENING TO STAND UP FOR YOUR HEALTH?

At the end of each day, please record below how many times you stood throughout the day and what you did when you stood up.

Day of Week:	___day	___day	___day	___day	___day	___day	___day
Total # of stands:							
What method for standing more did you try? Check all that apply.							
-Stood up during TV commercials							
-Stood up while reading							
-Stood up to work on a hobby (e.g., quilting, puzzles)							
-Went to get a drink of water							
-Went to another room							
-Did work around the house/household chores							
-Other:							

STAND UP
For Your Health

Refresher Session

My STAND UP! Plan - for Long-Term Success

Name_____

Date_____

MY PLAN FOR STANDING UP & MOVING MORE <u>IN THE LONG-TERM</u>

In the space below, write one **action** you will do over the long-term related to standing more. In the next column, write one or more **strategies** you will use to achieve your plan. In the last column, write your **confidence level**. Your confidence level is a number between 1 and 10 that best describes how confident you are that you will accomplish your action this week.

1 2 3 4 5 6 7 8 9 10

not confident at all — **moderately confident** — **very confident**

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Actions	**Strategies to achieve my actions**	**Confidence Level**
Example: I will stand up whenever I talk on the phone.	Example: I will put a note on my phone to remind me to stand. I will also tell my family.	Example: 9
1.		
2. (optional)		

Questions to Ask Yourself

1. **Are you still standing up and moving more?**
    a. If YES, what is helping you stand up and move more?
    b. If NO, what barriers are making it difficult to stand up and move more? Refer to if/then handout if needed.
2. **Are your action plans and goals still working? Was it more helpful to have weekly action plans or an action plan for the month?**
    a. If YES or NO, does your action plans need to be adjusted?
    b. If NO, what barriers are making it difficult for you to reach your goals? Refer to if/then handout if needed.
3. **Are you noticing any new obstacles that we did not discuss in this workshop?**
4. **Are you noticing any new or additional health benefits that you were not noticing before?**
    a. If YES, keep track of these in a notebook and monitor them as you continue your self-checks.

Stand Up Long-Term Click Counter Log

This tool is to help you keep track of your progress with the number of stands you do each day. It will help you monitor yourself over the long-term. At the end of each day, use this log to record the number of times you stand each per day (using the click counter, or other methods).

One suggestion is to put it by your bed so you remember to keep track!

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 8							
Week 9							
Week 10							
Week 11							
Week 12							
Week 13							
Week 14							
Week 15							
Week 16							
Week 17							
Week 18							
Week 19							
Week 20							
Week 21							
Week 22							
Week 23							
Week 24							

Stand Up Long-Term Click Counter Log

This tool is to help you keep track of your progress with the number of stands you do each day. It will help you monitor yourself over the long-term. At the end of each day, use this log to record the number of times you stand each per day (using the click counter, or other methods).

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	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 25							
Week 26							
Week 27							
Week 28							
Week 29							
Week 30							
Week 31							
Week 32							
Week 33							
Week 34							
Week 35							
Week 36							
Week 37							
Week 38							
Week 39							
Week 40							