



IMPROVING & TRANSLATING THE EVIDENCE

Increasing physical activity among adults in racially/ethnically diverse communities in the United States



E. YVONNE LEWIS

Prevention Research Center National Community Committee
Prevention Research Center of Michigan
Faith Access to Community Economic Development

FREDA MOTTON

Prevention Research Center National Community Committee
Prevention Research Center in Saint Louis

ELIZABETH A. BAKER

Saint Louis University School of Public Health
Prevention Research Center in Saint Louis

TABLE OF CONTENTS

FORWARD	p. 3
INTRODUCTION	p. 4
OUR PROJECT	p. 5
PRACTICE CONSIDERATIONS	p. 8
CASE STUDIES	p. 11
Albany	p. 12
Carson	p. 16
Harris County	p. 20
San Ysidro	p. 24
Seattle	p. 28
LESSONS LEARNED	p. 32

FORWARD

The Prevention Research Center (PRC) National Community Committee (NCC) is comprised of community partners from the Center for Disease Control and Prevention (CDC), Prevention Research Centers. The PRCNCC includes representatives from geographically and economically diverse communities including African American, Latino, Asian, Native American, and Caucasian communities across 26 states. This report presents the findings and lessons learned from a partnership between the PRCNCC and Saint Louis University (SLU) in response to a Special Interest Project (SIP 13) opportunity, entitled: *Increasing Physical Activity Among Adults in Racially/Ethnically Diverse Communities in the United States*. In a number of ways, we see this work as a model for other community-academic partnerships.

From the beginning, our work has utilized concepts that we believe will be of great benefit to furthering the work of community-academic partnerships. For example, the community-academic liaison, who was responsible for identifying the opportunity and engaging the NCC in responding to the Request For Applications (RFA), was critical to the development of this project. This very important role, serving as a bridge between community and academic partners, was essential to the initiation and ongoing efforts of this project.

One of the keys to our success was the time taken at the beginning to ensure a common understanding of the “phases and phrases”¹ involved in engaging in evidence-based research, through an evidence-based public health course. By working with NCC representatives from across the country in this way, we were able to expand on the concepts of the Community Guide with a focus on how to adapt evidence-based interventions with and within racially/ethnically diverse communities.

Through our work, we broke ground by collaborating with community and academic partners to collectively:

- ~ develop a Request For Proposals (RFP) for other community-based organizations,
- ~ review the proposals generated, and
- ~ evaluate and disseminate the lessons learned.

On behalf of the NCC, we would like to express our appreciation to all who have participated in this successful collaborative effort and have made this project possible. We received valuable contributions from PRC academic representatives across the country, at the national level and within each of the demonstration grant communities. Academic partners were willing to work in new and different ways, which often moved them outside of their comfort zones. In addition, we had the benefit of a spectacular CDC project officer, Refilwe Moeti from the Division of Nutrition, Physical Activity and Obesity. Ms. Moeti believed in us and provided the insight and support needed to enable us to achieve our objectives. We were also able to build upon the foundational work of Drs. Ross Brownson, Beth Baker, and Terry Leet at Saint Louis University, in conducting evidence-based public health training.

We would like to thank Faith Access to Community Economic Development (FACED), a faith-based community organization, for their willingness to serve as the fiscal agent for these demonstration grants and are grateful to the CDC PRC for supporting this work (Cooperative Agreement Number; 1U48DP001903-01). Lastly, we would like to acknowledge Transtria LLC and Innovative Graphic Services for their patience and expertise in the design and layout of these case studies.

Perhaps, most importantly, many of the community and practice partners were asked to go beyond business as usual, by learning new language and skills and taking the risk of entering into new roles and responsibilities. Overall, this project has allowed the NCC to work collectively to expand our knowledge and skills on the “phases and phrases” of research and be engaged as a collective body at the national level.

INTRODUCTION

Physical inactivity is an important public health issue that has received increased attention over the past few decades.^{2,4} A review of studies on physical activity and the incidence of coronary heart disease found that those with sedentary lifestyles were almost twice as likely to have heart disease as those who were not sedentary.³ In addition to contributing to reduced risk of heart disease, physical activity contributes to lower risk for a variety of other chronic diseases, including hypertension, non-insulin dependent diabetes, colon cancer, osteoarthritis, and osteoporosis.⁵ It is estimated that as many as 250,000 United States (US) deaths per year, or 12% of the total number of deaths, are attributable to physical inactivity.^{6,7} In 1996, the US Surgeon General released a landmark report recommending that all adults should participate in at least 30 minutes of moderate-intensity physical activity on most, and preferably, all days of the week.⁵

Despite these recommendations, many adults engage in no leisure-time physical activity, and even fewer people engage in moderate-intensity physical activity for 30 minutes or more a day on most days of the week (i.e., meet recommended levels of physical activity).^{8,9} These trends are of greater concern for many racial/ethnic minority populations. For example, recent data from the National Center for Health Statistics show that 37% of Hispanics and 33% of African Americans get no leisure time activity, in comparison to 21% of whites.¹⁰

The Healthy People 2010 target is to reduce this proportion of inactive adults to 20% for all population groups as a way of reducing health disparities.¹¹

Over ten years ago, the Institute of Medicine (IOM) identified several factors associated with the success of public health interventions. The IOM found that public health efforts are most likely to be successful if they use an intervention approach whose effectiveness has been established in the scientific literature.¹² In response to this and similar calls for defining evidence-based approaches within public health, the Task Force on Community Preventive Services, supported by the Centers for Disease Control and Prevention, published *The Guide to Community Preventive Services: What Works to Promote Health?* to provide guidance on evidence-based approaches across various ecological levels to increase physical activity.¹³

While the Guide to Community Preventive Services (Community Guide) has made recommendations regarding strategies that have been shown to be effective, researchers have cautioned that strategies must be modified or adapted to fit the needs of specific populations and their community context. The best intervention strategy to use depends on the community context, population of interest, and history of previous work conducted. This is particularly important in working with racial/ethnic minority populations since many of the studies reviewed by the Community Guide did not include, or did not focus on, these populations. The question, however, is what specifically should be considered when adapting these interventions in terms of context, population, and history?

OUR PROJECT

Increasing and Translating the Evidence: Increasing Physical Activity Among Adults in Racially/Ethnically Diverse Communities in the United States is a community-academic partnership between the Centers for Disease Control and Prevention's (CDC) Prevention Research Centers' (PRC) National Community Committee (NCC) and Saint Louis University School of Public Health (SLU). We were funded by the CDC PRC through the Special Interest Project funding opportunity (SIP 13) to identify issues to consider when adapting physical activity interventions with and within racial/ethnic minority communities. Our project had four major components, described as follows.

EVIDENCE-BASED PUBLIC HEALTH COURSE

The first component was the joint development and implementation of an evidence-based public health course to ensure that the National Community Committee representatives understood the "phrases and phases" used by academics in conducting research. All of the Prevention Research Centers (33 centers) were invited to send community and practice partners to this course in January 2006. Twenty-nine representatives attended. Based on learning over the course of the project, NCC and academic partners jointly modified and delivered the course to NCC representatives in October 2009.

CONCEPT MAPPING AND DEVELOPMENT OF PRACTICE CONSIDERATIONS

As part of the evidence-based public health course, we also conducted concept mapping to elicit, sort, and rank the most important issues to consider when adapting evidence-based interventions with and within racial/ethnic minority communities. Brainstorming sessions were held with NCC participants, whereby participants were asked to generate statements regarding what needs to be considered when translating evidence-based physical activity interventions into racial/ethnic minority communities. Through this process, 175 statements related to physical activity interventions were produced. Participants sorted the statements into piles that they identified as having a conceptual similarity to other statements in the pile and then named each pile. NCC leadership and academic partners modified the names slightly to provide more of a directive in terms of how to plan, implement, and evaluate physical activity interventions in racial/ethnic minority communities. The final list of ten Practice Considerations is provided on pages 8 through 10.

LITERATURE REVIEW

The third component of this project was to review the literature to determine the extent to which previous work had addressed the ten Practice Considerations in implementing interventions with and within racial/ethnic minority communities. The literature review was conducted through PubMed and OVID searches, with limits for articles published after 1980 and those written or translated to the English language. Key search terms included physical activity, exercise, and intervention. Ultimately, 72 articles were reviewed and information about how they addressed each Practice Consideration was abstracted. Though findings from the literature review process are currently under review, our findings suggest that several of the considerations regarding how to adapt evidence-based programs have been used by previous researchers. However, when researchers have adapted interventions on the basis of these considerations, the intervention has not always reflected community members' ways of defining, or operationalizing, the considerations. For example, cultural competency training may have been held once with program staff rather than seeing cultural competency as an on-going activity in which community and academic partners could learn about each other's cultures and how they affect partnerships, program implementation, and outcomes.

COMMUNITY DEMONSTRATION PROJECTS

The fourth component of the project was the development, review, and funding of five, small community demonstration grants (\$10,000 over two years). The Request For Proposal (RFP) for the demonstration grants was jointly developed with members of the NCC and SLU academic partners. A two-day, face-to-face meeting was held to finalize the RFP. The RFP invited community partners to apply with academic partners, with the funds being awarded to the community partner. The RFP required applicants to identify an evidence-based approach to increasing physical activity and to describe how they were going to adapt the intervention according to the Practice Considerations developed by the NCC. The RFP was distributed to NCC representatives who attended the evidence-based public health course. A review panel was created that included PRC academic, practice, and community partners from across the country. Two phone calls were held for those interested in applying for funds to respond to questions about the RFP. We also held conference calls that provided opportunities for the reviewers to discuss the RFP to enhance understanding and expectations. One academic and one community member reviewed and scored each proposal that was submitted. An in-person review was then held to discuss and rank the proposals. This process was seen as an exemplary model by both academic and community participants. Five proposals were chosen for funding:

- ~ **Increasing Awareness and Developing Positive Attitudes toward Physical Activity Among the Filipinos and Samoan Pacific Islanders in Carson, CA**
PRC Academic Affiliate: University of California at Los Angeles
- ~ **Enhance Fitness in Seattle, WA**
PRC Academic Affiliate: University of Washington
- ~ **Salsita Community Mapping Project in San Ysidro, CA**
PRC Academic Affiliate: San Diego State University & University of California at San Diego
- ~ **Built Environment Project in Harris County, TX**
PRC Academic Affiliate: University of Texas Science Center at Houston
- ~ **Dancing with Our Elders in Albany, NY**
PRC Academic Affiliate: State University of New York at Albany

EVALUATION AND DATA ANALYSIS

The five community demonstration projects were evaluated using multiple methods. Qualitative interviews were conducted with project staff at the end of each year of funding. These interviews were digitally-recorded and transcriptions were reviewed for major ideas and themes. These themes, along with a brief survey, the RFP for the grant, and a Final Report submitted by the communities, were then analyzed and summarized to create a separate case study for each community. The case studies include information regarding:

- ~ Community Context
- ~ Partnership
- ~ Project Plan
- ~ Practice Considerations
- ~ Evaluation
- ~ Dissemination
- ~ Challenges and Lessons Learned
- ~ Sustainability

Each community was provided a draft of its case study to review for completeness and accuracy prior to inclusion in this report. The case studies contained herein are intended to provide a brief summary of the findings and lessons learned from the community demonstration projects.

REFERENCES

1. E. Yvonne Lewis, personal communication, 2006.
2. Pate, R., et al., *Physical activity and public health: A recommendation from the Centers for Disease Control and Prevention and the American College of Sports Medicine*. JAMA, 1995. 273(5): p. 402-407.
3. Powell, K.E. and S.N. Blair, *The public health burden of sedentary living habits: theoretical but realistic estimates*. Medicine & Science in Sports & Exercise, 1994. 26: p. 851-856.
4. US Preventive Services Task Force, *Guide to Clinical Preventive Services*. 2nd Edition ed. 1996, Baltimore, MD: Williams & Wilkins.
5. US Department of Health and Human Services, *Physical Activity and Health. A Report of the Surgeon General*. 1996, Atlanta, GA: US Department of Health and Human Services; Centers for Disease Control and Prevention.
6. Hahn, R.A., et al., *Excess deaths from nine chronic diseases in the United States, 1986*. JAMA, 1990. 264: p. 2654-2659.
7. McGinnis, J.M., *The public health burden of a sedentary lifestyle*. Medicine and Science in Sports and Exercise, 1992. 6(Suppl): p. S196-S200.
8. Centers for Disease Control and Prevention, *Self-reported physical inactivity by degree of urbanization—United States, 1996*. MMWR, 1998. 47(50): p. 1097-1100.
9. US Department of Health and Human Services, *The Surgeon General's call to action to prevent and decrease overweight and obesity*. 2001, U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General: Rockville, MD.
10. US Department of Health and Human Services, *Advance Data Reports No. 325: Leisure-Time Physical Activity Among Adults: United States, 1997-98*. 2002, NCHS, CDC: Hyattsville, MD. p. 386.
11. US Department of Health and Human Services, *Healthy People 2010. Volume II. Conference Edition*. 2000, Washington, DC: US Department of Health and Human Services.
12. Institute of Medicine, *The Future of the Public's Health in the 21st Century*. 2003, Washington, D.C.: National Academies Press.
13. The Task force on Community Preventive Services, Zaza S, Briss PA, Harris KW. (2005) *The Guide to Preventive Services: What works to promote health?* Oxford University Press. [website: <http://www.thecommunityguide.org/library/book/index.html>]

PRACTICE CONSIDERATIONS, AS DEFINED BY PREVENTION RESEARCH CENTERS NATIONAL COMMUNITY COMMITTEE (NCC) PARTICIPANTS

1. Attend to culture, by:

- ~ requiring on-going cultural competency training for all staff (e.g., those who have experienced racial/ethnic discrimination, those who have inflicted racial/ethnic discrimination, and those who have benefited from racial/ethnic discrimination)
- ~ recognizing a history of mistrust or mistreatment by social and medical professionals and services
- ~ recognizing diversity within and among groups regarding cultural norms
- ~ recognizing the complexity and differences within and across racial/ethnic minority populations
- ~ recognizing differences in meaning of physical activity across communities
- ~ considering the location of programs and resources in communities
- ~ recognizing the variety of responses that may occur with weight loss related to physical activity (e.g., concern regarding sickness, gaining weight to be attractive)
- ~ recognizing that it is considered acceptable, and sometimes preferable, in some racial/ethnic minority communities for individuals to be heavier

2. Build on previous studies and work in the community, through:

- ~ reviewing recommendations from the Guide to Community Preventive Services (Community Guide)
- ~ learning from what others have done, including essential elements for a specific intervention, but adapting for local racial/ethnic minority communities, based on conversations and previous experiences within the intended community

3. Tailor the intervention (e.g., media messages, programs, policies, environmental changes) to the population and community you intend to serve in terms of:

- ~ reading level
- ~ education level and the quality of the education
- ~ available resources and infrastructures (e.g., parks, recreation centers, trails)
- ~ individual and family characteristics (e.g., age and age-related norms, work, complex family structures, health conditions)
- ~ availability of jobs and the unemployment rate
- ~ incarceration and crime rate
- ~ knowledge and attitudes of your targeted community regarding physical activity and disease
- ~ readiness to engage in physical activity
- ~ physical activity that is most frequently practiced in the specific community
- ~ the challenges that occur when information and support provided by health professionals, family, friends, and public health officials differs with regard to the importance and benefit of physical activity

4. Engage the community in the planning, implementation and evaluation of the intervention, by:

- ~ educating community partners about the research process overall, not just the intervention
- ~ including community members and organizations from the beginning and continuing to engage them throughout the process
- ~ hiring lay health advisors and providing training and certification
- ~ considering including individuals from non-traditional places

5. Use existing or create new community infrastructures within the racial/ethnic minority community to support the intervention. This may include:

- ~ building on existing strengths in the community
- ~ considering the use and enhancement of settings where the community frequents and has had a positive experience with (e.g., pharmacy, barber shops, child care)
- ~ providing transportation
- ~ offering child care options
- ~ involving local businesses
- ~ considering the availability and number of recreational facilities
- ~ creating linkages between existing structures and new initiatives
- ~ creating linkages between existing structures within and outside of racial/ethnic minority communities

6. Ensure appropriate intervention resources, including:

- ~ money
- ~ in-kind support
- ~ incentives for participants
- ~ liability insurance
- ~ long-term and bridge funding to ensure sustainability
- ~ funding restrictions
- ~ full-time, gainful employment for community members
- ~ resources that build community capacity for developing and managing resources
- ~ resources that allow flexibility in responding to community needs beyond the specific intervention and in ways that facilitate the building of relationships within and among community members

7. Assess and ensure actual and perceived personal and environmental safety, by:

- ~ providing street lights and sidewalks
- ~ creating initiatives that recognize concern regarding interpersonal crime and gangs
- ~ creating and enforcing safe dog policies
- ~ ensuring safe stairs and floors in buildings where activities are held
- ~ recognizing and addressing the fear and perceptions created when individuals loiter (i.e., hang out). Individuals engaging in these actions may be inappropriately perceived as intimidating.
- ~ recognizing and understanding that some individuals may feel a greater sense of safety, and decreased vulnerability, with a larger body size.

8. Create community support by assessing, building and evaluating:

- ~ trust among and within the groups who will implement the intervention
- ~ trust and buy-in from racial/ethnic and broader community leaders and stakeholders

9. Conduct a full community assessment, including:

- ~ physical activity rates
- ~ community resources
- ~ the density of the community (e.g., number of people in the area and the size of the area)
- ~ partnership capacity
- ~ level and types of partnership collaboration
- ~ relationships of racial/ethnic community with broader community
- ~ socioeconomic indicators of the community

10. Recognize the importance of gender issues, such as:

- ~ traditional role expectations and personal expectations
- ~ the way men and women interact when developing intervention strategies
- ~ gender issues that may be different across the lifespan
- ~ the positive and negative impacts on relationships when partners are, or are not, physically active

Albany
Carson
Harris County
San Ysidro
Seattle



THE COMMUNITY

The urban, low-income community of Arbor Hill is located on the north side of Albany, New York, and is largely African American (69%). Approximately 22% of the population is above age 50. According to 2003 Behavioral Risk Factor Surveillance System (BRFSS) county-level data, 20% of residents did not participate in leisure-time activity. African Americans and adults over the age of 65 were less likely to be physically active. In Arbor Hill, there is very little community infrastructure to support physical activity for older adults. There are no indoor physical activity facilities and limited public transportation options. In addition, there is some historical tension between Arbor Hill (the “North End”) and a nearby lower income, minority community, called the South End. Some of this tension manifested as conflict among youth and between youth and other members of the community.



THE PARTNERSHIP

Since 1921, the Trinity Institution-Homer Perkins Center Inc. (Trinity) has been a trusted neighborhood provider of social services. In 2004, Trinity expanded its health and wellness services in both the North End (Arbor Hill Community Center) and South End to include screenings and health promotion programs. This expansion of services eventually included a “Dancing with our Elders” program in the South End. In 2006, the State University of New York – Albany Prevention Research Center

(SUNY-Albany PRC) identified an opportunity to expand “Dancing with our Elders” to Arbor Hill Community Center in the North End, using a \$10,000, two-year grant from the Special Interest Project 13: Increasing physical activity among adults in racially/ethnically diverse communities in the United States (SIP13), a partnership between the Prevention Research Centers National Community Committee (NCC) and Saint Louis University School of Public Health, funded by the Centers for Disease Control and Prevention (CDC).

The expansion of “Dancing with our Elders” was the first collaboration between Trinity and SUNY-Albany PRC. Trinity served as the lead agency in the project, offering a dance instructor, program structure, staff time, space, office supplies, and security. SUNY-Albany PRC’s role included technical assistance for needs assessment, consultation on evidence-based practices and recruitment materials, and design and analysis of the evaluation component. Arbor Hill, the site of the program, opened its doors in 2006 as a community center for youth after-school and summer programs and was managed by Trinity.

Trinity partnered with other agencies and groups in the community to provide additional services to the community, including the Albany County Department of Health and Cornell Cooperative Extension.

THE PLAN

Following the requirements of the SIP13 grant, the partnership selected a strategy from the Guide to Community Preventive Services

PARTNERS

- Albany County Department of Health
- Arbor Hill Community Center
- Cornell Cooperative Extension
- State University of New York – Albany Prevention Research Center
- Trinity Institution-Homer Perkins Center Inc.

(Community Guide): Create or improve access to places for physical activity.

The partnership proposed to increase access to opportunities for adults over the age of 55 and encourage the population to

“Audiences at the performances are impressed as our eldest dancer is 93 years old. The dancers are fun to watch and quite accomplished. There is a lovely enthusiasm rarely seen in such a large group of seniors.”

adopt a more active lifestyle by providing the “Dancing with our Elders” program at the Arbor Hill Community Center.

“Dancing with our Elders” was a low-impact, Latin dance class held every other week for older adults in the Arbor Hill neighborhood. Dancers used maracas, scarves,

hats, wraps, costumes, and t-shirts during the class. The hour-long class concluded with an opportunity to mingle or participate in health screenings offered by the Albany Department of Health. A nutritionist from Cornell Cooperative Extension’s “Say Yes to Fruits and Vegetables” healthy eating program presented recipes and samples of healthy foods and snacks after dance classes. An exercise instructor also demonstrated simple exercises for the older adults to do at home. On several occasions, six- to twelve-year-old children attending programs at Arbor Hill attended the class with the older adults.

ADAPTING THE INTERVENTION

As required by the SIP13 grant, the partnership selected several Practice Considerations developed by the NCC to assist in the adaptation of the Community Guide strategy to the partnership's specific population. By starting with the Community Guide strategies as the requirement of the SIP13 minigrants, all of the case studies built upon previous studies.

PRACTICE CONSIDERATIONS

- Attend to Culture
- Build on Previous Studies
- Tailor the Intervention to the Community
- Engage the Community
- Community Infrastructures
- Resources
- Safety
- Community Support
- Community Assessment
- Gender

Community engagement came naturally to Trinity. The staff built on existing trust by chatting with older adults outside the community center and attending monthly birthday celebrations at a housing project.

Because the Latin dancing class was well-received in an African American community in the South End, the partnership decided it would be culturally-appropriate in Arbor Hill. The dance class attended to culture by incorporating appropriate music and dance moves. Likewise, the partnership tailored the class to meet the diverse physical abilities and needs of the participants. The dance class provided enough flexibility to be useful for all skills and activity levels.

The partnership used existing community infrastructures by holding the classes at a location that was central and convenient to the intended participants. Initially, safety was a large concern for the participants. Many older adults did not feel comfortable traveling to the community center for the evening dance class. As such, the class time was changed to the daytime. In addition, efforts were made to provide transportation assistance.

MEASURING SUCCESS

The partnership identified several ways to evaluate "Dancing with our Elders," including a registration

form, weekly sign-in sheets, and a pre-/post-intervention self-assessment of physical activity levels.

About 20 adults over the age of 55 participated in the dance classes. An average of five to six people attended each class. In addition, about 20 youth ages six to twelve participated in dance classes during summer and after school youth programs held at the community center.

Along with the bi-weekly classes, seniors were able to show off their talents and interact in the community by performing for schools, nursing homes, City Hall, and the African American Heritage Day Festival. Seniors enjoyed the classes so much that a few of them doubled their activity and attended classes at the South End location as well.

By increasing use of the community center, the program increased older adults' access to opportunities for physical activity and established the center as a community resource for the broader population. In addition to taking the dance classes, older adults took advantage of blood pressure

screenings and tax services offered at the community center. Some participants even began walking to the dance classes each week.

CHALLENGES AND LESSONS LEARNED

Lack of transportation to and from Arbor Hill was a major barrier for participation in the dance class. Many seniors did not feel comfortable walking to classes due to safety concerns and health conditions. As part of a solution to the challenge of transportation, program staff considered a possible partnership with Albany County Senior Services Agency to take advantage of available transportation services. Collaborating with this agency would also help expand outreach to older adults.

The partnership found that having youth and older adults dance together and get to know each other provided a unique opportunity for adults to share with the youth. The adults had the opportunity to speak with the youth about eating healthy foods and the health problems that come with old age and unhealthy

living. The interaction allowed the adults to pass on their experiences and be role models for the youth.

Creating new partnerships was a challenge at times. The partnership emphasized that potential partners needed to understand the community with whom they were working and have a good relationship with the community so that racism would not become an issue. By doing this, the program assisted adults and youth in interacting across the North and South ends of Albany.

LESSONS LEARNED

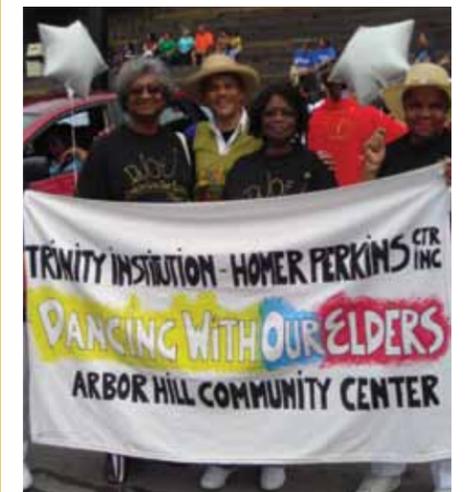
- ~ Develop strategies to address the safety concerns of participants
- ~ Include opportunities for multi-generational interactions
- ~ Identify partners with strong community relationships

SPREADING THE WORD

Participants in the "Dancing with our Elders" program have been writing and distributing their own newsletter in the community. In addition, the program has been promoted through performances in the community and has been featured on television and in the local newspaper.

NEXT STEPS

The partnership has expressed an interest in conducting further research to see how the "Dancing with our Elders" program may have affected the isolation attitudes of older adults whose families have moved away or whose fear of violence in their neighborhood prevented them from interacting in the community.



INCREASING AWARENESS AND DEVELOPING POSITIVE ATTITUDES TOWARDS PHYSICAL ACTIVITY AMONG THE FILIPINOS AND SAMOAN PACIFIC ISLANDERS

CARSON, CA

Increasing Physical Activity among Adults in Racially/Ethnically Diverse Communities in the United States

THE COMMUNITY

The city of Carson, California, is located in the suburbs of Los Angeles and is home to approximately 95,000 residents, a majority of whom are racial and ethnic minorities. Filipinos make up a large portion of the city's population, and Carson has the largest Samoan population outside of American Samoa. The city offers 120 acres of public parks and recreational facilities that provide physical activity opportunities for its residents. However, according to the 2001 California Health Interview Survey, 56.1% of Pacific Islanders (which includes Samoans) and 50.4% of Filipinos are overweight or obese. While the cause of high rates of obesity is unclear, modernization and acculturation to Western lifestyles may account for a shift in health behaviors. Because physical activity is an important factor in maintaining weight, those data suggest that recreational facilities may be underutilized.

THE PARTNERSHIP

The Carson Family Resource Center, a Healthy Start program of the Los



Angeles Unified School District (supported by the non-profit Carson Coordinating Council), identified a need to increase awareness of physical activity among the Samoan and Filipino populations in Carson. Building on an existing, but inactive, relationship with the University of California - Los Angeles/RAND Center for Adolescent Health Promotion (a Prevention Research Center [PRC]), the Resource Center applied for a \$10,000 two-year grant from Special Interest Project 13: Increasing physical activity among adults in racially/ethnically diverse communities in the United States (SIP13), a partnership between

the Prevention Research Centers National Community Committee (NCC) and Saint Louis University School of Public Health, funded by the Centers for Disease Control and Prevention (CDC).

The Resource Center served as the lead on this project, taking responsibility for grant writing, providing oversight for the program and coordinating activities with the PRC and the community. The PRC offered technical assistance and data analysis expertise. In addition, the leader of the project, an employee of the Resource Center, was a Carson community member.

CARSON, CA

In order to provide outreach to the community, gather volunteers and staff for the project, and raise funding for the project, the lead agency collaborated with the City of Carson Parks and Recreation Department, Carson High School Learning Support, Healthy Start Family Resource Center, LA Unified School District's White Middle School, Caroldale Learning Community, various cultural clubs and groups, churches, and the Asian American Drug Abuse Prevention Program. In addition to these partners, the Carson Coordinating Council, Philippine Independence Day Celebration Planning Committee, Samoan Federation of America, Samoan Nurses Association, and Confederation of Filipino Americans helped the lead agency plan and implement the dance contest portion of the project.

THE PLAN

Following the requirements of the SIP13 grant, the partnership selected two strategies from the Guide to Community Preventive Services (Community Guide): Informational approaches to increase physical activity and behavioral and social approaches to increasing physical activity.

The project aimed to enhance knowledge and awareness of the need for physical activity in order

PARTNERS

- Asian American Drug Abuse Prevention Program
- Caroldale Learning Community
- Carson Coordinated Council
- Carson Family Resource Center
- Carson High School Learning Support
- City of Carson Parks and Recreation Department
- Confederation of Filipino Americans
- Healthy Start Family Resource Centers
- Los Angeles/RAND Center for Adolescent Health Promotion
- Los Angeles Unified School District (White Middle School)
- Neighborhood churches and community groups
- Philippine Independence Day Celebration Planning Committee
- Samoan Nurses Associations

to alter attitudes and behaviors regarding physical activity among Samoans and Filipinos in Carson.

The partnership conducted key informant interviews with 18 community stakeholders. These

interviews helped inform the development of an assessment survey. The stakeholders included city government officials, parks and recreation staff, private health and fitness club staff, and ethnic leaders from cultural organizations, clubs, and churches. These key informant interviews helped inform the

“I think the key thing here is the community have accept[ed] it, you know what I mean, they have to own it and they own [this] activity...they own it to the point that they even want to do it every year.”

stakeholders identified physical activity resources and opportunities (e.g., services, facilities, locations, access, costs, utilization rates) and shared their perception of the barriers to and facilitators of physical

development of an assessment survey. As part of the planning process, the partnership engaged local bi-lingual high school students to survey 50 Filipino and 50 Samoan adult residents of Carson to measure existing knowledge, attitudes, and practices related to physical activity. The 36-item community assessment tool was translated into both Samoan and Tagalog languages.

Results from the assessment indicated the partnership needed to use family-centered physical activity messages to grab the attention of Filipino and Samoan adults.

The partnership organized two dance contests in conjunction with the Philippine Independence Day and Samoan Flag Day celebrations, widely popular city-sponsored annual events. A dance leader demonstrated traditional dance moves, and dancers competed for cash prizes. At the events, pamphlets regarding physical activity and nutrition were handed out to the public. The events and thus, the dance contests, were primarily volunteer-driven. Volunteers assisted with distributing flyers, coordinating music, recruiting contest participants, and acting as the masters of ceremony for the event.

ADAPTING THE INTERVENTION

As required by the SIP13 grant, the partnership selected several Practice Considerations developed by the NCC to assist in the adaptation of the Community Guide strategies to their specific populations. By starting with the Community Guide strategies as the requirement of the SIP13 mini-grants, all of the case studies built upon previous studies.

Community assessment took place through interviews with 18 key community stakeholders and a 36-item community assessment of 100 adults within the community. The partnership used the findings from

PRACTICE CONSIDERATIONS

- Attend to Culture
- Build upon Previous Studies
- Tailoring the Intervention to the Community
- Engage the Community
- Community Infrastructures
- Resources
- Safety
- Community Support
- Community Assessment
- Gender

these assessment efforts to inform the project activities.

The community infrastructure of Carson supports physical activity with the availability of public recreational facilities and spaces. The partnership promoted the existing infrastructure while attending to culture by integrating the dance contest into ongoing cultural events, specifically the Philippine Independence Day and Samoan Flag Day celebrations.

The strong family, cultural, and spiritual orientation of the populations of interest were taken into consideration at all stages of development, implementation, and evaluation.

The partnership recognized the importance of engaging the community to gain trust and support within the community and have an impact on health. The Resource Center collaborated with ethnic and community organizations to build

trust and credibility. Community members (e.g., children, parents, key stakeholders, leaders) were engaged in all facets of the research and intervention. Several advisory boards associated with UCLA/RAND (i.e., Community Advisory Board, Healthy Living Advisory Board, Youth Community Advisory Board) were essential in reviewing the project methodology and materials, monitoring progress, suggesting intervention ideas, and interpreting data. By engaging community members in all phases of the project, the partnership ensured the activities were culturally-sensitive and tailored.

In order to tailor the program activities to the population and engage the community in the project, the partnership hired community members to help with the planning and execution of the dance contest. The partnership also held meetings and events in locations convenient and familiar to the cultural groups.

MEASURING SUCCESS

The partnership used a variety of evaluation methods to measure the success of the project.

The partnership documented meetings with key stakeholders, including 18 presentations over the two-year grant. These presentations served a variety of purposes, such as obtaining input and feedback from advisory boards, planning activities with cultural organizations, and presenting updates to the NCC and CDC staff.

More than 100 dancers participated in each of the dance contests held at the cultural events, reinforcing the “dance for physical activity” message disseminated by the partnership. The over 1,000 flyers, which included a brief section about the importance of physical activity, were used to promote the event. In addition, 200 booklets titled “Activities and Eating” (provided at no-cost by the Dairy Council of California) were distributed as part of the physical activity promotion campaign.

CHALLENGES & LESSONS LEARNED

The partnership learned that gaining acceptance from influential community organizations is important to having a successful relationship with the community. However, the community organizations that the partnership worked with tended to be skeptical of the motives of “outsiders” and, as a result, did not like to work with people who were not from their culture. The partnership found that involving community members and organizations in the planning, along with open and transparent sharing of motives and objectives helped to strengthen relationships. The partnership also noted the importance of a champion to successfully sustain the dance contests. Such a leader provides energy and consistent support.

Helping racial and ethnic minorities develop healthy lifestyles presents its unique set of challenges. The Samoan culture, in particular, is challenged with the idea that being “big” is a part of their culture. In order to overcome obesity and make lifestyle changes, it is important to balance an appreciation for physical fitness and cultural beliefs and norms.

Even though this program focused specifically on adult physical activity, the partnership noted that children in these communities have a lot of influence on adults. Future interventions may benefit from taking advantage of this relationship and plan activities that involve the whole family for more sustainable lifestyle changes. The partnership believes the involvement of adults and children from the community contributed to increasing awareness of obesity and the lack of physical activity as a community-wide problem.

LESSONS LEARNED

- ~ Engage community stakeholders and members in all project activities
- ~ Build on existing cultural events
- ~ Identify champions to increase sustainability
- ~ Recognize the role of culture in health behaviors
- ~ Develop activities for the whole family

SPREADING THE WORD

As mentioned previously, the partnership worked closely with the UCLA/RAND advisory boards. Specifically, the partnership shared results with the groups to receive input and share lessons learned. The partnership continues to identify ways to disseminate the lessons learned from the project.

NEXT STEPS

The partnership intentionally considered sustainability when planning the project activities. By taking into consideration the culture and events of the communities, the partnership succeeded in creating a promotional activity that could be sustained by the collaborating agencies beyond the SIP13 grant. The Samoan and Filipino communities embraced the dance contest enthusiastically and plan to include the activity in their future festivities. The communities also plan to raise money to buy a dance platform.

THE COMMUNITY

Harris County, Texas, is the third most populated county in the United States. While 45% of adults in Texas do not meet the daily physical activity recommendations, the number rises to 57% in Harris County, and over half (66%) of adults are overweight or obese. In 2003, the Steps to a Healthier Houston-Harris County Consortium (Steps) formed to identify and promote programs that reduce and prevent obesity. Steps works closely with three high-risk communities in Harris County: Barrett Station, Cloverleaf, and East End. The communities are mostly low-income, and most of the adults have a high school education or less. Barrett Station is made up of mostly African American residents, while the Cloverleaf and East End communities are mostly Hispanic and include two of Houston's oldest Hispanic neighborhoods. The three communities surround two parks, Eastwood Park and Riley Chambers Park.



THE PARTNERSHIP

Several organizations in Steps identified a need to increase physical activity among adults in the parks near Barrett Station, Cloverleaf, and East End. The group applied for a \$10,000 two-year grant from Special Interest Project 13: Increasing physical activity among adults in racially/ethnically diverse communities in the United States (SIP13), a partnership between the Prevention Research Centers National Community Committee (NCC) and Saint Louis University School of Public Health, funded by the Centers for Disease Control and Prevention (CDC).

As the lead agency for the partnership, the Harris County Public Health and Environmental Services (HCPHES), provided oversight and implementation of the project activities. HCPHES partnered with the University of Texas Prevention Research Center (UTPRC) during this project, building on a strong ten-year relationship. The UTPRC provided additional funding and technical assistance to support project activities (e.g., training for the observational assessment tool, translation of the survey into Spanish, development of surveys and measurement tools).

The partnership also included several community partners who were very involved throughout

the project, from development to implementation. Those involved were Steps to a Healthier Houston-Harris County Consortium, East End Wellness Initiative, City of Houston Parks and Recreation, Harris County Parks and Recreation, Emancipation Park, Friends of Eastwood Park, Barrett Station Community Center, and Episcopal Charities.

wanted to answer two questions: 1) Do parks play a role in influencing physical activity? and 2) What are some of the facilitators and barriers to park utilization? In order to answer these questions, the partnership participated in two main assessment activities: self-report surveys and observational audits.

With the assistance of UTPRC, the

neighborhoods, how often they visited the parks, reasons for visiting the parks, perceptions of park safety, and features needed in the parks. They also provided information about their current physical activity and exercise habits along with demographic and health status information.

The observational assessment tool, System for Observing Play and Recreation in Communities (SOPARC), was used to measure the environmental characteristics of the parks and their users at Riley Chambers and Eastwood Parks. Community volunteers were trained to perform observational sweeps or scans of specific areas within the park. The volunteers used hand-held mechanical counters to collect a momentary time sample of the park environment four times a day for seven days. In addition to information about park conditions, volunteers collected information about other people using the parks including gender, estimated age, level of exertion, and types of activities performed.

The partnership presented the results of these assessments to community groups to engage them in developing tailored community action plans to increase park use and physical activity among adults.

PARTNERS

- Barrett Station Community Center
- City of Houston Parks and Recreation
- East End Wellness Initiative
- Emancipation Park
- Episcopal Charities
- Friends of Eastwood Park
- Harris County Parks and Recreation
- Harris County Public Health and Environmental Services
- Steps to a Healthier Houston-Harris County Consortium
- University of Texas Prevention Research Center

THE PLAN

Following the requirements of the SIP13 grant, the partnership selected a strategy from the Guide to Community Preventive Services (Community Guide): Creation of or enhanced access to places for physical activity coupled with informational outreach activities.

The partnership aimed to increase the use of two existing parks and enhance the environment of these parks. Specifically, the partnership

partnership developed a physical activity self-report survey for use in all three communities that reflected the lessons learned from a previous UTPRC program. The survey measured adult attitudes about the park and barriers to using the park as well as characteristics that encouraged park use. Community members at local schools, community centers, churches, and libraries completed the surveys. They provided information about their awareness of the parks in their

ADAPTING THE INTERVENTION

As required by the SIP13 grant, the partnership selected several Practice Considerations developed by the NCC to assist in the adaption of the Community Guide strategy to their specific populations. By starting with the Community Guide strategies as the requirement of the minigrants, all of the case studies built upon previous studies. In addition, the partnership relied on previous experiences (e.g., interviews, intervention results, recommendations) to make their selections.

PRACTICE CONSIDERATIONS

- Attend to Culture
- Build upon Previous Studies
- Tailor the Intervention to the Community
- Engage the Community
- Community Infrastructures
- Resources
- Safety
- Community Support
- Community Assessment
- Gender

In order to attend to culture, the survey was translated from English to Spanish and back to English to make sure that the content was similar in both languages. The partnership also recognized the importance of bilingual and bicultural staff. A

person who spoke Spanish was available to answer questions for community members.

The project staff recognized the need to tailor the resulting plans to match each community. After presenting the results from the assessment activities, the partnership worked with community members to develop community action plans to increase physical activity in parks. For example, one community developed bench exercises that women could perform while watching their children.

Community engagement was critical throughout the entire project. Community outreach workers and student interns from each community were involved in assessment activities and members of the community helped distribute physical activity surveys. Each community was involved in creating community action plans for the parks.

MEASURING SUCCESS

The partnership trained 25 individuals to conduct observational park audits using the SOPARC tool. At Eastwood Park, 2,380 individuals, mostly children, were observed using the park. Over half of the park users were sedentary while they were in the park, and there were very few organized activities taking place. In Riley Chambers Park, most of the

836 park users that were observed were children and over three-quarters of the adults that were observed were not being physically-active.

In the East End community, 356 surveys were filled out with 94% of respondents identifying themselves as Hispanic. Over 60% of the residents were unaware of the neighborhood park. In the Barrett Station community, there were 145 survey responses with 95% identifying themselves as African American. 98% knew of the neighborhood park. In the Cloverleaf community, 114 surveys were filled out, with 40% reporting their ethnicity as Hispanic and 89% stating they were aware of the park in their community.

In all three communities, a majority (66% - 78%) indicated they were overweight or obese. Walking and entertaining children were the most commonly reported reasons for visiting the parks. The partnership noted that women were less physically-active when compared to men. The volunteers observed many women sitting while their children played in the park.

The partnership felt that they had great community support and buy-in from the participating communities. The partnership developed relationships with Friends of Eastwood Park and Barrett

Station Community Center, who, in turn, invited them to present project findings at their meetings. Using the results from these audits and surveys, the partners developed community action plans.

CHALLENGES AND LESSONS LEARNED

After the first year of the project, the partnership became concerned that the self-report survey was too complex and time-consuming. A modified version of the survey was used in the second year. The partnership also recognized that some parks had multiple names or that people knew about the park but did not know its name.

The partnership noted it was important to be sensitive to the community's culture by taking language and modest clothing into account and to know their values and culture. Community members were more comfortable sharing information when they related to the person giving the survey.

The assessment activities pointed out many reasons why the communities were not taking advantage of the parks, including concerns about safety, lack of awareness of the park, and lack of activities for adults. In some cases, the lack of knowledge about how to use facilities, such as tennis courts or

swimming pools, and lack of access to equipment, such as tennis rackets, were barriers to using the parks.

The partnership concluded that it was important to have representatives from the community on the partnership team. This helped to build trust and made the project more successful.

LESSONS LEARNED

- ~ Conduct assessments to gather information
- ~ Modify the activity if it is not meeting the community's needs
- ~ Be sensitive to the community's culture

SPREADING THE WORD

Once the assessment activities were completed, a summary of findings was presented to each community. Using the results from the audits and surveys, the project team worked with community members to create action plans to increase opportunities for physical activity.

The East End Community Friends of Eastwood Park group created park bench exercise signs in English and Spanish to be posted around the park. The strength-building exercises were intended to encourage women to be active while their children played. In the Barrett Station community, the Health Advisors group's action plan included reviving walking groups, organizing adult competition and park events, and

creating better signs and lighting to direct people to the park.

NEXT STEPS

The Built Environment project's future plans include helping the communities implement community action plans and continuing the Built Environment Project partnership. The

partnership also shared the results of the assessment activities with other community organizations to encourage them to think about ways to increase physical activity in the parks.

The Friends of Eastwood Park group plans to organize a "Showing the Signs" ceremony to raise awareness of the park bench exercise signs. Harris County Parks representatives have shown interest in installing the signs in other parks.

THE COMMUNITY

San Ysidro is a community of San Diego located immediately north of the international border with Mexico and is home to the world's busiest land border crossing. San Ysidro has a diverse history, growing from an Indian village, to a Mexican pueblo, to a white, middle-American farm colony, to a racially-mixed border town, to the southern-most community of the City of San Diego. The community has a large Latino population. According to local data reported by the partners, in 2006, half of San Ysidro's Latino population reported that they did not engage in any physical activity. In addition, one-fourth of the population reported that they lived in poverty and less than half had a high school diploma. The partners also reported that the community was at high risk for diabetes, heart disease, and obesity, all health conditions influenced by physical activity.

THE PARTNERSHIP

San Ysidro Health Center (Health Center), the leading health care agency in the South Bay Region of



San Diego County, has provided health care services to the San Ysidro community for more than three decades. The Health Center is located one mile north of the United States-Mexico border and has over 50,000 registered Latino patients. The Health Center identified an opportunity to promote walking as physical activity as part of Proyecto Salsita, an existing family-focused obesity prevention and treatment program. Building on a well established four-year relationship with the San Diego Prevention Research Center (SDPRC), the Health Center applied for a \$10,000, two-year grant from Special Interest Project 13: Increasing physical activity among adults in racially/ethnically diverse

communities in the United States (SIP13), a partnership between the Prevention Research Centers National Community Committee (NCC) and Saint Louis University School of Public Health, funded by the Centers for Disease Control and Prevention (CDC).

Established in the fall of 2004, the San Diego Prevention Research Center is a multi-disciplinary, academic-community partnership between the Health Center, San Diego State University (SDSU), and the University of California San Diego (UCSD). The primary mission of the SDPRC is to promote physical activity and improve the health of Latinos who live along the border community

of San Ysidro. Because of its strong commitment to this community, the SDPRC played a major role in the project, including generating maps and training Health Center staff in the photo-voice technique.

The partnership also sought input on the timeline, project activities, mapping techniques, and resources from the SDPRC community advisory board, comprised of representatives from the health department, community-based organization, school district, and social service agency.

Prior to receiving the SIP13 grant, the SDPRC conducted a community survey of adult residents of San Ysidro to identify levels of physical activity, neighborhood cohesion and safety, access to and utilization of physical activity-promoting resources, and other demographic and cultural variables. In addition, the SDPRC put together a resource guide that highlighted all of the physical activity resources in San Ysidro, such as parks, YMCAs, walking trails and bike trails, and information about hours of operation, cost to participate,

their neighborhoods. The families were each given a tailored map with their home circled, allowing them to locate all physical activity resources within a half-mile radius of their home. In addition, resources were shown within close proximity to their worksites, schools, favorite stores, and churches. The maps featured street names, landmarks, trolley and bus lines, bicycle routes, parks, and walking paths.

The families received instructions on how to collect data using the tailored maps and disposable cameras. Participants were encouraged to explore their communities and document examples of barriers to physical activity. The partnership reviewed all photographs with the participants to document their thought processes. The participants engaged in discussions about physical activity, healthy eating, and environmental barriers to healthier living.

Lastly, the partnership held a "Policymakers Forum" at the Health Center to bring together the families, city employees, media representatives, health center directors, and board members to discuss the photographs taken by the family members, which were enlarged and displayed in an art gallery setting for the forum.

and the population served. Lastly, a Geographic Information Systems (GIS) specialist with the SDPRC created detailed maps of San Ysidro. The information generated from these activities informed the mapping activity by allowing tailored maps to be created and by providing a basis for understanding how individual and family behaviors fit within the larger physical and social environments.

The partnership convened a group of Latino families who already participated in Proyecto Salsita and other Health Center programs to identify environmental disparities and physical activity barriers within

PARTNERS

San Diego Prevention Research Center
San Ysidro Health Center

THE PLAN

Following the requirements of the SIP13 grant, the partnership selected a strategy from the Guide to Community Preventive Services (Community Guide): Community-wide campaigns. The partnership also focused on community organizing for environmental change.

The project aimed to increase walking and utilization of resources that promote physical activity by creating awareness of resources available in the community and organizing the community to address environmental disparities.

ADAPTING THE INTERVENTION

As required by the SIP13 grant, the partnership selected several Practice Considerations developed by the NCC to assist in the adaptation of the Community Guide strategies to the partnership's specific populations. By starting with the Community Guide strategies, as a requirement of the SIP13 minigrants, all of the case studies built upon previous studies.

PRACTICE CONSIDERATIONS

- Attend to culture
- Build upon Previous Studies
- Tailor the intervention to the community
- Engage the Community
- Community Infrastructures
- Resources
- Safety
- Community Support
- Community Assessment
- Gender

In order to attend to the culture of San Ysidro, the partnership presented the maps in both English and Spanish. The maps were distributed to the families by a bilingual and bi-cultural Health Center staff member who was born and raised in the community. In addition, the project was delivered by the Health Center, an organization respected by the Latino community.

The partnership tailored the intervention by individualizing existing maps for the families participating in the project to include their homes, schools, churches, neighborhood stores, and other familiar landmarks. Community surveys also allowed the partnership to tailor the overall project activities to the community. The surveys, along with the mapping and the photovoice activities, helped the partnership assess their community.

The project engaged the community by training community members to collect information using the maps and engaging in a discussion about their perceived barriers to physical activity. The SDPRC Community Advisory Board, which is composed of community representatives, was also consulted during the planning stages.

MEASURING SUCCESS

The partnership used an informal evaluation approach. While levels of walking and resource utilization rates were not recorded at the beginning and end to observe differences, the partnership used other methods to measure the project's success. For instance, the partnership explored how the community members used the maps and how useful they believed the maps to be.

The mapping project improved the

community's readiness to change their health behaviors. Participants stated that they loved the maps and did not realize how close physical activity resources were to them. They also explained that the tailored maps made them feel special because they were able to see their actual house in their own community. The participants appreciated the time and attention that were devoted to showing them the resources available to them.

CHALLENGES AND LESSONS LEARNED

The partnership noted a few ways to improve the outcomes of their project, if other communities chose to replicate it. For example, due to their limited budget and staff, small community organizations often have a harder time working in partnerships than do large academic organizations. It may be helpful to identify a staff person willing to "imbed" him or herself into the community who can serve as a bridge between researchers and the community. When the SDPRC originally formed, researchers from the university immediately began to visit San Ysidro to initiate and nurture relationships. The researchers formed the community advisory board and conducted a survey to get a better understanding of the community's needs. The Health Center was fortunate to have such "bridges."

"I think a lot of low-income communities and minority communities have this view of research that researchers just come in, they get their data, they leave, they don't come back and that's happened a lot and so I think this type of project changes that view because now community organizations are able to say there's this group, they want to do these research projects, they worked so hard building a relationship, they want to contribute resources down here."

Since San Ysidro is a border town with a large Latino population, the partnership saw that tensions around immigration, race, and socioeconomic status must be considered in the development of programs. For example, a healthy eating program could be challenging because participants often did not have the resources needed to purchase healthier foods.

Furthermore, organizations working to increase physical activity in Latino communities must take into consideration the entire family when designing program activities. Latino adults often prioritize their children's health over their own. The Health Center actively engaged both parents and children (and sometimes grandparents, aunts, and uncles) in the project. By engaging adults in their children's health education, the Health Center delivered the message that parents needed to model the behavior in which they were asking the children to engage.

The partnership also noted that it was important to think about how

to frame prevention messages. The Health Center focused on the skills participants would gain by attending activities. For instance, rather than promoting an activity as an obesity prevention class, they framed it as a healthy eating class.

The Health Center also recognized the need to conduct before and after surveys and focus groups to develop a more accurate understanding of the impact the mapping activity had on the community.

advisory board members, Proyecto Salsita families, and at the "Policy Makers Forum." In sharing their project, the partnership emphasized the mapping activity as a way to empower families to access community resources to change their environments and improve their health and quality of life.

NEXT STEPS

The SDPRC plans to conduct park observations and pre/post physical

LESSONS LEARNED

- ~ Identity a staff person to bridge the gap between researchers and the community
- ~ Recognize the community context, including immigration status, race, and socioeconomic status
- ~ Develop programs that include the whole family
- ~ Demonstrate the importance of adult role models on influencing children's behavior
- ~ Conduct evaluations to understand what worked and what did not

SPREADING THE WORD

The Health Center and the SDPRC shared information about the mapping activity with community

activity and physical fitness tests to assist in the development of future physical activity projects in San Ysidro.

THE COMMUNITY

Seattle, Washington, is a coastal city with 600,000 residents, and the entire metropolitan area is home to more than three million people. While Seattle has been inhabited for over 4,000 years, the first white settlers appeared around 1850. Over 30% of Seattleites are racial and ethnic minorities. American Indians and Alaskan Natives (AI/AN) make up 1.2% of the population. The AI/AN community has a long history of oppression, resulting in low self-esteem and poverty among some members. From 2001 to 2005, only 42.7% of AI/AN adults in Seattle/King County met the Center for Disease Control and Prevention’s recommendations for physical activity, and 24.8% reported they led sedentary lifestyles. In 2008, 72% of AI/AN in Washington were obese or overweight. A focus group with AI/AN residents of Seattle found that AI/AN older adults may be motivated to be physically-active by being connected to other AI/AN individuals.



THE PARTNERSHIP

Senior Services, a non-profit agency serving older adults and their loved ones in Washington State, had a longstanding relationship with the University of Washington Health Promotion Research Center (HPRC). Specifically, Senior Services and HPRC worked together for over a decade to develop, evaluate, and disseminate EnhanceFitness, a physical activity program for older adults. While the EnhanceFitness program was provided in a number of racial and ethnic minority communities, including American Indian reservations, the program had not yet been introduced to an urban American Indian population. Senior

Services applied for a \$10,000 two-year grant from the Special Interest Project 13: Increasing physical activity among adults in racially/ethnically diverse communities in the United States (SIP13), a partnership between the Prevention Research Centers National Community Committee (NCC) and Saint Louis University School of Public Health, funded by the Centers for Disease Control and Prevention (CDC).

The Leschi House, a community dining site and subsidized housing complex, played a major role in the entire EnhanceFitness project. They not only served as the site for the program, but also assisted with planning-related activities. For

example, the Leschi House manager worked with Senior Services to determine the best days and times to have class. In addition, the manager helped to market the class. American Indian elders perceived Leschi House as a place where they could “receive a hot lunch and mingle with friends.” Visitors often brought their grandchildren with them. While the building itself was very small and noisy at times, it was both comfortable and familiar to the elders in the community.

United Indians of All Tribes (UIAT), a community-based organization providing services in education and training, community development, arts and culture, healing and wellness, and youth and family services, also helped with funding and planning during the early stages of the project.

PARTNERS

- Leschi House
- Senior Services
- United Indians of All Tribes
- University of Washington Health Promotion Research Center

THE PLAN

Following the requirements of the SIP13 grant, the partnership selected a strategy from the Guide to Community Preventive Services (Community Guide): Social support interventions in community settings.

The project aimed to implement and evaluate EnhanceFitness in an urban American Indian population. EnhanceFitness is a nationally-recognized, evidence-based physical activity program created by University of Washington Health Promotion Research Center and Senior Services of Seattle/King County. Senior Services provides training, technical assistance, and support to communities adopting the program.

EnhanceFitness classes were offered at the Leschi House and consisted of strength, cardiovascular, balance, and flexibility exercises. Each class lasted one hour and met three times per week. During the cardio section of the class, participants were encouraged to do either aerobics, native dancing, or walking, depending upon their

preferences and fitness capabilities. Each class included a brochure explaining the benefits of physical activity.

ADAPTING THE INTERVENTION

As required by the SIP13 grant, the partnership selected several Practice Considerations, developed by the NCC, to assist in the adaption of the Community Guide strategies for the partnership’s specific populations. By starting with the Community Guide strategies, as a requirement of the SIP13 minigrants, all of the case studies built upon previous studies.

PRACTICE CONSIDERATIONS

- Attend to culture
- Build upon Previous Studies
- Tailor the Intervention to the Community
- Engage the Community
- Community Infrastructures
- Resources
- Safety
- Community Support
- Community Assessment
- Gender

In order to attend to the culture of this Seattle community, the program manager hired an EnhanceFitness instructor to teach the class who was not only of the same ethnicity as the participants, but also was well-known among them and familiar with the site manager. In addition, the location was familiar, trusted, and used frequently by the participants.

The partnership tailored the intervention to the Seattle community by providing participants with cultural music during the cardio section of the class and encouraged native dancing, as well as walking and aerobics. These physical activity options recognized the diversity among the participants.

The partnership believed that it was very important to engage the community in the planning and implementation of the program. EnhanceFitness staff from Senior Services worked with the community-based organizations to determine how to find resources and facilities to implement the program. Community members also assisted with the development of the grant application.

Community assessments, including information from focus groups with American Indian elders, were used to adapt the EnhanceFitness program for use within this community.

MEASURING SUCCESS

The partnership collected data about participants' attendance rates and demographics. The participants in this urban Seattle community were predominantly low-income elderly American Indian women between the ages of 70 and 75. Ten people participated

in the classes on a regular basis. Several even brought along their grandchildren.

Fitness Check forms were completed both at the beginning and at four months into the program to determine if there were any changes in fitness. These Fitness Checks measured lower and upper extremity strength as well as balance and walking skills. While baseline data indicated that the class began with low physical fitness ability compared to other EnhanceFitness participants, the follow-up assessment showed there was some improvement after participating in the class.

In addition to physical benefits, the participants found that the class was socially-beneficial. Class participants often said that the class was just as important socially as it was physically because they became friends with other class members, who they could both understand and trust. They reported feeling comfortable sharing their feelings and would call each other if someone missed a class.

CHALLENGES AND LESSONS LEARNED

The program staff reported several challenges to establishing the EnhanceFitness program in this community. In Seattle, there are

several urban Indian organizations, such as UIAT, the Seattle Indian Health Board, and the Indian Center, that are in close proximity to one another. It was challenging, however, to get them to work together on this project. This could have been due to politics or communication, or both.

Other challenges included identifying funding, staff, and a site to host the classes as well as building support for the classes. Because of previous negative experiences in which researchers interacted poorly with the community, it was challenging to develop partnerships with community-based organizations.

The partnership also noted that it would have been easier to promote and implement the program if they had more than one contact person within the community organizations. They also emphasized the importance of identifying committed EnhanceFitness instructors and establishing firm commitments from organizations to host the classes.

One of the most important lessons learned was that when working with racial and ethnic minority populations, it is critical to develop partnerships with organizations that are perceived by the community as racial and ethnic minority organizations. Typically these

organizations already have the trust of their community and a better understanding of their needs. It is also best to get an instructor who has the same cultural background.

Evaluation of the program not only revealed challenges, but it also pointed to areas for future improvement. The project staff learned that bringing grandchildren to the classes was a positive way for generations to spend time together. In the future, the program might consider programming to accommodate both generations.

LESSONS LEARNED

- ~ Understand the history and politics of the community
- ~ Engage committed leaders and partners
- ~ Develop partnerships with organizations perceived by the community as representative of community
- ~ Engage community members in planning, implementation and evaluation
- ~ Incorporate multi-generational program options

SPREADING THE WORD

Information about EnhanceFitness was distributed in many different ways. The program relied heavily on participant testimonials because they were the most powerful form of promotion. Oftentimes, participants who benefited a great deal from the program and were comfortable speaking in front of crowds talked about the program to others. Articles discussing the classes were

also included in the community's newsletters and newspapers, which usually reached the entire community. In addition, the Senior Services website listed the location for all of the EnhanceFitness classes. A popular insurance provider, Group Health, used flyers to promote the program to its members, and articles appeared in two HPRC newsletters.

Senior Services strove to make the entire EnhanceFitness program culturally-appropriate for American Indians. In an effort to do so, they planned to document and

and Disability Services, and the Seattle Indian Health Board.

NEXT STEPS

The American Indian community remains open to working with Senior Services and continues to provide feedback about the fit of EnhanceFitness for their community. Senior Services hopes to see one of the American Indian community organizations eventually take over the program.

“It is critical that you work with [racial and ethnic minority] organizations or you are going to have a project that won't last very long and won't be successful.”



LESSONS LEARNED FROM COMMUNITY-ACADEMIC PARTNERSHIPS**Taking Time, Gaining Trust and Showing Support**

Gaining trust within the community was seen as a necessary part of creating successful community and academic partnerships. Some communities noted that in order to have this level of trust, there needed to be a specific person within the academic organization who cared about the community and was willing to make the community a priority.

Other communities noted that some academic organizations tended to work on one project with the community and then leave. This was seen as diminishing trust. These communities indicated that researchers needed to make more long-term commitments to the community and population of interest. Community partners also noted that academic partners could demonstrate their investment by reaching out in support of community events beyond a specific funded project.

Balancing Data Collection and Intervention Activities

Community partners noted that the way data was collected and analyzed influenced trust. Some community partners reported some frustration that the amount of data collected could interfere with the intervention implementation. Other community partners were excited about the data collected and stated a desire to be more involved in moving from data collection to data analysis. In addition, several communities indicated that in order to build trust, it was important to share the findings from the research. These findings should be provided in ways that the community can understand and use.

LESSONS LEARNED FROM THE DEMONSTRATION PROJECTS

Each demonstration project had unique findings and contributions to make in terms of our understanding of how to translate evidence-based physical activity interventions with and within racial/ethnic minority communities. There were also common themes that emerged when looking across communities and in examining our national partnership. We have summarized these below.

Practice Considerations

Each demonstration project operationalized the practice considerations somewhat differently. Practice considerations were used more frequently at certain stages of intervention development than at others; some were more useful in the planning stages and others in implementation. For example, in one demonstration project “safety” was a concern during the community assessment, but was not a specific concern during the implementation of the intervention. For organizations with a lot of previous experience working in the community, “community engagement” was an ongoing process. For others, “community engagement” needed to be initiated in order to create a relationship with community partners.

Intergenerational Relationships

Communities noted that intergenerational relationships were an integral part of many racial/ethnic minority cultures. It was, therefore, critical to recognize the importance of these intergenerational relationships when developing physical activity interventions. Participating in physical activity as a family was shown to be a way to encourage both adults and children to move toward a healthier lifestyle.

Social Connectedness

Community programs may provide a way for adults to have more social interaction than they would have otherwise. The demonstration projects highlighted the importance of providing opportunities for community members to get out and connect with the community. Some demonstration projects did this by increasing access to group exercise activities (social support interventions). Other projects provided individuals with information about where they could be physically active or acted to create environments more conducive to both physical activity and social engagement (e.g., parks). This was reported as making participants more excited about and more comfortable participating in the intervention and in community events in general.

Addressing Race and Racism within Partnerships

All of the demonstration projects reported that working with organizations that represented the racial/ethnic minority community that the intervention intended to benefit was crucial to the success of the program. The extent to which the organization needed to be minority-owned and operated differed within each of the sites.

When project staff members were asked about how they addressed racial issues within their partnership, there were a wide range of responses. These included:

- ~ having explicit discussions about racism with partners before they began a project,
- ~ only working with organizations that already have an existing relationship with the community and a history of successful collaboration,
- ~ checking with the community prior to working with new partners, and
- ~ refraining from engaging with organizational and university partners that have a reputation of not respecting the community.

In addition, it is important to note that race and racism may have biased data collection and changes may need to be made accordingly. For example, based on discussions among partners in one project, tools were modified to provide an opportunity for self-report of race rather than having race identified by an observer.

LESSONS LEARNED FROM THE SIP 13 PARTNERSHIP**Support for Community Partners and Community-Academic Partnerships**

Some of the most significant lessons learned during the SIP 13 project were about the power of relationships within and among community, academic, and practice partners. First and foremost, the National Community Committee (NCC) founders and leadership laid the groundwork for helping community and practice partners recognize the importance of their role within the national (PRC) network. At the same time, many Prevention Research Center (PRC) community-academic partnerships began to flourish. As a result of these two things working together, this grant was initiated by a community partner within one of the PRC sites who had the vision of having a SIP work in a cross-site partnership with the NCC. The intent was to have community and academic partners work together within a PRC site in the development, implementation, evaluation and dissemination of a project in ways that gave the community partners a stronger role in each of these areas.

LESSONS LEARNED

This process was new to the PRC community and academic partners. The SIP 13 partnership went into the process with a commitment to be open to learning about ourselves, our partnership, and how our differences influenced our collective activities.

One of our first internal challenges was the fact that the turn-around time for submitting SIP applications was too fast to enable full and complete communication with the PRC community and academic partners as a whole. The application was conceptualized and written as a partnership with the NCC leadership team and SLU academic partners. However, by the time we had created the vision for the project, the SIP 13 application was due. As a result, there was not sufficient time to engage in dialogue to determine the role of the NCC as a whole versus the leadership team. There was also not sufficient time to discuss the project with PRC academic partners. The competitive nature of the SIP application process added additional barriers to this communication. The lack of communication was seen as a lack of transparency as opposed to a need to move quickly. We learned that to truly engage in collaborative work across community and academic partners, it is necessary to have more time between the funding announcement and the deadline for proposal submission. We also learned that no matter how much time is available, developing and maintaining trust is an ongoing process.

The norms of the community-academic partnerships within the PRC were challenged in a number of ways. First, the demonstration project proposals had to be submitted by a community partner. In addition, the fiscal agent for the demonstration project had to be a community partner. In some instances there was significant uneasiness regarding providing money directly to the community partner and not the academic partner. Some community-academic partnerships interpreted this change in norms as an indication that academics were not supposed to be involved in the writing of the proposals. We recognize now that as we acted to change partnership norms, it was important to be clearer about expectations.

It was new for some NCC representatives to engage with academic partners beyond their local PRC. This led to some hesitancy and concern even on the part of the academic partners. There was some questioning as to why local community partners would, or even should, work with an academic partner that is not locally-based. In contrast, some members of the NCC saw this as a model for how the NCC could partner as an organization with other groups, and a recognition of community expertise. Through this we gained insight into the challenges that this presents to local partnerships in terms of time and relationships. We see this as an opportunity for continued dialogue and growth among community-academic partnerships.

LESSONS LEARNED FROM THE REQUEST FOR PROPOSAL (RFP) AND GRANT PROCESSES

There was some misunderstanding of what should be included in the demonstration project proposals and how they were supposed to be formatted. While we had two phone calls and a list of frequently asked questions provided on the CDC PRC website, some of the misunderstandings could have been eliminated by having more time to discuss the grant proposal with community-academic partners prior to submission.

LESSONS LEARNED

The proposals submitted were reviewed by both academic and community partners. This joint review of the proposals enabled both academic and community partners to enhance their ability to understand the work proposed and the different perspectives each partner brought to the table. We recognized the importance of providing training to community partners who had not had previous opportunities to review grant proposals. However, the training we provided was over the phone and was primarily walking through the proposal and expectations in each section and answering questions. We learned that future efforts to engage community and academic partners in joint proposal reviews would benefit from providing a mock proposal and reviewing the grant together. This type of experiential activity would have recognized that there are different learning styles and enhanced understanding of the review process for both academics and community members. Even without this, both community and academic partners were appreciative of this process. Both partners saw the benefits of the joint review and have encouraged the incorporation of community partners in the review process in the future.

Providing funding directly to the community partners created concern among some academic partners, while others saw this as an opportunity to support their community partners. Some academic partners found ways to make in-kind or financial contributions to enhance the overall resources available for the projects. This was particularly important, given the small amount of funding provided for these demonstration projects. It should be noted that for other partnerships, the amount of funding available was seen as too little to make an application worthwhile. We found that providing resources directly to the community organizations enabled them to feel more ownership of the project and enhanced community capacity to manage funds. Providing funding directly to community partners also reduced the overall indirect expenses, thus ensuring more money went to the actual project.

Staff turnover within community organizations, even in the short two-year period, created challenges. It presented difficulty in maintaining contact for evaluation and programmatic purposes.

Last, but certainly not least, the criteria set forth by Centers for Disease Control and Prevention required that our grant focus on racial/ethnic minority communities. Therefore, other communities who would have benefited from the opportunity to learn more about the way to adapt physical activity interventions were not eligible for demonstration project funding. For example, there were lower-income white and hearing-impaired communities that would have welcomed the opportunity to engage in demonstration project funding. Because the NCC represents all PRC community and practice partners, we invited all partners to the evidence-based training. This ensured that everyone was provided the opportunity to enhance their capacity in the phases and phrases of research.

OVERALL LESSONS LEARNED

In general, it would have been helpful to more fully engage community-academic partners who work together as we moved through this project. We also recognize that some of the demonstration projects included practice partners (e.g., health departments). It may be important in future efforts to determine practice partner needs and build their unique capacities to assist in partnerships to adapt physical activity interventions with and within racial/ethnic minority communities.

