



Perceived benefits and barriers to suggested physical activity promotion strategies among African Americans in the Mississippi Delta

Isabel Scarinci, Ph.D., M.P.H.

Groesbeck Parham, M.D.

Edward Partridge, M.D.

University of Alabama at Birmingham

Background



- Energy balance = energy in/energy out
- It has been well documented that energy imbalance is a major risk factor for Type 2 diabetes, cancer, cardiovascular disease and other chronic diseases
- African Americans are disproportionately affected by these chronic diseases associated with energy imbalance
- Physical activity plays an important role in energy balance
- There is a lack of evidence-based physical activity strategies, particularly among minorities

Goals



- Better understand physical activity patterns among low-income African American adults in the Mississippi Delta
- Explore their attitudes regarding the CDC Community Guide's suggested physical activity strategies
- Obtain their input on suggested physical activities strategies that would be suitable and acceptable in their own environment

Methods



- Meeting with current lay health workers (CHARPs) to develop the topic guide – questions to ask, when, where, at what time, who should be the moderators, etc.
- Two discussion groups with CHARPs
 - Open discussion to define/better understand the sociocultural environment among low-income African Americans in the Mississippi Delta
 - Presentation of the Community Guide's suggested physical activity strategies
 - Discussion of recruitment and retention strategies
 - Focus groups segmentation (age and gender)

Methods



- Focus groups with the target audience divided into two phases
- Phase I (N=36)
 - 10 focus groups segmented by gender and age (19 to 45 and > 45 years of age)
 - Better understand the target audience's perceptions of health and the factors associated with physical activity
- Phase II - Six FGs (seg. by gender) (N=53)
 - To examine participants' perceptions of the benefits and barriers of using the Community Guide's strategies for increasing physical activity



Results - CHARPs

- 18 CHARPs
- African Americans in the Mississippi Delta are sedentary
- The main reason for not engaging in PA was lack of motivation

“I done worked on the job all day and that is walking. I am not fixing to do it.”



Results – Focus Groups

- Women
 - Comprehensive approaches rather than isolated strategies
 - Strategies for the entire community
 - Personalized programs for individual needs (e.g., age, gender, and health problems)
 - Use of personal trainer (same gender)
 - Implemented in groups, including families
 - Programs implemented at churches

“Churches would be a good venue – messages from the pulpit, group walks, competitions across churches.”

Results – Focus Groups

- Men
 - Group activities involving family members
 - No need for personalized programs
 - Use of personal trainer for the whole family, not individualized
 - Income as a major barrier to physical activity

“Make it a group activity; include children and whole families.”





Community-wide campaigns

Perceived benefits

- Integrated effort
- Having a spokesperson who is credible
- Community-wide campaigns to motivate the people y
- Word of mouth is very powerful – door to door
- Flyers/pamphlets -- Ineffective as “stand alone”; to be used in conjunction w/ video & other interactive activities; colorful
- Education about health benefits of PA – not focus on appearance
- Use of regular people who look like them
- Health fairs
- Having doctors and health care professionals that can provide individual counseling





Community-wide campaigns

Perceived barriers

- Flyers/pamphlets
 - Ineffective if not part of larger campaign
 - Large percentage of individuals in the delta are illiterate
 - People are tired of isolated efforts in terms of flyers and pamphlets – throw them away
 - Boring
 - Women read it, men do not
- Health fairs - People don't want to know what is wrong with them
- Lack of motivation
- Lack of perceived need
- Lack of funds



Individual Programs



Perceived benefits

- Very receptive to the idea of having a personal trainer (if cost is not an issue)
- Given the multiple health problems experienced by this population, having a personal trainer gives them the assurance that they are doing what they are supposed to do and it is detrimental to their health
- Personal trainer can help with diet and other behaviors – personalized
- Personal trainer better than counselor – “show it” rather than “talk about it”
- Some suggested having a personal trainer for the family and having a family PA program
- Referral from a physician (prescription)



Individual programs

Perceived barriers

- Opposition from spouses of having a male personal trainer coming to house
- People may be resistant to constructive criticism from a personal trainer
- Cost is an issue, as is a place to train
- Lack of motivation in working out alone – it is very difficult to adhere to it unless the personal trainer is present
- No support to the counselor approach
- No support for pedometers
- Little support for salary deductions as incentives or having a pool in which the winner gets the money



Social Support/Community Settings



Perceived benefits

- Most well accepted strategy – “buddy system” /”partner system”
- Churches would be a good venue – messages from the pulpit, group walks, competitions across churches
- Organized sports for the children
- “Family affair”
- These activities must be guided and supervised, and build in social support
- Provision of incentives would be helpful
- Competitions were well received

Social Support/Community Settings



Perceived barriers

- Lack of child care; lack of motivation; lack of time; lack of transportation
- Small group discussions with a counselor
 - Lack of time for regular meetings
 - Younger people would be less interested
 - Lack of transportation to meetings
- Payroll deduction - overall seen as a negative; “No one would participate in such a program”; perceived as “working for nothing”; no benefit or incentive
- Lottery – “People will become discouraged if they don’t win”; “people would become angry if they put in the effort to exercise, but didn’t win the money”; not useful as a long-term motivator



Create/Enhance Access

Perceived benefits

- Activities in the churches
- Need for a close-by facility (field house) with supervision of trained personnel given the multiple health problems
- A facility close to WallMart with incentives for employees
- Separate activities for the whole family but under the same roof
- Sports Club or Gym - Would be attractive if free
- Outdoor Walking Track - Should include exercise stations; offers a safe place to walk; in some places it already exists



Create/Enhance Access

Perceived barriers

- Lack of resources, transportation, child care, time, motivation, perceived need
- Sports Club or Gym
 - Cost seen as a major stumbling block
 - Location - people won't drive more than 15-20 minutes
 - Lack of time/transportation
 - Too crowded if free
 - Too many “riff-raff”, “thuggish people” if completely free
 - Intimidating equipment – don't know how to use
- Outdoor Walking Track - Needs to be located in neighborhoods

Prompts to Encourage Stair Use/Parking Far Away



Perceived benefits

- None

Perceived barriers

- Not a lot of places with elevators
- No support for taking the stairs because of HTN and health problems
- No support for parking far away at the store
- Bad weather (heat)
- Possibility of car being broken into
- “People are too lazy”

Conclusion



- African Americans in the Mississippi had a preference for community-based physical activity that are financially and physically accessible to everyone
- While both of men and women expressed interest for comprehensive, family-based , and “buddy” system approaches, they differed on the value of personal trainers
- Churches were identified as a good venue for physical activity programs