



**Community  
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Center**

## **Understanding Barriers to Bicycling Community Health Literature Review**

A Project of the Community Cycling Center

Funded by Metro  
Special thanks to Stacie Wolfe

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### **Literature Review: Community Health Studies Related to Communities of Color**

#### ***Introduction and Goals***

The purpose of this literature review is to evaluate interventions performed in the community health field for the *Understanding Barriers to Bicycling* project. Through an investigation of academic research, government studies and reports of community programs, this review identifies challenges to women, low-income, minority and immigrant communities in addressing community health issues. Where possible, documenting the need and highlighting successful strategies to overcoming these challenges have been identified. This is not a complete documentation of all information currently available. Instead, it provides a reasonable sample of what types of resources are available and which others may be difficult to obtain.

#### ***Methodology***

Several different sources were used to collect the information presented in this literature review:

- A basic internet search for related terms
- A search of community health research libraries
- A search of electronic journals and databases for related fields including community health, social services and public health

When collecting information, a preference was given to published, peer-reviewed or state-commissioned studies. In many cases, the studies were not available free-of-charge.

The results are organized by target audience.

#### ***Summary of Studies***

##### **Creating Programs for Children and Adolescents:**

According to recent census data, approximately 40% of children under the age of 18 are of a racial or ethnic background other than non-Hispanic Caucasian. As of 2005, 28% of children in the United States reside in single parent households (Kennedy & Floriani, 2008). Of all children under the age of 19 years, 50% are overweight, over 300% the target of Healthy People 2010. In addition to increased rates of cardiovascular disease and diabetes, overweight children experience higher rates of psychological issues such as depression and lower self-esteem. Physical education in secondary schools has declined to a national average of 28%, while 89% of schools have vending machines offering food and beverages that fail to meet USDA nutrition standards (Tsai, et al, 2009).

African-American youth have lower rates of engagement in physical activity with 29.5% meeting national fitness guidelines. Much of this discrepancy in activity levels is due to fewer recreational facilities being located in neighborhoods with higher percentages of African-American residents

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(Ries, et al, 2008). Around 45% of children are living in single parent households. Nearly 44% of female participants in the GEMS study were overweight (Story, et al, 2008).

Hispanic children experience obesity at significantly higher rates than their Caucasian and African-American peers (Tsai, et al, 2009). Parents of children under age 6 report screen usage time (computers, television, etc.) to be at least 2 hours daily (Lindsay, et al., 2009).

When compared with other racial groups, Native Americans experience worse overall health outcomes. Obesity rates run nearly two times higher than the general US population, increasing rates of cardiovascular disease and type 2 diabetes in kind (Brown & Kraft, 2008).

**Tsai PhD RN, Pei-Yun, Boonpleng MSN RN, Wannaporn, McElmurry EdD FAAN, Beverly J., Park PhD, Chang Gi, & McCreary PhD RN, Linda (2009). Lessons Learned in Using TAKE 10! with Hispanic Children. *Journal of School Nursing (25, 2) 163-172.***

TAKE 10! is a school-based (K-5) program aimed at increasing physical activity and improving nutritional habits through the integration of health messaging into non-traditional academic subject areas such as language and mathematics. Physical activity promotion is achieved through five 10-minute activity breaks throughout the academic day. Companion materials for the intervention include discussion guides on nutrition and health, obtained through the International Life Sciences Institute. Benefits of the intervention included: increased student concentration, increased attraction to physical activity, decreased classroom inactivity, and decreased discipline and behavioral issues. Barriers to implementation predominantly revolved around perceptions of time availability by instructors. No significant improvements to nutritional habits resulted from the intervention, despite self-reports from students to the contrary. Improvements to program outcomes may result by increasing parent, school and community participation.

**Ries MHS PhD, Amy V., Gittelsohn MS PhD, Joel, Voorhees MS PhD, Carolyn C., Roche MSW PhD, Kathleen M., Clifton MS PhD, Kelly J. & Astone PhD, Nan M. (2008). The Environment and Urban Adolescents' Use of Recreational Facilities for Physical Activity: A Qualitative Study. *American Journal of Health Promotion (23:1) 43-50.***

Study outcomes identify needs in three categories; physical environment, social environment and organizational environment.

Physical environment: Youth felt that many recreational facilities catered to younger children and did not have adequate athletic facilities such as basketball courts, swimming pools, tennis courts and tracks. Facilities located within walking distance were most frequently utilized. Maintenance issues such as inoperable lights, cracked courts, uneven surfaces and the presence of glass and syringes were identified as problematic. Young women expressed a greater attraction to areas that had been landscaped.

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**Social Environment:** Male respondents tended to gravitate toward facilities offering greater opportunity for socialization and competition, while females tend to engage in non-competitive social activities such as walking. Safety concerns about crimes such as robbery, sexual assault, drug dealing, murder and vandalism were all cited as barriers to spending time at facilities. Respondents felt that the presence of park monitors and adequate lighting would help.

**Organizational Environment:** Many respondents felt that organized activities were too oriented to younger participants and excluded high school age youth. Males expressed a desire for recreation leagues that allowed engagement in sporting activities regardless of skill level. Females were interested in activities such as volleyball and tennis. Both genders showed interest in weight lifting facilities. Flexible hours of operation and low cost were also cited as factors affecting attendance at recreational facilities.

**Kennedy RN CPNP PhD FAAN, Christine, Floriani RN CPNP APRN-BC, Victoria (2008). Translating Research on Healthy Lifestyles for Children: Meeting the Needs of Diverse Populations. *Nursing Clinics of North America* (43) 397-417.**

Study follows two interventions aimed at school-age children and television watching habits and levels of physical activity. Programming directed at television viewing consisted of four 1-hour weekly sessions. Activities were provided in a peer play-group format and included role playing, games and media clip analysis. Week 1 of the program the children are challenged to engage in one alternative activity to television viewing, and are given cameras to document family and friends doing likewise. Week 2 is focused on media literacy and the ability to critically analyze advertising. Week 3 focuses on viewing television through a lens of realism in order to increase perceptions of risk. The final week of the program, participants further engaged in problem solving in order to prevent risk-taking behavior in peer groups by crafting alternate endings to scenes viewed.

The second intervention considered the benefit of the inclusion of behavioral counseling in conjunction with physical activity and increased familial support in the reduction of childhood obesity. Through the use of motivational interviewing, researchers worked with participants to increase perceptions of self-efficacy and confidence throughout the process of behavioral change. Behavioral and dietary counseling, caretaker skill training, nutrition education and promotion of physical activity were all found to be integral parts of successful weight management treatment. Cooperation between mental and physical health care providers was positively correlated with long-term behavioral change, as was the provision of culturally aware services.

**Huhman PhD, Marian, Berkowitz PhD, Judy M., Wong MPH, Faye L., Prosper, Erica, Gray, Michael, Prince, David, & Yuen, Jeannie (2008). The VERB Campaign's Strategy for Reaching African-American, Hispanic, Asian and American Indian Children and Parents. *American Journal of Preventative Medicine* (34, 6S) 194-209.**

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The VERB Campaign's goal of increasing physical activity among adolescents was achieved through the use of television, radio and print advertising to both adolescents and parents. Through the use of audience segmentation, racial and ethnic specific messages were created to reach the broadest audience cross-section possible.

African-American adolescents were most receptive to the promotion of safe, noncompetitive activities that used cultural cues such as fashion and music without attempting to mimic slang. Advertisements featuring African-American teens engaging in physical activity, as opposed to discussing physical activity, were more widely received. Reported barriers to participation in physical activity included lack of transportation, unsafe neighborhoods and limited program availability. Parents valued social and psychological benefits of physical activity, self-esteem building, promotion of discipline, fostering independent and positive thinking, as well as the empowerment of children.

Hispanic teens responded best to messages that stressed family values, included a strong emotional tone, and were delivered by respected figures in Spanish. Barriers to participation were low income, family responsibilities, gender boundaries, and language differences. Females were most often constrained by familial responsibilities such as caring for younger siblings. Parent directed marketing was necessary to increase program success, and was most effective when the physical activity of children was linked to the quality of parenting.

In order to best reach Asian-American teens, marketing was directed towards parents. Many parents did not view physical activity as a priority over education, discipline and culture. Messaging linking physical activity with increased health and school performance tended to be most effective. Teens favored representation of activities such as skateboarding, snowboarding and surfing because of their status as "cool", as well as any other activity that offered socialization and increased self-esteem.

Native American teens and parents cited a wide range of barriers to engagement in physical activity such as; insufficient school-based resources, lack of safe spaces on reservations, limited financial resources, parent work schedules, poor role modeling by adults, and home responsibilities. Teens did express feelings of increased confidence, leadership, motivation, ambition and pride when able to participate in activities. Those who were not currently engaged in some form of extra-curricular activity tended to be more reserved, unsure, ashamed of performance in sports, and tended to select more low-skill activities. Both teens and parents voiced an importance of including aspects of tribal culture in interventions, so long as it was done in a way that avoided stereotyping. Respected tribal figures were most effective for message delivery.

**Richards PhD, Chanelle R., Tucker PhD, Carolyn M., Brozyna MS, Angelica, Ferdinand PhD, Lisa A., & Shapiro, Michael A. (2009). Social and Cognitive Factors Associated with Preventative Health Care Behaviors of Culturally Diverse Adolescents. *Journal of the National Medical Association* (101, 3) 236-241.**

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There is a strong correlation between adolescents' self-efficacy in engaging in consistent preventative health behaviors and their perceptions of the extent of those in their social support networks engagement in the same behaviors. By actively modeling positive health behaviors such as; stress management, adequate sleep, avoidance of risky behaviors, eating healthy foods, routine medical checkups, and engagement in exercise, both peers and adults can influence the health behaviors of youth. An increased perception of the benefits and value of a behavior decreases the impact of any barriers to the activity in question.

**Story PhD, Mary, Sherwood PhD, Nancy E., Obarzanek PhD, Eva, Beech DrPH, Bettina M., Baranowski MPH, Janice C., Thompson MPhil, Nikko S., Owens BA, Ayisha S., Mitchell MPH, Megan & Rochon PhD, James (2003). Recruitment of African-American Pre-Adolescent Girls into and Obesity Prevention Trial: The GEMS Pilot Studies. *Ethnicity and Disease* (13) 78-87.**

Four general areas of barriers to recruitment and involvement of minorities in health intervention studies were identified. Socio-cultural barriers included fear, mistrust and apprehension of research. Economic barriers identified were financial instability, lack of telephones and transportation, lack of child care, and high mobility. Individual barriers were lack of time, and perceptions about health and disease. Research barriers mirrored concerns expressed in the identification of socio-cultural barriers.

Strategies to increase recruitment and enrollment in health interventions were: 1.) use of focus groups to identify and understand specific barriers to involvement for the specific population; 2.) conducting an accurate needs assessment; 3.) development of a community profile; 4.) development and maintenance of a relationship of trust, openness and honesty with the community; 5.) provision of clear benefits; 6.) development of a plan that integrates the study into target communities; 7.) use of multiple recruitment strategies; 8.) conducting multiple pilot studies of each specific recruitment strategy; 9.) employment of staff from the same ethnic background as participants; 10.) development of inclusive eligibility criteria; 11.) use of flexible study procedure; and 12.) development of culturally competent methods.

Additionally, successful recruitment among lower-income populations includes childcare, provision of transportation and meals, flexible staff availability and recruitment within the community. Youth participants in this particular study cited a need for programming to be appealing and fun rather than having strict emphasis on the health benefits. The most successful recruitment strategies were media promotions, school and community presentations, and to a lesser extent word of mouth promotion.

**Brown, Lawrence D. & Kraft, M. Katherine (2008). Active Living as an Institutional Challenge: Lessons from the Robert Wood Johnson Foundation's "Celebrate Fitness" Program. *Journal of Health Politics, Policy and Law* (33:3) 497-523.**

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The Celebrate Fitness program awards small grants to tribal youth counsels to create fitness promotion activities within their own communities. Programs were run by youth, under the supervision of tribal adults, thus fostering an overall sense of ownership of programs. Other peripheral benefits of the Celebrate Fitness program were a decrease in social isolation for youth, increased confidence in organizational skills, greater connection to community organizations and tribal power structures, and an overall increase in leadership ability.

The Tribal Youth Counsels identified barriers to engagement in physical activity, including: time constraints, divorced families, transportation, tribal geography, and an uneven distribution of facilities. Institutionalizing of health intervention programs also must navigate established tribal power structures. Inclusion of tribal leaders in the process is essential for success, and once approval is obtained, a sharing of credit is socially expected.

Programs created with grant money were established using a set grouping of tactics to increase success. Education of the entire community about the benefits of physical activity, as well as methods of incorporating activity into daily life, was effective as long as the information was provided more than once. Inclusion of tribal role models not only increased the messages effectiveness, but failure to do so decreased the programs ability to succeed. Provision of tangible rewards, social gatherings and entertainment all increased program success.

### Health Interventions for a General Adult Population:

According to the Healthy People 2010, the groups with both the worst overall health outcomes and the highest levels of poverty are African-Americans, Hispanics, American Indians and Alaskan Natives (Robinson, 2008). Low-income, less educated and minority individuals are most likely to fall below national guidelines for dietary intake (Gans, et al., 2009). Those falling into this particular demographic are also less likely to engage in physical activity and to perceive their neighborhoods as spaces conducive to exercise (Gebel, et al., 2009). African-American (70%) and Hispanic (73%) adult suffer disproportionately from obesity in comparison to other racial and ethnic groups (Van Duyn, et al., 2007).

Low-income African Americans are the least likely group to meet USDA guidelines for fresh produce intake. Failure to consume recommended amounts of fresh fruits and vegetables is positively correlated with increased rates of coronary heart disease, certain cancers, stroke, diabetes, anemia, high blood pressure, and osteoporosis. African-Americans experience heart disease at a rate of 40% more than Caucasians (Robinson, 2008). Among African-Americans, women are the least likely to engage in adequate amounts of physical activity with only 31.4% engaging in regular physical activity. This demographic has high rates of chronic disease and obesity as a result (Harley, et al., 2009).

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Gans, Kim M., Risica, Patricia M., Strolla, Leslie O., Fournier, Leanne, Kirtania, Usree, Upegui, David, Zhao, Julie, George, Tiffany & Acharyya, Suddhasatta (2009). Effectiveness of Different Methods for Delivering Tailored Nutrition Education to Low Income, Ethnically Diverse Adults. *International Journal of Behavioral Nutrition and Physical Activity* (6).

Health messages specifically tailored to low income, ethnically diverse English or Spanish speaking populations were found to be more widely received than non-tailored messaging when delivered in multiple small doses over a period of time. Materials were most effective when written at a 6<sup>th</sup> grade readability. For Hispanic audiences, substitution of graphics for those more culturally relevant appeared to increase receptivity. African-American women tended to respond more favorably to messages tailored to both personal behavioral and cultural constructs.

**Bogart, Laura M. (2009). Community-Based Participatory Research: Partnering with Communities for Effective and Sustainable Behavioral Health Interventions. *Health Psychology* (28: 4) 391-393.**

Community-based participatory research (CBPR) interventions are created with the joint contributions of community members and researchers at all steps of the process. When using CBPR, awareness of power differentials between community members and researchers is crucial in maintaining an environment of equality among players. Benefits of CBPR include an increased community capacity leading to increased longevity of intervention outcomes, stronger research outcomes due to increased community input and support, and an increase in researcher knowledge of appropriate culturally tailored interventions.

**Gebel M.AppSc, Klaus, Bauman PhD, Adrian & Owen PhD, Neville (2009). Correlates of Non-Concordance between Perceived and Objective Measures of Walkability. *Society of Behavioral Medicine* (37) 228-238.**

Perceptions of walkability of a neighborhood had more of an impact than the actual quality of the neighborhood. Factors positively impacting perception included exposure, higher income and educational level, no presence of children in the household, and lower BMI. Survey outcomes tended to support the hypothesis that an increase in perceptions of area walkability increase physical activity more so than do physical improvements to the environment.

**Robinson, Tanya (2008). Applying the Socio-Ecological Model to Improving Fruit and Vegetable Intake Among Low-Income African-Americans. *Journal of Community Health* (33) 395-406.**

Study includes detailed tables for subset-specific health interventions in the African-American community.

Recommended individual level interventions to increase intake of fresh produce include; education-based awareness programs aimed at knowledge and perceptions about food options and preparation, skill building workshops, and food purchasing education. Implementation of programs

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for this community tended to be more successful when offered with the support and/or partnership of the church.

Van Duyn PhD MPH RD, Mary Ann S., McCrae MPH CHES, Tarsha, Wingrove MPH, Barbara K., Henderson MA, Kimberly M., Boyd PhD RN FNP, Jamie K., Kagawa-Singer PhD, Marjorie, Ramirez PhD, Amelie G., Scarinci-Searles PhD, Isabel, Wolff MA, Lisa S., Penalosa MPH, Tricia L. & Maibach PhD, Edward W. (2007). Adapting Evidence-Based Strategies to Increase Physical Activity Among African-Americans, Hispanics, Hmong and Native Hawaiians: A Social Marketing Approach. *Preventing Chronic Disease: Public Health Research, Practice and Policy* (4; 4) 1-11.

- Link:

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17875246>

Sponsored by the National Cancer Institute, this study is an examination of the use of evidence-based interventions to increase physical activity among underserved racial and ethnic groups. Study outcomes reinforced the need to tailor approaches to each specific community and focus on the characteristics unique to each particular demographic. Other concerns expressed by participants included; sensitivity to time and financial constraints, ensuring that activities are inclusive and group-focused (extended family, church groups, community members, etc.), and the importance of incorporating physical activity into the fabric of daily life. Identified barriers included time, economic resources to pay for programs, literacy problems, unsafe neighborhoods, and lack of access to places to engage in physical activity.

### Interventions with Men:

African-American men experience higher rates of terminal cancer than do their Caucasian peers due to disparities in clinical screening rates, biological characteristics and socioeconomic status.

Bryan PhD MPH, Charlene J., Wetmore-Arkader M.A., Lindsay, Calvano MA, Tammy, Deatrick PhD RN FAAN, Janet A., Giri MD, Veda N. & Watkins Bruner RN, Deborah (2008). Using Focus Groups to Adapt Ethnically-Appropriate, Information-Seeking and Recruitment Messages for a Prostate Cancer Screening Program for Men at High Risk. *Journal of the National Medical Association* (100, 6) 674-682.

- Link:

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=18595569>

A study on cultural responses to media-based health messaging, paid for through a grant by the National Cancer Institute, with the goal of understanding receptivity and processing of health communications. Through the use of cultural and gender specific focus groups, the study examines the responses of both African-American and Caucasian men and women to print and radio health advertisements. Findings suggest African-American participants were more receptive to messaging that included: 1) use of empowering language, 2) use of multi-generational imagery of families, 3)

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delivery of information in a concise format such as bulleted lists, and 4) provision of ethnicity-specific risk factors in targeted print advertisement.

**Meade PhD RN FAAN, Cathy D., Calvo MPH CHES, Arlene, Rivera RN MA, Marlene & Baer PhD, Roberta D. (2003). Focus Groups in the Design of Prostate Cancer Screening Information for Hispanic Farmworkers and African American Men. *Oncology Nursing Forum* (30, 6) 967-975.**

Hispanic farm workers identified family, work, education, health, and faith as the most important aspects of their lives. While claiming that health, nutrition and fitness were important, practical application is complicated by a lack of time and post-work exhaustion. Lack of anatomical knowledge, embarrassment and misconceptions about sexual connotations may also have an impact on participation in health interventions. Successful outreach methods include learning from videotapes, group discussion, and printed materials that were simple and easy to read. The use of images along with printed material increased understanding of concepts.

African-American men identified family, health, work and faith as important aspects of life. Stress, concern for violence and crime, and finances were also cited as driving forces in their daily lives. Many participants discussed a general fear and distrust of medical professionals, as well as a concern for racism and racial inequities. The preferred methods of message delivery were identified as church, sporting events and commercials, word of mouth from peers, billboards, barbershops, and family centered events. Most expressed enjoying learning in group discussions. Low literacy rates were mentioned as a concern in creating written education materials.

### **Interventions with Women:**

51% of African-American women over 20 years of age are overweight or obese, a factor potentially affecting breast cancer detection and mortality rates (Curtis, et al., 2008) (Wolfe, 2004). Compared to Caucasians, African-Americans are more likely to be living in poverty. Low socioeconomic status is positively correlated with a higher BMI in women, but not men or Caucasians (Curtis, et al., 2008). An earlier age of sexual maturation, earlier age of child bearing, and a likelihood of retaining more weight post-partum also contribute to higher BMI among African-American women (Wolfe, 2004).

Hispanics are the most likely demographic in the United States to be poor and uninsured (Keller, et al., 2006). 39% of Mexican-American women are overweight or obese (Curtis, et al., 2008). Rates of diabetes and physical inactivity tend to be highest among Hispanics, however mortality tends to be low. 74% of women under the age of 60 report physical inactivity, with rates declining among older women (Keller, et al., 2006).

**D'Alonzo PhD RN APNC, Karen T., Fischetti MSN RN, Natalie (2008). Cultural Beliefs and Attitudes of Black and Hispanic College-Age Women Toward Exercise. *Journal of Transcultural Nursing* (19) 175-183.**

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Exercise among the study population was predominantly seen as a means to attaining a specific weight of body goal, not a lifestyles choice. Black participants often had a family member as a role model for exercise, while Hispanic participants often did not. Barriers to exercise for Hispanic women tend to revolve around culturally constructed rules about appropriate gender-based activity, as well as familial responsibilities. Many black women stated a pressure to conform to the white standard of beauty. Both groups stated a tendency to feel more comfortable engaging in exercise if there were other women present who looked like them. Social support from family and friends, emphasis on the benefits of exercise, and a sense of camaraderie all increased the likelihood of ongoing participation.

**De Jesus, Maria (2009). Mutuality at the Center: Health Promotion with Cape Verdean Immigrant Women. *Ethnicity & Health* (14; 1) 45-59.**

Findings from this study pointed to useful tactics for engaging with immigrant women, specifically from a specific community of Western African women. Through engaging with women of the community, health promoters were able to establish an egalitarian, mutually engaging relationship with the community; fostering an environment that allowed for more in-depth information sharing. An appropriate amount of self disclosure with community members helped this process along. Consistent ally behavior was necessary, demonstrating an attitude of non-judgment, compassion, humility and authentic collaboration with members of the community.

Participants from the community stressed the importance of minding non-verbal communication for negative judgments. Facial expressions and body language often convey judgment more powerfully than words. As important to participants was consistency among program staff. Mindful acknowledgement of power dynamics within the context of both the community-wide and personal relationships was found to be crucial to this process.

In creating relationships, four stages were cited as important: becoming culturally responsive, establishing trust, demonstrating respect and learning in the field. Becoming culturally responsive includes self education about pertinent issues within the community. Much of this learning is accomplished in the field; encompassing broad culture-specific knowledge, spiritual knowledge and socio-historical knowledge.

**Wolfe MSW, William A. (2004). A Review: Maximizing Social Support – A Neglected Strategy for Improving Weight Management with African-American Women. *Ethnicity & Disease* (14) 212-218.**

Erosion of traditional extended family networks within the African-American community is largely due to factors such as poverty, drug use, and a loss of affordable housing. This loss has taken away essential familial support for weight loss activities, a major barrier to increased physical activity rates among African-American women. Enhancement of social support networks positively impacts perceptions of self-control and self-efficacy. This is believed to be accomplished through increasing mutual support and providing positive role modeling. Health intervention programs structured

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around the creation and maintenance of social support groups have shown to be effective in increasing the long-term physical activity of African-American women.

**Curtis MA, Leslie, Brown PhD, Zaneta G., & Gill MPH, Jennifer E. (2008). Sisters Together: Move More, Eat Better: A Community-Based Health Awareness Program for African-American Women. *Journal of the Black Nurses Association* (19; 2) 59-64.**

Barriers to physical activity for African-American women included unfamiliarity with practical, convenient methods of exercise, a lack of social support, and child care responsibilities. Barriers to healthy eating included low socio-economic status, reduced access to fresh produce, and increased access to low-cost convenience stores and fast food restaurants. Long standing cultural methods of food preparation are also partly responsible. Positive correlations between lower SES and decreased perceptions of self as overweight were also found, despite an overall increase in BMI.

The Sisters Together intervention takes a community-based approach to increasing social support. The main goal of the program is a gradual shift in eating and physical activity habits, accomplished through group cooking and movement classes. Information about, and for, the program was demographically divided into four categories; young African-American women, African-American women, mature African-American women, and general information for African-American women of all ages.

**Harley PhD MPH RD, Amy E., Odoms-Young PhD, Angela, Beard ScM, Binta, Katz PhD MPH, Mira L., & Heaney PhD MPH, Catherine A. (2009). African American Social and Cultural Contexts and Physical Activity: Strategies for Navigating Challenges to Participation. *Women & Health* (49) 84-100.**

Barriers to physical activity for African-American women identified in this study include; financial constraints, limited health education, lack of role modeling, and neighborhood safety issues leading to a decrease in exercise space. Personal body image barriers included an ascription to a larger body size ideal and hair maintenance. The lack of role models for physical activity has resulted in a loss of encouragement for engaging in physical activity, sedentary childhoods that result in a lack of exposure to varied physical activity, and a lack of social support. The result being a lack of African-American women present in exercise groups or gyms, further decreasing the exposure and modeling.

Respondents discussed the importance of stressing alternative reasons for exercise outside of weight loss and appearance, and working toward shifting family gathering activities away from food and toward physical activity. Blending strategies that address both personal and community needs were felt to be more effective for addressing physical activity in the African-American community.

**Keller PhD RN-C FNP, Colleen & Fleury PhD FAAN, Julie (2006). Factors Related to Physical Activity in Hispanic Women. *Journal of Cardiovascular Nursing* (21:2) 142-146.**

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Physical activity is positively correlated to perceptions of self-efficacy, social support, health concerns, and attitudes about physical activity. Church attendance and belonging to a community group were positive correlates for young women. Barriers for Hispanic women include; exhaustion, discouragement from others, self consciousness, family obligations, multiple roles and a lack of time. Perceptions of weight and body image equated with marriage and child bearing also acted as barriers.

Culturally relevant interventions increased participation and retention and were most effective when stressing social support benefits of physical activity. Activities that involved the health of the entire family tended to increase participation of women.

**Lindsay, Ana C., Sussner, Katarina M., Greaney, Mary L. & Peterson, Karen E. (2008). Influence of Social Context on Eating, Physical Activity and Sedentary Behaviors of Latina Mothers and Their Preschool-Age Children. *Health Education & Behavior* (36) 81-96.**

Barriers to healthy eating for Latina mothers include economic restraints, food pricing and food insecurity. Many respondents cited a lack of time for meal preparation, many times caused by the decrease in social support networks post immigration. The limited availability of healthy food options in low income neighborhoods and an increase in dining out were also contributing factors.

Physical activity was impacted by cold weather, neighborhood safety concerns, long work hours and conflicting family schedules. Many respondents cited a shift in the culture of daily life as a cause of increased sedentary behavior post immigration. Many children experienced significant increase in television viewing in order to learn English and become more integrated into American life. Families relied on the car for transportation more so than pre-immigration.

Successful interventions approach health behaviors on a family level and take into consideration environmental factors such as housing and weather.

### **Health Interventions with Senior Citizens:**

Most older adults do not meet national guidelines for physical activity, low-income and minority groups being the least active among their peers (Stewart, et al., 2006).

**Stewart PhD, Anita L., Gillis MS, Dawn, Grossman PhD, Melanie, Castrillo, Martha, Pruitt PhD, Leslie, McLellan MPH, Barbara & Sperber MA, Nina (2006). Diffusing a Research-based Physical Activity Promotion Program for Seniors into Diverse Communities: CHAMPS III. *Preventing Chronic Disease: Public Health Research, Practice and Policy* (3:2) 1-16.**

CHAMPS is a physical activity promotion program for older adults that provides information, skills training, support and problem solving through personal and group interactions. By offering a number of varied activities, the program was able to reach both frail and ambulatory seniors. Participants

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## **Community Cycling Center**

responded positively to the group exercise aspect of the programs as it allowed a chance for building social ties. Barriers to participation were fear of falling, concern about existing medical issues and mobility, transportation and scheduling conflicts. Programs implemented for this population were found to be more successful reaching low-income and minority older adults when staffed by individuals with experience working with culturally diverse groups.

**Stewart, Anita L., Grossman, Melanie, Bera, Nathalie, Gillis, Dawn E., Sperber, Nina, Castrillo, Martha, Pruitt, Leslie, McLellan, Barbara, Milk, Martha, Clayton, Kate & Cassady, Diana (2006). Multilevel Perspectives on Diffusing a Physical Activity Program to Reach Diverse Older Adults. *Journal of Aging and Physical Activity* (14) 270-287.**

All respondents in this study viewed physical activity as beneficial in prevention and management of stress and chronic health issues. Many unmet needs were also cited, among them: a lack of community-based low cost activities, motivational support, classes for those with physical limitations, bilingual classes, language appropriate learning materials, and resources to assist in transportation, caretaking responsibilities and poor health. The study identified the following underserved subgroups; low-income elderly, African-American men, individuals with physical limitations, those not currently involved with senior centers, non-English speakers, working seniors, the socially isolated, and the frail elderly.

Outreach was most successful when done through a health care intermediary. Respondents expressed the need for staff to be trained in CPR, physical activity for older adults, and for a pre-participation health screening to be conducted.

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