University of Vermont ScholarWorks @ UVM

Public Health Projects, 2008-present

Public Health Projects, University of Vermont

College of Medicine

2-2-2009

Walking For Health: A Community Education and Physical Activity Initiative

Jessica Andrews

Alycia Horn

Christian Sanchez-Jordan

Amos Shemesh

Jeremy Silver

See next page for additional authors

Follow this and additional works at: http://scholarworks.uvm.edu/comphp_gallery

Part of the <u>Community Health and Preventive Medicine Commons</u>, and the <u>Health Services Research Commons</u>

Recommended Citation

Andrews, Jessica; Horn, Alycia; Sanchez-Jordan, Christian; Shemesh, Amos; Silver, Jeremy; Song, Tara; Wang, Katherine; Robinson, Al; and Burke, Marianne, "Walking For Health: A Community Education and Physical Activity Initiative" (2009). *Public Health Projects*, 2008-present. Book 14.

http://scholarworks.uvm.edu/comphp_gallery/14

This Article is brought to you for free and open access by the Public Health Projects, University of Vermont College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Public Health Projects, 2008-present by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.





Walking For Health: A Community Education and Physical Activity Initiative



Andrews J, Horn A, Jordan C, Shemesh A, Silver J, Song T, Wang K Al Robinson, Marianne Burke

BACKGROUND/INTRODUCTION

Vermont was ranked the nation's healthiest state, according to 2007 America's Health Rankings. However obesity, currently the second most common cause of death among VT adults, is becoming so common it may replace cigarette smoking as the number one risk factor for death. In fact obesity affects 21% of adults in VT, most commonly low income adults. Obesity is a risk factor for high cholesterol, high blood pressure, heart diseases, and diabetes. [1]

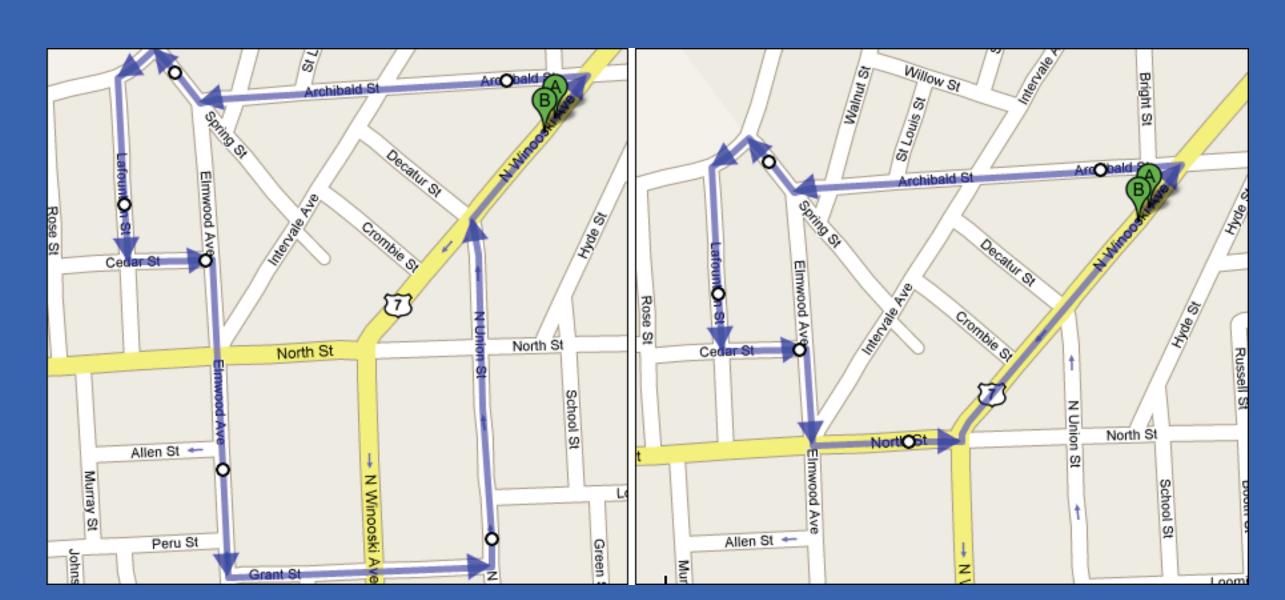
Diet quality and physical activity are important factors in preventing obesity. [2] 42% of Vermont adults are below the recommended level of physical activity. [1,3] Greater knowledge about nutrition correlates with improved diet quality and greater physical activity. [4] A successful educational strategy on physical activity and nutrition promotes group activities and adapts for cultural relevance. [5]



ABOVE: Our group giving an educational presentation on diabetes at the Imani Food Distribution.

OBJECTIVES

- To develop and implement a community-based exercise strategy.
- To educate the community about diabetes and nutrition.



Route 1: 1.5 miles

Route 2: 1.0 miles

METHODS

We conducted open group walks on six Friday afternoons beginning in October and concluding in December, 2008. We advertised using flyers and announcements, and the Imani Center made phone calls to interested individuals. Two routes were mapped using Google Maps (above) to allow for differing paces. Members of our MSLG II group led the walks and ensured that all participants arrived safely back at the Imani Center.

In addition to the group walks, our we gave informative presentations about diabetes, nutrition, and physical activity at the October and November, 2008 Imani Food Distributions (left). Fliers with healthy recipes and diet plans were also distributed in the food boxes.

Following the final walk on Friday December 5, 2008 we distributed a survey to assess participants' satisfaction with the group walks and their personal exercise habits.

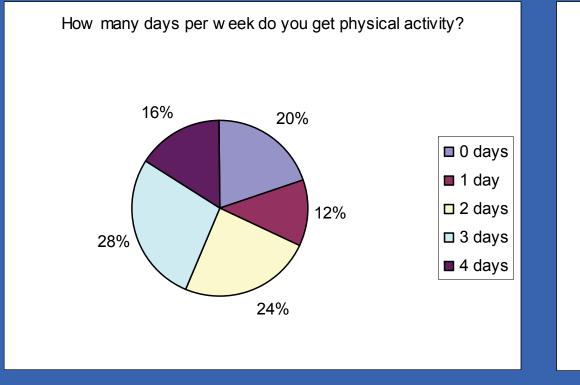
RESULTS

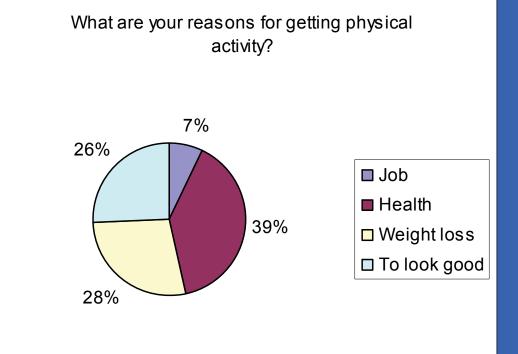
Community participation at walks was low. One individual joined us for three walks. High participation was on October 28th, with 10 participants.

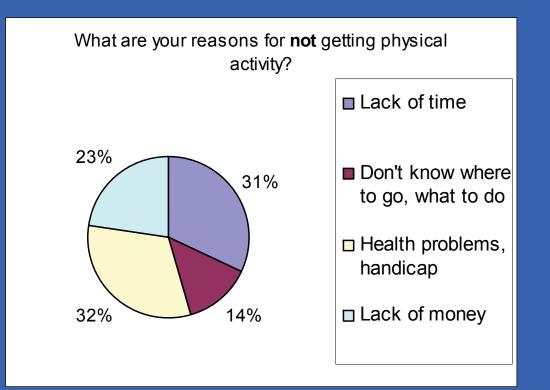
Attendance at presentations was high due to the fact that attendance was required to get a food box. Audience response to presentations was mixed, but people were interested in learning and appreciative of our efforts to help them learn how to help themselves.

25 surveys were completed (n=25). Mean age of respondents was 41 years. 52% were female, 40% were male, and 8% did not indicate gender. Results showed that 56% of respondents get less than 3 days of physical activity per week. 16 of 25 were not happy with the amount of physical activity they get, for reasons such as lack of time and health problems. 39% indicated interest in physical activity for improving health.

Survey Question	Yes	No	Don't know
Has a doctor ever told you that you have diabetes?	14	10	1
Are you happy with the amount of physical activity you get?	8	16	1
Do you think that you get enough physical activity?	7	18	0







CONCLUSIONS

- The community members that participated in the group walks enjoyed physical activity in a group setting.
- •Teaching about diabetes, diet, and physical activity is best done using simple techniques and clear visual aids.
- Healthy eating and physical activity is possible in a population of lower economic means; however, changing routine is a difficult barrier.

LESSONS LEARNED

- In order to attract participants for a group walk, an excellent advertising/incentive strategy needs to be in place.
- When working with a community agency, effective communication is key.
- It is important to have a flexible plan to allow for differing opinions.
- •Building relationships and getting in touch with the community was the true achievement of this project.

REFERENCES

[1] U.S. Vermont Department of Health. The Health Status of Vermonters. 2008.

[2] U.S Vermont Department of Health. Obesity and Health Status Report. 2006.

[3] Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007. [4] Beydoun, M.A., and Y. Wang. "Do nutrition knowledge and beliefs modify the association of socio-economic factors and diet quality among U.S. adults?" Preventitive Medicine 46 (2008): 145-53.

[5] Van Duyn, Mary Ann S. "Adapting Evidence-Based Strategies to Increase Physical Activity Among African Americans, Hispanics, Hmong, and Native Hawaiians: A Social Marketing Approach." Preventing Chronic Disease. 4 (2007): A102.