

SPECIAL TOPICS

ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE
19TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

A Community-based Partnership to Address Barriers to Physical Activity in an African American Community

Marcus Plescia, Martha Groblewski

Suggested citation for this article: Plescia M, Groblewski M. A community-based partnership to address barriers to physical activity in an African American community [abstract]. *Prev Chronic Dis* [serial online] 2005 Apr [date cited]. Available from: URL: http://www.cdc.gov/pcd/issues/2005/apr/04_0142m.htm.

PEER REVIEWED

Track: Partnerships

The objective of this project was to describe changes in physical activity behaviors resulting from a partnership between a community coalition, lay health advisors, and a YMCA branch.

The Centers for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health (REACH 2010) project funds 37 communities to engage in participatory, community-based interventions to address racial and ethnic health disparities. Our project targets a geographically defined, urban, medically underserved, African American community of 18,892 in Charlotte, NC.

The focus of the project is to recruit, train, and support lay health advisors to promote health behavior change among community residents. A partnership with a local branch of the YMCA was designed to support the efforts of the lay health advisors and address existing barriers to participation in regular physical activity. Residents are encouraged to participate in community-based YMCA activities that occur in a range of settings and are funded

by the REACH 2010 coalition. Evaluation methods include 1) a yearly random survey of community residents by telephone using Behavioral Risk Factor Surveillance System questions on physical activity behaviors; 2) pretest and two-year follow-up surveys by telephone of program participants to measure relative frequency of physical activity and current stage of change for physical activity behavior change; and 3) focus groups to determine motivational factors among community participants in the YMCA program.

The project has maintained an average of 15 active lay health advisors working at least 10 hours per week in the community. In the second year of the project, the percentage of adults in the focus community who indicated they did not meet physical activity recommendations decreased from 32.0% (95% Confidence Interval [CI], 28.6–35.5) at baseline to 24.4% (95% CI, 21.1–28.2). At two-year follow-up of YMCA program participants, 56.6% indicated that they were exercising more than they did two years before, and the percentage who indicated Maintenance Stage of Change increased from 41.67% (95% CI, 37.31–46.03) to 54.24% (95% CI, 48.01–58.65). Focus group respondents identified intrapersonal factors such as improved self-efficacy and interpersonal factors such as social support and fellowship as aspects of the YMCA programs that helped motivate them to continue participation in the program.

Partnership between a REACH 2010 community coalition and a local YMCA branch was instrumental in establishing and supporting a community lay health advisor program and addressing community barriers to physical

activity. This multicomponent intervention resulted in significant physical activity behavior change at the individual and community levels.

Corresponding Author: Marcus Plescia, MD, MPH, Chief, North Carolina Division of Public Health, Chronic Disease and Injury Section, 1915 Mail Service Center, Raleigh, NC 27699. Telephone: 919-715-0125. E-mail: Marcus.Plescia@ncmail.net.