

THE ROBERT WOOD JOHNSON FOUNDATION



ACTIVE LIVING



DIVERSITY PROJECT

A LOOK AT PHYSICAL ACTIVITY AND HEALTHY EATING IN AFRICAN AMERICAN, LATINO AND NATIVE AMERICAN COMMUNITIES

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EXECUTIVE SUMMARY

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INTRODUCTION

The Robert Wood Johnson Foundation retained Pyramid Communications to identify the barriers to and opportunities for developing effective programs to increase physical activity in the African American, Latino and Native American communities. We later included healthy eating at the request of the Foundation. Our work was conducted between January 2002 and May 2003.

We undertook four main tasks:

- Expert identification
- Expert interviews
- Focus groups
- Review of literature reviews

It is important to acknowledge that within each of these minority communities, further diversity exists. Because of this, it is difficult and unreliable to determine a broad set of barriers and opportunities for an entire population. Each community is unique and deserves individual consideration.

We chose to focus on low and low-middle income segments of each group. For the Latino community, we focused on Mexican Americans.

METHODOLOGY

- **Expert Identification**—Eighty-five academic, community and organizational leaders in the field of physical activity promotion for African Americans, Latinos and Native Americans were identified as potential interviewees.
- **Expert Interviews**—Forty-seven experts were telephone interviewed.
- **Focus Groups**—Six gender-specific focus groups were conducted around the nation with low and low-middle income individuals from the communities.
- **Literature Reviews**—Three literature reviews were provided by The Robert Wood Johnson Foundation, one for the African American community, one for the Latino community and one for the Native American community. The three papers were reviewed and findings were integrated with those from interviews and focus groups.

FINDINGS

Our findings regarding the barriers to and opportunities for developing effective programs in these three communities were derived from expert interviews, focus groups and literature reviews. Many of the findings were identical across communities. For a breakdown of how general findings relate to a specific community, see the section of this report titled Findings. Following is a brief summary of our key findings.

CURRENT SITUATION

- Most people know what is good for them; they just don't do it.
- Economic factors can make being physically active or eating healthy difficult.
- The physical environment in these low-income communities is not conducive to healthy eating or physical activity.
- The stress of racism and low socioeconomic status leads to attitudes antithetical to becoming motivated to lead a healthy lifestyle.
- Women experience increased barriers to becoming physically active and eating healthier.
- People are aware of and concerned about health risks.
- Different age groups have different motivations to be physically active.
- These communities enjoy many physical activities.

CURRENT PROGRAMS

- There are very few physical activity programs in these communities.
- Programs conducted in these communities cannot or don't take advantage of the strategies found to be effective.
- Studies lack standard evaluation methods to determine effectiveness.

PERCEPTIONS

- The term "exercise" has different associations than the term "physical activity."
- There are a variety of perceptions about physical activity and healthy eating in these communities.
- Being overweight in these communities does not necessarily have a negative connotation.

PROGRAM IMPLEMENTATION

- Involving the community in developing and sustaining a program can earn trust and foster behavior change.
- Partnering with trusted and recognized institutions already in the community can earn trust and recognition for the program.
- Finding people who can change perceptions from within the community or the family is important to program relevancy and successful implementation.

PROGRAM ELEMENTS

- Visual and emotional materials work well.
- These communities experience significant social group identity and are more motivated or discouraged as a group than as individuals.
- People are more responsive to concerns about their children than themselves.
- Goals that fit lifestyles are more realistically accomplished.

SPECIAL CONCERNS SPECIFIC TO THE LATINO COMMUNITY

- The Latino community experiences language barriers.
- The family is an especially important element of Latino life; the entire family dynamic should be considered when offering programs.
- Gender roles are specific in this community and should be considered when offering programs.

BARRIERS, OPPORTUNITIES AND PROMISING PRACTICES

During our expert interviews, we found a pattern of overcoming barriers by turning them into opportunities. Identified barriers can be directly addressed so that opportunities arise from them. We identified a number of promising practices that take advantage of those opportunities.

INNOVATIVE PROGRAMS

We identified one program in each community that utilizes creative and innovative approaches with successful results.

AFRICAN AMERICAN

Healthy Body, Healthy Spirit; Atlanta, Ga.

This program partners with local churches and celebrities to utilize the spiritual message of physical activity and healthy eating. Pastors preach the message from the pulpit. A program booklet, program videos and many incentives are also included.

LATINO

La Vida Buena; Escondido, Calif.

This program has heavy community involvement and addresses childcare, language and time barriers by integrating children into activity, providing instruction in Spanish and implementing programs in convenient locations. Popular cultural music during activity and group/individual support are used to make participants feel comfortable.

NATIVE AMERICAN

Wings of America; Santa Fe, N.M.

This program uses running to instill cultural pride in its participants. Running is a traditional Native American activity. Pride and motivation are derived from the activity's cultural significance.

RECOMMENDATIONS

Our work resulted in a number of recommendations for addressing the barriers to and opportunities for developing effective programs. We believe many of them apply to the entire American population as well as to these minority groups.

MOTIVATE, NOT JUST EDUCATE

The top priority for many low and low-middle income individuals is to make ends meet and to provide for the family, rather than to gain personal benefits. The personal benefits that have been traditional motivations for physical activity should be approached differently for low and low-middle income communities. Motivate people by building on what *already* motivates them.

- Motivate parents through children and family.
 - Take care of yourself so you can take care of your children.
 - Take care of yourself so you can be a good role model.
 - Schools that instill healthy habits in kids can influence parents.
- Provide inspiration and social support through peer groups to overcome guilt.
 - Be active with your friends: Join a walking or dance group.
- Use cultural empowerment to motivate communities.
 - The cultural aspects of these three minority communities provide more opportunities than barriers to being physically active and eating healthy.
 - Teach the children well: Their cultures have always valued fitness, strength and health.
- Put physical activity and healthy eating in a holistic and spiritual context.

ACKNOWLEDGE EXCUSES AND PROVIDE SOLUTIONS

Acknowledge people's excuses by aligning the benefits of being physically active and eating healthy as solutions to their problems.

PROVIDE ENVIRONMENTS IN WHICH RECOMMENDATIONS CAN BE ADOPTED

Programs that directly address the environmental and economic barriers in a community and tailor to the available resources help people believe that physical activity and healthy eating are meant for their community.

INVOLVE THE COMMUNITY: SOLUTIONS COME *FROM* THE COMMUNITY, *FOR* THE COMMUNITY:

Because of past work with African Americans and Native Americans that has been abusive, and because of a cultural emphasis put on privacy and boundaries by Latinos, these communities distrust research. Programs can be more effective if they are trusted and accepted by community members. The best way for this to occur is for the programs to originate from within the community itself. Sustainability is more likely, as well, when the community feels ownership.

- Provide community-based programs.
- Conduct pre-program needs assessment.
- Collaborate with already-trusted messengers and expand on already-occurring community social groups.
- Allow community members to take ownership and problem-solve.

ESTABLISH CONSISTENT EVALUATION TOOLS

All programs are evaluated differently, which makes establishing definitive best practices difficult. Developing consistent evaluation tools would make determining agreed-upon practices easier and more accurate.

CONCLUSION

African Americans, Native Americans and Latinos face many of the same obstacles to healthy eating and being physically active as the rest of the American population. But racism, low socioeconomic status and poor physical environments make for additional challenges to living more healthful lives. These same factors also suggest that these populations have a greater need for help with their health. Public health research has identified low socioeconomic status as a significant health determinant. The level of stress evident in the faces of our focus group participants and their stories of the challenges they face reinforced that idea for us.

However, this research has led us to conclude that these three groups have a significant advantage over the majority population: Each strongly identifies with and feels great pride in its culture. Our conclusion is that healthy eating and physical activity programs for these three communities should tap into that sense of cultural identity and pride as a way to provide powerful motivations.

It is also important to recognize that making a living and taking care of family take priority over being physically active and trying to eat more healthfully. Working through the interconnected web of children, family, friends, spirituality and culture is the route to making healthy living as important as these other basic priorities.

Finally, it must be noted that there is considerable diversity within each of these minority populations. Programs built around individual communities and their wants and needs, likes and dislikes, and existing leadership and institutions will likely be more effective.

OVERVIEW

I. OVERVIEW

The Robert Wood Johnson Foundation retained Pyramid Communications to identify the barriers to and opportunities for developing effective programs to increase physical activity in the African American, Latino and Native American communities. We later included healthy eating at the request of the Foundation.

Our work included four main tasks:

- Expert identification
- Expert interviews
- Focus groups
- Review of literature reviews

Many of our findings and recommendations apply equally well to not only these three communities, but to the entire American population. Of course, there are barriers and opportunities unique to African American, Latino and Native American people, but it is noteworthy that many are also common to the entire population.

It is important to acknowledge that within each of these minority communities, further diversity exists. Because of this, it is difficult and unreliable to determine a broad set of barriers and opportunities for an entire population. For example, Native American communities vary widely from tribe to tribe and from reservation to urban settings. Barriers for the Navajo may not be barriers for the Nez Perce and barriers on a reservation may not be barriers for urban Native Americans.

In the Latino population, barriers vary depending on how recently an individual has immigrated to the United States. And, while we focused on the Mexican American community, other Spanish-speaking communities with vastly different backgrounds also exist, such as Puerto Ricans and Central Americans. Barriers also vary from farming to urban communities.

The African American community also varies with location. African Americans who live in the South may have different barriers and opportunities than African Americans who live in the Northeast. It is important to acknowledge that each community is unique and deserves individual consideration. We also chose to focus on low and low-middle income segments of each group, especially in the focus groups.

This work was conducted between January 2002 and May 2003. Information gleaned from each task informed the work of subsequent activities, and our final recommendations reflect the cumulative findings of all activities. Our methodology is outlined below.

We want to express our special thanks to the focus group participants for taking the time to help us understand the issues from their points of view.

METHODOLOGY

II. METHODOLOGY

The following is a description of the methodology used to gather information. We undertook four main tasks:

- Expert identification
- Expert interviews
- Focus groups
- Review of literature reviews

EXPERT IDENTIFICATION

An initial search was conducted to identify programs and experts in the field of physical activity promotion in African American, Latino and Native American communities. A thorough search was conducted using the Internet. Additional leads were identified through published sources as well as conversations and networking that took place throughout the interviewing process. An initial list of academics, community and organization leaders was compiled. Our preliminary list included 34 potential interviewees for the African American community, 29 for the Latino community and 22 for the Native American community, for a total of 85 potential interviewees. We compiled background information, concerning publications, program involvement and professional experience, on each of the potential interviewees.

EXPERT INTERVIEWS

From the initial list of potential interviewees, 16 experts were chosen to be interviewed for the African American community, 16 for the Latino community and 15 for the Native American community. A total of 47 interviews were conducted. Interviewees were chosen based on their high level of commitment, their apparent renown in the field and their continuing efforts to improve minority fitness and nutrition. Upon agreeing to be interviewed, these individuals were provided with a project description as well as a list of interview questions. Interviews were conducted by telephone, each lasting about one hour. A complete list of interviewees can be found in Experts Interviewed.

FOCUS GROUPS

Six focus groups were held with a total of 57 participants. These took place with Latina females in Chicago, Ill., African American females in Baltimore, Md., African American males in Dallas, Texas, Latino males in San Jose, Calif., Native American females in Spokane, Wash. and Native American males on the Coeur d'Alene Reservation in Plummer, Idaho.

Participants were recruited from the areas in which the focus groups were held. They were screened to represent a designated, proportional mix of age and low and low-middle income. Focus groups were organized by gender as gender-specific groups tend to be less intimidated and more open and forthcoming about concerns. Participants in the Latino focus groups all spoke English. Focus groups were videotaped and an edited video was produced.

Our work was designed to qualitatively explore the range of opinions of these three communities and to gain insight into their attitudes about physical activity and healthy eating. It was not in our scope of work to quantitatively measure with statistical reliability the attitudes of the populations from which the samples were drawn, or to correlate any attitudes with demographic or behavioral variables.

LITERATURE REVIEWS

The Robert Wood Johnson Foundation provided Pyramid Communications with three literature reviews compiled by academics within the African American, Latino and Native American physical activity research and promotion fields. For the African American community, “Approaches to Increasing Physical Activity in the African American Community: A Critical Review of the Literature” was conducted by Shiriki K. Kumanyika, Ph.D., M.P.H., and Melicia C. Whitt, Ph.D. For the Latino community, “Interventions to Promote Physical Activity/Fitness in the Latino Community: A Critical Review” was conducted by Mary M. Mulvihill, Ph.D. For the Native American community, “Literature Review of Physical Activity Interventions Implemented with American Indian and Alaskan Native Populations” was conducted by Nicolette Teufel-Shone, Ph.D., and Carrie Fitzgerald. Literature reviews were read and findings were derived from each by Pyramid Communications. Pyramid wishes to express our thanks to the literature review authors for sharing their knowledge and expertise with us.

FINDINGS

III. FINDINGS

The following findings were derived from telephone interviews with academic, community and organization leaders, from focus groups conducted with community members and from three literature reviews provided by the Foundation.

By their very nature, interviews, focus groups and literature reviews provide different types of information. The literature reviews were conducted in a systematic manner with authors compiling and assessing recorded interventions. Their specific findings can be found in the individual literature reviews. The findings that follow attempt to synthesize and relate information gathered from the more qualitative outcomes of our expert interviews and focus groups along with the literature reviews, in an effort to build a broad understanding of the issues.

Many of the findings from our primary sources—the expert interviews and focus groups—were identical across communities. (When they are particularly important to people in a certain community, they are identified as being so.) In some cases, one, two or three of the literature reviews corroborated a finding common among our primary sources. Where this occurred, the specific literature review in agreement is identified. Findings are bulleted below a broad topic finding that appears in bold. Code letters identify the source of the finding:

I	Expert Interviews
FG	Focus Groups
LR-AA	African American Literature Review
LR-L	Latino Literature Review
LR-NA	Native American Literature Review

Findings are organized into six sections:

- Current Situation
- Current Programs
- Perceptions
- Program Implementation
- Program Elements
- Special Concerns Specific to the Latino Community

CURRENT SITUATION

“If you’re looking at survival, you’re not going to be worrying about your health necessarily and your nutrition. You’re looking at clothing, housing, food...”

~Native American Female; Spokane, Wash., Diversity Focus Group

Most people know what is good for them; they just don’t do it.

- People identify healthy foods as fresh fruits and vegetables. (FG)
- People are aware that fried foods and fast food are unhealthy. (FG)
- African American
 - Many are concerned about pesticides and chemicals in their food. (FG)
 - People identify dark breads and brown rice as healthier than white breads and white rice. (FG)
- Latino
 - Women are aware that physical activity decreases stress and increases energy, alertness and confidence. (FG)
 - Men are aware that physical activity decreases stress and increases longevity, the immune system, energy, libido and stamina. (FG)
 - People are aware that being physically active is an element of being a healthy role model for children. (FG)
 - Women fear being injured during physical activity and, since they lack knowledge about disease prevention, often do not see the worth of physical activity. (LR-L)

Economic factors can make being physically active or eating healthy difficult.

- Lack of time and working tiring multiple jobs to provide for the family are major barriers to being physically active. (I, FG)
- People can’t afford physical activity programs or gym memberships. (I, FG, LR-AA, LR-L)
- People believe that healthy foods like fresh fruits and vegetables are not affordable. (I, FG)
- Preventive health is not a high priority; the main priority is making a living. (I, FG)
- Parents are unable to afford sports equipment or team fees for their children. (I)
- Eating fast food is an economical and convenient option for many people. (I)
- Parents lack access to affordable childcare. (I, LR-AA, LR-L)
- Some people cannot afford to buy the clothes or shoes they think are necessary to be physically active. (I)

- Latino
 - More people in this community tend to work strenuous or tiring jobs which can affect how much physical activity they do in their leisure time. (I)
 - Men feel great responsibility and stress about providing emotionally and economically for their families. (FG)
- Native American
 - Schools have financial and attendance issues and cannot prioritize or provide adequate physical education. (I)
 - Teachers and community physical activity trainers have a high turnover rate so training never seems complete. (I)
 - People feel an urge to make up for the poverty and hunger they experienced as children by overeating as adults. (FG)

The physical environment in these low and low-middle income communities is not conducive to healthy eating or physical activity.

- People do not feel safe walking or being physically active outdoors. (I, FG, LR-AA, LR-L)
- Access to fresh fruits and vegetables is limited because there aren't many large, mainstream supermarkets; those foods that can be found are often not fresh and are of low quality. (I, FG)
- Parks are unsafe, poorly maintained, poorly lit or absent. (I, FG, LR-AA, LR-L)
- Transportation to quality food stores or to safe places to exercise is difficult to access. (I, FG, LR-L)
- Homes have inadequate space for exercise. (I, FG, LR-L)
- People feel that their children are being aggressively marketed to by fast food companies that have a very large presence in these communities. (I, FG)
- Sidewalks are absent or poorly maintained, poorly lit and unsafe. (I)
- Physical activity programs tend to occur during the day when many are at work. (FG)
- Schools are not providing enough physical activity or healthy foods. (FG, LR-L)
- Television, radio, computers or video games are more attractive options than physical activity. (FG)
- Weather often limits outdoor physical activity. (FG)
- Latino
 - Parents feel the safest and cleanest places for their children to be physically active are at McDonalds playgrounds. (I)
 - Some people are not involved in the neighborhood and are unaware of the programs offered. (FG)

- Native American

- Stray or dangerous dogs that roam around many reservations are an additional safety concern. (I, FG)
- Sometimes, the only local sources for buying foods are small and expensive trading posts, making access to fresh fruits and vegetables extremely difficult. (I)
- The size of reservations and the amount of time it takes to get around makes transportation to programs very difficult. (I, FG)
- The lack of transportation and telephones makes community mobilization difficult. (I)
- The isolated nature of reservations limits exposure to health information. (I)

The stress of racism and low socioeconomic status leads to attitudes antithetical to becoming motivated to lead a healthy lifestyle.

- African American

- Defeatist attitudes lead some to feel they have no control over their lives and can do nothing to improve their health. (I, FG)

- Latino

- A fatalistic attitude about life and death is common. (I, FG, LR-L)

- Native American

- Many suffer from self-doubt about their ability to make choices; some feel helpless and hopeless about their predicaments. (I, FG)

Women experience increased barriers to becoming physically active and eating healthier.

- Self-care becomes a low priority when there are multiple role obligations. (LR-AA, LR-L)
- Women feel too little energy to be physically active. (LR-AA, LR-L)
- There are many negative perceptions of the effects of exercising (e.g., raises blood pressure, makes one sweaty and tired, ruins hairstyles). (LR-AA, LR-L)
- Some believe that they are too overweight to participate. (LR-AA, LR-L)
- Women have a limited understanding of, or belief in, the positive benefits of exercise. (LR-AA, LR-L)
- African American
 - Women lack social support or positive community norms. (LR-AA)
 - Women experience excessive stress. (LR-AA)
 - Women have an increased general distrust of messages received from outside the African American community. (LR-AA)

We asked our focus groups: Which of these is the biggest barrier to you being more active?

Barrier	Points*
Not enough time	63
Not a priority	34
Level of safety in neighborhood	17
Not having the money	15
No childcare	12
It's tiring; takes too much energy	11
It's not fun: it's boring	10
Others would think I'm being selfish	8
Other - specify	7
No parks	7
Not wanting to get sweaty	6
Not wanting to mess up hair	2
No good programs	5
Not having the right clothes	1
Not being able to keep clothes clean	0

*Weighted ranking based on three points for the biggest barrier, two points for the second biggest barrier and one point for the third biggest barrier.

Overwhelmingly, not having enough time and not making physical activity and healthy eating a priority is what our focus group participants ranked as their top barriers. These barriers are further explained in our economic findings: Lack of time, working tiring multiple jobs to provide for the family, as well as having higher priorities, such as providing for the family, are linked to the stress of living with a low income.

- Latino
 - It is difficult to be physically active while managing menstruation. (LR-L)
 - Weather is a major barrier for Latino women becoming physically active. (LR-L)
 - Due to traditional gender roles, husbands may not approve of their wives wearing revealing exercise clothing, walking by themselves in public or leaving children at home in order to pursue personal activities. (I, FG, LR-L)
 - People, especially women, don't feel they deserve to take care of themselves when there are higher family priorities in life. (I, LR-L)
 - Husbands do not approve of male instructors or program directors calling their homes. (I, LR-L)
 - Many immigrant Mexican women report being verbally and/or physically abused subsequent to walking or attending exercise programs of which their husbands do not approve. (LR-L)

People are aware of and concerned about health risks.

- Diabetes and heart disease are causes of great concern in these communities. (I, FG)
- People are concerned that schools are giving children contradictory messages by providing physical education while serving unhealthy cafeteria food. (FG)
- African American
 - People are concerned their doctors do not truly care about or want to help them; they report they would be receptive if their doctors told them how to prevent diabetes and heart disease. (FG)
- Latino
 - People want physical activity to go beyond physical appearance into health issues. (FG)
- Native American
 - People are aware of health issues and do not want their children to feel the effects of either disease or a diseased parent. (FG)

Different age groups have different motivations to be physically active.

- Younger people are more interested in the weight-loss and muscle-building benefits of physical activity, while older people are more interested in health benefits such as longevity and increased energy. (FG)
- Younger people feel they should take care of themselves before taking care of others, while older people feel they cannot prioritize themselves above their family members. (FG)

These communities enjoy many physical activities.

- Making physical activity seem like fun rather than work is crucial. (I, LR-AA, LR-L, LR-NA)
- Cultural dance is a very popular physical activity, especially among women. (I)
- Walking clubs help people feel safe, provide group support that alleviates feelings of selfishness and allow all age groups to participate. (I, LR-NA)
- Incentives create interest and participation in a program. (FG)
- Latino
 - Latino aerobics—Spanish-language aerobics set to cultural music—are so popular that communities have maintained the classes after program funding ends. (I)
 - Men bond over physical activity and highly enjoy this aspect of it. (FG)
- Native American
 - Running is a popular, culturally relevant activity. (I, FG)
 - Native Americans are historically physically active and still practice some traditional ceremonies promoting physical activity (e.g., Navajo female puberty ceremonies requiring fitness as part of initiation; Apache ceremonies requiring four days of continuous endurance dancing). (I, FG)

CURRENT PROGRAMS

“In this community, there is a preference for learning as a group rather than as individuals.”
~Alice Ammerman, Dr.P.H., R.D.

There are very few physical activity programs in these communities.

- African American
 - There are very few physical activity programs that provide results, including separate analysis, for African Americans. (LR-AA)
- Latino
 - Relatively few physical activity programs have been implemented in this population; most of those conducted have been small-scale pilot studies or community-based grassroots efforts with methodological limitations. (LR-L)

Programs conducted in these communities cannot or don't take advantage of the strategies found to work.

- African American
 - Among the 25 studies included in the literature review, only seven of the interventions (28%) were conducted in a group setting, six studies (24%) included both group and individual components and 12 (48%) were designed for individuals. (LR-AA)
 - Of the 25 studies identified, only 14 utilized the most successful strategy (detailed instruction about physical activity combined with in-class activity and encouragement to participate in activity outside of the class). (LR-AA)
 - Only 12 of the 25 studies identified indicated some attempt to culturally adapt their programs for African American participants. (LR-AA)
- Latino
 - Most interventions are of very short duration, despite the fact that interventions implemented for long periods of time have the most sustainable results. (I, LR-L)
 - While incentives communicate good intentions, serve as a bridge to a skeptical community and convey respect for the participant's time and effort, funding often doesn't cover these costs. (LR-L)
- Native American
 - Only nine (40%) of the 23 studies included in the literature review mentioned or discussed plans for sustainability of program efforts. (LR-NA)

Studies lack standard evaluation methods to determine effectiveness.

- African American
 - None of the studies reviewed included long-term follow-up that could identify successful models for maintaining long-term activity levels. (LR-AA)
 - None of the studies used the same method to assess change, indicating a need for consistent assessment tools to compare results and effectiveness across interventions. (LR-AA)
- Latino
 - There is a critical need to develop standard, reliable and valid evaluation methods in order to conduct cross-study comparison of programs. (LR-L)
- Native American
 - Some programs have not maintained evaluation methods because community members are more interested in continued services and programs; demonstrating health impact might be difficult. (LR-NA)

PERCEPTIONS

“Health professionals have a preconceived concept that physical activity is valuable and all we need to do is to ask the questions that address barriers to doing it. We assume that physical activity means the same thing to everyone.”

~Shiriki Kumanyika, Ph.D., M.P.H., R.D.

The term “exercise” has different associations than the term “physical activity.”

- Physical activity is associated with general movement and required daily activities, such as jobs, housework, driving, shopping and gardening. (I, FG, LR-L)
- Exercise is viewed as a specific, purposeful and *chosen* activity with healthful goals in mind. (I, FG)
- Latino
 - The Spanish term for “physical activity” is slang for “sex” and therefore is often a confusing or embarrassing term to use. (I)

There are a variety of perceptions about physical activity and healthy eating in these communities.

- Health is often viewed holistically with spiritual elements. (I, FG, LR-NA)
- Exercise is perceived as an activity requiring a lot of energy and free time; since many don’t have energy or free time, they never exercise. (I)
- Because of stress, many put a lot of value on using any free time to rest and relax. (I)
- Latino
 - Exercise and sports are viewed as masculine activities for athletes and children. (LR-L)
 - Tiring jobs are considered to be physically active, even if there are no health benefits. (I, FG)
 - The concept of disease prevention is not well understood by this community; people go to the doctor or treat themselves only when they are sick. (I)
 - Eating fast food and using lots of oil in food are status symbols for some. (I)
- Native American
 - The tradition of feasting and not wasting food can lead to overeating. (FG)
 - Culturally, Native Americans tend to be focused on the present rather than the future, and health consequences may not be a significant motivation for some. (FG)

Being overweight in these communities does not necessarily have a negative connotation.

- Telling people to become physically active to lose weight could be offensive. (I, FG)
- Latino
 - Being overweight can be a sign of wealth or pride. (I, FG, LR-L)

PROGRAM IMPLEMENTATION

“I think involving the community in the process is key. It means the process takes longer and there is more training, but it is the only way to keep a program’s goals sustainable.”

~Arnell Hinkle, R.D., M.P.H.

Involving the community in developing and sustaining a program can earn trust and foster behavioral change.

- Asking the community about its needs before a program is prescribed helps them feel there will be benefits of interest to it. (I, LR-AA, LR-L, LR-NA)
- Funding restraints often make pre-program needs assessment difficult. (I)
- Collaborative efforts that include the community’s input and contribution to a program create greater acceptance, support and sustainability. (I)
- Actual programs, instead of research, benefit the community. (I)
- Hiring and training individuals from the community to take over leadership helps make program benefits sustainable after funding ends. (I)
- Funding constraints often limit capacity building. (I)
- African American
 - This community has reservations about participating in research programs because previous researchers have left people feeling exploited and without any benefits. (I)
 - In order for a community to be interested and accept a program, there has to be a clear, immediate benefit. (I)
 - Long-term community programs showing sustainable benefits achieve the greatest trust, stability and recognition. (I)

Partnering with trusted and recognized institutions already existing in the community can earn trust and recognition for the program.

- Partnering with community organizations like YMCAs, schools and churches creates accessible and trusted options in which to do physical activities. (I, LR-AA, LR-L, LR-NA)
- Collaborating with organizations already invested in physical activity or health issues helps to achieve community buy-in. (I, LR-AA, LR-L, L-NA)
- Schools are trusted, and partnering with them can earn trust for the program as well. (I)
- Collaborating with local news channels and airing information on television reaches broad populations. (I)
- Native American
 - Complementing school-based programs with a family element is more effective and meaningful than utilizing only the school medium. (I)
 - Clinic-based programs have negative stigma. (I)
 - Community gatherings such as pow wows are good places to successfully offer physical activity opportunities. (I, LR-NA)

Finding people who can change perceptions from within the community or the family is important to program relevancy and successful implementation.

- Partnering with opinion leaders and role models who are of the same age-group and race as the target community creates the most credibility and trust. (I, FG, LR-AA, LR-L, LR-NA)
- Communities trust those whom they know well, those whom they witness living in the community and those who understand the community's resources firsthand. (I, FG)
- African American
 - African American nurses, physical education teachers and doctors are credible and educated gatekeepers. (I, FG)
 - The most effective gatekeepers and opinion leaders in the community are church figures such as pastors, wives of pastors and parish nurses. (I)
 - African American funeral directors are often the best people to approach first in the community because they have contacts in all the churches. (I)
 - People tend to trust their friends or social groups as role models or messengers of healthy behavior. (FG)

We asked our focus groups: Which of these would most likely convince you to be more physically active?

Message	Points*
If a group of your friends were doing exercise together and invited you to participate.	40
If your doctor or pharmacist recommended physical activity as a measure to guard against diabetes or heart disease.	40
If your friend told you that being physically active would protect you from getting diabetes or heart disease.	26
If your family could find a way to get more physically active together (e.g., taking half an hour to dance together every day).	26
If your friend was getting more active and he/she told you that it increased his/her energy instead of tiring him/her.	24
If your friend was getting more active and he/she told you that it significantly reduced his/her stress level.	23
If your place of employment started a physical activity program and invited you to participate before work, during the lunch break, or after work.	21
If your church started a physical activity program and invited you to participate.	7
*Weighted ranking based on three points for first choice, two points for second choice, and one point for third choice.	

People in our focus groups listed friends and doctors as those who would be most likely to convince them to become physically active or to eat healthier. While doctors are ranked highly, these communities rarely visit the doctor due to economic issues, as well as the cultural perception that one only needs to go to the doctor when sick.

- Latino
 - The head female in the family is the most trusted source for health information. (I, FG)
 - While grandmothers are highly respected in the family, many may not be well informed. (I, FG)
 - Doctors and health experts are highly respected and listened to in this community. (I, FG, LR-L)
 - The head female in the family is more receptive to health education than other family members because it is part of her duty. (I)
 - While trusted, “promotoras” may not be well informed or properly educated. (I, LR-L)
 - Latinos tend to ask more health questions of their pharmacists than of their doctors. (I)
- Native American
 - The support of tribal leaders is crucial to any program’s success. (I, LR-NA)
 - Tribes are wary of research programs and any non-tribal government entity; the relationship between tribal and non-tribal members can be fragile. (I)
 - It is crucial to a program’s existence to ensure staff will participate long-term. (I)
 - Peer mentoring has been successful. (I)
 - Tribal elders are highly trusted and respected sources of information. (FG)

PROGRAM ELEMENTS

“Our biggest challenge has been to convince individuals that helping themselves will help their family and community.”

~Diane Garrett, Certified Senior Health Educator

Visual and emotional materials work well.

- Using stories about the hardships people in the community have faced concerning disease and death are meaningful on a personal level and have a direct impact. (I)
- Feeling or witnessing immediate health benefits from physical activity or eating healthy helps people understand the connection between a healthy lifestyle and a healthy body. (I)
- People respond better to visual or hands-on learning rather than written material. (I, LR-AA, LR-L, LR-NA)
- If individuals, especially women, are convinced that improving their own health will help their family and community, they will make taking care of themselves a priority. (I)

- African American

- Spiritual messages identifying physical activity as a religious duty have been met with great response. (I)

These communities experience significant social group identity and are more motivated or discouraged as a group than as individuals.

- Exercise is viewed as a leisure activity and those who do it, especially women, may have feelings of selfishness or irresponsibility in the face of family or community needs and priorities. (I)
- There is a preference for learning in a group setting rather than individually. (I, LR-AA, LR-L, LR-NA)
- The social element of exercise partners or groups makes a boring situation fun. (FG)
- Exercise partners or groups can be inspiring and motivating. (FG)
- Some people feel they cannot be physically active because they will be judged by their family or friends or may experience feelings of selfishness. (FG)
- African American
 - Exercise partners or groups make women feel safer being physically active outdoors. (FG)
- Latino
 - Those who attend programs do so for social purposes. (I, FG)
 - Creating an environment in which one person will be noticed if they do not attend a session makes people feel important and part of an extended family; follow-up phone calls and house visits serve the same purpose. (I)
 - Significant weight loss for Latina women can be achieved by involving a group or the whole family rather than through individual intervention. (LR-L)
- Native American
 - Tribes are culturally distinct from one another but programs that highlight unity, perseverance and survival find wide support among tribes. (LR-NA)
 - Due to the isolated nature of reservations, social and peer pressure is extreme; those who try to better themselves or deviate from the norm may become targets for criticism and intimidation. (I, FG)
 - If a program involves a large part of the community, its momentum will skyrocket due to the community's tendency to act as a group. (I)

People are more responsive to concerns about their children than themselves.

- Family members, especially mothers, say they are influenced by what their children suggest. (FG)
- People want to be healthy and alive in order to take care of their children in later life. (FG)
- People want to be good role models for their children. (FG)
- Latino
 - Strong cultural value is put on the welfare of and involvement with children in the community. (FG)
- Native American
 - People believe children’s pride in their identity is linked to being healthy; they believe their children do not currently feel pride. (FG)
 - There is a concern that children do not have healthy Native American role models. (FG)

Goals that fit lifestyles are more realistically accomplished.

- Messages about physical activity must be accompanied by the creation of an environment in which the recommendations can realistically be adopted. (I, LR-AA, LR-L)
- Building on social groups or activities already occurring is a good way to adapt a program to the community’s lifestyle. (I, LR-AA, LR-NA)
- Starting physical activity slowly with small things like walking, then gradually building up to other goals, is a realistic approach. (I, LR-AA, LR-L)
- Programs must be conveniently located. (I)
- Providing transportation to programs increases attendance. (I)
- Having childcare available at a program can increase attendance. (I)
- Modifying traditional foods is more culturally sensitive than eliminating them, since some of these communities identify their foods as a source of pride and cultural identity. (I, LR-AA)
- African American
 - Hairstyles play a significant role in the ability of women to be physically active—these styles are often expensive and elaborate and can easily be damaged by weather or sweat. Programs that acknowledge this barrier tend to have more participation. (I)

SPECIAL CONCERNS SPECIFIC TO THE LATINO COMMUNITY

“This community will do something only if it means it will benefit their children or the people they love, so I think that is the approach to take—pointing to those they love rather than their own health.”

~Jim Sallis, Ph.D.

The Latino community experiences language barriers.

- 47% of Latinos predominantly speak Spanish. (LR-L)
- Latinos do not feel comfortable or welcome in gyms or programs that are not bilingual or culturally tailored. (I, LR-L)
- Materials must be provided in both English and Spanish and must be translated carefully so that information makes sense in Spanish. (I, LR-L)
- Some people have difficulty understanding food labels at supermarkets and do not know how to shop for healthy foods. (I)

The family is an especially important element of Latino life; the entire family dynamic should be considered when offering programs.

- Childcare issues are complex because leaving children with non-family members is not acceptable. (I, FG, LR-L)
- Cultural value is put on the welfare of and involvement with children in the community. (FG, LR-L)
- Integrating children into physical activities alleviates childcare issues. (I, LR-L)
- Older women take on huge care-giving roles in this community, which poses a large barrier to them becoming physically active. (I, LR-L)
- Creating programs mothers can attend at schools, after they drop their kids off, alleviates pressure from husbands who do not approve of their wives taking time away from childcare duties. (I)
- While a family focus is needed, a family-based intervention including the whole family does not work because a program cannot meet the various demands of everyone in the family. (I)

Gender roles are specific in this community and should be considered when offering programs.

- Gender roles are more specific in this community—females tend to prepare food and care for the family’s diet and well-being, while males tend to influence the family’s physical activity. (I, LR-L)
- It is difficult to engage Latino men in health promotion and exercise programs; they tend to drop out or have poor results. (LR-L)
- Nutrition-focused programs and female-led programs are not adapted to allow Latino men to feel comfortable. (LR-L)
- Gender-specific programming may be needed as early as middle school. (LR-L)

**BARRIERS,
OPPORTUNITIES
AND PROMISING
PRACTICES**

IV. BARRIERS, OPPORTUNITIES AND PROMISING PRACTICES

OVERVIEW

The following table summarizes physical activity and healthy eating barriers, opportunities and promising practices in the African American, Latino and Native American communities. During our expert interviews, we found a pattern of overcoming barriers by turning them into opportunities. Barriers that have been identified can be directly addressed so that opportunities arise from them.

In each section, there are three columns: Barriers, Opportunities and Promising Practices. Following the promising practice, those we interviewed that utilized the practice in their work are cited in parentheses.

The table has been separated into sections that address barriers in all three communities:

- Environmental
- Economic
- Physical Activity Perception
- Trust and Acceptance
- Cultural

Three additional sections address specific cultural barriers for each individual community:

- Cultural (Latino)
- Cultural (African American)
- Cultural (Native American)

Environmental (All Three Communities)		
<p>Barrier</p> <p>People do not feel comfortable being active outside because they are concerned for their safety.</p>	<p>Opportunity</p> <p>Group activities help people feel safer outside.</p> <p>There are physical activities that can be done indoors.</p>	<p>Promising Practice</p> <p>Walking clubs are successful (A. Ammerman, T. Andrews, W. Dietz, C. Duncan, K. Grassi and C. Hoffard).</p> <p>Dance activities are very popular (D. Boykin, C. Crespo, W. Dietz, M. Hawkins and G. Romero).</p> <p>Mall walking groups have been implemented in various programs with success (D. Garrett, T. Prohaska and A. Ramirez).</p> <p>Latino aerobics—Spanish-language aerobics set to Latino music—are so popular that participants have chosen to independently continue it after program funding ended (T. Andrews).</p>
<p>Parks are absent, not maintained or unsafe.</p>	<p>Communities or organizations can advocate for park improvements.</p>	<p>One program was able to persuade the county to install a lighted walking path in a local park (K. Grassi).</p>
<p>Large grocery stores are often absent; in their place, there are convenience stores.</p>	<p>Show how to make healthy food choices from resources that are available.</p>	<p>Take participants into local stores every session and physically show them how to make healthy choices amongst the resources they are offered (L. Castro and G. Romero).</p> <p>Work with local stores in the community to identify and label healthy foods for customers (C. Crespo).</p>
<p>Transportation to programs is difficult.</p>	<p>Provide transportation solutions.</p> <p>Provide programs in convenient locations.</p>	<p>One mall walking group program provided bus transportation and now is trying to help the community problem-solve transportation issues on their own, so that the activity can be sustainable (D. Garrett).</p> <p>Partner with local YMCAs, apartment clubhouses, schools and churches (T. Andrews, A. Barlow, D. Garrett, R. McMurray and M. Mulvihill).</p>

Economic (All Three Communities)		
Barrier	Opportunity	Promising Practice
People think fresh fruits and vegetables are expensive.	Healthy foods are economical.	Compare the cost of certain fruits and vegetables to things like bags of chips or donuts, proving that healthy options are affordable (K. Resnicow).
Childcare is expensive and, especially with Latino families, not considered a job for anyone outside the family.	Include children in the physical activities.	Some walking clubs make a point of integrating family members, including children, while some aerobics classes have a children's corner so that children can remain in the room with their mothers without being in the way (T. Andrews and K. Grassi).
People work long hours or have multiple jobs and feel too tired for physical activity.	Physical activity increases energy and reduces stress. Physical activity can be done in daily life.	Address increased energy and stress reduction as benefits of physical activity (K. Resnicow). Offer suggestions such as getting off the bus one stop earlier or doing everyday things like taking the stairs instead of the elevator (L. Castro and K. Resnicow).
Memberships to gyms are expensive and gyms are usually not present in these communities.	Physical activity does not require a gym and can be done using accessible resources.	Emphasize accessible options like walking groups, dance and other sustainable and attainable activities (L. Castro).

Physical Activity Perception (All Three Communities)

<p>Barrier</p> <p>Priorities such as earning a living and caring for family make being physically active seem selfish.</p>	<p>Opportunity</p> <p>People have to be healthy in order to take care of family.</p> <p>Everyone in the family benefits from being physically active.</p> <p>Provide peer support.</p> <p>Present physical activity as a spiritual responsibility.</p>	<p>Promising Practice</p> <p>Inform people that one is better able to care for the family when one is healthy and that being healthy is part of their care-giving responsibilities. Programs can even be sold as being training courses for family health (D. Garrett, M. Mulvihill and K. Resnicow).</p> <p>The head female in the family is very responsive when program benefits include her family members' health. In many cases, approaching the head female is more effective than an entire family intervention (C. Crespo, M. Mulvihill and J. Sallis).</p> <p>Group programs provide social support that alleviates feelings of selfishness (C. Acosta, A. Ammerman, J. Foreyt, D. Garrett, K. Grassi, K. Melillo, T. Prohaska and A. Ramirez).</p> <p>Utilize spiritual messages to emphasize that physical activity is a time for personal meditation as well as a person's responsibility in representing their religion. Use scripture and materials such as gospel music walking tapes (A. Ammerman and K. Resnicow).</p>
<p>Weight loss and body-image are not effective motivations in these communities.</p>	<p>There are numerous health benefits in being physically active.</p> <p>Having fun is an incentive for physical activity.</p>	<p>Physical activity reduces stress and increases energy and libido (A. Hinkle and K. Resnicow).</p> <p>Events like "Dance For Your Health" include live music, dance contests, dance lessons and giveaways (M. Hawkins).</p> <p>Latino Aerobics—Spanish-language aerobics set to Latino music—are so popular that participants chose to independently continue it after program funding ended (T. Andrews).</p>

Barrier	Opportunity	Promising Practice
<p>People think physical activity is something that requires a lot of energy.</p>	<p>Being physically active has benefits.</p>	<p>Physical activity actually gives you more energy, not less (S. Kumanyika and K. Resnicow).</p>
<p>People consider their jobs to be physically active and therefore do not feel the need to be physically active otherwise.</p>	<p>Show people what kinds of physical activities provide health benefits and how much is needed per day.</p>	<p>Those who say they already have enough physical activity in their lives reported not having enough after they were educated about what it takes to get health benefits. These people were then self-motivated to be more physically active (K. Grassi and M. Hawkins).</p>
<p>Due to stress from racism and knowledge about prevalence of heart disease and diabetes, many have a defeatist or fatalistic attitude about improving their health.</p>	<p>Not everyone in the community has to suffer from heart disease and diabetes.</p> <p>Taking charge of your health reduces stress and the sense of defeatism.</p>	<p>Using emotional stories about people in the community who have suffered from heart disease and diabetes is highly effective in making people realize that the threats of disease are close in the community (W. Dietz, A. Hinkle, A. Ramirez, L.Reid, A. Rosales, K. Melillo and R. Weaver).</p> <p>Self-monitoring techniques, such as the use of pedometers, help people feel like they have control over their own fate (A. Ammerman and T. Prohaska).</p>
<p>Densely written materials are not compelling.</p>	<p>Provide accessible materials.</p> <p>Spiritual and emotional angles succeed.</p>	<p>Present materials that are mostly visual and hands-on (R. Weaver).</p> <p>Align programs with spirituality; encourage local pastors to give lectures on the spiritual benefits of physical activity and include materials like a gospel walking tape (A. Ammerman, C. Hoffard and K. Resnicow).</p>

Trust and Acceptance (All Three Communities)

<p>Barrier</p> <p>People in these communities, especially African Americans, don't think that research programs are for their benefit; the researcher may benefit but the community does not.</p>	<p>Opportunity</p> <p>Ask the community what their needs are and tailor a program according to their input.</p> <p>Train or hire individuals from the community to lead elements of the program that can be sustained after funding ends.</p> <p>Provide benefits that are sustainable.</p>	<p>Promising Practice</p> <p>Before a program is implemented, ask the community what they need. Using their input, tailor a program that will address benefits they are interested in (A. Ammerman, T. Andrews, J. Hill, A. Hinkle, K. Melillo, T. Prohaska, A. Ramirez, L. Reid, R. Resnicow, M. Stolley, A. Rosales, A. Yancey).</p> <p>Train and hire individuals in the community to take on leadership roles after a program's funding ends (D. Garrett, K. Grassi, J. Hill, A. Hinkle, S. Kumanyika, T. Prohaska and K. Resnicow).</p> <p>Establish a program for more than a few years in order to gain trust (S. Kumanyika and L. Reid).</p>
<p>People in these communities do not trust research or researchers.</p>	<p>Implement programs instead of conducting research.</p> <p>Build programs through trusted institutions.</p> <p>Partner with or train trusted individuals ("gatekeepers") from the community.</p>	<p>Programs provide immediate benefits for people; research and unpaid surveys do not (A. Ammerman). The majority of experts we interviewed provide programs, putting this belief into practice.</p> <p>Partnerships with established and trusted local churches, community centers, schools and YMCAs succeed in many programs (A. Ammerman, T. Andrews, A. Barlow, W. Dietz, D. Garrett, J. Gittelsohn, J. Hill, R. Kington, S. Kumanyika, R. McMurray, T. Prohaska, L Reid, R. Resnicow, M. Stolley, A. Yancey).</p> <p>Partnering with trusted "gatekeepers" is a widespread promising practice. Individuals who can act as role models or opinion leaders to partner with include pastors, wives of pastors, local news anchors, P.E. teachers, medical doctors, nurses, "promotoras" and pharmacists (A. Ammerman, T. Andrews, L. Castro, C. Crespo, W. Dietz, D. Garrett, M. Hawkins, J. Hill, R. Kington, S. Manson, M. Mulvihill, A. Ramirez, L. Reid, R. Resnicow, A. Rosales, R. McMurray, M. Stolley, R. Weaver and A. Yancey).</p>

Cultural (All Three Communities)		
<p>Barrier</p> <p>Traditional foods are high in fat and cholesterol.</p>	<p>Opportunity</p> <p>Modify traditional recipes to be healthier.</p>	<p>Promising Practice</p> <p>Traditional foods are part of a pride and tradition that cannot be eliminated but can be modified with things like, for example, a Soul Food Pyramid or soul food cookbook for the African American community (R. Resnicow, M. Story and R. Weaver).</p>

Cultural (Latino)		
<p>Barrier</p> <p>Eating fast food is a status symbol.</p>	<p>Opportunity</p> <p>Being healthy and physically active is a status symbol.</p>	<p>Promising Practice</p> <p>Make people feel proud of their culture's healthy qualities (T. Andrews, L. Castro, C. Crespo, M. Hawkins, A. Ramirez, A. Rosales and M. Stolley).</p>
<p>Language can be a barrier.</p>	<p>Provide Spanish-language programs and carefully translated bilingual materials.</p>	<p>Bilingual instructors and translated materials were utilized in every Latino program we studied. Careful translation is stressed by C. Crespo and A. Rosales.</p> <p>Provide bilingual materials that help people understand the labels on foods sold in stores (L. Castro).</p>
<p>Revealing female exercise clothes or male program instructors are not acceptable to male members of the family.</p>	<p>Physical activity can be more fun in loose-fitting, comfortable clothing and with people of your own gender.</p>	<p>Use cultural sensitivity in programs by making sure that only women call the participants' houses and that there is an all-female staff for all-female programs (G. Romero and M. Stolley).</p>
<p>Prevention doesn't resonate in this community—people go to doctors only when they are already sick.</p>	<p>Physical activity and healthy eating can help avoid illness.</p>	<p>Clearly show the direct effects of one's actions on his/her health, even if the effects are small things such as feeling more alert because of proper hydration (D. Boykin, K. Grassi, A. Ramirez, A. Rosales, K. Melillo, R. Weaver).</p>

Cultural (African American)		
<p>Barrier</p> <p>Some female hairstyles are expensive and take a long time to create; physical activity can ruin these elaborate styles.</p>	<p>Opportunity</p> <p>Implement activities that don't ruin hairstyles.</p> <p>Model hairstyles that do not require a lot of maintenance; provide tips on protecting hairstyles from damage.</p>	<p>Promising Practice</p> <p>Mall walking groups are successful (D. Garrett, T. Prohaska and A. Ramirez).</p> <p>Develop a hairstyle manual that addresses hair-care concerns with alternative hairstyle options and tips that protect hairstyles from damage that could occur during physical activity (P. Prohaska).</p>

Cultural (Native American)		
<p>Barrier</p> <p>Many traditions, such as feasting and not being wasteful, can lead to an unhealthy lifestyle.</p>	<p>Opportunity</p> <p>Use traditional approaches to healthy living.</p>	<p>Promising Practice</p> <p>Infusing traditional practice and cultural empowerment in an activity creates pride and responsibility for one's health (A. Barlow, E. Eskeets and M. Story).</p>
<p>Tribal politics sometimes make program implementation difficult.</p>	<p>Understanding tribal politics is a necessary step when working on reservations.</p>	<p>Collaborate with tribal leaders and elders and make sure that programs address tribal needs (V. Cleaver and R. Darling).</p>

EXPERTS

INTERVIEWED

INTERVIEWS

V. EXPERTS INTERVIEWED

Telephone interviews were conducted with 47 academics, community and organizational leaders in the field of physical activity and healthy eating promotion in African American, Latino and Native American communities. The interviews were conducted between January 2002 and March 2003.

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INNOVATIVE

PROGRAMS

VI. INNOVATIVE PROGRAMS

The following programs stood out from those we reviewed because of the creative and innovative approaches they take to physical activity and healthy eating in diverse communities. Each has had remarkable success at harnessing the opportunities available in the community and has been accepted by community members. One program from each community has been selected to illustrate promising approaches. These summaries are not meant to describe every element of the program.

AFRICAN AMERICAN

Healthy Body Healthy Spirit

Ken Resnicow, Ph.D.
Atlanta, Ga.

“Collaborating with community so that the messages come by the black people for the black people is a strategy that is widely agreed upon today.”

~Ken Resnicow, Ph.D.

Healthy Body Healthy Spirit partners with local African American churches and local celebrities to sell the spiritual message of physical activity. Messages such as “treating the body as a temple,” “disrespecting the body is a sin,” “to be a good messenger of God, one must be healthy” and “honor and serve God by being healthy” are used. Scripture is used to support the messages, and popular African American pastors preach the messages from the pulpit.

A handbook is provided that aids people in identifying their motivations and obstacles to becoming physically active. Tips are provided to overcome typical obstacles and concerns. The handbook also includes full-color instruction on flexibility, strength and physical activity assessment. An “Eat For Life” cookbook is included in the program, providing traditional African American recipes with healthy modifications and cooking tips. Incentives include a pedometer, magnet, t-shirt, water-bottle, shopping-list notepad, stove hot-pad, gym bag, towel and an audio cassette with quotes from local pastors as well as upbeat popular gospel music that can be used while walking or doing aerobics.

Two high-quality videos were produced for the program. One video addresses active living and the other addresses healthy eating. The active living video stars eight-time Mr. Olympia, Lee Haney, as well as WSB-TV Atlanta News Anchor Monica Kaufman, both local African American celebrities. Nine families participating in the program were given video cameras to document their experiences. Clips from their videos are woven in to inspire other typical families to believe becoming physically active is possible. The healthy eating video stars television star Marla Gibbs. This video consists of a dramatization of African American families experiencing the spiritual benefits and consequences of eating or not eating healthy. It includes educational material about healthy foods, as well as specific price comparisons between healthy and unhealthy foods, in order to demonstrate the economic benefits of eating healthy.

LATINO

La Vida Buena

Teresa Andrews, M.F.
Escondido, Calif.

“A lot of people come to this country and feel really out of place so when you can provide a supportive and comfortable environment where they can feel normal and special, it becomes highly popular.”

~Teresa Andrews, M.F.

This neighborhood program has been adopted and trusted by the local community. Activities are tailored to fit into people’s schedules by being offered in convenient locations that meet people where they are—places that participants themselves suggest, such as apartment complex clubhouses, parks, schools and YMCAs. The program also recognizes that childcare is a big issue and needs to be addressed. Due to cultural standards, leaving children with strangers is not acceptable, so “children’s corners” are implemented. Mothers can then participate in activity with their children in the same room.

Great effort is made to provide a personal and emotional touch to the environment, in order to make people feel as if they are part of an extended family. Many of the participants admit to feeling out of place in mainstream society and that coming to a place where people speak their language makes them feel important again. “Promotoras” are utilized as community liaisons. These people make home visits to participants who miss sessions, making them understand that they are missed.

Activities include walking clubs, as well as Latino aerobics. Latino aerobics are conducted in Spanish and use popular Latino music. The community is heavily involved so that certain activities—such as the popular Latino aerobics—are sustained after program funding ends.

This program was supported by California Adolescent Nutrition and Fitness (CANFit). CANFit requires its grantees to be community-based and to integrate community ownership. CANFit is a model for grantmakers.

NATIVE AMERICAN

Wings of America

<http://world.std.com/~mkjg/Wings.html>

Edison Eskeets

Santa Fe, N.M.

“Kids can become change agents for their families and communities. This is by far our greatest chance for success.”

~Everett Rhoades, Ph.D.

These community-led programs use running as a cultural activity to inspire Native American youth to identify with their heritage and become confident. The teachers and parents who coordinate the individual programs believe that a lifestyle that incorporates the ancient Native American tradition of running and staying fit will help students become healthy, positive adults. The program attempts to reverse the pattern of drug and alcohol abuse, suicide, obesity and diabetes which afflicts many Native American communities.

Running has an integral place in the spiritual and ceremonial traditions of Native American people. Native American runners have always been held in high esteem for their strength and stamina. Running enhanced a hunter's skill and helped tribes communicate important messages. Many of the top competitive runners today are Native American.

Wings of America operates several youth development programs in various locations. These include Wings Running and Fitness Camps, Wings Community Races and a Wings Leadership Camp. They use physical activity as a vehicle to promote cultural pride. Incentives, program products and traveling coaches are provided to those who participate. The Running and Fitness Camps are held on various Native American reservations and are facilitated by peer leaders and role models. Prevention, healthy eating and physical activity are addressed with traditional Native American games and running exercises.

RECOMMENDATIONS

VII. RECOMMENDATIONS

Our work resulted in a number of recommendations for addressing the barriers to and opportunities for developing effective programs. We believe many of them apply to the entire American population as well as to these minority groups. Our recommendations are based on findings and analysis derived from 47 expert interviews, three literature reviews and six low and low-middle income community focus groups.

MOTIVATE, NOT JUST EDUCATE

Most people know what is good for them. They know they should be physically active and eating healthy. They know how much physical activity is necessary and what kinds of foods are healthy. Education doesn't seem to be the missing element. It's motivation that's missing. The key to motivating is to expand on what *already* motivates.

The personal benefits that have been traditional motivations for physical activity must be approached differently for low and low-middle income communities. Weight loss, for example, is often not a strong motivation in these communities. When families are trying to make ends meet, it is not wholly effective or relevant to sell benefits to individuals. People become motivated, not only for personal benefits, but for benefits relating to others. Family, children and friends, as well as cultural and community empowerment and spiritual values get people motivated.

These motivating angles are all linked. Spiritual activity can overlap with cultural activity; playing with children overlaps with group activity; and cultural empowerment is linked with children's self-esteem and overall health. While we have broken these motivations into categories, ideally, they are all linked and all approaches should be utilized to reach the largest audience. Messages should also address this interlinked nature and be consistent with each category.

"I'm not trying to look good. I'm just trying to get what I got to get done to take care of things around myself and my family."

~Latino Male; San Jose, Calif., Diversity Focus Group

"I know from personal experience, every time I go to the doctor he tells me I'm overweight and I need to exercise... And I know I need to, but that's not going to make me do it. My family and my friends would probably make me do it just by inviting me."

~Latina Female; Chicago, Ill., Diversity Focus Group

MOTIVATE PARENTS THROUGH CHILDREN AND FAMILY

“Family welfare is very important to me because I want to see them happy and safe and living a good life. I take care of myself but family is really the most important and then my own health and then my spiritual health.”

~African American Female; Baltimore, Md., Diversity Focus Group

People feel selfish and guilty when they take time to benefit personally, but if physical activity time is seen as a priority that benefits the family, rather than only the individual, more people seem interested and genuinely motivated to participate. Marketing physical activity as something a family or an individual can do for the good of their children rather than for themselves is crucial, as is providing physical activity opportunities that address family rather than individual needs.

Take care of yourself so you can take care of your children.

Parents in these communities feel a responsibility to be healthy so they can take care of their children and be there for them when they grow up. They want to be healthy and strong so they can spend quality time with their children and they want their children to be healthy and strong as well. They believe it is their duty and responsibility as parents and community members and, if taking care of themselves means they will be taking care of their families and the community, a motivation for physical activity is already built into their priorities.

“My main motivation is to spend more time with my family, to see my grand kids if I have grand kids.”

~Latino; Costa Mesa, Calif., National Dialogue Mixed Gender Focus Group

“If I’m not physically fit and healthy, my family don’t eat. So that’s my main concern is make sure I’m healthy, ready to go every Monday morning for work.”

~Latino Male; San Jose, Calif., Diversity Focus Group

Take care of yourself to be a good role model.

Many men and most women, especially Latinas, noted strong cultural responsibility to be good role models.

“I think for us fathers and mothers, we’re the keys. We’re the ones that got to help our kids, this next generation. It’s up to us. It’s up to us to be role models, to eat right, to exercise for them, because they’re going to model after us... Bring them up so they can look at you with a degree of respect and say, ‘That’s the man I want to be!’”

~Latino Male; San Jose, Calif., Diversity Focus Group

“If you have kids, if you’re not eating healthy, your kids are not, because they basically eat what you buy. If you buying unhealthy foods, you might as well say they’re unhealthy too.”

~African American Male; Dallas, Texas, Diversity Focus Group

Schools that instill healthy habits in kids can influence parents.

People, especially women, noted that they were most influenced by their children, so teaching children to be physically active and to eat healthy can motivate parents as well.

“If your child bring home some information and wants to tell you about it, you’re gonna sit down and listen...Because I got a nine-year old. Everything they discuss at school, he got to come home and tell somebody.”

~African American Male; Dallas, Texas, Diversity Focus Group

“If my daughter is exercising, she’s working out, it gives me the push that I need. Then I want to do it as well. If you have a partner, you have someone to do things with.”

~Latina Female; Chicago, Ill., Diversity Focus Group

PROVIDE INSPIRATION AND SOCIAL SUPPORT THROUGH PEER GROUPS TO OVERCOME GUILT

“If you want to spend the time to go to a health club, you’re taking an hour or two hours of time away from the family. If your spouse is not supportive of that, he’s going to make you feel guilty for being away for that period of time that he’s taking over.”

~Latina Female; Chicago, Ill., Diversity Focus Group

Due to the immediate pressures of day-to-day life in these communities, people feel guilty taking the time to exercise, especially if they are in a care-giving role. Peer group activities help alleviate that sense of guilt. We found almost unanimous agreement that being physically active is more fun and people feel less guilty when it is done in social groups. Some focus group participants even said that the social aspect of a peer group would be motivation enough; the exercise would be a side benefit.

The more the social unit is involved, the more the individual can feel the activity is acceptable and not selfish. Programs that address and focus on group support are generally more sustainable. Also, the social group can make an activity fun and inspiring, creating another motivational incentive.

“A lot of people don’t like being alone when they exercise, they like it here because they have a community around.”

~Native American Male; Plummer, Idaho, Diversity Focus Group

“I would probably exercise if I had somebody to encourage some inspiration, somebody to inspire me, somebody to do it with me. I would probably exercise then.”

~African American Female; Baltimore, Md., Diversity Focus Group

Be active with your friends: Join a walking or dance group.

Walking groups, where a group will get together to walk and socialize, have had considerable success among women. This activity can be done outdoors or even in a mall. It doesn't require strenuous effort and it doesn't require special preparation. Children can be incorporated into the activity if childcare is an issue and the activity can be fun because it gives people the excuse to be with their friends and to socialize. Another example of utilizing a social element as a vessel for physical activity is dance. The dance activity can include instructional classes or even large events that resemble parties. Any activity can include a period of time where group support can be addressed with discussion as well.

“If a group of my friends were doing exercises and invited me to join in, it would make a difference because remember I said it was boring? So being with your friends, it's more fun.”

~African American Female; Baltimore, Md., Diversity Focus Group

USE CULTURAL EMPOWERMENT TO MOTIVATE COMMUNITIES

“How do we take those little guys and make them proud of who they are so that they become a piece, a working piece, of our community?”

~Native American Female; Spokane, Wash., Diversity Focus Group

All three of these communities strongly identify with their culture and feel great pride in their heritage. They are more closely-knit by cultural identity than the general American population.

The cultural aspects of these three minority communities provide more opportunities than barriers to being physically active and eating healthy.

Mobilizing people around their culture, as a community rather than as individuals, can create momentum. Accessing cultural empowerment presents opportunities to market physical activity and healthy eating that the general American population lacks.

Teach the children well: Their cultures have always valued fitness, strength and health.

Cultural empowerment connects families, friends, spirituality and parents to their children. The desire to overcome racism, feel pride in one's heritage and instill that pride and self-respect in children can be a force for change that sweeps aside the everyday excuses common throughout American society. Elements such as cultural dance or incorporating a culture's music creates pride and ownership in an activity. Celebrating a culture by honoring health and strength is something these communities can do to better their community as a whole.

“It's so important for them to see and know that there's a whole community of people going to be supporting them.”

~Native American Female; Spokane, Wash., Diversity Focus Group

“Community sticking together... ‘Takes a village to raise a child.’ That comes from Africa. They all communities and work together.”

~African American Male; Dallas, Texas, Diversity Focus Group

“Our culture has a lot of spiritual and healthy ways of doing things. I used to dance and I danced about every weekend. Heck, I’d lose anywhere’s from five to ten pounds, from just dancing...I can’t really find anything that makes you feel better than that, especially getting to know a lot of people and a lot of friends.”

~Native American Male; Plummer, Idaho, Diversity Focus Group

Focusing on physical activities that already speak to the culture means that new activities need not be introduced. Community members can demonstrate and lead practices of traditional dance, for example, and the entire community can feel pride in physical activity that originates from their own culture. Dance and music are consistently popular activities in all three communities. Using a community’s music or cultural pride messages in any activity is empowering.

PUT PHYSICAL ACTIVITY AND HEALTHY EATING IN A HOLISTIC AND SPIRITUAL CONTEXT

Physical activity and healthy eating are essential ingredients in a holistic approach to health that encompasses body, mind and spirit. Many in these communities hold spirituality as a top priority in their lives. Programs that have marketed physical activity and healthy eating as a spiritual responsibility or as activities that compliment spiritual well-being have been highly successful.

The spiritual approach also provides parents a new route to connect their children to traditional values and culture. Thus, the motivational loci have come full circle: children, family, friends, culture, spirituality, children.

“I’m holistic... and I try to do it on a spiritual basis.”

~African American Female; Baltimore, Md., Diversity Focus Group

“I mean, spirituality goes with [health], and you know, those type of things, the community, I think all go into health. They’re all related to health”

~Native American Female; Spokane, Wash., Diversity Focus Group

“That holistic view of health, you know, being related to your mental, spiritual, physical and community aspects... We’re talking about more than just having a disease-free body, we’re talking about much, much more.”

~Native American Male; Plummer, Idaho, Diversity Focus Group

Physical activity can be a private time for contemplation and can improve clarity of mind and spirit. Some programs have included scripture that says physical activity is just as much a spiritual requirement as prayer, since taking care of one’s body is a way to honor and serve what was given by God. Programs can be implemented in places of worship and/or encouraged by spiritual leaders. A spiritual approach can be implemented through discussion, program content and marketing, and it can be tailored to different spiritual practices. In the Native American community, for example, ceremonial dance is at the heart of spiritual practice.

“It’s just incredible how many we have that are still dancing. They’re up in their eighties and nineties and still doing it. And they’re dancing because it makes them feel good.”

~Native American Male; Plummer, Idaho, Diversity Focus Group

“At my church we do have a gym and they do have programs where you can go and work out and stuff. [Our pastor] encourages the members to go out and utilize the gym to try to not only keep you spiritually fit but keep you physically fit as well.”

~African American Male; Dallas, Texas, Diversity Focus Group

“In order to retreat, sometimes you can go to your church and get help by talking to someone... That gets lots of different ways to be healthy: mentally, physically and spiritually.”

~Latino Male; Chicago, Ill., Diversity Focus Group

ACKNOWLEDGE EXCUSES AND PROVIDE SOLUTIONS

Approach physical activity and healthy eating as ready solutions to obstacles, rather than yet another problem. Acknowledge excuses and remedy them with the benefits of physical activity. Fitting the benefits of physical activity and healthy eating to the very concerns and needs of these communities helps people feel that physical activity is not just a luxury but it is also meant for them.

Lack of motivation leads to excuses. If the motivation is there, people find ways to be active and to eat healthy. Providing remedies to overcome lack of time and energy, as well as the stress caused by racism and low socioeconomic status, could be a powerful motivator. Eating healthy is perceived to be expensive and difficult, due to less access to fresh foods. To overcome that perception, compare the price of an apple to a bag of chips and demonstrate how healthy foods can be *more* economical than unhealthy foods in a lot of cases.

Physical activity does not have to be strenuous—it can be relaxing, fun or social. Physical activity can be the perfect way to unwind after a stressful day at work. Suggesting activities that can be integrated into one’s busy life can also portray just how easy it is to be physically active: taking the stairs instead of the elevator, gardening or playing with the kids. Physical activity doesn’t have to be another burden; it can be a break, part of any day and it certainly doesn’t require a gym or fancy clothing.

Perceptions about physical activity and healthy eating cannot be assumed, especially in these communities. Find out what these perceptions are, identify obstacles and then overcome them. Many of the programs we reviewed include a booklet or an introduction in which people acknowledge their obstacles and realize they can be remedied.

PROVIDE ENVIRONMENTS IN WHICH RECOMMENDATIONS CAN BE ADOPTED

Programs that address specific environmental and economic barriers and speak to available resources get people to listen. If programs do not address these concerns, people will assume the program is meant for someone else.

Providing realistic solutions to real barriers is important. If people are worried for their safety, provide group activities where safety comes in numbers or provide indoor activities. If childcare is an issue, provide childcare or provide activities that take place while children are in school into which children can be incorporated. If transportation is an issue, provide activities in convenient local places, provide transportation or help problem-solve by organizing carpools or displaying bus route maps. When people say that healthy foods are hard to access and are unaffordable, physically show them just how to make healthy choices amongst the resources they are offered locally or how to access better stores.

INVOLVE THE COMMUNITY: SOLUTIONS COME *FROM* THE COMMUNITY, *FOR* THE COMMUNITY

Real change takes time and investment. Community ownership should be the priority in all programs. Problems of poverty, racism, stress and depression are not being addressed and they are only growing worse. Programs that provide hope and some remedies may earn loyalty and investment from existing organizations, like churches and tribal governments, in these communities. But it will take time, patience and money.

PROVIDE COMMUNITY-BASED PROGRAMS

While research is necessary to demonstrate impact and maintain program funding, unfortunately, communities don't understand the benefits of research. It is widely believed in these communities, especially among the African American and Native American communities who have been abused by research in the past, that researchers exploit them for personal benefit. The rare research programs that succeed have funding for long periods of time, which eventually allows them to become community-led programs. Community-led programs display a genuine investment in a community. Incentives can also help community members see that programs are there to benefit them.

“We made the mistake of involving an academic institution that had nothing to do with the community. All they were interested in was collecting data and creating publications. They didn't want to involve the community at all; they were there only for their own reasons. Eventually, we just eliminated them from our program because they were holding us back. As soon as we did, the program really took off.”

~Lorraine Cole, Ph.D.

Good community-led programs will likely have all the elements recommended below built in. Support community-led programs by providing program materials and training to key people and institutions. The researchers' roles should be to assist community leaders with design and implementation through on-site, hands-on experience. Program evaluation should be conducted by the research partner. If no other option is available, then research-led programs should try to emulate community-led programs by utilizing the elements recommended below, keeping in mind that priority should be placed on creating sustainable community ownership.

CONDUCT PRE-PROGRAM NEEDS ASSESSMENT

People will not be motivated or participate in activities they are not interested in. People have to feel their needs are being addressed. The best way to do this is to conduct a needs-assessment in the community before a program is implemented. Asking community members what *their* concerns are and what they think they need is an important element and makes people feel they are being listened to and not simply being told what an outsider thinks is good for them.

A program that addresses concerns can be developed or an existing program model can be adapted. The community's own words can be used to market. Appropriate community institutions can take ownership and consumer demand will be built into the program. Each community is different and has different resources with which to work; each community should be treated individually and given its individual voice.

COLLABORATE WITH TRUSTED MESSENGERS AND EXPAND ON CURRENT COMMUNITY SOCIAL GROUPS

Trust is a large factor in gaining program acceptance. African Americans and Native Americans have been abused by research in the past, while Latinos may keep guard because of a cultural value put on privacy and boundaries. Partner with trusted individuals and institutions where activity already occurs. The individuals and institutions vary between communities. The goal is to instill pride and identity from within the community rather than making people feel like outsiders are coming in to "fix" a community's "failure." People are more likely to identify with, listen to and trust individuals who share their resources, race and even age. The most effective messengers live in the community and interact with the community on various social levels. These messengers are credible because they experience the community's barriers on a firsthand basis.

*"It's so important for them to see people their own color when they walk in the door."
~Female Native American; Spokane, Wash., Diversity Focus Group*

Pre-program field research in the community can identify these unique individuals. In the African American community, key messengers include pastors or other church figures. African American funeral directors can be great people to network with since they have good connections in all the church denominations in a community. Wives of pastors can also be very helpful as they often assume social leadership in the church. Winning the confidence of one or two key messengers can win the confidence of an entire group. Church-based programs have found considerable support because the infrastructure of trust is already in place.

The Latino community trusts medical doctors and pharmacists, as well as traditional “promotoras,” or community health professionals. The head female in the Latino family is also a highly trusted messenger. Programs that involve and target women and win their confidence can win the confidence of an entire family. One of the best ways to reach the head female is through her children because children influence their mothers in this culture.

“If my wife tells me, ‘We got to do this,’ it sounds more appealing to me than it would coming from a television.”

~Latino Male; San Jose, Calif., Diversity Focus Group

“I’ve never missed an opportunity to point out my Indian grandmother’s saying.”

~Native American Female; Spokane, Wash., Diversity Focus Group

In the Native American community, tribal leaders and elders are crucial. If tribal leaders do not approve of a program, the program has very little chance for survival or success. However, if a tribal leader likes a program, popularity and success are more likely. Due to the isolated nature of reservations, it is important that key tribal leaders and elders are partners, as outside entities are not trusted and programs coming from outside the reservation have to establish credibility before anyone will consider participating. Pow wows and other community gatherings are highly successful places to implement programs or disseminate messages.

Tribal politics are complex because many reservations include different tribes, bands and clans. Political power and leadership shifts between these groups. Find a guide who can explain local politics.

In all three communities, celebrities of the same race can serve as inspiring role models: news anchors, athletes and movie stars. Schools are also treated as trusted and important institutions in these communities and programs that partner with schools can piggy-back on this already-established trust. Other partners can include YMCAs and community centers.

A thorough study of the community, including identification of the trusted individuals and institutions already in place, is crucial to win support. Partnering with the right individuals and institutions is important, so care must be taken in choosing them.

ALLOW COMMUNITY MEMBERS TO TAKE OWNERSHIP AND PROBLEM-SOLVE

A program has served little purpose if it leaves the community with no sustainable elements. The best way to create sustainability is to place leadership in the community. It is widely understood that people profit more from programs in which they feel ownership and become personally invested. One way to do this is to train individuals as paid leaders while the program is initiated, involving them in development and problem-solving.

Careful evaluation of potential community program leaders is important. Making a poor choice spells failure. Understand potential leaders’ status, level of respect, allies and enemies before making choices.

While elements like transportation and childcare are temporarily helpful, sustainable solutions must also be found or an entire program can fail once funding ends. Take the time to solve logistics issues. Train community leaders to take over when program funding ends by establishing a stipend that gives the job status and value. Involving the community in program development at all points is key in establishing community ownership. If the community feels ownership of a program, it is more likely to make the effort to sustain it after funding ends. While the process of establishing community ownership may seem like it is slowing a program down, the benefits are more likely to last in the long run.

ESTABLISH CONSISTENT EVALUATION TOOLS

It is hard to determine truly successful and specific strategies to address physical activity and healthy eating in these three communities. “Success” is a subjective term that varies from location to location. One way to identify definitive best practices would be to create consistent evaluation tools. Currently, no such tools exist and every program’s effectiveness is measured in a different way so that no one program can really be compared to another on an objective level. Development of consistent evaluation tools is necessary.

CONCLUSION

VIII. CONCLUSION

Low and low-middle income African Americans, Native Americans and Latinos have many of the same obstacles to healthy eating and being physically active as the rest of the American population. But racism, low socioeconomic status and poor physical environments make for additional challenges to living more healthful lives. These same factors also suggest these populations have a greater need for help with their health. Public health research has identified low socioeconomic status as a significant health determinant. The level of stress evident in the faces of our focus group participants and their stories of the challenges they face reinforced that idea for us.

However, this research has led us to conclude that these three groups have a significant advantage over the majority population: Each strongly identifies with and feels great pride in its culture. Our conclusion is that healthy eating and physical activity programs for these three communities should tap into that sense of cultural identity and pride as a way to provide powerful motivations.

It is also important to recognize that making a living and taking care of family take priority over being physically active and trying to eat more healthfully. Working through the interconnected web of children, family, friends, spirituality and culture is the route to making healthy living as important as these other basic priorities.

Finally, it must be noted that there is considerable diversity within each of these minority populations. Programs built around individual communities and their wants and needs, likes and dislikes, and existing leadership and institutions will likely be more effective.

PYRAMID COMMUNICATIONS

Pyramid Communications is a public affairs firm that works with nonprofit organizations from the foundation, environmental, labor, health and human services, and arts communities as well as local, state, national and tribal governments. Over the years, Pyramid has gained a reputation as a savvy and creative communications firm offering a wide-range of skills and services. Pyramid's guiding philosophy is to work on projects that strengthen the civic and cultural fabric of our society. Making a difference is a basic tenet of Pyramid's philosophy toward our work and our clients. Whether it's fund raising, changing public opinion, building coalitions, expanding audiences, understanding markets or motivating people to take action, Pyramid has always believed that improving our world—even in small ways—is a worthy challenge.

Web site: www.pyramidcommunications.com

Below are the bios of the two Pyramid staff members who were responsible for this report.

Terry Surguine

Terry has more than 16 years of experience in public policy, political campaigning and grassroots organization, specializing in public policy and advocacy work. His clients include The Robert Wood Johnson Foundation (*National Dialogue on Health and Healthy Schools for Healthy Kids*), the Early Care and Education Coalition and the Confederated Salish and Kootenai Tribes.

Prior to joining Pyramid, Terry served as state director to U.S. Senator Ron Wyden. He was deputy campaign manager for “Mike Lowry for Governor,” and served as the policy staff director and chair of The Natural Resources Sub-Cabinet during Governor Lowry's administration. Terry has worked on numerous political campaigns, including three governors' races, as well as congressional, senate and presidential campaigns. He also has extensive experience in grassroots organizing on regional and national issues.

Terry holds a bachelor's degree in environmental biology from the University of Colorado.

Taha Ebrahimi

Taha specializes in writing, research, message and materials development. Her current clients include The Robert Wood Johnson Foundation, Casey Family Programs and the Confederated Salish and Kootenai Tribes.

Prior to joining Pyramid, Taha was awarded a grant by the Thomas J. Watson Foundation to conduct a year-long research project, interviewing and writing about women in Sufi organizations in the Ivory Coast, Benin, Turkey, Australia, Germany and the United Kingdom. Taha has also served as a reporter for *The Seattle Times*.

She holds a bachelor's degree in English from Whitman College.

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