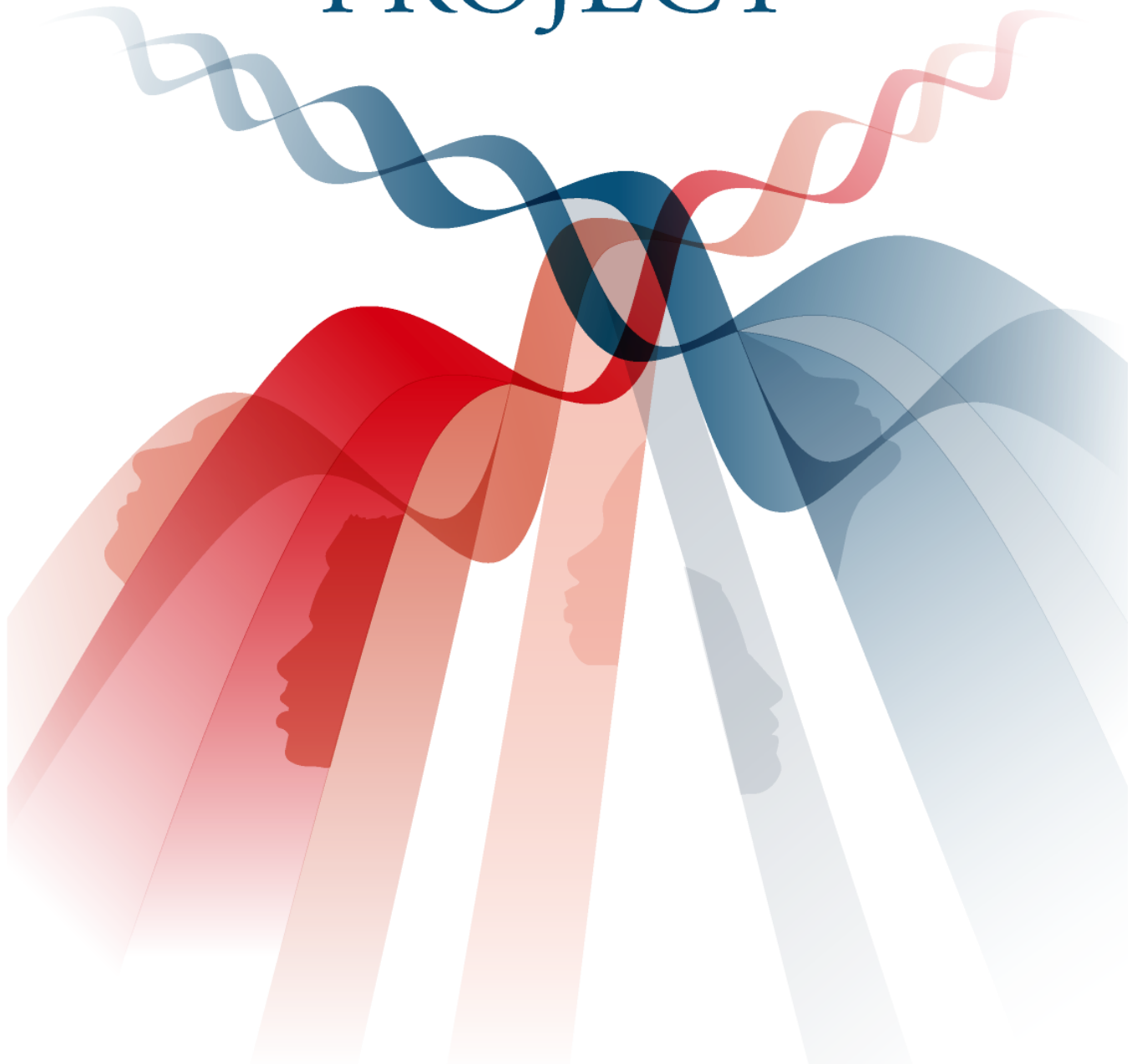


THE **DRA** Accelerating Disparity
Reducing Advances
PROJECT



**Using Healthy Eating and Active Living Initiatives to
Reduce Health Disparities**

February 2008 Report 08-01

Using Healthy Eating and Active Living Initiatives to Reduce Health Disparities

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This paper is part of the DRA Project. The DRA Project is sponsored with funds from the National Cancer Institute, the Agency for Health Care Research and Quality, the Centers for Disease Control and Prevention, Robert Wood Johnson Foundation, the American Cancer Society, the University of Texas Medical Branch, and Florida Hospital. The Federal Funds from the National Cancer Institute, National Institutes of Health were under Contract No. NO1-CO-12400 and those from the Agency for Health Research and Quality were under Contract No. GS-10F-0322R

Introduction

Healthier eating and being physically active can significantly improve health. In low income communities and communities of color, it can reduce health disparities. This report identifies key lessons from eight national programs for making healthy eating and active living initiatives successful in reducing health disparities.

Low income communities, African American populations and Latino populations have disproportionately more cancer, heart disease, and diabetes. Being overweight, particularly obese, is a contributing factor in these diseases. By implementing changes that encourage healthy eating and physical activity, communities can help to prevent these major diseases.

The [Disparity Reducing Advances Project](#) (DRA Project), initiated by the Institute for Alternative Futures, seeks to identify the most promising advances for bringing health gains to the poor and underserved and to accelerate the development and deployment of these advances to reduce disparities through collaborative efforts of the nation's leaders in this area. A summary of the major factors shaping disparities by the DRA Project found that preventing and reversing obesity is a major opportunity for reducing health disparities. Healthy eating and active living are significant in preventing and reversing the epidemic of obesity that is contributing to health declines in the U.S. and to increasing health disparities.

There is a powerful national movement to support healthy eating and active living, including eight major national programs. Working with these national programs the DRA Project has developed this report to identify strategic principles to most effectively target these approaches to reduce health disparities. This report is unique in that it synthesizes current knowledge and insights from the eight leading national healthy eating and active living initiatives. To reduce health disparities these programs must be effective in low income communities and communities of color. This report identifies key lessons from the eight national programs for doing this successfully.

The national movement to promote healthy eating and active living (and active communities) involves efforts in hundreds of communities and takes many forms. The main goals of these efforts vary but include chronic disease prevention, livable communities, community building, increased access to healthy food, protection of the environment, and local/regional economic development.¹ The movement includes efforts run by local non-profit organizations, governments, and coalitions of these groups. A core group of these initiatives have collectively formed the [Convergence Project](#) in order to work together to accelerate and support changes that promote

healthy people in healthy places, many with an emphasis on policy and environmental changes.

The DRA Project worked with eight national efforts to develop their insights for this report, providing an overview of these healthy eating and physical activity initiatives and identifying five strategic principles that make these initiatives effective at reducing health disparities. Each of the five principles is considered in detail, along with the promising practices that demonstrate each principle. The Appendices provide more information on the DRA Project, the references, and descriptions of the eight national programs that provided the input for this Report.

Health Disparities

Persistent health disparities in the U.S. have been well documented. There is a growing recognition that these disparities are fundamentally unjust and that health disparities are linked to community conditions that contribute to the development of chronic illnesses over the longer term. The uneven distribution of community conditions contributes to chronic disease perpetuates disparities in overall health status. Other health factors, such as changing individual behavior and ensuring access to effective medical care, including preventive services, are also important. Yet even if we completely addressed those factors, health disparities would remain as long as overall community conditions are not addressed.

To reduce health disparities effectively in the United States, it is clear that efforts must focus on preventing these unevenly distributed chronic diseases from developing in the first place. Many higher level policies and strategies address the problem by focusing on individual behavior. However, in order to have a broad, sustained impact, the policy focus also needs to shift upstream from the individual to address conditions in the communities in which these disparities exist.

A number of high-disparity diseases, including diabetes and heart disease, are directly linked to America's national epidemic of obesity. While troubling, this association may provide a strategic opportunity. By focusing on reducing conditions that contribute to high levels of obesity in many disparate communities, it may be possible to reduce key chronic disease levels and thereby reduce overall health disparities. Energy imbalances are a principle cause of obesity. Initiatives that promote healthy eating and physical activity are placed ideally to have an impact by addressing the energy imbalances.

Healthy eating and physical activity initiatives are targeted at preventing obesity as well as health disparities in such chronic conditions as diabetes, heart disease and cancer. These initiatives cover a wide portfolio of approaches, but their core activities include

shaping health-directed policy, improving community conditions, coordinating community-based fitness and activity opportunities, coordinating nutrition education, creating healthier food systems, and building coalitions to work for healthier neighborhood environments.

As awareness about the nation's obesity epidemic has increased, a surge of initiatives across the nation have begun to focus on encouraging healthier activity and eating behaviors, drawing hundreds of millions of dollars in funding.² These initiatives have both individual and collective significance.

Eight National Healthy Eating and Active Living Initiatives

Because of their promise in preventing or reversing obesity and related illnesses (particularly diabetes, heart disease and some cancers), the DRA Project has identified healthy eating and active living initiatives as a key disparity reducing advance.³ The field is relatively new and not yet fully evaluated, but extensive experience and practical knowledge have accumulated. The DRA Project has focused on eight major national and regional programs to describe the preliminary lessons about what makes these initiatives work where they are needed most.

Each of these national programs provided the DRA Project with key information on their efforts thus far and assisted in identifying other key findings in the literature. An initial summary was developed that included five strategic principles. These principles were shared with the initiative directors or leaders who were interviewed. The initial principles were acknowledged as appropriate lessons and refined in the interviews. The national programs and those interviewed for this Report are:

- [Active Living by Design](#) (ALbD) of the Robert Wood Johnson Foundation
 - Sarah Strunk
- [The California Endowment's Healthy Eating Active Communities Program](#)
 - Marian Standish
- CDC'S [Racial and Ethnic Approaches to Community Health Across the U.S.](#) (REACH US)
 - Andrea Hegedus
- CDC's [Steps to a Healthier US Program](#)
 - Alyssa Easton
- [Kaiser Permanente's Community Health Initiatives](#) (CHI)
 - Loel Solomon
- [Place Matters: Addressing the Root Causes of Health Disparities](#) of the Health Policy Institute of the Joint Center for Political and Economic Studies

- Gail Christopher, Pamela Thornton and Gina Woods
- W.K. Kellogg Foundation's [Food and Fitness Initiative](#)
 - Linda Jo Doctor and Gail Imig
- [YMCA Activate America: Pioneering Healthier Communities](#)
 - Katie Adamson

It is often easier to start healthy eating and active living initiatives and to get positive results in communities that have more available resources. Place Matters and REACH explicitly targeted minority communities. The other programs include low income communities, communities of color and marginalized populations among those served.

It is important to note that many of these initiatives have not been evaluated extensively or are not at the stage to assess long term outcomes; however, they are evolved enough to offer initial insights or lessons on what is needed for healthy eating and active living initiatives to be effective in low income communities or communities of color. This practice-based information was the focus of the interviews and provided the basis for this report.

The background for this report is based on a review of literature provided by the initiatives themselves as well as relevant academic literature. The Robert Wood Johnson Foundation's report, [Active Living Diversity Project: A Look at Physical Activity and Healthy Eating in African American, Latino and Native American Communities](#), has been particularly helpful in formulating these strategic principles for initiatives focused on targeting individual participation in healthy eating or active living. All of the initiatives and the Convergence Project survey of efforts note that in addition to programs focused on individual behavior, increasingly these initiatives are focusing on "policy and place" – changing the social and physical environment. It is not enough to focus only on changing individual's behavior. This shift was reflected in the Convergence Project material⁴ as well as the Prevention Institute's first report for the DRA Project on the [Imperative for Reducing Health Disparities Through Prevention](#). The strategic principles identified in this report highlight the systematic nature of the approaches necessary to address this problem. At the same time, the report also examines some of the valuable insights of more individually-focused programs.

This report's consideration of community or social factors as well as individual behavior is mirrored in the descriptions of the programs. For example, the Robert Wood Johnson Foundation Program focuses on Active Living by Design as well as healthy eating. The California Endowment program describes itself not as a health eating/active living program but as a healthy eating/active community program.

Reflecting this dual focus, five strategic principles have emerged for ensuring effectiveness of healthy eating active living efforts in communities with high health disparities. These strategic principles are intended to stimulate ideas and action, and more effective programs among policymakers, community members, program organizers and funders.

Overview of the Strategic Principles

There are five strategic principles for making these efforts effective in low wealth communities or communities of color. These initiatives should:

- *Contribute to Healthy Community Conditions:* By contributing to comprehensive place-based improvements to neighborhood safety, physical design, and built environment, initiatives can have a deep and long-lasting influence. Changes in community infra-structure, including improved parks, community gardens, well designed pedestrian zones, improvements to the built environment, and commercial offerings of fresh affordable foods are worthwhile initiative objectives.
- *Build Community Networks:* By working to build networks supporting community health whenever they enter a community, initiatives can have a greater impact over a longer period. Effective networking includes community leaders, role models, gate keepers, as well as program participants.
- *Frame Initiatives Around Personally Meaningful Benefits:* Emphasizing potential benefits including reduced crime, improved schools, socialization, family participation, and increased energy has greater resonance than focusing on fitness and nutrition *per se*. Initiatives have increased their effectiveness within low income communities when participation has been framed around local concerns, community and personal benefits .
- *Mitigate Access Barriers:* Participants in community-based efforts can face additional challenges and expenses when accessing transportation, health facilities, childcare and grocery stores. Initiatives that help find solutions to these challenges are more successful.
- *Acknowledge and Leverage Cultural Strengths:* Cultural empowerment can be a strong motivator in many communities and can contribute to the success of healthy eating and active living initiatives. This principle includes emphasizing ethnic or culturally focused healthy diets and exercise patterns, addressing culturally based barriers to participation and using language-appropriate program materials.

These strategic principles are rules of thumb for initiatives to most effectively engage populations with the greatest health disparities they can be applied to all healthy eating and physical activities initiatives. They parallel similar key principles emerging from these efforts – specifically a summary of the factors for success in the first round of REACH community projects.⁵

The Strategic Principles in Detail

Strategic Principle 1: Contribute to Healthy Community Conditions

While fitness and nutrition programs by themselves are valuable tools in the fight against health disparities, when combined with healthier community conditions, they are more likely to have far deeper and longer term effects. Some policy makers, health care providers and citizens see healthy eating and physical activity solely as matters of individual responsibility. However, this viewpoint fails to account for the strong correlation between health disparities and specific neighborhood conditions. Simply put, unhealthy community conditions limit the healthy choices available to individuals. Initiatives that address barriers to healthy behaviors at the community level are likely to have the most impact on health disparities.

Over the past fifty years, physical activities have been engineered out of the built environment, contributing to the current epidemic of obesity and associated health problems. Healthy eating and active living initiatives can counter this problem either directly, by explicitly working for healthier community conditions, or indirectly, by catalyzing community support for healthier infrastructure. Healthy community conditions include, among other things, streets that are safe not only for cars but also bicyclists and pedestrians and a range of healthy retail establishments (grocery stores, farmers markets, restaurants, etc) interspersed throughout a neighborhood.⁶

Along these lines, in the 1990s the Department of Health and Human Services formed an Independent Task Force on Community Preventive Services to summarize what is known about the social determinants of health. This task force defined key living conditions conducive to good health, including quality affordable housing; safer neighborhoods; and building neighborhood municipal, religious, and cultural assets.⁷ Similarly, PolicyLink produced a report in 2002 outlining approaches to reducing health disparities by implementing a community-focused approach.⁸

Examples of actions of this type from local efforts of the eight national programs focused on in this report include: policy changes such as providing more parks or making existing ones safer and more activity friendly; zoning changes that minimize the

impact of local hazards on communities; establishing community gardens; ensuring access to grocery stores that stock fruits and vegetables; ensuring that power plants and other industrial polluters that contribute to respiratory and other illness are not situated in high-density neighborhoods or minimize their pollution; neighborhood watch programs; well-designed streets with pedestrian zones and traffic-calming measures to reduce crashes and injuries; and housing improvements to reduce exposure to toxins, allergens, and pests.

Two approaches and related tools for transforming the community environment are emerging as important in reducing disparities. One is the assessment of communities and identification of policies to implement strategic changes. Frameworks have been developed for this task, including the [ENACT assessment tool](#) produced by The Prevention Institute. ENACT is an interactive web-based tool designed to help communities improve their nutrition and physical activity environments by offering a specific menu of achievable strategies divided into seven key environments: Neighborhoods, Workplaces, Healthcare institutions, Daycare and preschools, Schools, After-school programs, and Government practices. The ENACT strategies are complemented by available research, model policies and programs, specific tools and organizations to assist in implementation. The tool is designed for use by a broad array of partners, including residents, public health practitioners, business leaders, students, and government officials to plan and prioritize strategies for implementation, particularly in regard to environmental change.

Another approach is the establishment of procedures to assess the health implications of any proposed investments that would alter existing infrastructure (such as new transit routes, new buildings, changes to utility services).⁹ Lasting improvements in community conditions are often the result of policy changes made on the basis of these types of assessments, and policymakers and advocacy groups at all levels are in key positions to address the community conditions that contribute to health disparities.

Economic development is also a key potential contributor to reduced health disparities. Well-designed economic development efforts can address multiple community health issues simultaneously. Initiatives that are unable to drive their own health based agenda may be able to back broader economic development initiatives to good effect.

Finally, basic safety is essential for building healthy communities. To be effective, the community environment must provide areas for healthful activity and must ensure that these areas are safe enough to be used widely. Some active living initiatives have managed successfully to increase the safety of existing parks and recreation areas. Others have increased safety by arranging for groups of people to use public areas simultaneously. Likewise, making streets safe for walking and biking are important

options in many communities. Addressing such underlying barriers to healthy behaviors is critical to reducing overall disparities.

By any measure, focusing on social determinants is a promising approach to addressing many of the longer-term factors contributing to the nation's inequalities in health.

PROMISING PRACTICES:

- Promote policy changes that improve community infrastructure
- Contribute to establishing safe areas for activity
- Ensure appropriate access to fruits and vegetables via stores, community gardens
- Promote assessment of community health infrastructure
- Promote evaluation of health impacts of proposed investments and infrastructure
- Support community economic development initiatives that will increase jobs, affordable housing, access to healthy food or result in other important neighborhood improvements

Strategic Principle 2: Build Community Networks

Working closely with community leaders and institutions greatly improves initiative buy-in. At times, healthy eating and physical activity initiatives have had trouble earning the trust of communities in which they work. The problem can be compounded when a national initiative enters a local community with a program of limited duration. Many sources have pointed out that it is understandable that people in this situation may be less than enthusiastic about such interventions. The most promising strategy for countering these problems is community engagement and capacity building.

Community members should contribute to all phases of an initiative. Successful initiatives often partner with trusted “gatekeepers” or role models and opinion leaders, including elected officials, pastors, local media celebrities, policy activists, school administrators, doctors and pharmacists. However, initiatives also are encouraged to actively seek out some nontraditional partners who have not been previously in similar efforts. Developing cultural competence within initiatives is critical to building these types of networks, relationships, and trainings.

A key theme that persistently has emerged is the power of devoting not lip service, but legwork, in engaging existing local community infrastructures. Through contacting community leaders, recruiting prominent community members for participation, and establishing strategies for longer term changes, healthy eating and active communities initiatives not only can enhance their efficacy, but also build momentum toward larger community ‘tipping points,’ or broader community movements. When successful, this

strategy is a powerful multiplier of positive initiative effects. Engaging community leadership should be a point of emphasis in every healthy eating and active living effort's agenda.

Community networking strategies also improve sustainability. Communities can strategically leverage their collective resources to bring about lasting change. In a sense, healthy eating and active living initiatives must succeed on two levels to be judged successful. To have a long term impact, they must engage participants at an individual level while simultaneously ensuring the infrastructure and policy changes necessary to make improvements sustainable. Any number of public health programs have succeeded in building robust participation and yet failed to entrench these efforts sufficiently. Indeed, this trend may have a counterproductive impact as neighborhoods become reluctant to embrace subsequent programs after several previous efforts have come and gone. For many healthy eating and active living efforts, going out of their way to build strong relationships with community leaders has been an effective sustainability strategy.

Additionally, working with communities to build support at the local level can enhance initiatives' access to resources. In part, this is a simple matter of penetration. Healthy eating and active living initiatives with deeper community-wide networks are more resilient than ones with fewer partners or shallower organizational involvement. Committed community leaders are likely to be key allies when efforts need additional support. Beyond this, initiatives that offer additional technical assistance and consultation to local groups in coalition-building, accessing decision-makers, navigating government bureaucracy and the policy-making process are more effective in making and sustaining change.

Finally, building community capacity can contribute to the replication of local successes on a larger scale through assessment and evaluation. By working with communities to provide training in the use of assessment tools and evaluation, initiatives can quickly develop and spread tools and approaches that have proved effective. At the current stage of their development, healthy eating and physical activity initiatives, as a whole, would benefit from the increased capacity in research, needs assessment and evaluation that engaged community members could provide.

By explicitly including community-level networking in their agendas, initiatives can work toward more permanently instituting behavior changes. A key goal in this effort should be helping communities in their entirety to institute healthy eating and active living into the fabric of daily life. Deeper community networking can be a key means of achieving this goal. If all individual healthy eating and active living initiatives were to explicitly

catalyze influential community networks beyond their participants, these initiatives would have a greater cumulative impact in this direction.

PROMISING PRACTICES:

- Involve whole community in all phases of an initiative
- Partner with trusted local organization(s)
- Recruit prominent community members for initiative participation
- Seek endorsement from community leaders (e.g., pastors, doctors, media figures, teachers and pharmacists in the community) as well as nontraditional partners (e.g., organizations or individuals involved in economic development, banking, or other civic organizations)
- Develop community members to maintain leadership of local initiatives after funding provisions have expired
- Build human capital around needs assessment, research and program evaluation

Strategic Principle 3: Frame Initiatives Around Personally Meaningful Benefits

On the basis of the experience in these programs thus far, healthy eating and active living initiatives that strongly emphasize health benefits, broadly speaking, may be less effective than those that also work with communities to emphasize the everyday personal benefits associated with a healthier lifestyle and community improvement. These initiatives are likely to be most successful if they are framed as: a) addressing overall community concerns, b) social, c) a way to increase energy, and/or d) likely to strengthen families as a whole.

At the community level, encouraging healthy eating and physical activity can sometimes be perceived as a lower priority than more pressing safety or economic development issues. Initiatives that find means to work with community residents to address some of these other concerns in the scope of their activities can substantially increase community support and buy-in as well as broaden their positive impact.

At the individual level, social engagement has proven to be very attractive program element for many participants, and should be emphasized. Making program participation a social experience, by adding an element of community and group bonding, greatly increases participant involvement. This emphasis on sociability lends itself to a more recreational approach to healthy eating and active living. Beyond its immediate attractions, structuring initiatives around socializing has beneficial consequences for motivation and buy-in as it creates a built-in peer support system. Individuals are more likely to be able to rely on one another for transportation assistance, support of program sustainability and follow-up with other group members who are not able to take part in activities. Additionally, many participants report that being part of a group makes them feel that their presence is more valued.

Working with communities to build a focus on socializing also facilitates influence. Groups that bond around these initiatives can wield collective clout when it comes to longer-term decisions that impact community health. For example, they can advocate for measures such as improvements to parks and allocation of resources for community health. Safety can be enhanced as individuals come together for group activities in areas where they might feel less safe when alone; sustainability also is improved. Many groups have enjoyed the social engagement enough that they decide to continue meeting even after formal program or funding had expired.

Initiatives should work with local residents to emphasize benefits in daily life. For example, people in economically challenged communities often work longer hours or at more physically demanding jobs.¹⁰ People who work long hours and have long commute times are often not attracted to the idea of “physical activity.” This belief can be a substantial barrier to healthy behaviors since many community members feel that their limited free time should be spent relaxing. However, these concerns can be mitigated, at least partially, by emphasizing that physical activity actually can increase energy and reduce stress. This insight can be extended to the design of program materials. Initiatives have reported better results when they relied strongly on visual marketing that emphasizes the everyday benefits of healthy eating and physical activity more than the health effects.

Some program participants have reported feeling guilty for spending time participating in healthy eating and active living programs rather than with their families as a whole. Many have even gone so far as to say that participation makes them feel “selfish.” This concern presents the opportunity for initiatives to encourage healthy behaviors that target entire families.

Initiatives focusing on individuals coming together with their families and as a community for meals and activities will go a long way to countering this impression. Beyond this focus, some programs have had success either consciously recruiting families into activities or emphasizing ways that increasing parental health directly benefits children. Emphasizing benefits to children and family may even be stronger motivation for many than personal health.

PROMISING PRACTICES:

- Frame initiatives in the context of social and community benefits
- Use visually stimulating program materials with a light tone
- Emphasize idea that initiatives are a way to increase energy levels
- Point out ways that initiatives contribute to overall family health and togetherness

Strategic Principle 4: Mitigate Access Barriers

Barriers to individual participation, including access to transportation, health facilities, childcare and grocery stores, are a factor in many healthy eating and active living initiatives. However, many efforts have recommended specific steps either to eliminate or get around these limiting factors. By making an active effort to understand and mitigate these barriers, programs not only increase participation and community involvement, but also create a greater sense of empowerment among participants.

Lack of transportation frequently emerges as a key concern. Many programs have dealt with this issue simply by providing bus or shuttle transport to participants. However, this approach can be resource intensive and unsustainable for many programs. For healthy eating and physical activity programs without the capability to provide longer term transportation solutions, an alternative approach has emerged whereby programs initially supply transport before actively soliciting ride share solutions once participants get to know each other. Indeed, this kind of intra-program networking may be a promising approach to addressing a wide spectrum of resource issues.

The community environment of underserved communities can be another persistent resource barrier for initiatives. Advocacy to make the physical environment safer and more activity friendly has been successful. But in many cases programs must identify safe indoor environments that are conducive to activity not only as program venues, but also for exercise opportunities at other times. An example of an approach that has been promising in these instances has been finding locations that work well for family oriented, culturally appropriate dance. Additionally, programs have been successful at arranging group activities and encouraging exercise at participants' home.

Access to healthy food can be problematic in underserved communities. In these cases, programs have reported success from a strategy that seeks out the "best buys" for food and doing so in culturally appropriate diets. By identifying and specifically highlighting the best available balances of nutrition and price, programs efficiently take on a task that can be arduous for individuals. In many cases, programs have gone a step further, partnering with key local merchants or companies and government officials to increase the availability and quality of appropriate grocery and other food stores; particularly in low income neighborhoods. Several initiatives have actively worked to improve the sustainability of local food systems. Establishing farmers' markets and advocating for sustainable agricultural practices, which are ultimately healthier for both consumers and agricultural workers, are promising approaches to mitigating access barriers in this area.

PROMISING PRACTICES:

- Provide or arrange program transportation
- Enhance neighborhood safety and outdoor activity options
- Identify and publicize indoor exercise opportunities (e.g., mall walks or community dances) where outdoor venues are not available.
- Foster in-home activities
- Work with local grocers and government officials to identify, increase, improve or promote affordable healthy food options

Strategic Principle 5: Acknowledge and Leverage Cultural Strengths

It is clear that ethnic communities differ substantially and that it would be a mistake to assume uniform approaches for Latino or African American communities. In short, culture is a complex issue and to treat it otherwise would be a mistake. While individual studies have identified themes that may resonate in some cultures, this should not be taken to mean that these are exclusive to a specific culture or that these approaches are always applicable.

Still, one of the most interesting findings to emerge consistently throughout reviews of programs directly promoting healthy eating and physical activity among underserved populations is that cultural adaptation can be the basis for immense strength. According to a study published in *Preventing Chronic Disease*, culturally adapted healthy eating and active living programs have higher effectiveness among minority populations than that achieved in non-minority communities.¹¹ Initiatives that adopt a place-based approach to health will naturally adopt many of these approaches.

For some minority communities, cultural effectiveness starts with language. On a national scale, this finding is particularly applicable to Hispanic communities. Because roughly half of Hispanics use Spanish in day-to-day communication, it is not surprising that initiatives working in Spanish-speaking regions have had increased success when initiative materials are bilingual and program venues are bilingual and culturally tailored. Additionally, healthy eating initiatives have reported that reading food labels and shopping for healthy food can be problematic for some within these communities and have reported progress when these difficulties are addressed directly.

One simple approach to leveraging cultural strengths is to emphasize healthy aspects of heritage inherent in individual communities. Among many Latino communities, for example, cultural standards have tended to link individual health to healthy families. When this is the case, family-oriented approaches to health have been particularly well received. Some researchers have also argued that local emphasis on particular sports

can be an effective starting point for healthy eating and active living efforts.¹² Evidence-based approaches to culturally-specific social marketing have recently shown promise.¹³

Similarly, programs have reported success when traditional foods and recipes are updated or modified with healthier ingredients and preparation methods. Examples of this approach include the [Soul Food Pyramid](#) and related Soul Food Cook Books and [Hispanic-themed recipes](#) emphasizing healthy foods and recipes for the African American and Latino communities.

One area where culture has been found particularly relevant is in identifying the relevant 'gate-keepers' within a community. Within many African American communities, for example, local barbers and individuals associated with the church and clergy have been key partners for many programs. Indeed, it has been recommended that program officials first approach funeral directors within these communities as these individuals generally have connections at several local churches. Within many Latino communities, older women often have great stature within the community. These older women can greatly strengthen initiatives when they agree to participate. Several successful programs have been primarily around working with these elder women to spread healthy messages to the community as a whole.¹⁴

Cultural awareness also has helped many healthy eating and active living initiatives within some Hispanic communities. Program reviews have emphasized the need for awareness of gender roles. For example, when working with female program participants, male program instructors or telephone calls from male personnel are not recommended.

Similarly, among some Native American communities, initiatives linked to traditional tribal culture and rituals have met with success. For example, running and tribal dance are part of the traditional culture of many tribes, and initiatives that have focused on promoting running in this cultural context have reported not only programmatic successes, but also high levels of participant enthusiasm.

Often, the effects of racism can contribute subtly but directly to the development of health disparities. Persistent encounters with racism have been linked to physiological stress reactions that can be damaging over time. In some cases, cultural differences within individual communities have contributed to these tensions. Issues of cultural competency in health care facilities can further compound these concerns. Where it is relevant to their activities, initiatives should explicitly address underlying questions of racism, cultural competency, and multicultural dynamics from the offset.

PROMISING PRACTICES:

- Emphasize healthy aspects of cultural heritage
- Integrate appropriate dance or other culturally significant activities
- Provide program materials in culturally and linguistically appropriate forms
- Promote healthy variations of traditional foods
- Target culturally influential family or community members
- Be culturally aware in addressing potential barriers to participation
- Where relevant, address issues of racism and multicultural dynamics up front

Conclusion

To have a substantial impact on health disparities, efforts need to focus on preventing the chronic diseases most associated with these disparities. Healthy eating and physical activity initiatives have been identified as promising activities in this arena.

Obesity is a contributing factor for a number of these conditions and preventing or reversing obesity in poorer communities could be an effective strategy for reducing overall health disparities. Nationally, initiatives that encourage healthy eating and physical activity are gaining momentum at all levels of society. The DRA Project has worked with leading national initiatives to develop these strategic principles. We encourage other healthy eating active living efforts to consider them in designing or enhancing initiatives.

The most effective of these initiatives emphasize engaging community residents in addressing the community conditions that lead to chronic diseases that cause health disparities in the first place. Changes in infrastructure and policy that remove barriers to healthy eating and physical activity are crucial tools in this effort, and community assessment is a valuable first step for neighborhoods and municipalities considering this approach.

However, ultimately to be successful, this effort will require a multi-level comprehensive approach including a more coordinated and thorough evaluation of initiative outcomes. The DRA Project encourages communities and other key actors to adapt these types of initiatives to address health disparities more effectively by using the strategic principles outlined in this report. This dissemination of learning is critical not only to making healthy eating and physical activity initiatives more effective, but also to reducing health disparities as a whole.

Appendices

Appendix I: The DRA Project

The [Disparity Reducing Advances Project](#) (the DRA Project) is a multi-year, multi-stakeholder effort developed by the Institute for Alternative Futures (IAF) to identify the most promising advances for bringing health gains to the poor and underserved and accelerating the development and deployment of these advances to reduce disparities.

The next decade will see a myriad of advances in prevention and treatment that will yield significant health gains. Significant advances are likely in risk identification, bioinformatics, behavior modification, patient-centered care, and complementary and alternative medicine. Typically the poor and underserved are the last to benefit from such advances. Health disparities in the US are significant. African-Americans are 23 percent more likely to die from all types of cancer than whites, and in 2001 the death rate from diabetes in Hispanics was 40 percent higher than the death rate of whites. Between 1991 and 2000 the premature deaths of an estimated 860,000 African Americans was attributed to not having the same healthcare as whites. The causes of health disparities go beyond access to healthcare to include social, environmental and behavioral causes.

The DRA Project works to overcome this reality by targeting the advances with the highest potential for reducing health disparities and then creating a network of organizations committed to accelerating the development and deployment of those advances. The network will include healthcare systems and local providers, major Federal government agencies, technology developers, and consumer and patient organizations.

In the process of identifying these disparity reducing advances, the DRA Project set the task of identifying key lessons or strategic principles judged to have the greatest disparity reducing potential. The escalating epidemic of obesity, particularly among communities of color, was identified as a key leveraging point for countering chronic disease and reducing health disparities. The importance of disease prevention, as opposed to treatment alone, has quickly become apparent. Yet, for prevention to be optimally effective, new approaches to health behavior change and community conditions are necessary. Healthy eating and active living initiatives are a promising move toward this kind of systemic change.

Appendix II: Participating Programs

Active Living by Design (ALbD) - Active Living by Design was established as a national program of the Robert Wood Johnson Foundation in 2001. Part of the UNC School of Public Health in Chapel Hill, North Carolina, Active Living by Design provides technical assistance and consultation to community partnerships and funders across the country to demonstrate how environmental and policy changes can increase routine physical activity and access to healthy foods.

The California Endowment's Healthy Eating Active Communities Program (HEAC) - HEAC is a \$26 million, four-year initiative to prevent obesity in children and youth. Using a “grassroots to treetops” approach that involves community residents, public officials, and private business, HEAC aims to build practice models and to mobilize advocates to promote healthier environments for nutrition and physical activity. HEAC features local partnerships in six communities, a statewide network of technical support, communications and policy advocacy, new tools and other resources, research, and evaluation.

CDC's Racial and Ethnic Approaches to Community Health Across the US (REACH US)- In response to persistent health disparities, the Centers for Disease Control and Prevention created REACH US (formerly REACH 2010), a program that demonstrates that health disparities can be reduced and the health status of groups traditionally most affected by health inequities can be improved. REACH US supports CDC's strategic goals by funding Centers of Excellence to Eliminate Disparities (CEEDs) as well as Action Communities (ACs). The initiative also has developed innovative approaches to dealing with racial and ethnic groups, and these approaches improve people's health in communities, health care settings, schools, and work sites.

CDC's Steps to a Healthier US Program- CDC's Steps Program operates a cooperative agreement that provides funding to communities nationwide to support evidence-based community interventions. These interventions focus on reducing the burden of obesity, diabetes, and asthma, as well as addressing three related risk behaviors physical inactivity, poor nutrition, and tobacco use.

Kaiser Permanente's Community Health Initiatives (CHI) - Kaiser Permanente community health initiatives (CHI) seek to transform the health of communities by linking an evidence-based and prevention-oriented approach to medicine with community activism and proven public health interventions. A central underpinning of the CHI approach to community health improvement is the critical role of partnerships. CHI's framework for community health initiatives calls for proactively and purposefully engaging like-minded public health agencies, safety net providers, community-based organizations, advocacy groups, and other community partners in the pursuit of shared goals.

Place Matters: Addressing the Root Causes of Health Disparities- Place Matters is an initiative of the Health Policy Institute (HPI) of the Joint Center for Political and Economic Studies. The initiative seeks to address these issues and guarantee communities of color their inalienable human right to an equal opportunity for a healthy life. Working with counties across the country, selected because of their concentration of communities of color, their population density (they must have at least 250,000 residents), and the availability of a Behavioral Risk Factor Surveillance Survey (BRFS), Place Matters is working to build community leadership on health disparities issues and increase the efficiency of each effort by sharing best practices across localities.

W.K. Kellogg Foundation's Food and Fitness Initiative- The W.K. Kellogg Food & Fitness Initiative is working to create vibrant communities that support access to locally grown, healthy, affordable food, and safe and convenient places for physical activity and play—for everyone. To achieve this, they are working with nine communities nationwide. Each is facilitating collaboration across multiple sectors and communities—from transportation to public health, from agriculture to education, from youth to the faith community. “We believe that by working together we can advance integrated, sustainable and practical solutions that will serve as models for positive change for all communities.”

YMCA Activate America: Pioneering Healthier Communities- YMCA of the USA launched the Pioneering Healthier Communities (PHC) project in July 2004. This community leadership initiative aims to (1) raise the visibility of lifestyle health issues in the national policy debate, and (2) encourage and support local communities in developing more effective strategies to promote healthy lifestyles. Since the launch, 46 communities have fielded teams to take on the challenge of improving the health of their communities and their residents.

Appendix III: References

End Notes

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