Walking For Health: A Community Education and Physical Activity Initiative

Jessica Andrews
Alycia Horn
Christian Sanchez-Jordan
Amos Shemesh
Jeremy Silver

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

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

**BACKGROUND/INTRODUCTION**

**OBJECTIVES**

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

**METHODS**

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

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

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

**RESULTS**

Community participation at walks was low. One individual joined us for three walks. High participation was on October 25th, with 10 participants.

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

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

**CONCLUSIONS**

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

**REFERENCES**