

Title:

Creating a Culture of Health With a Clinical Trial to Promote Physical Activity

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Session Title:

Research Poster Session 2

Slot (superslotted):

RSC PST 2: Saturday, 29 July 2017: 12:00 PM-1:30 PM

Slot (superslotted):

RSC PST 2: Saturday, 29 July 2017: 2:45 PM-3:30 PM

Keywords:

clinical trial, culture of health and physical activity

References:

Bardach, S. H., & Schoenberg, N. E. (2014). The content of diet and physical activity consultations with older adults in primary care. *Patient Education and Counseling*, 95(3), 319-324. doi: 10.1016/j.pec.2014.03.020

Bethancourt, H. J., Rosenberg, D. E., Beatty, T., & Arterburn, D. E. (2014). Barriers to and facilitators of physical activity program use among older adults. *Clinical Medicine & Research*, 12(1-2), 10-20. doi: 10.3121/cmr.2013.1171

Robert Wood Johnson Foundation. (2016). *Building a Culture of Health*. Retrieved from <http://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html>

Abstract Summary:

The Culture of Health initiative endorsed by the Future of Nursing: Campaign for Action proposes that health is greatly influenced by complex social factors, such as community perceptions, values, access, and equity. Yet, few health promoting interventions consider these key contributors. This research identifies key strategies to promote health.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Describe factors associated with creating a Culture of Health to improve population health.	Discuss Culture of Health Action Framework model. Describe research study design.
Identify key strategies to include in interventions to promote physical activity.	Describe results of research study. Describe explanatory model. Discuss and compare findings with other research.

Abstract Text:

Purpose: The *Culture of Health* initiative endorsed throughout the United States (U.S.) by the *Future of Nursing: Campaign for Action* proposes that health is greatly influenced by complex social factors, such as individual and community perceptions and values, physical environments, socio-economic status, opportunities, access, and equity. Yet, few health promoting interventions consider these key contributors to health. Rates of participation in physical activity (PA) remain low in the U.S., especially in older and marginalized population groups, although evidence is undisputed that death and disability could be drastically reduced by PA. Strategies to change behaviors and attitudes to increase regular PA as an action to improve and promote health in our nation remain elusive.

The purpose of this research was to identify strategies that older and diverse women used while changing their behaviors to incorporate regular PA into their daily lives.

Methods: We performed a process evaluation of the Lifestyle Physical Activity for Older Women (LPAW) clinical trial using a descriptive, phenomenological qualitative design. We used the Culture of Health framework to consider the breadth of factors that may influence participation in regular physical activity. Using maximum variation sampling, we interviewed 20 older women about their experiences while participating in the LPAW clinical trial. Data were analyzed using narrative content analysis with constant comparison technique. Techniques to improve rigor were employed.

Results: Eight African American, 11 white women with 1 Native American from the control and intervention arms of the trial were interviewed. Participants had a mean age of 68 years (range 60-94), 40% had a history of cardiovascular disease, 85% were hypertensive, and 35% suffered from diabetes type II. Socio-economic status was low as 45% had annual incomes of less than \$30K and 50% had only a high school education.

Five central themes described how the older women changed their mindset, behavior and attitude about PA, which resulted in regular PA continuing even after trial completion. Results indicated that: 1) Sensed Benefits, 2) Motivation, and 3) Self-efficacy were central to success, while a reduction in 4) Barriers to PA were essential before regular participation in PA could occur. The last theme was described as a “life-changing awareness” of the significance of PA to health. This theme indicated that PA had become a shared value among these older women, an outcome directly related to the Culture of Health framework. An explanatory model, grounded and developed from the data, describes salient factors that these women used to engage in PA.

Conclusion: This study suggests key strategies to include in interventions to promote regular PA as a shared value among older and diverse women. Making regular PA a shared value of health is an action promoted by the Culture of Health initiative that will improve population health and well-being.