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## Physical Activity Programming for Limited Resource Audiences: Get Moving Kentucky!

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## Physical Activity Programming for Limited Resource Audiences: Get Moving Kentucky!

### Abstract

Low socioeconomic status and limited resources may be a barrier to achieving recommended amounts of physical activity. In Kentucky, 35% of adults are physically inactive. In 1999, 15.8% of Kentuckians were living in poverty. The Get Moving Kentucky! physical activity program provides an innovative design for the achievement of physical activity recommendations by all, despite income and resource availability. The program facilitates a significant increase in physical activity and influences improvements in weight, cholesterol, and blood pressure measurements.

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## Introduction and Background

Adults should engage in at least 30 minutes of moderate-intensity physical activity, above usual activity, on most days of the week to reduce the risk of chronic diseases such as heart disease, type 2 diabetes, and colon cancer (Dietary guidelines for Americans, 2005). Despite health benefits, only 45% of adult Americans get the recommended amount of physical activity, and 27% are considered physically inactive. More specifically, in the state of Kentucky only 29% of adults meet recommended amounts for physical activity, and 35% are physically inactive. Kentucky ranks second in the United States for physical inactivity (*Kentucky Obesity Epidemic*, 2004).

Low socioeconomic status (SES) and access to resources may contribute to physical inactivity. Adults living in low SES areas report participating in less physical activity than those in high SES areas (Wilson, Kirtland, Ainsworth, & Addy, 2004). According to the U.S. Bureau of the Census, Census 2000, the median income for Kentucky families in 1999 was nearly \$10,000 below the national median. Nationwide, 12.4% of persons were living in poverty in 1999, while 15.8% of Kentuckians were living in poverty.

Modest increases in daily activity can improve health and quality of life (*Physical Activity and Health: A Report of the Surgeon General*, 1996). Household chores, yard work, and other similar activities can contribute to a physically active lifestyle and improved health. This facilitates the ability of low-income, limited resource audiences to achieve physical activity recommendations.

## Program Description

The Get Moving Kentucky! physical activity program was developed to address the need for Kentuckians to increase activity levels while keeping socioeconomic and limited resource issues in perspective. The program was developed by the University of Kentucky Cooperative Extension, Health Education through Extension Leadership (HEEL) program. (Editor's Note: See "[Academic Health Centers and Cooperative Extension Service: A Model for a Working Partnership](#)," in this issue.)

Get Moving Kentucky! represents partnership and collaboration of the College of Agriculture with the Colleges of Public Health, Social Work, Medicine, Nursing, Dentistry and Pharmacy, Area Health Education Centers (AHEC), UK Health & Wellness Program, Kentucky State University, and the

Kentucky Cabinet for Health Services Department for Public Health. The program was adapted with permission from Texas Cooperative Extension's Walk Across Texas program. A copy of the Get Moving Kentucky! program curriculum can be obtained for review by contacting the author of this article.

The goal of Get Moving Kentucky! is to increase physical activity to influence health for all Kentuckians regardless of age, gender, ethnicity, ability, socioeconomic status, or resource availability. During the development of the program, focus groups were held with county Extension agents. Feedback received indicated that a physical activity program focusing on one type of activity, such as walking, would not be appropriate for all 120 counties of Kentucky. Simply stated, not all areas, especially remote, rural areas, provide a place for individuals to walk. With the high levels of physical inactivity in Kentucky, an achievable type and amount of physical activity was needed for use with the program.

Get Moving Kentucky! is designed as an ongoing 8-week physical activity curriculum in which participants earn PAMs (Physical Activity Miles). One PAM is equal to 15 minutes of continuous physical activity. All activity counts including cleaning, gardening, dancing, and walking. The goal is to get participants moving in an individually achievable way to improve health. Participants are encouraged to earn 105 PAMs over the 8-week period, which averages to about two PAMs (30 minutes) everyday.

The program is designed as a community-wide physical activity campaign, including a community awareness component complete with public service announcement, talking point, and media article ideas. Implementation guides are provided to aid in the development of community task forces to implement the program. In addition, health lesson curriculums are provided to aid county Extension agents in teaching about issues related to physical activity such as safety, chronic disease and weight management.

## Evaluation

The Get Moving Kentucky! program was piloted in three counties representing eastern, central, and western Kentucky. A retrospective pre-test was used to evaluate physical activity levels prior to and during the program, and health-related changes such as weight loss and improvement in cholesterol level and blood pressure. One hundred twenty-seven surveys were distributed, with 67 (53%) being completed and returned.

Surveys asked how many weeks in the 8 weeks prior to the program the participant met the recommended amount of physical activity (two PAMs or 30 minutes at least 5 days per week). When compared to how many weeks during the program participants met the recommended amount, 33% of respondents increased their amount of activity as a result of the program. Paired t-tests showed a statistically significant increase in physical activity ( $P < .001$ ).

Over half (53.7 %,  $n=36$ ) of the survey respondents reported weight loss as a result of participating in the program. For those who reported a number of pounds lost, the average was 4.6 pounds per person for the 8-week program. There was no response to this question by 46.2% ( $n=31$ ) of respondents.

When asked if there was an improvement in cholesterol as a result of the program, 13.4% ( $n=9$ ) reported yes, 6.0% ( $n=4$ ) reported no, and 77.6% ( $n=52$ ) reported that they did not know. Approximately 3% ( $n=2$ ) left this question blank.

When asked if there was an improvement in blood pressure as a result of the program, 28.4% ( $n=19$ ) reported yes, 13.4% ( $n=9$ ) reported no, and 56.7% ( $n=38$ ) reported that they did not know. Approximately 1.5% ( $n=1$ ) left this question blank.

Limited-resource audiences often do not have access to medical care allowing the ability to readily monitor health information such as blood cholesterol level or blood pressure. Therefore, this information was not known when filling out the evaluation surveys designed for the program. This caused a significant barrier for implementation and evaluation of the program. Some counties overcame this problem through collaboration with local health departments. Health departments provided free or low-cost services at a community location to measure height, weight, blood pressure, and blood cholesterol of participants before and after participating in the program.

## Conclusions

The Get Moving Kentucky! program provides a unique design for addressing physical activity behaviors of all audiences. The program is particularly useful in addressing the needs of limited resource audiences regarding access to physical activity by emphasizing that all moving improves health. Program evaluation data shows that the Get Moving Kentucky! program can facilitate an increase in physical activity levels, and thus influence health status by improving weight, cholesterol level and blood pressure among participants.

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