

SPECIAL TOPICS

ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE  
19TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

## Eliminating Disparities in Communities of Color Through the Lifetime Fitness Program

Susan Snyder, Basia Belza

*Suggested citation for this article:* Snyder S, Belza B. Eliminating disparities in communities of color through the Lifetime Fitness Program [abstract]. *Prev Chronic Dis* [serial online] 2005 Apr [date cited]. Available from: URL: [http://www.cdc.gov/pcd/issues/2005/apr/04\\_0142j.htm](http://www.cdc.gov/pcd/issues/2005/apr/04_0142j.htm).

PEER REVIEWED

### **Track: Evidence-based Programs: Research, Translation, and Evaluation**

The objective of this study was to convey lessons learned about factors that contribute to sustainable and effective group fitness programs for older adults in ethnic communities.

The University of Washington Health Promotion Research Center conducted focus groups with older adults from seven cultural groups (American Indian/Alaska Native, African American, Chinese, Korean, Spanish-speaking Latinos, Filipinos, and Vietnamese) to generate ideas for programming that would increase the level of physical activity in these communities. After focus group results were compiled and published, an evidence-based group exercise program for older adults — the Lifetime Fitness Program (LFP) — was implemented in 11 focus-group communities that also had a nutrition program. The 11 communities were located in Texas and western and central Washington.

The LFP was designed by researchers and specialists in aging at the University of Washington in Seattle as an easy-to-implement fitness program aimed directly at older

adults. Average age of participants at all LFP sites (N = 3258) is 74.3 years (SD ± 8.7). The program is offered in hourly sessions two to three times per week and includes strength, endurance, balance, and flexibility exercises. LFP Testing of Function for each participant is conducted at enrollment and every four months thereafter.

Focus group findings showed that both the key motivator and primary barrier for physical activity were related to health and chronic conditions. Ideal fitness program components that were common across the groups were programs that included peer support and instruction, were offered in locations close to where attendees lived and in a center that was targeted to their ethnicity, and included several options for exercising (e.g., alone, in a group). Detailed results of these focus groups are published in the report *Elder Perspectives on Physical Activity: A Multicultural Discussion*.

Preliminary data reported here include 226 LFP participants from 11 ethnic sites (average age, 72.8 years; SD ± 8.7). Participants had at least one valid outcomes measure; 27% (n = 62) had four-month follow-up data. At baseline, percentages of participants below normal limits were the following: in arm curls, 23% of participants at ethnic sites and 10% at nonethnic sites; in Up and Go, 68% at ethnic sites, 36% at nonethnic sites; and in chair stands, 30% at ethnic sites and 21% at nonethnic sites. Normal limits were obtained from published age- and sex-based cut points.

Significant improvement was seen in chair stands and arm curl repetitions at ethnic sites at four months. At fol-

low-up (n = 62), percentages of participants below normal limits were the following: arm curls (2% at ethnic sites, 4% at nonethnic sites), Up and Go (49% at ethnic sites, 29% at nonethnic sites), and chair stands (7% at ethnic sites, 12% at nonethnic sites).

Knowledge gained from these focus groups and from the implementation and evaluation of the LFP can inform future interventions to better reach ethnic minority communities. A policy that links senior nutrition sites serving minority communities to evidenced-based programs such as the LFP may be an effective way to reduce health disparities. Since this abstract, additional data have been collected and analyzed.

**Corresponding Author:** Susan J Snyder, MS, Director, Senior Services of Seattle/King County, Senior Wellness Project, 2208 2nd Ave, Suite 100, Seattle, WA 98121. Telephone: 206-727-6297. E-mail: [susans@seniorservices.org](mailto:susans@seniorservices.org).