

Physical Activity: Taking Steps Toward Health Equity

Presented by

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“We can’t look at health in isolation.
It’s not just in the doctor’s office. It’s got to be where we live, we work, we play, we pray.
If you have a healthy community, you have a healthy individual.”
—18th U.S. Surgeon General Regina Benjamin



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Underserved Populations

- Resides in an underserved area
- Has little or no education
- Family income below 150% poverty



Not Mutually Exclusive



SOCIAL DETERMINANTS OF PA

explained by psychosocial, cognitive, and emotional factors



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Social Determinants of PA

- Greater PA participation and education
- Greater health knowledge
- Better problem-solving skills to make more informed choices
- Greater potential for schedule flexibility
- More social support
- Better social norms

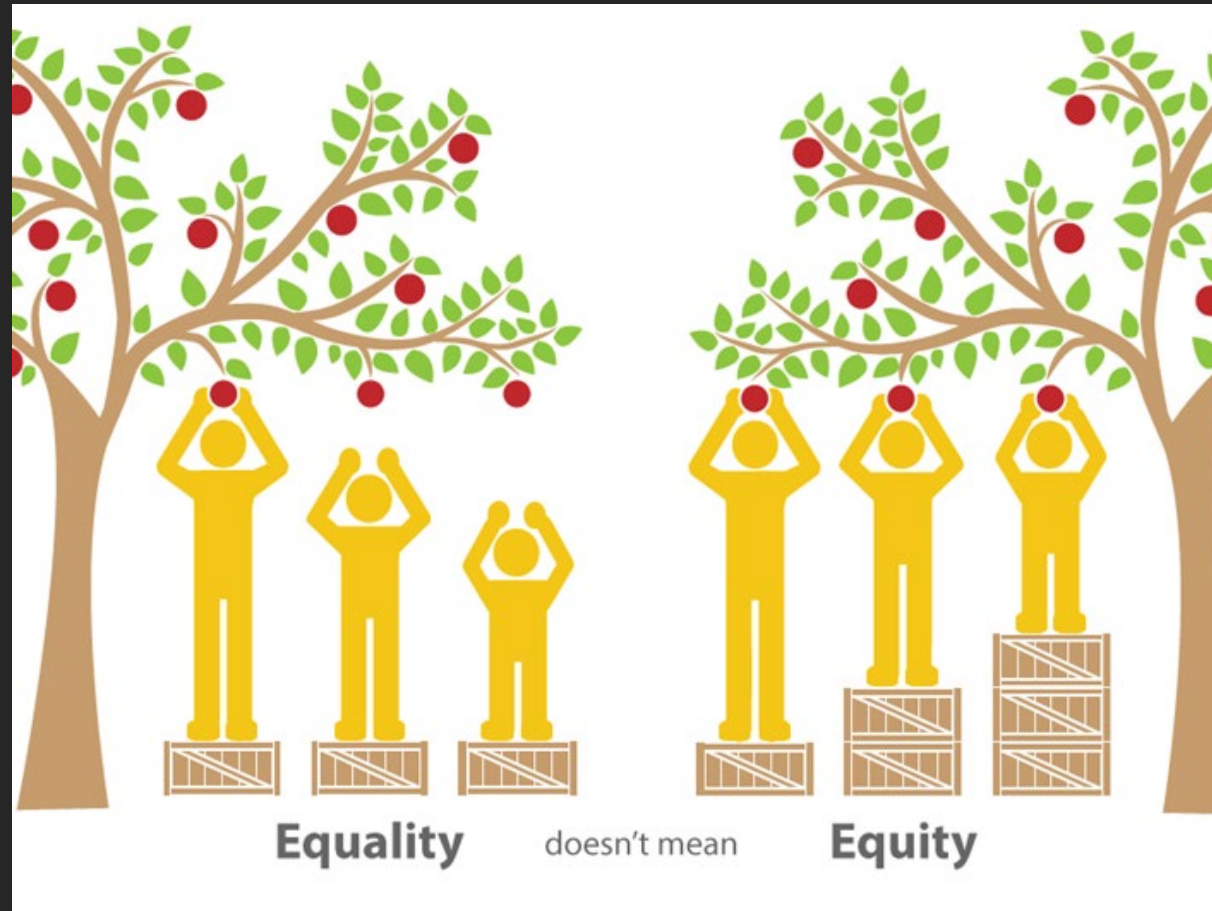


Social Determinants of PA

- Structural factors that promote or restrict PA
 - The built environment
 - Quality housing
 - Transportation
 - Recreational facilities



Achieving health equity through physical activity is the low hanging fruit to achieve health



Physical activity can positively influence every societal sector and social justice issue



Root Causes Timeline

to get to the ending we must start at the beginning



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Root Causes of Disparity and Inequity Timeline

Slavery 1600	Abolition 1800	Civil War 1861	Reconstruction 1865	Progressive Era 1900
Niagara Movement 1905	World War I 1914	Between Wars 1920	World War II 1939	Segregation Ended 1948
Civil Rights Movement 1954	Brown vs. Board of Education 1954	American Indian Movement 1960	March on Washington 1963	Civil Rights Act 1964
Voting Rights Act 1965	Fair Housing Act (FHA) 1968	Women's Rights Movement 1970s	FHA + Gender 1974	FHA + Disability 1988



OPPORTUNITIES



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US Physical Activity Participation

Children and Youth

- 77% aged 9–13 yr. report PA participation during the previous 7 days
- High School Students
 - 1 in 3 participate in at least 60 min/day
 - 14% engage in no PA
 - Spend more than 7 hrs/day in front of a screen
 - 29% percent reported PA during the previous 7 days
- PA participation declines as young people age



US Physical Activity Participation

Gender

- Men (23%) are more likely than women (18%) to meet PA Guidelines
- Boys ages 9-15 yrs spend 18 more weekday min and 13 more weekend min in MVPA
- Adolescent boys (10%) are less likely than adolescent girls (18%) to be inactive



US Physical Activity Participation

Older Adults

- 27.5% of adults aged ≥ 50 years reported no PA outside of work during the past month
 - 25.4% among adults aged 50–64 years
 - 26.9% among adults aged 65–74 years
 - 35.3% among adults aged ≥ 75 years
- Inactivity was higher among
 - Women
 - Hispanics
 - Blacks
 - Person having ≥ 1 chronic disease
 - Less education
 - Higher body mass index



US Physical Activity Participation

People with Disabilities

- Adults with disabilities are 3X more likely to have chronic disease
- Aerobic PA can help prevent, delay the onset of, or manage chronic disease
- 54% of all adults (18-64 years) with disabilities get no aerobic PA



US Physical Activity Participation

Sexual Minorities

- Limited research regarding PA and sexual minorities
- 57-78% of lesbians do not engage in sufficient amounts of PA
- 12,779 youth and adults aged 12-22 years reported 1.2-2.6 h/week less MVPA
- PA participation does not differ between gay and heterosexual men



US Physical Activity Participation

Race

- Adults
 - 21% of whites and blacks compared to 18% of Latinos meet USPA Guidelines
 - Blacks (41%) and Latinos (42%) are also more likely to be classified as inactive when compared to whites (28%)
- Children and Youth Inactivity
 - Black girls (27%)
 - Latina girls (21%)
 - White girls (14%)
 - Black boys (12%)
 - Hispanic/Latino boys (11%)
 - White boys (9%)



CROSS SECTOR STRATEGIES

Economic

Environmental

Social



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Social Equity

Addresses inequalities that limit

- Access resources
- Meet basic needs
- Maintain health and wellbeing
- Have economic opportunity
- Participate in public life



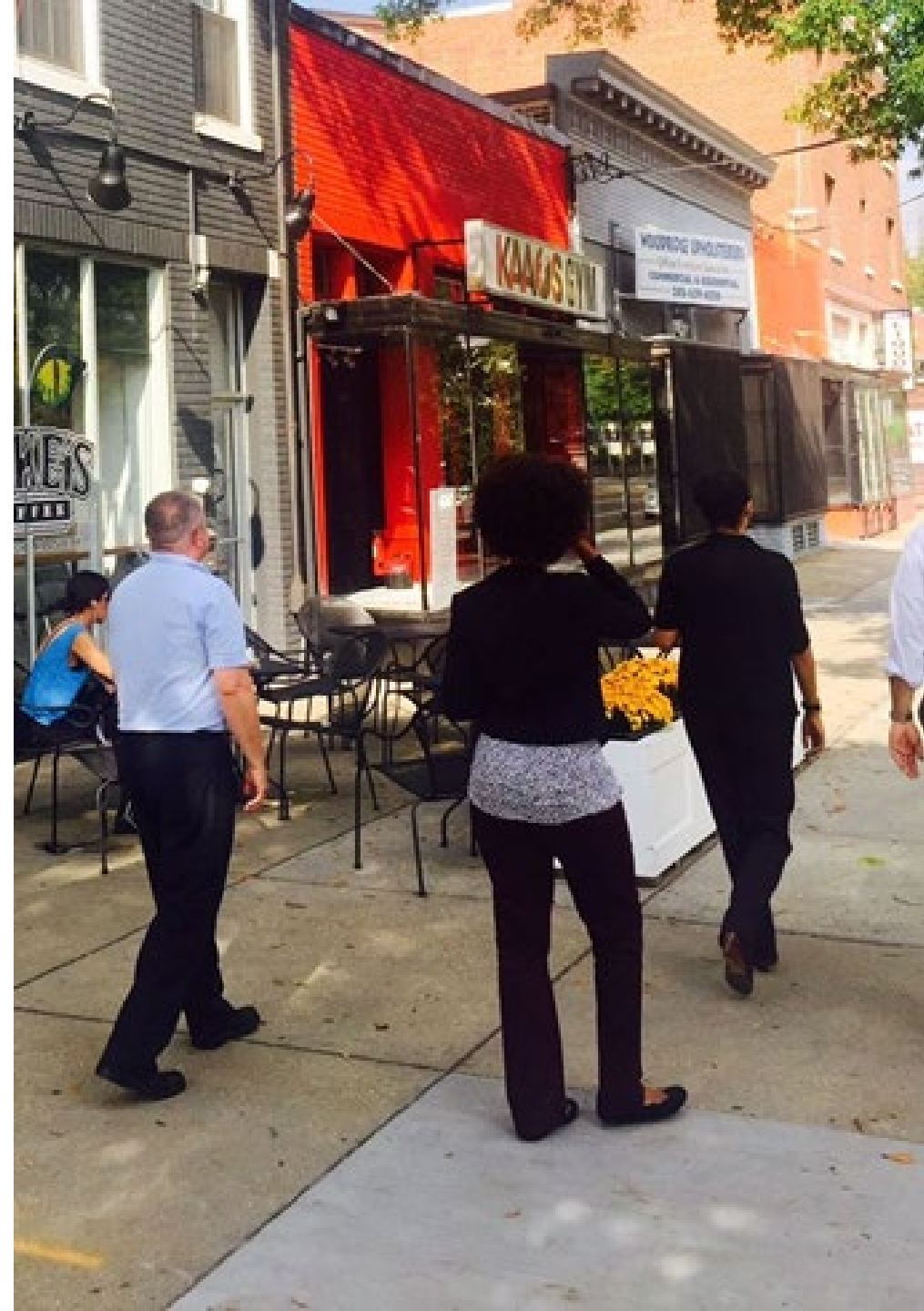
Social Equity

- Facilitate meaningful community engagement in planning & land use decisions
- Promote clean, safe environments
- Strengthen existing communities
- Provide transportation options
- Improve access to opportunities and health promoting resources
- Preserve and build on distinctive community features



Social Equity

- Advocate for those who have a limited public voice
- Build inclusive structures that support engagement
- Use dialog that reflects diverse social identities
- Generate ideas that build capacity
- Enhance community and quality of life



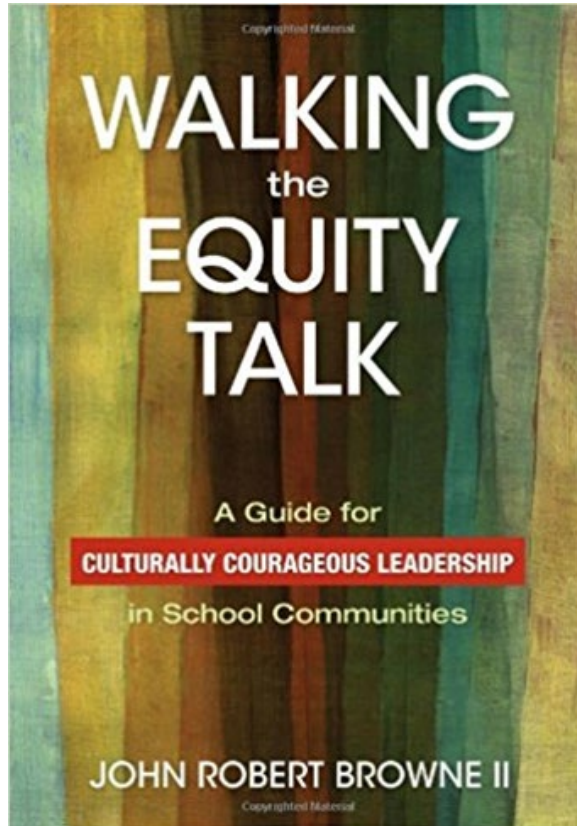
Gentrification

When addressing PA in low-income communities

- Be attentive to smart growth
- Retain existing residents/businesses
- Not expose people to unhealthy conditions



Cross-Sector Strategies Key Questions



What are the most important ways physical activity influences equity?

What are the opportunities to address equity while increasing physical activity opportunities?

How can goals and metrics be developed to make equity relevant and achievable to implementers?



Cross-Sector Social Equity Stakeholders

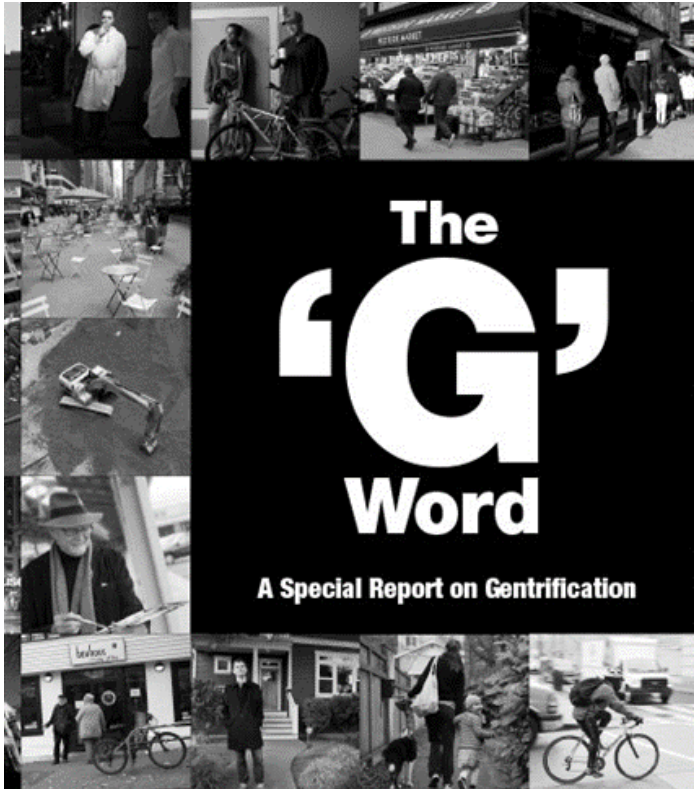
People directly involved
in community redesign
(residents, city planners,
engineers)

The communities
surrounding the
redesigned community

People impacted by the
production or
destruction of resources



Cross-Sector Community Strategies



**Community and quality of life
(accessibility, affordability, engagement)**

**Individual health and wellbeing
(residents, users & surrounding community members)**

**Economy
(jobs, skills, wages, benefits, education)**



Social Equity



Individuals tend to find comfort in homogenous groups

Hooghe *Canadian Journal of Political Science* (2007); Laurence *European Sociological Review* (2009); Meer, and Tolsma *Annual Review of Sociology* (2014)



Social Equity



Diverse groups perform better

Pieterse et al. *Academy of Management Journal* 56.3 (2013); Richard et al. *The International Journal of Human Resource Management* 24.13 (2013)



Social Equity – Building the Evidence

- Continued research that includes diverse populations
- Surveillance
- Baseline evidence demonstrating need
- Starting points to establish goals and objectives
- Models for success
- One strategy for all communities is not reasonable



MOVING PHYSICAL ACTIVITY INTO POPULATION HEALTH

Multiple Streams

Advocacy Coalition

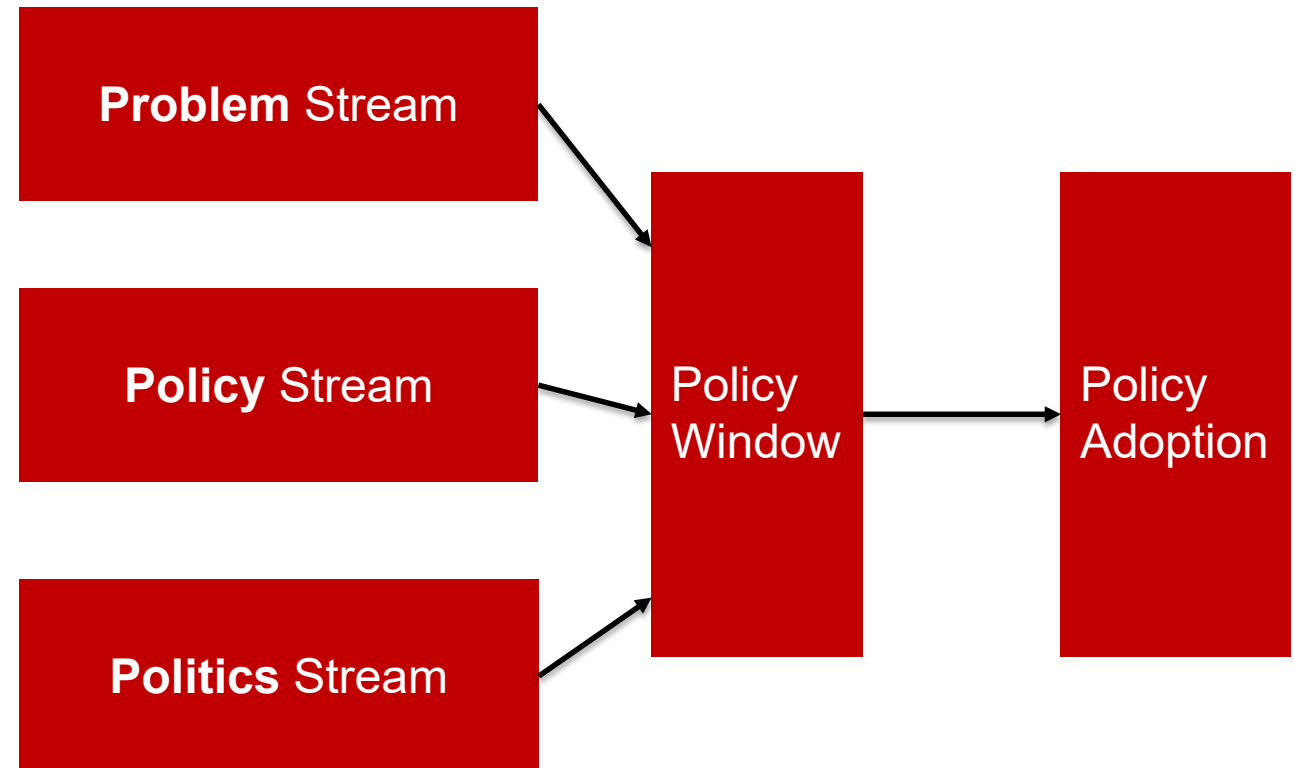
Punctuated Equilibrium



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Multiple Streams Framework

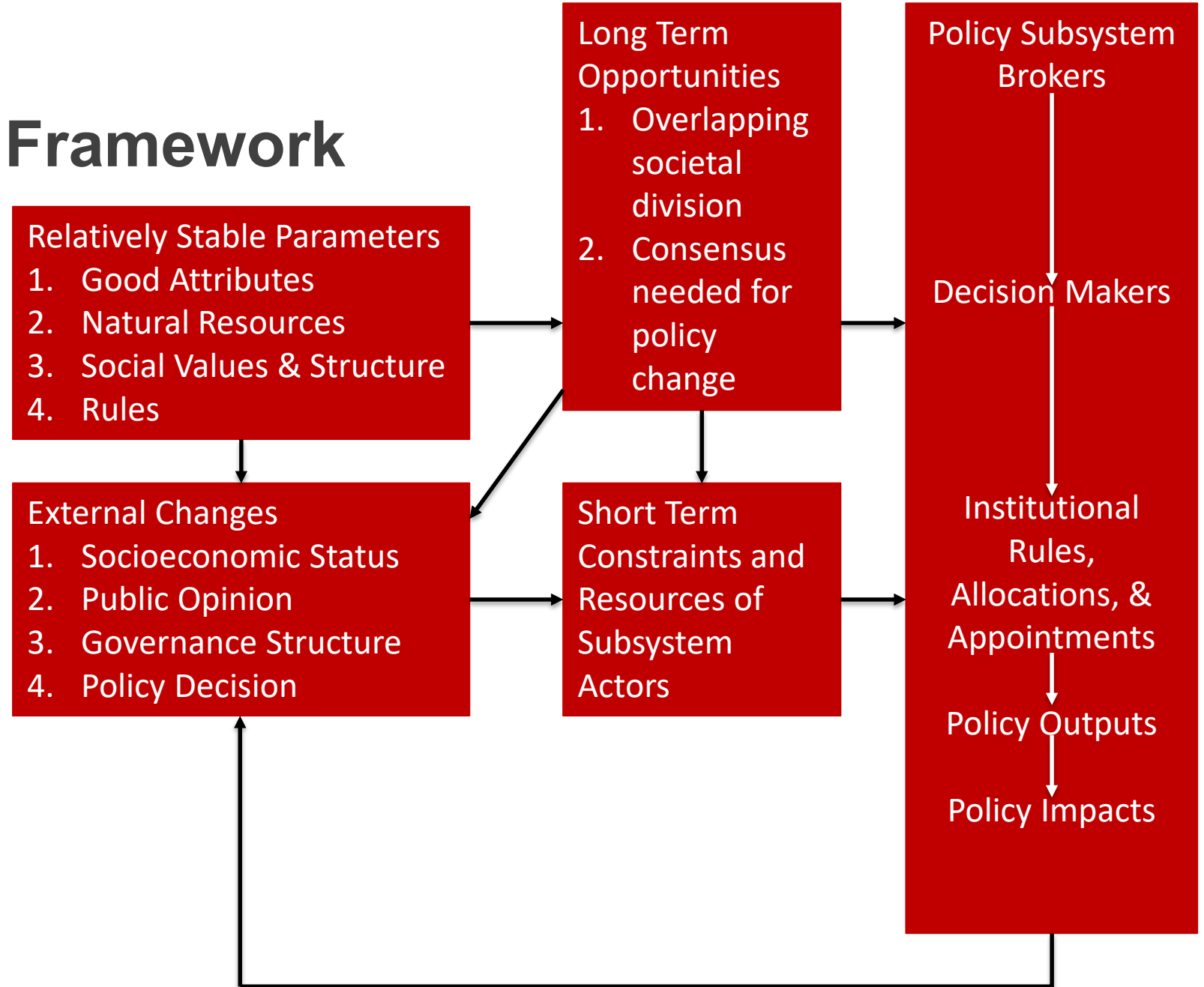
- Greatest opportunity for change happens by addressing
 - **Problem**
 - Strategic action
 - Focusing events
 - Feedback
 - **Policy**
 - Strategy
 - Access
 - Mode
 - Size
 - Capacity
 - Solutions
 - **Politics**
 - Political climate
 - Party ideology
 - Community mood





Advocacy Coalition Framework

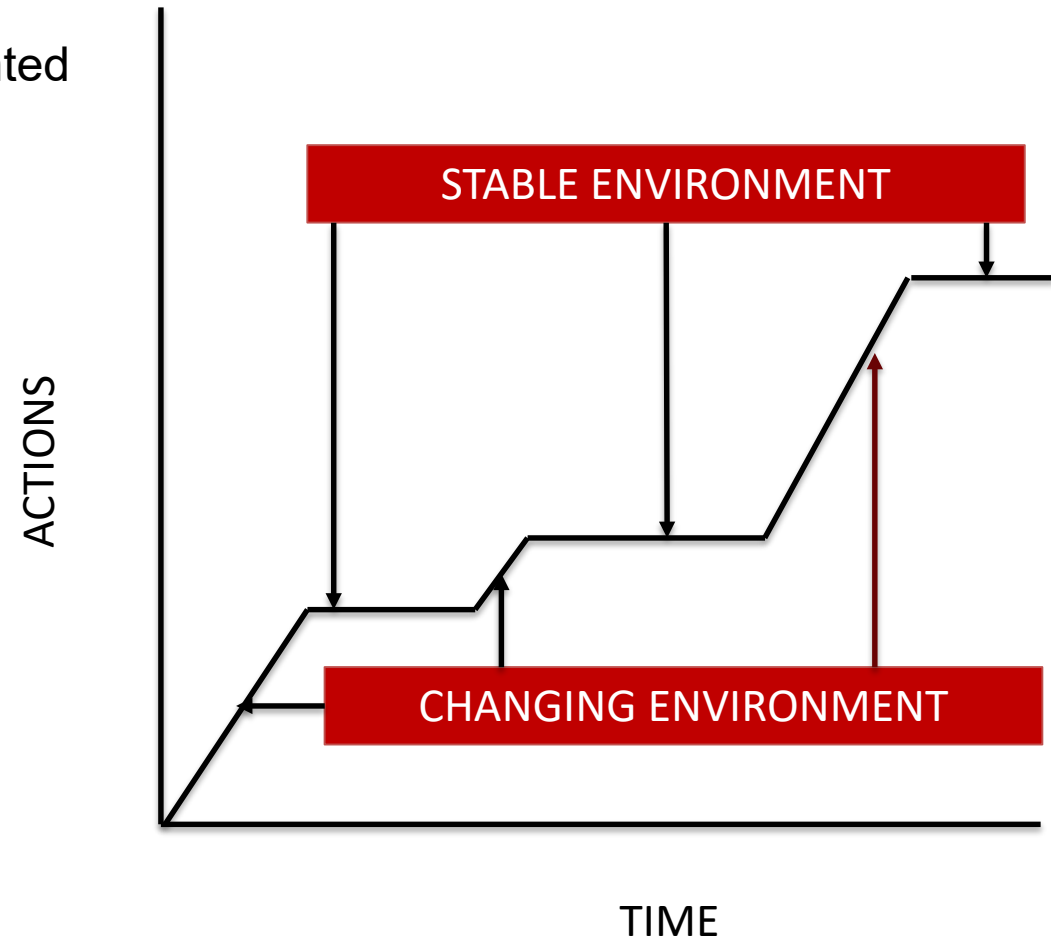
- Aligns groups with the same core beliefs
- Coordinates and leverages their power
- Educates change agents
- Shares resources across sectors
- Aligns policies with politics





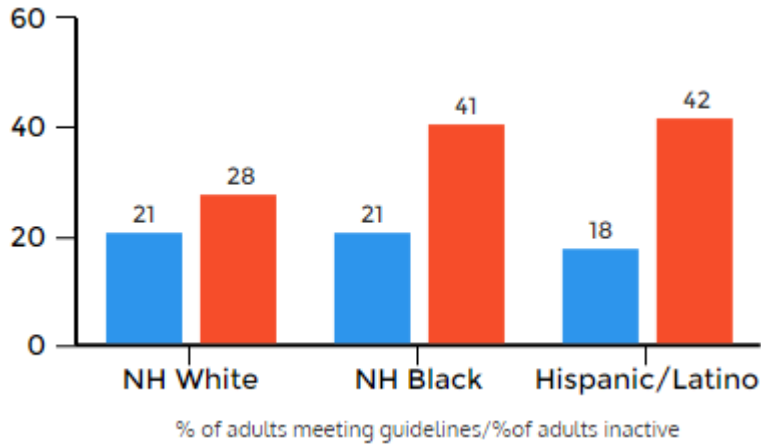
Punctuated Equilibrium Theory

- Policy
 - Tends to remain the same unless change is warranted
- Change can occur quickly under certain circumstances
 - New science
 - Different perceptions
 - Increased media attention and public interest
- Crisis
 - Political
 - Economic
 - Environmental
- Social influence

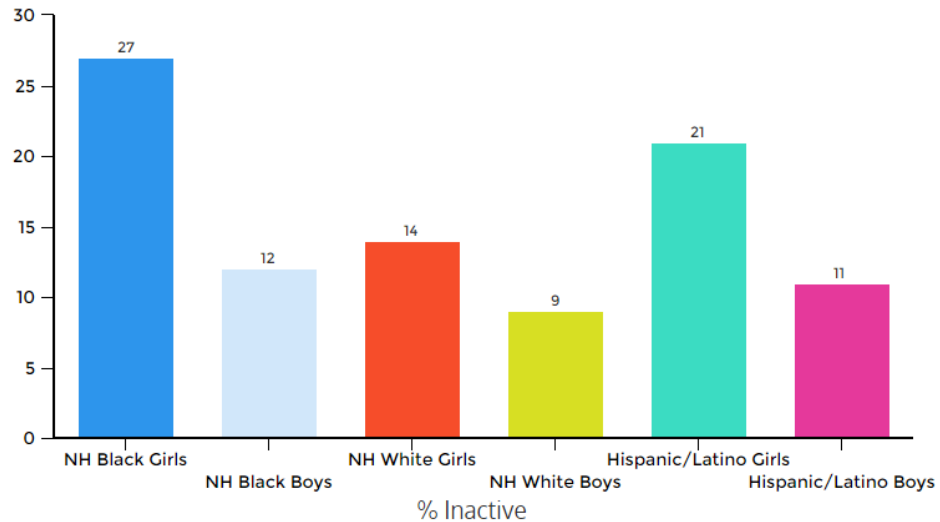
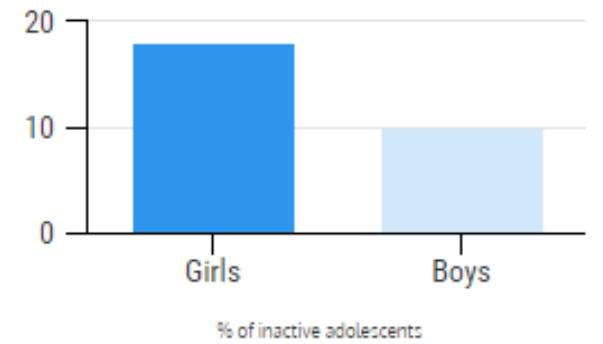
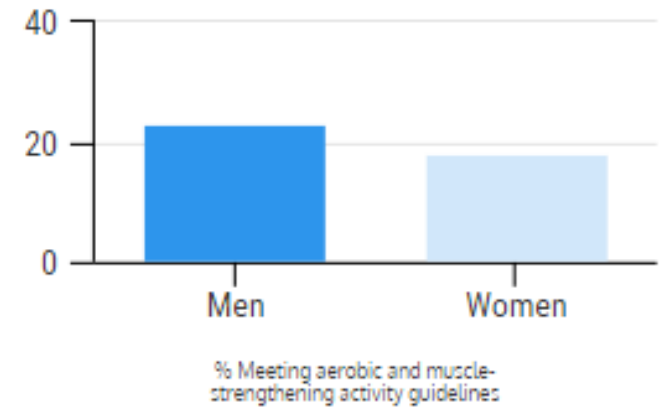




Physical Activity: Taking Steps Toward Health Equity



Only 31% of Adults With a disability meet the guidelines for physical activity, as opposed to 54% of those with no disability



GSM youth reported 1.2-2.6 hrs/wk less moderate-to-vigorous activity than their heterosexual counterparts

