

CATCH Planning Process and Walking Group Results: Summary



Healthy Environments Partnership (HEP)

The Healthy Environments Partnership (HEP) is a community-based participatory research partnership that has been working together since 2000 to assess and develop interventions to reduce excess risk of heart disease in Eastside (ES), Northwest (NW) and Southwest (SW) Detroit. HEP partner organizations are listed on the left side bar and include community based organizations, health service providers and academic institutions. HEP is affiliated with the Detroit Community-Academic Urban Research Center.

HEP-CATCH Planning Process

With funding from the National Center for Minority Health and Health Disparities, the Healthy Environments Partnership - Community Approaches to Cardiovascular Health (HEP-CATCH) implemented a community assessment and intervention planning process. We then conducted a pilot project (*Walk Your Heart to Health* walking groups) that emerged from that process. Each stage of the process is described below.

Community Assessment Process: The HEP-CATCH community assessment drew upon information from many sources about risk and protective factors for heart disease in ES, NW and SW Detroit. Specifically, we used information from:

HEP Research – Research conducted by HEP (2000 -2005) examined contributions of economic conditions; stressful life experiences; air pollution; food environments and dietary practices; and physical environments and physical activity to heart disease in Detroit.

Focus groups – Residents of ES, NW and SW Detroit participated in focus groups, offering insights about how neighborhood conditions influence physical activity and healthy eating.

Youth Photovoice Project – 24 youth from ES, NW and SW Detroit participated in a summer program based at Detroit Hispanic Development Corporation (a HEP partner organization) to learn about environmental contributions to heart disease. They used photography to document, discuss and identify strategies to promote heart health in their neighborhoods.

Intervention Planning Process: The Intervention planning process built on the HEP-CATCH community assessment to develop a multilevel intervention to improve heart health.

Town Hall Meetings – Three Town Hall meetings were hosted by members of the HEP SC in fall 2006: Brightmoor Community Center (NW); Detroit Hispanic Development Corporation (SW); and Friends of Parkside (ES). Over 80 community residents, local policy and decision makers participated in these meetings, which included presentations of results from the Community Assessment Process and group discussions to identify strategies to improve heart health within three priority areas: air quality, physical activity, and access to healthy foods.

Intervention Planning Team (IPT) – The IPT was made up of members of the HEP SC and a diverse group of neighborhood and city representatives. IPT members participated in the Town Hall Meetings above, then worked together to prioritize strategies for change that emerged from those meetings. The IPT reviewed the evidence-base for prioritized strategies and recommended interventions to improve heart health in Detroit to the HEP SC.

HEP SC Retreat – The HEP SC held a retreat to review and synthesize the IPT recommendations. They recommended a multilevel intervention that built directly on priorities and strategies identified through the CATCH planning process. The HEP-CATCH pilot intervention focused on one component of this larger, multilevel intervention: walking groups (described on page 2).

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What is a walking group?

Walking groups are groups of people who get together regularly to walk, exchange information about healthy eating and exercising, and support each other in maintaining healthy lifestyles. The HEP pilot walking groups were called *Walk Your Heart to Health (WYHH)*. Groups provided a safe, supportive environment for participants. They promoted safety through walking with others, identifying walking routes with good visibility and safe *WYHH* participants were given a pedometer before the program began. They were asked to wear it daily to see the number of steps they took each day. *WYHH* groups met for 2 hours three times each week for 6 weeks. Participants were asked to attend at least two sessions per week. At each session participants:

- were offered information about healthy eating and physical activity by the facilitator;
- discussed challenges or facilitating factors they had experienced in being physically active in the previous week;
- uploaded steps from their pedometers onto the project computer;
- participated in warm up exercises;
- walked together;
- cooled down after walking; and
- were offered healthy snacks and water.

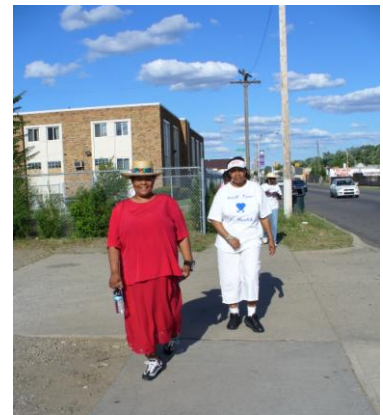
The *WYHH* pilot walking groups were hosted by two members of the HEP SC, Detroit Hispanic Development Corporation (SW) and Friends of Parkside (ES), and one faith-based organization that participated in the IPT process, Leland Missionary Baptist Church (NW).

Who participated in the walking groups?

A total of forty-five residents from ES, NW, and SW Detroit participated in the three *WYHH* walking groups. Of the 45 participants, 34 were African American/Black, 10 Latino/Hispanic and one white; 4 men and 41 women; 17 were 18-44 years of age, 23 were 45-64 years, and 5 were 65 years or older.

How was the WYHH program evaluated?

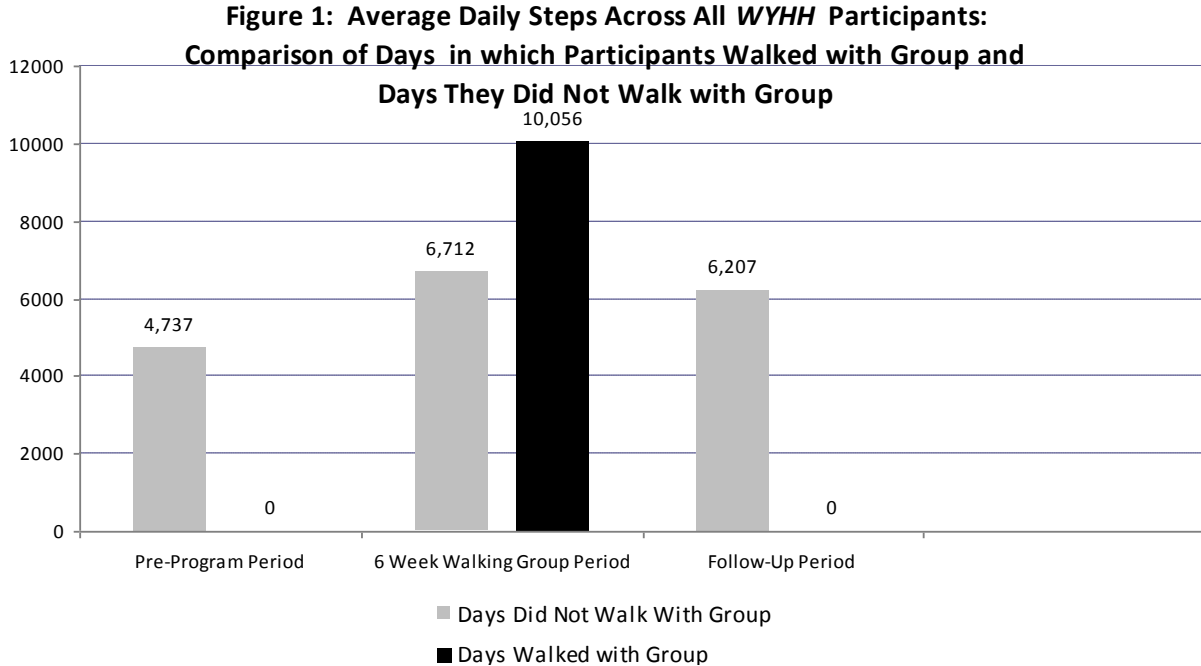
- **Health Risk Appraisal (HRA)** – Included a survey to assess dietary and physical activity knowledge and behaviors, social support for physical activity and dietary changes, and readiness for change. It also included an assessment of blood pressure, glucose, cholesterol, height, weight, and hip and waist circumference. The HRA was completed at the beginning and the end of the *WYHH* program.
- **Focus group discussions** – Conducted mid-way through the *WYHH* program and three weeks after the end of the program to assess *WYHH* participants' perspectives of the strengths and limitations of the program, and challenges and facilitating factors to being physically active.
- **Follow-up questionnaire** – Included questions to assess participants' perceptions of the various components of the *WYHH* program and its impact. Participants completed questionnaires at the end of the *WYHH* program and three weeks later.
- **Pedometers to monitor steps** – Participants uploaded steps to a project computer during each walking group session and at the three week follow up session.



- **WYHH participants were very motivated to have a healthy lifestyle**
 - Over 95% of participants indicated that they were very motivated to have a healthy lifestyle when asked before the pilot started, at the end of the pilot, and 3 weeks after the pilot program ended.
- **The WYHH program increased levels of physical activity (see Figure 1 on back cover)**
 - WYHH participants walked more steps per day during the six week WYHH program period than they did during the pre-program period.
 - WYHH participants walked more steps on days they walked with the group compared to days when they didn't walk with the group (black bar compared to gray bar in Figure 1) during the six week WYHH program.
 - WYHH participants walked more steps during the 3-week period after the program ended than they did during the pre-program period, but slightly less than they did during the walking group period.
- **The WYHH program decreased cardiovascular risk for the group as a whole**
 - Average blood pressure levels, an important risk factor for heart disease, were reduced significantly.
 - Average systolic blood pressure (the upper number) declined from 123 to 115.
 - Average diastolic blood pressure (the lower number) declined from 78 to 72.
 - On average, walking group participants experienced some weight loss. Participants lost an average of nearly 6 pounds over the course of the walking program. Multiplied by the 45 participants in the walking groups, that means that altogether participants lost 261 pounds!
 - Average cholesterol levels declined from 187 at the beginning of the program to 181 at the end of the WYHH program.

Social support for healthy lifestyle changes is important

- 100% of WYHH participants indicated that walking as a group was very valuable and that the program helped them to build more physical activity into their life.
 - Over 90% of WYHH participants indicated that the opportunity to raise questions and talk with others in the group about physical activity and healthy eating was very valuable.
 - Over 80% of participants indicated at the end of the WYHH program that members of the walking group encouraged them to spend time walking or doing physical activity outside of walking group meetings; over 70% reported that they continued to receive such support three weeks after the WYHH program ended.
 - 80% of participants indicated at the end of the WYHH that they received encouragement from other members of the walking group to eat healthy foods outside of walking group meetings; over 70% reported that they continued to receive such encouragement three weeks after the WYHH program ended.
 - Participants reported during focus group discussions that the WYHH facilitator and other group members motivated them to walk more and to eat healthy foods.
- **WYHH participants welcomed diversity**
 - Participants expressed appreciation for the diversity of WYHH participants (race, age, size, ability) and valued the opportunity to walk with others who shared a common goal, encouraged one another, and who exchanged ideas about how to maintain a healthy lifestyle.
 - In one WYHH group, some members spoke English only and some spoke Spanish only – participants noted that they appreciated this diversity and enjoyed exchanging words in different languages.
 - **Pedometers encouraged and reinforced walking**
 - 96% of WYHH participants indicated that using the pedometer to track steps was very valuable and that the pedometer was a strong motivator.



Recommendations for future walking groups

The following are some recommendations for future walking programs, based on HEP's experience planning and implementing the pilot WYHH program and suggestions from WYHH participants.

- **Allow sufficient time to recruit and screen participants.**
- **Encourage participants to set goals and challenge themselves.**
- **Promote (friendly!) competition.**
- **Structure the walking group sessions to foster relationship-building among group members.**
- **Consider inviting members to bring friends or family members to walking group sessions.**
- **When possible, include children in the walking program.**
- **Increase length of program to provide more time to build walking into daily lives.**
- **Promote diversity within walking groups, including diversity of age, race, size, and ability.**
- **Conduct food demonstrations and healthy recipe exchanges during group sessions.**
- **Provide pedometers to track daily steps and offer training on how to use them.**

Next Steps

HEP learned a great deal through the planning and implementation of the WYHH pilot program. These learnings informed the design and development of the CATCH: Pathways to Heart Health proposal submitted to the National Center for Minority Health and Health Disparities (NCMHD) in October 2007. The proposed project aims to implement walking groups similar to the WYHH program, but on a larger scale, over a longer period of time, and with additional training for community leaders and organizations interested in supporting walking groups in Detroit. Funding decisions will be announced in early summer 2008 and, if funded, the Pathways to Heart Health walking groups will begin shortly thereafter. HEP is also continuing to support the development and use of the Greenways being built throughout Detroit to promote more walkable communities.

