2023

Adult Physical Inactivity in Baltimore, MD

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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Contents

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OVERVIEW

Keywords: **physical inactivity, exercise, fitness, overweight, Baltimore, prevention, sedentary, obesity, leisure time, self-efficacy, community driven, grassroots, affordable, recreation, Social Cognitive Theory (SCT), Social Action Community Change Model (SACCM)**

Adult Physical Inactivity in Baltimore, MD

Goal Statement: The goal of this portfolio is to identify low cost, high access, and high participation community programs that will promote increased leisure time physical activity amongst Baltimore City adults ages 18 and older.

Significant Findings: Adults in Baltimore City, Maryland are less physically active on average than the rest of the United States (County Health Rankings and Roadmaps, 2022). A sedentary lifestyle places adults at greater risk of depression (Luo et al., 2022), low overall mood (DeMello et al., 2018), obesity (Ali & Kunugi, 2020), and higher hospitalization rates for comorbid mental health problems (Gupta et al., 2023). Barriers exist at multiple socio-ecological levels. Individual barriers are biology, age, income, personal history, self-efficacy, and the perceived benefits of exercise (Lee & Kim, 2022). At the relationship level, social support is a major factor in healthy activity levels (Lee & Kim, 2022) and professional coaching plays a positive role in adherence (Chen et al., 2022; Zaragoza et al., 2019). Community barriers to physical activity are cost, availability of facilities, and facility quality (Lee & Kim, 2022; Pelletier et al, 2022; Peng, Ng, & Ha, 2023). Barriers at the societal level include sustainability, policy-maker participation, and fostering a sense of community ownership (Zaragoza et al., 2019). Prevention strategies based in

Social Cognitive Theory (SCT) and Social Action Community Change Model (SACCM) are good matches for this need. SCT looks at the reciprocal person-environment influence through six mechanisms (i.e., reciprocal determinism, behavioral capability, expectations, modeling, and reinforcement) (National Cancer Institute, 2005). SCT is effective in addressing uncontrolled eating (Annesi, 2022) and assisting prediabetics to complete behavior change programs (Shamizadeh, Jahangiry, Sarbakhsh, & Ponnet, 2019). SACCM is a community level intervention focused on empowerment, identifying strengths, engaging community members toward change, and selecting community challenges to address (National Cancer Institute, 2005). This is accomplished through grassroots mobilization of disadvantaged populations and developing community enlightened self-interest (Hess & Davis, 2020).

Objectives: Field professionals can begin addressing this need by (1) Engaging individuals to develop intrinsic motivation for physical activity by providing positive feedback, autonomy, and improved competence. (2) Encouraging community members to recruit and participate with close friends, family members, or partners. (3) Recruiting local leaders as "program champions" to build partnerships with businesses and government agencies responsible for activity spaces. (4) Engaging government, religious, and business leaders in promoting physical activity programs through reward and recognition programs. (5) Advocating for psychoeducational opportunities about the benefits of physical health. The *CPSTF Findings for Physical Activity* (2022) is a case study describing a services package focused on infrastructure improvements in parks, trails, and greenways combined with engagement, awareness, structured activities, and access enhancements. Organizations that assist with community implementation are the National Recreation and Park Association (https://www.nrpa.org/) and the Trust for Public Land (https://www.tpl.org/).

INTRODUCTION

Adult Physical Inactivity in Baltimore, MD

In Baltimore City, Maryland adults are engaging in less leisure time physical activity on average than the rest of the United States (County Health Rankings and Roadmaps, 2022). Physical inactivity has a negative impact on both physical and mental health, from developing Type-2 Diabetes (Morales et al., 2019) to worsening mental health (Ali & Kunugi, 2020; DeMello et al., 2018; Luo et al., 2022). The goal of prevention is to identify and address problems before they develop. Physical inactivity is a root cause or risk factor for many other problems, but it can be addressed with planning, community involvement, and access to basic resources. This portfolio will explore the scope of this problem, potential avenues of intervention, multicultural considerations, and potential challenges to implementation of positively impactful community programs.

PART 1: SCOPE AND CONSEQUENCES

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According to County Health Rankings and Roadmaps (2022), Baltimore City ranks as the least healthy county in the state of Maryland, coming in rank 24 of 24. Physical inactivity plays a large role in the maintenance of physical and mental health. Approximately 30% of Baltimore City adults report participating in no physical activity outside of work, compared to the Maryland average of 23% and the national average of 26%.

The consequences of little to no physical activity are wide-ranging, impacting adults of all ages. Sedentary older adults are at greater risk of depression (Luo et al., 2022) and increases

in sedentary behavior are correlated with a decrease in overall mood in young adults (DeMello et al., 2018). Physical inactivity leads to physiological changes such as altered gut microbiome, systemic inflammation, obesity, metabolic resistance, and neuroinflammation associated with a decline in cognitive function and motor function, and emotional dysregulation (Ali & Kunugi, 2020). Among adults with cardiometabolic diseases, lower rates of physical activity were correlated with higher rates of hospitalization for comorbid mental health problems (Gupta et al., 2023).

The goal of this portfolio is to identify low cost, high access, and high participation community programs that will promote increased leisure time physical activity amongst Baltimore City adults ages 18 and older.

PART 2: SOCIAL-ECOLOGICAL MODEL

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The United States Center for Disease Control and Prevention (CDC) has developed the Social-Ecological Model (SEM) as a framework for preventing problems that have a major social impact (CDC, n.d.). By identifying the various risk, protective, and prevention factors that influence the development of a public issue, a thorough plan can be made to address the problem before it arises and/or to mitigate the negative impact if not totally preventable. This section will analyze the problem of adult physical inactivity through the SEM lens for each level of social participation: individual, relationships, community, and societal. The scope of each subsequent SEM level will broaden the encapsulation of risks, protectors, and prevention strategies.

SEM Level 1, Individual

At the Individual level, factors like biology, age, education, income, and personal history are the most important considerations for implementing preventative measures. Specific to

activity level, both self-efficacy and the perceived benefits of exercise play a strong role in choosing to engage in physical activity (Lee & Kim, 2022). When self-efficacy and the perception of benefits are high, rates of physical activity are high. Other concerns commonly cited are enjoyment and physical confidence, with those who take more enjoyment in exercise or feel more confident doing it engaging in physical activity more frequently (Pelletier et al, 2022). For women, critical personal barriers to exercise are body dissatisfaction and a lack of time to participate, though facilitating individual factors include improved stress levels, weight control, and self-esteem (Peng, Ng, & Ha, 2023). In all cases, intrinsic motivation is a facilitating factor (e.g., self-efficacy).

SEM Level 1 Goal

Prevention programs should help community members develop intrinsic motivators for engaging in physical activity, supported by positive feedback geared towards maintaining autonomy and improving feelings of competence (Ryan & Deci, 2018).

SEM Level 2, Relationships

Relationships refer to regular personal interactions between individuals. This includes peers, partners and family members (CDC, n.d.). The support of friends and family members correlates strongly with increased levels of physical activity (Lee & Kim, 2022), with this factor playing a larger role for women than for men (Pelletier et al., 2022). While spouses and family members play a large role in promoting or discouraging exercise, research indicates that professional activity coaching plays a positive role in both results and adherence (Chen et al., 2022; Zaragoza et al., 2019).

SEM Level 2 Goal

Prevention programs should be professionally led and encourage community members to participate along with one or more close friends, family members, or partners.

SEM Level 3, Community

The SEM Community level looks for strengths and challenges in the environment where social interaction occurs (CDC, n.d.). The most commonly cited community barriers to physical activity are cost, availability of facilities, and facility quality (Lee & Kim, 2022; Pelletier et al, 2022; Peng, Ng, & Ha, 2023). Conversely, when programs are affordable and available, physical activity levels rise in all populations (Chen et al., 2022; Peng, Ng, & Ha, 2023; Zaragoza et al., 2019). This is of particular interest for programs in Baltimore City, where 98% of the population lives within easy access of a park, recreation facility, or other location for physical activity (County Health Rankings and Roadmaps, 2022). The recruitment of community-level leaders to promote physical activity programs will be critical to the effectiveness of any implementation (Zaragoza et al., 2019).

SEM Level 3 Goal

Prevention programs should recruit local leaders at various levels as "program champions" and utilize existing access to activity spaces by forming partnerships with businesses and government agencies responsible for their usage.

SEM Level 4, Societal

Societal factors are overarching aspects or themes of a location that encourage or inhibit specific behaviors on a large scale. These include a) social and cultural norms, b) laws and policies, and c) economic and social inequality (CDC, n.d.). Some of the major challenges to physical activity program efficacy are a) sustainability, b) policy-maker participation, and c) fostering a sense of community ownership (Zaragoza et al., 2019). Additionally, cultural norms

play a significant role in participation in physical activity. Women are most likely to cite negative gender norms as a reason not to participate in exercise. Examples include the expectation to meet traditional gender role duties (Pelletier et al., 2022; Peng, Ng, & Ha, 2023) and the belief or fear that exercise is "unfeminine" (Peng, Ng, & Ha, 2023). Facilitating factors for increased physical activity are a local culture of physical activity (Peng, Ng, & Ha, 2023) and the multilevel participation of community leadership to promote physical activity (Zaragoza et al., 2019).

SEM Level 4 Goal

Prevention programs should call on local leadership (e.g., government, religious, business) to promote physical activity programs, consider policies that reward local organizations for participating in program provision, and provide educational opportunities for the community about the benefits of physical health.

PART 3: THEORIES OF PREVENTION

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As outlined in Part 2, the SEM framework provides four levels of action area and within each level there are various theoretical models that apply to implementing preventative measures. This section will discuss Social Cognitive Theory (SCT) as it applies to the individual level of the SEM model and the Social Action Community Change Model (SACCM) to be applied at the local community level. The section will conclude by presenting an evidence-based intervention focused on improving park, trail, and greenway infrastructure.

SCT describes a pattern of co-influence between a person's behavior, their environment, and personal factors that can impact their self-efficacy, goals, and outcome expectations for any

given action (National Cancer Institute, 2005). This principle of sociobehavioral reciprocity operates at the individual level through six mechanisms. *Reciprocal determinism* is the interaction between person, behavior, and environment. *Behavioral capability* is a combination of individual skills and knowledge. *Expectations* are anticipated outcomes based on past experience. *Self-efficacy* refers to the confidence to act. *Modeling* is behavior learned by watching others. *Reinforcement* is any behavioral response that increases or decreases the likelihood of repeating that behavior. In relation to the problem of physical health, SCT has been shown to be effective in addressing uncontrolled eating (Annesi, 2022), and in assisting prediabetic community members to make health habit changes via education and behavior change programs (Shamizadeh, Jahangiry, Sarbakhsh, & Ponnet, 2019).

In comparison, SACCM is a theoretical model that applies to the local community level of the SEM model. There are two notable parts to this model. Community Change Models focus on empowering community members to affect change by determining the community capacity to identify & address problems, engaging members to participate in relevant social change, and selecting issues about which to become critically conscious (National Cancer Institute, 2005). Models based on Social Action are a specific method of community change focused on grassroots mobilization of disadvantaged populations, aimed toward improving the motivation to act through enlightened self-interest. The key to success with SACCM is getting the community involved in the social project. Hess & Davis (2020) demonstrated that employing positive role models, community attention to safety concerns, and changes to the overall environment all improved the efficacy of physical activity programs.

A multifaceted approach is needed to address concerns at the individual level through personal engagement and empower the greater community to meet the overarching need for

higher physical activity in Baltimore. The *CPSTF Findings for Physical Activity* (2022) provides a description of a services package focused on improving the infrastructure surrounding parks, trails, and greenways. Prior findings noted that infrastructure improvements alone did not increase usage of green spaces, but physical activity levels improved significantly when infrastructure was combined with engagement, awareness, structured activities, and access enhancements. This program takes advantage of the above average number of activity spaces that exist in Baltimore and specifically considers the need for communication in the community. There are many organizations that provide planning assistance for such an effort including the National Recreation and Park Association (https://www.nrpa.org/) and the Trust for Public Land (https://www.tpl.org/).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

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While physical activity is important for all adults, certain populations have a higher likelihood of remaining inactive due to various barriers at different levels of the SEM model. Both Bantham et al. (2021) and Ige-Elegbede et al. (2019) found that Black and ethnic minority groups were less likely to participate in the recommended levels of physical activity as compared to non-minority groups. According to the United States Census Bureau QuickFacts. (n.d.), Black or African American people make up 61.6% of the Baltimore City population. Any program designed to address the physical activity needs of Baltimore City, must also address the personal, community, and systemic barriers preventing Black residents from participating.

Some of the unique challenges experienced by black residents include a lack of access to educational resources, limited access to health care, financial constraints, and concerns regarding community safety (Bantham et al., 2021). When tailoring a program to this population, addressing these barriers must be a critical piece of the planning process. Educational programs provided to the community as a whole can be used to impact health beliefs surrounding physical activity, while local partnerships with various organizations can be used to improve access to health-related services or facilities. These interventions function at the intrapersonal and community levels. Likewise, interventions at the societal level such as city sponsored access to safe recreational spaces address the financial and safety concerns of the at-risk population.

SAMHSA. (n.d.) suggests that in order to be successful implementing a modified interventional program, several culturally-specific concerns should be taken into account. First, establish a working group of local community members and leaders to champion the program. Second, choose and dissect an appropriate prevention strategy with a focus on cultural factors (e.g., health beliefs, lifestyle) and interventional components (e.g., location, cost, engagement) to determine which factors need to be modified toward multicultural success. Finally, the ongoing results of the program should be tracked to assess areas of success and weakness so that they may be improved in a future iteration of the program.

For the final portion of this section I will briefly discuss the ethical considerations of implementing minority-focused changes to a physical activity program. In all aspects of participation in the program, the informed consent of participants (ACA, 2014; Section A.2.a) And developing a culturally sensitive program (ACA, 2014; Section A.2.c) are critical. One of the core responsibilities of a successful counselor is to engage in advocacy for the population they serve (ACA, 2014; Section A.7.a) which should be reflected in program changes. Lastly,

participants should be made aware of the limits of confidentiality or privacy involved in participating in the program (ACA, 2014; Section A.1.a, Section B.2).

PART 5: ADVOCACY

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The Multicultural and Social Justice Counseling Competencies (2015; MSJCC) defines various levels of advocacy interventions that a counselor may use to effect change in their community on behalf of the population(s) they serve. In this section I will address advocacy barriers and actions at three levels. The *institutional* level includes social structures like schools and churches, with interventions focused on improving institutional support and removing systemic barriers for marginalized clients within them. The *community* level represents the norms, values, and regulations (NVRs) embedded in society which may be empowering or oppressive, and interventions at this level focus on how NVRs impact privileged and marginalized populations. Finally, the *public policy* level is the sum combination of local, state, and federal laws influencing human development in a given population, with interventions that emphasize equitable treatment under the law for all people.

Barriers and Advocacy Actions at Each Level

Barriers to social change can occur at every level, representing a real or perceived block to social change or individual welfare. Each subsection herein will detail potential barriers to implementing an adult physical activity program in Baltimore City at the institutional, community, and public policy levels. Additionally, each subsection will provide advocacy actions that have the potential to overcome the presented barriers.

Institutional

Local churches present a potential barrier and facilitator to physical activity programs in Baltimore City, as 50% of adults in the area consider religion to be very important in their lives and another 23% consider it to be somewhat important (*Religion in America*, 2022). Ige-Elegbede et al. (2019) determined that a barrier to increased physical activity is religious fatalism, or the belief that health is determined by a higher power rather than by the individual's actions. An advocacy action to address this concern is an outreach campaign to local churches providing program information, benefits, and costs to open a dialogue about community needs. Care must be taken to avoid imposing the counselor's values on any institution and present the program from a secular perspective that does not challenge religious beliefs, but presents improved physical health as an important part of the whole person.

Community

The beliefs a community holds surrounding physical activity, fitness, and exercise is an important part of implementing prevention programs. Baltimore City shows a higher rate of physical inactivity (30%) when compared to the national average (26%) but also much higher access to exercise opportunities (98% in Baltimore City vs. 80% national average) (County Health Rankings and Roadmaps, 2022). One potential explanation for this discrepancy is the internalized community beliefs about the importance of exercise, factors related to physical activity that negatively impact health, and knowledge about various exercise options. An advocacy action for this barrier is an educational campaign addressing these concerns and providing a forum for feedback from city residents. Identifying negative health beliefs will assist program facilitators to implement programs in a way that resonates with the community itself.

Public Policy

Transportation is cited as a barrier to physical activity (Healy et al., 2022) and Baltimore City has some of the highest traffic volume in the country with 353% more than the national average and 186% more than the Maryland average (County Health Rankings and Roadmaps, 2022). Public policy is one guiding factor to efficient road planning and public transportation provision to a given area. A policy-level explanation for the discrepancy in physical activity participation to availability may be the inability to travel to an available site with regularity. Advocacy at this level would include lobbying for changes to traffic patterns, improved road conditions, and an expansion of the public transportation system in Baltimore City.

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