

Engaging Communities in Physical Activity Research

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A Public Health Challenge

- Many evidence-based PA programs & strategies exist
 - NCI Evidence-Based Cancer Control Program (<https://ebccp.cancercontrol.cancer.gov/>)
 - The Community Guide (<https://www.thecommunityguide.org/topic/physical-activity>)

41 programs

NIH NATIONAL CANCER INSTITUTE
Evidence-Based Cancer Control Programs (EBCCP)

HOME SEARCH FOR PROGRAMS PROGRAM AREAS CASE STUDIES HELP & RESOURCES ABOUT

Home Physical Activity Programs

Physical Activity Evidence-Based Programs Listing

Showing 1 to 10 of 41 programs

Filters Active - 0 Clear All

Program Title & Description	Population Focus	Delivery Location
Aerobic Exercise Versus Spinal Flexibility + Aerobic Exercise for Sedentary & Functionally Limited Adults	Sedentary Individuals	Other Settings
Alberta Project Promoting active Living and healthy Eating (APPLE Schools)	School Children	School (K-College)
ALIVE!	Employees	Home, Workplace
Bienestar	School Children	Home, School (K-College)
CARDIAC Kinder	School Children	School (K-College)
Children's Health, Activity and Nutrition: Get Educated! (CHANGE!)	School Children	School (K-College)
Commit to Quit	Current Smokers	Other Settings

The Community Guide

Topics CPSTF Publications & Resources About GuideCompass

Search The Community Guide search the guide Search

Home Topic Physical Activity

Physical Activity

Regular physical activity has benefits across the lifespan ([Physical Activity Guidelines for Americans, 2nd edition](#)). Among children, it can improve fitness, bone health, attention, and some measures of academic performance. Among adults, it can lower the risk of high blood pressure, improve mental health, reduce arthritis, and prevent weight gain. And among older adults, physical activity can reduce the risk of falling, improve balance and joint mobility, prevent weak bones and muscle loss, and delay onset of cognitive decline.

Task Force Findings

Displaying 1 - 5 of 23

[Physical Activity: Classroom-based Physical Activity Break Interventions](#)

Recommended (sufficient evidence) | Completed March 2021

[Physical Activity](#)

[Physical Activity: Classroom-based Physically Active Lesson Interventions](#)

Recommended (sufficient evidence) | Completed March 2021

23 programs/strategies
(17 recommended)

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A Public Health Challenge.....

- Do our interventions work in community settings?
 - Do they have a **public health impact**?
- Are our interventions even **feasible/ appropriate/desired** in community settings?
- How well do our interventions **translate** to the community and ultimately get **disseminated** for wide uptake (scale up)?
 - Adaptations?
 - Rarely done!



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A Public Health Challenge - Disconnect!



- Researchers:
 - “I’m focused on generating evidence”
 - “It’s not my responsibility”
 - “I don’t know how to get program uptake”
 - (Survey by Ross Brownson et al, 2013, Am J Public Health)
- Community Practitioners & Policy Makers:
 - “These interventions/programs/policies aren’t feasible”
 - Cost, time, staffing skill set, complexity, fit with organization operations, fit with unique community characteristics
 - (Call for more pragmatic trials: Russ Glasgow, 2013, Health Educ Behav)

Community Engagement is a Way to Help Bridge This Disconnect

- Engaging people within communities
- Engaging community leaders
- Engaging practitioners who deliver interventions in communities



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But First...What is a Community?



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What is a Community?

- Functional spatial units meeting basic needs for sustenance (geography based)
- Units of patterned social interaction (based on social affiliation)
- Symbolic units of collective identity (based on interests, attitudes, goals, etc)



What is Community Engagement?



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What is Community Engagement?

- “the *process* of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or similar situations with respect to issues affecting their well-being.” (CDC, 1997)
- It is not simply “community-placed” (Wallerstein et al., 2018)



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Continuum of Community Engagement

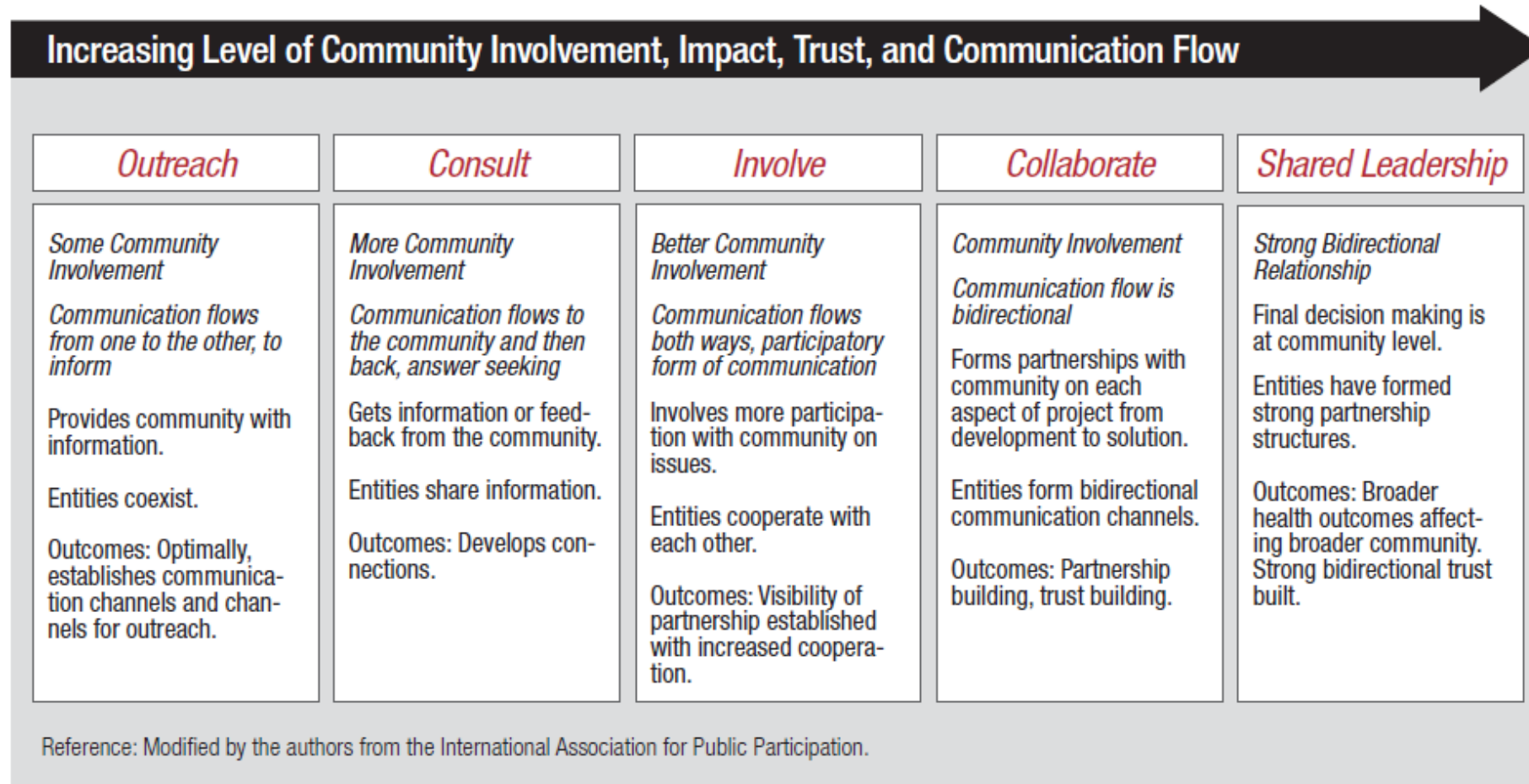


Figure 1.1. Community Engagement Continuum

Source: Principles of Community Engagement, 2nd edition, 2011



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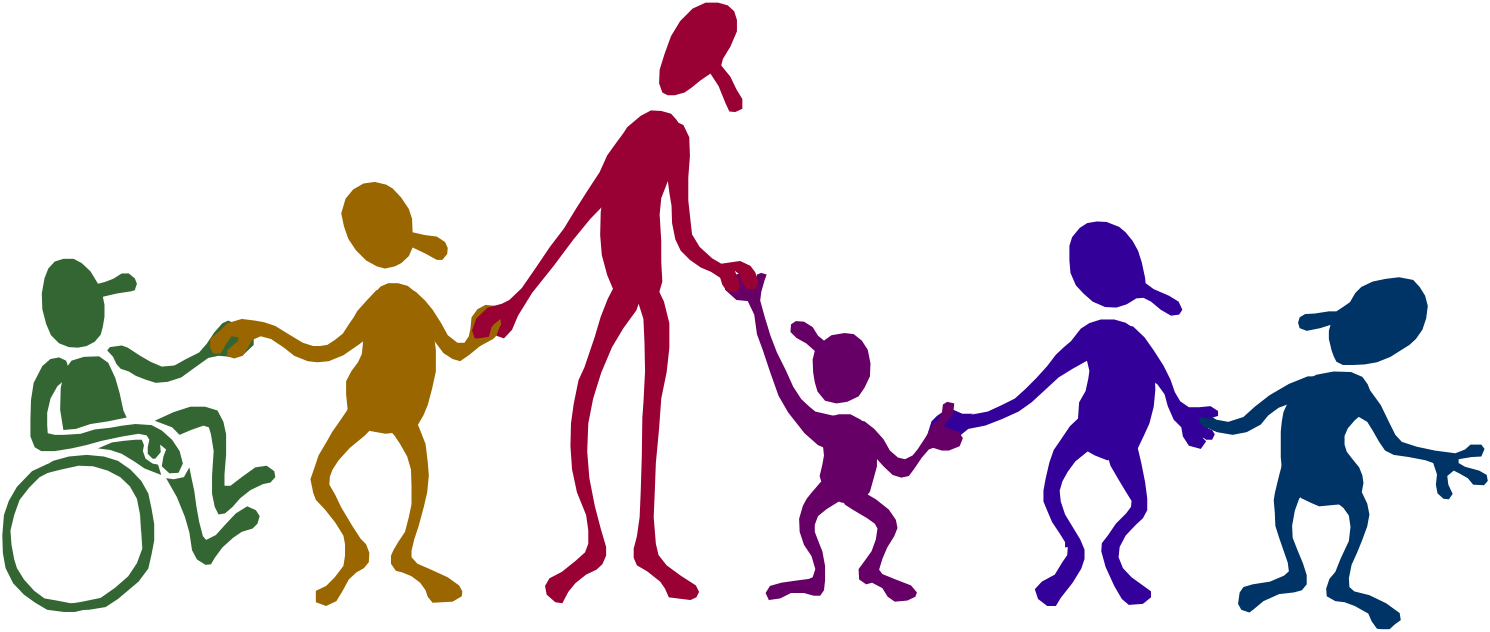
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Principles of Community Engagement

- Before engagement:
 1. Be clear about goals & purpose
 2. Learn about the community
- Necessary ingredients for engagement:
 3. Establish relationships, build trust, and seek commitment
 4. Community self-determination
 - Control & ownership
 - Definition of problems & potential solutions
- For engagement to succeed:
 5. Partner with community
 - Equity, transparency, co-learning, joint responsibility and concern for outcome
 6. Respect diversity in the community
 7. Identify & mobilize community assets & strengths / develop community capacity & resources
 8. Release control & be flexible
 9. Make a long-term commitment



Why (Engage Communities)?

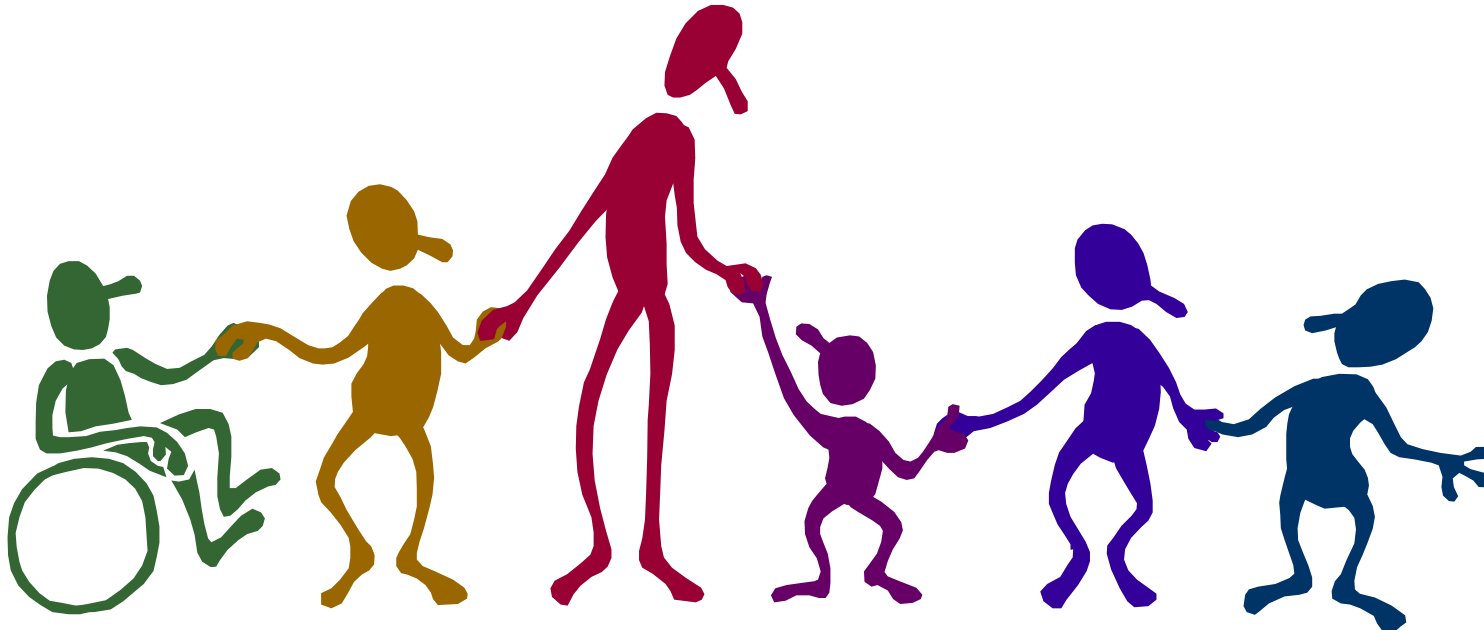


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Why (Engage Communities)?

- Many reasons....but potential to translate/disseminate/“scale up” may be greatest public health “why?”
 - Key component of Designing for Dissemination (Kwan et al., 2022)
- Also ethical & historical reasons



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Appeal of Engaging Community Organizations

- Often know **community needs, interests, & beliefs**
 - Assets & challenges
- Often know how to **reach** people
- Potential to reach **more diverse** populations
 - Health disparities
- Way to **embed programs** into **existing** programs & events
 - Sustainability



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Community-Based Participatory Research (CBPR)

- Approach that actively engages communities in the entire research process
- Community and university partners both bring expertise to the table and work in partnership to address a public health issue
- Ways CBPR differs from
 - “traditional” research?
 - community-placed research?



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Key Principles of CBPR (Israel et al., 2018)

- Recognizes community as a unit of identity
- Builds on strengths & resources
- Facilitates collaborative, equitable partnerships in all phases of research
 - Empowering & power-sharing process
- Promotes co-learning & capacity building among all partners
- Seeks to achieve balance between research and action
- Emphasizes public health problems of local relevance & ecological perspectives to attend to multiple determinants of health and disease
- Involves systems development through cyclical & iterative process
- Disseminates findings and knowledge gained and involves partners in dissemination
- Requires a long-term process & commitment to sustainability
- Advances issues of race, ethnicity, racism, & social class & embraces “cultural humility”



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How We Used a CBPR Approach in Faith-Based Setting



- Co-wrote grant
 - Delayed intervention group deemed ok if full intervention was received in the end
- Church-level investigators received compensation
- Transparency in budget & how funds used
- Built in a full year of planning meetings
- Strove for consensus during meetings
- Listened!
 - University learned about church operations
 - Church learned about research/evaluation process
- Capacity
 - Church committees trained to deliver intervention
- Church co-authors on papers
- Study findings written up in lay format & shared widely
- Collaboration continues w/ AMEC



What are Some Challenges to Community Engagement?

- Researchers?



- Communities/Practitioners?



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Common Challenges...



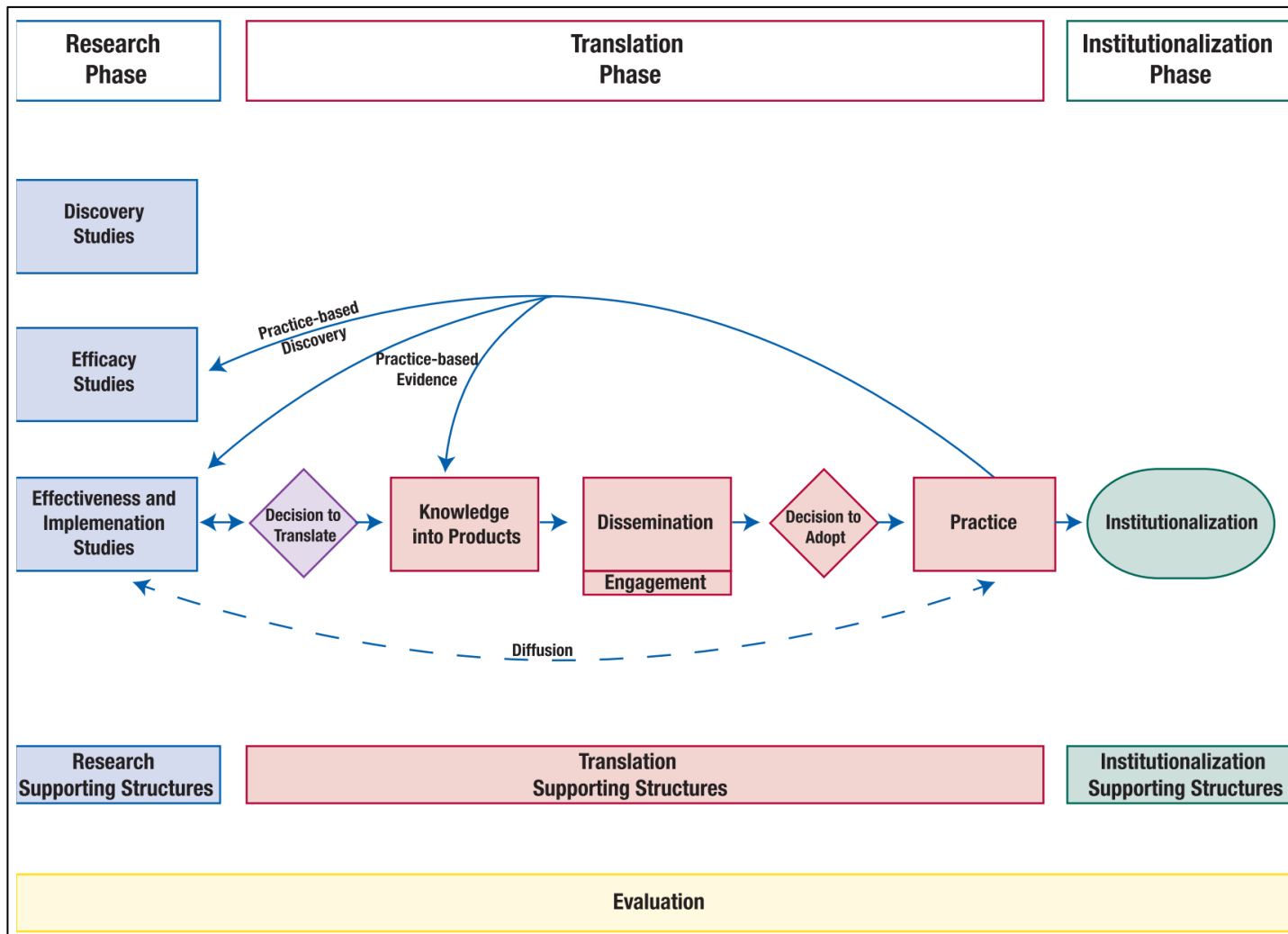
- Differing priorities
- Communities are fluid
 - Expect transitions in leadership
- Communities have different perspectives and opinions
 - Political struggles
- Evaluation component often not as interesting as intervention
 - Evaluation must be meaningful to organization (lay reports, etc)
- Can be hard to keep up momentum & engagement
- By definition, flexible - IRBs sometimes not (and researchers sometimes not!)
- **Time consuming & long-term commitment**
 - **NIH and other funding cycles**
 - **Tenure & promotion clock**



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CDC's K2A (Knowledge to Action) Model Identifies Places for Stakeholder Involvement



CDC, 2014.

<https://www.cdc.gov/chronicdisease/pdf/K2A-Framework-6-2015.pdf>







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Efficacy Trials

Efficacy: The extent to which the intended effect or benefits were achieved under optimal conditions.

Questions for those persons responsible for

Intervention Developing or Testing 	Administrative Decision Making 	Implementing 	Evaluating 
<ul style="list-style-type: none"> Have practitioners or potential implementers been included in the development of this intervention? Have potential recipients of the intervention been included in the development of this intervention? Is the intervention theory-based? What does science tell us about interventions like this? Have similar strategies been found to be effective? Will it be feasible to establish widespread implementation supports (e.g., manuals, training, coaching, technical assistance) for those who want to implement this intervention if it is found to be effective? Are developers, researchers, and other key stakeholders committed to the intervention and stable in their roles to help ensure consistent data collection and sustained interest? Are the resources required to deliver the intervention feasible in real-world settings? 	<p><i>Given this role's focus on deciding or influencing which intervention an organization or staff will use, this role will be more involved and active in other elements of the K2A framework.</i></p>	<ul style="list-style-type: none"> Does the intervention being tested appear feasible for implementation? Would the intervention being tested resonate with your constituents? <p>For Practice-based Discovery or Evidence</p> <ul style="list-style-type: none"> Do we have data about field-based practices that require additional research? <ul style="list-style-type: none"> » Who can fund or conduct that research? 	<p><i>Given this role's focus on measuring the activities, effects, and effectiveness of implementation, this role will be more engaged and involved in other elements of the K2A framework.</i></p>

Have practitioners or potential **implementers** been included in the development of this intervention?

Does the intervention being tested appear feasible for implementation?

Have potential recipients of the intervention been included in the development of this intervention?



Some Suggested Readings

- Wallerstein N, Duran B, Oetzel J, Minkler M, (Eds). *Community Based Participatory Research for Health, 3rd edition*. San Francisco: Jossey-Bass 2018.
- Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee Task Force on the Principles of Community Engagement. Principles of Community Engagement, 2nd Edition. 2011. Available: <http://www.atsdr.cdc.gov/communityengagement/>.
- Pedersen M, Wood GER, Fernes PK, Goldman Rosas L, Banchoff A, King AC. The “Our Voice” Method: Participatory Action Citizen Science Research to Advance Behavioral Health and Health Equity Outcomes. *Int J Environ Res Public Health*. 2022;19(22):14773.
- Ortiz K, Nash J, Shea L, Oetzel J, Garoutte J, Sanchez-Youngman S, Wallerstein N. Partnerships, processes, and outcomes: A health equity–focused scoping meta-review of community-engaged scholarship. *Annu Rev Public Health*. 2020;41(1):177-199.
- Wilson KM, Brady TJ, Lesesne C, NCCDPHP Work Group on Translation. An organizing framework for translation in public health: the Knowledge to Action Framework. *Prev Chronic Dis*. 2011;8(2):A46.
- Centers for Disease Control and Prevention. Applying the Knowledge to Action (K2A) Framework: Questions to Guide Planning. 2014. Available: <https://www.cdc.gov/chronicdisease/pdf/K2A-Framework-6-2015.pdf>. Accessed May 19, 2018.



Thank You!



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