
Elder Perspectives on Physical Activity: A Multi-Cultural Discussion

Community Report

Community Partners

Asian Counseling and Referral Service
Center for MultiCultural Health
Sea Mar Community Health Centers
Seattle Indian Health Board

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This project was sponsored by the University of Washington Health Promotion Research Center (HPRC). HPRC is funded by the Centers for Disease Control and Prevention through their Prevention Research Center Program. This CDC program focuses on building community-academic partnerships for developing, testing and disseminating interventions that promote health and prevent disease. Each of the nation's 28 Prevention Research Centers focuses on a particular theme, either a health problem of great concern, a specific population, or a defined geographic area. HPRC's theme is: "Keeping older adults healthy and independent through community partnerships."

The focus group project described in this report sprung from a desire to better understand the needs of older adults from ethnically diverse communities. Research has shown that physical activity provides numerous health benefits in preventing or reducing the risks of chronic diseases that affect older adults. We felt it was important to better understand the barriers and facilitators of being physically active for older adults from diverse communities.

We initiated this project in part to inform our own future research, as well as to provide community agencies and policy makers with insight into funding and implementing physical activity programs that attract and retain older clients. HPRC collaborated with four community partners who serve older adults from the seven communities studied. Our hope is that this report will expand the understanding of our community partners, other public and private agencies, and policy makers in developing policies and programs that support culturally appropriate physical activity programming.

Sincerely,

James P. LoGerfo, MD, MPH
Director, UW Health Promotion Research Center

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Table of Contents

	Page
EXECUTIVE SUMMARY.....	iv
FULL REPORT	
ABSTRACT.....	1
BACKGROUND & SIGNIFICANCE.....	2
INTRODUCTION & PURPOSE.....	2
METHODS.....	3
RESULTS	8
Cross-cutting themes.....	9
American Indian/Alaskan Native.....	12
African American.....	14
Cantonese-speaking Chinese.....	19
Korean.....	22
Spanish-speaking Latinos.....	25
Tagalog-speaking Filipinos.....	28
Vietnamese.....	32
Community Partners Work Group.....	36
DISCUSSION.....	38
Implications for Practice.....	38
Study Limitations.....	40
Future Research.....	40
REFERENCES.....	41
APPENDICES.....	43
Interview Guide.....	43
Consent Form.....	45

Executive Summary

Background and Methods

Increased physical activity is one strategy towards managing chronic diseases in older adults. Many ethnic minority groups in the United States have a high prevalence of chronic diseases like diabetes, hypertension and heart disease and have a higher rate of mortality than whites. These groups are also less likely to engage in physical activity. The purpose of this study was to understand the barriers and facilitators of physical activity for older adults from a multicultural perspective.

In an effort to better understand the needs and desires regarding physical activity programming among older adults from under served minority communities, the University of Washington's Health Promotion Research Center (HPRC) conducted focus groups with older adults from seven cultural groups. The goals of the project included: 1) identifying barriers and facilitators to engaging in physical activity among older adults from under served cultural groups; 2) broadening our understanding of culturally appropriate physical activity and exercise; and 3) identifying what is personally meaningful about physical activity and exercise among older adults from under served cultural groups. The ultimate vision of this project was to explore ways of creating accessible and culturally-appropriate physical activity programs for seniors from these communities in the Seattle/King County area.

The researchers partnered with community agencies to develop, plan, facilitate, and analyze the findings of the focus groups. Those agencies included Asian Counseling and Referral Service, Center for MultiCultural Health, Seattle Indian Health Board and Sea Mar Community Health Centers. Seven focus groups were conducted in the first language of the participants from the following cultural groups: American Indian/Alaska Native, African American, Filipino, Chinese, Latino, Korean, and Vietnamese. Each group had between seven and thirteen participants, with a total of 71 older adults participating and an average age of 72 years.

Results

Crosscutting Themes: A common thread throughout the groups was that of exercise as a part of overall health promotion, including eating well, taking care of emotional health, keeping the mind active, socializing, and "staying young." Walking, both as exercise and as a mode of transportation, was the physical activity of choice across all groups. Participants frequently mentioned both health and social benefits as motivating factors for being physical active. Conversely, health conditions were also the most common limiting factor for physical activity in these older adults. Regarding ideal programming suggestions, the older adults across groups primarily spoke of wanting to have a center targeted for their own cultural group which would include not only physical activity programs, but other social support programs, social activities, meal programs, and emotional support, and, for older immigrants, language and citizenship classes. They

Executive Summary

also mentioned wanting some sort of peer support, either in the form of having a friend to accompany or encourage them, or as a means of sharing information about existing activities and the benefits of physical activity. Location and transportation issues were important to these participants.

American Indian/Alaskan Native: The history of oppression and the resulting low self-esteem and poverty were common threads through the American Indian/Alaskan Native (AI/AN) group. This low self-esteem was thought to lower motivation for self care, including physical activity. In addition to walking, the AI/AN older adults frequently mentioned providing care to other seniors as a common activity. The group was very enthusiastic about meeting because it was rare for them to be in a group of other American Indians or Alaskan Natives. These AI/AN older adults expressed feelings of being disconnected and isolated from others, particularly other AI/AN. They also spoke of feeling out of place, difficulty fitting in, and difficulty being around others who are non-Indian. Being with other AI/AN would be a motivator for physical activity for this group. Providing transportation and low or no cost programs are important considerations in planning programs. The participants spoke of creating a program that reinforces respect for elders.

African American: Several African American participants spoke fondly of a history of walking, having used it as a way to relieve stress during their working years. They viewed physical activity to be a part of overall health promotion which included eating well, drinking lots of water and remaining calm. The strongest theme from this group was that of friends encouraging each other to be regularly active. Socializing was a very important motivator. They also spoke of physical activity becoming habit forming and self-sustaining. Rainy weather was not seen as a barrier, except as far as the wet weather made their arthritis worse. Cost, lack of transportation, and safety concerns were mentioned as deterrents to participating in existing programs. Program providers should keep in mind the importance of the social aspect and combining physical activity with overall health promotion and educational programs.

Cantonese-speaking Chinese: The Chinese participants reported a daily exercise routine which included waking early in the morning, stretching, arm swinging, Tai Chi, and walking. Exercise was seen as a critical part of maintaining health for older adults, in part because it promoted blood circulation and digestion. They reported that exercise helped avoid the need for medication, made them feel relaxed and less tired, stronger, avoid sickness and pain, live longer, be happier, and maintain good health in general. Several people said that they did not feel well when they didn't exercise. When the weather was bad, they spoke of indoor alternatives. Similar to other groups, health was seen as both a motivator and a barrier to being physically active. The Chinese older adults discussed having a center to go to that is not only for physical activity, but also addresses spiritual and emotional needs. One person described it as "a paradise for seniors." Convenience and transportation were also elements mentioned for potential programs.

Korean: Similar to the Chinese group, the Korean older adults spoke of the importance of a daily physical activity routine. Some in the group lived in the same building and had a routine of walking together. The participants spoke of the health benefits of exercise,

Executive Summary

including relief from pain in their joints, aiding digestion, and feeling more relaxed and happy. One person mentioned that she exercises in order to stay healthy so as not to be a burden on her children and grandchildren. Again, health was mentioned as a barrier to being physically active in addition to being a facilitator. Participants also spoke of feeling isolated from other Koreans. Cost, inconvenience of public transportation, and concerns about using exercise equipment were also cited as factors making it difficult to be active. These older adults were also concerned with neighborhood high crime rates. They preferred senior-only programs that were geared towards Koreans, with an instructor who speaks Korean. They spoke of traditional Korean folk dance as a potential program of interest.

Spanish-speaking Latinos: The older Spanish-speaking adults envisioned physical activity as a piece of the picture of being active that also included socializing and keeping mentally active. Faith was also an integral part of their daily activities. The Latino participants also emphasized music, singing and dance. Walking was the activity of choice for many participants. A theme was one of being alone – not having a neighbor or a friend with whom they could do physical activities. Therefore, they viewed socializing and avoiding depression as motivators for physical activity. They cited language, costs, and fear of going out alone as barriers to being active. When asked to describe their ideal program, the Spanish speaking older adults spoke of combining physical activity with groups that provide emotional support, addressing the “well being of a friend.” The social aspect was essential.

Tagalog-speaking Filipinos: The importance of community, laughter, and socializing emerged from this group. Again, physical activity was seen as a part of a larger social picture. These Filipino older adults identified exercise as an important means to counteract the high fat diet in the US, which has led to increased high blood pressure since immigrating to this country. They also felt it was important to perspire. Similar to the Cantonese group, some spoke of exercise aiding digestion and blood circulation. Many in this group were engaged in either paid or volunteer work that kept them physically active. Several people in the Filipino group mentioned exercise as a way to overcome an illness, such as stroke and cardiac problems. People said physical activity made them strong, healthy, and energetic. Family obligations, limited economic resources and safety concerns were mentioned frequently as barriers to being physically active. Feeling out of place when exercise activities predominantly involve younger people, the Filipino older adults reported that socializing with other Filipinos of similar age was important.

Vietnamese: The Vietnamese older adults strongly emphasized consistent daily exercise routine. Similar to the Cantonese and Tagalog groups, the participants viewed physical activity and massage as means of keeping the blood well circulated. Vietnamese participants spoke of being in good health and active in spite of their age. One gave a testament about a man whose health had not improved with medications available through western medicine. However when he began exercising regularly, his health improved and he lived to age 90. The Vietnamese older adults viewed maintaining overall health, recovering from or avoiding illness, helping with sleep and keeping the blood well-circulated as significant motivators to remain physically active. Language and geographic isolation were barriers to physical activity for these older adults. Similar

Executive Summary

to other groups, they desired to have an activity center of their own, geared towards Vietnamese older adults.

Implications for practice

The purpose of this project was to identify features of physical activity programming to better reach underserved ethnically diverse older adults. The following table lists ideas and considerations for programs, based on the results of these seven groups. Budget realities may limit an organization or program's ability to provide culture specific services and activities for each cultural group served. Therefore, organizations and programs may want to explore ways to effectively bridge more than one cultural group.

Features of Physical Activity Programming to Reach Ethnically Diverse Older Adults

Theme	Description
Foster Relationship Building	Older adults encourage each other to be more physically active and can serve as companions in exercising together. A formal or informal network or phone tree could be established to foster these kinds of relationships. This type of program is appealing to those who are motivated by caring for others. The African American and Latino group both spoke of needing a friend to encourage them or a companion with whom to walk and exercise. The Tagalog-speaking and American Indian groups both mentioned care giving as a major activity in their lives that kept them engaged. When this idea was discussed with the community work group, partners felt strongly that for this idea to work, relationships would need to develop organically through support networks and classes. Through meeting as a group, friendships and connections are made. Finally, leaders can encourage connection through informal phone trees.
Provide options	Target programs to different levels of physical abilities, and provide options for both groups as well as individuals.
Bring programs to where people live	<p>Introduce walking programs in buildings that house significant numbers of seniors. Walking programs would be best utilized if geared towards people from the same or similar cultures.</p> <p>Organize groups in neighborhoods, especially for those cultural/linguistic groups that tend to be geographically clustered. Additionally, informal groups could meet in each others' homes with lay leaders to provide information and support in exercising. The Tagalog-speaking group quite frequently mentioned the importance of sharing their knowledge with others in the community. This would be a way to create a peer training program with the added benefit of creating a social network to alleviate some of the social isolation expressed by seniors.</p>

Executive Summary

Theme	Description
Partner with other programs	<p>Combine walking or exercise programming with existing programs for which transportation is already provided (e.g., meal sites).</p> <p>Link with churches to set up programs. Both the Filipino and Latino groups frequently mentioned the importance of religion and spirituality in their lives.</p> <p>Many of the older adults in these focus groups spoke of a desire to combine physical activity programs with other programs that addressed a range of needs including emotional and social support, language and naturalization classes, and health education classes.</p>
Educate older adults and their families	<p>Gear programs towards educating and encouraging adult children of older adults to get involved in supporting their parents to become more physically active. One idea might be to encourage children to pay for a YMCA membership for their parents as a Mother or Father’s Day gift. Currently, the Center for Multi Cultural Health provides free memberships to some of their seniors. This program might be further sustained by a campaign that encourages the children to get involved.</p> <p>Provide education programs for seniors that address what is safe and possible for them to do physically, as well as how physical activity can help to manage chronic illness. All the groups spoke of physical health as both a significant motivator and barrier to being physically active. Education programs could address both of these issues. Any kind of education program should be done within the context of the neighborhoods and environments in which people live, with an awareness of the transportation, safety and traffic concerns they may face.</p>
Culture specific	<p>When feasible, target classes and programs towards older adults from similar cultural and linguistic background. Older adults appear to be more likely to participate in programs with others of similar age and culture.</p>
Low or no cost	<p>When possible, support programs with external funds. The issue of cost was frequently mentioned across groups as a majority of participants were low income.</p>
Input from older adults	<p>Involve older adults in developing and evaluating programs to create ownership of the program. This involvement could generate enthusiasm for the program and lead to recruitment of friends and family.</p>

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ABSTRACT

Increased physical activity is one strategy towards managing chronic diseases in older adults. Many ethnic minority groups in the United States have a high prevalence of chronic diseases like diabetes, hypertension and heart disease and have a higher rate of mortality than whites. These groups are also less likely to engage in physical activity. The purpose of this study was to understand the barriers and facilitators of physical activity for older adults from a multicultural perspective. Seven focus groups were conducted in the first language of the participants from the following cultural groups: American Indian/Alaska Native, African American, Filipino, Chinese, Latino, Korean, and Vietnamese. 71 participants were recruited from community agencies. Focus group size ranged from 7-13 participants each with the mean age 72. The transcripts were systematically reviewed using content analysis. While some findings were specific to each ethnic-linguistic group, a number of themes emerged across the groups. Participants expressed a desire to combine physical activity with social support programs and a preference to participate in activities with others who share their cultural background. Walking was the exercise of choice. Participants cited health as both a motivator and a barrier to being physically active. Other barriers included transportation and safety. Findings from this study suggest strategies for culture-specific programming of community based physical activity programs.

BACKGROUND & SIGNIFICANCE

The health benefits of physical activity for older adults are well documented (U.S. Department of Health and Human Services, 1996; Blair et al, 1995). Moderate levels of physical activity have been shown to reduce the risk of dying from heart disease (Young et al, 1993; Bassett et al, 2002). Physical activity also reduces the symptoms of depression and anxiety (Blumenthal et al, 1999) and helps to manage chronic diseases like diabetes and hypertension (Helmrich, 1991; USDHHS, 1996). In spite of this many older adults remain physically inactive (USDHHS, 1996).

Many ethnic minority communities in the United States experience a high prevalence of chronic diseases. African Americans, Latinos, American Indians, and Filipinos, have higher incidents of diabetes, hypertension, stroke and overall mortality than whites (Murphy, et al, 1992; Harris, 1991; Perez-Stable, et al, 1994). Furthermore, non-English speaking immigrant communities can feel isolated and misinformed about their health status, given the lack of health care providers from their own cultural background (Stavig, et al, 1984).

Research indicates that in many ethnic minority groups in the U.S., adults engage in leisure time physical activities less frequently than the do adults in the rest of the population (US Department of Health and Human Services, 1996; King et al, 1990; Crespo et al, 2001; Yurgalevitch et al, 1998; Caspersen, 1986). Lower socio-economic status may explain some of this discrepancy; however, Crespo et al. (2000) found no association between levels of physical activity and social class among Mexican Americans and African Americans. In a later study, Crespo (2001) did find that physical activity levels were positively associated with acculturation. Older adults in immigrant communities are less likely to be acculturated and therefore more likely to remain sedentary. Clearly, current physical activity programming is not reaching the communities of older adults who are outside of the mainstream culture of the U.S.

In spite of the known benefits and the health related needs, there is limited information about the factors that encourage older adults from ethnic minority communities to be physically active (Kriska, 1998). Little is known about how these communities perceive physical activity and what factors might encourage or discourage them from being physically active. More knowledge can inform future interventions to better reach older adults of color.

INTRODUCTION & PURPOSE

In an effort to better understand the needs and desires regarding physical activity programming among older adults from under served minority communities, the University of Washington's Health Promotion Research Center (HPRC) conducted focus groups with older adults from seven cultural groups. The goals of the project included: 1) identifying barriers and facilitators to engaging in physical activity among older adults from under served cultural groups; 2) broadening our understanding of culturally appropriate physical activity and exercise; and 3) identifying what is personally meaningful about physical activity and exercise among older adults from under served

cultural groups. The ultimate vision of this project was to explore ways of creating accessible and culturally-appropriate physical activity programs for seniors from these communities in the Seattle/King County area.

The researchers partnered with community agencies to develop, plan, facilitate, and report on the outcomes of the focus groups. One focus group was conducted with each of the following seven cultural groups: American Indian/Alaska Native, African American, Filipino, Chinese, Latino, Korean, and Vietnamese.

METHODS

HPRC conducted seven focus groups of older adults to explore the motivations, barriers and meaning of physical activity among cultural groups outside of the mainstream European American culture. The goal was to generate ideas for programming that would increase the level of physical activity in these communities

Each of the focus groups represented different cultural/linguistic groups, including American Indian and Native Alaskan, African American, Vietnamese, Korean, ethnic Chinese Cantonese speakers from Vietnam, Tagalog speaking immigrants from the Philippines, and Spanish speaking immigrants from a variety of Latin American countries. The focus groups were conducted in the languages familiar to that group. Participants for these seven groups were chosen in collaboration with representatives from community agencies serving these populations. These groups represent large minority communities in the Seattle area, as well as groups that have been under served by existing programs promoting physical activity.

Four community agencies partnered with the university based research team in developing, planning and implementing this study. Representatives from each of the agencies met with the research team to strategize the implementation of the focus groups and to develop a discussion guide. The agency representatives also identified facilitators and note takers for each of the groups from among their staff members. The facilitators and note takers were chosen based on their cultural competency with the respective communities and their ability to speak the language of that group.

Participants

Purposive convenience sampling was used to recruit participants. The research team provided the facilitators and note takers with guidelines for recruitment to insure a range of ages and current levels of physical activity. The goal was to have 8 to 10 participants in each group, between the ages of 60 and 75. Other inclusion criteria included ability to speak the language of the group and cognitive ability to participate meaningfully in the discussion. The recruiter administered a one page demographic survey over the phone, which included the age of the participant, language spoken at home, home zip code, race/ethnicity or country of origin, length of time residing in the United States, and questions about activity levels and physical ability. The results of this survey are in Tables 1 – 3.

TABLE 1: Age, gender, and number of years in the United States

	American Indian (n=8)	African American (n=9)	Cantonese (n=9)	Korean (n=11)	Spanish (n=13)	Tagalog (n=11)	Vietnamese (n=10)	Total (n=71)	
Female (n)	4	6	6	6	9	7	4	42	
Male (n)	4	3	3	5	4	4	6	29	
Age	Average	66.6	71.3	69.4	77.1	71.7	74.5	68.4	71.6
	Median	65.5	77	69	77	71	75	68	72
	Standard Deviation	6.55	10.58	3.71	6.04	5.72	8.03	6.17	7.39
# of years in U.S.	Average	n/a	n/a	14.6	18.3	13.1	14.3	13.8	14.8
	Median			14	18	8.5	15	11	15
	Standard Deviation			4.69	5.52	13.89	8.05	6.68	8.59

TABLE 2: *Self-identified ethnicity and language spoken at home*

	Self Identified Ethnicity, Country of Origin, or Tribe	Language spoken at home
American Indian	<ul style="list-style-type: none">▪ Cowichan (1)▪ Apache (1)▪ Tlingit/Filipino (1)▪ Tlingit (2)▪ Navajo/Sioux (1)▪ Yakama (1)▪ Native Hawaiian/Tlingit (1)	<ul style="list-style-type: none">▪ English (8)
African American	<ul style="list-style-type: none">▪ African American (9)	<ul style="list-style-type: none">▪ English (9)
Cantonese	<ul style="list-style-type: none">▪ Ethnic Chinese from Vietnam (9)	<ul style="list-style-type: none">▪ Cantonese (9)
Korean	<ul style="list-style-type: none">▪ Korean (11)	<ul style="list-style-type: none">▪ Korean (11)
Spanish	<ul style="list-style-type: none">▪ Mexico (6)▪ El Salvador (2)▪ Columbia (1)▪ Nicaragua (1)▪ Peru (1)▪ Equador (1)▪ Mexican Am. born in US (1)	<ul style="list-style-type: none">▪ Spanish (12)▪ English (1)
Tagalog	<ul style="list-style-type: none">▪ Filipino (9)▪ Asian/Filipino (1)▪ Ilocano (1)	<ul style="list-style-type: none">▪ Tagalog (10)▪ Ilocano (1) <p>Add'l to Tagalog included:</p> <ul style="list-style-type: none">▪ English (2)▪ Cebuano (1)▪ Visayan (1)
Vietnamese	<ul style="list-style-type: none">▪ Vietnamese (10)	<ul style="list-style-type: none">▪ Vietnamese (10)

TABLE 3: *Current levels of physical activity and abilities*

	American Indian (n=8)	African American (n=9)	Cantonese (n=9)	Korean (n=11)	Spanish (n=13)	Tagalog (n=11)	Vietnamese (n=10)	Total (n=71)
Able to walk 1/2 mile without help (Strawbridge et al, 1992)								
Yes	7	6	6	10	7	8	10	54
No	1	3	3	1	6	3	0	17
Able to walk up and down a flight of stairs without help (Guralnick & Simonsick 1993)								
Yes	8	7	5	10	9	9	9	57
No	0	2	4	1	4	2	1	14
Stages of exercise adoption (Marcus et al, 1992)								
Regular exerciser for more than 6 months	4	1	9	3	2	5	7	31
Regular exerciser for less than 6 months	1	1	0	0	1	0	1	4
Exercise some, but not regularly	1	3	0	4	9	4	2	23
Not an exerciser, but planning to start within 6 months	1	4	0	4	1	0	0	10
No intension to start exercising within 6 months	1	0	0	0	0	2	0	3

Instrument

Relying on the expertise of the community agencies, the research team collaborated with representatives from the agencies to develop the interview guide (Morgan, Krueger & King, 1998). The interview guide included five open-ended questions (see Appendix A). The goal was to create a guide in which there would be a seamless transition from one question to the next, encouraging an open discussion within the group (Morgan, Krueger & King, 1998).

The focus group opened with the facilitator asking what meaning physical activity had in the participants' lives, moving to examples of physical activities in which they currently participate, questions about what are motivators and barriers to being physically active, and finally a question about features or qualities of an ideal program to encourage older adults to be physically active. After the first question, the facilitator explained that for the purposes of this discussion, physical activity could include everything from formal exercise to gardening and household tasks. The interview guide also provided several probes for facilitators to use in the event that the questions weren't generating information. For the groups not conducted in English, the interview guide was translated by the facilitators, with a cross check of the translations by the note takers.

Procedure

The facilitators and note takers attended a full day training, both in content of physical activity for older adults and in the skills needed to successfully implement a focus group. In addition to preparing the facilitators and note takers for this project, the training was also intended to build capacity within the partnering community based agencies.

Upon approval from the University of Washington's human subjects committee, facilitators and note takers from the partnering agencies invited older adults from their client base to attend the focus group. The aim was to select a diverse group of individuals (active vs. non-active, age range) within the cultural/linguistic framework of the specific group.

The focus groups were conducted in locations and times convenient for participants. They were held either at a meeting room of the community agency or at a senior center meal site. Facilitators and note takers from each group suggested food and beverages to serve to the participants. The discussion was audio taped. In addition the notes from the note taker provided back up in case of failure of the recording equipment.

During the American Indian and Alaskan Native group, the tape recorder failed. To make up for the missing transcript, the facilitator, note taker and study coordinator each wrote notes from memory the following day. The three also met to review the note taker's notes recorded during the group and to debrief on what each remembered to corroborate on the spoken word that emerged from the group.

The participants signed an informed consent that had been translated into the language of the group (see Appendix B). The discussion for each group lasted 60 to 90 minutes. Participants were each given \$25 as an honorarium.

Analysis

A professional translator transcribed the audio tapes into the language of the group, and then translated the transcript into English.

The five members of the research team were from several different disciplines, including cultural anthropology, nursing, social work, and public administration. The team members had expertise in aging, exercise and community based participatory research. Members of the research team systematically reviewed the translated transcripts, coding them for emerging themes. To start, all research team members reviewed and coded one of the transcripts. The team then met to review and discuss their coding. This rich discussion across disciplines provided a framework to review and code the remaining transcripts. Subsequently, each team member chose one of the remaining transcripts to code, with the coding then reviewed and discussed by all of the research team members. The research team invited the facilitator and note taker from each of the groups to participate in the discussion of the transcript coding. A consensus was reached on each transcript regarding coding.

QSR NVivo qualitative analysis software was used to organize the data. From this software, coding reports were generated from each of the major categories and these findings were summarized systematically by the research team. Major themes emerged through multiple readings of the transcripts, coding reports and summaries and through discussions of the research team.

Community input

A report of the results was drafted and sent to facilitators, note takers and other representatives from the partnering community agencies. The research team also convened a meeting of these community partners to discuss the results and elicit partner feedback to enrich the interpretation of major findings, including ideas for potential programming. The group also strategized on how best to disseminate the results of this study.

RESULTS

This section provides a summary of the themes that emerged from each of the groups. It is broken down into eight major sections, including sections summarizing each of the seven focus groups and one section of crosscutting themes from all the groups. Each of these sections will provide an overview of the meaning and history of physical activity for these participants, examples of physical activity that the participants currently engage

in, motivators and barriers for physical activity, and finally a synopsis of what the group felt would be important in creating programs to encourage physical activity in their community.

Crosscutting themes

Overview: Participants from several groups understood the benefits of exercising in shorter intervals, several times a day. A common thread throughout the groups was that of exercise as a part of overall health promotion, including eating well, taking care of emotional health, keeping the mind active, socializing, and “staying young.” Several groups also spoke of having been more active during their working years, either through heavy labor work or by using physical activities as way to relieve stress.

Examples of Activity: Across every group, participants mentioned walking most frequently as the preferred form of exercise. These older adults also viewed housework, yard work, shopping and either paid or volunteer work as primary ways in which they were physically active. Several groups mentioned making the choice to walk instead of using alternate forms of transportation to run errands.

Motivators

Health-related motivators were the most frequently mentioned and included comments about physical activity being “good for your health,” especially as it related to managing chronic conditions, such as diabetes, arthritis, high blood pressure and chronic pain. Participants noted that they felt stronger, healthier, and more energetic when they were physically active. They also commented that they didn’t feel as well when they didn’t exercise.

I think exercise will make the bodies of seniors like us stronger; at the same time make us feel less tired, and have no more sickness and pain. (Cantonese Group)

As for me, when it hurts in the back... well, when it hurts here in my knee, I walk a lot. I also go out and do exercise. Then, I feel better. So I do it everyday. (Korean Group)

... I feel the joy of the exercise to make my body stronger. (Spanish Group)

Exercising and walking around gives you energy. That's how you strengthen your body. Your weakness disappears when you walk a lot. At least, for me. When I'm at home, I feel weak. So I walk a lot. (Tagalog Group)

I used to suffer real bad from my arthritis, and I haven't had any pain there for a few years. Maybe that's [exercise is] the reason. (African American Group)

Another strong theme throughout all of the groups was the opportunity to socialize through physical activities. Additionally, people spoke of having something to do, improving their mood, enjoyment, habit, and fun as motivators to be physically active.

And also, the people who you like, who you exercise with. You learn to know them and like their company. And our classes, like we don't just exercise, but we talk a lot. Those women won't stop talking. (laughter.)
(African American Group)

Participants from five out of the seven groups reported that a health care provider encouraged physical activity. Among those who reported a suggestion from their health care provider as a motivator, the most common recommendation was to walk.

I walk everyday. The doctor instructs me to walk, for fear of not being able to walk with my feet any longer. I therefore force myself to walk.
(Cantonese Group)

My doctor asked me to walk for two hours in the morning and two more hours in the afternoon. If I don't do it, I can't sleep well. (Vietnamese Group)

And my doctor said you're in good shape. Whatever you're doing [walking], just keep it up. And I was.....I really felt great. (African American Group)

In several groups, participants mentioned ways in which their children encouraged them to be physically active, for example providing encouragement, buying exercise machines to use at home, and providing transportation to programs.

My son was happy too...I got so that I could just walk straight to his house without stopping. (African American Group)

My son bought one [stationary bicycle] for me to use at home. I keep stepping on it. It is just like riding a bike outside. (Cantonese Group)

I just walk. Walk. And my [child] bought me an "exercising" Santa Claus, and that's what I imitate. (chuckle). (Tagalog Group).

But it is cold now, so my children have bought an exercise machine for me. (Vietnamese Group)

In almost every group, people mentioned participating in existing programs and were passionate about how fun and enjoyable they were. Several people mentioned the YMCA and other organized fitness classes, some of which are culturally tailored programs.

I like working out at the exercise [room] and I don't know what it is called but my feet is up here and I'm sitting down here, pumping iron, that's what my son says, pumping iron. I LOVE it. (African American Group)

Music is playing and people are dancing and exercising. Even those who cannot do exercise feel happy just being there. They feel comfortable.
(Korean Group).

Barriers

Barriers either hindered physical activity or required modification of one's physical activity. Those identified included weather, costs, transportation, language and cultural needs, lack of time and information and most significantly, health related concerns and conditions. The predominant crosscutting theme both within and between groups centered on physical health problems that kept participants from being as physically active as they would like. Physical problems cited across groups included heart disease, diabetes, arthritis, obesity, stroke, kidney disease, and vision and hearing difficulties. Interestingly, both the key motivator and primary barrier for physical activity related to health and chronic conditions common in aging.

Generally, all groups noted poor physical health as significantly contributing to one's ability to be physically active. One belief was that one cannot be physically active when sick or injured.

Ideal Programs

There were several components of an ideal exercise program that were common across the groups. First, ideal programs would have a component in which peer support and instruction were provided. The support might take the form of a "buddy system" or the option of enrolling in group exercise classes. The support would allow for sharing information with each other about the benefits and types of exercise, and location of programs for older adults. Second, exercise programs would be offered in locations close to where attendees lived or transportation was easily accessible. For example, programs might be offered in apartment buildings where seniors reside or shuttle services would be provided to and from the exercise facility and congregate housing. Third, the majority of the groups preferred to exercise in a center that was targeted to their ethnicity. The center would offer "one stop shopping" in which many of the community needs of the older adult were addressed such as a meal program, health education classes, language classes, social events, and transportation. Additionally, there would be several options for exercising including doing it alone or in a group. For group exercise, the instructor would speak the same language and components of the culture, such as music, would be integrated into the program. Being around people of the same ethnicity and linguistic ability was strongly motivating. Fourth, many of the groups liked the idea of going to a center with people who are of the same ethnicity and linguistic background. Some groups preferred a center only for older adults; others did not mention a preference.

Poor physical health and chronic illness were major factors in limiting physical activity for AI/AN. AI/AN participants valued physical activity, especially when they were younger, but they perceived the reality of aging as making physical activity difficult. The group also identified the effect of physical injuries on their ability to be physically active.

Implicit in the discussion was a possible psycho-emotional link that negatively affected one's physical activity:

Some days I don't have any energy to do things.

Participants in the AI/AN group noted the interrelationship between bad weather and illness, such as problems with arthritis. They noted that when the weather was bad, they felt little encouragement to exercise.

Additionally, these older adults identified the cost to participate in programs and use facilities as a barrier to participation. They had limited incomes and resources and therefore needed to prioritize their activities.

Environmental and safety concerns were also linked to transportation challenges for this group. Urban AI/AN are a geographically dispersed group. Therefore, having one center for AI/AN was seen as challenging. Some participants also noted that AI/AN live in neighborhoods where violence is an issue. Therefore, they perceived being out after dark as a safety risk. Many participants depended on public transportation, and viewed riding a bus as not only inconvenient, but also not safe if one had to wait for a bus after dark. However, one participant who had a car did not share this perspective. She drove everywhere and therefore, did not walk. In this case, having a car hindered physical activity.

In addition to the associated costs of health clubs, the inconvenient and limited times of some programs (such as senior swimming hours), and the transportation barriers identified, participants also cited having a lack of time to participate in physical activity programs. Many participants focused on caring for others, leaving little time for self-care.

Ideal Programs

The participants in the AI/AN group were very enthusiastic about the idea of getting together regularly to discuss their health concerns and to encourage each other to be active. They expressed a strong desire to be around people of like background and identity. The cultural and community connection was seen as very important and a motivator for participation.

[We] should come together. [We are] fighting a disease.

Any program would need to be free or low cost and provide transportation. Group programs would be preferred; however any program should be able to address the individual needs of those who are either mentally or physically impaired. The group

described the ideal instructor as someone who is able to communicate well and motivate people without being too domineering.

The participants spoke of creating a program that reinforces respect for elders. Traditional dance was mentioned as one possible physical activity program that would be well received by older American Indians and Alaskan Natives. The group also mentioned swimming and aerobics.

[Something that makes us] feel good as individuals and as a group as a whole.

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## **African American**

### **Overview**

These African American older adults understood the current recommendation of exercising a total of 30 minutes a day in shorter cumulative intervals.

*I was going to mention to her, you can walk for 30 minutes a day. Take small...Go about 5 to 10 minutes, and then back home, and then maybe later on do the same thing. I read this in a book.*

Walking had been a common activity when they were younger, especially for the women in the group. It had been a stress reliever, a time for meditation and being in nature. One man reflected that moving from a heavy labor job to a desk job seemed to have brought on his diabetes.

*But you know for me, when I was able to walk, and ... like the stress, you know, I find that I never really needed to have anybody to walk with, I could just walk...It might sound silly or funny, but I'd walk and pray. And that for me was just a very, very peaceful time. And when you are in an environment where you have the nature and the trees and you are walking down this very short street and you can get a view of the lake and the trees and things like that. And you just find yourself being grateful and thankful to be alive and being thankful for everything, just praying, silent prayer. That's what I used to like to do when I was able to walk.*

*You know, walk, go to work and my job was very stressful, I found that exercise was a good stress reliever for me. And so, now, I just try to remind myself to try to stay calm, since I can't go out and walk, and walk, and walk and walk in the fresh air. So I just have to constantly remind myself to stay calm.*

*And, I found it very peaceful myself. And I found that, at the lake, all the ducks was turning one way. I mean, I just noticed nature, whereas before I didn't. I didn't pay any attention..... I was walking, I was still walking by myself, and I walked to Seward Park and back.*

The African American participants saw physical activity as part of an overall health promotion plan, including eating well, drinking lots of water, and keeping calm.

*It means to me, to keep myself active, to keep my body, my bones and everything working like they should be and like I want them to be. And I feel so much better after exercising. Keeps me young.*

They also viewed physical activity as a means of preventing illness.

*It keeps you motivated. It keeps you feeling good. I guess what brings sickness on in the first place is when you go in the corner and not do anything. It seems to bring about more sickness.*

### **Examples of Physical Activity**

Examples of exercise included walking outside, using exercise machines and weights, water exercises, and an exercise class. The African American older adults also mentioned climbing stairs, housework, yard work and walking to the store as daily activities. One man described working and carrying heavy tools.

*And I go to exercise class three days a week, for one hour. And I walk over there and back. And a lot of times I walk over to the shopping center. I try to walk as much as possible.*

### **Motivators**

The strongest theme from the African American group was that of friends encouraging each other to be regularly active. The social aspect was very important and a strong motivator to participate in existing programs.

*I like to go with people. I don't like to do nothing by myself.*

*And also, the people who you like, who you exercise with. You learn to know them and like their company.*

*And you walk enough, you find yourself liking it. And you walk. And like you said, it's nice to have a friend because if you don't feel like going, she might say something to encourage you... Oh, come on. Ok I might go. Or she might be after you so much that you say, Oh, yea I'll go. And then first thing, you go. And you feel so much better afterwards. Believe me, you really will.*

As in the American Indian group, participants in the African American group noted chronic conditions, such as diabetes and arthritis, as a motivator for being physically active. A couple people mentioned losing weight as a motivator, specifically as it related to managing diabetes. Another spoke of exercise aiding her recovery from surgery.

*Well, in my case being physically active helps me to lose weight. I have a weight problem. And I think being more active helps me. And healthwise too, because I'm also a diabetic and I shouldn't quite be as heavy as I am.*

*What benefits? It makes me feel better... One time, I missed about 6 weeks, but it was surgery involved in it. And I got to the place, I was just staggering all over the house and doing everything else but walking straight. So someone [referring to a woman in the group] told me I should exercise. (laughing) Someone told me I should exercise, and I felt better. I got my strength back. Because I was real weak. And when I first started back, I do...you know when I get tired, I just stop.*

A couple participants in this groups mentioned ways their children encouraged them to be physically active.

*My son bought me one of those walk odometers, at least that's what I call it, so I can tell how far I walk, you know. And I'd actually start counting.*

A number of the older adults in this group spoke enthusiastically about determination. In contrast, however, one woman was clear that she lacked personal motivation to be physically active. Several participants in this group were adamant that rain would not prevent them from getting outside and getting exercise.

*The weather doesn't stop me.*

*Once you are dressed for it, you don't mind it.*

*And I always loved walking in the rain.*

*Main thing, you don't get lazy and you don't give up. I think that's the biggest part of it. You gotta have determination.*

*And, of course, mentally you have to put yourself up to doing all those things. And doing them consistently. And try not to skip any. And have a positive attitude.*

People in the African American group mentioned that exercise becomes habit forming and self-sustaining.

*I think that exercise get to be a part of you, especially when you do it all the time. You look forward to doing it.*

*It makes you want to go and keeps you living, I mean it keeps you going.  
It makes you feel like you can do it.*

*Yes, I got stronger as the days went by. You know, when I first went there,  
you know I sit down (muffled, laughter)...But now I can go pretty good.*

Some of the older adults in this group were very animated when they talked about the programs in which they currently participate. Some mentioned that they like to use the exercise machines (“toys”) at the gym

Coinciding with the timing of the focus group, the Center for MultiCultural Health was initiating a program in which they paid for memberships to the neighborhood YMCA and provided a trainer one day a week to work with older adults. One person wanted to go because she felt the exercises would be “tailor-made” for her issues [diabetes], and she “can’t run the risk of injuring herself anymore.” Someone mentioned that their health plan (Group Health) pays for attendance at a fitness class. They go three times a week, do chair exercises, work on balances, use weights, and like their instructor.

### **Barriers**

The African American responses were particularly upbeat regarding the relationship between physical activity and bad weather, which was not necessarily seen as a barrier. The participants used humor regularly to express their views.

*Girl, that rain won’t melt you! You are not sugar or salt. [laughter]*

However, these older adults did perceive damp weather as aggravating physical conditions and interfering with physical activity.

The participants identified chronic illness, shortness of breath associated with cigarette smoking, and physical injuries or the possibility of physical injury as barriers to being physically active.

*Well, my arthritis is bad in me, too. My hip, my shoulder, and in my feet.  
And then I got the sugar [diabetes], and they itches me so, I feel like  
cutting them off.*

*And you know, them hips, when you break them hips, you in big trouble.  
Yep, you in big trouble. I’ve seen a lot of people, when their hip gets  
broken they never do come back to walk.*

This group did not identify any culture specific needs associated with physical activity during their discussion.

Some participants felt programs associated with gyms were too expensive. Lack of awareness of available programs was also a barrier. Many seemed unaware of physical activity programs associated with some health care organizations, like Group Health, and that such settings also may have swimming pools accessible to members.

Safety, environmental and transportation factors were interrelated in many aspects. African American older adults identified lack of transportation as a barrier to participation in physical activities. They identified multiple problems associated with taking public transportation, in particular, problems with utilizing the ACCESS<sup>1</sup> bus.

*And the ACCESS bus, I used to use that. And now you have to get a doctor permit and everything. But the handicap people, they can use it, but if you are able to walk two blocks, you are out.*

*The only thing about the ACCESS bus is sometimes they bring you and then forget you there. And leave you there.*

The group did not want to be out alone after dark. They felt scared to walk alone.

*Now it's too bad, with the constant fear of killing, you scared to walk out there by yourself.*

## **Ideal Programs**

A strong theme throughout this group was that of having a companion to encourage each other to be more active. The group recognized socializing as an important aspect of any programs in which they would participate.

*And most of all, the group of people you meet, we are all striving for the same thing. And I think it is a nice activity just to get out, too.*

*Try to find yourself someone to do it with. If you can find two people to get together and one motivates the other.*

One woman expressed the desire to have more men participate in programs. They also talked of combining exercise programs with eating healthy food. Dance, walking programs, self-defense, swimming, stretching, weights, yoga were all mentioned as potential programs of interest to the group. Participants favored group activities, although it was important to allow for individuality within those activities.

*But I don't do all of what they do. I'm my own boss. (laughter)*

The group favorably mentioned four existing programs: 1) Center for MultiCultural Health (CMCH) was about to provide free membership to the Y and a trainer on Saturdays; 2) Either Lifetime Fitness Program or Silver Sneakers offered through Group Health Cooperative; 3) Water aerobics program; 4) YMCA. Participants felt that these existing programs provided templates for designing new programming.

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<sup>1</sup> ACCESS is a door to door van service provided by King County Metro that is available for people who have a qualifying level of disability.

*I'm looking forward to going to the Y [Program initiated by CMCH], because I think it will be tailor made because of my issues that I'm dealing with right now and I can't run the risk of injuring myself anymore.*

*I would copy from the YMCA. You know, all the toys they have over there, they call them toys over there. The bar bells, the ropes, and jump rope.*

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Cantonese-speaking Chinese

Overview

The importance of a daily exercise routine was a prominent theme among these Cantonese speakers. Many spoke of waking in the early morning and having a routine of stretching, arm swinging, Tai Chi, walking, or a combination of these. Several spoke of exercising in short increments several times a day.

These older Chinese adults viewed exercise as a critical part of maintaining health for older adults, even more important than taking medication. Participants viewed physical activity as being helpful for bladder, Qi, digestion, circulating blood, relaxing body, helping to maintain friendships, and staying in good health. They perceived massage as exercise, because it also helped with the blood circulation.

In so doing I make the fluid flow smoothly in my arteries and veins and don't get clogged.

The blood in my whole body seems to be walking too. It clogs no more. I feel relaxed.

Physical exercise is helpful to the health of every one of us. Health is of utmost importance to a person, right? Without health nothing can be done!

Examples of Physical Activity

The Cantonese-speaking older adults identified stretching, Tai Chi, using exercise machines, and routine individual exercises as examples of physical activity cited. The group also described household chores. Many mentioned walking to stores and having a daily walking as part of their routine.

I do hand swinging in the morning, and then I feel good. Having sat in the senior center for some time, I walk and walk for a few rounds until about 9 am and return home. My exercise is like that.

Motivators

The Cantonese-speaking participants were particularly expressive about the health-related motivation to participate in physical activities, which they described as a way to address problems with specific body parts and ailments such as chronic pain. They reported that exercise helped avoid the need for medication, made them feel relaxed and less tired, stronger, avoid sickness and pain, live longer, be happier, and maintain good health in general. Several people said that they did not feel well when they didn't exercise.

The most important reason for doing the physical (exercise) every day is for health. It is only with health that you can have longevity....Health! First we must do exercise. That is to say, we can increase our bodily strength and maintain our health. When you have health, are able to eat and sleep, all these will make up bodily health. Only with health there is long life.

.... My hands have no strength in them. They ache too. Furthermore, every night I feel the tightness and numbness in the muscles of my feet so much so as to wake me up. The fact is, I go there [YMCA] five times a week and after exercise my hands do not suffer from the same sickness anymore.

As regards exercise, it's helpful to the body. With interest in it, my body gets better and I don't have to take medicine.

If I sit and sit my back will ache. Walking makes me more relaxed.

But if I wake up every morning, force myself to swing my hands, do some Tai Chi, then my body will feel more relaxed. Then when I work, I can handle some tasks. If I am lazy, and stop doing it for two or three days, if I don't do exercise, I feel bad and I feel like very tired.

In addition, the Cantonese-speaking older adults spoke of emotional and social benefits of exercise.

Exercise makes people happy and stop thinking about anything meaningless.

It's only with health that one can meet other people. You can't say it is not like that. With pain here and pain there, what can you do?

Yes. Once you have something to do, you forget all about it. ... and you will feel very happy. I like it this way. When I return from exercise and start working, I feel very happy. Good for my body too. My limbs no longer ache. My head no longer aches. It's like that.

Walk for a few bus stops. I leave my troubles behind.

Barriers

This group reflected a certain practicality in their responses. For example, when the weather was good, they engaged in activities like yard work. When the weather was bad, participants stated that indoor activities were options. Indoor activities included walking in shopping malls and going to the YMCA. Furthermore, dressing appropriately allowed one to walk outside in the rain. However, snow was viewed as more problematic as these older Chinese adults felt that one could not walk in the snow, due to the fear of falling and being injured.

Similar to the other groups, these Cantonese-speakers offered fuller discussions regarding the relationship among physical limitations, health, and the ability to be physically active. They expressed the belief that advanced age leads to a variety of illnesses, which in turn limits physical activity. For example, when one is sick with the flu, one cannot exercise.

My ideal is the same. My body is healthy. So I can come out and do exercise. If my health is not good and have heartache or backache, I would not be able to bend my back.

While most of the conversation centered on physical limitations, illness, or injury as obvious barriers to physical activity, this one comment suggests that emotional well being also may have an effect on being physically active.

One participant expressed a general belief that growing old limits the types of activities in which one can engage. One person cited the example of playing basketball as something that was feasible when younger, but not as easy at an older age.

A theme that emerged was that of social obligations as an interference or impediment to an exercise routine. For example, friends who stop by unexpectedly can interrupt or interfere with one's exercise routine.

Safety, environmental concerns and transportation were all linked to challenges associated with the ability to be physically active. It was not always safe or convenient to take the bus. For example, one participant had to drop out of an exercise program because of the difficulties experienced in taking the bus. However, one participant stated that family members were available to drive him/her to the senior center where s/he could then take the bus to the YMCA.

One participant cited constraints on one's time as a barrier to participation in physical activity. Another brought up the financial cost associated with any programs as a barrier to participation, especially after retirement.

After retirement, if you ask for too much, one cannot afford.

Ideal Programs

The Chinese older adults discussed having a center to go to that is not only for physical activity, but also addresses spiritual and emotional needs. One person described it as “a paradise for seniors.”

Somebody to talk to, and the worries will be gone like smoke.

We share among ourselves the benefits we get from exercises. We share among ourselves and help others.

Others spoke of the ideal being that of convenience (e.g., having a stationary bicycle at home) or being more individually based.

The most ideal exercise is: I can do whatever I wish.

My ideal exercise is to walk around the Green Lake once every morning, every day and every year. That would be most ideal.

Providing transportation was also important to this group.

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## **Korean**

### **Overview**

A theme that emerged among the Korean speakers was the importance of a daily physical activity routine. Some exercised in the early morning. Others had a group who walked together regularly either inside or outside of the building where they live. The group was aware that if they were not physically active, they would become stiff and have more pain as they aged. Physical activity was also seen as a way to improve digestion.

*Well, we need to do exercise everyday. We must not sit around after we eat. We must walk around after each meal. Then it helps digestion and keeps our joints become more flexible. That's why we must do it.*

*You've got to exercise. You cannot do without it.*

### **Examples of Physical Activity**

The Korean participants described walking alone or in groups, inside and outside. They also talked about stretching, using exercise equipment and dancing. One participant expressed choosing to walk to the store in order to get exercise.

*I go there by car. But... when I return, I walk. It's an exercise for me.*

## **Motivators**

The health benefits of physical activity motivated many of these older Korean adults to be active. Exercise made them feel better and get relief from pain in joints, back, knees, and legs. Some thought walking would make their pain worse, but they found that, in fact, it offered relief. Some felt exercise cured their diseases.

*That's right. A little exercise makes it feel relaxed. I thought walking would make back condition worse. But, I found it made my back feel better.*

They also talked about physical activity helping with digestion, and making them feel happy, comfortable, and more relaxed.

*Well, doing exercise helps your metabolic activities. It helps digestion or keeps your head clean. It is good for health in many aspects.*

Several in this group live in the same apartment building, where a large number of older Korean Americans live, and they walk together. They find the companionship motivational.

*We live in the same apartment. At 6:30 in the morning we call each other and take a walk. We do the same in the evening.*

*It's nice and not boring to walk with friends. So we go places together.*

Someone in this group mentioned that she exercises in order to try to stay healthy so as not to be a burden on her children and grandchildren.

*It's because I get sick if I don't do it but just stay inside. It would make my children suffer.*

## **Barriers**

As in the other groups, the Korean group identified multiple physical ailments as barriers to being physically active. Specific to this group, however, participants expressed feeling tired and dizzy as reasons for limited physical activity. Such expressions may have a cultural basis.

Although one person's doctor told her to walk to alleviate her leg pain, the health care providers of two other people told them that they shouldn't walk because of their age or health condition.

*Well, I was told by my doctor not to walk too much. So I don't walk a lot.*

*It's because of my age. Doctors say I can't go.*

One older Korean expressed that there was little that seniors could do here [in the U.S.] except stay inside. While some in the group identified weather as a barrier to physical activity, others stated that one could still go outside if one used an umbrella.

Similar to the AI/AN, participants in the Korean group expressed feelings of isolation from other Koreans including feeling isolated even when surrounded by other Asian groups.

*In our apartment there are only Chinese women. There is not a single Korean. We gather once in a while but get bored. So we just leave.*

One participant was ambivalent about being physically active, even when getting together with others, and clearly identified psycho-emotional dimensions that were a barrier to being physically active.

*I feel that way because I feel empty inside.*

Financial costs and inconvenience of public transportation were a disincentive to participation in physical activities.

*If we need to take a bus, it's going to cost us. Then senior citizens become reluctant to go.*

Safety and environmental concerns reflected two specific arenas. The first was associated with apprehension about exercise equipment and concerns about being able to operate exercise machines. However, it is unclear if some respondents were intimidated by exercise equipment and thus, fearful because they perceived the equipment as dangerous or if they simply did not know how to operate such equipment.

*Well, even in YMCA, there are a number of places you can exercise. There are many places. I'm afraid... I'm afraid getting injured. So I don't go there. We just swim. We just do a little. We're afraid. It's dangerous.*

One person felt intimidated by younger people present who did know how to operate the equipment.

The other arena involved fear related to living in neighborhoods with high crime rates. Thus, some participants expressed fear of strangers as inhibiting physical activity. One person also stated that it was not safe to walk outside early in the morning.

## **Ideal Programs**

These older Korean adults preferred senior-only programs either in buildings where they live or at a senior community center. They mentioned that “American” senior centers have more facilities than they do, implying that they would prefer programs that were targeted towards Koreans. Participants spoke of dance, in particular dancing to Korean folk music, as an example of an ideal program.

*That's good for a whole body... Everyone has to move his/her body when he/she listens to favorite music.*

*It [dance] cures every disease.*

Regarding the instructor, participants were clear that s/he should speak Korean. The age of the instructor was not important.

*Where there are Koreans, there must be a Korean instructor.*

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Spanish-speaking Latinos

Overview

The older Spanish-speaking adults saw physical activity as a part of being active in general: physically, socially, mentally, emotionally and spiritually. Being in the company of others was very important. They cited heavy labor and housework as examples of physical activity.

The older adults in this group brought elements of their faith to many aspects of the discussion, faith being an integral part of their daily activities.

The first thing that I do is to pray to God for waking up alive. I thank God. The second, I exercise indeed, but in a different way. I walk, I walk all the time.

... in the morning I thank God because I woke up with enough energy to get up

It's not too far but I feel happy to go out to walk and I love flowers. Also, when I wake up I am fully devoted to pray, well, for God, our Lord to give us everything.

The Latino older adults also emphasized music, singing and dance.

And, when there is music I start dancing but always thanking God because he is by our side and I am very happy with the Lord.

Examples of Physical Activity

Walking was the activity of choice for several of the participants. In addition to walking, Spanish-speaking participants talked about swimming, attending an exercise class and dancing. They focused on household tasks that often involved helping others in some way. Several also mentioned childcare and gardening. One person described volunteering as a senior companion. Another talked about working as a mechanic.

Well, my activity is to wake up early in the morning, and clean the kitchen, living room, pick up, clean, and prepare breakfast for myself, and, well, to help my daughter-in-law with whatever is needed.

Motivators

The Spanish-speaking older adults viewed socializing and avoiding depression as motivators for physical activity. They spoke of exploring their neighborhood, seeing flowers, and seeing the ocean.

For me the activity is very important because, because in that way I don't get depressed. Just for me, I love it, I go on a walk. I have to make use of the time otherwise I get really depressed because, on the one hand, the problems in life because you get depressed ...

You get tons of benefits in every way and you have more energy to talk to people and have a more quiet and active life at the same time because you are in touch with people.

...just the fact of coming to these programs for seniors. Just getting on the bus we feel happier, good, that we are going to start talking with our friends.

The Latino participants identified maintaining their health and mobility as motivators to being physically active.

My motive is to be healthy and more and I can keep myself happy for all my life.

I, well, I would like to do more because my hope is to regain my mobility.

My motive is the desire to be able to walk without this walker, easy.

Barriers

The primary theme in this group was one of being alone - not having a neighbor or a friend with whom one could do physical activities.

What bothers me is that I am so alone. I'm alone in the world without anyone to share my life with.

One woman mentioned that her son was not supportive.

I have a son but he's worthless. If I tell him, "I'm going walking, come with me." He says, "Just go alone, if you want to go out." He won't go with me and I can't go alone. My son is so negative; everything is "No, no, no."

As with the other groups, physical health limitations were cited as barriers to physical activity. Similar to the Korean group, this group also mentioned dizzy spells as interfering with being physically active. One participant spoke of a lack of energy as a reason for not being more physically active.

I love to do any kind of exercise but I lack energy.

Well, to have more strength. I, for myself, I have a problem with osteoporosis and well I like to walk but unfortunately my bones don't let me.

Dizzy spells are a common cultural expression of emotional distress among many Spanish-speaking populations. The notion of “lack of energy” may also be a cultural expression for emotional experience states. Finally, this group and the Tagalog-speaking group were the only two to identify visual and hearing impairments as barriers to physical activity.

Unlike the other groups, there were no weather related comments. However, this group and the Vietnamese speaking group were the only two to identify language as a barrier to participation in physical activities. They also identified financial costs as a barrier.

What has impaired me from doing my activities is the financial end, because sometimes you do, I have so many projects but what has stopped me is the money to develop my mental activities.

As with the other groups, respondents stated that they were fearful to go out alone, which was an impediment to being physically active if there were not others to accompany them.

Finally, one respondent stated that s/he would exercise every day but does not have the time.

Ideal Programs

When asked to describe their ideal program, the Spanish speaking older adults spoke of combining physical activity with groups that provide emotional support, addressing the “well being of a friend.” The social aspect was essential.

Now, you see we have these meetings here, we could have them twice a month, for example, and in the first we could talk about one thing and then another, but we would laugh and enjoy. We would possibly cry for the same reasons, wherever the spirit leads us.

Music and dance were also important to these older adults. Other examples of physical activities that they would prefer include walking, swimming, exercise machines.

But, this program must have life. It must be alive.

Transportation was important. Many people did not drive and they did not want to trouble their children to take them. There was some discussion about having a program at the senior meal site since transportation is already provided. The instructor must speak Spanish, and provide individual attention with a lot of patience.

That he can teach everything and he can speak.

He should be extremely capable in order to have patience with us all...very patient...very happy...

~~~~~

## **Tagalog-speaking Filipinos**

### **Overview**

The importance of community, laughter, and socializing emerged from this group.

*...all of us are happy because there's laughter, story-telling, someone wins, someone loses. When we get to the room, we sleep very soundly because there was laughter and we played bingo.*

The Tagalog speakers saw physical activity as a part of this bigger social picture. "Thanking the Lord" for good health was mentioned a couple of times. One person commented that in addition to physical activity, it is important to exercise the "memory motor."

*As for me, when I wake up in the morning, I pray to our Lord and thank Him for giving me long life and strength. Considering my condition, He has been tremendously generous to me.*

Several people identified exercise as an important means to counteract the high fat diet in the US, which has led to increased high blood pressure since immigrating to this country. One person commented that exercise was important for perspiring: "...since we don't perspire here. It's important to perspire in order for your body to become active." Others spoke of exercise aiding digestion and blood circulation, which was similar to the Cantonese group.

*The blood is able to circulate in the person's body so the person becomes active on that day.*

*To me exercise means, it loosens the joints that are sleeping.*

### **Examples of Physical Activity**

As with other groups, the Filipino participants focused on walking. They also mentioned stretching, Tai Chi and using exercise machines at home.

*Before eating, I do Tai Chi because that isn't too difficult for me because it's slow. That's ideal for us seniors, not the ones with sudden movements, which could force our arteries [i.e., a sudden burst of blood through the arteries], as they say. Tai Chi is done slowly. Three times a week.*

The Tagalog-speakers also spoke of childcare and household chores. A common theme was engaging in either paid or volunteer work. Employment included working as senior companions, providing childcare and janitorial work.

*As for me, everyday, that's the only thing I do. I walk and walk because I am a senior companion and I visit the seniors. So that takes up the entire afternoon.*

### **Motivators**

Even though the median age in this group was age 75, many participants keep active through their work. In addition to being able to send money back to the Philippines and helping others, their work keeps them physically active. They also find a great deal of joy from work.

*I enjoy working because anyway, I still can and my body becomes stronger. And I can help the Philippines, the relatives, I am able to give money, I am able to help, especially my sibling, who is sick, that's what encourages [me], to work, to earn money.*

*You know, I really enjoy my work, always taking care of children. I enjoy it especially when [they] are only a few months old, they smile, laugh, then the bigger ones, they ask [you] for something to eat.*

Several people in the Filipino group mentioned exercise as a way to overcome an illness, such as stroke and heart problems. People said physical activity made them strong, healthy, and energetic. As with the Korean group, these older adults mentioned stimulating appetite as a motivator.

*...exercise in the morning in order to maintain my strength, health, and...to have a good appetite, that's what was important.*

*I am active in order to strengthen my body. To get well, to remove the ailment.*

*I had a stroke. My body weakened. I was tired. So I always exercise. I work at home, I do something.*

One person noted walking at the suggestion of a health care provider.

*Just walking, because that's what nursed my heart back to health. That's what the doctor told me, to simply walk. I just walk. Walk.*

One person goes out of his way to avoid hills, as he's afraid of his heart "acting up again." He endures longer bus routes to avoid walking up a hill. Another walks all the time as a form of transportation.

The participants spoke of two programs that currently serve the Filipino community.

*I enjoy coming to Legacy, I enjoy exercising.*

*It's also enjoyable going to IDIC [International Drop-In Center] because there's dancing, and line dance...*

In addition, the Filipino older adults also reported enjoyment and feeling younger as motivators to remaining active.

*Dancing, as an exercise, makes you feel young. You feel young and you never give up hope in life.*

*Exercise is needed for long life and in order for people to feel younger.*

*Growing younger.*

## **Barriers**

Similar to the AI/AN group, Tagalog-speaking participants recognized a relationship between bad weather and possible illness. If the weather is bad, one could catch a cold or get a cough. Weather also affects rheumatism. And, as in the Cantonese speaking group, one participant expressed fear of falling in icy weather. Implicit in these interrelationships was the negative effect that bad weather could have on one's ability to be physically active.

As with all other groups, the Filipino older adults identified feeling physically bad or having an illness as a barrier to being able to be physically active. Additionally, they saw vision impairment as a barrier. They feared tripping or falling. Another participant worried that his/her heart would "act up again." The effects of emotional states on one's ability to be physically active was also acknowledged:

*Headache, heartache, body ache.*

Several older adults in this group spoke of family obligations interfering with their physical activity routine. Additionally, many have to work in order to provide financial support to the family, and these work obligations also interfere with the ability to have a physical activity routine.

*As for me, sometimes I'm not active, first of all, sometimes there's work. Everyday. Sometimes even Saturdays, I work. So I'm not so active.*

As a result of limited economic resources and obligations to the family being foremost, financial costs of physical activity programs are also a barrier for many.

Safety, environmental concerns and transportation were linked as barriers to physical activity. Some people expressed fears that were dramatic in nature: fear of being raped, kidnapped, or being the target of a terrorist. They spoke of these fears in the context of being out at night, particularly if alone. Some felt that they did not live in safe areas. Others were afraid of getting lost if out at night. Others cited muddy roads with potholes as contributing to them feeling that it was not safe to walk outside. Men also expressed a fear of getting robbed if they were out walking alone and/or at night.

*The news about terrorism. Anywhere you are, somebody can throw a bomb, even at the grocery, even at the bank. Holdup.*

*Whether you're young or old, you can be raped now. Women and men.*

Some of the older Filipino adults were critical of the ACCESS transportation system and most participants felt that it was not safe to take a bus a night.

Some of the Tagalog-speakers work as senior companions and a major impediment to their participation in physical activities was the time constraints imposed by this work and their work schedules.

*I am not active at IDIC because of working as a senior companion. I am always late for practice... Late for everything.*

## **Ideal Programs**

Feeling out of place when exercise activities predominantly involve younger people, the Filipino older adults reported that socializing with other Filipinos of similar age was important. They spoke of building a Filipino center, with the values of unity, equality (no distinction between rich and poor), and cooperation.

*So that there is the inspiration to be together.*

This group also spoke of providing peer instruction for others in the community.

*We could share the exercise that we learned about with those who still don't know it in the apartments. Yes, because they don't take walks. We ourselves would go there.*

The Filipino older adults spoke highly of the International Drop-In Center and Legacy House, both of which have a variety of programs in which these seniors participate. They reported that they like that the centers offer food, transportation, and many activities in Tagalog. They also mentioned disco dancing on Wednesdays.

*Like at the IDIC. We're a group there.*



*and you aren't able to do anything. It is a matter of daily activity and it must be consistent.*

*It is too dangerous if I have to take medication regularly. Therefore, my doctor said it is good for me to exercise.*

### **Examples of Physical Activity**

The group provided many examples of independently initiating exercise: walking, stretching, using exercise machines, following exercise programs on TV. Many talked about gardening and yard work in addition to other house hold chores. One man described working as a newspaper deliverer.

*Even though I am 65 years old, I still work as a newspaper deliverer. Every morning, I wake up very early to get some physical activity. In my opinion, in addition to physical activities, mental activities are also required. I need to remember where to deliver the newspaper, where to stop. I see this job helps me to earn money and have a comprehensive physical activity. It is really an opportunity for me.*

### **Motivators**

The Vietnamese older adults viewed maintaining overall health, recovering from or avoiding illness, helping with sleep and keeping the blood well-circulated as significant motivators to remain physically active.

*In my opinion, physical activities are to help you to be healthy and reduce illnesses.*

*If I don't exercise, my arms are numb. Mr. P said that if I don't do exercise, I would have another surgery.*

*Even when my children take me somewhere and we get home late, I still have to do it in order to sleep well. If I stop, it will be difficult for me to get to sleep.*

*If I don't do exercise, it hurts. I see that some senior people in my neighborhood complain about their pain. But, if they do not exercise, it will hurt more.*

*My doctor said that my blood pressure would be very high if I don't do it. He also said that I will die earlier if I don't do exercise. He suggested that I should do exercise for one hour every day. My motivation is being afraid of early death. Therefore, I exercise.*

Socializing, family, enjoyment, avoiding bad habits were all noted as other reasons for being physically active.

*If you are not healthy, how you can live with your wife and family?*

*If you like sports, it helps you forget bad habits. For example, since Mr. T likes sports, he won't go to bars to drink. Sports motivation helps me a lot.*

*I am interested in tennis and ping-pong because I enjoy them. I like them very much.*

This group frequently mentioned that personal determination and willpower are necessary to remain active and motivated.

*Even though my doctor recommended doing so, I still need to be determined.*

*I can still drive, so weather or transportation has no affect on me. But, the limitation is your motivation. If you are lazy and unmotivated, you cannot do it.*

*Coldness and rain cannot interfere with me, because, if I stay home for one day, I feel very tired. If I feel tired when waking up in the morning, I have to try to go on. Even though it is cold, I still go. The rain and wind whip my face, but I still go. I have to go. If I don't go, I feel bad. If my legs and arms are freezing, I still go. I go to the YMCA.*

## **Barriers**

The participants in the Vietnamese group identified geographic isolation as a primary barrier to participating in physical activities. Participants felt that they lived too far from friends or too far from a park or other acceptable places to walk.

One participant spoke of enjoying ping pong but his house was too small for a ping pong table, therefore, he did not play.

Similar to the Chinese group, this group had practical responses to weather related barriers. If it rains, one can walk inside, either on exercise equipment or go to an indoor shopping mall. One can also do housework when the weather is bad. Participants perceived cold weather as more problematic than rain when exercising, citing that it is difficult to be outside and breathe in cold weather.

As with all other groups, this group shared concrete descriptors of physical health limitations as impediments to physical activity. However, one person offered that light, gentle physical activity is appropriate for post-surgery recovery.

*It is a health matter. You usually want to do exercise but your health is not good enough, so you cannot do it.*

This group and the Spanish-speaking group were the only two groups to identify language as a barrier to participation in physical activity. For the Vietnamese, learning

English was perceived as very difficult for seniors. Wherever they go, whether to shopping malls or simply calling on the telephone, language is a problem because people only speak English. Participants felt that communication is limited because they have limited proficiency with English.

In a related context, they voiced that they were inhibited from participating in senior clubs, programs, and the like because most people in these places are “American”.

*When I want to go somewhere, for example...I want to go to a senior club, I cannot do it. All of my neighbors are American.*

Being retired and with low incomes, the Vietnamese participants identified financial barriers to participation in physical activity programs. Some in the group felt that seniors should not have to contribute membership or other fees for participation. They felt that the community [specifically, Vietnamese] should cover expenses for seniors.

The group saw transportation in general as a barrier to participation. One cannot ask for help from one’s neighbors because they are all “American” [and hence, cannot communicate because of limited English proficiency]. Some stated that they rely on their adult children for transportation assistance.

*However, I cannot go anywhere to do exercise, because I don’t have transportation. ...I don’t have transportation. I have no choice.*

They noted that lack of information about programs limited one’s ability to be physically active. Furthermore, the concept of time in the United States was viewed differently than it was in Vietnam. They expressed that they did not want to impose on their children by asking them to take them to senior programs, because their children are so busy, due to the need to work hard to earn money and the different concept of time in the US than in Vietnam.

*...life over here is very time consuming. I would also like to emphasize one more thing. The financial situation requires them to spend more time working than doing exercise.*

Finally, some participants have heard that there are centers for seniors and that there are some places with swimming pools, but they did not know about the programs nor the locations.

### **Ideal Programs**

This group spoke of a desire for their own activity center. There was a little debate about the use of the YMCA versus spending the money to create a Vietnamese center. One person spoke of all the facilities at the YMCA for \$10/month.

*If we join the YMCA or other center, we can learn from them. We will be more social. We should not stay home. We should not be afraid when*

*talking to Americans. We should go, even though we are afraid. Over time, we will be more comfortable. We will be able to understand what they are saying. This is my opinion.*

Another spoke of the need for a place for non-English speakers. Someone also described an existing program in California.

*I don't see it happening here. But in California, from Orange County to Hollywood, Chinese people have their own centers. Most Vietnamese people there go with the Chinese and do activities with them.*

One person indicated there is a lack of information about available programs.

*I have heard of a lot of different centers. But they are not advertised, so we don't know to go. I heard that my friends go swimming at a center, but I don't know where it is. There is a lack of information.*

However, another spoke of providing peer support and spreading the word about programs that are available.

*In my neighborhood, I introduced this [YMCA] to all the people I know.*



## **Community Partners Work Group Meeting**

The facilitators, note takers and other representatives from the partnering community agencies met to discuss the draft report. These partners elaborated and expanded on the findings and suggested ways in which the findings could be incorporated into potential programs. They also strategized on how best to disseminate the results.

The community work group discussed the importance of building relationships, both among the older adults and with the community agency staff. Representatives from one agency mentioned that when their diabetes educational groups end, the participants are disappointed and look forward to the next session starting up again. Many of the participants in these groups took classes multiple times not only because they kept learning more each time, but they also enjoy the socializing and support that grows out of the group. This ongoing connection fosters a commitment to the group which organically creates a network that allows for people to check in on each other and encourage each other to be more physically active.

Related to building relationships, the group spoke of the importance of creating ownership in a program. Some of this comes from developing friendships with other older adults in the program. In addition, older adults could be brought into the planning process when instigating new programs. This community work group agreed that older

adults from these ethnic and cultural communities are most comfortable among others with a similar background.

The community partners brought up peer supported programs and some of the difficulties of sustaining these programs. They spoke of the difficulty of identifying peer educators or leaders in the community, particularly those who the community would respect. An example was raised of a nutrition program which had moved from being staff supported to peer supported due to budget cuts. In the end, the reporting requirements were too intimidating for the older limited English speaking adults to manage. Further exploration is needed to examine what contributes to sustaining peer programs. The group discussed the potential of creating more college/university partnerships with community agencies. Students could bridge some of the gaps in programming that force agencies to move towards peer supported programs. However, the group agreed that consistent, long-term support by way of a consistent faculty link would be important.

In the climate of budget cuts, funding was a recurring point of discussion. The group raised questions about re-directing research monies to fund programs. They voiced the need to sustain existing programs that are already working. One example was the Fabiola Woods Exercise Program in which YMCA memberships are paid and a Bastyr University student is available for 5 hours on Saturdays as a trainer. Another example was the Lifetime Fitness Program at senior centers. The community group voiced the importance of keeping programs free or low cost. One idea that was raised was to pay per class versus paying for a session of classes. Paying \$2 per class may be more accessible for seniors than paying \$30 at one time.

Transportation was frequently cited as a problem. The community partners spoke of it from the agency perspective, explaining how difficult it is to arrange for taxis even when vouchers are provided. The dispatchers do not want to listen to all of the details, for example the need to ring the bell and open the door for the older adult. Working with the cab companies can be challenging and time consuming. They will often come several hours too early or not at all. Some community partners discussed the possibility of sharing a driver with other programs, eliminating the need to rely on taxis.

The group confirmed that combining programs with other existing programs was a good idea. ESL and naturalization classes could include physical activity programming. Physical activity programs could also be linked to other classes, support programs, and health education programs for managing chronic diseases like diabetes. Hobby groups like bird watching might be a way of reaching older adults who aren't involved in social service programs.

## DISCUSSION

### **Implications for practice**

The purpose of this project was to identify features of physical activity programming to better reach underserved ethnically diverse older adults. The following table lists ideas and considerations for programs, based on the results of these seven groups. Budget realities may limit an organization or program's ability to provide culture specific services and activities for each cultural group served. Therefore, organizations and programs may want to explore ways to effectively bridge more than one cultural group.

**TABLE 4:** *Features of Physical Activity Programming to Reach Ethnically Diverse Older Adults*

| <b>Theme</b>                               | <b>Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Foster Relationship Building</b>        | Older adults encourage each other to be more physically active and can serve as companions in exercising together. A formal or informal network or phone tree could be established to foster these kinds of relationships. This type of program is appealing to those who are motivated by caring for others. The African American and Latino group both spoke of needing a friend to encourage them or a companion with whom to walk and exercise. The Tagalog-speaking and American Indian groups both mentioned care giving as a major activity in their lives that kept them engaged. When this idea was discussed with the community work group, partners felt strongly that for this idea to work, relationships would need to develop organically through support networks and classes. Through meeting as a group, friendships and connections are made. Finally, leaders can encourage connection through informal phone trees. |
| <b>Provide options</b>                     | Target programs to different levels of physical abilities, and provide options for both groups as well as individuals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Bring programs to where people live</b> | <p>Introduce walking programs in buildings that house significant numbers of seniors. Walking programs would be best utilized if geared towards people from the same or similar cultures.</p> <p>Organize groups in neighborhoods, especially for those cultural/linguistic groups that tend to be geographically clustered. Additionally, informal groups could meet in each others' homes with lay leaders to provide information and support in exercising. The Tagalog-speaking group quite frequently mentioned the importance of sharing their knowledge with others in the community. This would be a way to create a peer training program with the added benefit of creating a social network to alleviate some of the social isolation expressed by seniors.</p>                                                                                                                                                               |

| Theme                                          | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Partner with other programs</b>             | <p>Combine walking or exercise programming with existing programs for which transportation is already provided (e.g., meal sites).</p> <p>Link with churches to set up programs. Both the Filipino and Latino groups frequently mentioned the importance of religion and spirituality in their lives.</p> <p>Many of the older adults in these focus groups spoke of a desire to combine physical activity programs with other programs that addressed a range of needs including emotional and social support, language and naturalization classes, and health education classes.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Educate older adults and their families</b> | <p>Gear programs towards educating and encouraging adult children of older adults to get involved in supporting their parents to become more physically active. One idea might be to encourage children to pay for a YMCA membership for their parents as a Mother or Father’s Day gift. Currently, the Center for Multi Cultural Health provides free memberships to some of their seniors. This program might be further sustained by a campaign that encourages the children to get involved.</p> <p>Provide education programs for seniors that address what is safe and possible for them to do physically, as well as how physical activity can help to manage chronic illness. All the groups spoke of physical health as both a significant motivator and barrier to being physically active. Education programs could address both of these issues. Any kind of education program should be done within the context of the neighborhoods and environments in which people live, with an awareness of the transportation, safety and traffic concerns they may face.</p> |
| <b>Culture specific</b>                        | <p>When feasible, target classes and programs towards older adults from similar cultural and linguistic background. Older adults appear to be more likely to participate in programs with others of similar age and culture.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Low or no cost</b>                          | <p>When possible, support programs with external funds. The issue of cost was frequently mentioned across groups as a majority of participants were low income.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Input from older adults</b>                 | <p>Involve older adults in developing and evaluating programs to create ownership of the program. This involvement could generate enthusiasm for the program and lead to recruitment of friends and family.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## **Study Limitations**

The standard wisdom in focus group research is to conduct at least 3 focus groups for each group represented in order to saturate the data (Morgan, Krueger & King, 1998). Due to budget limitations, only one focus group was done for each cultural group. Themes did emerge across the spectrum of the groups, however additional studies of each cultural group would provide a deeper understanding of the motivators and barriers to physical activity in these communities. Although generalizations cannot be made over the broader population, these groups have generated some potential implications for practice that warrant further exploration.

The literature recommends focus group studies use the same facilitator across groups. Because of the language and cultural considerations, this was not possible in this project. Although training was provided, the different styles and levels of experience of the facilitators may have elicited different types of information in the various groups.

The participants in the African American group were chosen from one of three ongoing educational support groups for people with diabetes and their family members. Because of this involvement, they had previously discussed the value of physical activity in relation to managing diabetes, and therefore were likely more tuned into this aspect as a motivator than a more random sample of the population would have been.

## **Future research**

Gender differences were mentioned during the community work group meeting. Further study is needed to determine the extent that gender makes in being physically active in older age. Additionally, this study did not examine the differences in motivators and barriers between more able bodied older adults and those who are more physically impaired. In a similar vein, differences between sedentary and non-sedentary older adults could be explored.

Further study of the sustainability of peer supported programs could examine what aspects are critical for making these programs work. As mentioned earlier, these programs are being relied on more heavily given the funding cuts for social services.

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# Appendix A

## Interview guide questions

1. What does being physically active mean to you?
2. Describe what you do on a regular basis that involves physical activity.

***Probe:***

- Think of things that you do like household chores, home repairs, yard work, walking to the store or the post office, and how you spend your leisure time.

***Facilitator:*** “For purposes of this study, when we use the terms physical activity or exercise we mean those activities such as gardening, yard work, vigorous cleaning, walking (including walking as a way to get to places where you need to go), swimming, dancing, yoga, tai chi. As you are thinking about the following questions, reflect on your own life and what has encouraged or discouraged you from being physically active.”

3. What motivates you to do the kinds of physical activity you currently do?

***Probes:***

- What benefits do you get from being active physically?
- Why is it important to you to keep physically active?

***Probe motivations:***

- Health
- Appearance
- Emotional well being
- Being able to play with my grandchildren
- Have done it in the past
- Being with others
- Getting out and seeing people
- Walking to get somewhere
- Enjoy going to a park in the neighborhood

4. What has kept you from being as physically active as you would like to be? Describe those circumstances.

***Probes:***

- Safety concerns in the neighborhood
- Lighting

- No sidewalks
- Weather (cold/heat/rain)
- Traffic
- Neighborhood too hilly
- Physically unable
- Fear of injuries or falls
- Lack of interest or motivation
- Lack of money
- Lack of transportation
- Language barriers
- No one to do it with
- Places you need to go to are too far away to walk

5. If you could imagine the ideal program that would encourage you to be physically active, what would it look like?

***Probes:***

- A program that you would do on your own or in a group setting?
- Outside or inside a building or both?
- Number of days a week?
- Duration of the class?
- Characteristics of the instructor?
- Cost?
- Proximity to home (how far would you be willing to travel?)

# Appendix B

## UNIVERSITY OF WASHINGTON

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### Senior Activity Discussion Groups

### Consent Form

#### Investigators:

|                            |                        |                                                      |                |
|----------------------------|------------------------|------------------------------------------------------|----------------|
| James P. LoGerfo, MD, MPH  | Principal Investigator | Dept. of Health Services                             | (206) 543-2891 |
| Basia Belza, PhD           | Co-Investigator        | Dept. of Biobehavioral<br>Nursing and Health Systems | (206) 685-2266 |
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| Sheryl Schwartz, MPA       | Research Manager       | Dept. of Health Services                             | (206) 685-7258 |
| Julie Walwick, MSW         | Research Coordinator   | Dept. of Health Services                             | (206) 616-3146 |
| Mary Taylor, BSN, RN       | Co-Investigator        | Dept. of Biobehavioral<br>Nursing and Health Systems |                |

#### Investigator's Statement

We are asking you to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether or not to be in the study. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When all your questions have been answered, you can decide if you want to be in the study or not. This process is called 'informed consent.'

#### Purpose and Benefits

We want to understand how older adults in this community feel about physical activity. We will ask senior citizens to join a discussion group about physical activity. We hope the results of the discussion will help us understand the needs of older adults in this community regarding physical activity programs. You may not directly benefit from taking part in this study.

#### Procedures

If you agree to be in this study, you will take part in a discussion group. The discussion will last about 2 hours. The group will include a leader, a note taker, and about nine other people. All of the group members will share a similar culture so that people will be comfortable talking in a common language. The discussion leader will ask questions about physical activity and health. For example, the leader may ask, "What kinds of physical activities have you done in the past that you are not doing now?" and "What would help to keep you or your friends and neighbors physically active?" You do not have to answer every question.

We will audiotape the discussion group so that we have an accurate record. Only the researchers will have access to the audiotapes. We will transcribe the audiotapes within 4 months, and then destroy the tapes. We will not use names of the participants in the written record.

### **Risks, Stress, and Discomfort**

Some people may feel a little self-conscious speaking in front of a group of people or being audiotaped.

### **Other Information**

Participation is voluntary. This means you will decide to be in this study only if you want to. In the discussion group, you are free not to answer any questions you do not wish to answer, and you can leave at any time.

All the information you share with us will be kept confidential. The audiotape and the typed record will be stored in a locked cabinet. We will erase the tape within 4 months. Only the research team will have access to the tapes and study records. We will not use your name in the written record or when we publish the results of the study.

We will pay you \$25 in cash at the discussion group. This is a thank you for taking part in the study.

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Researcher

### **Participant's Statement**

The study has been explained to me. I voluntarily consent to participate. I have had an opportunity to ask questions. I understand that future questions I may have about the research will be answered by one of the investigators listed above. If I have questions about my rights as a subject, I may call the University of Washington Human Subjects Division at (206) 543-0098. I give the researchers permission to audiotape the group discussion. I will receive a copy of this consent form.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

cc: research participant; study investigator