Tailoring a Physical Activity Promotion Program for a Rural Area

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Abstract

The VERB™ Summer Scorecard (VSS) program was designed with the purpose of promoting physical activity among ‘tweens’ (8-13 year olds). A unique aspect of the VSS program is the scorecard which serves multiple purposes. The scorecard primarily serves as a behavioral reinforcer for physical activity. The scorecard also tracks physical activity for each participant. As part of the community-based prevention marketing (CBPM) approach, the VSS was taken to adapt the VSS to meet the needs of a rural, diverse population in the southeastern United States. Formative research was conducted with the target audience. Focus group interviews were conducted with parents and their children. Content analysis showed significant changes were needed for program. Previous versions of the Scorecard did not test well with the target audience, who suggested the use of smaller Scorecards and fobs as a secondary reinforcer. These changes offer many potential benefits to participation reinforcement and physical activity promotion tracking.

Introduction

A lack of physical activity is not only associated with increased rates of obesity, body fat composition, and mortality among young people (Kozlowski et al., 2006), but also contributing factor to increases in certain types of cancer (Ehlerman et al., 2012). Although the Centers for Disease Control (CDC) recommend 60 minutes or more of physical activity per day, only 18.4% of public school students reach this goal (CDC, 2010). Many schools fail to implement physical activity promotion programs for young people due to a lack of parental and student involvement (Cardon et al., 2012). Even with the added resources of university, physical activity promotion efforts still face many challenges (McDermott et al., 2009). The challenges of promoting physical among school-aged youth are exacerbated as students become older. Nader, Bradley, Houts, McRitchie, and O’Brien (2008) tracked youth from ages 9 to 15 and found that moderate-to-vigorous physical activity significantly declined each year. School-aged youth in rural areas suffer from poor health outcomes due to disparities in resources such as access to community and recreational facilities (Cornwell, Hawley, & St. Romain, 2007).

METHODS

Sample and Data Collection

Two parent focus groups (N = 14) and two child focus groups (N = 12) were conducted by trained focus group facilitators in rural Georgia. The parent and child focus groups included a diverse sample of participants. Twelve African-American parents and two Caucasian parents participated in the parent focus groups and 10 African-American and two Caucasian children participated in the child focus groups. All students and parents were recruited through the local Boys and Girls Club, the lead community partner in the VSS program development. Each focus group facilitator used a focus group guide to conduct the focus groups with parents and children. The guides also included items specific to social marketing constructs, including Price, Product, Place, and Promotion.

RESULTS

Based on the common themes identified in the formative research, major adaptations were needed to implement VSS in the rural community. The major program adaptation highlighted changes needed to use of the Scorecard within the community. Two versions of Scorecards that had been used in other states were tested with youth and parents (see Figure 1). Neither version tested well. Parents believed that youth would not be interested in or want to read or understand them and would ultimately lose them. Youth participants also discussed the difficulty of reading and understanding the previously used Scorecards. One option for the Scorecard discussed by parents was a chain with fobs (dog tags). This option tested well with both parents and youth. The use of tags as a family incentive and according to the focus group responses are very popular among the local youth.

Parent 1: “You used to do the tags at [a local school] as well... for everything you did they would add a tag to the chain and they were proud of that thing [dog tag].”

Parent 4: “If my kids were about [sic] to fight over a bear tag, “I (got to) [sic] do such and such so I can get my bear tag.”

Nine times out of 10 the reading of the VSS, they’re not going to be able to use it. You want something that they can actually read and actually relate with. Parent participants also agreed that if a paper Scorecard were to be used, the Scorecard needed to be smaller and something ‘tweens’ could carry with them such as ‘wallet size’ or “pocket guide” (see Figure 1). During both of the children’s focus groups, the participants were asked about the ‘dog tag’ feature. All participants supported the idea. When asked why the ‘dog tag’ was preferred, the child participants agreed it was because “you get to wear it.”

Discussion

Results suggested the previously used Scorecards would not work with African-American and youth populations in rural Georgia. Results of the formative research posed benefits and challenges that were not recognized in previous implementations of VSS. The use of dog tags and index-sized Scorecards offered the immediate benefit of reduced-cost. Previous versions of the VSS have been large, pamphlet style Scorecards. The new, simple version of the Scorecard costs less to implement, making it easier for smaller communities to implement a VSS program. Using physical activity outlet sites as places to disseminate dog tags to give to youth for tracking their physical activity requires additional support from community partners. The findings of this study provide a framework, for tailoring an effective program of VSS- for different contexts. These results may also help physical educators in other communities create programs similar to VSS to involve youth in physical activity and tailor these programs to meet the needs of their communities.

ACKNOWLEDGEMENTS

This project was made possible through a grant from the Georgia Health Foundation. REFERENCES


Cornwell, L., Hawley, S. R., & St. Romain, J. S. B., Cornwell, L., Hawley, S. R., & St. Romain, J. S. B., Cornwell, L., Hawley, S. R., & St. Romain, J. S. B. (2009). Accelerometer offers clear measurement benefits, but is costly and limited to a small subsample of the target population. Additionally, previous studies have only used accelerometer data to obtain baseline and post-intervention physical activity measurements (DeMeij et al., 2011; Dzewaltowski et al., 2010; Okely et al., 2011; Pühse et al., 2011; Zahnner et al., 2006). The VSS scorecard and its integration into the CBPM process is essential in the implementation of the VSS program. Self-reported measures can serve as valid, reliable instruments for measuring physical activity (Biddle, Gorely, Pearson, & Bull, 2011). Similar to the VSS, single-item physical activity measures have been developed and tested (Milton, Bull, & Basman, 2011). The use of the scorecard to track physical activity throughout the length of intervention allows for program developers to make decisions and possible changes during the implementation, a key component of the CBPM process. Additionally, the design and adaptation of the scorecard by the target audience increases the likelihood of program adoption.

The purpose of this study was to use the CBPM process to tailor the scorecard, for a rural area. This poster presents the formative research from the first systematic attempt to adapt the VSS to fit within a primarily rural, African American community in southeast Georgia.