

Smoke-free campaign strategies used to promote physical activity, combat obesity

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In a state with high rates of tobacco use and obesity—and associated health problems—University of Kentucky researcher Melinda Ickes is exploring whether similar models of promoting community readiness to adopt health policies might be effective in addressing both risk factors.

Ickes' current project aims to create political and societal support for [physical activity](#) policies by building upon the best practices of a successful, evidence-based [policy](#) development approach that advanced smoke-free policies in Kentucky.

Specifically, Ickes and her team will test the feasibility of a community readiness assessment for promoting evidence-based physical activity policies in two rural Kentucky communities, Jackson and Perry counties. The project, supported by a pilot grant from the UK Center for Clinical and Translational Science (CCTS), will focus on policies related to the built environment (such as sidewalks), overall community design, and shared use of schools (after school hours) to increase access to safe space for physical activity.

An assistant professor in the UK College of Education Department of Kinesiology and Health Promotion, Ickes points to influence of the built environment on health and health behavior.

"Building active living environments so that physical activity is the easy choice will have significant and lasting impact on preventing obesity and reducing cardiovascular disease," says Ickes.

While the success of the smoke-free campaigns in changing social norms and influencing policy interventions is clear, little is known about how to create similarly impactful social movements for physical activity policy. According to Ickes, community readiness assessment is integral in influencing social movements and in tailoring the most appropriate policy development strategies for a given community.

"There's really been increased momentum for physical activity policy, but there's a missing piece in many communities - to assess community readiness to adopt physical activity policies."

The readiness assessment will include two components. First, a pre-survey will determine the evidence-based physical activity policies that a community is most ready to work on. Second, Ickes and her team will determine a community's stage of readiness said policies. They will then work with community partners to adapt stage-based strategies aimed to translate and disseminate knowledge, build community capacity, and build local demand for physical activity policies. This process is translated from an evidence-based, stage-specific, tailored policy development intervention developed to promote smoke-free policy.

"Although this pilot project will not constitute the time needed to implement the intervention itself, there is a dire need to understand which stage-based strategies are appropriate for future physical activity policy work, particularly in rural areas," says Ickes.

While Ickes has always been committed to promoting positive, healthy behavior, she originally envisioned working one-on-one with individuals to increase physical activity and combat obesity. Working with her mentor, Ellen Hahn, director of the Kentucky Center for Smoke-free Policy, invigorated Ickes to work for policy changes that can have tremendous population-level impact in communities with serious health challenges.

"I really hadn't been exposed to policy work before coming to UK, and it's contagious to see someone so passionate about what they do," she says. "The possibility of changing an entire community really inspires me. Now I love teaching my students about the impact health that policy can have."

Support from the Center for Clinical and Translational Science (CCTS) has also been integral to Ickes' project. She says that as a junior faculty member, there's a learning curve to operating grants and conducting community-engaged research, and the step-by-step support from CCTS has been wonderful.

"It's more than the monetary support, but support throughout the entire process," she says. "In the intake meeting, the CCTS leadership said 'We're here to support you with whatever you need— IRB, marketing, fliers.' I was blown away. I don't think that's something you get everywhere."

She is also collaborating with the Center for Excellence in Rural Health to identify community advocates to participate in the readiness assessments.

"If you were doing this on your own it would take years to meet people and make connections," she notes.

Data from this pilot project will be used to support further grant applications to develop and disseminate a best practice framework for promoting physical activity policy to reduce obesity and promote cardiovascular health at population level. The National Heart, Lung, and Blood Institute expressed interest in adapting the intervention to prevent obesity, and Ickes and Hahn plan to resubmit an R01 application using the preliminary data collected from this project.

"Without knowing how best to create political and societal support for physical activity policy, little progress will be made in advancing long-lasting, life-saving environmental changes to promote safe, accessible opportunities for physical activity, and rural communities will continue to suffer disproportionately from obesity and cardiovascular disease," says Ickes.

Provided by University of Kentucky

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