



CREATING OPPORTUNITIES FOR FAMILIES THROUGH RESIDENT SERVICES: A PRACTITIONER'S MANUAL

Volume Two: Enhanced and Comprehensive Resident Services
Revised and Expanded Edition

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A GUIDE TO HEALTH AND WELLNESS

Among other benefits, regular physical activity that is performed on most days of the week reduces the risk of dying prematurely, the risk of developing high blood pressure and feelings of depression and anxiety and promotes psychological well-being. It is especially important for low-income families who have not had easy access to health care and for whom good health is critical to retaining employment. (from the Centers for Disease Control and Prevention)

INTRODUCTION TO HEALTH AND WELLNESS

Chronic disease is the number one public health challenge facing our country. For the first time in our nation's history, the overwhelming majority of Americans are overweight and one-third are obese, because of the combination of too little physical activity and consumption of excess calories. This lack of fitness has compelling consequences. Heart disease continues to be the number one cause of death and disability in the United States. Further, according to the Centers for Disease Control and Prevention (CDC), the number of Americans with diabetes has doubled in 10 years and will double again in the next 10 years. A person with diabetes consumes four times as many healthcare resources as a person who is not diabetic, and a person with uncontrolled diabetes has a nearly eight in 10 chance of developing heart disease.

Affordable housing communities are not exempt from this problem. Chronic disease, driven by unhealthy lifestyles, permeates all races and economic classes, all age groups and both genders. It is a particularly pressing issue for vulnerable populations with low incomes. The burden of chronic disease diminishes residents' quality of life and can affect the financial viability of many households. Residents trying to cope with ailments will have trouble finding or keeping jobs and, once entangled in a downward spiral of poor health, simply be unable to improve or enjoy their lives. Their health struggles may lead to premature disability, further impoverishment and increasing disengagement from their families and neighbors, which, in turn, heightens their health risks.

A physical activity program grounded in resident services gives your residents an opportunity to take stock of their health and develop a sound, safe strategy for making incremental improvements. Progress will likely come slowly for most of your residents, and the greatest contribution that you can make is to guide them along a path of increasingly diverse physical activity offerings.

This section is intended to help resident services coordinators to fully understand the problem that unhealthy lifestyles pose and to help them develop manageable programs and activities that residents will embrace and that may, over time, show property owners and operators, as well as granting organizations with an interest health-related programming, that a wellness strategy is affordable, manageable, achievable and its results measurable.

RESOURCES AVAILABLE IN THIS SECTION

- 1. Resident Services and Health and Wellness:** Affordable housing community owners/operators, as well as their resident services teams, cannot remain idle while the tidal wave of chronic illness sweeps through their communities. This section explains the problems unhealthy lifestyles pose and explains how resident services staff can encourage change in residents.

2. **Program Components:** This resource outlines possible components for a physical activity program.
3. **Introducing the Program to Residents:** While some residents may enthusiastically embrace the physical activity program, most will likely be reticent. It will take persistent program marketing to get residents—in particular, adults—to come out and participate in, or help plan, events. This resource offers tools and suggestions for getting residents excited about and participating in the program.
4. **Screening Residents:** The physical activity program that you design and run is not without risks. All physical activity entails some risk of harm, through acute injury or illness. Important elements to help to keep residents from hurting themselves and to ensure that your physical activity program does not present legal risks for your resident services operation are outlined in this resource.
5. **Essential Activities and Events:** This resource describes the types of exercise resident services staff can encourage residents to get and exercise programs that staff can create. It also outlines some ways to teach residents about health and wellness.
6. **Community Partners:** Because this program was carefully designed to address primarily basic fitness and nutrition issues, you should reach out to community partners to help fill potential gaps. Organizations, including both government agencies and not-for-profit groups, should be able to provide expertise, educational materials, ideas and resources. This resource offers a brief list of organizations that you should consider contacting, as well as a rationale for doing so.
7. **Measuring Progress:** Resident services staff should have a modest approach to both data collection and measurement of resident progress. There are, however, important data measures that staff should track over time. This resource describes some potential methods to use to measure residents' progress.

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RESIDENT SERVICES AND HEALTH AND WELLNESS

The chronic illness of their residents may not have been of their making, but affordable housing owners can play a key role in helping them address it and reduce the negative physical and financial consequences. Residents who are increasingly sedentary and overweight or obese will present affordable housing communities with unforeseen challenges. For example, community plans and building designs may need modification to accommodate the needs of residents who are increasingly overweight and physically dysfunctional. Extant buildings may need renovation, and some residents who are otherwise qualified to live in affordable housing communities may be excluded largely because they cannot successfully accomplish simple physical tasks, such as climbing stairs or caring for themselves.

Chronically ill residents also will face more challenges in the workplace than healthy adults; finding and keeping work, and, thus, sustaining a financially viable household will prove more difficult. Finally, adults with poor health-related self-efficacy are very likely to produce children with the same behavior deficits, setting the stage for another generation plagued at a young age by disorders such as heart disease and diabetes.¹

Vulnerable populations have limited resources for developing personalized strategies to improve physical activity and make more effective nutritional choices. More likely than not, your residents have not been taught essential physical activity and nutrition skills. They may also be unable to afford to make healthier choices. Integrating health and wellness offerings into resident services helps to address a societal failure, and it simultaneously acknowledges that strong personal health habits, which can drive household stability, economic and academic advancement and emotional and physical health, are learned and not necessarily intuitive. Health and wellness success is often incorrectly perceived as requiring extensive willpower. This is wrong. The key to health and wellness success is “skillpower” and cultivating skillpower is a central goal of health and wellness in resident services.

This dilemma is also an opportunity because it represents a chance to help residents help themselves, which a core value for resident services in affordable housing communities. Integrating elements of health and wellness into affordable housing communities means adapting lessons learned from employment support and financial literacy programs, for example, and helping residents learn how to make better lifestyle choices for themselves and their families, even within the limits imposed by their financial constraints.

¹ Self-efficacy is a person’s ability to understand and complete essential health-related tasks, such as walking regularly, eating sufficient fruits and vegetables and limiting intake of alcohol. A high level of self-efficacy indicates both a strong personal belief that the tasks are achievable and an ability to act on this belief.

Teaching residents about personal health and wellness, especially steps that they can take with little or no expense, is a potentially powerful lever for change. The guidance that they get from resident services will help to raise awareness about the ailments that most directly threaten their wellbeing, such as diabetes and heart disease, and give them access to education, support and activities that aimed at helping to improve their health through better decision-making.

In an affordable housing community, this kind of initiative should focus closely on physical activity and nutrition because lifestyle management – making better choices on a day-to-day basis – is the single most important strategy for preventing chronic disease or limiting the impact of chronic ailments that have already cropped up. In study after study, experts on chronic disease, particularly diabetes, cardiovascular disease, arthritis and some cancers, point to lifestyle management as the linchpin for success. Indeed, regular physical activity has even proven useful in helping people who suffer from depression and anxiety; while it is not a substitute for talk therapy or prescription medications, it is a valuable adjunct that a depressed or anxious resident can implement with little difficulty or cost.

There is one important limitation to address. The unfortunate reality about health and wellness in resident services is that the program will serve as a starting point, not an endpoint. By leading residents through sound instruction in physical activity and nutrition – thus filling critical gaps created by both the educational system and the healthcare system – resident services staff can provide a sound platform upon which to build other health and wellness elements, as well as connect residents with useful healthcare resources elsewhere in the community. It is important not to do too much too soon, and to understand the value of proceeding gradually, step by step.

It is both important and appropriate that the health and wellness program has its home within resident services. Resident services programs such as financial literacy, employment support, adult education and English as a second language all embody a common set of principles: imparting lessons that can improve life skills; increasing the likelihood of economic and academic success in both the short- and long-term; preserving the dignity of the individual by helping him or her to live independently. In a complementary fashion, resident services staff can facilitate making better health choices in an often complex and noisy marketplace.

Health education studies show persuasively that knowledge and empowerment are the linchpins of behavior change. People with higher levels of education (and income), tend to make better choices – they eat a healthier diet and are more likely to engage in regular physical activity. This program represents an opportunity for families living in affordable housing communities to help create this kind of organic change by learning the benefits of physical activity and proper nutrition and having them reinforced through practice.

The temptation in considering and designing a health and wellness program for your affordable housing community will be to try to do too much too soon. It is imperative that you start with modest achievable goals that, once met, will provide the basis for growth. Because most of the professionals who provide resident services are not themselves health professionals, the overriding goal of a resident services-based program is to improve basic health-related self-efficacy by residents.

Your approach to health and wellness should have a singular goal: to affect modifiable lifestyle choices that we know are inextricably linked to both the likelihood and severity of chronic illness. You can teach residents how to change these parameters, which is much more realistic than aiming to achieve more elusive clinical goals, such as reducing LDL (bad) cholesterol levels in residents.² Both controlled trials and epidemiologic research show, irrefutably, that if a person successfully adopts healthier physical activity and dietary habits, the most powerful levers for change, the likelihood of long-term favorable changes in relevant clinical measures rises greatly and the incidence and prevalence of chronic disease drop commensurately, as does the overall disease burden on quality of life. The modifiable lifestyle behaviors are as follows:

- Eating habits
- Aerobic activity that cultivates cardiovascular health and helps to manage body weight
- Strengthening activities that improve muscle tone and function
- Stress management
- Smoking

Because this program can help residents make meaningful changes in these areas, it is very likely to produce the kinds of changes that we know reduce the risk of chronic illness. For example:

- Aerobic activity, such as regular moderate to vigorous walking, is associated with reduced risk of cardiovascular disease, overweight, diabetes and depression.
- Muscle strength is strongly associated with reduced risk of falls, improved glucose metabolism and better insulin sensitivity (and, thus, reduced risk of diabetes and its attendant heart, kidney or neurological disease).
- Regular physical activity generally is strongly associated with lower levels of stress, depression and anxiety and fewer self-reported days of poor health.

² Importantly, measuring change in a clinical measure, such as cholesterol, would require blood testing, which is invasive and entails expense [\$12 to \$50] that this program does not pay for. It is possible, however, that a resident's cholesterol may get measured as part of his or her participation in a study offered onsite or through referral for clinical care to a healthcare system partner.

- Studies show irrefutably that people who eat a diet rich in whole grains, heart-healthy fats, fruits and vegetables have dramatically reduced all-cause mortality compared to those who indulge in refined grains, alcohol and saturated fats.

By helping to teach residents about these topics and guide them along the path to healthier lifestyles, your resident services team is in a unique position to help families stabilize their situations and, through improved decision-making on personal health issues, marshal their personal financial resources, as well as their physical and emotional energy, to engineer change in personal health behaviors. The program also can help families and individuals gain greater appreciation for how to make better choices in the future, and develop the confidence to know that setbacks and missteps are natural surmountable elements in the long-term process of improving personal health.

It is important to distinguish that this is a physical activity program and *not* a physical fitness program. The distinction is subtle but vital.

- Physical activity programs aim to help both adults and children increase their daily energy expenditure, aiming to burn at least 200 calories per day through walking (adults), vigorous play (children) or other pursuits.

In contrast:

- A program aimed at increasing physical fitness would focus more precisely on improving specific measures of cardiovascular or muscular health, such as increasing maximal oxygen uptake or muscle strength or reducing cardiovascular risk factors. It is neither feasible nor realistic to administer a physical fitness program within resident services without the leadership of a qualified exercise professional. The overriding goal of your physical activity program should be to give residents the support and inspiration that they need to develop and master a sound physical activity habit, which may eventually grow into a personal physical fitness program.

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PROGRAM COMPONENTS

A physical activity program will need a committed leader on your resident services team. While this person does not need to have a health background, it is essential that he or she serve as a role model for residents (as well as for other resident services professionals) by having a strong and visible commitment to regular physical activity and good nutrition. It is helpful, but not essential, that he or she have education or work experience in health education/health promotion or personal training. He or she needs excellent communication and organizational skills and an entrepreneurial spirit, which will help to make for an enthusiastic pitch to residents. Residents must perceive that the program will be fun and engaging and not overwhelming; otherwise, it will prove difficult to engage them in it.

The program leader's primary role is to coordinate health and wellness offerings with all the other things that the resident services team already does. Indeed, the first thing that a program leader should do is take an environmental and cultural inventory. This will help you understand what resources you have available for health and wellness activities, as well as opportunities for integrating health and wellness into ongoing functions. For example:

- **Are there age-appropriate physical activity options every day for all children enrolled in after-school programs?** From tumbling to yoga to flag football or dance, daily physical activity is essential for children, and the more the merrier. Regular physical activity helps to improve mood in kids as well as adults, teaches teamwork and cooperation, builds confidence and physical strength and aids with stress management, which is critical for children from vulnerable households. Studies of kids and academic achievement also point to physical activity's beneficial impact on a child's executive functioning (decision making capacity). Regardless of age grouping, every after-school program should have a physical activity option.
- **What kinds of food and drink are available in common areas either for staff or for residents who are attending community events?** Part of building a presence for the health and wellness program is to change the culture within resident services and lead by example, demonstrating to residents that useful, enjoyable change is achievable. The primary food options should include all varieties of fruit (fresh, dried, canned in juice, etc.), as well as cut vegetables; water should be the primary beverage, followed by reduced calorie sports drinks, calorie-free soft drinks and, last, sugared beverages. Juices are less desirable for children than water and low-fat milk. The American Academy of Pediatrics recommends no more than 8 ounces of juice daily for kids.
- **How many televisions are there in areas where resident services staff congregate, work with residents or hold meetings?** Assess whether they are used for entertainment or to watch programs, tapes or DVDs that have

an educational purpose. If the former, then they should be removed or unplugged and used only under supervision. Most children watch three or more hours of television per day; the American Academy of Pediatrics recommends that kids have no more than two hours of total screen time daily (combined TV and computer gaming), excluding screen time that is necessary for completing homework. Having kids watch a movie on a rainy afternoon that precludes being outdoors is certainly understandable, but, in general, such recreational viewing should be the exception not the rule. Because you cannot control a child's viewing time at home, it is critically important to keep it to a minimum for children who participate in resident services' programs.

- **Are there outdoor spaces that can affordably be converted to a community garden or to other recreational uses?** If exterior space allows, you should work with others in resident services to establish a community garden. The garden is a unique way to bring together residents with an interest in, or experience with, gardening as well as the resident services' programs that work with children. The garden could be a useful way to pair children with adults who can mentor them as they plan and tend to the plants. Furthermore, planting and growing vegetables, fruit and flowers are valuable ways to teach science, math and economics, as well as the important principles of teamwork and sharing.

You can boost the chances of the community garden's success by encouraging adults with gardening experience to step forward and help to lead the process. They can assist with deciding what kinds of plants to grow, as well as developing a plan for the growing season and harvest. In addition, this is a good opportunity to coordinate with other resident services staff, particularly those who guide children's programs (especially science and math) and financial literacy efforts. If the garden produces a bumper crop, it may be possible to sell some of the harvest to residents or others in the neighborhood.

In the event that there is not sufficient space for an outside garden, it is worth considering a "flowerpot" garden, in which residents can grow smaller vegetable plants that do well indoors. Tomatoes, leafy vegetables, peppers, cucumbers and herbs are all feasible to grow indoors. It is also possible to create year-round gardening projects, whereby residents (both children and adults) learn to germinate seeds indoors during the off-season and then transfer those young plants to the garden when warmer weather arrives in the spring. You can find a number of useful online resources by searching the phrase "indoor vegetable garden."

- **What resources are available for regular physical activity for adults?** This should include an assessment of both indoor and outdoor resources. Are the property grounds or the local neighborhood safe for walking? What are the weather-related limitations in your area? Is there indoor space that might prove useful in inclement days? For example, are there

large common areas, such as conference rooms, where it is possible to organize activities, such as yoga, Pilates or calisthenics for adults? (This same room could be used for kids' games.)

- **What physical activity/gaming gear do you have onsite and is it financially feasible to acquire more?** For both adults and kids, this may include purchasing strengthening bands and tube to teach basic strength training elements, exercise balls, a variety of sports balls (basketballs, kickballs, footballs, etc.), yoga mats, etc. Materials such as these are relatively inexpensive and durable and would allow residents the chance to do things on their own as well as during organized classes or events.
- **What is the culture of the resident services staff regarding health and fitness?** Is there routinely food at resident services staff meetings or in staff areas? Is it fast food or calorie rich/nutrient poor food, such as donuts and pastries? What beverages are typically available? Soft drinks or water/coffee/tea? Does the resident services management team encourage or facilitate regular physical activity by members of the resident services team, by allowing flex scheduling or allowing time during the work day for physical activity breaks? Have managers ever held meetings on the go, taking their teams for a walk while working? Residents will observe and take seriously the resident services' staff commitment to health improvement. As with community events, it is important for resident services staff to see it takes its own advice when it comes to health and fitness. Substituting fresh and dried fruit for candy and sweets, for example, transmits an important message, as does either removing vending machines or working with the vending company to stock healthier options as well as traditional snack foods.

As a matter of routine, resident services managers should encourage their employees to take a refueling break every two to three hours, if feasible. This means getting up from the task at hand to walk around, stretch, appreciate a change of scenery, even if only for a few moments, and to get a heart-healthy snack and beverage before resuming work.

Over time, the program leader will also need to connect residents participating in the activity program with resources outside of their housing community that may meet their needs. This may include referring residents to local healthcare organizations for care or evaluations. (See Community Partners subsection of this chapter for additional detail.)

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INTRODUCING THE PROGRAM TO RESIDENTS

While some residents may enthusiastically embrace the physical activity program, most will be reticent. It will take persistent program marketing to get residents – in particular, adults – to come out and participate in, or help plan, events. There are some important steps worth taking, however.

- **Market the physical activity program.** Signage, flyers distributed door to door or placed in mailboxes and inserts in community newsletters are all important ways to educate residents about the physical activity program. Talk it up at community events and meetings to create a buzz about it.
- **Create leadership and volunteer opportunities for residents.** You may find it useful to identify and recruit a popular, well-respected resident to help you market the program to others in the community. He or she should also try to participate regularly in program events, help create the marketing materials and perhaps help to introduce you to other residents who might appreciate a role in the program.
- **Develop a vehicle for getting feedback from residents.** What do they want in the program? What makes them come back? What keeps them away? The two simplest ways to do this are to speak with residents at the conclusion of events to canvass opinion or invite both residents who have participated and those who have not, to an informal focus group.
- **Create opportunities for parents to do things with their kids.** Some parents who might otherwise stay away from a physical activity program will participate when they realize how meaningful it can be for the health and welfare of their children. Kid-parent games (tag, flag football, kickball, volleyball, etc.) will engage parents and get the kids active. For parents who do not understand the value of regular physical activity, an intergenerational game night might be just the thing that convinces them about why their kids should play as much as possible and why they themselves should participate.
- **Encourage residents to think about how the program can improve how they look and feel.** The temptation in any health-related program is to teach people how to use the program as leverage to reduce their risk factors or relieve symptoms, that is, to improve their health. For a physical activity program, this is the equivalent of encouraging people to eat their vegetables. It is a heavy, paternal message, not an inviting, inspiring one. Focus on the results of physical activity and improved eating habits that will come most quickly—feeling better and looking better. Regardless of gender or race, people generally want to feel better

and look better, whether just for themselves or for a partner. The better they feel and look, the more likely they are to want to continue increasing their participation.

- **Organize events at realistic times.** Work, weather and demographics are the major factors that will affect programming. If most of the residents of your community work, it is unrealistic to expect a high level of participation (except for retirees and at-home parents) during work hours. After-work participation will vary across a number of factors: what kind of work residents do; the duration, difficulty and timing of their commute; and evening responsibilities or commitments. This means that, for working adults, having a physical activity event on at least one day every weekend will likely prove useful and popular. For kids, after school and weekends are the prime opportunities. Finally, communities with large numbers of retirees will have the most flexibility and, perhaps, the most interested residents.
- **Create a nominal rewards system for participation.** Everyone likes to be appreciated. To the extent that budgets allow, create an event and reward system, so that people who participate regularly and meet certain milestones get recognition for their efforts. The rewards should be modest; gift cards to local stores are useful, as are inexpensive sports accessories, such as sport bottles, T-shirts, ball caps, etc. If you create a rewards system, make sure that there is something for both kids and adults.

At the outset, it will help to have modest expectations for resident participation. As noted above, it may take residents time to warm up to the physical activity program. Building participation gradually, which indicates resident acceptance, is more likely to ensure the long-term success of the program than is trying to open the program with a big splash, only to have residents react with a shrug.

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SCREENING RESIDENTS

The physical activity program that you design and run is not without risks. All physical activity entails some risk of harm, through acute injury or illness. You should take reasonable steps to help keep residents from hurting themselves and to ensure that your physical activity program does not present legal risks for your resident services operation.

Every resident should be screened before being allowed to sign up for, and participate in, physical activity program events. This only needs to be done once – the first time a resident comes to join an event, such as an organized walk. You will need to create a list of residents who have screened negative and can participate, as well as those who screen positive and should not participate until they get clearance from a physician. You should ask residents to tell you if their health status changes (i.e., they receive a new diagnosis or begin using a new prescription drug), but they may not prove reliable at doing so, meaning that you will need to periodically rescreen people.

The most basic screening tool that you should use is the *Physical Activity Readiness Questionnaire (PAR-Q)*. The PAR-Q is a valid, reliable screening tool that is recommended by the American College of Sports Medicine (ACSM) for determining whether someone has medical limitations that preclude participating in physical activity. The PAR-Q is for persons age 15 to 69.¹ You can download it from the Canadian Society of Exercise Physiology, which created it, at <http://www.csep.ca/english/view.asp?x+698>. The PAR-Q consists of seven simple straightforward questions about health history and physical activity. If someone answers “yes” to any question on the PAR-Q, he or she should take it to a physician for an assessment of any potential medical problems before becoming physically active. There is a separate PAR-Q for pregnant women, which you can also download from the website noted above.

Depending on a resident’s fluency in English (or French, which is the other language available for the PAR-Q), a resident services coordinator may need to ask the questions. After a resident completes the PAR-Q, all the forms should be stored in a secure file in the resident services office. Because the forms contain personal health information, they should never be left where unauthorized persons can see them (especially other residents). Use the completed PAR-Qs to create your lists of residents cleared/not cleared for physical activity. If a resident comes to an event and has not completed a PAR-Q, it should take only a few minutes to do so. An alternative means of handling the PAR-Q is to distribute a PAR-Q to all residents in advance of the inaugural physical activity and let them know that they need to complete it and return it to resident services if they wish to participate.

¹ Someone who is younger than age 15 or older than 69 and has a history of health problems should meet with a healthcare professional before starting, or increasing the intensity of, his or her physical activity program.

The main problem that arises through use of the PAR-Q is that it will identify some residents who need a healthcare professional's clearance for physical activity. For residents who have a healthcare provider, this will generally require making an office visit. They can take the PAR-Q to this visit for their healthcare provider to complete. The burden is greater for residents who do not have a regular healthcare provider. Review the section on community partners for additional information on how to connect residents with local healthcare resources.

There is one additional screening tool that you can consider using with your residents, *The Perceived Stress Scale (PSS)*. You can download the PSS for free at <http://www.mindgarden.com/products/pss.htm>. The PSS measures a person's psychological stress at a moment in time. Like the PAR-Q, it is a valid and reliable tool that has been used in numerous studies. The PSS may help you and other resident services staff identify residents who are suffering from higher levels of depression or anxiety and give you the opportunity to ask that person about whether they would like your assistance in finding help.

A high score on the PSS, indicating a greater than expected level of stress, is not necessarily a bar to physical activity; indeed, regular physical activity can help with depression, anxiety and stress. However, the stress level can also indicate a potentially serious degree of depression or anxiety that warrants timely professional intervention. For these residents, particularly those who opt *not* to seek help even after your recommendation, you should check on them periodically and re-screen them with the PSS to see if their stress level has changed. A persistently high PSS score should indicate to you that the resident may still need help, and you should reach out to him or her again. Regular physical activity works to improve PSS scores and enhance quality of life.

DEALING WITH A MEDICAL EMERGENCY

In the event that you decide to hold physical activity events on community grounds, it is worth considering the purchase of an automated external defibrillator (AED), as well as first-aid kit, if you do not already have one. AEDs are designed to be used by lay people, require no special training and are vital in helping to restart a stopped heart. While the risk of sudden cardiac death during physical activity is small, it is nonetheless real, and higher in people who are sedentary than people who are highly fit. Thus, the investment in an AED might be wise. Follow the AED kit manufacturer's guidelines on how to test, maintain and store it.

You should work with the local chapter of the American Heart Association or the American Red Cross to ensure that all resident services staff who participate in physical activity programming get training in cardiopulmonary resuscitation (CPR). These organizations may also be able to help you establish a protocol to follow in the event of a medical emergency during a physical activity event. This could include any report from a resident (adult or child) of difficulty breathing; pain or heaviness in the chest that radiates into the arms, shoulder or

neck; dizziness or loss of consciousness; change in vision or speech; a fall that results in joint injury or dislocation, a blow to the head, or suspected fracture; a sudden fever; abdominal pain; loss of sensation, strength or mobility of any extremity; or, any other sudden adverse event that could pose a long-term threat to the resident's health and welfare.

Also consider contacting the emergency department at a local hospital to help you set up an emergency response protocol for any adverse event during physical activity at your housing community. Physicians and administrators there may be willing to help you outline appropriate responses to the most likely events.

It is unwise to proceed with a physical activity program in the absence of taking these steps. Doing so may create legal risk for your resident services operations, and you should seek legal advice about other potential means of risk reduction.

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ESSENTIAL ACTIVITIES AND EVENTS

The core physical activity for the health and wellness program is walking. Studies show that among physically active American adults walking is the preferred form of physical activity, far outpacing running, cycling and swimming. Walking comes naturally to people, is low-impact (thus, easier on the joints than running, which is particularly beneficial for overweight or obese people), easy to do in just about any environment and requires no specialized skill or equipment (other than a suitable pair of shoes).

Encouraging residents to walk whenever possible means teaching them how to incorporate walking into daily activities, as well as using it during times dedicated to physical activity. The best example of this is to remind residents to use the stairs whenever possible. A good rule of thumb is to walk up two flights or down three and use elevators or escalators only for trips longer than those. Because using stairs will build leg muscle strength, as well as aerobic capacity, residents who are at first skeptical about the benefits of doing something as pedestrian as going up and down stairs will soon find that they are able to climb more flights than they thought possible. If possible, you should have a mural or signs painted on both the interior and exterior surfaces of elevator doors to remind residents about using stairs. The caveat to using the stairs is that they must be safe, clean, well lighted and passable.

Community walking events and groups are a natural starting point for adults and overweight or obese children who may find it too challenging initially to do anything else. The walking clubs can be informal – groups of adults who take impromptu walks – or formal groups that walk on predetermined days at specific times. It will help walkers in your community if you can map out walking courses and, especially, let people know distances. Local schools may allow residents to walk on their tracks; always get permission from school administrators before doing so. In poor weather, it is worth exploring whether your residents can walk in nearby shopping centers, as is the case in many suburban malls.

To the extent that it is feasible, there should be a regularly scheduled community walk (every day or most days of the week), led by someone from the resident services staff. The walking route should be structured in such a way that there are short, intermediate and long options, so that residents who do not wish to take the entire trek can return home without difficulty. Obviously, doing the walk at its scheduled time will depend on weather conditions. Never expose residents to weather extremes, such as high heat/humidity or icy conditions.

You can also create events that will give residents a bit of enjoyable competition by creating a tote board to measure (in steps, time, or miles walked) the progress of the groups. They can work toward prizes, such as a gift cards, sports gear, or other tokens. One easy event is a “walk to...” a popular destination in

your area. For example, in the mid-Atlantic region, a community might hold a Walk To Ocean City, MD contest. Ocean City, which is about 150 miles from Washington, D.C., would take a walker moving at a moderate pace of 3 mph 50 hours to reach. Walkers or walking teams would record their progress on the board to see whom or which team “reaches” Ocean City first. It does not matter what metric the walkers use—steps (counted with a pedometer), time or distance—as long as everyone understands how to measure their performance. Pedometers are popular tools but wildly divergent in their accuracy and the most accurate ones are costly. Nearly everyone has a watch, however, making time walked most useful.

To the extent feasible, you can also organize group walks to local groceries or other stores and lead urban/neighborhood hikes for groups or families on weekends; if the environment surrounding the housing community is suitable, the hikes can evolve into treasure hunts or other games that get families outside and moving for an hour or more at a time, with the prospect of a prize at the conclusion of the event.

For many adults in affordable housing, as in broader society, overweight or obesity is the norm rather than the exception. Because of this, and the likelihood that many residents will have multiple medical problems (such as high blood pressure or diabetes), it is critically important that the physical activity program not set hard and fast goals for anyone. This must be a voluntary, self-paced program that encourages, inspires and engages residents, but does not push performance milestones. This will help to prevent injuries, adverse events and avoid turning people off to the program. Teach residents that no matter what their level of fitness, all activity matters. Even if they are only able to walk five or 10 minutes at a time, the benefits accumulate. The eventual goals for residents are as follows:

- **For normal-weight adults:** This group should get at least 30 minutes of walking or another activity on most or all days of the week.
- **For overweight/obese adults:** For people in this group, recommend multiple short bouts of walking daily, until they can eventually accumulate 60 minutes of activity per day. For many people, even the modest target of 30 minutes will seem onerous and the 60-minute target completely out of reach. These residents should be taught to take regular breaks during their walks or other activities, and, when recovered from their exertion, to try again. Remind residents who are afraid to aim for the longer times that it will take some time to undo their current health problems, just as it took a long time to develop them. Reinforce the principle that many small periods of activity are as effective as one long one. Over a period of months, many overweight and obese adults will find that they can successfully and happily walk 30 or more minutes at a time, and their consequent weight loss and improved sense of well being will inspire them to try to do more.

- **For children:** Children should get at least 60 minutes to two hours of vigorous play every day. For many overweight and obese kids, even vigorous play will prove difficult and, at times, embarrassing. These kids should have the option to walk with adults participating in the physical activity program, who can help to provide positive reinforcement for the children.

Strength training is essential to long-term health, because healthy muscle is essential to both normal metabolism and activities of daily living. The majority of American adults do no strength training, which contributes to metabolic disorders, such as diabetes, and an increased incidence of falls and life-threatening bone fractures and reduces the ability to live independently.

Starting to educate residents about the benefits of strength training requires some rudimentary equipment and a small amount of space. The equipment can be as basic as a few pairs of relatively light dumbbells or sets of rubberized strength training bands or tubes. These can be readily purchased online or in local sporting goods stores. For many adults, very low-intensity strengthening activities, such as tai chi and yoga will provide the most user-friendly starting point. For deconditioned adults, nearly any alternative to being sedentary will help to improve muscle tone and function. Just as with the walking, the more they do, the more they are likely to succeed, and their success will provide motivation to keep trying new options.

Nearly any modestly sized rooms in the community can serve as an ad hoc fitness center for activity or nutrition classes. If there is expertise on staff (such as a personal trainer or yoga instructor), you may want to set up introductory classes in these activities:

- Yoga
- Pilates
- Tai chi
- Jazzercise
- Aerobic dance
- Low-impact aerobic exercise

These kinds of activities require no specialized equipment other than appropriate clothing, shoes and basic gear such as yoga mats. You may also find good instructors among residents themselves. Other potentially useful resources for instructors are local colleges and universities with majors in physical education, health promotion/education, exercise science and related fields. Students in these majors often need to do projects or student teaching with diverse populations and may be able to work with your resident services program on an internship basis.

Organized classes offer residents an important social opportunity, which can help to create a sustainable interest in physical activity. Some residents will appreciate and enjoy physical activity that gives them the opportunity to join with friends. Ensuring that there are classes for all skill and fitness levels also

will help to ensure that residents who are new to physical activity or very overweight can learn and build fitness in an environment that frees them from having to worry about how others perceive them. The more variety that you can offer residents, the more likely you will be to build interest and participation in the health and wellness program.

TEACHING HEALTH SKILLS

The long-term success of your physical activity program rests on connecting with residents. If they understand and enjoy it, they will participate regularly and support it; the side effect will be health improvements that directly impact their lives and, indirectly, benefit your affordable housing community. To this end, how well you communicate with residents and the messages that you send are critical to the program's prosperity.

SIMPLICITY IS THE KEY

To help ensure the success of the health and wellness program, stay focused on simple straightforward messages. Manage communication so that health messages are not overly complex and do not overwhelm, confuse or discourage residents from engaging with you and others on the resident services team.

As we have noted previously, the hallmark of successful lifestyle change is not the exercise of willpower but rather the development of “skill power.” Living a healthier lifestyle is a learned, not intuitive, process that can stress anyone because it is hard to change habits, reshape preconceived notions and modify cultural and family traditions. To help residents achieve these and other goals, you should rely on the following techniques:

- **Offer, don't mandate.** Everything in the program is voluntary. Residents do not have to participate. It is valuable for them and the program if they do, however, because a high level of participation, and eventual clinical success, establishes a track record that other affordable housing communities can try to emulate. The more widespread initiatives such as this become, the greater the likelihood that the plague of chronic disease can be mitigated in disadvantaged communities.
- **Invite, don't exclude.** Everyone must be welcome, no matter their current fitness levels or educational backgrounds. Indeed, one of the most sensitive tasks you will have to perform is to ensure that people in the community who have fewer skills (i.e., they may read poorly or be very out of shape) feel as welcome as those who have better skills or are more fit. The teaching challenges will be greater in nutrition education because so much of knowing how to make better dietary choices involves reading. Below are two useful online resources you can use to help less literate adults build their nutrition literacy:
 - The food and nutrition information center of the US Department of Agriculture: http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=1

- Food Stamp Nutrition Connection: <http://recipefinder.nal.usda.gov/>
- **Use a talk-back teaching style.** Engage residents in conversation and use dialogue to teach a key health principle (for example, the harmful effect of a diet high in saturated fats), and then have the resident repeat the principle back to you. This iterative process will give you the opportunity to hear how the resident places the information into his or her own conceptual framework; this yields the opportunity to either affirm the resident's understanding or gently shape it through additional conversation.

The cumulative power of hundreds of these conversations, accrued over time, is potentially great. Studies show that low-income and minority persons appreciate the authority and knowledge of health professionals. However, their first and most frequent source of health information is quite often a friend, neighbor or family member. Thus, the more you talk to residents and teach consistently through casual, daily conversation, the more likely you are to have important concepts percolate through the social networks in the community.

- **Ask people to identify their own personal health goals.** Nearly everyone has a health goal; for many people, that goal is to lose weight. All adults should strive to limit weight gain as they age and to build both heart health and muscular strength. While talking to residents, encourage them to set specific, but small, attainable goals. Like goal setting in other life ventures, the wisest approach to setting health goals is to set modest, achievable ones that build incrementally upon one another.
- **Teach that big things come from small changes.** One of the great misconceptions about changing health behaviors is that big changes are necessary to produce health benefits. This is wrong and worth emphasizing to residents repeatedly. For example, an overweight or obese person is setting himself up for failure by believing that only a substantial weight loss will help to improve clinical measures, such as blood pressure or blood glucose. In fact, a weight loss of as little as 10 pounds can produce positive results; this change may be insufficient to help get someone off medications, but it is an appropriate and achievable start towards more substantial results.
- **Set up health months.** Advocacy groups and government agencies acknowledge different health issues every month. The National Health Information Center maintains an online list of health months; check its website at <http://www.healthfinder.gov>. The site includes links to the websites of pertinent organizations, such as the American Heart Association, the American Lung Association, etc. You can use the site to learn what health months are coming up, so that you can both plan activities and build an educational strategy for each one. You may be able

to get educational resources (often for free) by contacting designated sponsors and asking for support for your residents. For example, February is American Heart Month; the American Heart Association and its affiliates are the lead contact. Getting in touch with your local program well in advance of Heart Month may give you the chance to tap into the affiliate's programs and events or get educational materials that you can distribute to residents.

- **Create a rich health-information environment.** Using posters, murals and publications, you should strive to create an environment in which residents get a steady stream of ideas, tips, facts and suggestions about how to make healthier lifestyle choices. This is particularly important in environments such as the American South where cultural traditions – particularly eating habits – can impede health success. One creative means to generate materials is to work with other resident services professionals to have children from the housing community create them, as part of their participation in early childhood, after-school or teen programs. Most parents take great pride in the “art” works that their kids create, and this can be an opportunity to teach kids, have them display their work and “teach up” to their parents.
- **Put a health message in all resident services publications and communications.** Work with your resident services peers to understand what tools they use to communicate with residents and offer to integrate a health message if space and format allow.
- **Create and distribute a health tips newsletter.** This newsletter should be a single sheet of paper, colorful, simply laid out and graphically rich, with a three to five interesting, actionable health tips or ideas. To ensure maximum readability, write the newsletter at the fifth or sixth grade reading level, and use your conversations with residents to find out what topics matter most to them. Use information from reliable sources, such as state and federal government websites, credible private groups, such as the American Heart Association or the American College of Sports Medicine, or reputable medical institutions, such as the Mayo Clinic. It is generally unwise to simply cull material from the popular media, particularly dramatic news reports about “important” new findings. Reporters and editors are rarely well-versed enough to place data in its proper context and frequently misreport study findings.

FOCUSING ON FOOD AND WEIGHT MANAGEMENT

Nothing unites Americans as much as their collective desire to somehow, someday, somehow, lose weight. It is beyond the scope of this basic physical activity program to teach extensive nutrition skills. Some nutrition guidelines are also specific to the needs of particular populations, such as people with diabetes, kidney disorders or heart disease. Despite those limitations, it is safe to say that the following principles are essential to helping both adults and children in affordable housing communities find healthier ways to eat.

- **A calorie is a calorie is a calorie.** Managing caloric intake is irreplaceably important to successful personal eating habits, particularly as they pertain to either losing weight or keeping it off. No diet program ever created – and nearly all of them work, at least in the short term and fail to work in the long term – overturns this basic law of how the human body uses energy from food. Anyone who eats more calories than he or she burns through resting metabolism and physical activity will gain weight; a person who eats fewer calories than he or she needs will lose weight; and a person who maintains an equilibrium will maintain his or her weight.
- **Weight loss can happen with simple changes.** For the majority of the country, adults and children included, weight loss is the order of the day. This is why the choice of foods, snacks and beverages at resident services events and in offices is so critically important. Many convenient and familiar foods, such as juices, juice drinks, fast foods and sweets, are calorie rich, but nutrient poor. Most people get too little activity in their day to compensate for the intake of such unhelpful calories. For people who need to lose weight, even sports drinks are unhelpful. Water will do just fine.

Nearly everyone who needs to lose weight can start with this basic formula: create a daily calorie deficit of 500 calories through a combination of better food choices and more physical activity. It is a relatively easy change to make once someone understands how. Eliminating one can of sugared soda daily reduces calorie intake by about 150; 1 toaster pastry eliminates another 200, bringing the total caloric reduction to 350. Add 30 minutes of walking for a 200-pound person, at a moderate pace of 3 mph, and another 175 calories are gone, bringing the total calorie deficit to 525. Given that there are 3,500 calories in a pound of fat, this person will lose approximately a pound each week. An excellent website for understanding how many calories are burned by different kinds of activities is <http://www.exrx.net>.

- **Focus on five fast nutrition strategies.** If you are unable to teach residents anything else, impart these five fast nutrition lessons:
 1. **Fruits and vegetables are a healthy person's best friends.** Americans vastly under-consume fruits and vegetables, indulging instead in refined carbohydrates, packaged/processed foods and red meat. The lack of nearby well-stocked supermarkets, a frequent problem in low-income neighborhoods, can make it much more difficult for residents of affordable housing communities to buy fruits and vegetables or makes the produce that is available more expensive. There is no easy resolution to this dilemma, but it is valuable to reinforce to residents that all varieties of fruits and vegetables – fresh, frozen, dried and canned – are potentially useful.

Canned vegetables should be drained and rinsed before consumption to help reduce sodium; canned fruits should be canned in their own juices, not heavy sugared syrups. You should consider working with local food banks, produce wholesalers, restaurants and farmers' groups to discuss the feasibility of holding periodic markets for residents in your community to help improve their access to fruits and vegetables. Another idea is to organize periodic "field trips" to open-air markets or grocery stores in your area.

2. **Whole grains are better than refined grains.** Simply switching from conventional white bread to bread made with 100 percent whole wheat flour will give a resident a more satisfying and nutrient-rich carbohydrate source. Numerous studies have shown that people who get most of their carbohydrates from whole grains, fruits and vegetables have the best chance of managing their body weight and reducing important cardiac risk factors.
3. **Beware the whites** – white rice, white potatoes, white bread, white (and all other colors of) sugar. These refined carbohydrates increase a dangerous form of fat in the bloodstream, called triglycerides, and contribute to fat accumulation, particularly in the abdomen, where it is most dangerous. Because these items tend to be relatively inexpensive compared to healthier options, they will be the foods of choice for many people in affordable housing. Teach residents that sweet potatoes are a better option than conventional white potatoes and that a French fry is not a vegetable. Sugar is perfectly acceptable in a well-managed eating plan, as long as the person accounts for the calories and is not a diabetic. There is little evidence that synthetic sweeteners aid in weight loss or weight management.
4. **Saturated fats, predominantly from red meats, endanger heart health.** To the extent feasible, residents should be encouraged to opt for poultry, seafood and plant sources of protein—such as beans, legumes and lentils—instead of beef, pork or lamb. It is almost always unhealthy to eat processed meats, lard and processed foods, such as pastries and cookies, which tend to have large amounts of saturated fats. While trans fats are rapidly disappearing from prepackaged foods, they occur naturally in red meat. Encourage residents to try plant-based fats for cooking, such as canola, soybean and olive oil.
5. **There is little scientific evidence of the health benefits of organic foods.** Increasing numbers of Americans have fallen prey to the organic industry's not-so-subtle message that its foods are healthier. No member of a household in an affordable housing community should miss out on the opportunity to eat (less expensive) conventionally grown fruits and vegetables, for example, because he or she falsely believes that only (more expensive) organic is healthful.

Largely the same can be said for supplements. Except in rare cases, vitamin supplements are not necessary and deprive a person of the resources to buy nutrient-rich whole foods such as those identified above.

As a general rule, you can advise residents to limit their sodium intake by not salting their food (or using reduced sodium salts) and eating fewer packaged/processed foods. Your residents can also improve their own nutrition decision-making skills by learning how to read and understand food labels. You can download information reading a food label from these two websites: <http://www.cfsan.fda.gov/~dms/foodlab.html> and <http://www.webmd.com/food-recipes/guide/how-to-read-food-labels?page=1>.

As your residents become comfortable with the program, you should consider implementing a health-related curriculum to teach residents new health management skills and reinforce lessons taught as part of physical activity events. You can modify the sample curriculum below to suit the needs and interests of your residents. You'll find numerous online sources of information for many of the topics in the curriculum.

You can also invite residents to contribute heart-healthy recipes to a community cookbook, bring their own creations to community events and participate in cooking "classes" where people can share ideas about how to create healthier meals for their families and try different ingredients. Kids in after-school programs especially like these workshops, which give them the chance to cook with, and eat, vegetables, grains and fruits that they may not have access to at home.

Session Number	Topic	Notes
1	Introduction to physical activity and better eating habits	<p>Talk about the reasons for doing a physical activities and the impact of physical activity and good diet on their day-to-day health (especially in lowering the risk of chronic disease) and the health and development of their kids</p> <p>Instruct residents in the value of keeping a diet and activity diary and how to do so</p> <p>Describe the valuable role that physical activity plays in stress management.</p>
2	Taking the first steps	Daily walking is a core physical activity for good health. Teach how to use a pedometer and set appropriate, achievable goals, such as taking 10,000 steps daily or walking seven to 12 miles each week.

Session Number	Topic	Notes
3	Building strong muscles and bones	<p>Teach why strength training is an essential element of a well-rounded approach to health and wellness.</p> <p>Demonstrate safe, sound strength training techniques in the fitness center.</p>
4	Nutrition 101	Introduce residents to the basics of nutrition, including how their bodies use and store energy and the macronutrients and their roles in health.
5	Shopping for your family	<p>Give a session on how to read a food label and using a food pyramid to build a healthy diet for your family.</p> <p>Take a group trip to the grocery store. During the trip, work with residents to differentiate healthier foods from less healthy ones (such as the difference between high-fiber, low-sugar cereals and high-sugar, low-fiber ones); lead residents in the exercise of making a heart-healthy, calorie-smart grocery list.</p> <p>If going off-site isn't possible, bring in a supply of groceries for residents to analyze with you.</p>
6	Changing your family history	Lead residents through the process of taking a look at their family's diet traditions and finding ways to make heart-healthy substitutions (e.g., substituting plant-based fats for animal fats in recipes) that preserve taste and enjoyment but create healthier foods.
7	Eating out and eating on the run	<p>Take residents on another field trip to different fast food restaurants and have them build a healthy meal or snack from the menu items; talk about how to choose wisely in any environment, a lesson that is critically important for them to pass on to their kids.</p> <p>If going off-site is impractical, bring in printed menus and work through them with residents.</p>
8	Series wrap-up	Pull together the major principles taught in the first seven sessions and get ideas from residents for topics to teach as part of the advanced track.

This section was originally produced for the Freddie Mac Foundation and Enterprise Community Partners by Vikram Khanna, MHS, PA, ACSM-Certified Clinical Exercise Specialist®, of Galileo Health Partners, LLC, Ellicott City, MD; vik@galileohealth.net; 443-226-7009. Additional editing provided by Terese R. Deutsch, MA, Vice President, Galileo Health Partners, LLC. Galileo Health Partners is solely responsible for the content of this guide, and it may not be modified without written consent. 2008 © All rights reserved. No photocopying, distribution, or editing without written permission. Excerpting allowed with proper attribution.

COMMUNITY PARTNERS

Because this program was designed to address primarily basic fitness and nutrition issues, you should reach out to community partners to help fill potential gaps. Organizations, including both government agencies and not-for-profit groups, should be able to provide expertise, educational materials, ideas and resources. These organizations are some to consider contacting:

- **Your local health department.** Officials there may be able to help you organize health fairs at your affordable housing community and help you deliver critical services to residents, such as flu shots each fall. They may have connections to other groups (such as the local heart association or cancer society) and can help you network. If your health department operates clinics in your region, you may be able to refer residents there for basic medical care.
- **Not-for-profit health groups.** Organizations such as the American Heart Association and the American Cancer Society may be able to provide educational materials for distribution to residents, participate in health fairs, help residents find disease-specific screening services or care resources, etc.
- **Local hospitals and medical schools.** Many medical centers have active outreach programs that they use to find people in the community who need help and get them into the institution's care system. Medical centers that have an interest in serving the needs of people who have Medicare, Medicaid or no insurance at all, may also have counselors who can help residents learn if they qualify for either state assistance or private philanthropy, such as free prescription drug programs sponsored by the industry. You should be prepared, however, to be rebuffed by some healthcare organizations – even ones that are not-for-profit – for which serving the needs of disadvantaged populations is not a priority.

Some medical care entities may want to come to your affordable housing community and set up a clinic where their providers can see patients for basic care and referrals. While this kind of offer is very generous, it is potentially problematic. It raises important and challenging issues about privacy, security of resident/patient files and medical equipment or supplies stored onsite, scheduling and legal liability. This is a very difficult process to develop and manage, and it is not advisable. The wiser alternative is to work with the organization to refer residents into its care network. However, if you choose to pursue it, you should have sign off from your legal counsel, as well as a written protocol and memorandum of understanding with the medical care organization that you want to work with.

- **Local colleges and universities.** Many schools (including community colleges) have programs in physical education, health education, health promotion and related fields. They will likely have both undergraduate and graduate students who you may be able to engage as interns to help build out this physical activity and nutrition program and assist with planning and running activities and events for residents.
- **Local food banks, farmers' markets or culinary schools.** Most communities have food banks that offer vegetables and fruits. There are often farmers' markets and farmers' organizations that may be able to deliver fresh seasonal items to your housing development. Students from local cooking schools might be interested in volunteering to teach healthy cooking techniques.

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MEASURING PROGRESS

This is not a clinical exercise science or physical fitness program, and it is not a clinical study with oversight from an institutional review board. Because of these limitations, you should have a modest approach to both data collection and measurement of resident progress. It is unrealistic to aim for measuring complex clinical measures that regular physical activity and nutritional changes can affect, such as blood glucose, triglycerides and cholesterol levels. These measurements require costly tests, an order from a physician and their collection by the resident services staff—which has no material reason to know them—raises medical privacy issues. It is also inappropriate to try to gather data points such as these and understand them in a vacuum. They are most useful when reviewed in the framework of a person's complete medical history, as well as family health history. This is beyond the scope of this program. There are, however, important data measures that you should track over time.

Keep a comprehensive activity log. Your log should be a continuous program diary that describes all the events and activities that you design and hold for both adults and children. Likewise, the log should have a record of which residents participated. Over time, you need to be able to discern how many residents participate repeatedly in your activities and how frequently new residents join in. This data may help to influence how you market the program's activities to residents to boost participation.

Get feedback from residents. You should periodically either hold informal focus groups with residents or measure their satisfaction with a survey that you distribute at events.

Document how many residents you screen. The PAR-Q and PSS are important screening and measurement tools. Keep track of how many residents you screen and how many you refer for additional care before they start physical activity. Their answers to the PAR-Q questions will give you a quick and easy summary of the basic health characteristics of the people who live in your affordable housing community.

Help residents track their progress. The priorities for overweight and obese adults are, first, regular physical activity, and, second, weight loss. Keep in mind that regular physical activity confers benefits even in the absence of weight loss, while successful long-term weight loss is nearly impossible without regular physical activity. Residents can use free websites to track their food intake and log their exercise activity. There are several important measures of physical activity and change in health parameters that you can help residents track:

- *Steps, time or distance.* Any of these three metrics is a useful measure of the amount of physical activity (walking) completed. The more people walk, the better their psychological, physical and metabolic health and

the more likely they are to achieve their long-term weight loss goals. These measures are equally useful for residents who expand their physical activity strategy to activities such as jogging, swimming or cycling.

As residents progress in their activity frequency and duration, the most useful thing that you can teach them is how to make their activity more vigorous. In general a resident's walking pace should be challenging enough to make them breathe hard (huff and puff), so that they find it is somewhat difficult, but not impossible to hold a conversation. When unfit residents first start to walk regularly, they will find this tough to do, or they will be able to do it only for a very short time. As their fitness improves, they will report that they can walk harder for a longer period. This is a valuable and clinically meaningful measure of progress.

- *Waistline measurement.* Helping keep a person's waistline trim is arguably a better and more sensitive indicator of overall metabolic health than is body mass index (BMI). Studies show that a growing waistline is a particularly dangerous development that places both men and women at greater risk for diabetes and cardiovascular disease. In addition, a person with a normal BMI, but a large waistline (a beer belly), is at greater risk of premature death and disability than is a person with a higher BMI who has not allowed his or her waistline to expand.

Men should aim for a waistline that is less than 40 inches and a waist-to-hip ratio that is less than 1.0. Women should strive to maintain a waistline that is less than 35 inches and a waist-to-hip ratio of less than 0.90. For both men and women, studies of waistline growth show that the people who are most likely to maintain a trimmer waistline throughout middle age and beyond are those who are physically active. It is easy to help residents measure their waists—all you need is a measuring tape.

- *Body fat measurement.* For less than \$100, you can get a handheld electronic device that will estimate a person's body fat percentage (see, for example, http://www.bodytronics.com/page/bodytronics/PROD/Bodyfat_Analyzers/OM306). The devices are generally accurate, certainly precise enough to provide a rough estimate of body fat that can help to guide a resident's activity and nutrition strategy. The devices are easy to use and you can help interested residents measure their body fat percentage as frequently as they want.
- *Blood pressure measurement.* Like body fat analyzers, it is relatively inexpensive to get an automated blood pressure monitor (see, for example, <http://www.heartratemonitorsusa.com/Pages/all-blood-pressure.html>). While these are not a substitute for a measurement taken by a trained professional, they can give a resident an idea of how his or her blood pressure varies over time. Never advise a resident to forgo his or her

blood pressure medication, because of an isolated favorable reading on this kind of unit. He or she should see a physician before deciding to discontinue medication.

The most important thing that you will have to decide regarding what data to collect about residents' health is how to collect and maintain it. This is personal health information and you should NEVER post it in a public place, such as a progress board, unless you have a resident's explicit, written release to do so. It is one thing to show how residents are doing in a walking contest, quite another to reveal personal health information to the broader community. Residents should certainly be encouraged to keep track of this information themselves.

If you plan to track these data points, whether on paper, on Excel spreadsheets or on online (for example, at <http://www.FamilyMetrics.org>), you should have a privacy policy, share it with residents participating in the physical activity program and secure their permission to collect and track information about their participation in the program. It is not clear whether this kind of program is subject to statutes such as the federal Health Insurance Portability and Accountability Act (HIPAA), because the resident services program is not a health entity of the kind specifically identified by HIPAA. Nonetheless, if you collect data of the kind described above, you are collecting personal health information. In addition, your state laws may be stricter than HIPAA. You should get legal advice about federal and state health information privacy laws before aggregating any of these data in a way that would allow a reviewer to identify individual residents.

The most feasible means to develop a more clinically oriented picture of the impact of your physical activity program on residents in your affordable housing community is through a well-designed study. If you choose to pursue this option, you should consult with experts on physical activity or health promotion/health education at a local college or university. They will know how to design the study, ensure that data collection has proper oversight and that residents' privacy is protected and that the results are published in a respected, peer-reviewed journal, so that other researchers and affordable housing advocates can learn from your experience.

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