

## Selection Criteria for Stages of Change on Physical Activity

(This is not actual data)

Criteria	Population Group Avg. <i>(All 3 stages)</i>	Segment One <i>precontemplation</i>	Segment Two <i>contemplation</i>	Segment Three <i>preparation</i>
1. Incidence or prevalence of health status problem or risk behavior	60% of all people are inactive= (1,000,000)	# of all inactive in this segment= (500,000)  relative score= 2.00	# of all inactive in this segment= (300,000)  relative score=1.75	# of all inactive in this segment= (200,000)  relative score=1.25
2. Severity of behavior	30% of all three segments do no activity at all = (300,000)	% of all inactive doing no activity= (125,000)  1.50	% of all inactive doing no activity= (125,000)  1.50	% of all inactive doing no activity= (50,000)  1.00
3. Vulnerability of group		1.00	1.50	1.50
4. Reachability of group		1.00	1.00	1.00
5. Readiness of group		.10	1.50	2.00
6. Total all criteria (sum of 1-5)	N/A	5.60	7.25	6.75
7. Average all criteria (Row 6/5)	N/A	1.12	1.45	1.35
8. Group Size (% of total pop.)	1,000,000 (100%)	200,000 (20%)	500,000 (50%)	300,000 (30%)
<b>9. Index Adjusted Resource Score (row 7 x row 8)</b>	<b>1,354,000 (100%)</b>	<b>224,000 (16.50%)</b>	<b>725,000 (53.50%)</b>	<b>405,000 (30.00%)</b>

## Instructions:

- A. Begin by characterizing the overall population scores for each criteria. Determine an “average” for each of the criteria across the entire target population group using available surveillance and behavioral data.
  1. % prevalence or incidence rate of disease or risk behavior
  2. % of death or morbidity for this disease problem in this segment or relative behavioral compliance
  3. Rating of the “vulnerability” of each segment or Rating on how many existing programs address this segment
  4. % of each segment who’ve heard of the disease or risk behavior
  5. % of each segment who want to know more about the disease or risk behavior or are trying to do the behavior
- B. Compare the criteria measure for each segment to the population group as a whole. Assign a score to each criteria for each segment, based on an “average” of 1.0 (the population average). If a segment is better than avg., then assign a score higher than 1.0. If worse than other segments, assign a score lower than 1.0
3. Add all the criteria for each segment together and divide by the number of criteria (use only the first 5 criteria). This is each segment’s average index score.
4. Multiply the average index by the population size of that segment. This is an index-adjusted selection score
5. These criteria are not exhaustive and other criteria important to your program or organization should be considered.

# Demographic Predictors

	Age	Gender	SES	Education	Race	Stage of Life	Other
General Nutrition Habits	<p>Poor dietary habits begin in childhood (McGinnis 1992).</p> <p>As people grow older, maintaining a healthy diet becomes more important to them (The <u>Prevention Index</u> 1994).</p> <p>The percentage of people who say they eat a balanced diet increases with age (<u>Parade Magazine</u> 1994).</p> <p>Women and older adults were the most likely to say that food labels influence their buying (<u>Parade Magazine</u> 1994).</p> <p>Younger adults have higher cholesterol intake than older adults (IBNM &amp; RR 1993).</p> <p>Children frequently eat at fast food and buffet restaurants (Kirby submitted for Publication).</p> <p>Energy intake peaks during late adolescence and young adulthood (McDowell 1994).</p> <p>Focus group study with elderly blacks: Reasons given for <u>not</u> placing more emphasis on healthy foods:</p> <ul style="list-style-type: none"> <li>-- expense</li> <li>-- cooking and eating are social events so, when alone, one's desire to cook diminishes</li> <li>-- nutritious food is not tasty or flavorful</li> <li>-- lack of knowledge about what foods are healthful (Henderson 1992).</li> </ul>	<p>More women than men ranked high on the nutrition scale in <u>Prevention Magazine's 1994 Prevention Index</u>.</p> <p>Women are more likely than men to have at least somewhat healthy diets (FMI, <u>Prevention Magazine</u> 1994).</p> <p>Women and older adults were the most likely to say that food labels influence their buying (<u>Parade Magazine</u> 1994).</p> <p>Males have higher cholesterol intake than females (IBNM &amp; RR, 1993; McDowell 1994).</p> <p>Males have higher intake of energy and macronutrients than females (McDowell 1994).</p> <p>Only 5% of women consumed the recommended amounts of fiber (Promoting Healthy Diets and Active Lifestyles to Lower-SES Adults 1992).</p> <p>90% of working women report that they still do all of the shopping and cooking (PATH to Critical Insight).</p> <p>From <u>Self</u> magazine, 92% of women do not eat 3 regular meals a day, 40% almost never eat breakfast, only 18% regularly eat lunch (PATH to Critical Insight).</p>	<p>The percentage of people who say they eat a balanced diet increases with income (<u>Parade Magazine</u> 1994).</p> <p>Low income more likely to drink whole milk and eat cheese than high income (IBNM &amp; RR 1993).</p>	<p>Higher educated persons have more knowledge about cancer risks related to whole grains, fiber and fat (IBNM &amp; RR 1993).</p>	<p>Eating patterns differ among various Hispanic groups (NIDDK &amp; NIH 1993).</p> <p>Mean energy intake is higher in white males than black and Hispanic males (McDowell 1994).</p> <p>Mean fat intake is higher for black females than white and Hispanic females (McDowell 1994).</p> <p>Appropriate nutrition education materials among black populations are scarce (Domel 1992).</p> <p>Interventions to increase fruit and vegetable intake, fiber intake, and decrease intake of cholesterol and cured meat products are clearly needed in black communities (Kumanyika 1990).</p>		

# Demographic Predictors

	Age	Gender	SES	Education	Race	Stage of Life	Other
Fruit and Vegetable Intake	<p>66% of adults say they try to eat a lot of vegetables (<u>Prevention</u> Index 1994).</p> <p>For Latino children in one study, fruit juice was the largest source of 5-A-Day servings, orange juice was by far the most popular fruit consumed (Basch 1994).</p> <p>Dark green leafy, green nonleafy, and deep yellow vegetables were fruits and vegetables consumed least frequently in the Latino children sample (Basch 1994).</p> <p>NHANES II revealed that adults ate vegetables more than fruits. The Latino children eat more fruits than vegetables (Basch 1994).</p> <p>Only 6.8% of children in one study averaged 5-A-Day (Basch 1994).</p> <p>18-34 years averaged about 3 servings per day, 65 and older averaged about 4 servings per day (5-A-Day Baseline 1992).</p> <p>Cal. children eat 3.4 servings of fruits and vegetables each day; more likely to eat fruit and vegetable during lunch or dinner (Cal. Dietary Practices 1993).</p> <p>Younger participants consumed significantly fewer fruits and vegetables in a baseline measure (Campbell 1994).</p>	<p>Differences between men and women in fruit and vegetable intake are greater than differences among ethnic groups. Women tend to eat more fruits and vegetables than men (5-A-Day Baseline, 1992).</p> <p>Women are more likely than men to think they should eat more fruits and vegetables, and they do eat more fruits and vegetables (5-A-Day Baseline 1992).</p> <p>Adolescent males were significantly more likely than females to have eaten 5+ fruits and vegetables the day before YRBSS Survey (Kann 1993).</p> <p>11% of women, 4% of men think they should be eating more fruits and vegetables; 45% of men and 25% of women believe 1 serving of fruits and vegetables adequate (IBNM &amp;RR 1993).</p> <p>Men consumed fewer fruits and vegetables than women in a baseline measure (Campbell 1994).</p>	<p>Those with the least education and the lowest incomes tend to eat fewer fruits and vegetables (5-A-Day Baseline 1992).</p> <p>Lower income children more likely to say that parents "almost never" buy favorite fruits and vegetables (Cal Dietary Practices 1993).</p> <p>Higher SES children name exotic fruits and vegetables as favorites; report much larger variety of fruits and vegetables in homes; low SES use more canned and frozen fruits and vegetables (Kirby submitted for publication).</p>	<p>Participants with less education (up to 12 years) consumed fewer fruits and vegetables than those with higher education in a baseline measure (Campbell 1994).</p>	<p>Percent who feel friends and family encourage them to eat fruits and vegetables:</p> <p>Black, 46% Hispanic, 40% White, 27% (5-A-Day Baseline 1992).</p> <p>White adolescents were significantly more likely than black or Hispanic adolescents to have eaten 5+ fruits and vegetables the day before YRBSS Survey (Kann 1993).</p> <p>Hispanic children more likely to eat fruits and vegetables at breakfast or snacks (Cal. Dietary Practices 1993).</p> <p>The gap in fruit and vegetable intake between black men and black women is the smallest gender gap among ethnic groups. The gap between Hispanic men and women is the widest (5-A-Day Baseline 1992).</p> <p>Hispanics tend to eat 3 servings a day, blacks and whites each eat 3 1/2 servings a day (5-A-Day Baseline 1992).</p>		
Fat Intake	<p>40% of adolescents eat fried food 4 times per week. 45% eat 3 or more junk food snacks each day (McGinnis 1992).</p> <p>Consumption of high fat foods did not vary among 9th to 12th graders in YRBSS (Kann 1993).</p> <p>Younger participants consumed significantly more fat in a baseline measure (Campbell 1994).</p> <p>Higher fat intake was associated with being younger (Simoes 1994).</p>	<p>YRBSS female students were more likely than males to have eaten 2 or fewer high fat foods on the day before the survey (Kann 1993).</p> <p>Men consumed more fat than women in a baseline measure (Campbell 1994).</p>	<p>Highest income households decreased red meat 31%, increased poultry and fish 20%; lowest income decreased red meat 11%, increased poultry and fish 11% (1977-1987) (IBNM RR 1993).</p> <p>Lower SES are more likely to prepare fruits and vegetables with added fat (5-A-Day Baseline 1992).</p>	<p>1990 CDC BRFSS revealed as education increases, fat intake decreases (Byers 1993).</p> <p>Participants with less education (up to 12 years) consumed more fat than those with higher education in a baseline measure (Campbell 1994).</p> <p>Higher fat intake was associated with being less well educated (Simoes 1994).</p>	<p>For African-Americans, chicken with the skin seems to be the main high fat meat source with 66% saying they eat it at least one meal per week. 30% of whites said they eat that one meal per week (FMI + <u>Prevention</u> 1994).</p> <p>YRBSS Hispanic students were significantly more likely than white or black students to have eaten 2 or fewer high fat foods the day before the survey (Kann 1993).</p> <p>Hispanic elders prefer traditional (high fat) cuisine (#15).</p> <p>Young (9-15 years) black girls consume more calories as fat (NUPACT #66).</p> <p>Latinos more likely to buy whole milk (NUPACT #271).</p>	<p>Many parents report working to improve their children's diet. But, in the past 2 years, <u>Prevention Magazine's</u> "Children's Health Index" has shown declines in efforts to limit fat intake (Princeton Survey Research 1994).</p>	

# Demographic Predictors

	Age	Gender	SES	Education	Race	Stage of Life	Other
General Physical Activity Level	<p>Middle-age adults who have strong exercise self-efficacy more likely to maintain (McAuley 1993).</p> <p>Half of youth do not engage in appropriate PA (McGinnis 1992).</p> <p>Inactive lifestyles begin in childhood (McGinnis 1992).</p> <p>For adolescents, adopting a program of physical activity may mean adopting behaviors counter to peer group behaviors (King 1991).</p> <p>Children can influence parents to increase physical activity (Eaton 1993).</p> <p>Younger cardiac patients tend not to adhere to exercise regimens as much as older cardiac patients do (King 1992).</p> <p>Parents' obesity status and physical activity, parents' exercise beliefs, father's education, and direct parental encouragement are associated with children's activity levels (Sallis 1990).</p> <p>Parent's activity level is an important correlate for teenagers' physical activity (Sallis 1990).</p> <p>Activity levels for all age groups declined from 1985-1990 (Robinson 1993).</p> <p>School curricula focuses largely on drills and competitive sports...which do not help install lifelong appreciation of physical activity and do perpetuate the notion that physical activity is just for superstars (King 1991).</p> <p>Physical inactivity increased with participants' age (Simoes 1994).</p> <p>In a focus group study of black elders, some reported increasing physical activity; some reported less citing potential injury or age-related loss of ability; all reported increased concern and interest as they aged (Henderson 1992).</p> <p>Older participants in focus groups acknowledged that they become less active over time (White 1991).</p> <p>Younger persons are more likely than older persons to engage in an exercise program (Promoting Healthy Diets and Active Lifestyles to Lower-SES Adults 1992).</p>	<p>Women report more walking than do men (Dishman 1994).</p> <p>YRBSS-Enrollment in physical education class did not vary by gender (Kann 1993).</p> <p>Men were more active than women and were involved in sports at least 10% more than women (Sobal 1992).</p> <p>Many women feel their hectic schedule counts for exercise already (PATH to Critical Insight).</p> <p>BRFSS showed physical inactivity more prevalent among women than men (Casperson 1993).</p> <p>BRFSS showed decreases in physically inactive women and men (especially men under 30) (Casperson 1993).</p> <p>Men at all ages tend to be more active than women (#10)</p> <p>Inactivity higher among women (#13)</p> <p>Physical inactivity more prevalent among women (#12).</p>	<p>Low income women report low levels of PA<sup>1</sup>; higher income report higher participation (BRFSS 1992).</p> <p>SES is a strong predictor of PA levels (BRFSS 1992).</p> <p>Blue collar workers are less likely to adhere to exercise programs related to medical issues than white collar workers (King 1992).</p> <p>30% in one survey reported no participation in any of 13 activities named-during the previous year (Lewis 1993).</p> <p>Total activity time for lower and higher SES men was nearly identical (Ford 1991).</p> <p>Total time spent in physical activity was lower for lower SES women than high SES women (Ford 1991).</p> <p>The percentage of adults who exercise or played sports regularly decreased among lower income and unemployed persons between 1985 and 1990 (Kuczmarski 1994).</p> <p>Blue collar and lower social class have low adherence (#1)</p> <p>Higher income more likely to exercise (#1)</p> <p>Differences in gender and racial activity patterns accounted for by SES differences (#10)</p> <p>Physical inactivity more prevalent among low SES (#12)</p>	<p>Women with less education report lower PA than higher education (BRFSS 1992).</p> <p>In Australia's "Heartweek 1990" campaign, the postcampaign increase in walking was significant for the least educated group (Booth 1992).</p> <p>Physical activity history scores were directly related to education (Sidney 1991).</p> <p>BRFSS showed decreases (not statistically significant) in physically inactive persons with a college degree (Casperson 1993).</p> <p>Physical inactivity more prevalent among lower education levels (#12).</p>	<p>White women are more active than Hispanic women who are more active than black women (BRFSS 1992).</p> <p>Black women are consistently found to be less active than white women (King 1992).</p> <p>YRBSS, Black students were more likely than white students to take physical education class (Kann 1993).</p> <p>White women had higher mean physical activity history scores than did black women in all age and education groups (Sidney 1991).</p> <p>Black women have lower maintenance rates for physical activity programs (concerns and considerations for... State Health Depts.)</p> <p>The percentage of adults who exercised or played sports regularly decreased among blacks and Hispanics (Kuczmarski 1994).</p> <p>Activity rates are higher for younger blacks than whites, and for non-Hispanics of all ages than for Hispanics (Promoting Healthy Diets and Active Lifestyles to Lower-SES Adults 1992).</p> <p>BRFSS showed physical inactivity more prevalent for races other than white than among whites (Casperson 1993).</p> <p>Black women less active than white women (#1)</p> <p>Mexican Americans less active than other groups (#1)</p> <p>Whites tend to be more active than blacks or Hispanics (#10)</p> <p>Young (9-15 years) white females more active than black females (NUPACT #66)</p>	<p>Single and working parents may not have time to cart children to sports events or to oversee exercise (Robinson 1993).</p> <p>Most parents believe their children get enough exercise, though fitness tests do not support that notion (Princeton Survey Research 1994).</p> <p>Grandchildren not only serve to define mature Americans' sense of their role in life, but they also provide more active activities and times for mature Americans (PATH to Critical Insight).</p> <p>Sharpest decrease in activity levels is after high school and after college (Sallis 1990).</p>	

<sup>1</sup>PA = physical activity.

# Demographic Predictors

	Age	Gender	SES	Education	Race	Stage of Life	Other
General Physical Activity Level (continued)	<p>American children spend more time watching television than participating in physical activity (CDC, Draft 1994).</p> <p>Mature populations, though more active than in the past, are still a group at high risk for sedentarism (PATH to Critical Insight).</p> <p>BRFSS showed, in 1990, physical inactivity was more prevalent for older men and women than for younger men and women (Casperson 1993).</p> <p>BRFSS showed, overall, older women showed greater improvements than younger women in physical activity patterns (Casperson 1993).</p> <p>BRFSS showed decreases (not statistically significant) in physically inactive men and women over 55 (Casperson 1993).</p> <p>Regular PA can extend life by 2 yrs. over pop average (#1).</p> <p>Several health benefits (#1).</p> <p>Greatest benefit for elderly (#9).</p> <p>Physical inactivity increases with age (#10).</p> <p>Greatest decrease in activity occurs during adolescence and early adulthood (#12).</p> <p>Inactivity higher among elderly (#13).</p>						
Sedentary	<p>More than 2 in 5 people 65+ older report sedentary lifestyle (McGinnis 1992).</p> <p>Prevalence of sedentary life style increases steadily with age (MMWR 1993).</p> <p>Over 40% of older people (age 65+) are essentially sedentary (concerns and considerations...for State Health Depts.).</p> <p>40% of adults 65+ years are sedentary (#1).</p> <p>% of adults who exercise goes down with age (#1)</p>	<p>1991 BRFSS results show no difference in prevalence of sedentary lifestyle by sex (MMWR 1993).</p> <p>Women of races other than white had the highest prevalence of sedentary lifestyle of all (MMWR 1993).</p>	<p>Prevalence of sedentary lifestyle is inversely related to income and education (MMWR 1993).</p> <p>A large majority of inactive people have lower education and/or incomes (Promoting Healthy Diets and Active Lifestyles to Lower-SES Adults 1992).</p>	<p>Prevalence of sedentary lifestyle is inversely related to income and education (MMWR 1993).</p> <p>Inactivity related to low education attainment (#13).</p> <p>Sedentary lifestyle inversely associated with level of education among all ethnic groups (#14).</p>	<p>Prevalence of sedentary lifestyle is higher for other races (63.7%) than for nonHispanic whites (56.7%) (MMWR 1993).</p> <p>Among women, blacks more sedentary (67%) than other ethnic groups (#14).</p> <p>Among men, blacks (63%) and Hispanics (62%) were more sedentary (#14).</p> <p>Native Americans (also Alaskan) least sedentary (#14).</p>		
Low	<p>&lt;45 years of age more likely to report less activity (Hart Research 1993).</p> <p>Older people cite physical problems as a barrier to increased PA (Hart Research 1993).</p> <p>Related to weight gain in <u>adults</u> over ten years (Williamson 1993).</p> <p>Retard osteoporosis in older women (#1)</p>	<p>Women report low levels of PA (Hart Research 1993).</p> <p>Household chores contributed to women's light to moderate activities (King 1992).</p> <p>Gender difference less pronounced (#1)</p>	<p>Low income Americans report low levels of PA (Hart Research 1993).</p> <p>Overall time spent walking was higher for low SES women than high SES women. Low SES walked for errands and transportation; high SES walked for leisure more (Ford 1991).</p>	<p>46% of those with college degrees report low levels of PA (Hart Research 1993).</p>			

# Demographic Predictors

	Age	Gender	SES	Education	Race	Stage of Life	Other
Moderate	<p>Moderate activities do not decline with age (Dishman 1994).</p> <p>Participation in walking is relatively stable across age ranges (Sallis 1990).</p> <p>YRBSS, moderate activity decreased with higher grade level (Kann 1993).</p> <p>Older females in focus groups reported walking for exercise, though other members did not seem to consider walking exercise; rather, they focused on calisthenics, health clubs, and sweat (White 1991).</p> <p>Retard osteoporosis in older women (#1).</p>	<p>No difference between men and women (BRFSS 1992).</p> <p>Maintenance of moderate activity was predicted by female gender (Sallis 1986).</p> <p>34% of women and 26% of men adopted regular moderate activities in a 1-year study. About 25% to 35% of them stopped that activity within that year (Sallis 1986).</p> <p>YRBSS-participation in moderate physical activity did not differ by sex (Kann 1993).</p> <p>Gender differences less pronounced (#1).</p> <p>Women moderately active decreased caloric intake and increase breads and cereals (NUPACT #179)</p>	<p>Lower SES men reported higher participation in household chores than higher SES men (Ford 1991).</p>		<p>YRBSS-Black students were more likely than others to report moderate activity (Kann 1993).</p>		<p>Walking is the most commonly reported form of moderate intensity activity (Dishman 1994).</p>
Vigorous	<p>Total and vigorous activities <u>do</u> decline with age (Dishman 1994).</p> <p>Children already naturally engage in vigorous playground activities (King 1992).</p> <p>Young age (adults) predicts adoption of vigorous activity (Sallis 1986).</p> <p>Participation in vigorous exercise declines with age (Sallis 1990).</p> <p>Only 37% of high school youth participate in vigorous activity regularly (#10)</p>	<p>No difference between men and women (BRFSS 1992).</p> <p>Men have higher total and vigorous activity levels than women (Dishman 1994).</p> <p>More men than women say they exercise strenuously at least 3 times a week (<u>Prevention Index</u> 1994).</p> <p>5% of women and 11% of men adopted vigorous activities in a 1-year study. About 50% of those stopped that activity within that year (Sallis 1986).</p> <p>Male gender predicts adoption of vigorous activity (Sallis 1980).</p> <p>Predictors of adoption of vigorous exercise in a community sample:  <u>sedentary men</u> = self efficacy, age (negative) neighborhood environment  <u>sedentary women</u> = education, self efficacy, and friend and family support (Dishman 1994).</p> <p>YRBSS shows girls are less vigorously active than boys (CDC, Draft 1994).</p> <p>BRFSS showed, overall proportion of persons considered to be regularly active, intensive increased significantly from 1986 (7.0%) to 1990 (9.1%) (Casperson 1993).</p> <p>BRFSS showed women made greater 5-year gains than men in the proportion of persons who were regularly active, intensive (Casperson 1993).</p> <p>Women less vigorously active than men, particularly younger ages (#1).</p>	<p>Adults with higher education and income levels are more likely to include regular strenuous exercise in their daily lives than those with lower education and income levels (<u>Prevention Index</u> 1994).</p>		<p>YRBSS shows African-American youth tend to be less vigorously active than whites (CDC, Draft 1994).</p>		

# Demographic Predictors

	Age	Gender	SES	Education	Race	Stage of Life	Other
Leisure Time Physical Activity	<p>1 in 4 adults report no leisure PA (McGinnis 1992).</p> <p>40.9% of 9th to 12th grade students reported having walked or bicycled. YRBSS Survey (Kann 1993).</p> <p>Those most likely to report a "personal" benefit from local parks were middle aged (35-55 years) (Godbey 1992).</p> <p>For older Americans, design problems may make some exercise equipment difficult to use (PATH to Critical Insight).</p>	<p>Those least likely to engage in leisure time physical activity include:</p> <ul style="list-style-type: none"> <li>-- women in general</li> <li>-- young women</li> <li>-- African American women (CDC, Draft 1994).</li> </ul> <p>Women may feel uncomfortable working out in fitness clubs with men (PATH to critical Insight).</p> <p>More women than men walk or take aerobic dance (#1)</p>	<p>In the literature, there exists a modest relationship between income and leisure time activity (King 1992).</p> <p>Time spent in leisure activity by lower SES women was less than that reported by higher SES women (Ford 1991).</p> <p>Higher SES men engage in a larger proportion of total physical activity during leisure time (Ford 1991).</p>	<p>Findings that level of education is positively related to leisure time physical activity are consistent (King 1992).</p> <p>Higher the level of education, more likely to engage in LTPA (#1)</p>	<p>In Mexico physically demanding work characterizes the lower classes, so for some Mexican-Americans leisure time physical activity seems ridiculous (Hall 1987).</p> <p>Leisure time physical activity was to 3 times greater among white than black women (Ford 1991).</p> <p>In focus groups, black and Puerto Rican men of all ages reported more sports activities than others (White 1990).</p> <p>Whites report higher levels of leisure time activity than either African-Americans or Hispanics (CDC, Draft 1994).</p> <p>African Americans may face discrimination at private clubs (those which offer sports like golf and tennis) (PATH to Critical Insight).</p> <p>Young white females (9-15 years) less likely to watch TV than young black females (NUPACT #66).</p>		
Occupational Physical Activity			<p>Few worksite interventions have targeted blue collar workers (King 1991).</p> <p>Time spent in occupational activity was <u>lower</u> for lower SES women than high SES who reported more walking on the job (Ford 1991).</p> <p>Lower SES men engaged in a larger proportion of total physical activity during nonleisure time (Ford 1991).</p>				

# Demographic Predictors

	Age	Gender	SES	Education	Race	Stage of Life	Other
Overweight/Obesity	<p>Prevalence of overweight among adolescents = 20% for males and 22% for females (MMWR 1994).</p> <p>From NHANES II to NHANES III (1988-91) the prevalence of adolescent overweight increased 6% (MMWR 1994).</p> <p>Obese children are found to be less active than others in most studies (Sallis 1990).</p> <p>Overweight males peaks in 45-54 years (IBNM &amp; RR 1993).</p> <p>Related to low PA over 10 years of age (Williamson 1993).</p> <p>The percent of overweight adults increased 8% from 1976-1980 to 1988-1991 surveys (NHANES III).</p> <p>About 1/3 of all adults are overweight.</p> <p>NHIS found increasing rates of obesity from 1983-1990 (Kuczmarski 1994).</p> <p>All children were identified as priority targets for reducing obesity at the <u>Strategy Development Workshop for Public Education on Weight and Obesity</u> (U.S. HHS, PHS, and NHLBI 1992).</p> <p>Racial difference in obesity rates (black women have higher incidence of obesity than white women) tend to become more pronounced with increasing age (Wylie-Rosett 1993).</p> <p>Female racial differences in obesity emerge after adolescence (Wylie-Rosett 1993).</p>	<p>27% of women and 24% of men are overweight (McGinnis 1992).</p> <p>BMI in males increases until mid-age then decreases in later life. BMI in females increases into later life (IBNM &amp; RR 1993).</p> <p>NonHispanic black women and Mexican-American women have a higher prevalence of overweight than males of the same ethnicity.</p> <p>There is a higher rate of obesity among girls than boys. Obesity rates for children in general are increasing (U.S. HHS, PHS, and NHLBI 1992).</p> <p>At the <u>Strategy Development Workshop for Public Education on Weight and Obesity</u>, it was recommended that women be targeted with healthy eating messages and men be targeted with physical activity messages (U.S. HHS, PHS, NHLBI 1992).</p> <p>The markedly high prevalence of obesity in minority groups is more pronounced in women than in men (Kumanyika 1993).</p> <p>For women, only modest increase in long-term weight gain associated with having live birth; childbearing after age 25 is associated with an increased risk of major weight gain and becoming overweight (Williamson 1994).</p>	<p>The percentage of people who perceive themselves as overweight decreases with lower education and income levels (Raymond 1993).</p> <p>Low SES women aged 18 to 65 with low education levels were identified as priority targets at the <u>Strategy Development Workshop for Public Education on Weight and Obesity</u> (U.S. HHS, PHS, and NHLBI 1992).</p> <p>Low-income women in minority groups tend to have the greatest likelihood of being overweight (Kumanyika 1993).</p> <p>Low SES women more likely to be obese (NUPACT #229).</p>	<p>The percentage of people who perceive themselves as overweight decreases with lower education and income levels (Raymond 1993).</p> <p>Overweight inversely associated with level of education among all ethnic groups (#14).</p>	<p>44% of black women are overweight (McGinnis 1992).</p> <p>Fewer black women than white women perceive themselves as overweight (Raymond 1993).</p> <p>Mexican-Americans tend to be heavier than white Americans in one Texas study (Stern 1982).</p> <p>In a study of overweight black women:</p> <ul style="list-style-type: none"> <li>-- Overweight women perceived themselves as being overweight</li> <li>-- 40% of moderately and severely overweight considered their figures attractive</li> <li>-- 80% said "yes" overweight can cause heart attacks, 81% said "yes", it can cause high blood pressure (Kumanyika 1993).</li> </ul> <p>Hispanic males have a higher percent of overweight than white males (IBNM &amp; RR 1993).</p> <p>Black females have highest percent of overweight (50-69 years).</p> <p>Mexican-American men are more likely to be overweight than other ethnic male groups (NHANES III 1994).</p> <p>NonHispanic black women and Mexican-American women have the highest percentage of overweight (48.5% and 47.2%) (NHANES III 1994).</p> <p>Obesity is prevalent among black women of all socioeconomic strata (Domel 1992).</p> <p>Among African Americans, obesity was once considered a sign of good health. In 1960's research, weight control among blacks appeared to be off set by shared beliefs that overweight was a sign of well-being and health (Kumanyika 1990).</p> <p>Several lines of evidence suggest that black and Hispanic women have "obesity tolerant" attitudes that limit the motivation for weight loss or the effectiveness of weight loss attempts (Kumanyika 1993).</p> <p>Prevalence of overweight is similar for white and black men and higher for Hispanic men (Kuczmarski 1994).</p> <p>Black women have higher age-adjusted BMI than white women (NUPACT #41).</p> <p>Among women, overweight highest among blacks (38%); lowest for Pacific Islanders.</p> <p>Among men, overweight highest for American Indians/Alaskan Natives (34%), lowest for Asian/Pacific Islanders (#14).</p>	<p>Consumption of calorie-dense foods and lack of physical activity appear to increase the risk for weight gain during childbearing years when the gap between black women and white women begins to widen (Wylie-Rosett 1993).</p> <p>1/3 of U.S. adults are overweight (NUPACT #129).</p>	

# Demographic Predictors

	Age	Gender	SES	Education	Race	Stage of Life	Other
Weight Loss Activities	<p>Is unclear if low PA is a determinant of obesity (weight gain) or a consequence of weight gain (Williamson 1993).</p> <p>About 53% of adults are trying to lose weight (Kuczmarski 1994).</p> <p>\$30-\$50 billion spent on private weight loss programs (Kuczmarski 1994).</p> <p>Interventions during adolescence for black women most effective (NUPACT #158).</p>	<p>Adoption or maintenance of increased physical activity predicted by:</p> <p><u>for women:</u> role of child in recommending exercise, link of weight loss with exercise, and positive aspects of work outside the home.</p> <p><u>for men:</u> role of exercise in preventing heart attack or stroke, and obtaining short term success with exercise and weight reduction (Eaton 1993).</p> <p>33%-40% of adult women currently trying to lose weight. 20%-24% of men are trying. 28% of each group is trying to maintain weight (Technology Assessment Conference Panel 1993).</p> <p>44% of high school age females and 15% of males were trying to lose weight; 26% of females and 15% of males were trying to maintain (Technology Assessment Conference Panel 1993).</p> <p>For women, appearance was more important than fitness as a reason for weight loss. For men the reverse was true (Technology Assessment Conference Panel 1993).</p> <p>26% of men and women are overweight; more than 1/2 of these tried to lose weight in 1990 (IBNM &amp; RR 1993).</p> <p>More women than men use diet to lose weight; more men than women use exercise (IBNM &amp; RR 1993).</p> <p>Most common weight loss practice for both men and women were dieting and exercise (IBNM &amp; RR 1993).</p> <p>Among those trying to lose weight, 2/3 of black women were trying to decrease calories and about 50% from each group were trying to increase physical activity (Wylie-Rosett 1993).</p>	<p>Success of CHAPP shows that physical activity programs do appeal to lower SES groups (King 1991).</p> <p>% of people trying to lose weight increases with increasing family income (Technology Assessment Conference Panel 1993).</p>	<p>% of people trying to lose weight increases with increasing education (Technology Assessment Conference Panel 1993).</p>	<p>Weight loss may be viewed skeptically in Black and Hispanic populations (Raymond 1993).</p> <p>% of men trying to lose weight varied by race: Hispanic, highest; African-American, lowest (Technology Assessment Conference Panel 1993).</p> <p>% of women trying to lose weight did not differ by race (Technology Assessment Conference Panel 1993).</p> <p>In a study of overweight black women, 72% said "both health &amp; looks" were the reasons they would diet (Kumanyika 1993).</p> <p>Following each of two national weight loss initiatives, white women had moderate weight loss and black women gained weight (McNabb 1994).</p> <p>Results of two controlled trials conducted by NHCBI indicate that whites tend to have greater success with weight loss than blacks (Kumanyika 1991).</p> <p>White females' greater weight loss success is evident both initially and long term. For males, whites' greater initial success is clear, but long term differences are difficult to determine (Kumnyika 1991).</p> <p>In a study low SES black women, the group that attended weight control class scored significantly higher than the control group on a nutrition knowledge post test (Domel 1992).</p>	<p>Focus on family and life cycle issues especially important for women (Eaton 1993).</p>	

## Psychological/Behavioral/Environmental Predictors

	Time Availability	Support System/ Influencers	Self Efficacy	Knowledge of Physical Activity/ Nutrition	Attitude Toward Physical Activity/ Nutrition	Environmental Factors	Past Behavior	Expectation of Outcome	Other
General Health		<p>In focus groups, Hispanic elders identified family support and personal will power as the two most important factors that would help them maintain ideal weight (NIH, NIH 1990).</p> <p>AARP and Louis Sullivan seen as credible sources of health info. in black elders (#16).</p> <p>Spanish language media (especially radio and TV) effective access points for Hispanic elders (#15).</p> <p>Hispanic elders place more emphasis on family activities than church/social clubs (#15).</p> <p>Hispanic elders utilize extended family support (#15).</p>		<p>In 1990, 93% of adults said they had heard of "high serum cholesterol" up from 77% in 1983 and 81% in 1986 (Schucker 1991).</p> <p>In 1990, 65% of adults said that a cholesterol level "below 200" was desirable--a remarkable increase from the 16% who knew the information in 1986 (Schucker 1991).</p> <p>Black elders in a focus group study knew that health maintenance includes a balance of eating well and exercising, but many reported not doing these things regularly (Henderson 1992).</p> <p>Information on disease prevention abundant among black elders but want more info. available (#16).</p> <p>TV seen as major source of health info. by black elders (#16).</p>	<p>14% of physicians and 11% of the public said they thought public interest and concern about cholesterol is exaggerated (Schucker 1991).</p> <p>The following demographic groups tend to be "very" concerned about nutrition:</p> <ul style="list-style-type: none"> <li>-- women, especially nonworking women</li> <li>-- concern increases with age and education level</li> <li>-- those who are satisfied with their current diet's healthfulness (FMI 1994).</li> </ul> <p>Most black, white, and Hispanic focus group participants said being healthy was important to them and had a general awareness of what to do to be healthy. Also, they had a genuine interest in "doing better" (White 1990).</p> <p>Hispanic elders express interest in learning about lifestyle habits (#15).</p>	<p>Children living in the Northeast are significantly less likely than the rest of the nation to score poorly on <u>Prevention Magazine's</u> "Children's Health Index" (Princeton Research Survey 1994).</p>	<p>The number of adults who reported having their cholesterol checked rose from 35% in 1983 to 46% in 1986, to 65% in 1990 (Schucker 1991).</p>		<p>Americans get mixed signals from the media about the benefits of exercise and good diet (Robinson 1993).</p> <p>When caloric expenditure increases, fruit and vegetable intake increases and percent of dietary fat decreases (Diet and Physical Activity Panel 1993).</p> <p>In 1990, physicians reported treating serum cholesterol at lower cholesterol levels than they did in 1986 and 1993 (Schucker 1991).</p> <p>People cannot be simply categorized by healthy and unhealthy lifestyle. People appear to choose among the variety of health practices rather than to adopt many or a few healthful behaviors (Sobal 1992).</p> <p>"Hard to reach Americans" have a deeply held belief that chronic disease is beyond one's control due to fate and heredity (White 1990).</p>

# Psychological/Behavioral/Environmental Predictors

	Time Availability	Support System/ Influencers	Self Efficacy	Knowledge of Physical Activity/ Nutrition	Attitude Toward Physical Activity/ Nutrition	Environmental Factors	Past Behavior	Expectation of Outcome	Other
General Nutrition Habits		<p>Males report higher cholesterol reduction counseling than women (IBNM &amp; RR 1993).</p> <p>For black elders, cooking is a social event, so need to cook diminishes with no one around (#16).</p>	<p>48% of adults are very confident, 40% are somewhat confident in their ability to select a healthful diet (Gallup Survey 1994).</p>	<p>81% read food labels for nutrition information, 85% read to check calorie, fat, and cholesterol content (Parade Magazine 1994).</p> <p>56% of adults shoppers say they always read nutrition labels on products they are buying for the first time, 24% say they sometimes do (FMI &amp; Prevention Magazine 1994).</p> <p>45% of shoppers said they had changed a food buying decision based on nutrition labels (FMI &amp; Prevention Magazine 1994).</p> <p>27% said they were very or somewhat confused about how to eat a healthy diet (Gallup Survey 1994).</p> <p>76% say food label information influences their buying decision (Parade Magazine 1994).</p> <p>63% are familiar with USDA's "food pyramid"--of these, 57% say they follow its guidelines an average of 4 times a week (Parade Magazine 1994).</p> <p>90% of females had heard of salt or sodium risk; 70-90% had heard of cholesterol and fat risk; 35-60% had heard of saturated fat and fiber risks (IBNM &amp; RR 1993).</p> <p>70% of Hispanic respondents believe a person can do something about high blood pressure, but mentioned non-specific behaviors as a means to that end (Kumanyika 1989).</p> <p>82% of black men and women surveyed believed that a person CAN reduce high blood pressure. Most mentioned "lower salt intake" as a means to that end (Kumanyika 1989).</p> <p>Hispanic elders lack knowledge of nutritional principles (#15).</p> <p>Hispanic elders aware vegetable oils good for health (#15).</p>	<p>Shoppers who think they cannot eat healthfully and still eat their favorite foods and those who think healthy foods are not convenient to prepare are more likely to have unhealthy diets (FMI, Prevention Magazine 1994).</p> <p>72% disagree that improving diet means eliminating favorite foods (Gallup Survey 1994).</p> <p>Older women more likely than younger women to believe that avoiding fat was important to them (IBNM &amp; RR 1993).</p> <p>Nutritious foods not perceived as flavorful by black elders (#16). Black elders paying closer attention to purchase/preparation of healthier foods (#16).</p>	<p>Unlike American food marketers who regularly appeal to the now-popular healthier eating habits, Hispanic marketing firms still focus on taste appeal (NIH, NIA 1990).</p>	<p>60% of shoppers said they have made a major change in their eating habits in the past 10 years because of health concerns (FMI, Prevention Magazine 1994).</p> <p>Women, people over 40, higher income shoppers are most likely to have made a diet change for health reasons (FMI, Prevention Magazine 1994).</p> <p>38% of those who modified diet in past 5 years say they have noticed health improvement</p> <p>Of those who noticed improvement 94% have continued the healthful eating habits (FMI, Prevention Magazine 1994).</p> <p>More active individuals have higher caloric intakes ("Link Between Nutrition &amp; Fitness" 1993).</p> <p>Cooper Clinic Dallas study showed changes in fitness levels did not correspond to appropriate dietary changes ("Link Between Nutrition &amp; Fitness" 1993).</p>		<p>Food "disappearance" into the population over the last 20 years reveals that:</p> <ul style="list-style-type: none"> <li>-- red meat intake, fats and oils intake and use of whole milk have decreased</li> <li>-- poultry intake, fresh fruit and vegetables intake and use of lowfat milk have increased (Byers 1993).</li> </ul> <p>47% of shoppers eat fast food at least once a week--women are less likely to do so than men (FMI, Prevention Magazine 1994).</p> <p>Per capita consumption of red meat, whole milk, and eggs has decreased (Holmes 1994).</p> <p>Restaurant takeout accounts for 1/2 of all meals bought in restaurants (Sugarman 1994).</p> <p>Americans are eating healthier, but mostly doing so by eating low fat, low cholesterol, low sodium versions of the same foods they have always eating (Sugarman 1994).</p> <p>Taste is the most important factor when selecting food (FMI 1994).</p> <p>45% of shoppers are trying to make minor diet changes, 12% trying to make major changes (FMI, Prevention Magazine 1994).</p> <p>Significant numbers of children are responsible for preparing own breakfast (42%), lunch (24%), afternoon snack (61%) (Cal. Dietary Practices 1993).</p> <p>Low SES children more likely to prepare meal alone and use oven (Kirby submitted for publication).</p> <p>Food intake is underreported by as much as 25%; occurs most often in women, overweight persons and weight-conscious persons (McDowell 1994).</p> <p>There is little difference in dietary composition between activity groups ("Link Between Nutrition &amp; Fitness" 1993).</p> <p>There have been declines in yearly per capita consumption of:</p> <ul style="list-style-type: none"> <li>-- red meat</li> <li>-- whole milk</li> <li>-- eggs (Holmes 1994).</li> </ul> <p>Consumer combining low fat, calorie with high fat, calorie diets (NUPACT #168).</p> <p>For black elders, expense of food makes eating healthy prohibitive (#16).</p>

# Psychological/Behavioral/Environmental Predictors

	Time Availability	Support System/ Influencers	Self Efficacy	Knowledge of Physical Activity/ Nutrition	Attitude Toward Physical Activity/ Nutrition	Environmental Factors	Past Behavior	Expectation of Outcome	Other
Fruit and Vegetable Intake		Those with the highest fruit and vegetable intake are more likely to feel strongly that others encourage them to do so (5-A-Day Baseline 1992).		<p>Those who think they should eat more fruit and vegetables do so (5-A-Day Baseline 1992).</p> <p>Children who recall having a nutrition lesson in school more likely to eat more fruits and vegetables (Cal. Dietary Practices 1993).</p>	<p>Children attitudes toward fruits and vegetables are barrier to fruit and vegetable consumption (Cal. Dietary Practices 1993).</p> <p>Children think vegetables "taste nasty;" "if it's good for you, then it must taste bad" (Kirby submitted for publication).</p> <p>89% of children realize that eating fruits and vegetables is important to health (Cal. Dietary Practices 1993).</p>		Those who have eaten the most fruits and vegetables since childhood are most likely to do so currently (5-A-Day Baseline 1992).		<p>Respondents say they eat an average of 1.5 servings of fruit and 2.3 servings of vegetables per day (<u>Parade Magazine</u> 1994).</p> <p>Americans consume more vegetables than fruit (5-A-Day Baseline 1992).</p>
Fat Intake				<p>More than 1/2 of shoppers think no-fat foods are significantly more healthful than low-fat foods (FMI &amp; <u>Prevention Magazine</u> 1994).</p> <p>Concern about fat has stabilized, and concern about other nutritional issues has declined (Sugarman 1994).</p> <p>More white than black women said saturated fat, cholesterol, and fiber could affect health (IBNM &amp; RR 1993).</p> <p>Hispanic elders unaware of saturated, unsaturated and polyunsaturated oils (#15).</p>	<p>Most adults think women should pay as much attention as men to cholesterol lower diets (Schucker 1991).</p> <p>Approximately 95% of physicians and the public believe that reducing consumption of high fat foods would have a moderate preventive effect for high serum cholesterol (Schucker 1991).</p>	50% of shoppers say they indulge in high fat foods when eating at restaurants; 50% say they do when visiting friends; 47% say they do when in a hurry (FMI, <u>Prevention Magazine</u> 1994).	Percent of people who said they made specific diet changes to reduce fat:  42% in 1990 up to 71% in 1994 (Gallup Survey 1994).		<p>The adults who eat the most fruits and vegetables are less likely to eat them prepared with added fat (5-A-Day Baseline 1992).</p> <p>Fat content and cholesterol are cited as shoppers' biggest concerns. Fat and cholesterol are considered bigger health hazards than salt and sugar (FMI, 1994).</p> <p>People give lower liking ratings to foods labeled low-fat (Wardle 1994).</p> <p>Fat intake decreased markedly with physical activity (Simoes 1994).</p>

# Psychological/Behavioral/Environmental Predictors

	Time Availability	Support System/ Influencers	Self Efficacy	Knowledge of Physical Activity/ Nutrition	Attitude Toward Physical Activity/ Nutrition	Environmental Factors	Past Behavior	Expectation of Outcome	Other
General Physical Activity Level	<p>Lack of time=the #1 reason for dropout and inactive life styles (King 1992).</p> <p>Perception of time available to exercise is one possible intervention point (Sallis 1990).</p> <p>Available time promotes maintenance of physical activity programs (Concerns and Considerations...for State Health Departments).</p> <p>For working women, two methods of dealing with time pressure can effect physical activity level:</p> <ol style="list-style-type: none"> <li>1. Simply admitting "I can't do it all" and not trying.</li> <li>2. Trying to do it all and getting frustrated.</li> </ol> <p>(PATH to Critical Insight).</p> <p>Most common reason for inactivity is lack of time (#12).</p> <p>Walking allows flexible time and location (#12).</p>	<p>Lack of social support can reduce the likelihood an individual will exercise (Kasper 1990).</p> <p>Involvement of a significant other increases adherence (Kasper 1990).</p> <p>Social support is more important for adoption than maintenance for women (Sallis 1992).</p> <p>Spousal support promotes maintenance of physical activity programs (Concerns and Considerations.. for State Health Departments).</p> <p>Friends/relatives exercising with person most effective encouragement (Hart Research 1993).</p> <p>Walking allows opportunity for social interaction (#12).</p> <p>Support a reinforcement from family/friends/ house members important for success (#17).</p> <p>Adherence enhanced by social support of family/friends (#9).</p> <p>Followup phone calls increases adherence (#12).</p>	<p>Self efficacy is positively associated with physical activity (King 1991).</p> <p>Middle age adults with strong self efficacy more likely to maintain and engage in other aerobic activities (McAuley 1993).</p> <p>Self efficacy predicts exercise behavior (McAuley 1993).</p> <p>Person with strong exercise self efficacy should not think, "just do it" but low ex. self efficacy may need to consider and decide why he/she CAN do it (Dzwealtowski 1994).</p> <p>Long-term adherence related to subjective improvement (#9).</p> <p>Physicians pessimistic about patients ability to change behavior (#12).</p> <p>Gradual progression of difficulty important (#17).</p>	<p>Knowledge that physical activity has health benefits is positively associated with adoption, but inconsistently associated with maintenance of physical activity (King 1992).</p> <p>Black elders aware exercise and proper nutrition is important to health (#16).</p> <p>Mass media campaign ParticipACTION has been successful (#20).</p> <p>Activity associated with knowledge of benefits of activity (#13).</p> <p>Hispanic elders lack of knowledge about PA (#15).</p>	<p>Perceptions of being in poor health, and belief that health is outside one's control, and beliefs that exercise does not help health are negatively associated with physical activity (King 1992).</p> <p>People may have negative attitudes toward physical activity because of a perception that it must be rigorous (PATH to Critical Insight).</p> <p>Long-term adherence related to motivation (#9).</p> <p>Reported lack of time really lack of commitment (#12).</p> <p>Walking has low perceived exertion (#12).</p>	<p>Perceived access to facilities influences adoption and adherence (King 1992).</p> <p>&lt;36% of schools offer physical education classes (McGinnis 1992).</p> <p>Environmental factors are a barrier for low SES (BRFSS 1992).</p> <p>Fitness centers in the workplace will increase likelihood of exercise (Hart Research 1993).</p> <p>Concerns about crime may keep people from using public facilities (Robinson 1993).</p> <p>Access to facilities is a correlate of exercise maintenance (Sallis 1990).</p> <p>Access to facilities promotes maintenance of physical activity programs (Concerns and Considerations for...State Health Departments).</p> <p>Fear of physical safety constrains PA for women (NUPACT #9).</p> <p>Inconvenient, unsafe locations impede participation by black elders (#16).</p> <p>Home-based programs associated with enhanced adherence (#18).</p> <p>Walking has low cost, no need for facilities (#12).</p>	<p>Past exercise behavior is an important predictor of future behavior (Godin 1994).</p> <p>Dietary behavior is closely associated with exercise, but is not a significant predictor (Sallis 1992).</p>	<p>Intention is an important predictor of exercise behavior (Godin 1994).</p> <p>Perceived enjoyment and satisfaction predict higher levels of physical activity and adherence (King 1992).</p> <p>Physicians do not counsel people because lack of confidence in exercise interventions (#12).</p> <p>Patients expect doctors to counsel them on health habits (#12).</p>	<p>Sedentary students who perceived themselves as exercisers were more likely to adopt exercise in the near future (Dishman 1994).</p> <p>Western states more active than other parts of country (#10).</p> <p>Rural and urban dwellers more inactive than suburban (#12).</p> <p>Of people who adopt regular exercise, 50% dropout within one year (Sallis 1990).</p> <p>Physical activity level appears to be, at best, only modestly related to other health behaviors (Diet and Physical Activity Panel 1993).</p> <p>High risk for heart disease promotes maintenance of physical activity programs (Concerns and Considerations for...State Health Departments).</p> <p>Discomfort during exercise negatively influences maintenance of physical activity programs (Concerns and Considerations for...State Health Departments).</p> <p>46% of American adults had bicycled in 1991 and 73% had walked outdoors specifically for exercise (USDOT, FHA 1994).</p> <p>Exercise walking is one of the fastest growing participant sports, drawing 71.3 million participants in 1990 (USDOT, FHA 1994).</p> <p>Women fear harassment of body image when exercising (NUPACT #9).</p> <p>Goal setting important for success (#17).</p> <p>Identify personal costs/ barriers important for success (#17).</p> <p>Long-term adherence related to enjoyment of activities (#9).</p> <p>Long-term adherence related to avoiding injuries and other conditions (#9).</p>

# Psychological/Behavioral/Environmental Predictors

	Time Availability	Support System/ Influencers	Self Efficacy	Knowledge of Physical Activity/ Nutrition	Attitude Toward Physical Activity/ Nutrition	Environmental Factors	Past Behavior	Expectation of Outcome	Other
Sedentary	Inactivity related to lack of time (#13).	Inactivity related to lack of social support (#13).	Self efficacy predicted adoption of vigorous exercise for sedentary men (Sallis 1992).  Inactivity related to lack of confidence to perform activity (#13).		Inactivity associated with dislike for activity (#13).		Less than 10% of sedentary individuals will begin an exercise program in a given year (Kasper 1990).		Inactivity related to lack of self-motivation (#13).  Inactivity related to inconvenience of activities (#13).  Inactivity related to cost of activity (#13).  More active individuals weigh less than sedentary individuals (Diet and Physical Activity Panel 1993).  Sedentary individuals eat more irregularly and are less likely to eat a nutritious breakfast ("Link Between Nutrition and Fitness" 1993; and Diet and PA Panel 1993).
Low	43% say that time is a barrier to increased PA (Hart Research 1993).	4 of 10 say doctor is greatest influencer (Hart Research 1993).	Adherence to program > at lower intensity levels (#12).		59% of those reporting low PA say they want to be more active (Hart Research 1993).				
Moderate			Maintenance of moderate activity was predicted by self efficacy (Sallis 1986).	Adoption of moderate activity was predicted by health knowledge (Sallis 1986).  Maintenance of moderate activity was predicted by specific exercise knowledge (Sallis 1986).			Regular exercisers with injuries report significantly more walking for exercise than noninjured regular exercisers (Dishman 1994).		Little more than 1 in 10 people report current physical activity levels which meet the recommended 30 minutes or more of light exercise most days (Concerns and Considerations for...State Health Departments).  Incorporating moderate-intensity activities in programs increases adherence (#18).
Vigorous			Self efficacy is the variable most highly correlated with vigorous exercise (Kasper 1990).  Self efficacy predicts adoption of vigorous exercise (Sallis 1986).		Maintenance of vigorous activity was predicted by attitudes toward physical activity (Sallis 1986).  Inactivity related to aversion to vigorous activities (#13).				Moderately vigorous activity as important to risk reduction as stopping smoking (and other risk factors) (#11)
Leisure Time Physical Activity	Most Americans feel they have less time available for recreation and leisure than they did 5 years ago (Godbey 1992).	Spouse support reliable predictor of activity (#18).  Telephone prompts, mail-outs, monitoring, support, and self help kits are effective (#18).			Leisure time activity is highly valued by most Americans (Godbey 1992).	Most Americans prefer to exercise outside of a formal class or group (King 1991).  Inner city residents' chief challenge is to find safe and comfortable places to exercise (King 1994).  75% of respondents reported using parks and playgrounds (Godbey 1992).  Facility accessibility reliable predictor of activity (#18).	Downturn in morbidity/ mortality with exercise regardless of younger athleticism (#9).		Individual activities (e.g., biking) are more popular than group activities (e.g., football) (Robinson 1993).  1 in 4 adults report no leisure activity (Concerns and Considerations for...State Health Departments).  Park users were more likely to report good health than non-users (Godbey 1992).  Feedback and monitoring important for success (#17).

# Psychological/Behavioral/Environmental Predictors

	Time Availability	Support System/ Influencers	Self Efficacy	Knowledge of Physical Activity/ Nutrition	Attitude Toward Physical Activity/ Nutrition	Environmental Factors	Past Behavior	Expectation of Outcome	Other
Occupational Physical Activity						In worksite interventions, both formal and informal interventions have been successful (King 1991).			Blue collar workers are less likely to maintain a physical activity program (Concerns and Considerations for....State Health Departments).
Overweight/ Obesity		Cultural tolerance of overweight for black women (NUPACT #158).		Hispanic elders understand overweight is risk factor (#15).	Young black females (9-15 years) express desire to be overweight (NUPACT #66).  Overweight attribute to discontinuing exercise (NUPACT #164).		Overweight revert back to old eating patterns (NUPACT #164).		Overweight reduces adherence to physical activity programs (Concerns and Considerations for... State Health Departments).  Overweight individuals are better characterized as more sedentary than overfed ("Link Between Nutrition and Fitness" 1993).  Comparisons of recent data on prevalence of overweight with older data reveal dramatic increases in overweight (Kuczarski 1994).  Recreational PA inversely related to body weight (NUPACT #277).  Low PA both cause/consequence of weight gain (NUPACT #277).  One of greatest benefits of PA is for obese (#9).  Increased levels of PA reduce/control obesity (#10).  Inactivity related to obesity (#13). Good evidence for causal association between PA and obesity (#11).  As activity increases weight loss decreases (#11).  Difficult to know in studies if activity or weight change came first (#11).  Definitive conclusion about activity and reduced risk for obesity (#11).
Weight Loss Activities		More females than males report weight reduction counseling (IBNM & RR 1993).		Knowledge of weight control through decreasing caloric intake increased with education level and income, and decreased with age (Promoting Healthy Diet and Active Lifestyles to Lower-SES Adults 1992).	Mexican-American women in the suburbs were more likely than those in a transitional neighborhood to feel they could lose weight and to consider exercise beneficial (Stern 1982).  80% of black women; 52% of white women agreed with:  "Some people are born to be fat and some thin; there is not much you can do to change this" (IBNM & RR 1993).	In 1992, 24% of worksites offered weight loss activities; larger worksites more likely to offer nutrition education/weight management activities than those with fewer employees (IBNM & RR 1993).			Most frequently mentioned reasons for trying to lose weight include:  -- future and current health -- fitness -- appearance (Technology Assessment Conference Panel 1993).