

Disparities in Physical Activity Among Low-Income and Racial/Ethnic Minority Communities: What Can We Do?

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Eliminating disparities related to physical activity (PA) among low-income and racial/ethnic minority communities (hereinafter referred to as “high-priority groups”) is a complex, dynamic, and multifaceted challenge that requires complex, dynamic, and multifaceted solutions. First, we need to conduct *more comprehensive and accurate assessments of PA* in order to develop a clearer picture of PA patterns among high-priority groups. To accomplish this goal, self-report assessments of PA should be complemented with more objective and sensitive measures of PA, such as accelerometers, smartphone applications, and wearable technology devices.¹ Self-report assessments also should measure PA across multiple activity domains, including household, transportation, workplace, and recreation/leisure. Sedentary behavior as it relates to PA, weight status, and other health outcomes should be included in these assessments.² Furthermore, ecological momentary assessments with repeated and random sampling of PA and sedentary behavior in real time in natural environments should be conducted to minimize recall bias and maximize ecological validity.

Second, given the current social stratifications in Western societies, we need to consider *justice principles*, which include *environmental justice*, *green justice*, and *social justice*. Historically, high-priority groups have been disproportionately affected by injustices in these three areas. In terms of *environmental justice*, high-priority groups tend to live in communities deprived of health-promoting resources; thus, there is an inequality in the availability of PA resources.³

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In this area, the goal is to develop and promote PA-friendly built environments (e.g., safe and walkable neighborhoods and access to recreation facilities) in all communities, especially those of color and low income.^{4,5} In terms of *green justice* (i.e., natural environments), high-priority groups generally lack access to parks where they can be active, play, and learn about the environment.^{6,7} To help address this inequality, the National Park Foundation launched Every Kid in a Park, an initiative to get all fourth graders and their families to national parks and other federal lands by giving them free admission for a full school year. In this area, the goal is to maximize the opportunities for all communities, particularly those of color and low income, to experience and enjoy the outdoors.⁷ In terms of *social justice*, high-priority groups are adversely affected by various social factors, including poverty; inequitable education; lack of housing, jobs, and economic development; income inequalities; and stress associated with discrimination, racism, and poverty.⁸ These factors increase social isolation and depression, all of which are associated with decreased PA. In this area, the goal is to eliminate social disadvantages in order to increase PA levels for all communities, with those for

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high-priority groups increasing at a faster rate.

Third, we need to understand how high-priority groups adapt to and function in the surrounding community. The recently developed *Community Energy Balance Framework* (CEB) can help to achieve this objective.⁹ According to CEB, researchers, practitioners, and community organizers working with high-priority groups should contextualize their food- and PA-related sociocultural perspectives by accounting for relevant historical, political, and structural contexts. Importantly, the health consequences of cultural-contextual stressors and accommodating these stressors are emphasized. For intervention development, CEB identifies several factors and elements in three broad domains: cultural-contextual influences, intervention settings and agents, and intervention targets.⁹ Also, emerging evidence identifies *social capital* as a correlate of PA patterns in high-priority groups, so PA intervention programs should incorporate social capital indicators into their designs.^{10,11}

In conclusion, there is no single, simple strategy for eliminating PA-related disparities among high-priority groups. We need innovative, comprehensive, and multifaceted strategies emanating from community-based participatory approaches and theoretical frameworks.^{12,13} The ultimate goal is to have health-promoting environments and the motivation to take full advantage of PA-friendly opportunities for all segments of society.¹⁴

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