



Creating a physical activity and health education program for adolescent girls in public housing

Who developed this program?

The GirlStars program was developed and run by the Partners in Health and Housing Prevention Research Center (PRC). This is a four-way partnership for health research among Boston's public housing residents—in particular, among residents of the city's family housing developments. Like other PRCs around the country, this one is funded by a government agency, the US Centers for Disease Control and Prevention. The four partners are:

- The Boston University School of Public Health,
- The Boston Public Health Commission,
- The Boston Housing Authority, and
- The Community Committee for Health Promotion.

The Community Committee for Health Promotion is made up mostly of people who live in the Boston Housing Authority's family developments. It also includes some community leaders and people from key agencies. The committee takes an active role in every stage of the research process—from planning the studies to writing up the results.

What was the GirlStars program?

GirlStars was a program for adolescent girls living in public housing in Boston. The big-picture goal was to help the girls make physical activity a regular part of their lives, and to help them develop other habits that would be good for their health. Over the course of the program, two meetings were held each week, most of them in community rooms in the girls' housing developments. One meeting was an organized physical activity. The other session focused on health education.

These sessions engaged the girls in discussions about body image and self-esteem, nutrition and healthy eating, and high-risk behaviors. The GirlStars program ran from July 2002 through October 2005 in two family housing developments of the Boston Housing Authority (BHA).

Why did we create this program?

Overweight and obesity are serious health problems that have been linked to increased risk of many chronic conditions, including type 2 diabetes, heart disease, stroke, and joint problems. Adolescent African-American girls are more than twice as likely as adolescent white girls to be obese. Racial or ethnic minority adolescents are less active than white adolescents, and girls from low-income families are particularly inactive. Adolescent girls often find traditional physical education classes uncomfortable or discouraging. However, research has also shown that after-school programs can motivate adolescents to be physically active and improve their health, including their emotional health and social engagement.

How well did the GirlStars program work?

The original plan was to enroll 40 girls, aged 9 through 13, from each of two housing developments, with an intervention group and a comparison group. However, overcoming barriers to recruitment proved to be challenging. Only about 30 girls were enrolled at the start of the program, and a total of 60 girls were enrolled at some point over the course of the program. Some participated for the full duration of the program; others attended periodically; still others moved away, dropped out, or aged out.

As a result of uneven participation, a full-fledged program evaluation was not possible. However, 10 girls took part in individual interviews with researchers at the end of the program. These interviews, which were open-ended and semi-structured, indicated that the girls had learned about personal health and had gained self-confidence in making decisions. However, the girls also shared that their reasons for taking part in the program included being bored and having “nothing to do.”

What did we learn?

The GirlStars program yielded several lessons about recruiting adolescent girls for a program of physical activity within a public housing development, as well as keeping them in the program. Some of the barriers to participation were not related to the program itself. For example, girls often had conflicting activities or responsibilities, including taking care of younger brothers and sisters. Conflicts between girls, or between cliques, sometimes meant that girls weren’t comfortable attending meetings, or that meetings were disrupted. In addition, parents were concerned about their daughters’ safety going to and from the sessions.

Other barriers related more directly to the program itself. Many girls did not see exercise or sports as “fun.” In addition, turnover in staffing was a challenge.

The GirlStars program was undertaken in the early years of the Partners in Health and Housing Prevention Research Center. The four-way partnership among academic researchers, public housing residents, and Boston’s agencies for health and housing was still rather new. Experience with the GirlStars program highlighted the need for genuine community engagement in planning and implementing all PRC programs and research.

Looking ahead

The research project on the GirlStars program showed that girls who participated had increased knowledge of personal health, increased self-confidence, and greater decision-making skills. Girls reported that the relationships they developed with other girls, and with the program staff, were important reasons for joining the program and remaining in it. To be successful, similar programming in the future will need broad community support.

This is a reader-friendly summary of a published research article:

Douyon M, Chavez M, Bunte, D, Horsburgh CR, and Strunin L. The GirlStars Program: Challenges to Recruitment and Retention in a Physical Activity and Health Education Program for Adolescent Girls Living in Public Housing. *Prev Chronic Dis* 2010;7(2). http://www.cdc.gov/pcd/issues/2010/mar/08_0248.htm. Accessed August 24, 2011.