



How SWEET It Is: Fellowship and Continuity in a Church-Based Fall Prevention Program with African American Elders in Southwest Philadelphia

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Abstract

Deaths from unintentional injuries are the seventh leading cause of death among older adults and falls account for the largest percentage of these deaths, with individuals aged ≥ 85 particularly vulnerable. Physical activity can reduce frailty and prevent falls; however, many elders are not physically active and women, ethnic minorities, and those with low education levels are the least active. Moreover, experiences of racial discrimination can lead to increased stress and unhealthy adaptive behaviors, and the cumulative effects of age and race related stressors have been shown to negatively impact the physical and mental health of elderly African Americans. Thus, participation in public health research has been deemed essential to identify effective interventions that will improve health outcomes and reduce health disparities among African American elders. We discuss the creation and implementation of a fall-prevention exercise program created for older African Americans based in a Black Church in Philadelphia that has been a successful university/community partnership for the last 8 years. A qualitative evaluation of participant experience was carried out using focus groups to examine why there has been such a high degree of compliance. Key themes related to the program's sustainability are physical and psychosocial benefits of attendance, fellowship among exercise participants and a therapeutic alliance with the instructor. It is our hope that this discussion and evaluation can inform other faith and community-based health promotion programs for minority elders, while also contributing to on-going efforts to reduce health disparities among at risk populations.

Keywords: African Americans, black church, health promotion

Introduction

From 2016 to 2018 the all-cause mortality rate among Black populations was 24% higher than among White

populations in the United States (Benjamins et al. 2021). Additionally, older African Americans (ages 50-64) have higher death rates for both chronic disease and unintentional injury (MMWR 2017). Meanwhile, deaths from

unintentional injuries are the seventh leading cause of death among older adults and falls account for the largest percentage of these deaths with individuals aged ≥ 85 particularly vulnerable to death from falls (Burns and Kakara 2018). There are many reasons why older adults fall; lower extremity weakness and decreased balance are two of the primary risk factors for falls. Physical activity can reduce this frailty in older adults. However, many elders lack sufficient exercise and women, ethnic minorities, and those with low education levels are the least active (Saffer et al. 2013).

Experiences of racial discrimination can lead to increased stress and unhealthy adaptive behaviors, thus the cumulative effects of age and race related stressors have been shown to negatively impact the physical and mental health of elderly African Americans (Perry et al. 2013; Wallace 2019). Participation in clinical and public health research has therefore been deemed essential to improve the health of this population, although research participation is low, in part, because of past abuses of human subjects through research such as the Tuskegee Experiment, in which 100 African American men died due to the unethical withholding of treatment of syphilis by researchers (Gamble 1997; Freimuth et al. 2001). Given this adverse historical relationship with government-sponsored public health research, faith-based organizations have been identified as critical venues for health promotion activities and research with African Americans.

In a review of health promotion programs conducted with faith-based organizations, Dehaven and colleagues (2004) found improvements in key health indicators among vulnerable populations noting:

If faith and health partnerships can help address the ... health needs of vulnerable populations, more thorough information about their possible contributions is needed to make informed policy decisions. Only by increasing the evaluation component of faith-based programs and disseminating the information gained will it be possible to determine how these programs can contribute systematically to improving the health and quality of life of at-risk populations in our communities (Dehaven et al. 2004:1034).

In this paper we report on the development and implementation of a fall prevention exercise intervention created for African American elders based in a Black Church in Philadelphia, Pennsylvania. The SWEET program (Southwest Elders Exercising Together) has been in existence for 10 years and includes a research and training component for university students. Some of the original SWEET members are still participating in the program, thus focus groups were conducted to gain insight into the high degree of compliance and sustainability that has been achieved by this community-based intervention, insights which may contribute to ongoing efforts to reduce health disparities and improve quality of life with other vulnerable aging populations.

Background

Physical activity not only reduces risk of falling among older adults, it also protects against chronic illness (American College of Sports Medicine 2009; Devereux-Fitzgerald et al. 2016). For instance, physical activity, specifically consistent activity, appears to directly protect against depression, hypertension, diabetes, and heart disease, even after controlling for body mass index (Branco et al. 2015; Lawlor and Hopker 2001; Zhou et al. 2018). However the majority of adults, especially older adults, do not participate in sufficient routine physical activity to achieve these known health benefits (Taylor and Pescatello 2016). Keadle and colleagues (2016) utilized NHANES data from 1999-2012 to examine the prevalence of adults who meet recommended guidelines for moderate physical activity and found that only about one-third of the U.S. population met these recommendations, and data show that women, ethnic minorities, adults with low education levels, and older adults are the least active (Saffer et al. 2013). Moreover, for those who do initiate a program of exercise, a 50% attrition rate can also be expected within the first 3 to 6 months (Mullen et al. 2013). Given the importance of physical activity in maintaining physical and mental health for older adults, researchers are interested in factors that contribute to the acceptability of exercise interventions for this population (Devereux-Fitzgerald et al. 2016; Taylor and Pescatello 2016).

African Americans and Research Participation

African American people are especially difficult to recruit into research. Freimuth and colleagues (2001) cite numerous barriers and found that compared to Euro-Americans, more African Americans are aware of the Tuskegee experiment and are less likely to participate in research because of it (Green et al. 1997). University based research may also be mistrusted by minority communities. Factors such as researcher motivations; perceived limited benefit of participation; misperceptions about research aims; difficult study logistics; economic and time constraints faced by participants all contribute to mistrust and low participation (Wallerstein 2010; McNeill et al. 2018). However, many researchers maintain that in spite of this grim historical legacy of past abuses, research that addresses persistent health inequities remains critical, and inroads have been made with faith-based institutions.

The Black Church

According to a recent Pew study, Black Americans are more religious than the American public as a whole on a range of measures, including regular attendance of religious services (Mohamed 2021). African American Christianity is diverse and constantly evolving—there is no monolithic Black Church, Methodist, Baptist and Pentecostal congregations are carriers of some of the main traditions, but there are many other faiths represented within the Black Church and all have been important to the social and cultural lives of many African Americans in the U.S. (Billingsley and Caldwell 1991; Jacobsen 2005). As one author noted: “Beyond its purely religious function, as critical as that has been, the Black church in its historical role as lyceum, conservatory, forum, social service center, political academy and financial institution, has been and is for Black America the mother of our culture, the champion of our freedom, the hallmark of our civilization” (Lincoln 1989, cited in Billingsley and Caldwell 1991: 428). Because of this long history of being at the forefront of social, economic, political, and health issues of African Americans, an increasing number of researchers have successfully partnered with Black Churches to respond to persistent health dispar-

ities (Butler-Ajibade et al. 2012). Examples of these successful partnerships have addressed issues as diverse as primary prevention (Sutherland et al. 1995; Chatters et al. 1998), increasing physical activity, fruit and vegetable intake (Barnhart et al. 1998; Demark-Wahnefried 1999; 2000; Resnicow et al. 2001), and cancer screening (Duan et al. 2000; Meade et al. 2011). Also germane to the current discussion are lessons from Community Engagement (CE) and community-engaged research (CEnR) which stress the importance of goal alignment between researchers, clinicians, and community members (Michener et al. 2012).

The SWEET Program: Past & Present

Dr. Carol Maritz is a board certified geriatric physical therapy clinical specialist with a 30-year history of providing community-based exercise programming. In her clinical work, prior to her faculty position at USciences, she saw first-hand the devastating impact that falls can have on seniors. Thus, her priority as a faculty member in the Philadelphia area was to develop a fall-prevention exercise program with local seniors. Dr. Maritz created the first iteration of the SWEET Program in 2004 with a senior center close to USciences. It ran for three years, but was discontinued after the center closed. In early 2010, a meeting was facilitated by the university’s community engagement office between Dr. Maritz and Pastor Cedric Hughes Jones, Jr., of Mt. Zion Baptist Church. Mt. Zion, built in 1914, founded by the late Reverend Charles Wallace, has been serving Southwest Philadelphia for over 100 years. During their first meeting, Dr. Maritz discussed her idea about providing an evidence-based fall prevention program for the senior congregants that would include a research and training component for USciences Physical Therapy (PT) students. The training and the data collected by students would fulfill the necessary requirements for a degree in Physical Therapy. Pastor Jones liked the idea, as it aligned with his vision for ministry programming—health, education, and leadership. Dr. Maritz then presented the program to both the full congregation and the Senior Guild, and received full endorsement from all church stakeholders. Dr. Maritz obtained university funds for

the equipment and Mt. Zion provided the space, chairs and storage as their in-kind contributions. Pastor Jones also advertised the program in sermons and in the church bulletin. So in May 2010 the Mt. Zion SWEET program made its debut in the church's basement.

The first group of SWEET consisted of 15 attendees. Dr. Maritz provided the initial intervention delivered twice weekly. The PT students who accompanied Dr. Maritz were trained to deliver the intervention and on how to administer the pre-post test, which measures fall risk indicators. After the intervention and assessment, the SWEET participants were also asked to complete a program evaluation survey. Based on the results of this evaluation, modifications were made—for example, the initial music that accompanied the exercise was changed from Big Band music to Motown. SWEET members spread the word to other congregants generating enthusiasm for the program, thus Dr. Maritz decided to deliver the program year round.

The Current Program Evaluation

In 2018, after the Mt. Zion SWEET program had been running for eight years with many of the same members attending, Dr. Maritz was interested in examining why the elders have continued to participate in both the exercise and research components—in essence—why this has become a sustainable community health intervention in addition to a fruitful research and training partnership. Dr. Maritz consulted with Dr. Michelle Ramirez a medical anthropologist with qualitative research expertise. Dr. Maritz and Dr. Ramirez met with Pastor Jones to discuss evaluating the SWEET program. In this meeting, Pastor Jones noted the tendency for academic institutions to only provide short-term interventions to satisfy research expectations for career advancement. Additionally, he felt that it was important for any evaluation conducted with Mt. Zion congregants to be research “with” not “on” the participants. Dr. Maritz and Dr. Ramirez received the green light and the next phase involved Dr. Ramirez taking part in the exercise program—becoming a participant observer of the group dynamic, which also allowed the elders to become more familiar with Dr. Ramirez before data gathering commenced.

Methods

Since the Mt. Zion SWEET participants are such a cohesive group, Dr. Ramirez and Dr. Maritz decided that focus groups would be the best methodology to capture participant experiences. Focus groups generate a considerable quantity of data in a relatively short period from a larger number of people than would be possible by solely interviewing key informants (Morgan 1988). Also, the group production of data uses group interactions as part of data gathering (Ibid) such that the natural language discourse and styles of debate elicited in group interviews allow the researcher to learn idiomatic expressions, common terminology, and communication patterns in the community in a rapid and concise manner (LeCompt and Schensul 2013). Finally, and perhaps most importantly for the current study, focus group interviews provide access to rich data on social norms, behaviors, opinions, attitudes, and the structural and cultural features of a group or community (LeCompt and Schensul 2013:195).

Recruitment

Dr. Maritz announced to the SWEET members that Dr. Ramirez would be conducting focus group interviews, in order to gain insight into why members have continued their participation over the last eight years. Dr. Maritz explained to the group that we were interested in gathering this information in order to help inform future church-based exercise programs for other senior groups in the U.S. All SWEET members were eligible and invited to participate in the focus groups that would be held immediately after exercise class. Members signed up for the session that was most convenient for them.

Procedures and Materials

On the day of the scheduled focus groups, participants simply moved to another part of the church basement after class where a round table with chairs had been set up to accommodate the interview. Three focus groups were conducted by Dr. Ramirez over the course of one month in spring 2018. Participants sat at the table, and helped

themselves to some light refreshments before the consent process and the actual interview. Two of the groups had eight attendees, and one had nine (Total N = 25). Experts generally agree that the ideal size for focus groups is five to eight participants when attempting to gain cultural perspectives; as larger groups can be more difficult to manage. Dr. Ramirez found all three groups to be very manageable. While there were participants who would not have contributed to the conversation if Dr. Ramirez had not specifically elicited a response from them, for the most part attendees eagerly participated and had a lot to share about their experiences with the SWEET program. Most participants are congregants of Mt. Zion, but some are members of other churches and come to Mt. Zion specifically for the program. The focus group was composed of 23 women and two men, all of whom were African American with a mean age of 74. Participants received a \$25 gift card to thank them for their participation. All names mentioned in our discussion are pseudonyms to protect confidentiality. All methods, materials and procedures were approved by the USciences Internal Review Board.

Analysis

Focus groups were digitally recorded and the interviews were transcribed verbatim by three student workers at the university. Dr. Maritz and Dr. Ramirez then conducted thematic analysis on the data. The analysis was initially driven by the interview guide, e.g., motivations for joining the program and benefits of participation. As iterative analysis continued, however, other themes emerged as important reasons why participants have remained committed to the SWEET program. Interviews were hand coded and data were analyzed repeatedly as new themes and sub-themes were identified (Ryan, G.W and Bernard 2003).

Results

The major themes to emerge from the data were: 1) Physical benefits of participation, 2) Psychosocial benefits, which included discussions about how participation improved mental health, 3) Fellowship—the support, warmth and encouragement that members experience being a part of the SWEET group, and 4) A Therapeu-

tic Alliance with Dr. Maritz, where members reflected on Dr. Maritz's expertise as a practitioner and their appreciation of her commitment to the group. A theme titled "Attitudes about Students" was also identified as the SWEET program also contains a research and training component for physical therapy students with the SWEET participants.

Physical Benefits

Many participants noted improved mobility as a result of their participation in SWEET. For some members this meant greater ease traversing stairs at home and on public transportation. Long-time participant Vera said, "I used to go downtown on the trolley and walk up the steps. By the time I got to street level, I was out of breath. After coming to class for a while, I am now able to walk up the steps without being out of breath." Many participants rely on public transportation, thus the ability to easily navigate the trolley system in Philadelphia is vital to preserving their independence and social mobility. Several of the participants who have arthritis and other complaints of aging noted improvements with their flexibility, Viola for instance notes several aspects of improved mobility:

I have arthritis in my knees and in my back. And when I first started here, I could not raise this arm. So I started out with...the one pound weights and now I'm up to a three so I can raise my arm up. And sometimes it hurts but not like it was... I really enjoy doing it since I can move up and down... Get back in my basketball playing. So I like it and I enjoy coming, you know, with the old girls...It's a joy to come out in the morning. I love it.

Exercise participation has also contributed to reductions in pain levels among several participants. Fay reported "I don't ache as much and don't have to take my pain pills." Similarly, May asserted that, "I suffer with Sciatica and it can be extremely painful. The more I exercise my legs, I don't have it as bad." Two other participants noted a concern about becoming reliant on pain medication, for example Gladys expressed relief about having been able to reduce her pain medication since beginning the exercise:

So I have been exercising and now I know the knee is bad but I don't have to take pain pills like that. Maybe once a month I might have to take a pain pill but come here and I exercise and my knee is really not bothering me. So I always go for my yearly check up to see where I am at. You know to see if its time yet [for a knee replacement]. But last year he told me, 'Look as long as you're in no pain or anything like that,' he said 'we will put it off.' And I haven't been in no pain. I mean I do have some pain once and a while you know... But everyday where you gotta take a pain pill or every eight hours... I don't have that.

While Gladys reported having pain, she attributed this to getting older and is thankful that she has not had to be reliant on regular pain medication. This comment was part of a larger conversation where the participants were aware of the current opioid crisis and were pleased that their pain levels in addition to regular exercise have prevented them from going down a perilous road of addictive pain medications.

Two other members reported that prior to their participation in the exercise program they had both fallen at least once. The program is designed to challenge balance through multiple types of activities including repetitive stepping, that mimics "real-life" movements, and fortunately many of the participants have benefited from this activity and note improvements in their balance. One participant observed, "In the beginning my balance was not good but now it's much improved." Another said, "this exercise program, especially the balance part, really helps you not to fall." And finally, long-time participant Maddy also reported that she has seen an improvement in her husband's balance since he has been exercising.

Psychosocial benefits

Given the historical importance of the Black Church to African Americans, it is perhaps not surprising that social support and fellowship emerged as key themes for why participants have continued to attend the SWEET program with Dr. Maritz. Several participants noted that after retiring they wanted to increase their activity level

and prefer attending the SWEET program rather than the anonymity of going to a gym. For example, Ida, a participant in the first focus group noted:

I am one of the original people that were in the program when it first started, and I came here because I was first interested in exercising for my health, and I was retired, and I needed something to do... I thought this was better than going to a gym where I didn't know anybody, and everybody here pretty much knew each other... And I have gotten closer to the people who are in the class than I was when we were just in church together.

Ida not only expressed the positive aspects of attending a program where you know people, but also stated that the program itself fosters closer relationships among attendees. Another participant, Mavis reflected that after she retired she wanted to learn how to swim, and, harkening back to the days of segregation, noted "Because you know, growing up, pools were not accessible to us as a blk race, so I always wanted to learn how to swim. So I can do pretty good." Mavis discussed the various activities she undertook at the senior center where she has been learning to swim but then noted: "I went for a while, but I wasn't familiar with anyone. Everyone was strangers, so I didn't really feel comfortable. That is why I didn't really continue there. You know, coming here, the faces are familiar, you know everybody. You can talk, you can joke around. It is just fun. Even though it is a long ride for me, I enjoy it when I get here. It's fun." Indeed, Mavis drives 45 minutes twice a week to participate in the SWEET program.

As part of the fellowship theme, participants also expressed a feeling of acceptance and absence of judgment by the group. For example, 'Evelyn' in the second focus group noted:

Everybody was so comfortable with one another. You were accepted and there wasn't no 'she is too heavy, she is too thin,' there was no nothing like that. Everything was joyful. I gained friendship with all of the women here. Mavis for instance, she always asks me about my granddaughter, because she was born with her intestines on the outside. You know, we all talk to one another...we have been to functions with everybody so it's the fel-

lowship that we all have together and I think that keeps us coming because if you miss one or two weeks, somebody is asking well where is she at, what is happening, what's wrong, you know?

Interestingly, Evelyn's comment refers to a built-in compliance mechanism that she describes as an extension of the church community whereby a person's absence is noted, precipitating concern and often follow-up by other members of the congregation. When participants were asked to further reflect on this follow-up, Victoria, one of the original SWEET members, noted that this is a feature of African American culture:

I think it has a lot to do with early years of your life, you were always concerned what some people did from your upbringing. You have learned from your parents to be concerned and when you was in a setting where other people were and they didn't show up, you was concerned about if they were okay. And in your church family, if people are out a period of time, sometimes if you listen over two weeks, two Sundays, you are used to seeing their face and you don't see them, you give them a call to find out what's going on. And the telephone number may not be listed, you try to ask someone that you know that is around them, "Did you hear from them, how are they, are they well?" So we are just that way. It's a family.

As the SWEET program is part of a faith-based community, it mobilizes many of the same mechanisms of care, concern and support in order to ensure continued participation.

Mt. Zion Church has a long and sustained presence in the Southwest Philadelphia area, thus, many SWEET participants call upon this long history in their community, a history of fellowship and love. For example 'Florence' eloquently describes the feelings of many African Americans who benefit in myriad ways from church membership and participation:

"...now so many people have spoke about the fellowship and how nice people are. I believe that the angel in this church other than the pastor, the spirit of this church is about love. And it started with Reverend Gregory. And it's the same spirit that's here. I'll say that that spirit is within the people

that are here so just like you said, we are a loving group. We don't say, you too big, you too small, you need to do this, we don't. If someone makes a comment, it's in love. It's in love and people take it that way..."

Therapeutic Alliance

Another important aspect that emerged from the participants is a theme we have called "Therapeutic Alliance" with Dr. Maritz. This concept refers to the sense of collaboration, warmth, and support between the client and therapist (Ferreira et al. 2013). Dr. Maritz has been working with the SWEET participants for nearly a decade now, and the rapport that has developed is an important feature of participant compliance. There were some comments that recognized Dr. Maritz's expertise as a practitioner, for example, Violet noted that while the fellowship is important, Carol is the reason participants come back:

... the reason I think I remain in the program is because of Carol because she guides us to move at our own pace to avoid injury. Even though she does that, she instructs us on how to keep our muscles strong and our joints flexible, improve our coordination and balance, get the cardio going, and she's a "behind the scenes" person because she takes us out of our comfort zone. Once she sees us comfortable, and we can go through all of the exercises, you don't have no pain and you are not complaining... she just did that recently... she changed up everything on us and got us out of our comfort zone, and now I am using muscles that I didn't know I had! (*Laughter*) So she keeps it interesting, so it's not like a mundane thing where you come to just get out of the house, but you can really feel the effects of it...So that is why I keep coming, because of her...

Participants value the care that Dr. Maritz takes in creating a customized intervention but they also appreciate the care she shows to the participants on a personal level. In focus group 1, Ruth notes: "And being that Carol has been with us for a long time, she's gotten familiar with the members. She has even attended funeral services for the members that have gone on. She's, uh, precious to us."

Attitudes about Students

Interaction between SWEET participants and the PT students is an integral part of the summer exercise programming. Although all students undergo training prior to their participation in this program, the most effective teaching comes from the participants themselves. Thus, Dr. Maritz and Dr. Ramirez felt it important to ascertain SWEET participants' attitudes about their interactions with the PT students, and we found that for the majority of participants it is a pleasure to be included in helping the students learn. June noted that "there are things that the students can benefit from us... It helps them see that all clients are not alike. It gives them an idea of different types of clients and different personalities." And finally, Leticia said that "We are happy that we can help them out and they're helping us in return."

Discussion

The SWEET Program provides many important insights into developing models of sustained community engagement that improves the quality of life among African American elders. The Community-Engaged (CE) faith-based /academic partnership established by Dr. Maritz and the primary stakeholders at Mt. Zion Church has led to a sustainable and mutually beneficial partnership that has a direct impact on the health and wellbeing of its congregants. These insights include Dr. Maritz's goal alignment with Pastor Jones. Mt. Zion's mission of Health-Education-Leadership in the local community has been directly served by Dr. Maritz's health promotion intervention. As such, Mt. Zion provides a great deal of logistical support for the intervention: the physical space, storing the exercise equipment, and advertising in the church bulletin. Pastor Jones is also a member of the university's Board of Trustees, and therefore has direct involvement in university affairs, lending his expertise to how the university can be an asset to the surrounding community. Thus, the goals of academic institutions do not have to be antithetical to those of a faith and community based organizations (Michener et al. 2012).

While African Americans are justifiably wary of research participation, our data suggest that there is a mu-

tually beneficial process occurring between the physical therapy students and the Mt. Zion SWEET participants. Dr. Maritz has encouraged a feedback process whereby participants are encouraged to provide the PT students with guidance about how to effectively communicate with them as older adults, providing suggestions about their pace of instruction, speaking volume and overall delivery style. And it would appear that the SWEET participants are happy to provide instruction to the students about the diversity of their future client/patient base, thus expressing a degree of altruism in helping to train the next generation of physical therapists. Further, the intervention and testing measures that are administered – without cost—by the PT students are seen as beneficial to SWEET members. Findings from one summer's programming found statistically significant improvements in lower extremity strength, balance and gait speed, all of which are consistent with a reduction in falls risk (Chopra et al. 2017). Indeed, both access to health care resources and altruism are positively associated with minority research participation (George et al. 2014).

It is well known that maintaining physical activity is beneficial for an aging population. Thus, the ability to leave the house and navigate public transportation affords many of the Mt. Zion SWEET participants have the opportunity to attend church services and engage in other meaningful activities essential for maintaining quality of life. The physical improvements combined with the psychosocial benefits of participation were readily noted. The longevity of participation among many of the members is linked to the fellowship that is engendered as a result of exercising together. Moreover, fellowship seems to be enhanced with one another as a result of exercising together, as Ida noted, "I have gotten closer to the people who are in the class than I was when we were just in church together." This fellowship also includes mutual care, support, feeling accepted and not judged which may be particularly important for those who still remember when certain activities—like swimming—were segregated and unavailable to African Americans. This mutual care and concern is also evident in discussions about participant follow-up and what public health researchers call 'compliance.' When members miss class, this generates con-

cerned inquiries and phone calls, which Victoria describes as a feature of African American culture, where she learned from her parents to be concerned when members of your community were absent from church or other activities. Thus, the SWEET program appears to benefit from this built in compliance mechanism. While the SWEET exercise program can be challenging, the members report a joyful experience with this activity and movement. The spirit of love embodied in the church itself combined with the spirit of fellowship and the therapeutic alliance with Dr. Maritz have all contributed to a sustainable program of physical activity for these African American elders.

Recommendations

While community-based research is essential to improving health disparities, our nation's history of race based residential segregation, a known contributor to health disparities (Williams and Collins 2001), means that at-risk minority communities are often physically and psychologically very distant from where universities are typically located. Thus, coordinating community engaged research and interventions can present logistical challenges for university-based researchers. USciences, however, is located in a majority-minority area and Mt. Zion is a short drive or trolley ride away from campus. This proximity makes delivering the exercise classes year-round much more feasible for Dr. Maritz during the demands of the academic year, and also feasible for the PT students working with participants during the summer months. Dr. Maritz also notes that the year-round design of the SWEET program not only ensures that attendees gain the benefits of regular exercise but also allows potential participants to enroll at any time, further enhancing its acceptability. Thus, logistical and programmatic feasibility may be important considerations for on-going and long-term community/academic partnerships that are beneficial for minority elders.

It is essential that the United States invest in training more under-represented minority health care practitioners in order to address persistent health disparities in our nation (Jackson, C.S. and Garcia 2014). However, our very preliminary findings indicate that a posi-

tive therapeutic alliance can also be attained between a majority practitioner (Dr. Maritz is European American) and minority participants. Dr. Maritz attributes this "mutual respect" between herself and the participants to her long-term investment in the community. Thus, we recommend mentoring and mandatory training for minority and majority practitioners in the principles of cultural competency, the benefits of long term investment in community health, and the importance of mutual respect between practitioner and client/patient.

Conclusion

Many argue that we are in a time of reckoning with our nation's history of institutionalized and systemic racism. We are hopeful that this historical moment may provide a path forward for our country to address the many ways racism has been embodied in our society—residential segregation and health disparities are but a few among a long list of other social inequities that have disproportionately burdened African Americans. The SWEET Program offers many insights into creating and sustaining models of community engagement that benefits the surrounding community. However, the historical importance of the Black Church must also be recognized. According to Henry Louis Gates Jr., "The signal aspects of African American culture were planted, watered, given light, and nurtured in the Black Church, out of the reach and away from the watchful eyes of those who would choke the life out of it. We have to give the church its due as a source of our ancestors' unfathomable resiliency..." The synergistic goal alignment between Dr. Maritz and Pastor Jones, combined with the fellowship among SWEET members and the 'spirit of love' embodied in Mt. Zion have all contributed to a sustainable, mutually beneficial, and resilient health promotion intervention, demonstrating that good things do indeed happen in Philadelphia.

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