









organizational, and community barriers; 2) developed culturally tailored strategies (in 24 educational sessions); and 3) selected three exercises (walking, strength training, and yoga) to meet PAGs.

Since benefits of PA include lower rates of all-cause mortality, and morbidity from conditions such as breast cancer, current guidelines recommend participating in moderate PA for 150 min/week (ACS, 2017). This study reveals that barriers, including post-treatment symptoms, social support, and neighborhood safety, prevent AA BCSs from participating in PA and meeting PAGs and that many of the currently available PA interventions are ineffective and unsustainable. PA-related health disparities among AA BCSs warrant the need for innovative and culturally relevant approaches to promote PA in this population. The involvement of a breast cancer support group in the development of PAID has the potential to enhance PA among AA BCSs.

SCT states that portions of an individual's knowledge acquisition may be directly related to observing others within the context of social interactions and experiences. SISTAAH Talk exemplifies a support system for affecting the health of AA BCSs. Similar projects involving community organizations that have demonstrated appropriate design, implementation, and efficacy in promoting PA among underserved populations include the Southeast Senior Physical Activity Network (SESPAN) and the Active Aging Community Task Force (AACTF) project, (Cheadle et al. 2010). These programs incorporate means of motivating people who are inactive; creating effective, culturally relevant programs for the target population; and sustaining research-tested programs in community settings. Community engagement in developing a PA intervention will likely address physical inactivity and inequity among AA BCSs.

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