

Walking and Talking About What Used to Be: The SHARP Study for Older African American Brain Health

Raina Croff, PhD; Juell Towns, BA; Patrice Fuller, BS; Nora Mattek, MPH; Chanelle Parris, BS; Andre Pruitt, LCSW; Edline Francois, BA; Jeffrey Kaye, MD

Introduction

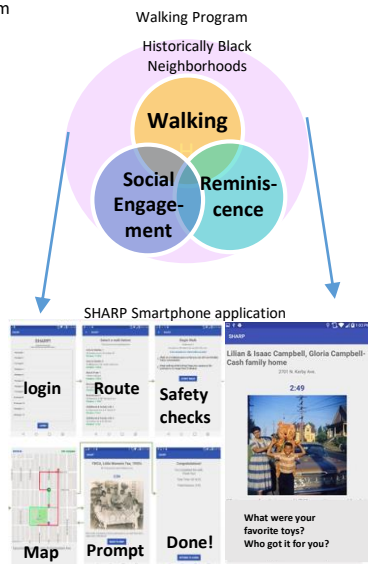
Older African Americans residing in or relocating from gentrifying neighborhoods may experience social disconnect detrimental to their cognitive health.^{1,2} Perceptions of neighborhood social cohesion impact older adults' walking behaviors.³ The Sharing History through Active Reminiscence and Photo-imagery (SHARP) study aims to preserve African American cognitive health through neighborhood walking and social engagement in a way that celebrates Black culture and history, and that produces participant-informed community deliverables.⁴

Participants (n=21)

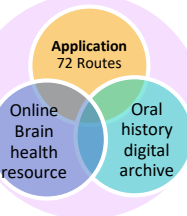
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Culturally Celebratory

Framework



Community deliverables



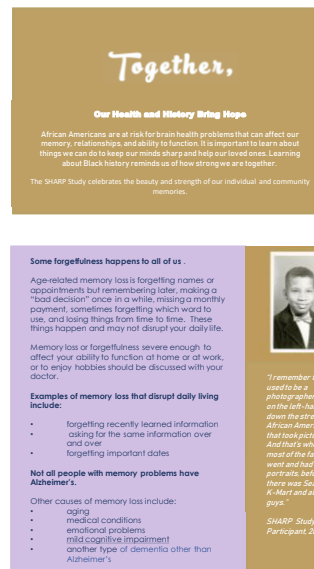
Community Deliverables

Narratives from SHARP walks were paired with brain health information on the SHARP online resource that was developed and tested with 15 African Americans aged ≥55 in four phases. Integrating narratives with educational content renders information more relatable, memorable, and meaningful. Walking routes, the oral history digital archive, and resources for community learning sessions are accessible via the website. Available soon at www.SHARPhealthyaging.org

SHARP Online Brain Health Resource screenshots



Image sources:
1. (SHARP app) Oregon Historical Society;
2. (SHARP app) Portland City Archives;
3. (website screenshots) Maxwell private collection;
4. Rutherford Family collection, Portland State University Special Collections



Walking Study Results

"It was something different, you know, to blend the Afrocentric and historical fact-driven, and of a community that's almost lost. That is the pull, it really is."

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Focus group surveys.

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Qualitative findings. The triadic structure and place-based memory prompts aided reminiscence, allowing participants to make meaningful links between their own life experiences and their walking partners'. Recording neighborhood memories with triads who shared a sense of community loss gave reason to walk and made walking more meaningful. Knowing they were contributing to community deliverables (oral history archive and learning sessions) increased participants' sense of purpose. Walks helped participants become reoriented within their changing neighborhoods, helped heal from the trauma of gentrification, and expanded social networks.

Discussion

SHARP's culturally celebratory approach sustained engagement in physical and social activity, for potentially better health outcomes. Further, deliverables dually serve individual health and community priorities of preserving history amidst rapid gentrification. For African Americans and others, sustaining behaviors that may mitigate and reduce risk of cognitive decline may require creatively framing interventions within meaningful contexts that remind people of their connection to others, to place, and to community. SHARP is scalable and adaptable to other communities. Future well-powered trials of this intervention in similar communities are of great interest.

References

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