

# Dance and Hometown Associations are Promising Strategies to Improve Physical Activity Participation Among US Nigerian Transnational Immigrants

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Received: 17 February 2017 / Revised: 23 March 2017 / Accepted: 26 March 2017  
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## Abstract

**Objective** Lack of physical activity participation has been identified as a determinant for negative health outcomes across various ethnicities worldwide and within the USA. We investigated the perceptions of the prospects of promoting dancing within hometown associations as a form for improving physical activity participation for Nigerian Transnational Immigrants (NTIs) in the USA: a migrant cohort subset of individuals who maintain cross-border ties with their indigenous communities of origin.

**Method** Using PEN-3 cultural model, we conducted semi-structured interviews with 24 transnational African migrants

(11 males and 13 females) living in Chicago to explore culturally sensitive strategies to promote physical activity participation among our target population.

**Results** The findings revealed positive perceptions related to dancing that might help to promote physical activity (PA) among NTI, existential or unique perceptions related to Nigerian parties that may also play a role with PA promotion, and negative perception in the form of limited discussions about PA in Nigerian hometown associations in the USA.

**Conclusion** Results from this study highlight the need for further investigation on culturally sensitive strategies to improve physical activity and participation in diverse Black immigrant populations, specifically in the form of cultural dance and activities such as parties in which this population frequently participate in. Furthermore, hometown associations may also serve as a platform for the implementation of PA programs due to its large reach to a rather covert group.

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**Keywords** Transnationalism · African immigrants · Physical activity · Dance · PEN-3

## Introduction

While chronic disease is on the rise due to epidemiological transition [19], particularly in the United States (US), chronic disease conditions also disproportionately affects minority groups such as Blacks [8]. Studies have shown that people of African descent are more prone to have chronic diseases than their White counterparts [6, 11].

In general, low participation in physical activity (PA) has been pinpointed as a determinant in the onset of chronic disease conditions [5]. Conversely, increased PA can play a significant role in preventing or managing chronic disease conditions and complications [5]. Physical inactivity among

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Blacks are influenced by multiple factors including less walking opportunities, inclement weather conditions, and lack of familiarity with exercise equipment that make it harder for them to be physically active [2, 15]. This challenge becomes even more arduous when considering PA promotion among transnational African immigrants in the US, i.e., subgroup of African immigrants who maintain constant ties with their land of origin while living and acculturating with the US [10].

When discussing the topic of health in diverse Black populations in the US, there is a tendency for researchers to cluster all Black people into one homogenous group and not account for the diversity in cultural identity, lifestyle choices, and social norms that exist within the Black population (Kamya 1997; Sofolahan-Oladeinde et al. 2014; Ibe-Lamberts et al. 2016). Figure 1 illustrates the complex nuances of the Black population in the US, taking into account that African-Americans and African immigrants share two separate etiology of migration to the US that impact the construction of cultural identity, attitudes, and daily life activities of both groups (Ibe-Lamberts et al. 2016). Due to their sustained cultural practices and multi-national ties, transnational African immigrants represent a subgroup of African immigrants with unique practices and beliefs.

According to Capps et al. [7], Nigeria sends the largest number of African immigrants to the US. Similar to other immigrants, Nigerian immigrants are unique in terms of the relationships and interactions they maintain with their land of origin (Shivers 2010). Some Nigerian immigrants acculturate to US mainstream culture and no longer connect with Nigeria [10, 18]; others—our interest group—maintain a connection by calling, chatting, traveling, sending remittances, and even participating in the day-to-day life of their country of origin while living abroad [10]. In general, Nigerian Transnational Immigrants (NTI) arrive and settle in the US but preserve their cultural beliefs and ideologies while concurrently acculturating to the US cultural system by creating *hometown associations*. Through these hometown associations, NTIs are able to blend and maintain their homeland cultural beliefs while teaching US-born descendants their traditional culture and values [1]. Here, hometown associations function as a place of development, education, religiosity, and socialization through the organization of Nigerian-based social events like parties and picnics, for instance, but has not necessarily functioned as a space for health promotion and education [1].

Participation by African immigrants in PA is delineated by language acculturation [14]. Belza et al. [4], for instance, suggested that immigrants are more inclined to opt in PA when the practices are culturally related, foster inter-personal relationships, and are offered at residential sites. While they found that walking was the exercise of choice among immigrants, this choice did not imply actual participation or practice. Likewise, Murray et al. [16] suggested that African immigrants identified *minimal culturally appropriate resources* as a barrier to

participation in PA. While a growing number of studies highlight PA participation as a medium to avert the surge of chronic diseases among people in general, few studies have explored this issue among NTIs. The purpose of this study, then, was to explore the beliefs and attitudes toward PA participation among NTIs. Additionally, we sought to explore the potential role hometown associations might play with the promotion of increased PA among NTIs in the US.

## Methods

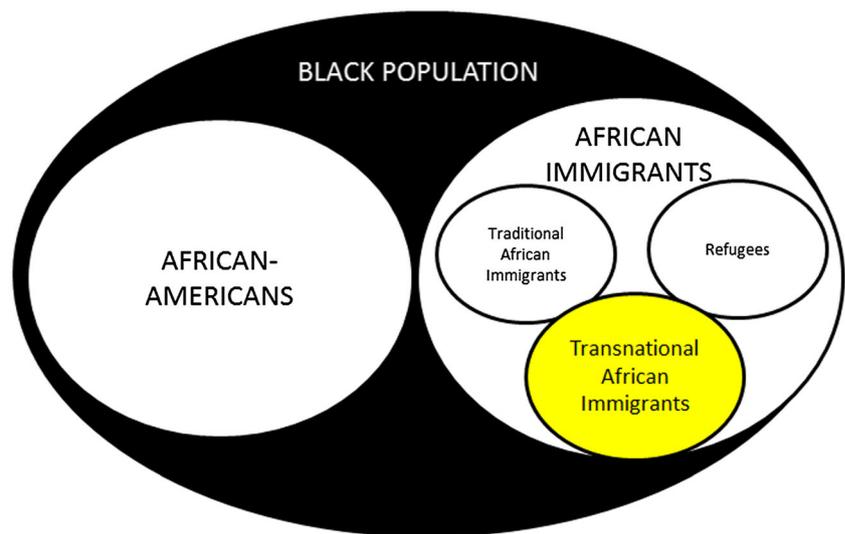
### Theoretical Model: The PEN-3 Cultural Model

The PEN-3 cultural model is a framework utilized for health promotion and assessments that targets cultural sensitivity and appropriateness in health program development on both a macro (government, international, policy) and micro level (community, individual, family) [3]. This model's strength lies in its versatility and the inclusion of culture into a variety of other health behavior theories. The PEN-3 cultural model has been used in other studies to assess health education and health beliefs in hopes of developing a culturally relevant method of promoting health for diverse and multicultural groups (Iwelunmor et al. 2014). The framework is composed of three dimensions that are interrelated and interdependent: *Cultural Identity, Relationship and Expectations*, and *Cultural Empowerment*. In addition, each dimension consists of three subcategories that all align with the acronym "P-E-N." For example, the *Relationship and Expectations* subcategories are *Perceptions, Enablers and Nurturers*. We used the model to organize themes developed from the qualitative analysis process.

### Participants

Participants were self-identified Nigerian transnational migrant men and women between the ages 30 and 65 years, who have been residing in the US for a minimum of 5 years. The participation criteria were developed because the age range establishes an adult, non-elderly population who engage in daily life activities that may or may not include the participation in PA. According to McCabe [13], the vast majority of African immigrants were of working age. Secondly, the length of residence of 5 years or more validates participants' exposure and possible acculturation to the US cultural norms. Participant recruitment occurred in community centers, hometown associations/ethnic group community meetings, and churches in the Chicago area through flyers and emails. A snowball sampling method was used in this study [9]; it allowed for recruiting participants who are conveniently available and created access to more participants with similar

**Fig. 1** Lamberts-Ilunga diagram of Black immigrants in the US



profiles that fit the study's criterion. A total of 24 ( $N = 24$ ) participants (11 men, 13 women) participated in this study.

## Data Collection

### Instrument

This study employed a qualitative design and used semi-structured individual interviews to explore the topic of perceptions of dance, hometown associations, and PA. Individual interviews typically allow for the interviewer to accrue and assess the individual's views on health beliefs and attitudes toward the subject of interest (Patton 2014), PA in this case. Individual interviews were used because defining transnational cultural perspectives and practices in relation to PA is a phenomenon that can solely be described through the words, recollections, and the rhetoric values shared by those who have engaged in those practices; awareness is forged through the details.

### Procedure

**Screening phase** Recruited participants were screened with questions relating to their transnational identity and activity (i.e., maintaining relationships with friends and families in native homeland, sustaining native cultural practices, and traveling back home). Participants needed to meet the following inclusion criteria: adult men and women self-identified as Nigerian transnational—they possess the ability to sustain ties and identification to their native homeland (Nigeria), while still acculturating and creating an identity in their current homeland (US). Those that satisfied the inclusion criteria were invited for an interview.

**Demographic questionnaire** A standard questionnaire was issued before each interview session to collect descriptive information from the participants. The questionnaire asked for information on age range, marital status, employment, length of stay in the US, and frequency of communication with native homeland and method of maintaining ties to Nigeria.

**Interview sessions** Recruited participants were contacted via telephone in order to set up a meeting time for the interviews. Interviews took place at the homes of the participants. Upon completion of the consent forms and demographic questionnaire, the interview process was conducted. All interviews were conducted in the English language by only one researcher, who self-identified as an NTI. The interview times lasted between 30 and 90 min. The questions asked were guided by the PEN-3 theoretical model (Airhihenbuwa 1995) to induce participants' attitudes and values of PA, along with PA opportunities in their local environment. A sample of the questions asked were as follows: (a) "When you think of physical activity, what comes to mind?" (b) "What type of activities do you enjoy during your free time?"; (c) "Are you involved in any Nigerian related organization or groups that may or may not promote PA?".

### Data Analysis

The descriptive data from the socio-demographic questionnaire was developed using quantitative analysis software (SPSS 11).

### Qualitative Data Analysis

The interview transcripts were coded independently and triangulated by a total of three researchers in order to define

credibility. Transcripts were distributed among the three researchers to analyze and code individually; two of the three researchers were non-NTIs. The codes were determined only if there was a consensus reached among the researchers. After an agreement on final codes was reached, a codebook was then created. Minor clarifications were made to the codebook and it was used throughout the qualitative analysis process. The data was then categorized and emerging themes were identified. The emerging themes were developed through studying the coded transcripts and careful consideration of possible meanings and how these meanings fit within the developed themes. Quotes were then selected within the coded transcripts based on a strong fit with the meanings of the developed themes.

## Results

### Descriptive Data and Demographics

Twenty-four NTIs participated in this study; 13 were females and 11 were males. All 24 participants invited agreed to participate in interviews, rendering a 100% response rate. Table 1 shows further information about the descriptive information of the participants. All 24 participants were born in Nigeria and maintain ties with their native homeland (Nigeria). We found that 17 (71%) participants were married, 21 (87%) had children, and 9 (38%) reported to be within the ages of 51–60 years. Participants in this study reported an average length of stay in the US of 23 years. Most participants reported that their frequency in communications with their ties in Nigeria was “everyday” (38%) or “often” (46%).

The themes are categorized specifically using the subcategories of the PEN-3’s *Relationship and Expectation: Perceptions*—related to the individually held knowledge, attitudes, values, or beliefs stated by participants that assist or inhibit their personal motivation and decisions to maintain or change a behavior (Airhihenbuwa 1995). The aforementioned category used in combination with tenets from the *Cultural Empowerment* dimension—which affirms the possibilities of culture, with ranges of *Positive*, *Existential*, and *Negative* [3]. After data analysis, the following themes emerged:

#### Positive Perceptions: Dancing is Part of Who We Are

A form of PA that all participants strongly expressed as a major part in their lives is dancing, particularly cultural dances. The concept of dancing was the most frequently occurring theme in this study. Dancing was perceived as an activity that incorporated cultural identity and practices and used often as a means for socializing and religious practices.

*“We (Nigerians) love to dance and we are happy so that takes away some of the stress and a life that is stress-less*

*is a healthy life. I will give 100% to dancing as an activity because Nigerians love to dance and when they are dancing they talk and get to know each other better so this is #1 for us.” (Female participant—married w/children)*

*“It’s dancing. Nigerians love to dance. On Saturdays, if they are out there in their local associations events, they always make sure that there’s music and they dance. Then, on Sundays when they go to church, it’s more of dancing by praising God. So two days in a week I would say they do that.” (Female participant—married w/children)*

Participants also mentioned how they utilize dancing as a transnational tool to sustain their cultural ties:

*“I like to dance and I don’t want to lose my touch so I practice my own moves so that I can do them at parties... the shoki (a form of Nigerian dance) that I am talking about now is a dance coming from home (Nigeria) and if there is another dance tomorrow I will want to know the dance.” (Male participant—married w/o children)*

*“If something relates to you from your early stage, it sticks with you and you try to sustain it. With the dancing it relates to us deeply. Even when we were young, our parents can just start singing and will ask us to be dancing. We’re used to that...so music/dancing will help us (Nigerians).” (Female participant—married w/children)*

In addition, a few participants suggested a dance-centered culturally tailored initiative:

*“Like a Zumba type of thing, but with the African music. I think people would jump at it because it relates to them and their upbringing, especially if the African music is incorporated into it. People will do it. I would do it.” (Female participant—married w/ children)*

*A (dance) class is better; a (dance) video might work but African music with dance steps will make people work out and be physically active without even knowing. (Female participant—single w/o children)*

#### Existential Perceptions: Nigerian Parties as Spaces for Dancing

Although acculturated into the US, our participants sustain their transnational identities through maintaining

**Table 1** Descriptive information of the participants

	Women (n = 13)	Men (n = 11)	Total (n = 24)
Age range N (%)			
20–30	2 (15)	0 (0)	2 (9)
31–40	0 (0)	4 (36)	4 (17)
41–50	2 (15)	2 (18)	4 (17)
51–60	6 (46)	3 (28)	9 (38)
Over 60 years	3 (23)	2 (18)	5 (21)
Length of stay (mean, SD)	23.6 (11.1)	22.5 (14.1)	23.1 (12.3)
Married N (%)			
Yes	8 (62)	9 (82)	17 (71)
No	5 (38)	2 (18)	7 (29)
With children N (%)			
Yes	11 (85)	10 (91)	21 (87)
No	2 (15)	1 (9)	3 (13)
Employment (%)			
Employed	11 (85)	9 (82)	20 (83)
Unemployed	1 (7)	0 (0)	1 (4)
Retired	1 (7)	2 (18)	3 (13)
Frequency of communication with ties N (%)			
Everyday	5 (38)	3 (27)	9 (38)
Quite often	2 (14)	1 (9)	3 (13)
Often	6 (46)	5 (45)	11 (46)
Moderately	0 (0)	2 (18)	2 (8)
Never	0 (0)	0 (0)	0 (0)

cultural practices with fellow Nigerians who share the same characteristics. One form of this is the socialized practice of having parties. These parties are coordinated in similar fashion to events thrown in Nigeria, with similar dishes, attire, and music that could be heard in their native land. Participants noted that these parties were also conducive for dancing. The following quote highlight these sentiments:

*“It’s just a (place) to let loose and jijo (dance)... we joke around and say, ‘Nigerians don’t go on vacation’ but when they come to Nigerian party, that’s their own relaxation. We joke about that.” (Male participant—married w/ children)*

*“Saturday I went to one Nigerian party. I mean we are there till...you know Nigerians...they love their parties (laughs). We were there till 4 in the morning and we were on the dance floor all the time dancing. Yeah... it’s really good because there’s lots of sweat coming out (laughs).” (Female participant—single w/o children)*

*“When I’m at the party, I don’t sit down. I dance and I dance!” (Female participant—married w/children)*

Nigerian parties appear to be a space where the participants are actively engaged in dancing. However, participants’ perceptions of this space as a forum for the promotion of PA were mixed. Some participants felt that these parties can lead to unhealthy and sedentary behavior as illustrated in the following quotes:

*“It (Nigerian party) is not health based, we dance and sweat and that is good but there is also the eating and the drinking that is not too good and that is done in excessiveness.” (Female participant—married w/children)*

*“The men most of time are drinking in most of the parties, the women, when it comes to the dancing... it’s mostly women...I don’t know why. If men are there dancing they move so slow as if they’re letting the women dance around them. Party’s good, but most of the time we (men) use it for drinking and eating.” (Male participant—married w/children)*

Nevertheless, the majority of the participants disclaimed that these parties provide the opportunity for NTIs to become physically active while maintaining their cultural ties and identities.

### Negative Perceptions: “Hometown Associations Do Not Promote PA”

For some of our participants, Nigerian hometown associations are important for interacting with people from the same ethnic background or hometown region in Nigeria. Some participants viewed these hometown associations as a platform to maintain the cultural practices that they collectively share and to assist with alleviating challenges to acculturation. Even so, while the home organizations may help to maintain cultural ties, majority of the participants noted that it did not promote PA among NTIs. The following quotes illustrate these perceptions.

*“We never discuss that (physical activity) in our meetings, but as you mention it now it’s something that I’ll bring up. What we talk about is what is directly affecting us. If somebody is going through a difficult time here, how we can assist such people. Really we’re looking at ways of getting ourselves used to the system here (in America). So we’re not thinking about the health issue. We’re thinking about blending with the culture here. ‘Okay, you need to go to school. You need to get a job’. So those are the things we discuss more.” (Male participant—married w/children)*

*“Well I will say moderately, with what we go through and how we are outside of our country we feel we are here mainly to work and take care of our family and our children and make sure that they have a good education and also take care of our parents that are back home. We focus so much on survival in America but now our survival should include physical activity but we focus more on making ends meet.” (Female participant—married w/children)*

PA promotion appears not to be a priority for members of these hometown associations but instead falls behind other objectives such as assisting with acculturation and creating a space for socializing. However, some participants did perceive hometown associations as a potentially productive venue for health promotion in their community:

*“The best way is to pursue our (Nigerian) people, go through these home organizations, the mosques and the churches and to go where our people congregate to educate them about it (physical activity). When you understand your people’s language you can help them.” (Male participant—married w/children)*

*“Going into the home associations and even the churches...we are very religious... and to the mosque as well. When they (home associations) have their*

*picnic for the fourth of July you can have a health fair when people are having fun but at the same time they can have things like their vital signs and then they can talk to their physician but I think that is the only way you can catch people” (Female participant—married w/children)*

### Discussion

The rising prevalence of chronic diseases among African immigrant populations in the US strongly suggests the need for culturally tailored interventions to promote lifestyle changes, particularly in promoting PA. This is the first study to explore ways to promote physical activities among NTIs living in the US. We identified important positive, unique, and negative perceptions that respondents considered highly influential in promoting PA among NTIs in the US. Findings from the interviews revealed our participants spoke fervently about dancing as the primary form of PA that they prefer to engage in. It is incorporated into their culture and their daily life activities and their social/transnational networks. Functions such as Nigerian parties serve as a primary example of cultural practices in which dancing is heavily involved and where the NTIs’ transnational practices are truly evident across all age groups within this population. Research findings support the notion that dancing has both psychological and physiological benefits for both the old and the young (Hui et al. 2009; Jain and Brown 2013).

Some participants in this study called for programming that tailored to their fashion of music and cultural dancing as a way to make PA more appealing. Whitehorse et al. (1999) implemented a community intervention trial geared toward the Hispanic population utilizing mainly salsa aerobic dancing. The results from study suggested that community-based dance intervention programs may be an effective way for promoting PA among specific ethnic and under-served populations (Whitehorse 1999; Jain and Brown 2013). Community-based dance programs can be designed for NTIs in order to improve their PA participation.

The findings also suggest that hometown associations, while influential with maintaining cultural ties among NTIs, are not utilized for health promotion. These hometown associations, despite their benefits from a transnational standpoint, have not been perceived to influence positive behaviors regarding PA, nor has it been used as a platform to initiate discussions about health behaviors related to PA. However, our findings show that there is interest and opportunity for starting health initiatives as participants noted a high potential for promoting PA among other NTIs through similar ethnic hometown associations. Similar findings have been observed in other studies. Specifically, Orozco and Zanello (2009)

noted that hometown associations can potentially be an influential outlet for health programming and promotion for PA because it is a hub for community gathering and community activities, such as collective sending of remittances or fundraising or the social activities that involve the sustenance of cultural practices (parties, weddings, religious events, etc.) (Orozco and Zanello 2009).

Hometown associations create powerful support networks for transnational immigrants, regardless of length of stay or acculturation (Caglar 2006; Mercer et al. 2009); however, they have been under-utilized as a platform for the promotion of healthy behaviors. These hometown associations were also described as influential due to the access it provides to populations considered hard-to-reach and serves as prime avenues for intervention planning and program implementation. Programs that include culturally tailored health education and activities such as dancing can be developed, maintained, and supported through these associations, which in some cases function as community-based associations. Similar findings have also been observed among other minority populations who utilize these types of community-based associations to promote PA. For example, Bopp et al.'s (2007) study with African-American churches noted that individuals would be more motivated to engage in PA if it were incorporated in communities, intertwined with their culture values such as their churches, and supported by their community leaders (pastors for example). Hometown associations may also have similar impact if utilized to promote PA among NTI.

This study has some limitations worth mentioning. While we used qualitative methods, specifically in-depth interviews, the findings are limited due to our sampling approach. Our use of snowballing technique can yield a form of bias due to an oversampling of a particular network of peers. This can affect the reliability of the study because there is no form of random selection, which could possibly influence the responses shared in this study. Additionally, there was minimal analysis assessing the influence factors such as gender or the participant's life situations (marriage, children, employment, etc.) may have on the participant's perspectives on physical activity. These factors could possibly affect—positively or negatively—participants' ability and willingness to engage in PA. Another limitation was social desirability. It is very plausible that participants may respond in ways that seem more favorable to the researcher's expectation and not quite their genuine feelings. This can affect the veracity of the responses shared within our findings.

Nevertheless, the findings from this study highlight the need for the design and implementation of culturally competent health programs that not only assist in promoting PA but also in maintaining cultural ties and identities. Intervention program plans to promote PA in the Black population need to take into account the diversity within this population in the US. This study is one of few studies on this topic that

concentrates on an exclusive population within the Black population that can be hard to reach. Our findings generate implications for the development of culturally tailored interventions that can promote PA among NTIs in the US. Using dancing as its core in combination with access to hometown associations, culturally competent health interventions can be designed to effectively promote PA among NTIs in US. Other communities of color such as Latin and Asian populations are gradually making progress in this arena [12, 17] and culturally diverse Black populations will benefit tremendously if similar efforts are replicated.

#### Compliance with Ethical Standards

**Conflict of Interest** The authors declare that they have no conflict of interest.

**Ethical Approval** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

**Informed Consent** Informed consent was obtained from all individual participants included in the study.

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