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USING THE Internet TO INCREASE Physical Activity IN A FAITH COMMUNITY

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ABSTRACT: *Physical inactivity is the biggest public health problem of the 21st Century. Additionally, minority populations have higher rates of obesity and obesity-related illnesses, supporting the need to develop culturally-appropriate physical activity interventions for these populations. For African Americans (AAs), churches promote spiritual, mental, and physical well-being. The Internet offers an innovative medium to produce health behavior change and may be ideal to use with AAs in a church setting. A simple, no-cost, 8-week, Internet-delivered intervention to increase physical activity was piloted in an AA church. Level of activity increased, whereas time spent sitting decreased.*

KEY WORDS: *African Americans, Faith Community Nursing, health promotion, International Physical Activity Questionnaire (IPAQ), Internet-delivered interventions, physical activity*

INACTIVE LIFESTYLES

Physical inactivity has been identified as one of the biggest health problems of the 21st Century, causing 3.2 million deaths annually around the globe—the fourth leading risk factor for mortality (World Health Organization [WHO], 2015a). In the Americas, including the United States, a 2008 WHO study found that 50% of women and 40% of men were physically inactive (WHO, 2015b). Interventions that increase physical activity in adults are needed to improve health globally and in the United States.

Regular physical activity reduces the risk of adverse health outcomes, while producing long-term health benefits. Few lifestyle choices have as great an impact on health. Regular physical activity reduces risks for obesity, type 2 diabetes and metabolic syndrome, cardiovascular disease, and some cancers, while strengthening bones, decreasing stress, improving mood, increasing longevity, and helping prevent falls in the elderly (Centers for Disease Control and Prevention [CDC], 2011). The CDC reports that "People who are physically active for about 7 hours a week have a 40 percent lower risk of dying early than those who are active for less than 30 minutes a week" (2011).


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Technically, physical activity is "any bodily movement produced by skeletal muscles that requires energy expenditure" (WHO, 2015a). This can include exercise or sports, but also brisk walking, household chores, gardening, dancing, or a job involving carrying moderate to heavy loads. For optimal health benefits, healthy adults ages 18 to 64 should do at least 150 minutes per week of moderate-intensity physical activity or 75 minutes a week of vigorous-intensity activity, or an equivalent combination of both. Using an exertion scale where "0" is rest and "10" is maximum exertion, moderate-intensity activities rate 4–6, whereas vigorous activities rate 7–9. Furthermore, physical activity should be achieved in periods of at least 10 minutes, and if possible, spread throughout the week. Health rewards go up as the amount of physical activity exceeds basic guidelines (CDC, 2011; WHO, 2015c).

Data from the National Health and Nutrition Examination Survey (NHANES) also support that adults are inactive, revealing that 34.9% of adults were obese in 2011–2012, with a body mass index greater than 30 (Ogden, Carroll, Kit, & Flegal, 2014). Unfortunately, racial and ethnic minorities are disproportionately impacted by obesity. Non-Hispanic Blacks have the highest age-adjusted rates of obesity (47.8%) in the United States, followed by Hispanics (42.5%), non-Hispanic Whites (32.6%), and non-Hispanic Asians (10.8%) (Ogden et al.). The reality that vulnerable minority populations have higher rates of obesity and obesity-related illnesses supports the need to develop culturally appropriate nutrition and exercise interventions for these populations. For African Americans (AAs), churches serve multiple roles in the community and are the basis for social and political activities, in addition to promoting spiritual, mental, and physical well-being. Spirituality influences health and well-being (Koenig, King, & Carson, 2012), and the association, inspiration, and church setting are spiritual stimuli that can help participating individuals gain better control over their health (Konopack & McAuley, 2012).

The development and implementation of an effective intervention to increase physical activity could be an important and cost-effective way to promote health, especially for minority populations. Face-to-face activities are known to be successful in promoting physical activity. However, numerous challenges and barriers limit face-to-face activities, including transportation issues, time restraints, and the high cost of delivery of care of office visits (Carr et al., 2013). The World Wide Web or Internet offers an alternative mode for promoting physical activity (Davies, Spence, Vandelanotte, Caperchione, & Mummery, 2012). Current evidence reveals that a majority of people, over 1.5 billion worldwide, access the Internet. Thus, the Internet provides an alternate means to health promotion for individuals who are unable to access other means of standard care (Davies et al.). It has the potential to make a significant public health impact on sedentary behavior through wide-scale dissemination of information.

WHAT MAKES INTERNET INTERVENTIONS EFFECTIVE?

Prior research suggests ways of delivering Internet physical activity interventions to adults. For this review, MEDLINE, PubMed, Cochrane Database of Systematic Reviews (CDSR), and the Cumulative Index of Nursing and Allied Health Literature (CINAHL) were searched, using the following search terms: African American, physical activity, church-based, interventions, and Internet-delivered. Selected studies were limited to English, published within the last seven years, and included systematic reviews, meta-analyses, and random control trials. Of 30 initial articles, 10 were retained as relevant to

TABLE 1: Physical Activity Websites Used for Internet Intervention and Rankings of Helpfulness (*N* = 21)*

Organization:	Website:	Most Helpful *n* (%)	Moderately Helpful *n* (%)	Somewhat Helpful *n* (%)	Not Helpful *n* (%)
American Heart Association	http://www.startwalkingnow.org	13 (61.9%)	3 (14.3%)	4 (19.0%)	0
Shape Up America	http://www.shapeup.org	7 (33.3%)	11 (52.4%)	2 (9.5%)	0
Mayo Clinic Fitness and Sports Medicine Center	http://www.mayoclinic.com/health/fitness/MY00396	10 (47.6%)	8 (38.1%)	2 (9.5%)	0
American Academy of Family Physicians	http://familydoctor.org/familydoctor/en/prevention-wellness.html	7 (33.3%)	9 (42.9%)	2 (9.5%)	1 (4.8%)
American Council on Exercise (ACE)	http://www.acefitness.org/acefit/fitness-facts/	13 (61.9%)	5 (23.8%)	2 (9.5%)	0
American College of Sports Medicine (ACSM)	http://www.acsm.org	9 (42.9%)	5 (23.8%)	1 (4.8%)	2 (9.5%)

**n* is less than total sample because not all participants rated all websites. Percents given represent % of total sample.

the current project. Eight studies evaluated the effectiveness of an Internet-delivered intervention to increase physical activity; two studies explored physical activity in AA faith communities.

All of the studies were conducted in various group settings for various predetermined time periods ranging from six weeks to two years and offered insight about effective elements of Internet interventions to increase physical activity and AA health.

Bopp et al. (2007) researched the link between spirituality and health behaviors and the role of the church in promoting physical activity in AAs. Focus groups were used to obtain the views of sedentary or inactive church members. From the discussion, researchers found categories of spirituality, barriers and enablers, and desired physical activity programs. They concluded that spirituality, culturally-specific activities, and social support within the church are important when planning health interventions for AA communities, and the church is a natural setting for promoting healthy behaviors.

McDowell, Wallace, Tillery, and Cencula (2011) implemented a 20-week nutrition and physical activity intervention in 10 AA churches with adults, the majority of whom (78%) were overweight or obese. At each church, dietitians held nutrition sessions once every two weeks; physical activity sessions with traditional (e.g., aerobics, weight training) and nontraditional (e.g., line-dancing) exercise were held weekly by an exercise physiologist; and motivational sessions were held once every two weeks, emphasizing commitment to faith in maintaining goals. Each of the sessions began and ended in prayer and incorporated spiritual messages. Comparing this intervention with primary care interventions in previous studies, the church-based intervention was more effective in decreasing weight and body mass index (BMI) over time, and was more sustainable. The interactions and faith-based challenge to better nutrition and physical activity made it easier to promote enthusiasm and commitment by means of spirituality, combined with education.

A meta-analysis by Davies et al. (2012) included 34 studies of Internet interventions with adults from the United States, Australia, Canada, England, Belgium, Taiwan, Scotland, and South Korea to increase physical activity, with a total sample of 11,885. The average time of intervention was slightly over 12 weeks; average age was 43 years, with 65% female and 92% Caucasian. Each study used a combination of Internet and e-mail, the Internet only, or only e-mail. The overall effect of Internet-delivered interventions impacted physical activity, especially when screening was done for baseline physical activity levels, and educational components were included.

Carr et al. (2013) conducted a randomized, controlled trial to test the efficacy of an enhanced Internet (EI) intervention compared to a standard Internet (SI) intervention. SI was six reputable websites that were publicly available and promoted physical activity.

TABLE 2: Characteristics of Project Participants (*N* = 21)

Characteristic:	*n*	% Of Total Participants
Gender		
Male	8	38.1
Female	13	61.9
Age:		
19–30	5	23.8
31–40	5	23.8
41–50	5	23.8
51–64	6	28.6
Education:		
College 1–3 yrs.	16	76.2
College 4 yrs.	5	23.8
Marital Status:		
Married	10	47.6
Single	10	47.6
Divorced	1	4.8

EI involved five targeted Internet features, based on ideas previously identified in focus groups as useful for increasing physical activity: a tracking/logging calendar (self-monitoring, goal setting); geographic mapping tools (perceived environment); a discussion forum (social support); exercise videos (observational learning); and updates of peer progress (situation). The EI intervention showed greater improvements at three months than the SI intervention, suggesting EI was helpful for short-term improvement in physical activity.

Irvine, Gelatt, Seeley, Macfarlane, and Gau (2013) conducted a randomized

control trial on an Internet intervention to help sedentary older adults (>55) start and maintain an exercise routine. The Internet intervention helped participants select endurance, flexibility, strengthening, and balance enhancement exercises; offered weekly automated video and text support and education with options to change or increase their exercise plan; and problem solving to overcome barriers to exercise. The intervention group showed significant gains over the control group at 12 weeks and six months using self-report measures. The availability of accessing the Internet 24/7 was appealing to the participants, making the Internet a potentially cost-effective tool that can reach large numbers.

Lewis et al. (2008) examined the usefulness of tailored website components for increasing physical activity in adults. Participants in the intervention-tailored website logged in more than controls (standard exercise websites publicly available), and they found goal setting and self-monitoring (logging exercise) most useful, due to the interactivity and change of content over time.

Grim, Hortz, & Petosa (2011) designed a pilot study to evaluate the impact of a web-based intervention to increase moderate to vigorous physical activity. College students participated in three groups to determine the impacts of Internet delivery of a skill-building intervention that: (a) encouraged leisure time exercise three times weekly; (b) classroom instruction and participation in physical activity labs three times weekly; and (c) traditional classroom delivery of health information. Vigorous physical activity, self-regulation, and outcome expectancy increased significantly in the web-based and physical activity course groups, supporting that the web-based/traditional physical activity lecture and activity lab interventions were superior to a traditional health course.

INTERNET INTERVENTION IN A CHURCH

Faith community and other nurses in religious settings are looking for ways to promote health in members of the faith community. Often, however, resources—time, money, equipment, space—for developing and implementing health interventions are limited. The purpose of this project was to develop and implement a simple, no-cost Internet intervention to increase physical activity in members of an AA church, using elements previously discussed about Internet interventions.

A church in Alabama, where the majority of the members are AA, was chosen to explore the impact of an Internet physical activity intervention. The church has a senior pastor and two associate pastors, and the church building has a kitchen, classrooms, and an adequate sized parking lot, making it a suitable location for the intervention. Participants were recruited from the church members who were ages 19 to 64, had access to and ability to use a computer, used English as their primary language, could read at an eighthgrade reading level, and had transportation to two face-to-face meetings related to the intervention.

The intervention was introduced through verbal announcements during various church meetings; a flyer posted in the church lobby provided information regarding the project. Interested members signed up on a sheet in the church lobby. Potential participants were then contacted by phone, e-mail, or text, where the project was further described, and they were invited to the first project meeting. Participants attended two meetings at the church: one before the project and the last week of the project.

The intervention consisted of an eight-week program where participants logged onto six physical activity information websites (Table 1). Participants reviewed a different website each week. Websites were chosen based on no cost, easily accessible, operational for at least five years, and accurate and useful information regarding physical activity promotion. During the initial meeting, participants received verbal and written information on how and when to access the websites. In addition, weekly texts of encouragement were given to each participant. Participants were verbally reminded, as well, during bible study twice a week.

Basic demographic information and time spent exercising was collected from participants. Physical activity was measured using the International Physical Activity Questionnaire (IPAQ) before and after the intervention. The IPAQ is an open-access international measure for physical activity, used to estimate health related to physical activity within and between nations. It has demonstrated acceptable reliability and validity properties (Al-Hazzaa, 2007; Bauman et al., 2009; IPAQ, n.d.). The IPAQ asks about: vigorous exercise (breathe much harder than normal, heavy lifting, digging, aerobics, fast bicycling); moderate exercise (breathe somewhat harder than normal, carry light loads, bicycle at regular pace, doubles tennis, *not* walking); walking (for recreation, exercise, sports, or

TABLE 3: Time Spent Exercising Per Week Preintervention (*N* = 21)

Minutes exercising per week	*n*	% of total participants
<15	10	47.6
16–30	4	19.0
31–45	1	4.8
61–75	2	9.5
75–90	1	4.8
>90	3	14.3

TABLE 4: Number of Days in the Last Seven Spent in Vigorous and Moderate Physical Activity Pre- and Postintervention (*N* = 21)

Preintervention:			Postintervention:		
Days:	*n**	%†	Days:	*n*	%
Vigorous Activity					
0	7	33.3	0	4	19.0
1	2	9.5	1	4	19.0
2	2	9.5	2	0	9.5
3	0	0	3	2	0
4	1	4.8	4	5	23.8
5	2	9.5	5	1	9.5
6	1	4.8	6	0	0
7	0	0	7	0	0
Moderate Activity					
0	4	19.0	0	5	23.8
1	2	9.5	1	2	9.5
2	3	14.3	2	1	4.8
3	2	9.5	3	2	9.5
4	3	14.3	4	4	19.0
5	1	4.8	5	3	14.3
6	0	0	0	0	0
7	0	0	0	0	0

**n* does not equal 21
While all participants engaged in physical activity, not all classified it as vigorous or moderate. †% of total participants

leisure)—all for 10 minutes or more at a time; and time spent sitting per day in the last seven days. Wolin, Heil, Askew, Matthews, and Bennett (2008) demonstrated IPAQ short form (IPAQ-S) validity against accelerometer-determined physical activity measures among AAs. Findings indicate that the IPAQ-S may be suitable for use in AAs for measuring physical activity. Participants self-administered the questionnaire at the pre- and postintervention meetings.

Characteristics of the study sample ($N = 21$) are found in Table 2. Project data were analyzed using SPSS version 21.0. The duration of time in minutes spent exercising per week before the intervention is found in Table 3. Days spent in vigorous and moderate activity levels per week before and after the intervention are found in Table 4. Mean, standard deviation and range of levels of vigorous and moderate activity, walking, and sitting pre- and postintervention are given in Table 5. The number of days in the last seven spent walking for at least 10 minutes pre- and postintervention are provided in Table 6. It should be noted that the average number of days that included vigorous activity, moderate activity, and walking activity increased, whereas the numbers of hours spent sitting decreased. These changes appear to be clinically significant even though statistically significant differences were not found pre- and postintervention, which may be related to the small sample size.

Rankings of the level of helpfulness of the websites are found in Table 1. The most helpful websites were the American Heart Association and the American Council on Exercise, whereas the least helpful was the American Academy of Family Physicians. The participants were not asked for and did not offer comments as to why the websites were more or less helpful. It can be noted, however, that the American Heart Association and the American Council on Exercise appear to have more information and more choices on physical activity and exercise than the other websites.

INTERNET INTERVENTION EFFECTIVE

The Internet is an innovative medium for stimulating health behavior changes in terms of reach, availability, cost, and opportunities for interactive approaches. In a faith setting such as a church, attempting to increase physical activity through the Internet may be an ideal intervention because of the ease of implementation and ability to reach members of the faith community. Furthermore, because of the church-based setting, members could motivate each other to engage in physical activity and improve health. Through this project, it became apparent that testimonies from participants would encourage other participants to continue the intervention. Once the participants started reading through the websites, many testimonies were verbalized. For additional support, grouping participants, a buddy system, and using social media could facilitate physical activity and greater participation churchwide. Having the physical activity project coordinator be present at varied times for the participants to sign up outside of select hours and meetings could increase participation, as well. In addition, it would be beneficial for participants to add comments about the websites in addition to rating the websites.

Challenges of the intervention were the lack of participants. To increase participation, additional informational meetings could have been held for others to be included. Some participants came late to the meetings, and material was reiterated, prolonging the planned time for the meeting. Strategies for instructing latecomers would be helpful in the future. Some of the participants had difficulty understanding wording in the IPAQ questionnaire and needed extra help. For future projects, recruitment and implementation may require more planning.

In reviewing benchmarks such as CDC's Physical Activity for Everyone Guidelines, no mention is made of interventions that could be used online or in remote locations (CDC, 2014). The Internet intervention in this project is unique, fills a gap in the faith community, is simple to execute, and is sustainable. The goal of this online intervention was to increase physical activity in AA church members. Overall, the implementation was effective and could be easily continued. Efforts to engage participants with weekly texts and bi-weekly verbal encouragement were successful and contributed to having participants willing to continue with the project. A total of six physical activity-related websites representing a variety of choice were provided to each participant. Participants received instruction on how to navigate each website and were encouraged to take personal notes from the information.

Limitations of this project and evaluation were the small convenience sample, short eight-week time frame, and use of self-report with no evidence that participants engaged in physical activity or provided accurate information.

TABLE 5: Mean, Standard Deviation, and Range of Activity Levels Pre- and Postintervention ($N = 21$)

	Preintervention			Postintervention		
	Mean	SD	Range	Mean	SD	Range
Vigorous activity in days	2.0	2.2	0–6	2.1	1.8	0–5
Moderate activity in days	2.1	1.7	0–5	2.4	2.0	0–5
Walking in days	4.0	2.3	0–7	5.0	2.1	0–7
Sitting in hours per day	7.2	4.4	2–20	6.2	3.3	0–12

TABLE 6: Number of Days in the Last Seven Spent Walking for at Least 10 Minutes ($N = 21$)

	Pre-intervention:		Post-intervention:	
Days:	*n**	%†	*n*	%
0	3	14.3	2	9.5
1	0	0	0	0
2	2	9.5	0	0
3	3	14.3	0	0
4	4	19.0	4	19.0
5	2	9.5	5	23.8
6	2	9.5	2	9.5
7	4	19.0	6	28.6

**n* does not equal 21
While all participants engaged in physical activity, not all participated in walking as activity of choice.

†% of total participants

Although results were clinically significant, a larger sample might have yielded statistically significant findings. The majority of the participants were women and recruited from the lead author's church, thereby limiting generalizability of the findings. Future research should try to capture participants' Internet experiences—what they find on the physical activity websites, what they think about the information, and more importantly, how the websites motivated them to get moving and change their behavior.

A faith-based setting is ideal for engaging AAs in an easily-implemented online physical activity intervention. Church members who participated appeared to increase their level of activity. Although physical activity is only one component in maintaining a healthy lifestyle, it is recognized as an important step in improving one's health (WHO, 2015a).

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