Using Physical Activity Trackers in the African American Church to Increase Physical Activity  
Drs. Betty Key & Mike Fedewa  
Capstone College of Nursing – The University of Alabama

**Background**

- African Americans (AA) have a high rate of chronic disease. Inactivity has been cited as a contributing factor in chronic diseases such as high blood pressure (HTN) and high blood glucose levels. Increasing physical activity has been shown to help lower HTN, blood glucose, and promote good health.
- National data suggests that AAAs engage in 48.9% less leisure physical activity, compared to 38.2% of white Americans.

**Purpose**

- The purpose of this study was to examine if the use of physical activity trackers within the AA church setting would increase physical activity (specifically walking) by parishioners with high blood pressure and diabetes.
- This study was designed to provide insight into the feasibility of community health workers (CHWs) within faith-based organizations (FBOs) to address chronic health issues.
- Would the presence of CHWs (utilized as peer coaches) improve physical activity (measured with a physical activity tracker).

**Methods**

- This quasi-experimental, feasibility study recruited participants from two churches that had homogenous congregations, n=30. Participants from both churches received education sessions on walking guidelines, safety, injury prevention and how to use the activity tracker. This was taught by the kinesiologist, who is also the co-investigator.
- Walking groups were expected to meet a minimum of twice per week for 30 minutes each time, with the suggestion of 3 times per week. Participants that completed all components of the study received a $25 VISA card.

**Results**

- The majority of participants ranged in age from 50-69 years of age. Overall, 74.29% were female and 25.71% were male. All participants had a diagnosis of either hypertension, diabetes, or both.
- Baseline physical activity was assessed continuously for 22.0+/−9.1 days (range 7-31 days). Approximately 39% of participants accumulated fewer than 10,000 steps/day (10,250.7+/−13,977.1 steps). No differences were observed when comparing the change in physical activity between churches (p=.540).

**Conclusion**

- Faith-based organizations (FBO) such as churches are important stakeholders in AA communities (both rural and urban).
- This study used peer walking coaches as CHWs with the intention of later utilizing CHWs to help individuals with chronic disease within the church.
- The findings from this study add to the evidence surrounding the need to further promote physical activity in FBO as a strategy to help reduce or manage chronic diseases such as HTN and diabetes locally, nationally and globally.

**Table 1**

<table>
<thead>
<tr>
<th>Health Risk Factor</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>23</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4</td>
</tr>
<tr>
<td>Both High Blood Pressure and Diabetes</td>
<td>3</td>
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</tbody>
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**References**