Faith, Fellowship, & Fitness: A Collaborative Culturally Tailored Physical Activity Program

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Abstract

Routine physical activity, about 2.5 hours per week, can help reduce weight, prevent cardiovascular disease, decrease diabetes risk, improve bone and muscle strength, and enhance a person’s emotional well being (Centers for Disease Control and Prevention [CDC], 2009b). Unfortunately, only 40.4% of African-Americans meet recommended CDC physical activity guidelines compared to 51.7% of Caucasians and 42.1% of Hispanics (CDC, 2007). The Faith, Fellowship, & Fitness program is a collaborative, culturally tailored, faith-based intervention for African-American church members to increase physical activity. The proposed intervention is designed to assist leadership and members of an African-American church to design, implement, and maintain the program without researcher involvement. The proposed study is a quasi-experimental, pre-test, post-test design without a comparison group. The purpose of the proposed study is to determine if a collaborative, culturally tailored, faith-based intervention located in a church environment can increase the physical activity participation rates of African-American congregation members.
Faith, Fellowship, & Fitness Program

The leading causes of death and disability in the United States (U.S.) result from chronic diseases including heart disease, cancer, stroke, obesity, and diabetes. These chronic diseases account for 70% of all deaths in the U.S. and more than 75% of the $2 trillion costs associated with medical care. In addition, the rise of chronic disease incidence rates in children and adolescents rose from 1.8% in the 1960s to 7% in 2004. Although chronic diseases are the most common causes of death and disability in the U.S., they are also the most preventable health diseases. Inadequate physical activity is one of the most important modifiable health behaviors that can prevent the onset of chronic disease (CDC, 2009a). Routine physical activity, about 2.5 hours per week, can help reduce weight, prevent cardiovascular disease, decrease the likelihood of diabetes, improve bone and muscle strength, and enhance a person’s emotional well being (CDC, 2009b). Unfortunately, only 40.4% of African Americans meet recommended CDC physical activity guidelines compared to 51.7% of Caucasians and 42.1% of Hispanics (CDC, 2007).

The African American population is experiencing health disparities in most of the major health disease issues seen today. They represent 12.7% of the U.S. population, yet 26% of asthma related deaths come from that same ethnic group. The incidence of diabetes in the African American population is twice that of the non-Hispanic population. The death rates from breast cancer are higher for African American women than white women, and only 39% of African American adults receive the annual flu and pneumonia vaccinations compared to 63% of whites. Death rates associated with heart disease are 30% higher and death rates associated with strokes are 41% higher for African Americans than Caucasians (CDC, 2008a). In addition, only
27.5% of the African American population is neither overweight nor obese as compared to 37.5% Caucasian and 33.2% Hispanic (CDC, 2008b). These statistics clearly show the African American population has an even greater incidence of chronic disease as compared to other ethnic groups. This knowledge when coupled with the lower physical activity participation rates of African Americans shows the importance of developing a physical activity intervention program focused on the African American population.

Review of Literature

The church environment provides promising opportunity to enhance physical and emotional health among the African American population. Historically, churches have been a source of education, advocacy, and social networking in the African American community. They have been known to work collaboratively with health care organizations and have shown interest in participating in programs that increase the well being of its members (Pearson, Atwood, & Yates, 2002). They are in an accessible location to conduct health-promoting programs aimed toward African-Americans, as they tend to be centrally located and in the center of activity in the African American community (McCoy, 1998). Churches also have the means to conduct community programs. They typically have the necessary space for group activities and an existing base of volunteers who can be trained with little financial resources. The church itself also has an inherent social network that offers supportive relationships (Pearson et al.). Church leaders promote values of service and caring that serve as positive influences on lifestyle changes. The faith-based community is welcoming to the entire family and thus provides opportunity for all family members to participate in programs. In addition, interventions conducted in church environments can incorporate cultural and spiritual values, both which have
shown to be positive influences on behavioral change (Pearson et al.).

An increasingly popular approach to designing health promotion interventions is community-based participatory research (CBPR). This approach involves the community in developing and carrying out the intervention and helps to increase community member involvement, motivation level, and participation rate. It also creates a sense of ownership of the project supporting sustainability over time. Furthermore, because CBPR involves the community, the intervention has more credibility with the community members (Campbell et al., 2007).

In a research article written by Campbell et al. (2007), they evaluated thirteen studies and found CBPR to be a potentially effective technique for promoting positive health behavior change in community-based interventions for African Americans. The article further emphasizes the importance of avoiding a prescriptive intervention for all churches as culture and the interest in health is different even across the sub-population of African American churches (Campbell et al., 2007). The authors state, “It can not be assumed that programs that have worked in one ethnic group or religious organization will play out equally well in another context” (Campbell et al., 2007, p. 215). The findings of this article support the need for a physical activity program to be culturally appropriate and easily customizable for the audience it serves.

Researchers Kim et al. (2008) created a CBPR program entitled, *The WORD (Wholeness, Oneness, Righteousness, Deliverance)*. Their study demonstrated the importance of obtaining input from participants to guide the intervention design. This study was implemented in a rural African American community where a team of non-profit leaders, investigators, and pastors and members from rural churches was formed. The team created and conducted an assessment to
determine the issue of concern to the community, which was body weight, and held focus groups with church members to gather data, such as topics of interest, barriers and facilitators to weight loss, and how the sociocultural environment of the church was related to healthy weight and logistical issues. The team used the data from the focus groups to guide the design of the intervention. The study results show that an approach incorporating church congregation members and leaders in the design and implementation of the intervention can be a successful strategy to change health related behaviors (Kim et al., 2008).

In 2006, Wilcox et al. performed a study to evaluate the baseline findings of the Health-e-AME Physical Activity program for church based African Americans. This study found that use of the Transtheoretical Change model was necessary to ensure that interventions could be tailored to each participant’s individual stage of change or readiness for change. This study built specific interventions around levels of change. For example, those in the pre-contemplation stage might receive educational literature or listen to benefits of physical activity during a sermon. Church leaders might develop various walking, aerobic, and chair exercise programs for members currently in the active or maintenance stages of change (Wilcox et al., 2006). These culturally tailored interventions have seen some success in increasing the physical activity participation rates of church congregation members.

Researchers Baruth, Wilcox, Laken, Bopp, & Saunders (2008) surveyed health directors implementing the Health-e-AME program and found that, “pastors are the guiding force in African American churches. Because they are viewed as respected gatekeepers, pastors are well-suited for organizing and invigorating change in health disparity efforts” (p. 305). The importance of active involvement by church leaders both at the pulpit and in the intervention
activities themselves cannot be understated. Another study of the *Health-e-AME program* conducted by Bopp et al., which utilized a Reach, Effectiveness, Adoption Implementation, and Maintenance (RE-AIM) technique of evaluating program outcomes, found that church congregation members would continue participating in physical activity only as long as the church offered those services (2007). This shows the importance of developing an intervention program that can be easily implemented and maintained on an on-going basis. The study also found that common problems encountered by churches implementing the *Health-e-AME* program was lack of motivation and involvement from congregation members, lack of support from the pastor, high turnover rates among pastors, and issues with health directors or program leaders in committing time and resources to keep the program running (Bopp et al., 2007).

Finally, the very successful *Body & Soul* program developed by the U.S. Department of Health and Human Services [DOHHS] (n.d.) has been used in African American churches for over ten years to improve the eating habits of church members. This program contains four critical principles that address the topics mentioned previously and can be easily adapted for a physical activity program: Leadership Commitment & Involvement, Culturally Tailored Church Activities, Availability of Church Resources, and Congregation Support & Motivation (DOHHS, n.d.). The Faith, Fellowship, and Fitness program was developed utilizing these principles and is designed for implementation within a faith-based environment where it can be tailored to the interest of each African American participant. The purpose of the proposed study is to determine if a collaborative, culturally tailored, faith-based intervention located in a church environment can increase the physical activity participation rates of African American congregation members.

**Conceptual/Theoretical Framework**
Susan Pender’s Health Promotion Model (HPM) is a popular theory used in nursing and was used as a foundation for this study. It targets positive health outcomes by identifying components that contribute to health-promoting behavior (Bastable, 2008). The major constructs of HPM are divided into three categories with subcategories: individual characteristics (prior related behavior, personal factors), behavior-specific cognition and effect (perceived benefits and barriers to action, perceived self-efficacy, activity related affect, interpersonal and situational influences), and behavioral outcome (immediate competing demands, commitment to a plan). These constructs are interrelated and believed to influence an individual’s decision to participate in a health promoting behavior (D’Amico & Barbarito, 2007). The constructs of the HPM were used to guide the development of the assessment tool (see Appendix D), which is to be used by church leaders. The assessment tool serves as a framework for church leaders to learn what influences members’ decisions to participate in physical activity and to guide their choice of appropriate interventions. Each construct is addressed in a separate question on the members’ survey with the exception of perceived benefits to action, which was left out of the survey for simplicity. Instead, this concept is included in the Activity Promotion Techniques portion in Appendix F where church members are advised to post flyers/bulletins that highlight the benefits to exercise.

The second theory used in this study is the Transtheoretical Model of Change. This theory determines an individual’s intention to change a problem behavior (Cancer Prevention Research Center, 1991a). It categorizes the individual with the problem behavior into one of five stages: precontemplation (unmotivated, not willing to change), contemplation (acknowledge the need to change but procrastinating), preparation (have been seeking ways to change and plan on
changing in the next month), *action* (change has begun and risk of regression is high), or *maintenance* (changed behavior has been sustained and confidence is built) (Cancer Prevention Research Center, 1991b). The Transtheoretical Model of Change theory was used in this study to evaluate church members’ readiness to disengage in sedentary lifestyle and begin participation in physical activity. It is addressed in one question in the church members’ survey to allow church leaders to determine what stage of change church members are in and serves as another element in guiding church leaders’ choice of physical activity interventions.

The Self-Efficacy Theory developed by Bandura is also used in this study. The theory deals with a person’s belief that he or she can change or has the ability to perform a desired action. The person’s self-efficacy increases the probability of a positive outcome (Bastable, 2008). According to Bandura’s theory, four components: mastery experiences, vicarious experiences, social persuasion, and emotional arousal, determine a person’s self-efficacy (Bandura, 1994; Bastable, 2008). Mastery experiences are previous experiences that a person has had that were either positive or negative and that influence his or her belief in his or her ability to do the same activity in the future. In the context of physical activity and the church, previous successful participation in a physical activity program correlates with mastery experiences. Vicarious experiences develop through watching other people deal with similar circumstances or activities. The successful completion of a physical activity program by a friend, spouse, or relative and/or by a celebrity or role model correlates with vicarious experiences. Social persuasion relates to the verbal encouragement of others as well as the faith that others have in the ability of the person. The statement of another person indicating belief in the ability of someone to do a physical activity program and the quoting of scriptures correlate with social
persuasion. Finally, emotional arousal relates to a person’s reaction to stress and the negative effects of an activity. The way a person feels after exercising and the way a person reacts to the effects of physical activity correlate with emotional arousal (Bandura, 1994).

**Significance of the Study**

The proposed study supports two initiatives of the National Institute of Nursing Research (NINR): health promotion and disease prevention and decreasing health disparities (2008). Behavioral change and self efficacy theories were used as a guide to design a tailored intervention with the goal of promoting physical activity in African Americans in order to promote health and decrease risk factors for chronic disease. The proposed study will provide data on the effectiveness of participatory interventions in a faith-based environment and expand existing knowledge of the phenomena of facilitating behavioral change.

Further research is needed to validate the findings of this study because it lacks a control group and has a small sample size. Future research built upon the findings of this study will refine strategies of promoting physical activity programs within a church. Additional research will be needed to determine the effectiveness of these programs on other ethnic groups such as the Hispanic population.

**Hypotheses and Research Questions**

The goal of the Faith, Fellowship, and Fitness program is to utilize African American church members’ values and beliefs in faith and fellowship to increase their level of physical activity within the context of a church-based, culturally tailored, fitness program. The proposed study is based on three hypotheses:

1. African American church congregation members participating in the Faith,
Physical Activity Fellowship, and Fitness Program, a collaborative, culturally tailored, faith-based intervention, will increase their amount of time spent performing physical activity exercises.

2. There will be an increase in the number of physical activity promotion events held by the church of an African American congregation using the Faith, Fellowship, and Fitness Program.

3. African American church congregation members participating in the Faith, Fellowship, and Fitness Program will increase their level of exercise related self-efficacy.

In addition to studying the above hypotheses, the proposed study seeks to answer two important research questions:

1. Is there a positive relationship between church leadership participation in exercise activity events and congregation members’ participation when utilizing the Faith, Fellowship, and Fitness Program, a collaborative, culturally tailored, faith-based intervention?

2. Is the Faith, Fellowship, and Fitness Program feasible for the church leadership to implement and maintain on an on-going basis?

Methodology

Study Design and Population

The study is a quasi-experimental, one group pre-test, post-test design. This design was chosen as it is feasible, and it provides for obtainment of baseline data for effectiveness of using a collaborative, culturally tailored, faith-based intervention to increase physical exercise. The
population is southern, urban, African American churches, church leaders, and church members.

**Study Setting, Sample Size, and Sampling Procedure**

The proposed study setting is a Hampton Roads urban African American church. Three different samples will be included: a church, church leaders, and church members. Inclusion criteria for these samples include: a church with primarily African American members, church leadership that desire to improve physical activity participation rates in their community, and any African American church member able to participate in fitness activities. Sampling will be completed through identifying an interested African American church congregation through a faith-based community organization such as a parish nurses association. The sample will be a convenience sample and sample size will vary based upon the size of the church. Once a church is identified, the intervention will be implemented by the church leadership and open to all church members.

**Intervention Description**

The intervention to be investigated in the proposed study is a collaborative, culturally tailored, faith-based program for African American church members to increase physical activity. The program, labeled as Faith, Fellowship, and Fitness, is designed to allow leadership and members of an African American church to carry out a physical activity intervention without researcher involvement. This will promote sustainability of the intervention within the church community after the research project is completed to allow for continued benefits to the church community from the research study.

The Faith, Fellowship, and Fitness intervention consists of a guide (see Appendix A) to lead the church step by step through the design and implementation of the program. The first step
in the intervention begins with a kick-off meeting (see Appendix C) between the church leadership, selected church members, and the intervention developers to discuss any questions the church leadership may have about the intervention. After this meeting, the researcher role is limited to ensure that the intervention is feasible and sustainable for the church even after the researchers are no longer involved.

The next step is for the church leadership to complete a survey (see Appendix B) in order to determine current resources such as monetary funds, leadership, and time available to apply to the intervention. The evaluation of the current resources allows the church leadership to design the program in a way that can be supported by the current environment, which promotes the feasibility of the intervention. Next, the church leadership provides members with a survey (sample provided in Appendix D, Part A & B) to complete to determine the church members’ interests, current levels of physical activity, and barriers to performing physical activity. The church leaders will use a survey evaluation guide (sample provided in Appendix H) to assist with compiling and analyzing the data obtained from the completed church members’ surveys.

The information about the church members is then used by the church leadership to customize a physical activity intervention for the church members. Sample physical activities are provided (see Appendix E) for the church leadership to use as examples from which to brainstorm customized activities based on the information gathered from the church membership survey and the church leadership survey. Additionally, sample promotion techniques (see Appendix F) are provided, such as including information on the benefits of physical activity in a newsletter and advertising physical activity events on a church bulletin board, to allow the church to generate interest in the intervention. The church will then track physical activity events
held and leadership and member participation over the following six months to determine the
success of the intervention with the church congregation. A sample physical activity log (see
Appendix G) is provided as a format for tracking these items.

At the end of the six months, the church member evaluation (sample provided in
Appendix D, Part B) will be provided by the church leadership to the congregation for
completion to gather data for researchers to assess the results of the intervention. Additionally, a
follow-up meeting will be held with the church leadership to obtain feedback on the success and
feasibility of the intervention.

Instrumentation Reliability and Validity

Three instruments are used for measurement and data collection: church leadership
survey (see Appendix B), church membership survey (see Appendix D, Part B), and a physical
activity log (see Appendix G). The church leadership survey is a self-report tool so the validity
and reliability depend greatly on the accuracy of the information reported by the church. The
church membership survey is based upon Pender’s Health Promotion theory and the theory of
self- efficacy. It is a researcher developed tool and information regarding its validity and
reliability is not yet available. The physical activity log is again a self-report tool. The reliability
and validity of this tool will depend upon the ability of the church to maintain accurate records of
the requested data.

Data Collection Methods and Procedures

Data from the proposed study will be collected through several self-report surveys, a
physical activity events log, and a follow-up meeting with church leadership six months after the
implementation of the intervention. A self-report survey completed by church leaders (see
Appendix B) before the intervention provides a baseline of the number of physical activity events held by the church over the six months prior to the implementation of the intervention. Additionally, a physical activity events log will be completed by the church leadership during the six-month intervention. This log will collect data on the number and type of events held by the church, leadership participation or promotion of the events, and the number of participants. It will be used to determine if there is an increase in physical activity events held by the church and to evaluate if there is a relationship between leadership participation in physical activity events and church membership participation rates. The physical activity events variable is defined as the number of events church leaders sponsor to promote, educate, and/or motivate physical activity participation to their congregation members.

A self-report survey (see Appendix D) will be distributed to church members by the church leadership prior to and at six months after the intervention. Part B of the survey will be used to collect data on the level of physical exercise completed by church members and data on the exercise related self-efficacy of the church members. Part A of the survey will be distributed to church members only once, prior to the intervention, and will be used by the church leadership to assist in customizing the intervention to the church congregation. The level of physical activity variable is defined as the amount of time congregation members spend performing endurance building, strength training, balance, and flexibility exercises that make them sweat. This is measured by the amount of time in hours per week spent performing these exercises as self-reported by church members in a researcher-developed question in Part B of the survey. The exercise related self-efficacy variable is defined as the level of confidence congregation members have in their ability to participate in a physical activity program. This is measured by a
researcher-developed question in Part B of the survey that tallies the number of mastery and vicarious experiences, positive social influences, and positive emotional arousals of participants.

A meeting will be held with church leadership and the researchers after the six-month period of the intervention. The meeting will be a discussion to collect qualitative data on the church leadership’s perception of the feasibility of the intervention for the church. Feasibility is defined as the ability of the church to carry out the intervention program on an on-going basis without researcher support.

Data Storage and Analysis Procedures

Data will be stored as paper documents in a secure container and electronically in password protected files on a computer designated for researcher use. Agreement of data storing procedures will be obtained from the church prior to beginning the data collection. Data analysis will be conducted by the researchers through comparing the pre-test and post-test church-member survey results. Descriptive statistics will be used to describe the sample that participates in the study. Descriptive statistics will also be used to analyze the data obtained from the surveys to summarize and report any changes measured in the three dependent variables of church members’ time spent performing physical activity, number of physical activity events held by the church, and the self-efficacy of church members.

Timeline

The proposed study will be held over a total of seven months. The first month will be used to identify a sample church, for the church leadership to provide the church membership survey (Appendix D) to members for completion, and for the church leadership to design and implement the intervention using the materials provided in Appendices A-H. During the
following six months, the church will implement the intervention and track the physical activity events held, leadership involvement, and member participation in the events using the log provided in Appendix G. In the last month of the study, the church leadership will re-survey the church members using Part B of Appendix D and provide this data along with the completed physical activity event log (Appendix G) to the researchers. Additionally, the researchers will schedule a follow-up meeting with the church leadership to obtain their feedback on the feasibility of the intervention. This time will also be used to analyze the data and develop the study findings for dissemination.

Study Limitations

One limitation of this research study is that a comparison group has not been included in the study design making it difficult to determine that the intervention is responsible for the results collected and not other extraneous variables. Additional limitations include the lack of current data on the reliability and validity of the survey tools implemented in the study. Furthermore, the surveys and physical activity log used to collect data in this study are self-report tools, so the accuracy of the information collected depends on the accuracy of the responses and record keeping of the church leadership and members. Lastly, the study is conducted using a specific population, southern, urban, African American church members, reducing the ability of the results to be generalized to African American church members across the United States.

Budget

The budget for this study will include the cost of materials to create copies of the church membership survey for distribution to the congregation (estimated $518.70 for 200 color copies...
of a 5 page stapled survey), the cost of producing the church leadership survey (estimated $18.30 for 10 color copies of a 3 page stapled survey), and the cost of producing the intervention guide (estimated $138.40 for 10 color copies of a 15 page, bound intervention guide). The total estimated cost is $675.40.
References


The Faith, Fellowship, & Fitness Program, adapted from the *Body & Soul* nutritional program, is designed to promote exercise within your church. The program is a blueprint of how to get congregation members exercising by providing a supportive environment grounded in faith. The program breaks down barriers to exercise such as time constraints, lack of knowledge, and no social support through four guiding principles:

- Pastoral Leadership
- Church Environment that Supports Exercise
- Involves Congregation Members
- Educational Activities

(DOHHS, n.d.)

Why Physical Activity?
African Americans are at high risk for diseases such as high blood pressure, stroke, heart disease, cancer, and diabetes (Office of Minority Health and Health Disparities, 2009). Regular physical activity has been shown to decrease the risk for these diseases, making exercise important to the health and well-being of African Americans (DOHHS, 2001).

Program Benefits
The Physical Activity Program will enhance congregation members’ health by providing benefits such as:

- Building Fellowship among Church Members
- Personal Empowerment to make Positive Change through Faith
- Understanding the Importance of Exercise to Health
- Fun Family Activities
- Stronger Muscles, Bones, and Joints
- Less Arthritis Pain
- Weight Control and Weight Loss
- Better Sleep
- Improved Confidence
- Increased Mood and Mental Well-Being

(DOHHS, 2001; DOHHS, 2009)

Getting Started
To begin your journey towards increasing physical activity in your congregation, follow the Blueprint for the Faith, Fellowship, & Fitness Program outlined below. Contact XX at XXX-XXXX with any questions about the Faith, Fellowship, & Fitness Program.
Physical Activity

Blueprint for Faith, Fellowship, & Fitness Program

Step 1: Kick-Off Meeting

Church Leaders meet with Faith, Fellowship, & Fitness Program developers to discuss the program, ask questions, and go over the Blueprint for the program. (Sample Agenda provided in Appendix C)

Step 2: Survey Members & Complete Physical Activity Resource Guide

Church Leaders provide a survey to congregation members to determine members’ current physical activity levels, physical activity interests, barriers to exercising, and current knowledge about the importance of physical activity. (Sample survey provided in Appendix D)

In addition, church leaders complete the physical activity resource guide to determine the available tools for the Church to build the program. (Sample provided in Appendix B)

Step 3: Select Activities

Church leaders analyze the results from survey to determine congregation members’ needs and interests in physical activity using the survey evaluation (Appendix H). Church leaders use the available tools identified from the physical activity resource guide to build an activity or activities to meet the needs and interests of the congregation members identified from the survey. Sample activities to jump start brainstorming are provided as an additional tool in Appendix E.

In addition, Church leaders select Activity Promotion Techniques to encourage member participation. (Sample Activity Promotion Techniques are provided in Appendix F).
**Step 4: Begin Activities**

- Church leaders inform members of activities and promote participation in physical activities.
- Participation of members is tracked in a log (see Appendix G) to measure success of the activity.

**Step 5: Progress Check**

- Church leaders will re-survey members (see survey in Appendix D, Part B) and will analyze participation results to determine which activities were most successful. Church leaders can also re-evaluate available tools to continue building the program through completing the Physical Activity Resource Guide (Appendix B). Church leaders will make changes to activities or continue the current activities based upon the evaluation and the tools available to the church.
Appendix B

Physical Activity Resource Guide

This guide will help you determine if you have the resources needed to implement a physical activity program in your church. Simply follow the instructions below to find out if your church is ready to get active and healthy!

**Instructions:**

This guide has two columns. The left column contains a list of questions or tools to consider using before implementing a physical activity program. The right column contains an empty toolbox that you will fill up as you answer questions.

If you answer “yes” to a question, simply put an X in your toolbox or move your tool into the toolbox.

If you answer “no” to a question, simply skip to the next question.

When you get to the end, look through your toolbox and see all the tools you have with which to build a physical activity program. Remember, you can build a program with only your hands, some sweat, and lots of creativity. Do not be discouraged if you have only one tool in your toolbox.

<table>
<thead>
<tr>
<th>Questions or Tools to Use</th>
<th>My Toolbox</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Church Leadership</strong></td>
<td>This column will contain the tools you have to build a Physical Activity Program. Simply put an X in this column if you answer “yes” to a question, or move your tool into the toolbox column.</td>
</tr>
<tr>
<td>1. Will your pastor help to develop, implement, and promote the benefits of this program?</td>
<td></td>
</tr>
<tr>
<td>2. Will your pastor integrate positive health behavioral topics into sermon?</td>
<td></td>
</tr>
<tr>
<td>3. Will your pastor actively participate in exercise programs and lead by example?</td>
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</tr>
<tr>
<td>4. Will the pastor’s spouse actively participate alongside the pastor and demonstrate that positive health behaviors are a family function?</td>
<td></td>
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<tr>
<td>5. Do your church leaders have the time, motivation, and commitment to implement this program and maintain its benefits on-going?</td>
<td></td>
</tr>
<tr>
<td>6. Does your congregation have a nurse, physician, or other health-care professional to act as project leader, counselor, and/or mentor?</td>
<td></td>
</tr>
<tr>
<td>7. Does your church have members that are currently</td>
<td></td>
</tr>
</tbody>
</table>
physically active and are willing to act as mentors, counselors, and/or facilitators of this program? List their names and contact information.

8. In the past 6 months, how many events have you sponsored to promote, educate, and/or motivate physical activity participation to your congregation?

<table>
<thead>
<tr>
<th>Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. How much money can you budget? (Note, this can be done with $0) One-Time $ / Annual On-Going $ $0 / $0 $100 / $100 $500 / $500 $1000 / $1000 $Other / $Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Do you have space in your church to exercise and provide classes? Where?</td>
</tr>
<tr>
<td>11. Do you have space in your church for exercise equipment? Where?</td>
</tr>
<tr>
<td>12. Does your church currently have any exercise or sports equipment? List all that you have. (Treadmills, weights, basketballs, soccer balls, etc.)</td>
</tr>
<tr>
<td>13. Do you have a playground on the premises or within walking distance?</td>
</tr>
<tr>
<td>14. Do you have a basketball court on the premises or within walking distance?</td>
</tr>
<tr>
<td>15. Do you have parks, walking trails, hiking trails, or bicycle paths nearby? Where?</td>
</tr>
<tr>
<td>16. Is it safe to exercise in the area around your church?</td>
</tr>
</tbody>
</table>

Review your toolbox. Do you have the tools to create a walking program, bicycling program, or get youth onto the basketball court and away from the television? Now that you have identified the tools you have in your church to implement a physical activity program, continue on to your evaluation of the congregation member survey to help you identify the barriers, enablers, and interests towards physical activity of the members in your church.
Appendix C

Kickoff Meeting Sample Agenda

I. Introductions (Program Developers, Church Leaders, & Church Members)

II. Overview of Church & Interest in Faith, Fellowship, & Fitness Program (Church Leaders)

III. Overview of Faith, Fellowship, & Fitness Program (Program Developers)

IV. Review of Program Blueprint and Supporting Materials (Program Developers)

V. Questions and Answers (All Meeting Participants)
Appendix D

Faith, Fellowship, & Fitness Survey

Part A.

Physical activity/Exercise is any activity that increases your heart rate, makes you breathe harder than normal, and lasts at least 30 minutes. It does not have to be painful or a planned exercise. Some examples of physical activity are heavy house cleaning, walking, gardening, jogging, or any activity that makes you sweat.

1. According to the above definition of Physical Activity:
   (Check the box that best describes you)
   A. I think there are better ways than physical activity to remain healthy.
   B. I think physical activity is important, and I probably need to do it.
   C. I am interested in looking for ways to engage in physical activity.
   D. I’ve recently started including more physical activity into my life.
   E. I include physical activity in my life regularly.

2. In the past, I have:
   A. Participated in a physical activity program, and it was successful
   B. Participated in a physical activity program, but it was not successful
   C. Not participated in a physical activity program

3. I participate in church activities (any activity, service, or class):
   A. Once a month or less
   B. Once a week
   C. More than once a week

4. I am _______ years old.

5. My family members have had:
   (Check all that apply)
   A. Diabetes
   B. High blood pressure
   C. Cancer
   D. Obesity
   E. Heart disease
   F. Other __________________
6. The highest level of education I have is:
   A. Middle school
   B. High school
   C. Some college
   D. Bachelor’s degree or beyond

7. I would be willing to spend the following amount of money, over the course of six months, to participate in a physical activity program:
   A. $0
   B. $1-20
   C. $21-40
   D. $41-60
   E. $61-80
   F. $81-100
   G. $101+

8. I don’t exercise more because:
   (Check all that apply)
   A. My neighborhood isn’t safe (crime, traffic, dogs)
   B. No transportation to gym or park
   C. Bad weather
   D. I have no one to exercise with
   E. I have no time to exercise
   F. I have no babysitter
   G. I’m not sure how to exercise
   H. I have health problems that stop me from exercising
   I. Other (please explain) ______________________________________

9. I want to exercise more because:
   (Check all that apply)
   A. I want to be a positive influence on my family and friends
   B. I want to meet other people who like to exercise
   C. I like to set goals and work toward achieving them
   D. I think exercising will improve my health
   E. Other ______________________________________

10. While I exercise, I feel:
    A. Good about myself
B. Annoyed and regret starting it
C. Like I’m struggling but push myself to finish
D. Other ____________________________

11. I have someone who would exercise with me:
   A. Yes.
   B. No.
   C. Maybe, I’d have to talk them into it

12. My family and friends think exercising is:
   A. Important
   B. Not important
   C. We have never talked about exercising

13. I have access to safe places to walk:
   A. Yes
   B. No

14. I have the necessary clothing and shoes to walk or exercise in:
   A. Yes
   B. No

15. I have access to a gym, or other facility that allows me to work out:
   A. Yes
   B. No

16. My job or daily routine is physically demanding of me:
   A. Yes
   B. No

17. I would make the following commitment to a church program that engaged me in some kind of physical activity:
   A. I would be very committed
   B. I would attempt to commit if it’s an activity I enjoyed
   C. I would probably not commit
18. If my church started an exercise program, I would attend:
   A. More than once a week
   B. Once a week
   C. Once a month
   D. Maybe one time
   E. I wouldn’t attend

19. These activities get in the way of me finding time to do physical activity:
   (Check all that apply)
   A. Taking care of children
   B. Work schedule
   C. Caring for elders
   D. Household activities
   E. Nothing. I have time to exercise.
   F. Other_____________________________

20. My thoughts regarding my self-control are:
   A. I have good self-control
   B. I have some self-control
   C. I have no self-control

21. I would like to have the following physical activity program(s) available at my church:
   (Check all that apply)
   A. Steady-Paced Walking Programs
   B. Biking
   C. Gardening
   D. Sports Teams
   E. Dancing (ballroom or line)
   F. Canoeing
   G. Skateboarding
   H. A Physically Engaging Community Service Project
   I. Aerobic Dance Class
   J. Hiking
   K. Jumping Rope
   L. Martial Arts
   M. Race Walking
   N. Swimming
   O. Tennis
   P. Step Dance
   Q. “Buddy” or Group Programs
   R. Exercise Programs with Prizes
22. I have children living with me:
   A. Yes
   B. No

   If no, please continue to Part B of the survey. If yes, please fill out the questions below. If your spouse is also filling out the survey, please select only one of you to fill out this portion.

   A. The age group(s) of the child(ren) living with me are:
      (Check all that apply)
      a) 0-3  Number of children in this age group: ____
      b) 4-5  Number of children in this age group: ____
      c) 6-11 Number of children in this age group: ____
      d) 12-18 Number of children in this age group: ____

   B. The child(ren) living with me would be interested in the following programs:
      (Check all that apply)
      a) Sports Teams
         (Such as: Basketball, Football, Cheerleading, Baseball, Swimming, Ultimate Frisbee, etc.) Specify which one(s): ______________________________
      b) Playground Activity Time
      c) Adventure Trips (Including Hiking, Canoeing, Camping, etc.)
      d) Step Team
      e) Karate or other Martial Art
      f) Skateboarding, In-Line Skating
      g) Jump Roping
      h) Grounds Keeping/Gardening (Around the church or for elderly community members)
         i) Community Service Group (Construction Work, Cleaning, etc. for the community and those in need)
      j) Other: _____________________________

   C. I would be willing to pay the following amount of money, over the course of six months, for the child(ren) living with me to participate in a physical activity program:
      a) $0
      b) $1-20
      c) $21-40
      d) $41-60
      e) $61-80
      f) $81-100
g) $101+

D. I am willing for the child(ren) living with me to be involved in a physical activity program:
   a) 1 hour a week
   b) 2 hours a week
   c) 3 hours a week
   d) 4 hours a week
   e) 5 hours a week
   f) 6+ hours a week
Part B.

1. Check every box that applies to you:

   A. I participated in a physical activity program before and did very well
   B. My friend, spouse, and/or relative did a physical activity program and did well
   C. A celebrity I am aware of and/or one of my role models did a physical activity program and succeeded, so I can too
   D. I have at least one person in my life who tells me that I am able to do a physical activity program
   E. I can do all things through Christ who strengthens me, including a physical activity program
   F. When I am tired after exercising, I feel good
   G. When I am in pain after I exercise, I am encouraged because I know I have worked hard

2. Check the following activities you perform on a weekly basis. Next to the activity, write how many hours per week you spend doing this activity.

   A. Walking   \hspace{1cm} Hours/week: ________
   B. Lifting weights   \hspace{1cm} Hours/week: ________
   C. Participating on a sports team   \hspace{1cm} Hours/week: ________
   D. Biking   \hspace{1cm} Hours/week: ________
   E. Heavy house cleaning   \hspace{1cm} Hours/week: ________
   \hspace{1cm} (House-cleaning that makes you sweat)
   F. Gardening   \hspace{1cm} Hours/week: ________
   G. Playing with children   \hspace{1cm} Hours/week: ________
   \hspace{1cm} (Playing that wears you out and makes you sweat)
   H. Dancing   \hspace{1cm} Hours/week: ________
   I. Jogging   \hspace{1cm} Hours/week: ________
   J. Swimming   \hspace{1cm} Hours/week: ________
   K. Group Aerobic exercise   \hspace{1cm} Hours/week: ________
   L. Other: ___________________   \hspace{1cm} Hours/week: ________

If you have children living with you, please fill out the question below.

If you don’t have children living with you, you are done with the survey. Thank you for your time and input!

3. How much time do(es) the child(ren) living with you spend doing physical activity (such as recess, gym, playing outside, participating in an organized sport, or playing an interactive video
game such as Dance, Dance Revolution or Wii Fit) during the day?

A. 0.5 hours
B. 1 hour
C. 2 hours
D. 3 hours
E. 4 hours
F. 5 hours

You have finished the survey. Thank you for your time and input!

(D’Amico & Barbarito, 2007; Bandura, 1994; Bastable, 2008; Office of Disease Prevention and Health Promotion, 2008a; Kim et al., 2008; Northrup, Cottrell, & Wittberg, 2008)
Appendix E

Church Activities

A. Moderate Activities (Can hold a conversation but can not sing.)

1. Walking Group or Buddy Program (should be at a brisk pace)
2. Biking Group (on level ground or with few hills)
3. General Gardening (raking, trimming shrubs) around church property or to assist elderly church members with home upkeep.
4. Sports Teams (tee ball, baseball, softball, volleyball, cheerleading)
5. Tennis League (doubles)
6. Ballroom and Line Dancing
7. Group Exercise Session following exercise video of choice
8. Walk or Bike to Church Day
9. Canoeing Trip
10. Playground Activity Time
11. Skateboarding, In-line Skating
12. Community Service Group (construction work, cleaning, etc. for the community and those in need)

B. Vigorous Activities (Can only speak a few words at a time while performing the activity.)

13. Aerobic Dance Class
14. Advanced Biking Group (average pace faster than 10 miles per hour)
15. Hiking Retreat (uphill)
16. Jumping Rope on break during church meeting or other activity.
17. Martial Arts Class (such as karate)
18. Heavy Gardening (digging, hoeing) around church property or to assist elderly church members with home upkeep
19. Race Walking, Jogging, or Running Group or Buddy Program
20. Sports Teams (basketball, hockey, soccer, football, ultimate Frisbee)
21. Swim Team
22. Tennis League (singles)
23. Step Team

(Office of Disease Prevention and Health Promotion, 2008a; Kim et al., 2008; Northrup, Cottrell, & Wittberg, 2008)
Activity Promotion Techniques

+ Newsletters: Promote upcoming physical activity events and provide information about the benefits of physical activity and the risks of inactivity.

+ Flyers: Distribute informational flyers about upcoming events and opportunities to participate in physical activity or flyers that contain information on how to become more active.

+ Announcement Boards: Include information about upcoming events, post pictures and success stories from past events, provide educational tidbits on the benefits of physical activity, and put up tips to add physical activity to one’s lifestyle.

+ Challenge Events: Organize a friendly competition for congregation members to participate in, and kick off the competition with a group walk or other physical activity event.

+ Health Fair: Organize a health fair to raise awareness of health issues to church membership and to promote interest in the physical activity events at the church. Activities at the health fair can include: vendors from community-health representatives, screenings for high blood pressure, high cholesterol, diabetes, etc, informational booth about the benefits of physical activity, BMI testing, and informational pamphlets on maintaining a healthy lifestyle such as preventative health measures, nutrition, safety tips, and/or stress reduction.

+ Physical Activity Messages during Sermons: Church leaders can encourage church members to participate in physical activity events by including messages about physical activity during sermons. This raises awareness of the importance of physical activity to church members who may not currently participate or be aware of the benefits of physical activity.

+ Church Leadership Participation: Church leaders can serve as positive role models for the church members by participating in physical activity events. Photos and written descriptions of church leader participation in events can be displayed on bulletin boards or in newsletters.

(Office of Disease Prevention and Health Promotion, 2008b; Kim et al., 2008; Wilcox et al., 2006)
### Appendix G
Physical Activity Event Log

<table>
<thead>
<tr>
<th>Physical Activity Event &amp; Date</th>
<th>Describe Leadership Participation and/or Promotion of Event</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Appendix H

SURVEY EVALUATION – for Church Leaders

This sheet is provided to help you score the results of your church members’ surveys. When scoring each question from each survey, place a tally mark next to the answer that the church member chose. Total the tallies in the appropriate box. Below the boxes are explanations of the questions and suggested activities depending on the responses your church members gave.

Part A.
Finding the Best Program for Your Church Members

STAGES OF CHANGE (Question 1)

1. Members’ readiness to engage in physical activity
   (Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th></th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Not ready</td>
<td></td>
</tr>
<tr>
<td>B. Needs to be motivated</td>
<td></td>
</tr>
<tr>
<td>C. Needs an opportunity</td>
<td></td>
</tr>
<tr>
<td>D. Needs encouragement to continue</td>
<td></td>
</tr>
<tr>
<td>E. Would make a good role model</td>
<td></td>
</tr>
</tbody>
</table>

This question tells you if members are ready to start a physical activity program. Look at what the majority of your church members respond, and use the guidelines below to help decide how to promote physical activity in your church. Usually, a combination of several strategies is the most successful.

Members who selected “A” are not ready to participate in a physical activity program and will benefit best from seeing the success of others, so make the progress of your program known!
Members who selected “B” realize exercise is important but pay more attention to the costs of exercise (time, exhaustion) as opposed to the benefits (good health, feeling good). These members need educational information about the benefits of physical activity and repeated encouragement to participate in the program.

Members who selected “C” intend on engaging in physical activity in the next year and are the people who are ready to start exercising now. Just provide them the option to exercise and they will likely give it a try.

Members who selected “D” have recently begun exercising. They have a high risk of quitting because of the initial challenges of making this lifestyle change. Goal setting and lots of encouragement and praise are needed to prevent these members from quitting.

Members who selected “E” already include physical activity into their everyday routines. These people would be ideal role models and motivators for others.

**INDIVIDUAL CHARACTERISTICS AND BEHAVIORS (Questions 2-7)**

**Prior Related Behavior (knowledge, skill, and experience)**

2. **Members’ past success with physical activity programs**
   (Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th></th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Successful</td>
<td></td>
</tr>
<tr>
<td>B. Not successful</td>
<td></td>
</tr>
<tr>
<td>C. Not Attempted</td>
<td></td>
</tr>
</tbody>
</table>

This question measures respondents’ past experience with physical activity, which will influence their decision to try another physical activity program. If the majority of your church answered “A”, they’ve had good experiences with exercise programs and will be more likely to participate in another exercise program. If more respondents answered “B” or “C”, church members will likely need sources of motivation to participate in a physical activity program. Get creative and think of different ways you can promote activity! Appendix F has several helpful suggestions.
3. **Members’ current participation in church activities**  
   (Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1x/month or less</td>
</tr>
<tr>
<td>B. 1x/week</td>
</tr>
<tr>
<td>C. More than 1x/week</td>
</tr>
</tbody>
</table>

This question measures how often respondents are currently willing and able to participate in any church program. If church members already attend a lot of activities, consider incorporating physical activity into existing church programs. For example, instead of having Bible discussions in a classroom, have them while walking.

**Personal Factors** *(biological, sociological, and psychosocial)*

4. **Age range of church members**  
   (Place a tally in the age range that your church member falls into)

<table>
<thead>
<tr>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. &lt; 20</td>
</tr>
<tr>
<td>B. 21-30</td>
</tr>
<tr>
<td>C. 31-40</td>
</tr>
<tr>
<td>D. 41-50</td>
</tr>
<tr>
<td>E. 51-60</td>
</tr>
</tbody>
</table>
The age of your church members will influence what type of exercise they need. For example, members over 50 will benefit from stretching and walking programs while members under 30 will enjoy activities that are more vigorous.

5. **Health conditions of church members**  
   (Place a tally next to ALL the options the respondent selected; write in any remarks in “F”)

<table>
<thead>
<tr>
<th></th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Diabetes</td>
<td></td>
</tr>
<tr>
<td>B. High Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>C. Cancer</td>
<td></td>
</tr>
<tr>
<td>D. Obesity</td>
<td></td>
</tr>
<tr>
<td>E. Heart Disease</td>
<td></td>
</tr>
<tr>
<td>F. Other</td>
<td></td>
</tr>
</tbody>
</table>

Knowing what health conditions they are at risk for will influence your church members’ decision to engage in health promoting activities. Consider the responses to this question when choosing educational material to post throughout your church. Post educational materials that link physical activity to decreasing the risk of contracting the specific health conditions of church members’ families. Post them in bulletins and on bulletin boards to show your church members the benefits of engaging in physical activity.

6. **Level of education of church members**  
   (Place a tally in the box the respondent checked on the survey)
This question measures the level of education your church members have. The higher the level of education, the more likely the person will be aware of the benefits of physical activity. Consider where the majority of responses fall in this question when choosing what type of health-promoting information to post throughout your church. For example, if the majority of your church has a bachelor’s degree or beyond, detailed articles about health promotion can be used. If most members have a high school diploma or less, detailed information will be complicating and overwhelming. For them, simple bullet points will be best.

7. **Amount of money church members will be willing to spend on physical activity in a 6-month period**
   (Place a tally in the box the respondent checked on the survey)
The amount of money a church member is willing to spend will determine what physical activity program the church picks. Choose an activity program whose budget falls within (or lower than) the budget range of the majority of the respondents. If church members do not want to spend over a certain amount of money on an activity, consider using church funds to sponsor the activity. Also, think of creative ways to reduce costs, such as asking members to bring exercise videos from home. It’s important to enforce the idea that money spent on exercising should not be considered “leisure” money but rather money invested in good health. Members who selected “A” do not want to spend any money on physical activity. Activities 1, 8, 16, and 19 might be good for them. Members who selected “G,” do not care how much money they spend. Money is no object. Any intervention is appropriate for them. See activities in Appendix E.

**BEHAVIOR-SPECIFIC COGNITIONS AND AFFECT (Questions 8-16)**

**Barriers**

8. **Reasons why church members can’t exercise**
   (Place a tally next to ALL the options the respondent selected, and write in any additional reasons the member gave under “I”)

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Dangerous Environment</td>
<td></td>
</tr>
<tr>
<td>B. Transportation</td>
<td></td>
</tr>
<tr>
<td>C. Weather</td>
<td></td>
</tr>
<tr>
<td>D. Social Support</td>
<td></td>
</tr>
</tbody>
</table>
This question tells you what is preventing members from working out. These barriers will get in the way of members’ ability to participate in a physical activity program. It’s important that you brainstorm ways to overcome these barriers. For example, if weather and safety are common barriers for your church members, consider starting a program that is held indoors like activities 6, 7, 13, 17, and 23 from Appendix E.

Enablers

9. **Reasons why church members want to work out**
   (Place a tally next to ALL the options the respondent selected, and write in any additional reasons the member gave under “E”)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Physical Activity

E. Other

This question tells you what motivates your church members to work out. Whether or not church members will engage in a physical activity program is determined by what benefits they think they will get from participating. Advertise the benefits of engaging in the physical activity program(s) you choose, and choose programs that provide the benefits your church members are looking for. For example, if a majority of respondents answered “A”, find a program that includes the entire family such as activities 9 and 12. If the majority of respondents answered “B”, then consider an exercise program that sets people up with “workout buddies” such as activities 1 or 6. If the majority of respondents answered “C”, have participants write out their long-term and short-term goals at the start of the program and each month encourage them to increase their goals. If the majority of respondents answered “D”, advertise the specific health benefits of the physical activity program. See activities in Appendix E.

Activity-Related Affect (subjective feelings regarding physical activity)

10. Members’ feelings toward exercise
(Place a tally next to ALL the options the respondent selected, and write in any additional answers the member gave under “D”)

<table>
<thead>
<tr>
<th></th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Good</td>
<td></td>
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<tr>
<td>B. Regretful</td>
<td></td>
</tr>
<tr>
<td>C. Struggling</td>
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<tr>
<td>D. Other</td>
<td></td>
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</tbody>
</table>

This question measures how respondents feel during and after exercise. Responses to this question tell you the level of motivation members have to participate in a program. Consider the responses to this question when thinking about what kind of activity your members will most likely enjoy. If the majority of responses are “A”, a moderately intense program might be attractive to some church members. If the majority of responses are “B”, a less intense program will likely have the most participation. If the majority of
the responses are “C”, a program combined with lots of praise and encouragement will increase participation.

**Interpersonal Influences** *(behaviors and attitudes of others)*

**11. Availability of social support to engage in physical activity**
(Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th></th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Present</td>
<td></td>
</tr>
<tr>
<td>B. Not Present</td>
<td></td>
</tr>
<tr>
<td>C. Possibly Present</td>
<td></td>
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</tbody>
</table>

Having supportive relationships and companions to workout with is an influential factor in people’s decision to exercise. If most respondents choose “B” or “C”, finding ways to network participants will help increase the chance of having a successful program. For example, consider having a healthy potluck once a month after the physical activity so members can socialize. Or, choose a program that has a strong social element, such as activities 3, 6, or 12. See activities in Appendix E.

**12. Influences of family and friends on exercising**
(Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th></th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Positive</td>
<td></td>
</tr>
<tr>
<td>B. Negative</td>
<td></td>
</tr>
<tr>
<td>C. Neutral</td>
<td></td>
</tr>
</tbody>
</table>

This question measures the attitude of the respondents’ friends and family. People who don’t have any role models for exercising are less likely to engage in physical activity.
On the other hand, if friends and family believe exercising is important, they will likely expect the respondent to be active. If the majority of respondents answered “B” or “C”, consider designating someone in the church who will be available to talk privately with members and serve as their positive role model. As the church leader, that person is often you! However, you may want to consider setting up church members who have already been successful with physical activity as peer counselors to motivate other church members.

**Situational Influences** (*demands, characteristics, and aesthetics of environment*)

13. **Safety of church members’ environment**
   (Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th>A. Safe to walk</th>
<th>Total:</th>
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</thead>
<tbody>
<tr>
<td>B. Not safe to walk</td>
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</table>

Walking is an easy way to begin incorporating exercise into everyday life and is a low intensity activity that you can encourage your members to participate in alone. Unfortunately, not every neighborhood is safe enough to walk in. If the majority of your church members respond “B”, you will need to research safe outdoor places to hold a walking program. Consider taking the time to find safe walking routes and post them in bulletins.

14. **Physical resources needed to engage in exercise**
   (Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th>A. Have appropriate clothing and shoes</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Lack appropriate clothing and shoes</td>
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</table>

Although walking doesn’t require many materials, appropriate clothing and shoes are necessary. If the majority of your respondents answered “B”, encourage respondents to purchase these items. If they lack the money to purchase them, consider holding a
fundraiser or purchasing some items from a second-hand store and keeping them at the church for everyone to use.

15. Church members’ access to work out facilities
(Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th>Access to Facilities</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Have Access</td>
<td></td>
</tr>
<tr>
<td>B. No Access</td>
<td></td>
</tr>
</tbody>
</table>

Access to facilities increases the chances that participants will engage in physical activity. If many of your respondents check “A”, consider an incentive program where members self-report their length of exercise and offer prizes for participants who engage in at least 30 minutes of exercise 3 times a week. If many of your respondents check “B”, then the church might consider providing work out facilities or an exercise room. In addition, the church should do programs that take place in the outdoors or at the church.

16. The intensity and physical demands of church members’ jobs and daily routines
(Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th>Physical Demands</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Physically Demanding</td>
<td></td>
</tr>
<tr>
<td>B. Not Physically Demanding</td>
<td></td>
</tr>
</tbody>
</table>

This question measures how active members think their lifestyle is. Members who answer “A” believe physical activity is a part of their everyday life and would likely enjoy programs that focus on less intense activities such as flexibility or sports. If the majority of respondents choose “B”, you should aim to start a “cardiovascular” activity program (one that causes participants’ heart rate to increase and causes them to break a sweat). Don’t forget - it’s important to start low and slowly increase the amount of physical activity. Refer to Appendix E for examples of moderate and vigorous programs.

BEHAVIORAL OUTCOME (Questions 17-21)
Commitment to a Plan of Action

17. The likelihood that church members will commit to a physical activity program
(Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th></th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Very Likely</td>
<td></td>
</tr>
<tr>
<td>B. Moderately Likely</td>
<td></td>
</tr>
<tr>
<td>C. Not Likely</td>
<td></td>
</tr>
</tbody>
</table>

This question measures how likely members will commit to a physical activity program. If the majority of respondents answered “B” or “C”, then some church members may not be motivated to start a physical activity program right now. Think of ways to motivate church members to begin physical activity, such as posting bulletins about how to increase physical activity in their daily routine, referring to the importance of physical activity during church meetings, and announcing any successes members have made with their exercise goals. The goal is to take small steps in changing members’ minds about exercise.

18. The frequency with which church members would attend a physical activity program at the church
(Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th></th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. More than 1x/week</td>
<td></td>
</tr>
<tr>
<td>B. 1x/week</td>
<td></td>
</tr>
<tr>
<td>C. 1x/month</td>
<td></td>
</tr>
</tbody>
</table>
This question gives you an idea of how often you should schedule your physical activity program. Remember if participation rates are good, you can always increase the frequency of meetings later!

Preferences and Immediate Demands

19. **Activities that take time away from physical activity**
(Place a tally next to ALL the options the respondent selected, and write any additional reasons the member gave under “F”)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Caring for Children</td>
<td></td>
</tr>
<tr>
<td>B. Work</td>
<td></td>
</tr>
<tr>
<td>C. Caring for Older Persons</td>
<td></td>
</tr>
<tr>
<td>D. Household Activities</td>
<td></td>
</tr>
<tr>
<td>E. Nothing</td>
<td></td>
</tr>
<tr>
<td>F. Other</td>
<td></td>
</tr>
</tbody>
</table>

Having the time to exercise is needed to continue a physical activity program, and many times, the individual has no control over the activities that take away time from physical activity. If there is an overwhelming response to any of the above answers, investigate ways to address these issues, such as providing childcare or care for older persons during physical activity program times. You could also think of ways for members to exercise at work, such as tracking activity with a pedometer or committing to use the stairs instead of elevators.
20. **Church members’ self-control and therefore abilities to plan and achieve goals**  
(Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th>A. Good self-control</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Some self-control</td>
<td></td>
</tr>
<tr>
<td>C. No self-control</td>
<td></td>
</tr>
</tbody>
</table>

This question measures members’ ability to incorporate physical activity into their lifestyle. If the majority of responses were “B” or “C”, most church members will be dependent on external influences to stick to an exercise program. Provide frequent reminders, lots of encouragement, and continuous reasons for them to stay involved. Commitment without strategies or a plan will lead to nothing more than good intentions!

21. **Physical activity programs your church members are interested in**  
(Place a tally next to the options the respondent selected, and write any additional programs the member suggested under “S”)

<table>
<thead>
<tr>
<th>A. Walking</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Biking</td>
<td></td>
</tr>
<tr>
<td>C. Gardening</td>
<td></td>
</tr>
<tr>
<td>D. Sports Teams</td>
<td></td>
</tr>
<tr>
<td>E. Dancing</td>
<td></td>
</tr>
</tbody>
</table>
This question tells you what kind of activities church members would like. If answers are
spread out throughout the options, look into what resources are most accessible, and then propose a few different activities to the church as choices.

Top 7 Physical Activity Programs:
1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________
6. ______________________
7. ______________________

22. Children’s survey

A. Ages of the children
(Place a tally in the age range that your church members’ children fall into; place a tally for each child)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) 0-3</td>
<td></td>
</tr>
<tr>
<td>b) 4-5</td>
<td></td>
</tr>
<tr>
<td>c) 6-11</td>
<td></td>
</tr>
<tr>
<td>d) 12-18</td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Children:

The physical activity programs that the church implements for children will depend on the children’s age groups. For ages 0-3, simple childcare or playground time will suffice - consider activity 10. For ages 4-5, playground time and organized play times (such as races and organized sports teams) are appropriate. The age groups 6-11 and 12-18 will enjoy many of the same activities, such as sports leagues and adventure trips, but they will need to be separated due to differing skill and ability levels. See activities in Appendix E.
### B. Interest in specific physical activity programs

(Place a tally next to the options the respondent selected, and write in any additional programs the member suggested in the appropriate “other” section)

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Tallies</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Sports Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basketball</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Football</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheerleading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseball</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultimate Frisbee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Playground Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Adventure Trips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including hiking, canoeing, camping, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Step Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Karate or Other Martial Art</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Skateboarding, In-line Skating</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
g) Jump Roping

h) Grounds Keeping/Gardening (around the church or for elderly community members)

i) Community Service Group (construction work, cleaning, etc. for the community and those in need)

j) Other

Choose physical activity programs that generate the most interest.

**Top 5 Physical Activity Programs:**

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________

**C. Amount of money church members will be willing to spend on physical activity for their children**

(Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th>Amount</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) $0</td>
<td></td>
</tr>
<tr>
<td>b) $1-20</td>
<td></td>
</tr>
<tr>
<td>c) $21-40</td>
<td></td>
</tr>
<tr>
<td>d) $41-60</td>
<td></td>
</tr>
<tr>
<td>e) $61-80</td>
<td></td>
</tr>
<tr>
<td>f) $81-100</td>
<td></td>
</tr>
</tbody>
</table>
The amount of money a church member is willing to spend will determine what physical activity program the church picks. Choose an activity program whose budget falls within (or lower than) the budget range of the majority of the respondents. If church members do not want to spend over a certain amount of money on an activity, consider using church funds to sponsor the activity. Also, think of creative ways to reduce costs, such as asking members to bring exercise videos from home or setting up scholarships for sports team fees. It’s important to enforce the idea that money spent on exercising should not be considered “leisure” money but rather money invested in good health. Members who selected “A” do not want to spend any money on physical activity. Activities 1, 8, 10, 16, and 19 might be good for them. Members who selected “G,” do not care how much money they spend. Money is no object. Any intervention is appropriate for them. See activities in Appendix E.

D. Hours per week church members’ children can be involved

(Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th></th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) 1 hour a week</td>
<td></td>
</tr>
<tr>
<td>b) 2 hours a week</td>
<td></td>
</tr>
<tr>
<td>c) 3 hours a week</td>
<td></td>
</tr>
<tr>
<td>d) 4 hours a week</td>
<td></td>
</tr>
<tr>
<td>e) 5 hours a week</td>
<td></td>
</tr>
<tr>
<td>f) 6+ hours a week</td>
<td></td>
</tr>
</tbody>
</table>

Choose a physical activity program based on the amount of time parents are willing to have their children involved. The more hours parents are willing to have their
children involved, the more complex the activity can be (for example, if children can spend 4 hours a week doing general gardening they will be able to do more involved projects than if they can only spend 2 hours a week). In addition, consider having activities for different age groups at the same time so that families with more than one child only have to come to the church once, instead of multiple times.
Part B.
The Pre- & Post- Test

This section is mainly to help the researchers evaluate the data of the study. However, you may find some of this information helpful as well.

**SELF-EFFICACY**

1. **Self-efficacy of church members**
   (Place a tally on the corresponding line for every box the respondent checked on the survey. If “A.” is checked, place two tally marks in mastery experiences.)

<table>
<thead>
<tr>
<th></th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Previous Positive Experience (Mastery Experience)</td>
<td></td>
</tr>
<tr>
<td>B. Peer Example (Vicarious Experience)</td>
<td></td>
</tr>
<tr>
<td>C. Example of Role Model (Vicarious Experience)</td>
<td></td>
</tr>
<tr>
<td>D. Verbal Encouragement (Social Persuasion)</td>
<td></td>
</tr>
<tr>
<td>E. Divine Encouragement (Social Persuasion)</td>
<td></td>
</tr>
<tr>
<td>F. Positive Emotions Toward Exercising (Emotional Arousal)</td>
<td></td>
</tr>
<tr>
<td>G. Positive Emotions Toward Pain for Positive Gain (Emotional Arousal)</td>
<td></td>
</tr>
</tbody>
</table>
1. Add up the total number of tallies from the above rows

| Total number of tallies: |

2. Count the total number of respondents who answered this question

| Total number of respondents: |

3. Divide 1. by 2.

| Average Level of Self-Efficacy: |

Key:

0-2 = On average, church members have low self-efficacy

3-5 = On average, church members have medium self-efficacy

6-8 = On average, church members have high self-efficacy

Self-efficacy is someone’s belief that he or she can accomplish an activity. The higher a person’s self-efficacy, the more likely he or she will successfully participate in a physical activity program. The greatest way to increase self-efficacy is to have a past positive experience. Therefore, if, on average, church members have low self-efficacy, consider activities that everyone can succeed in such as a sports league that allows everyone equal playing time or a noncompetitive activity such as gardening. If church members have high self-efficacy, you may want to implement programs that are more physically demanding such as biking and more competitive sports games.

**Physical Activity**

2. **Current level of physical activity - Adults**  
(Place the number of hours per week on the corresponding line for every activity the respondent checked on the survey.)

<table>
<thead>
<tr>
<th>Hours/Week:</th>
<th>Total Hours/Week:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Walking</td>
<td></td>
</tr>
<tr>
<td>B. Lifting Weights</td>
<td></td>
</tr>
<tr>
<td>C. Participating on a Sports Team</td>
<td></td>
</tr>
</tbody>
</table>
### Physical Activity

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Biking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Heavy House Cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Gardening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Playing with Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Dancing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Jogging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Swimming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Group Aerobic exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Add up the total number of hours/week from the above rows**

   **Total number of hours/week:**

2. **Count the total number of respondents who answered this question**

   **Total number of respondents:**

3. **Divide 1. by 2.**

   **Average hours/week of physical activity per respondent:**

Total average hours/week of physical activity per respondent is the average physical activity level for church members: _______ hours/week.
3. **Current level of physical activity - Children**  
(Place a tally in the box the respondent checked on the survey)

<table>
<thead>
<tr>
<th></th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 0.5 hours a day</td>
<td></td>
</tr>
<tr>
<td>B. 1 hour a day</td>
<td></td>
</tr>
<tr>
<td>C. 2 hours a day</td>
<td></td>
</tr>
<tr>
<td>D. 3 hours a day</td>
<td></td>
</tr>
<tr>
<td>E. 4 hours a day</td>
<td></td>
</tr>
<tr>
<td>F. 5 hours a day</td>
<td></td>
</tr>
</tbody>
</table>

1. **Add up the total number of hours/day from the above rows**

2. **Count the total number of respondents who answered this question**

3. **Divide 1. by 2.**

Total average hours/day of physical activity per respondents’ children is the average physical activity level for church members’ children: _______ hours/day.

(Craven & Hirnele, 2009; D’Amico & Barbarito, 2007; Bandura, 1994; Bastable, 2008; Upward, n.d.; Office of Disease Prevention and Health Promotion, 2008a; Kim et al., 2008; Northrup, Cottrell, & Wittberg, 2008)
Honor Code

I have neither given nor received unauthorized aid on this examination (or other material turned in for credit) nor do have reason to believe that anyone else has.

Electronic Signature:

Heather Englestad  
Brian Jones  
Emily Melnick  
Faith Muller