

Introduction

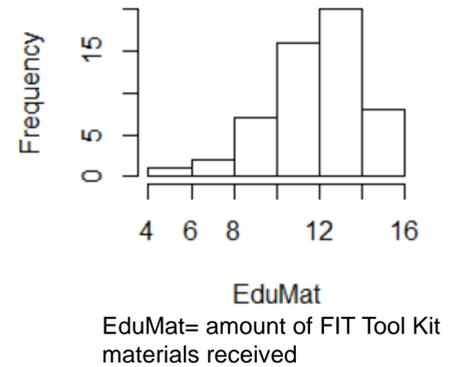
- In 2015, 23.1 million people had diagnosed diabetes, with higher prevalence in African Americans than Caucasians. ¹
- In 2018, prevalence of heart disease in African Americans was 7.1% for males and 5.7% for females. ²
- In 2018, 4.1% of African Americans >18 years old had a history of stroke. ²
- African Americans tend to be highly religious, emphasizing religion as a factor that can modify stroke risk. ³
- Null hypothesis: There is no difference between amount of diabetes/CVD/stroke FIT Tool Kit materials/activities received and amount of moderate to vigorous exercise in one week.

Methodology

- 72 participants were recruited from 3 Kansas City, MO African American churches that participated in Project FIT (Faith Influencing Transformation), a 3-month pilot intervention to help increase healthy eating and exercise.
- Included in the survey were 15 questions asking participants to respond “yes” or “no” regarding exposure to each religiously-tailored FIT Tool Kit item (e.g., church bulletins, bible bookmarks, responsive readings).
- Data analysis was conducted on unmatched data.

Results

- Baseline activity (min.): Median= 45; Mean= 61
- Post-intervention activity level (min.): Median= 120; Mean= 138



- Correlation between amount of FIT Tool Kit exposure and amount of activity was not significant at 0.049.
- Two sample t-test, comparing exercise level in participants that received < or = 12 FIT Tool Kit materials to those that received > 12:
 - t= -0.14067
 - p-value= 0.8888
 - 95% CI= -61.90 to 53.828
- Chi-Square test, comparing exercise level < 150 and > or = 150 and FIT Tool Kit material received < or = 12 and > 12.
 - Chi-square= 1.5751
 - P-value= 0.2095



Conclusion

- This study was novel because it examined exposure to religiously-tailored materials/activities to promote exercise among African American church-goers.
- While there was an increase in both the mean and median amounts of exercise from baseline to post-intervention, there was not a significant relationship between amount of FIT Tool Kit materials received and amount of exercise.
- The null hypothesis can not be rejected.
- This study was limited due to its small sample size as a pilot study. In addition, this is self reported data. If a future study is to be conducted, a larger sample size would be beneficial as well as fitness trackers to eliminate memory bias.

References

1. Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2017. p. 20
2. Benjamin, E.J., et al. Heart Disease and Stroke Statistics- 2018 Update, p. 271, 392
3. Chang, E., et al. Characterizing Beliefs about Stroke and Walking for Exercise among Seniors from Four Racial/Ethnic Minority Communities. J Cross Cult Gerontol, 2018, p. 387-410
4. Berkley-Patton, J., Bowe Thompson, C., Bauer, A., Berman, M., Bradley-Ewing, A., Catley, D., & Goggin, K. (2018, April). Using faith community engagement to increase reach and impact of a diabetes/CVD health promotion intervention in African American churches. Annals of Behavioral Medicine, 52 (Suppl 1), S2