



Learning and Developing Individual Exercise Skills (L.A.D.I.E.S.) for a Better Life: A physical activity intervention for black women ☆,☆☆

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ABSTRACT

Physical activity (PA) is low among African American women despite awareness of its positive impact on health. Learning and Developing Individual Exercise Skills for a Better Life (L.A.D.I.E.S.) compares three strategies for increasing PA among African American women using a cluster randomized, controlled trial. Underactive adult women from 30 churches (n = 15 participants/church) were recruited. Churches were randomized to a faith-based intervention, a non-faith based intervention, or an information only control group. Intervention groups will meet 25 times in group sessions with other women from their church over a 10-month period. Control group participants will receive standard educational material promoting PA. All participants will be followed for an additional 12 months to assess PA maintenance. Data will be collected at baseline, 10, and 22 months. The primary outcome is PA (steps/day, daily moderate-to-vigorous PA). We expect treatment effects indicating that assignment to either of the active interventions is associated with greater magnitude of change in PA compared to the control group. In exploratory analyses, we will test whether changes in the faith-based intervention group are greater than changes in the non-faith-based intervention group. L.A.D.I.E.S. focuses on a significant issue—increasing PA levels—in a segment of the population most in need of successful strategies for improving health. If successful, L.A.D.I.E.S. will advance the field by providing an approach that is successful for initiating and sustaining change in physical activity, which has been shown to be a primary risk factor for a variety of health outcomes, using churches as the point of delivery.

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1. Introduction

The benefits of increased physical activity on diseases and risk factors such as cardiovascular disease, hypertension, diabetes, obesity, and some forms of cancer, particularly among minorities and women, are well documented [1–4]. Despite these benefits, physical activity levels among minorities and women, particularly African American women, remain low. Low levels of physical activity in this group begin in childhood and adolescence [5] and continue into adulthood [6,7]. National surveillance data indicate that only 24% to 36% of African American adults participate in regular physical activity (at least 30 min of moderate-intensity physical activity on at least

5 days per week or at least 20 min of vigorous-intensity physical activity on at least 3 days per week) [8]. These data also indicate that African American women have lower levels of physical activity participation than their male counterparts, regardless of age, education, income level, marital status, employment status, or region in which respondents reside [9–11]. The low level of physical activity among African American women is disturbing given that they have disproportionately high risk for multiple chronic diseases and their corresponding complications [12].

Successful and sustainable strategies are needed to increase physical activity participation levels in African American women; yet, few studies have specifically targeted this population, perhaps because African Americans have been considered a hard-to-reach population. The emergence of faith-based and church-placed research studies and health programs has changed the notion that African Americans are hard to reach. Several church-based interventions to promote health among African Americans, particularly African American women, have been shown to be successful for weight loss [13–15], smoking cessation [16] and reduction of risk factors for cardiovascular disease [17–21]. A recent review highlighted the success of several faith-based physical activity interventions and suggested this approach is promising [22]. However, many faith-based interventions have only used the church as a venue of intervention, without incorporating the spiritual tenets of the church into the interventions themselves. A strong association between spirituality/religion and health is well documented in the literature in a number of groups including African Americans [23–27]. Additional work is needed to determine whether strategies that incorporate the spiritual beliefs of congregants who participate in lifestyle interventions including physical activity have additional benefits compared to standard or usual care conditions, or to programs that use places of worship only as a venue to deliver interventions.

The purpose of this report is to describe the development and methodology of an intervention named Learning and Developing Individual Exercise Skills (L.A.D.I.E.S.) for a Better Life, a cluster randomized controlled trial designed to test whether incorporating spiritual tenets of the faith of study participants increases and maintains physical activity among underactive African American women compared to a self-guided control group.

2. Background and rationale

Churches are recognized as an ideal setting for health education and health promotion efforts, particularly among African Americans, because of their central role in spiritual guidance, communication, social support, and networking [28–30]. Among low-income and minority communities where the benefits of community programs to implement health promotion and disease prevention activities have been documented, churches are often the community's first source of support [31,32]. The Barna Group reports that 47% of all American adults, 52% of African Americans, 50% of women, and 51% of Southerners attended a religious service in the past week [33]. Data from the Pew Forum on Religion and Public Life indicated that, compared to the U.S. population, a higher proportion of African Americans report having absolutely certain belief in God, say religion is very important in their lives, pray at least daily, interpret Scripture literally, and attend

worship services at least weekly [34]. Within historically black churches, 81% of the adult population identified with a religious group, 77% of whom reported being Christian [35]. Church membership and associated activities are particularly important to African American women, who are more likely to report attending church, reading the Bible, attending Sunday school classes, or participating in small groups that meet during the week than any other race/ethnic and gender group [33].

At the same time, many African American churches consider health as part of their mission and many of their activities reflect an emphasis on wellness of mind, body, and spirit. A significant number of churches have “health ministries” that offer a variety of resources that can be beneficial to health promotion efforts [32]. Several studies have examined the association between spirituality/religion and health-related behaviors among African Americans. The combined data suggest a strong association between spirituality/religion and health. An exploratory study of cancer screening behaviors among African Americans showed an association between religion and spirituality and communication with health care providers, personal health assessment, and dietary behaviors [23]. Focus group interviews conducted with African American women who reported being active participants in health ministry programs within a faith community reported that prayer, pastoral support, and trust in the congregational nurse were among factors that influenced their engagement in healthy lifestyles [24]. Cross-sectional data among 260 African American, Caribbean, and Hispanic-Black women examined associations between spirituality, diet, and exercise, and showed a positive association between spiritual growth and physical activity and diet [25]. African American women who participated in a weight loss intervention in a church setting reported less disordered eating attitudes and less personal distrust at baseline and higher weight loss at follow-up than African American and white women who participated in the same intervention in a university setting [26]. Focus group data found that African American women were more likely than African American men to recognize the relationship between spirituality and health, suggesting that African American women may be more amenable to a church-based health promotion program [27]. African American women also recognized the necessity of good physical health for being a good Christian, believed that being physically active and eating healthy contributed to being a better Christian, and described some poor health-related behaviors (e.g., overeating) as sin. Combined, data on church attendance, religious beliefs, and identified linkages between spirituality and health, suggest that it is reasonable to expect that a faith-based intervention could be a successful strategy for changing health behaviors among African Americans, particularly women.

The rationale for implementing health promotion interventions among African Americans in church settings has generally been related to the role of churches in African American communities. An important part of how the role of churches influences health is related to the faith tenets and biblical principles that are taught in churches. It is important to note the distinction between faith-based and faith-placed interventions. Faith-based interventions incorporate tenets of the faith-based organization (e.g., religious beliefs, scriptural references) and involve the faith-based organization in the planning of the intervention from beginning to end [36]. Faith-placed interventions are developed outside the faith-based organization

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