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Amber Vail

Pittsburg State University, avail@gus.pittstate.edu

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CHRISTIAN-BASED HEALTH PROMOTION PROGRAM

A Scholarly Project Submitted to the Graduate School in Partial Fulfillment of the
Requirements for the Degree of Doctor of Nursing Practice

Amber Vail

Pittsburg State University

Pittsburg, Kansas

February 2024

CHRISTIAN-BASED HEALTH PROMOTION PROGRAM

An Abstract of the Scholarly Project by
Amber Vail

Chronic diseases are on a rise and placing hardship on healthcare in the United States. Regular physical activity and consumption of fruits and vegetables have proven to have health benefits related to decreasing chronic disease and improving the management of chronic diseases. A majority of the United States adult population do not meet the guidelines that are set forth by the CDC that will have a positive effect on the reduction of chronic diseases.

The purpose of this six-week Christian-based health promotion program was to improve the health of individuals in the congregation by increasing each individual's weekly physical activity and daily fruit and vegetable consumption. These two key factors were the target while using biblical foundation along with motivational counseling to promote lifestyle changes. The program was based on the biblical principle that physical health and spiritual health are intertwined.

The pre- and post- surveys were analyzed to determine the effectiveness of the intervention from baseline. The data analysis also provided feedback on the effects that the participants believed the intervention had on their health.

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CHAPTER I

INTRODUCTION

This project was a Christian-based health promotion program that was developed and promoted in the local church. The program was based on the biblical principle that physical health and spiritual health are intertwined, expressed, for example, in 1 Corinthians 6:20. “For ye are bought with a price: therefore glorify God in your body, and in your spirit, which are God’s” (*Authorized King James Bible*, n.d.). As this passage shows, it is important that each individual focus on the health of both body and spirit to attain our purpose of glorifying Jesus. Grossett (2021) states in her blog that getting up every morning and choosing wholesome foods to eat, exercising, and taking care of our mental health honors God.

Description of the Problem

Chronic diseases are on a rise and are placing hardship on healthcare in the United States. The CDC defines chronic diseases as a condition that last one year or more and requires ongoing medical attention and/or limits the individual’s activities of daily living (National Center for Chronic Disease Prevention and Health Promotion, n.d.-a). More than half (51.8%) of the adults in the United States have a chronic disease with 27.2% report having multiple chronic conditions (Boersma, 2020). Chronic diseases are the leading cause of death and disability in the United States with two of the high-risk factors

being the lack of physical activity and poor nutrition (National Center for Chronic Disease Prevention and Health Promotion, n.d.-a).

The health benefits of regular physical activity and the risks of a sedentary lifestyle have been well established. Exercise is dose dependent, meaning the more exercise a person gets the risk of chronic diseases goes down. The overall benefits apply to all bodily systems including immunological, musculoskeletal, respiratory, cardiovascular, and hormonal (Posadzki et al., 2020). The World Health Organization (2020) “defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure” (para. 1). The recommended physical activity guideline is for each adult between 18-64 years of age to have at least two times a week of muscle strengthening activities plus 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic physical activity (Blackwell & Clarke, 2018). In the United States, only 22.9% of the adults meet the guidelines for both aerobic and muscle-strengthening activities. In Kansas, that percentage is 23.2% (Blackwell & Clarke, 2018).

Fruit and vegetable consumption has actually declined even with the guidelines and decades of public education campaigns urging Americans to eat more fruits and vegetables (Storey & Anderson, 2018, p. 116). The federal guidelines recommend that adults should eat at least 1 ½ to 2 cups of fruit and 2 to 3 cups of vegetables per day. Only around 10% of the adult population in the US meet these recommendations (Lee-Kwan et al., 2017). Eating a diet that is rich in fruits and vegetables daily can significantly reduce many of the leading causes of illness and death, including heart disease, type 2 diabetes, and some cancers (Lee-Kwan et al., 2017). Another positive

outcome of increasing the daily consumption of fruits and vegetables is that it promotes weight management (Storey & Anderson, 2018).

Over the last 18 years, mean weight, waist circumference, and BMI in adults have increased (Fryar et al., 2018, p. 1). The mean weight in adult men in 1999-2000 was 189.1lbs and women 163.3lbs whereas in 2015-2016 the means weight of men was 197.8lbs and women 170.6lbs. The BMI in adult men in 1999-2000 was 27.7 and women 28.2 whereas in 2015-2016 the means were 29.1 and 29.6 respectively (Fryar et al., 2018). A BMI over 25.0 is considered overweight and over 30 is considered obese which puts a person at higher risk for chronic diseases (Division of Nutrition, Physical Activity, and Obesity, n.d.).

Due to the increasing demands of managing chronic diseases, effective and accessible prevention programs that target increasing physical activity and consumption of fruits and vegetables are needed (Barrett et al., 2020). These types of health promotion and preventive programs will improve the health of the overall population by lowering the risk of many chronic conditions, disabilities, and mortalities (Blackwell & Clarke, 2018). “Hence, policymakers and practitioners need to design and implement comprehensive and coordinated strategies aimed at targeting physical activity programs/interventions, health promotion and disease prevention campaigns at local, regional, national, and international levels” (Posadzki et al., 2020, p. 8).

Significance to Nursing

Chronic diseases are the leading driver of the United States’ \$4.1 trillion annual health care cost. Many of these chronic diseases are caused by two risk factors; physical inactivity and poor nutrition (National Center for Chronic Disease Prevention and Health

Promotion, n.d.-a). Physical inactivity itself is associated with \$117 billion in health care cost each year (National Center for Chronic Disease Prevention and Health Promotion, n.d.-b). Healthcare programs focusing on improving the physical activity and nutrition of the community will decrease chronic diseases which in turn will decrease the financial burden that is imposed on the nation.

Chronic diseases are the leading cause of death and disability in the United States (National Center for Chronic Disease Prevention and Health Promotion, n.d.-a). Physical activity has been proven to have a significant health benefit for hearts, bodies, and muscles. Up to five million deaths a year globally could be prevented if adults met the recommended levels of physical activity (World Health Organization [WHO], 2020). Physical activity along with healthy eating can help people prevent chronic diseases, manage chronic diseases, and prevent complications from chronic diseases. (National Center for Chronic Disease Prevention and Health Promotion, n.d.-a; WHO, 2020).

Specific Aim and Purposes

The purpose of this six-week scholarly project was to improve the health of individuals in the congregation by increasing each individual's weekly physical activity and daily fruit and vegetable consumption. The project targeted those two key factors while using biblical foundation along with motivational counseling to promote needed lifestyle changes. This was achieved through four objectives: 1) Each interaction will start with biblical scripture, devotions, and prayer to promote change; 2) Seminars will be conducted weekly for education and motivation; 3) Physical activity promoted through personal documentation and education received during weekly seminars; and 4) Increase

in fruit and vegetable consumption encouraged through personal documentation, education received during weekly seminars, and weekly motivational text.

Theoretical Framework

L.W. Miller's model of parish nursing is a conceptual framework that supports the Christian-based health promotion program. Miller's theory is different from others because it has God as the center of the window that is surrounded by the person, health, nurse, and the community. It is specific to Christians that have and want Jesus Christ to be the center of their life. The purpose is to promote the overall health of individuals by keeping Christ in the center (Miller, 1997). For this program, it was adapted to be focused on using Biblical scripture, devotions, and prayer to encourage and promote lifestyle changes that improve health in individuals.

Motivational interviewing (MI) is an evidence-based approach to counsel patients to follow treatment recommendations (Levensky et al., n.d.). that was used in this project. According to Jones-Smith (2016), William R. Miller is the founder of this theory, which was derived from Miller's clinical practice with problem drinkers. It has four core principles: express empathy, develop discrepancy, roll with resistance, and support self-efficacy (Levensky et al., n.d.), and it is grounded in the belief that "clients desire to be healthy and want positive in their lives. The clinician's job is to evoke and strengthen clients' inner resourcefulness and to facilitate the natural change process that is already inherent in each person" (Jones-Smith, 2016, p. 322). MI was used in this project to encourage individuals to increase fruit and vegetable consumption through weekly texts to the participants.

The objectives of this health promotion program intertwine L.W. Miller's model of parish nursing and William R. Miller's motivation interviewing theories. Each interaction with the participants started with focusing on the spiritual health of the individuals. This was done with the use of biblical scripture, devotions, and prayer which was used to encourage and promote lifestyle changes that will improve the health in each individual. MI was also be used in weekly group seminars that educated the participants on the need of healthy living and motivated them to make changes. Lastly, each week motivation calls and texts were made to each individual participant to give individualized motivation to promote fruit and vegetable consumption.

Project Question

The overarching question for this project is: How does a Christian-based health promotion program affect those who participated in the program?

The research questions for the project were:

1. Will the participants in the six-week Christian-based health promotion program increase their physical activity/exercise?
2. Will the participants in the six-week Christian-based health promotion program increase consumption of fruits eaten per day?
3. Will participants in the six-week Christian-based health promotion program increase the consumption of vegetables eaten per day?
4. What percentage of participants of a Christian-based health promotion program feel that the interventions of increasing physical activity/exercise benefited them after six-week participation in the program?

5. What percentage of participants of a Christian-based health promotion program feel that the interventions of increasing fruit and vegetable consumption benefited them after six-week participation in the program?
6. What percentage of participants of a Christian-based health promotion program indicate more control over chronic diseases following a six-week participation in the program?
7. How satisfied were the participants with the Christian-based health promotion program?

Hypotheses

The hypotheses that provided the framework for making data decisions for this project included the following:

- The participants will have an increase in total weekly physical activity.
- The participants will have an increase in total daily fruit consumption.
- The participants will have an increase in total daily vegetable consumption.

Definition of Key Terms/Variables

The following are definitions for key terms or variables used for this project.

- *Chronic disease* - a condition that lasts one year or more and requires ongoing medical attention and/or limits the individual's activities of daily living (National Center for Chronic Disease Prevention and Health Promotion, n.d.-a).
- *Physical activity/exercise* – refers to any bodily movement produced by skeletal muscles that requires energy expenditure. This can include movement during leisure time, transport to and from places, or as part of a person's work. Popular ways to be active including gardening, walking, cycling, sports, and active

recreation that can be done at any level of skill and for enjoyment by everybody.
(WHO, 2020, para. 1).

- *Body Mass Index (BMI)* – “a measure of body fat that is the ratio of the weight of the body in kilograms to the square of its height in meters” (Merriam-Webster, 2022, para. 1).
- *Parish Nursing* – practices holistic health care by providing care to a faith community which emphasizes the relationship between faith and health (Bergquist & King, 1994).
- *Church congregation* – an assembly of people gathering for religious worship (Merriam-Webster, 2022).
- *Biblical* – in accordance with the bible (Dictionary.com, 2022).
- *Motivational Interviewing* – is a counseling approach to help patients to follow treatment recommendations (Levensky et al., n.d.).

Logic Model

The logic model components of this project are outlined in Table 1 below. This allows a brief synopsis and silhouette of the project to give more insight to each component of the project. The purpose of this project was to improve the health of Christian individuals by increasing each individual’s weekly physical activity and daily fruit and vegetable consumption.

The inputs and resources needed to complete this project started with the need for a health promotion coordinator with the time to plan weekly seminars and complete motivational interviewing. The title health promotion coordinator was used versus the term parish nursing in order to more clearly represent the goals of the program. The

health promotion coordinator acted within the framework of a parish nurse. The project included interested members of a church congregation and other Christian groups such as an existing virtual Christian-based health program and local church congregations. The church board had to approve the use of the church building. Lastly, funding was needed to cover the cost of the use of the building.

The activities and interventions of this project began with each interaction between the coordinator and participants focusing on spiritual health with the use of biblical scripture, devotions, and/or prayer. There were weekly face-to-face seminars that were attended virtually as needed. These seminars educated participants and promoted physical activity and healthy eating (Appendix G). The coordinator provided weekly individual motivational telephone-based counseling to encourage participants to eat healthy by increasing fruit and vegetable consumption. Participants was encouraged to track their daily physical activity along with their fruit and vegetable consumption.

The goal of this project was that participants would increase physical activity and fruit/vegetable consumption in order to promote better health, allow participants to more effectively manage their existing chronic disease, and reduce the chances of new diagnoses of chronic disease or complication of existing chronic diseases.

TABLE 1*Christian-based Health Promotion Project Logic Model*

NAME OF PROGRAM/PROJECT:			
Christian-based Health Promotion Project			
PURPOSE/MISSION:			
The purpose of this project was to improve the health of Christian individuals by increasing each individual's weekly physical activity and daily fruit and vegetable consumption.			
CONTEXT:			
More than half of the adults in the United States have a chronic disease. Two main risk factors of chronic diseases are lack of physical activity and poor nutrition.			
INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
<ul style="list-style-type: none"> * Time * Planning * Coordinator * Participants * Building * Finances 	<ul style="list-style-type: none"> * Focus on Spiritual Health * Educational and promotional weekly seminars * Weekly individual motivational telephone-based counseling * Physical activity tracked by participants * Fruit and vegetable consumption tracked by participants 	<ul style="list-style-type: none"> * Increase in physical activity (PA) * Increase in fruit/vegetable (F/V) consumption 	<ul style="list-style-type: none"> * The participants will have an increase in total weekly PA * The participants will have an increase in total daily fruit consumption * The participants will have an increase in total daily vegetable consumption * Satisfaction of the program * Continuation of the program after 6 weeks * Reduction of new diagnosis of chronic diseases * Reduction of complications of existing diseases * More efficient management of existing diseases

Summary

The purpose of this project was to reduce chronic diseases of the Christian population so that participants can live a healthier life to be able to glorify Jesus. In the United States more than half of the adult population has chronic diseases which can limit their activities of daily living including glorifying Jesus. This reduction will be achieved by increasing each individual participant's physical activity and consumption of fruits and vegetables. The coordinator used the specific CDC recommended guidelines of each factor to reduce the risk of chronic diseases to lead the program.

The coordinator kept Jesus as the center focus of all interactions with the participants during the six-week program. Before the program started, participants were voluntarily obtained through promotion in the congregation, through other Christian-based programs, social media, and one on one recruiting. At the start of the program, participants filled out a survey. The survey had baseline data on each individual's chronic disease status, level of physical activity/exercise, and consumption of fruits and vegetables. During the six-week program the coordinator had weekly educational seminars along with weekly motivational interactions with the participants to encourage them to meet the recommendations provided by the CDC to decrease each risk factor. At the end of the program, each participant was asked to complete another survey that included data on each individual's level of physical activity/exercise, consumption of fruits, and consumption of vegetables. The survey also had an area for participants to rate on a scale of 0-5 on how the program benefited their health, their ability to manage their chronic diseases, and how satisfied they were of the program.

CHAPTER II

REVIEW OF RELEVANT LITERATURE AND EVIDENCE

A comprehensive review of literature was performed using the Pittsburg State University online Axe Library Summon tool. The search was refined to full text online within a five-year publication date. It was completed to look at different faith-based wellness programs for their similarities, successes, theories, and for any other information that could be gained. Other studies were also looked at that promoted wellness programs to other populations that included physical activity and healthy eating. The search was extended to the last ten years to specifically look at one study using the Faith, Activity, and Nutrition Program and the effects that it had on a specific population. This was done due to the close comparison with the project. Lastly, the Centers of Disease Control and Prevention (CDC) website was reviewed to determine the guideline recommendations of physical activity and fruit and vegetable consumption. Additionally, the literature was reviewed to identify any studies related to the effects of the increased physical activity and fruit and vegetable consumption.

There were four focus areas reviewed in this synthesis along with determining the clinical practice guidelines suggested by CDC and evidence to show the benefits of the guidelines. The four areas reviewed in this synthesis include Motivational Interviewing Theory; Faith, Activity, and Nutrition Program; programs that are faith-based; and other

programs that emphasized increasing physical activity and fruit and vegetable consumption.

Clinical Practice Guideline

The guidelines set forth by the CDC are a great tool to improve the individual's health in the local congregation. Just like the community, the congregation has many individuals that have a lifestyle that makes them more at risk of developing chronic diseases. There are many resources on the CDC website that can be used to teach and promote the benefits of healthy eating and increased activity. These benefits are laid out on the website by stating specific effects the recommendations can have to decrease the risk of chronic diseases and decrease the negative effects of the diseases that the individuals already have. The CDC website also states specific ways that these can be adapted to meet the needs and abilities of the individuals. The Christian-based health promotion project used the guidelines set forth by the CDC to improve individual health by increasing each individual's weekly physical activity and daily fruit and vegetable consumption.

The World Health Organization (2020) "defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure" (para. 1). The CDC (n.d.) recommends that adults should get at least 150 minutes of moderate intensity activity such as brisk walking every week. Plus, adults should do activities that strengthen muscles two days a week. A person can achieve the 150 minutes goal by doing 30 minutes of activity, five days a week. The activities recommended by the guidelines can improve a person's brain health, help manage weight, reduce risk of chronic diseases,

strengthen muscles and bones, and improve a person's ability to do every day activities (National Center for Chronic Disease Prevention and Health Promotion. n.d.-b).

In the developing of these guidelines by the CDC, the Grading of Recommendations Assessment, Development and Evaluation (GRADE) was used to assess the quality of evidence (Carande-Kulis et al., 2022). The second edition of the *Physical Activity Guidelines for Americans* was developed by the Physical Activity Guidelines Advisory Committee. This committee is a group of external experts that reviewed and evaluated the current scientific evidence. The literature review team used a methodology guided by best practices that was developed by many organizations, namely the USDA, the National Evidence Library, and the Cochrane Collaboration (2018 Physical Activity Guidelines Advisory Committee, 2018). The full scientific report that was written from them to the Secretary of Health and Human Services was reviewed by the advisory literature review team. The grading of the evidence was completed using a rubric that was adapted from the USDA NEL Conclusion Statement Evaluation Criteria rubric. There were approximately 40% strong, 40% moderate, 10% limited, and 10% not assigned. With the details written on the scientific report and most of the evidence was considered strong or moderate, the strength of the evidence would be rated as strong according to the Advisory Committee (2018 Physical Activity Guidelines Advisory Committee, 2018).

The federal guidelines also recommend that adults should eat at least 1 ½ to 2 cups of fruit and 2 to 3 cups of vegetables per day (Lee et al., 2022). Eating a diet that is rich in fruits and vegetables daily can significantly reduce many of the leading causes of illness and death, including heart disease, type 2 diabetes, some cancers, and obesity

(Lee-Kwan et al., 2017). Schneider (2022) states a list of powerhouse fruits and vegetables that the CDC recommends. These are foods that are most strongly associated with reducing the chronic disease risk. Some of these are more common such as lettuce, tomatoes, cabbage, oranges, and strawberries. Others are not as commonly known such as watercress, chicory, and endive (Schneider, 2022).

The strength of these clinical practice guidelines is shown in the scientific report of the 2020 Dietary Guidelines. The 2020 Committee used three approaches to examine the evidence including data analysis, food pattern modeling, and NESR systematic reviews (Dietary Guidelines Advisory Committee, 2020). “Each of these approaches have their own rigorous, protocol-driven methodology, and played a unique, complementary role in examining the science” (Dietary Guidelines Advisory Committee, 2020, p. 13). The 2020 committee added evidence that supports the recommendations in the current edition and has expanded the evidence in new and emerging areas. The guidelines are reviewed every five years with recommendations made as needed (Dietary Guidelines Advisory Committee, 2020).

During the review of literature to support the clinical practice guideline, there were four articles that showed the benefits of the increased physical activity and fruit and vegetable consumption. One article focused only on the fruit and vegetable intake (Wang et al., 2021). They followed 66,719 women for 30 years that were free from cardiovascular disease, cancer, and diabetes at baseline. The diets of the women were assessed at baseline and every 2-4 years. It was concluded that higher intakes of fruits and vegetables were associated with lower mortality. Two of these articles focused on the effects of physical activity. In the Cochrane Systematic Review, there was noted to be a

large body of evidence that showed the benefits of physical activity/exercise on health outcomes to include a 13% reduction in mortality rate and small improvements in quality of life (Posadzki et al., 2020). The other study about physical activity examined the relationship between physical activity and health service utilization and costs (Kang & Xiang, 2017). Adults who engage in regular physical activity were more likely to use preventative and office-based services. They had significantly lower utilization of inpatient, emergency room, home health care, and prescription medications. They also spent less per capita expenditures for health care (Kang & Xiang, 2017). Kang & Xiang (2017) concluded that promoting regular physical activity will reduce health care costs through decreasing demand for secondary and tertiary care services. Another study looked at diet and physical activity and the effects they had on health-related quality of life in older adults (Xu et al., 2018). This was a cross-sectional analysis that used data from 5,311 adults over the age of 60 that took part in the National Health and Nutrition Examination Survey. The study concluded that eating a healthier diet and being physically active was associated with better general health with reports of fewer physically unhealthy days and inactive days (Xu et al., 2018). All of these studies are full of important information that enforces the need for programs with diet and physical activity interventions to improve health related quality of life and prevent chronic diseases in adults.

Motivational Interviewing

Motivational interviewing theory was used in several projects to determine its usefulness. One article by Cooper and Zimmerman (2017) was a faith-based program that used faith community nurses (FCN) to address the undiagnosed and uncontrolled

hypertension in the county through The Million Hearts Initiative. The FCN were to have a minimum of three face-to-face meetings with each participant over the three-month project period to monitor blood pressure, provide coaching on needed lifestyle changes, and refer participant to primary care providers if needed for high blood pressure readings. At the conclusion of the project, it was determined that coaching by the FCN created an environment of sustained support that promoted lifestyles and lower blood pressure over time (Cooper & Zimmerman, 2017).

Another faith-based program was Faith in Action that promoted moderate-to-vigorous physical activity among Latina women through group exercise classes and motivational interviewing (Haughton et al., 2020). The effectiveness of the program showed a greater increase in physical activity with the intervention compared to the control group. Three other studies that used motivational interviewing were not faith-based but all had a physical activity and/or fruit and vegetable consumption intervention. The project that included both interventions was for community-dwelling Singaporean women over the age of 50 due to their inactivity and unhealthy dietary habits (Wong et al., 2018). This project was ongoing at the time of the manuscript publication but was using motivational interviewing because it is a person-centered, collaborative communication style that raises commitment and reinforces behavior change (Wong et al., 2018). Two other projects used a twelve-week telephone-based motivational interviewing to increase physical activity among adults (Barrett et al., 2020; Lo et al., 2020). Both had positive results that showed that the telephone coaching was an effective tool to promote and increase physical activity which was sustained over a nine- or twelve-month time period. These positive results show that if this scholarly project uses

motivational interviewing through motivational seminars and weekly calls and texts, it will be successful.

Faith, Activity, and Nutrition Program

The Faith, Activity, and Nutrition Program is referred to in many of the articles. The program “helps church improve physical activity and fruit and vegetable behaviors” (Bernhart et al, 2021, para. 1). Two of the articles focused on the outcome of the individuals once the intervention was applied (Bernhart et al., 2021; Wilcox et al., 2013); whereas, another article focused on the organization using the program (Sharpe et al., 2018). By completing a dissemination and implementation study of the program, Sharpe et al. (2018) were able to provide details of recruitment, role expectations, specific responsibilities, training, and level of attainment in providing training and technical assistance to the community health advisor of the church. The other two studies were quite identical with some of the same authors, but one was completed between the years of 2007 and 2011 whereas the other study was completed more recently in 2015-2016. These studies examined the church members’ physical activity, fruit and vegetable consumption, and self-efficacy for making life-style changes (Bernhart et al., 2021; Wilcox et al., 2013). The first study lasted 15 months and had 128 churches. It concluded that the FAN program is an effective program for improving the health of the members of the church (Bernhart et al., 2021). The second study was only 12 months with 54 churches included in the intervention. It showed that the churches receiving the intervention showed a modest but significantly larger increase in self-reported leisure-time moderate to vigorous physical activity than the control churches (Wilcox et al.,

2013). This suggests that if the program for this scholarly project mimics some of these same concepts, it can be successful.

Faith-based Programs

Most of this literature review looked at different faith-based health-related programs. Faith-based organizations such as churches provide a unique but important setting to implement evidence-based intervention. There is a strong connection between the health message and the spiritual mission of the church. In addition, the church often times have the ability to reach medically underserved population (Haughton et al., 2020). They do vary considerably in their structural capacities, which will lead to different variables in implementations and outcomes of programs (Tagai et al., 2018). Tagai et al. (2018) looked at some of the different areas including staffing and space, health promotion experience, and external collaboration. While a bigger size often is associated with success of new programs, in this example the church that had the lowest staffing and space had the greatest participation. “This may be related to smaller churches having a tighter social network than larger churches, which may foster greater feeling of accountability for attending a health promotion program when asked to do so” (Tagai et al., 2018, p. 721). Haughton et al. (2020) focused on the barriers and facilitators of implementing a physical activity program in churches. Some of the barriers included pastors and staff lacking self-efficacy of physical activity; churches supporting a culture of overeating and unhealthy behaviors; competing priorities of other programs; and lack of space and personnel. The facilitators included the pastor having influence over the churchgoers’ behaviors; programs that are implemented align with their mission and values; and denominational support from upper leadership (Haughton et al., 2020). The

key implications to draw from this is the fact that basing the program with faith as the center with pastor and leadership support has proven to be successful in the past and that it can be done through a small church congregation.

Other Programs

The last focus area that was looked at in the literature were programs that include physical activity and the increase of fruit and vegetable consumption. Bernhart et al. (2021), Sharpe et al. (2018), and Wilcox et al. (2013) used the Faith, Activity, and Nutrition Program as discussed above. The other three articles (Kavanagh et al., 2022, Simpson, 2020, Wong et al., 2018) include both interventions but had a different way of initiating it. One of these programs that has been mentioned was aimed at community dwelling Singaporean women over the age of 50 (Wong et al., 2018). The population was the target due to their unhealthy lifestyle of highly consuming readily available low-nutrient, energy dense meals and being physically inactive which contribute to the high rates of chronic diseases. This study was ongoing at the time of the publication and the results were not included in the report. Another study was among Irish farmers due to them being disproportionately affected by chronic disease compared to the general population (Kavanagh et al., 2022). This was a 6-week physical activity and lifestyle education intervention that included one 60-minute health education workshop each week and two 60-minute circuit-based exercise sessions each week. This study concluded that these Irish farmers responded positively to this intervention with most having improvements in most health characteristics. The last study sample was five different community sites including three manufacturing work sites and two faith-based sites (Simpson, 2020). This study was mainly looking at creating change by creating healthier

policies, systems, and environments among each community. One of the main facilitators that the study found was that there has to be a willingness of leadership to provide funding, time, and opportunities for the people to make healthier choices. This part of the literature review showed the importance of having physical activity along with the change in nutritional intake as the interventions of the program.

Summary

Programs that focus on increasing physical activity and healthy eating using the recommended CDC guidelines are vital in the community. This scholarly project targeted those two key factors while using biblical foundation along with motivational counseling to promote lifestyle changes. These types of programs are critical to decreasing chronic diseases, which will decrease the overall healthcare cost of the nation.

CHAPTER III

METHODOLOGY AND PROJECT DESIGN

A quasi-experimental one-group pretest-posttest design was the basis for this study. It used a pre-survey and post-survey with an intervention between them. The project was open to anybody that was interested in fulfilling the intervention along with answering the questions of the pre-survey and post-survey. Some of the questions included demographics including age, race, and location. Other questions asked included chronic illness diagnoses, body mass index, participation in physical activity/exercises, and consumption of fruit and vegetables. These questions were asked before the intervention (see Appendix B). During the intervention, the participants kept a tracking log of their physical activity and consumption of fruits and vegetables. Participants was asked some of the same questions after the intervention while using their log to answer the questions with more details (see Appendix C).

Sample/Target Population

The target population were adult Christians that have chronic diseases or were at risk of chronic diseases. More than half (51.8%) of the adults in the United States have a chronic disease with 27.2% report having multiple chronic conditions (Boersma, 2020). With 76.8% of the Kansas population not meeting the recommended guidelines of physical activity and 90% of the United States not meeting the recommended guidelines

of fruit and vegetable consumption (Blackwell & Clarke, 2018, Lee-Kwan et al., 2017), those that are at risk of chronic diseases is an even higher percentage. The participants were obtained through voluntary, convenience, non-probability sample. A sample size was limited to twenty due to the individualized contacts that the program coordinator was making with each participant.

Inclusion and Exclusion Criteria

The first twenty volunteers that met the inclusion criteria were accepted into the program. The first inclusion criteria included those that were at least 18 years of age. Next, the participant had to have a chronic disease or were at risk for chronic diseases. At risk for a chronic disease included those that did not meet the physical activity guidelines recommended by the CDC, those that did not meet the fruit and vegetable consumption guidelines recommended by the CDC, or those that had a BMI over 30. Other required criteria included being English speaking, have a cell phone that received text messages, and no medical condition which would prevent being able to follow the interventions. Exclusion criteria included anyone under the age of 18, pregnancy, and those who did not meet the inclusion criteria. No one was excluded due to social status, race, sex, gender, or culture.

Protection of Human Subjects

Before this scholarly project was implemented, approval was obtained from the School of Nursing Project Review Committee and the Pittsburg State University Institutional Review Board (IRB). A master list of participants with an identification number was created with access only granted to the coordinator. The documents to be completed by each participant had no identifying information except for the assigned

identification number on them. The corresponding participant numbers enabled analyses of the data from the pre-survey with the post-survey. All data collection was done on paper and stored in a locked cabinet in the coordinator's house. Any data collection submitted by email was printed off and stored in the same locked cabinet. The emails were then deleted by the program coordinator.

Instruments

Prior to the first educational health promotion session those indicating an interest in participating were provided with an informative letter that explained the details of the project and safeguards that were used to ensure confidentiality of all information they provide during the project. The data collection process included three different instruments, pre-survey, post-survey, and a daily log. The questions on the pre-survey (see Appendix B) included demographics including age, race, and location. In addition, more personal questions included chronic illness diagnoses, height, weight, participation in physical activity/exercise, and consumption of fruits and vegetables. During the time period in which the educational health promotion seminars took place the participants kept a log of daily physical activity and daily consumption of fruits and vegetables (see Appendix D and E). The activity logs were given to the coordinator prior to the beginning of each of the seminar presentations. At the end of the 6-week seminars, each participant filled out a post-survey (see Appendix C).

During the development of the data collection tools, the importance of content validity was taken into consideration. Content validity was used to determine that the instruments and items were representative of the content that was intended to be measured (Terry, 2018). To ensure content validity the surveys and the logs were

reviewed by the scholarly project committee. All questions on the surveys were closed questions or a Likert scale type questions, which added ease to the participants in filling them out along with ease in analyzing the data by the project coordinator.

Procedure

The project was reviewed and approved by the Pittsburg State University Institutional Review Board (IRB) prior to data collection. An agreement (see Appendix F) was received from Blessed Hope Bible Baptist Church to use their building for the seminars. After obtaining IRB approval the coordinator began recruiting potential participants.

Recruitment for the project occurred first through the local church members by holding special informational meetings. Secondly, recruitment effort was through different groups of Christians the program coordinator is involved with in the community. Lastly, the coordinator reached out through social media and one on one contacts of other known Christians who might have been interested in participating in the program. Potential participants were given information about the project; the explanation of the purposes, the duration of the project and the time commitment for the weekly seminars, a description of the interventions, and a statement that participation is voluntary.

There were seven 30- to 45- minute meetings/seminars (Appendix G) held on Monday nights at Blessed Hope Bible Baptist Church. Participants in the Chanute area attended face to face whereas those that were outside of the area attended per YouTube Live. The YouTube Live video was a private video and the link only given to the participants. If any participant could not attend a weekly seminar, the coordinator sent

them the recorded YouTube Live video link so that they could watch it before the next week's seminar.

At the first meeting, participants were given the pre-survey. Along with the survey, the participants were provided with information on how data would be kept confidential and would only be used for the analysis of the project. Each participant was given an identification number that they used on the top of each survey and log. After the participants completed the survey, the health promotion coordinator presented on the recommended guidelines by the CDC to prevent chronic diseases and better manage current chronic diseases. The health promotion coordinator is a registered nurse that is currently in the Doctor of Nursing Practice program. Five weekly seminars followed that educated and promoted the needs of increasing daily physical activity/exercise and daily consumption of fruits and vegetables (Appendix G). Different professionals in the area including a physical therapist, health coach, fitness trainer, motivational speaker, and K-state extension agent presented the education and motivation at each seminar. Each meeting started with biblical scripture, devotions, and prayer to encourage and promote lifestyle changes that will improve the health in each individual given by the coordinator. The participants were encouraged to bring their log to the meeting each week and turn it in to the coordinator. At the last meeting, the participants filled out the post-survey with a review seminar encouraging participants to continue making health promotional life style changes presented by the coordinator.

Treatment of Data/Outcomes/Evaluation Plan

The data collected included demographics of the participants, current specific measurements (self-reported), and current chronic diseases (self-reported). Also included

were the pre- and post-intervention of amounts of physical activity/exercise and daily fruit and vegetable consumption. Lastly, data was collected on how the participants felt this intervention benefited their overall health, if they had more control over their existing chronic diseases, and how satisfied they were with the program.

The logs the participants filled out were mainly for self-reflection. The participant could visually see how they were doing throughout the week. They could also use the logs to help them fill out the post-survey to more accurately answer the questions.

To analyze the project results, descriptive statistics and comparison analysis was used. Since demographic data of the participants was collected, descriptive statistics was used to analyze the data to show the characteristics of the participants. The amount of weekly physical activity and daily fruit and vegetable reported by the participants on the pre-survey and post-survey were analyzed using a Wilcoxon Signed Rank test. According to Laerd Statistics (para. 1), “The Wilcoxon signed-rank test is the nonparametric test equivalent to the dependent t-test. As the Wilcoxon signed-rank test does not assume normality in the data, it can be used when this assumption has been violated and the use of the dependent t-test is inappropriate. It is used to compare two sets of scores that come from the same participants. This can occur when we wish to investigate any change in scores from one time point to another, or when individuals are subjected to more than one condition”. The SPSS 26 Data Analysis software was used to perform the Wilcoxon Signed Rank test. The results were interpreted to determine the effects the interventions had on the participants as a group.

Plan for Sustainability

The plan for sustainability is two-fold. First, the goal was for participants to make lifestyle changes during the six weeks. This was encouraged throughout the seminars. The second-to-last time the group met, the seminar was a motivational talk to encourage participants to continue with any changes they may have made in their lifestyles. The participants had already received the education on the importance to prevent chronic diseases and information to help them in the management of existing chronic diseases or future diseases. The knowledge and the personal effects along with the extra motivation obtained during the seminars should help them to continue with the lifestyle changes.

The second goal of sustainability is to have other health promotional programs in the church such as this one throughout the year. It is believed that by this program having success and members of the church congregation seeing how this had a positive effect on them spiritually and physically, it will lead them to be more open to future programs. Even though this is a small congregation, improving their health one by one will help not only each individual but will help the church as a group serve and worship Jesus as he intended.

CHAPTER IV

RESULTS

The data being analyzed comes from the results of the pre-intervention survey and post-intervention survey. The Christian-based health promotion program began the first night with reading through of the informative letter to the group. Then the twenty participants filled out the pre-intervention survey. After they filled out the survey, the intervention program started the first night with providing education on the CDC recommendations of fruit and vegetable consumption and physical activity. Following the first night, participants attended weekly seminars over the next six weeks. Each weeks' session continued teaching and motivating participants to increase both their daily fruit and vegetable consumption and their weekly physical activity. Participants filled out a log each week to help them know how much they were consuming and completing each day. The last night of the seminars, participants received an overview of all the sessions and they completed the post-intervention survey. The program concluded with all twenty participants completing the pre survey and post survey.

Demographics

Part of the pre-intervention survey included questions used to gather data on age, gender, race, and location. Additional questions were used to determine if the participants

already had a chronic disease diagnosis and their body mass index (BMI). Descriptive statistics were used to analyze this portion of the survey (Table 2).

The age categories that were used on the survey included over 60, 40-59, and 18-39. The majority of the participants, 10 (50%), were in the middle age group of 40-59. Five participants (25%) were in each the over 60 population and in the 18-39 age category.

The program was primarily made up of white female participants. All the participants categorized themselves as white. There were four (20%) males and sixteen (80%) females. The survey also asked them if they lived locally and would attend seminars face to face or if they would be attending virtually. Five (25%) responded that they would attend virtually and 75% indicating attending face to face.

Participants were then asked if they have been diagnosed with hypertension, diabetes, high cholesterol, heart disease, asthma/COPD, or cancer. This was a yes or no question and participants did not have to give any specific health information. Sixty percent of the participants answered yes with 40% answering no.

The next two questions asked the participants to write down their height and weight. This information was used to figure each participants BMI. The BMI then was put into the weight status categories that the CDC uses. Only one participant fell in the healthy weight category. There were eight (40%) in each of the overweight and obesity categories with three (15%) in the morbidly obese category.

Table 2*Demographics*

		Frequency	Percent
Age			
	Over 60	5	25%
	40-59	10	50%
	18-39	5	25%
Gender			
	Male	4	20%
	Female	16	80%
Race/Ethnicity			
	American Indian	0	0%
	Asian	0	0%
	Black or African American	0	0%
	Native Hawaiian or Other Pacific Islander	0	0%
	White	20	100%
Location			
	Chanute Area (will attend seminar face to face)	15	75%
	Outside of Chanute (will attend seminars virtual)	5	25%

Analysis

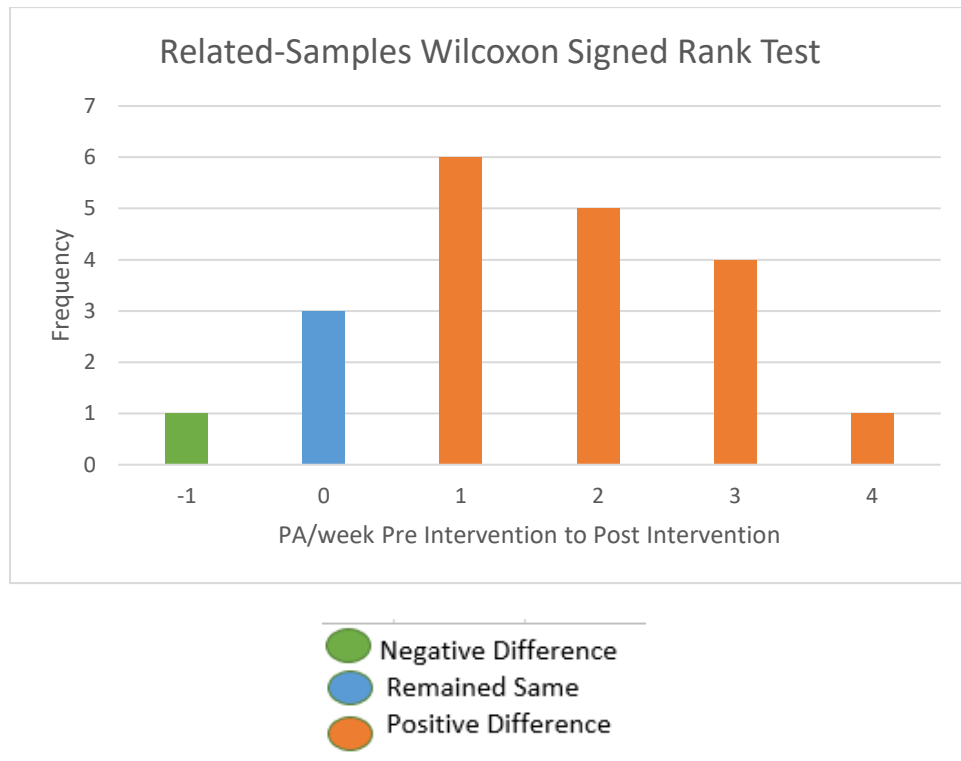
The first research question/hypothesis asks if the participants in the six-week Christian-based health promotion program will increase their physical activity/exercise. To answer this, the amount of exercise documented by the participants on the pre-intervention survey and post-intervention survey was analyzed using SPSS. Twenty participants completed the program and submitted both surveys. The survey question asked participants on average how much physical activity/exercise did they get each week. The interval options that they had were no physical activity, up to 30 minutes, 30 to 59 minutes, 60 to 119 minutes, and 120 minutes or more. A Wilcoxon Signed Rank test was completed (Table 3). The Wilcoxon is a two-tail test so this researcher took the alpha level and divided it by two for a one-tail test. The significance is $<.0005$ which rejects the null hypothesis. This shows that there was significant improvement in the participants' amount of physical activity after intervention compared to before intervention. Of the twenty participants, sixteen showed a positive improvement, one showed a decline, and three participants reported the same amount of physical activity. The positive improvement is shown in the table by six participants improving by moving up one category, five improving two categories, four improving by three categories, and one by four categories (Table 4).

Table 3*Physical Activity Wilcoxon Signed Rank Test Summary*

Null Hypothesis	Test	Sig. ^{a,b}	Decision
There will be no differences between PA/week pre intervention and post intervention.	Related-Samples Wilcoxon Signed Rank Test	<.001	Reject the null hypothesis

a. The significance level is .050.

b. Asymptotic significance is displayed

Table 4*Physical Activity Related Samples Chart*

The next research question/hypothesis asks if the participants in the six-week Christian –based health promotion program will increase their consumption of fruits each day. To answer this question, the consumption of fruits each day was also documented on

the pre-intervention survey and post-intervention survey. A Wilcoxon Signed Rank test was also completed on this data using SPSS. The survey question asks them on average how many cups of fruits they eat each day. The interval options were no fruit, ½ to 1 cup, 1 ½ to 2 cups, and more than 2 cups of fruits per day. The analysis showed significance in improvement in the post-intervention answers compared to the pre-intervention survey answers. The significance is <.0005 after dividing by two for a one- tail test which rejects the null hypothesis (Table 5). During the pre-intervention survey, all participants reported that they ate none or ½ to 1 cups of fruit. Whereas in the post-intervention survey there was only one participant that marked no fruit and nine marked the ½ to 1 cup. The other ten participants marked that they eat 1 ½ to 2 cups or more than 2 cups of fruits per day (Tables 6 and 7).

Table 5

Fruit Consumption Wilcoxon Signed Rank Test Summary

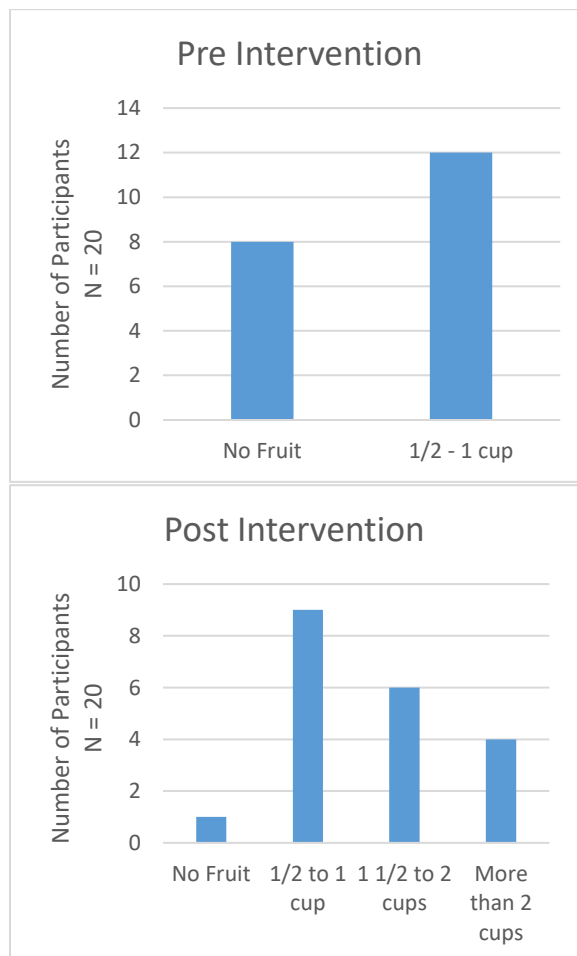
Null Hypothesis	Test	Sig. ^{a,b}	Decision
There will be no differences between Fruit/day pre intervention and post intervention.	Related-Samples Wilcoxon Signed Rank Test	<.001	Reject the null hypothesis

a. The significance level is .050.

b. Asymptotic significance is displayed

Table 6 and 7

Fruit Consumption Comparison



The last research question/hypothesis asks if the participants in the six-week Christian –based health promotion program will increase their consumption of vegetables each day. To answer this question, the consumption of vegetables post-intervention was analyzed using a Wilcoxon Signed Ranked test on SPSS compared to the pre-intervention survey results. The survey question asked the participants on average how many cups of vegetables they eat each day. The interval options were no vegetables, ½ - 1 ½ cups, 2-3 cups, and more than 3 cups of vegetables per day. The analysis showed significance in

improvement in the post-intervention answers compared to the pre-intervention survey answers. When the alpha level was divided by two for a one-tail test, the results was <0.0055 (Table 8).

Table 8

Vegetable Consumption Wilcoxon Signed Rank Test Summary

Null Hypothesis	Test	Sig. ^{a,b}	Decision
There will be no differences between Vegetables/day pre intervention and post intervention.	Related-Samples Wilcoxon Signed Rank Test	0.011	Reject the null hypothesis

a. The significance level is .050.

b. Asymptotic significance is displayed

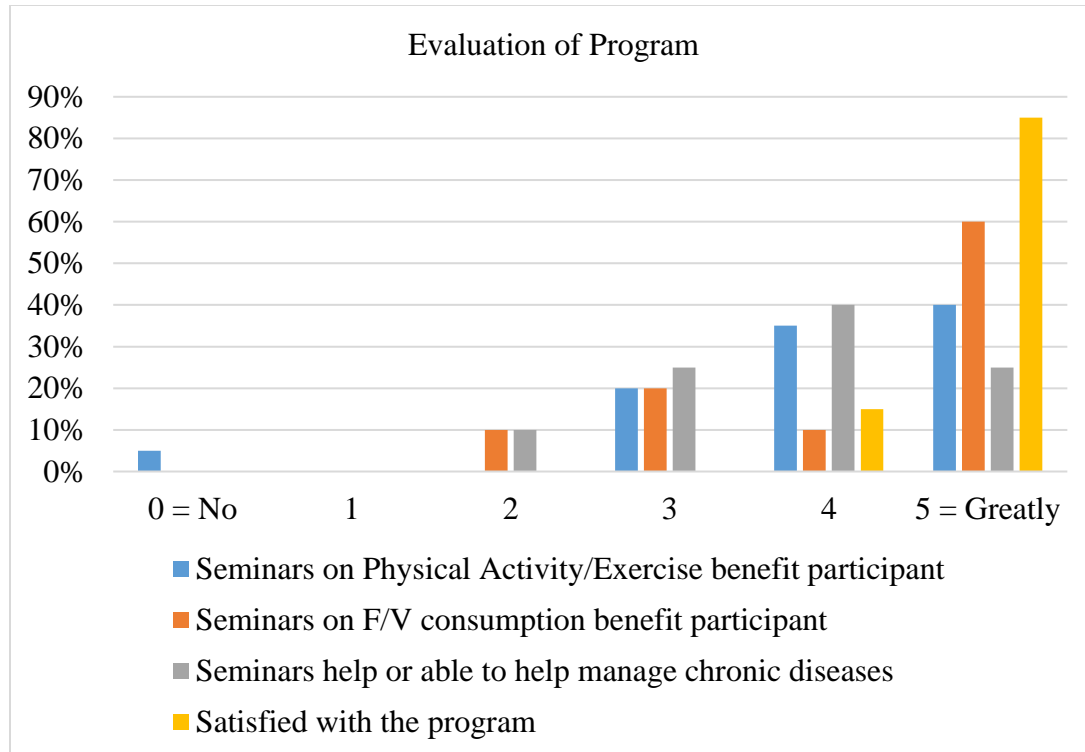
Benefits and Evaluation of the Program

Participants were asked to evaluate the program and how it benefited them during the post-intervention survey in four Likert scale questions. The first question asked if the participant felt the information provided in the seminars on increasing physical activity/exercise benefited them with 0 being no benefit and 5 being greatly beneficial. One participant (5%) had no benefit with 40% of them having great benefit. Twenty-five percent marked a 3 and 30% marked a 4. The second question asked if the participant felt the information provided in the seminars on increasing fruit and vegetable consumption benefited them with 0 being no benefit and 5 being greatly beneficial. Sixty percent of the participants stated the seminars were greatly beneficial. Two people marked a 2 or ten percent; three marked a 3 or twenty percent; and four marked a 4 or ten percent. The third question asked if participants felt that they are or would be able to manage chronic diseases after receiving the information in the educational seminars with 0 being not able and 5 being greatly able. Only 25% marked greatly able, forty percent marked a 4 on the

scale, 25% a 3, and 10% marked a 2. The last question asked how satisfied were they with the program with 0 being dissatisfied and 5 being greatly satisfied. Eighty-five percent indicated they were greatly satisfied.

Table 9

Benefits and Evaluation of Program



Summary

The purpose of the project was to increase the physical activity and consumption of fruits and vegetables of the participants. Demographics of the participants were primarily white females that attended the seminars face to face from all adult age groups. There was significant improvement in the participants' amount of physical activity and consumption of fruit and vegetable consumption after intervention compared to before intervention, which fulfills the hypotheses. Overall, the participants felt that the seminars benefited them and they were satisfied with the program.

CHAPTER V

DISCUSSION

The purpose of this project and the health promotion program was to improve the health of individuals in the congregation by increasing each individual's weekly physical activity and daily fruit and vegetable consumption. Participants attended seminars while recording on their logs the daily amount of physical activity and fruit and vegetable consumption. The first week they completed a pre-intervention survey that was utilized for baseline. Then participants were taught the positive effects of both increasing physical activity and fruit and vegetable consumption and encouraged to make lifestyle changes over the next six weeks. The last week the participants completed the post-intervention survey so that the effects of the intervention could be analyzed.

Relationship of Outcomes to Research

While researching for the program, it was discovered that more than half (51.8%) of adults in the United States have a chronic disease (Boersma, 2020). Sixty percent of the participants in this program reported having been diagnosed with a chronic disease. The higher percentage could be affected by 75% of the participants being over the age of 40. Of the twenty participants only three (15%) reported getting over 120 minutes of physical activity each week. This is even less than the United States average of 22.9% (Blackwell & Clarke, 2018). The participants who participated in the project indicated

15% of them consumed 2-3 cups of vegetables each day pre-intervention which was higher than the United States average of 10% (Lee-Kwan et al., 2017). Regarding fruit consumption, no participant pre-intervention met the CDC recommendations.

Tagai et al. (2018) used a health-focused organizational capacity assessment to understand how organizational factors influence the outcomes of implementation of health promotion initiatives. One thing that was assessed was how the size of the staffing and space affected the participation in the activities. In their study, the church with the lowest staffing and space had the greatest participation. One concern of this project was getting enough participants that would agree to attend all the seminars and complete the surveys due to the congregation of the church being small. This was not an issue at all. Actually, the health promotion coordinator had to turn participants away because of the high level of interest. This may be because as Tagai et al. (2018) states the church congregation is often a tight social network when it is smaller. Even though the pastor himself was not a participant, he promoted the project, encouraged the healthy changes as a congregation, and attended the seminars as he was available. Per Haughton et al. (2020) the pastor support could be a barrier or a facilitator in the implementation of the program in the church. The success of this project with faith being the center and with the pastor support in this small church congregation supports the literature that was reviewed.

The literature review that looked at the Faith, Activity, and Nutrition (FAN) program is a program that is most like this Christian-based health promotion program. These studies were done on a much larger population and over a longer time span but contained interventions to promote an increase in physical activity and healthy eating (Bernhart et al., 2021; Wilcox et al., 2013). Like the FAN study completed by Wilcox et

al. (2013), this Christian-based health promotion program showed significant increase in weekly physical activity and daily consumption of fruit and vegetables. In the Bernhart et al. (2021) study, the participants reported that it had a positive impact on them much like this program where 95% of the participants reported that it benefited them regarding physical activity and 90% regarding fruit and vegetable consumption.

Another study by Kavanagh et al. (2022) was reviewed that had some of the same components of this program. It was a six-week education intervention with weekly workshops that focused on improving physical activity and nutrition. Similar to this project in which 85% of the participants reported that they were greatly satisfied with the program, the Irish farmers in Kavanagh et al.'s (2022) study also responded positively to the educational intervention.

Observations

Overall, the six-week Christian-based health promotional program was a success. During and after each night of seminars, participants verbalized an increase in knowledge and more desire to improve in both areas of fruit and vegetable consumption and physical activity. Two participants joined an exercise group from the knowledge that they received from one of the seminars and have continued to attend regularly at least three times a week. Also a few of the participants have discussed how when they purchase items from the store that they are more conscientious of the label and the sugar and salt intake of what they are purchasing. Even though the seminar was mainly talking about improving the choices of fruits and vegetables by reading labels, this has overlapped into the participants looking at the labels of other foods. Seeing some of the participants for

weeks after the program ended, the long-term effect that it had on both may be minimal but even minimal improvement can improve the health of the individuals.

Evaluation of Theoretical Frameworks

Miller's model of parish nursing (Miller, 1997) was used during the weekly seminars. The focus of spiritual health and physical health was intertwined each night. The seminar was started with the pastor praying that God would help each individual to understand the importance on the needed lifestyle changes so that each person could better glorify Jesus. The first of the seminar the health promotion coordinator would begin with the devotion. The devotions used scripture to encourage each participant to improve their spiritual health which in turn will help their physical health. The first devotion discussed how our body is a temple of the Lord, so it is important for each to take care of it. Another devotion talked about the spiritual race being like a marathon. It is long, and each individual should take it at their own pace. Everyone is not going to run a physical marathon at the same pace and neither should the spiritual marathon be run. A third devotion was about the need for Christians to purpose in their heart to do only those things that uplift the name of Jesus. Other devotions discussed the similarities of the heart and digestive system spiritually and physically.

The motivational interviewing model did not have the quite effect that was intended. This could be due to the health promotion coordinator not being as consistent with texting and calling participants as scheduled. Another downfall was the motivational speaker that was scheduled toward the end of the seminars did not have the effects on the participants as the coordinator thought. The seminars did have great upbeat motivating

presenters each week that encouraged the healthy living and encouraged through education the importance of change.

Evaluation of Logic Model

The logic model was developed with the purpose of improving the health of Christian individuals by increasing each individual's weekly physical activity and daily fruit and vegetable consumption. The model was developed due to more than half of the adults in the US having chronic diseases with two main risk factors being a lack of physical activity and poor nutrition. The input and resources were met by the health promotion coordinator developing weekly seminars. Presenters at the seminars included herself and five other presenters. Participants included individuals from the church, an existing virtual group, and other local church congregations. The church board approved the use of the building and was willing to cover any cost of use of the building. Each weekly seminar provided education and motivation to improve spiritual and physical health that went along with the interventions. Each participant tracked their consumption and activity daily. These logs were turned in to the program coordinator at the next week's seminar. Overall the outcome of the program had a significant improvement in both the total weekly physical activity and the consumption of fruits and vegetables. Participants reported a satisfaction of the program and they felt they could manage existing diseases better. The plan is that the lifestyle changes will continue after the program with a reduction of new diagnosis and complications of diseases.

Limitations

This study had several limitations. Voluntary, convenience, non-probability sampling was used to obtain the participants. Recruitment was aimed toward the church,

Christian-based groups, Christians on social media, and one on one recruitment of other Christians. The health promotion coordinator is the pastor's wife, so those that chose to be participants may have felt an obligation to help the pastor's wife. The sampling size was limited to twenty participants due to time of the coordinator. The one-on-one motivation through calls and texts took time each week and the coordinator could not accommodate more than the twenty. The researcher questions if all the participants truthfully reported on the logs and answered the questions on the survey. Some participants might have felt that the results of the analysis would affect the coordinators course grade. The coordinator tried to be upfront and clear from the first that each participant needed to answer the questions truthfully and that completion of the project was all the coordinator was being graded on not the results of the analysis. The last limitation is that the intervals in the surveys didn't allow the participants to accurately record their consumption of vegetables. There were participants that had to mark the same answer on both the pre- and post-surveys because pre-survey they were eating about $\frac{1}{2}$ cup a day but were eating $1 \frac{1}{2}$ cups after intervention. The interval for this was $\frac{1}{2}$ to $1 \frac{1}{2}$ cups, so they had the same answer on both pre- and post-survey. Even though they had an increase in their consumption it was unable to be documented.

This project had two extraneous variable limitations. First one was an experimenter extraneous variable. This was due to the pastor's wife being the health promotion coordinator of this project. Participants may have felt an obligation to help the pastor's wife. The second one was a demand characteristic variable. The congregation may have been influenced to become a participant by the pastor promoting the program from pulpit. Also the participants physical activity and fruit/vegetable consumption may

have been impacted by the pastor encouraging healthy lifestyle changes to the congregation.

Implications of Future Projects

The second goal of sustainability is that there will be future health promotional programs in the church. Over half of the participants were members of the church. By this program having a positive effect on the members spiritually and physically, the church will be open to future programs. Some possible ideas for future projects might include the following. One is looking at a program to teach new healthy recipes for the members. At this time, the church kitchen is being remodeled but the completion of the kitchen may fit into a New Year's program on healthy cooking. The church also has a huge community garden on the property and some members have shown an interest in canning of some of the produce next year. Another program could include promoting the increase in physical activity through the use of the fitness room and gymnasium at the church. No matter what the direction of the program, the main focus will be spiritual health along with the physical health.

It is recommended for future projects to consider the extraneous variable limitations. It would be best to have two separate groups with one having the influence from the pastor and one with no influence. This would allow the coordinator to determine how much of the outcome is from the seminar versus from influence from the pastor. In addition, it would be best to have the coordinator of the project not be the pastor's wife so that this variable is resolved.

Implications for Practice

As a nurse practitioner, it is important to promote healthy lifestyle not only in our workplace but also in other areas where we regularly interact with people. With the increasing demands of managing chronic diseases, the need to have programs that target an increase in physical activity and fruit and vegetable consumption is needed to improve the health of the overall population (Barrett et al., 2020). Posadzki et al. (2020) stated that practitioners need to design and implement strategies aimed at interventions that promote health and disease prevention. As a pastor's wife, this health promotion coordinator interacts with the congregation of the church multiple times each week. It is important that she encourages and lead programs that promote physical health along with the spiritual health. In the workplace, the practitioner needs to take time to promote local health promotion programs and possibly even develop a program for the patients. In addition, the practitioner needs to take the time to educate patients during visits about the need to increase physical activity and fruit and vegetable consumption which will decrease risk of chronic diseases and help them manage existing diseases.

Conclusion

The overall program/project purpose was to reduce the risk for chronic diseases of the Christian population so that participants can live a healthier life to be able to glorify Jesus. This reduction was achieved by having an overall increase in physical activity and consumption of fruits and vegetables with those who participated in the study.

Programs that focus on improving the health of individuals will continue to be needed. A good way to make these programs available to individuals is through the local church. Churches provide a physical place to house the programs along with having a

group of individuals that can participate. This program along with other programs have been successful and can be used as an example for future programs.

References

Authorized King James Bible. (n.d.). Cambridge University Press.

<https://www.biblegateway.com>

Barrett, S., Begg, S., O'Halloran, P., & Kingsley, M. (2020). A physical activity coaching intervention can improve and maintain physical activity and health-related outcomes in adult ambulatory hospital patients: The Healthy4U-2 randomised controlled trial. *International Journal of Behavioral Nutrition and Physical Activity*, 17. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7708221/>

Bergquist, S., & King, J. (1994). Parish nursing--a conceptual framework. *Journal of Holistic Nursing*, 12(2), 155–170. <https://doi.org/10.1177/089801019401200206>

Bernhart, J.A., Wilcox, S., Saunders, R.P., Hutto, B., & Stucker, J. (2021). Program implementation and church members' health behaviors in a countywide study of the Faith, Activity, and Nutrition program. *Preventing Chronic Disease: Public Health Research, Practice and Policy*, 18(5).

https://www.cdc.gov/pcd/issues/2021/20_0224.htm

Blackwell, D.L. & Clarke, T. C. (2018). State variation in meeting the 2008 federal guidelines for both aerobic and muscle-strengthening activities through leisure-time physical activity among adults aged 18-64: United States, 2010-2015. *National Health Statistics Reports*, 112. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. <https://www.cdc.gov/nchs/data/nhsr/nhsr112.pdf>

- Boersma, P., Black, L.I., & Ward, B.W. (2020, September 17). Prevalence of multiple chronic conditions among US adults, 2018. *Preventing Chronic Disease*, 17. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. https://www.cdc.gov/pcd/issues/2020/20_0130.htm
- Carande-Kullis, V., Elder, R.W., & Matson-Koffman, D. (2022). Standards required for the development of CDC evidence-based guidelines. *Supplements*, 71(1), 1-6. <https://www.cdc.gov/mmwr/volumes/71/su/su7101a1.htm>
- Centers for Disease Control and Prevention (CDC). (n.d.). *Physical activity for different groups*. Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. Retrieved from <https://www.cdc.gov/physicalactivity/basics/age-chart.html>
- Cooper, J. & Zimmerman, W. (2017). The effect of a faith community nurse network and public health collaboration on hypertension prevention and control. *Public Health Nursing*, 34, 444-453. <https://doi-org.library.pittstate.edu/10.1111/phn.12325>
- Dictionary.com. (2022). Biblical. Retrieved March 22, 2022, from <https://www.dictionary.com/browse/biblical>
- Dietary Guidelines Advisory Committee. (2020). *Scientific report of the 2020 dietary guidelines advisory committee: Advisory report to the secretary of agriculture and the secretary of health and human services*. U.S. Department of Agriculture, Agricultural Research Service. <https://doi.org/10.52570/DGAC2020>

Division of Nutrition, Physical Activity, and Obesity. (n.d.). *About adult BMI. Healthy Weight, Nutrition, and Physical Activity*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html

Fryar, C.D., Kruszon-Moran, D., Qiuping, G., & Ogden, C.L. (2018). Mean body weight, height, waist circumference, and body mass index among adults: United States, 1999-2000 through 2015-2016. *National Health Statistics Reports 122*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

<https://www.cdc.gov/nchs/data/nhsr/nhsr122-508.pdf>

Grossett, S. (2021, May 17). *Why Christians need to care about their physical health*. Christian Living. <https://dailyshepursues.com/christians-should-care-physical-health/>

Haughton, J., Takemoto, M.L., Schneider, J., Hooker, S.P., Rabin, B., Brownson, R.C., & Arredondo, E.M. (2020). Identifying barriers, facilitators, and implementation strategies for a faith-based physical activity program. *Implementation Science Communications, 1*, 51.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7427873/>

Jones-Smith, E. (2016). *Theories of counseling and psychotherapy*. SAGE Publications.

https://www.sagepub.com/sites/default/files/upm-binaries/65225_Jones_Smith_Chapter_10.pdf

Kang, S. & Xiang, X. (2017). Physical activity and health services utilization and costs among U.S. adults. *Preventive Medicine*, 96, 101-105.

<https://doi.org/10.1016/j.ypmed.2016.12.043>

Kavanagh, R., Cooper, D., Bolton, J., & Keaver, L., (2022). The impact of a 6-week community-based physical activity and health education intervention—A pilot study among Irish farmers. *Irish Journal of Medical Science*, 191, 433-445.

<https://doi.org/10.1007/s11845-210-02579-2>

Laerd Statistics. (n.d.). *Wilcoxon signed-rank test using SPSS statistics*.

<https://statistics.laerd.com/spss-tutorials/wilcoxon-signed-rank-test-using-spss-statistics.php>

Lee, S.H., Moore, L.V., Park, S., Harris, D.M., & Blanck, H.M. (2022, January 7). Adults meeting fruit and vegetable intake recommendations – United States, 2019.

Weekly, 71(1), 1-9. <http://dx.doi.org/10.15585/mmwr.mm7101a1>

Lee-Kwan, S.H., Moore, L.V., Blanck, H.M., Harris, D.M., & Galuska, D. (2017, November 17). Disparities in state-specific adult fruit and vegetable consumption-United States, 2015. *Weekly*, 66(45), 1241-1247.

<https://www.cdc.gov/mmwr/volumes/66/wr/mm6645a1.htm>

Levensky, E.R., Forcehimes, A., O'Donohue, W., & Beitz, K. (n.d.). *Motivational interviewing: An evidence-based approach to counseling helps patients follow treatment recommendations*. Lippincott Nursing Center.

https://www.nursingcenter.com/ce_articleprint?an=00000446-200710000-00030

Merriam-Webster. (2022). *Body mass index*. Retrieved March 22, 2022, from

<https://www.merriam-webster.com/dictionary/body%20mass%20index>

Merriam-Webster. (2022). *Church congregation*. Retrieved April 4, 2022, from

<https://www.merriam-webster.com/dictionary/congregation>

Miller, L.W. (1997). Nursing through the lens of faith: A conceptual model. *Journal of Clinical Nursing*, 14(1), 17-21. <https://doi.org/10.1097/00005217-199714010-00008>

National Center for Chronic Disease Prevention and Health Promotion. (n.d.-a). *About chronic disease*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

<https://www.cdc.gov/chronicdisease/about/index.htm>

National Center for Chronic Disease Prevention and Health Promotion. (n.d.-b). *Physical inactivity*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved from

<https://www.cdc.gov/chronicdisease/resources/publications/factsheets/physical-activity.htm>

National Center for Chronic Disease Prevention and Health Promotion. (n.d.-c). *Poor nutrition*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

<https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm>

Posadzki, P., Pieper, D., Bajpai, R., Makaruk, H., Konsgen, N., Neuhaus, A.L., &

Semwal, M. (2020). Exercise/physical activity and health outcomes: An overview of Cochrane systematic reviews. *BMC Public Health*, 20(1), 1724.

<https://doi.org/10.1186/s12889-020-09855-3>

- Schneider, J. (2022). *These are the fruits and veggies with the most vitamins, according to research*. MBGFood. <https://www.mindbodygreen.com/articles/cdc-powerhouse-list-of-vegetables>
- Sharpe, P.A., Wilcox, S., Kinnard, D., & Condrasky, M.D. (2018). Community health advisors' participation in a dissemination and implementation study of an evidence-based physical activity and healthy eating program in a faith-based setting. *Journal of Community Health, 43*, 694-704.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6252272/>
- Simpson, V. (2020). Creating healthier policies, systems, and environments: Using the CDC CHANGE tool to evaluate the impact of a coalition provided community-based wellness program. *Public Health Nursing, 37*, 510-516.
<https://onlinelibrary-wiley-com.library.pittstate.edu/doi/full/10.1111/phn.12748>
- Storey, M. & Anderson, P. (2018). Total fruit and vegetable consumption increases among consumers of frozen fruit and vegetables. *Nutrition, 46*, 115-121.
<https://doi.org/10.1016/j.nut.2017.08.013>
- Tagai, E.K., Scheirer, M.A., Santos, S.L.Z., Haider, M., Bowie, J., Slade, J., Whitehead, T.L., Wang, M.Q., & Holt, C.L. (2018). Assessing capacity of faith-based organizations for health promotion activities. *Health Promotion Practice, 19*(5), 714-723. <https://journals-sagepub-com.library.pittstate.edu/doi/pdf/10.1177/1524839917737510>
- Terry, A.J. (2018). *Clinical research for the Doctor of Nursing Practice*. Jones & Bartlett Learning.

- Wang, D.D., Li, Y., Bhupathiraju, S.N., Rosner, B.A., Sun, Q., Giovannucci, E.L., Rimm, E.B., Manson, J.E., Willett, W.C., Stampfer, M.J., & Hu, F.B. (2021). Fruit and vegetable intake and mortality: Results from 2 prospective cohort studies of US men and women and a meta-analysis of 26 cohort studies. *Circulation*, 143(17), 1642-1654.
<https://doi.org/10.1161/CIRCULATIONAHA.120.048996>
- Wilcox, S., Parrot, A., Baruth, M., Laken, M., Condrasky, M., Saunders, R., Dowda, M., Evans, R., Addy, C., Warren, T.Y., Kinnard, D., & Zimmerman, L. (2013). The Faith, Activity, and Nutrition program: A randomized controlled trial in African-American churches. *American Journal of Preventative Medicine*, 44(2).
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3884828/>
- Wong, E.Y., Lee, A.H., James, A.P., & Jancey, J. (2018). Physical activity and nutrition intervention for Singaporean women aged 50 years and above: Study protocol for a randomised controlled trial. *Trials*, 19(257).
<https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-018-2562-2#citeas>
- World Health Organization. (2020, November 26). *Physical activity*.
<https://www.who.int/news-room/fact-sheets/detail/physical-activity#:~:text=WHO%20defines%20physical%20activity%20as,part%20of%20a%20person's%20work>
- Xu, F., Cohen, S.A., Lofgren, L.E., Greene, G.W., Delmonico, M.J., & Greaney, M.I. (2018). Relationship between diet quality, physical activity and health-related quality of life in older adults: Findings from 2007-2014 national health and

nutrition examination survey. *The Journal of Nutrition, Health, and Aging*, 22(9), 1072-1079. <https://doi.org/10.1007/s12603-018-1050-4>

2018 Physical Activity Guidelines Advisory Committee. (2018). *2018 physical activity guidelines advisory committee scientific report*. U.S. Department of Health and Human Services. Retrieved from https://health.gov/sites/default/files/2019-09/PAG_Advisory_Committee_Report.pdf

APPENDIX

APPENDIX A
Informative Letter

You are being asked to participate in a graduate student's nursing scholarly project. Before you decide to participate in this project, it is important that you understand why the project is being done and what it will involve. Please read the following information carefully and ask the coordinator if there is anything that is not clear or if you need additional information.

Dear Participant,

I am a graduate student of the Doctor of Nursing Practice program at Pittsburg State University. In partial fulfillment of the program, I am completing a scholarly project in which I will evaluate the outcomes of a Christian-based educational health promotion program. I will be using the information provided on a pre-survey, post-survey, and weekly logs of physical activity/exercise and fruit and vegetable consumption to complete my project.

The program will begin on _____ with our first meeting focused on giving additional information about the program, if you are willing to participate, and fill out the pre-survey. If you agree to be a participant in this project, there will be five weeks of seminars held on Monday night each week that will include educational and motivational information about the need to increase physical activity/exercise and consumption of fruits and vegetables. Each seminar will begin with devotion using biblical scripture and prayer. These seminars will last 30-45 minutes each night. The program will end on _____ with a meeting that will include encouragement to implement the lifestyle changes provided in the educational seminars and fill out a post-survey.

Your participation is voluntary, and you are free to withdraw at any time without any consequences. There are no requirements of physical activity/exercise and fruit and vegetable consumption. Implementation of information provided at the educational seminars will be at your discretion and not be required to participate. Before beginning any new physical activity program, you are encouraged to consult with your medical provider and only do activity that you feel safe completing. If you do experience any adverse consequences with increased activity, cease activity immediately and contact your medical provider.

All information obtained through the surveys and weekly log activity will be kept confidential and shredded upon completion of the project. Each participant will be given an identification number to be used at the top of each survey and weekly activity logs.

By participating in the project, you are authorizing that your results may be used anonymously for the project purposes, the program has been explained, and you have no questions at this time.

Sincerely,
Amber Vail, MSN, RN
620-432-3982 avail@gus.pittstate.edu

APPENDIX B

Pre Intervention Survey

Identification Number _____

Please answer each question to the best of your ability. Please do not leave any blank.

What is your age?

☐ 18-39

☐ 40-59

☐ Over 60

What is your gender?

☐ Male

☐ Female

What is your race/ethnicity?

☐ American Indian

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

What is your location?

☐ Chanute Area (Will attend seminars face to face)

☐ Outside of Chanute Area (Will attend seminars virtual)

Have you been diagnosed with any of these chronic illnesses? Hypertension, Diabetes, High Cholesterol, Heart Disease, Asthma/COPD, Cancer

☐ Yes

☐ No

What is your height? _____

What is your weight? _____

How much on average of physical activity/exercise do you get each week (such as walking, dancing, gardening, running, weight lifting, aerobic exercises etc)?

☐ 120 minutes or more

☐ 60 – 119 minutes

☐ 30 – 59 minutes

☐ Up to 30 minutes

☐ No physical activity each week

How much on average do you eat of fruits each day?

- ☐ More than 2 cups of fruits per day
- ☐ 1 ½ - 2 cups of fruits per day
- ☐ ½ - 1 cup of fruit per day
- ☐ No fruit per day

How much on average do you eat of vegetables each day?

- ☐ More than 3 cups of vegetables per day
- ☐ 2 - 3 cups of vegetables per day
- ☐ ½ - 1 ½ cups of vegetables per day
- ☐ No vegetables per day

APPENDIX C

Post Intervention Survey

Identification Number _____

Please answer each question to the best of your ability. Please do not leave any blank.

How much on average of physical activity/exercise do you get each week (such as walking, dancing, gardening, running, weight lifting, aerobic exercises etc.)?

- ☐ 120 minutes or more
- ☐ 60 – 119 minutes
- ☐ 30 – 59 minutes
- ☐ Up to 30 minutes
- ☐ No physical activity each week

How much on average since the program started do you eat of fruits each day?

- ☐ More than 2 cups of fruits per day
- ☐ 1 ½ - 2 cups of fruits per day
- ☐ ½ - 1 cup of fruit per day
- ☐ No fruit per day

How much on average since the program started do you eat of vegetables each day?

- ☐ More than 3 cups of vegetables per day
- ☐ 2 - 3 cups of vegetables per day
- ☐ ½ - 1 ½ cups of vegetables per day
- ☐ No vegetables per day

On a scale of 0 to 5 with 0 being no benefit and 5 being greatly beneficial, how do you feel the information provided in the educational seminars on increasing physical activity/exercise benefited you?

0 1 2 3 4 5

On a scale of 0 to 5 with 0 being no benefit and 5 being greatly beneficial, how do you feel the information provided in the educational seminars on increasing fruit and vegetable consumption benefited you?

0 1 2 3 4 5

On a scale of 0 to 5 with 0 not able and 5 being greatly able to manage, how do you feel that you were able or would be able to manage chronic diseases after receiving the information during the educational seminars?

0 1 2 3 4 5

On a scale of 0 to 5 with 0 being dissatisfied and 5 being greatly satisfied, how satisfied with the Christian-based health promotion program were you?

0 1 2 3 4 5

APPENDIX D

PHYSICAL ACTIVITY LOG

Identification Number: _____

Week: _____

Please complete this log each week based on your current physical activity.

Day:	Physical Activity/Exercise	Time (minutes)	Personal Reflection
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Monday			

Total for Week (In Minutes):

Physical Activity/Exercise: _____

APPENDIX E FRUIT and VEGETABLE CONSUMPTION

Identification Number: _____

Week: _____

Please complete this log each week based on your current consumption of fruits and vegetables.

Day:	Fruits (In Cups)	Vegetables (In Cups)	Personal Reflection
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Monday			

Total for Week (In Cups):

Fruit Consumption: _____

Vegetable Consumption: _____

APPENDIX F

Letter of Agreement

Blessed Hope Bible Baptist Church,

I am a graduate student of the Doctor of Nursing Program at Pittsburg State University. In partial fulfillment of the program, I am completing a scholarly project in which I will evaluate the outcomes of a Christian-based educational health promotion program. This program will be first offered to any of the members of the church and then participants will be obtained from church congregations and groups.

I am requesting to use the church for the weekly seminars. This project will last six weeks and will meet with the participants seven times. If approve, please sign below with your contact information.

Thanks,

Amber Vail

Name	Title	Phone Number
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Name	Title	Phone Number
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Name	Title	Phone Number
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APPENDIX G

Outline of Seminars

Each session last about 30-45 minutes

Start of program

- A. Prayer (Pastor Kevin)
- B. Talk about over all how spiritual health and physical health overlap (Health Promotion Coordinator)
 - a. 1 Corinthians 6:19-20 Glorify God in your body and spirit
 - b. 1 Corinthians 3:16 Your body is the temple of God that the Holy Spirit lives within
- C. Information about program (Health Promotion Coordinator)
 - a. Review the informative Letter and make sure there are no question
- D. Preintervention survey completed by participants.
- E. CDC guidelines that decrease risk of chronic diseases and helps manage existing chronic diseases. (Health Promotion Coordinator)
 - a. Chronic diseases
 - Definition
 - Population with chronic diseases
 - Risk factors of chronic diseases
 - b. Regular physical exercises
 - Definition of Moderate Intensity activity and strengthening activity
 - Recommended guidelines
 - Overall benefits
 - c. Fruit and vegetable consumption
 - Recommended guidelines
 - Overall benefits
- F. Discuss Logs and importance of being truthful to yourself (Health Promotion Coordinator)

End of Week 1

- A. Prayer (Pastor Kevin)
- B. Devotion – Running the spiritual race (Health Promotion Coordinator)
 - a. 1 Corinthians 9:24-27 Run the race by bringing the body into subjection
- C. Education – Choose Wisely: For Health and Wealth (K-State Extension Agent Clara Wicoff)
 - a. Goal: Participants will recognize the link between food and physical activity choices, and the quality of health.
 - b. Outline:

- Review how chronic disease is responsible for 70% of healthcare costs in Kansas
 - Review the first tool we can use: MyPlate
 - Go through the key MyPlate messages (including that half of our plate should be fruits and vegetables)
 - Review the second tool we can use: Nutrition Facts Label
 - Review the third tool we can use: physical activity
 - Goal setting activity
- D. Participants to turn in logs and pick up new logs

End of Week 2

- A. Prayer (Pastor Kevin)
- B. Devotion – Working for the Lord (Health Promotion Coordinator)
 - a. 1 Corinthians 15:58 - Always abound in the work of the Lord
 - b. Colossians 3:23 – Work wholeheartedly
- C. Education and Demonstration – Physical Activity (Fitness Trainer Kelli Frazell)
 - a. Increase activity in our daily life
 - Take the stairs not the steps
 - Park farther from the destination
 - Stand up desk
 - b. Adapt exercise to fit physical abilities
 - Demonstrate exercise while sitting
- D. Participants to turn in logs and pick up new logs

End of Week 3

- A. Prayer (Pastor Kevin)
- B. Devotion – Follow God’s Diet Plan (Health Promotion Coordinator)
 - a. Daniel 1:3-20 Daniel, Shadrach, Meshach, and Abednego followed God by not eating the king’s meat – found ten times better than all the rest of the children
- C. Education – Making Healthy Swaps (Health Coach Heidi Miller)
 - a. Introduction: setting SMART goals when making changes in your nutrition (small, measurable, attainable, realistic, time sensitive goals)
 - Why most people quit before they really get started
 1. Creating new habits
 2. Habit stacking
 - What is “healthy”?
 1. Understanding the glycemic index
 - a. Low glycemic veggies
 - b. Low glycemic fruits
 2. Does organic matter?
 - a. The dirty dozen
 - Easy ways to hide veggies
 1. Spinach/Chopped mushrooms

- 2. Low sugar tomato sauce
- 3. Salsa
- 4. Versatility of cauliflower
- How many servings of fruits and veggies should you enjoy a day
 - 1. Appropriate serving sizes
- D. Participants to turn in logs and pick up new logs

End of Week 4

- A. Prayer (Pastor Kevin)
- B. Devotion – What you put into our body/mind is what comes out (Pastor Kevin)
 - a. Matthew 15:17-18 – Put in Godly things will result in goodly things to come out.
- C. Education – Exercising (Katie Holtzman Physical Therapist with Renewed Strength)
 - a. Injury Prevention while Exercising. Sports Metric
 - b. Wellness services after rehabilitation
 - c. Evaluation of baseline mobility, balance, strength, and flexibility
 - d. Fitness classes with exercise form correction
 - e. One on one treatment sessions
 - f. Foot stability and core stability
- D. Participants to turn in logs and pick up new logs

End of Week 5

- A. Prayer (Pastor Kevin)
- B. Christian-based motivational talk (Motivational Speaker and NCCC Basketball Coach JJ Davis)
 - a. Positive Lifestyle Changes
 - Increase Physical Exercise
 - Increase Fruit and Vegetable Consumption
 - b. Continue to make and sustain
 - c. Purpose
 - Live healthier life to serve the Lord
- C. Participants to turn in logs and pick up new logs

End of Week 6 Program Complete

- A. Prayer (Pastor Kevin)
- B. Review Devotions from previous seminars (Health Promotion Coordinator)
- C. Review Education from previous seminars (Health Promotion Coordinator)
- D. Discuss how the seminar has benefitted them (Participants)
- E. Complete Post Survey with the use of logs as needed