Developing a faith-based health promotion intervention

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Overview

- Preparation
- Pilot Testing
- Evaluation
- Moving Beyond Practice
- Questions
Preparation – Determining Need
Drew on literature in faith-based health promotion research:

- multi-level programmatic intervention (the socio-ecological model)
- involve community in program design (community-based participatory research methods)
- peer-education models
Peer Education & Community

EFNEP
EXPANDED FOOD AND NUTRITION
EDUCATION PROGRAM

PARTICIPANTS
Find tips, recipes, programs
for a healthy life

PARTNERS
Organizations, teachers,
agencies, and stakeholders

STAFF
Information and Resources
for Staff and Volunteers

Find us on
Facebook
Preparation - Stakeholders

- 50 + person stakeholder meeting
  - Faith leaders/clergy
  - Public health educators (local and state-level)
  - Cooperative Extension (local and state-level)

- Stakeholders agreed:
  - Program should be open to all faiths
  - Need to focus on low-income populations & health disparities
Faithful Families

- Faith communities who sign up for the program:
  - offer nine weeks of nutrition and health education classes, using the FF curriculum
  - complete one policy and one environmental change in the faith community within the year
  - connect with other county public health resources
Pilot Testing

- Four Counties
- Funded by Kate B. Reynolds Charitable Trust
- Over two years, 28 policy changes made in 24 congregations
Evaluation

**Inputs**
- Personnel
  - Nutrition/PA educator
  - Faith community lay leaders
  - FFESMM Project Coordinator
- Other
  - Program materials
  - Nutrition/PA curriculum
  - Planning guide (assessments, posters, sample policies, etc.)
  - Space for nutrition/PA sessions
  - Stakeholders support
  - Formative work

**Activities**
- Throughout process
  - Engage faith communities
  - Do outreach to faith communities
- Implementation (State level)
  - Develop implementation protocol for faith communities
  - Recruit faith communities
  - Distribute Faithful Families materials to faith communities
  - Train and support faith community lay leaders & Nutrition/PA Educators
  - Implement rules and/or plan

**Outputs**
- Throughout process
  - # of program marketing materials produced/distributed
- Reach
  - # of Nutrition/PA session participants
  - # faith community members reached through P&E changes
  - Adoption
  - # faith communities adopting/# targeted
  - Implementation (faith community level)
  - # of Member Health Assessments completed
  - # lay leaders recruited & trained
  - # Nutrition/PA sessions completed
  - # entry/exit forms completed
  - # faith communities implementing program as intended
  - # of faith community assessments completed
  - # and type of P & E changes enacted
  - P & E changes affordable
  - Faithful Families acceptable to members

**Outcomes/Effectiveness**
- Results or changes for individuals, groups, organizations, communities, or systems
- Short Term (1-3 years)
  - Increase access to opportunities for physical activity within faith communities
  - Increase availability of healthy foods within faith communities
  - Increase in nutrition/PA session participants’ knowledge (re: nutrition/PA)
- Intermediate (4-6 years)
  - Increase in fruit/vegetable consumption
  - Increase in physical activity
  - Unintended consequences
- Long Term (7-9 years)
  - Public Health Impact
    - Effective in decreasing faith communities’ average BMI
    - Equitable distribution of BMI improvements across faith communities particularly those at greatest risk
    - Cost Effective in achieving improvements

UNC-CH Center for Health Promotion and Disease Prevention
Evaluation

- Participant Evaluation – measure change pre-and post-lessons
- Member Health Assessment – picture of entire faith community behavior/demographics
- Faith Community Assessment – measure policy & environmental change pre-and post-one year
Moving Beyond Practice

- Adaptations
- Measuring behavior change over time
- Clinical trial
Questions?
Thank you!

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