

The Faith, Activity, and Nutrition (FAN) Dissemination and Implementation (D&I) Study: Phase 1 Adoption, Reach, Implementation, and Effectiveness



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Background

- Faith-based organizations exist within most communities & are a trusted source of information.
- Faith-based health initiatives focused on physical activity (PA) and healthy eating (HE) have shown promising results, but most focus on individual behavior change & D&I research is limited.
- This study applied the RE-AIM framework to a county-wide D&I study of the FAN intervention.
- This poster reports Reach, Effectiveness, Adoption, and Implementation.

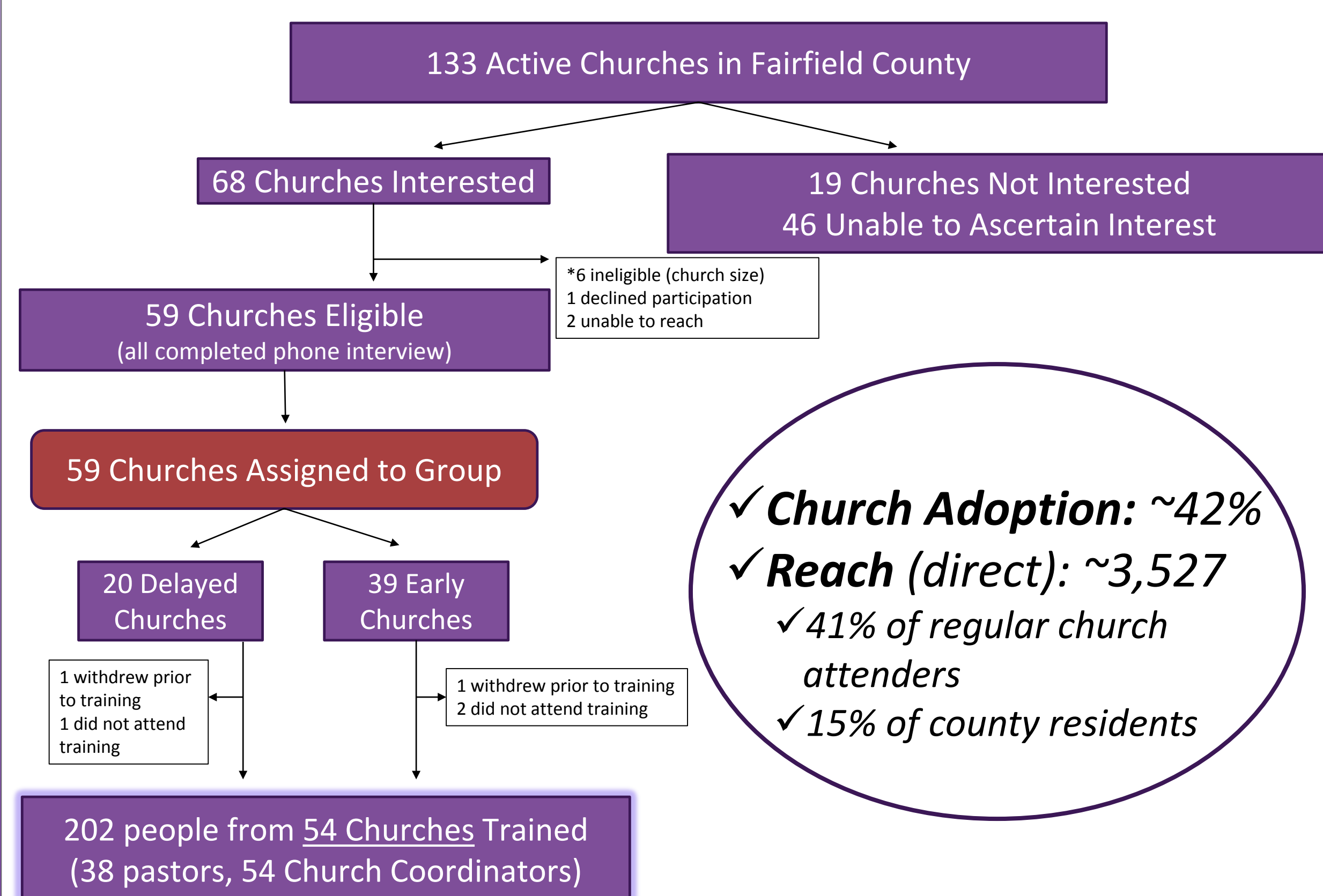
Overview of FAN

- Primary goal:** Help churches create healthier church environments for PA and HE
- Study design:** Churches (n=59) were randomized to be trained immediately ("early") or after a 12-month delay ("delayed").
- Partnership:** Fairfield Community Coordinating Council & Fairfield Behavioral Health Services
- FAN intervention** (delivered by Community Health Advisors):
 - Full-day training with church committees:
 - Assessment & planning process focused on 4 intervention strategies guided by structural model of health behavior (Cohen et al., 2000):
 - Increase opportunities & programs
 - Create healthy church guidelines (policies)
 - Engage, support pastor
 - Get the message out
 - Food demo & 3 PA breaks
 - Materials & resources
 - Submission of program plan & budget
 - 12 months of technical assistance calls
- FAN evaluation:** Post-test questionnaires with church members; baseline & 12-month interviews with church coordinators

Adoption & Reach

- Adoption** = Percentage of targeted churches that attended the FAN training
 - To examine representativeness, adopters were compared with non-adopters
- Reach** = Number of people who attend worship service(s) among churches that adopt the program; and percentage of people reached as compared to the number of people in churches in the county and the county population

Flow Chart for Church Adoption & Reach of the Faith, Activity, and Nutrition Intervention



*Training was offered to ineligible churches; 1 was trained.

Characteristics of Adopting and Non-Adopting Churches

	Adopting (n=55)	Non-adopting (n=77)	P
Church size			.24
<25 members	12.7	23.9	
25-49 members	40.0	33.8	
50-74 members	23.6	14.1	
75+ members	23.6	28.2	
Predominant race			<.0001
Black/African American	92.7	50.7	
Caucasian	5.5	46.8	
Multi-racial	1.8	2.6	
Denomination			.07
Baptist	45.5	36.4	
Non-denom / Independent	20.0	23.4	
Presbyterian	5.5	16.7	
AME / AMEZ	14.6	3.9	
Pentecostal	7.3	7.8	
Methodist	5.5	2.6	
Episcopal	1.8	2.6	
Other	0	6.5	
Participated in earlier tobacco-free initiative	67.3	22.1	<.0001

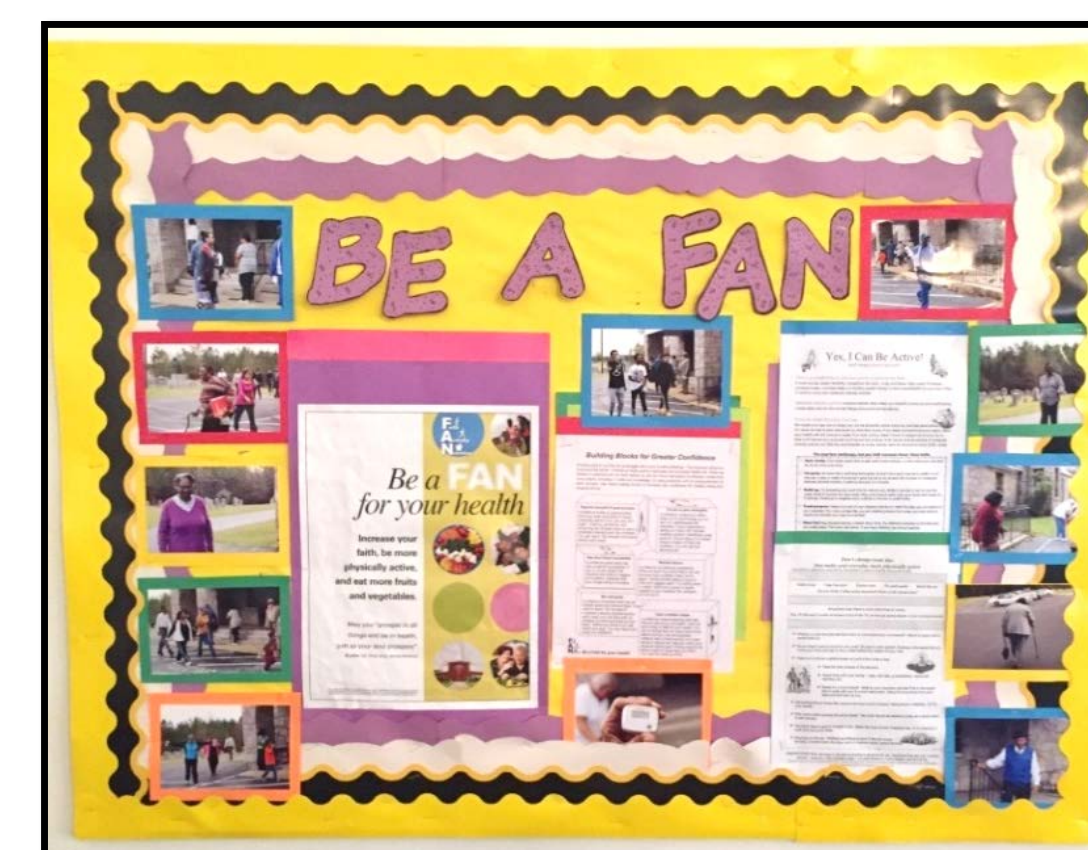
Implementation

- Church Coordinators interviewed at baseline and 12-months later reported whether they implemented the 4 FAN activities/strategies (opportunities, messages, guidelines/policies, pastor support).
- Early churches had significantly greater implementation than delayed churches (except in FV opportunities).
 - Effect sizes comparing early and delayed churches were large.
- Results are consistent with member reports of the church environment (see below) & replicated results from the earlier effectiveness trial.

Many churches increased opportunities for HE by serving healthy snacks and sharing healthy recipes.



Churches created a FAN bulletin board to get the message out.



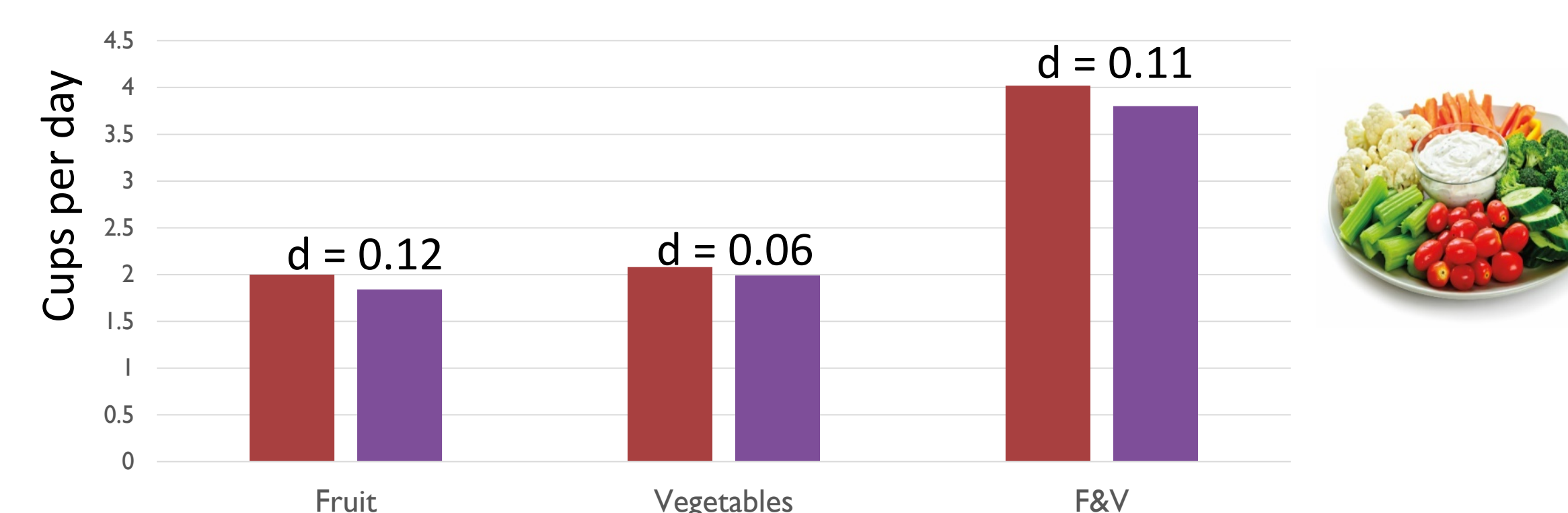
Some churches created a seasonal garden to increase opportunities for PA and HE.



Effectiveness

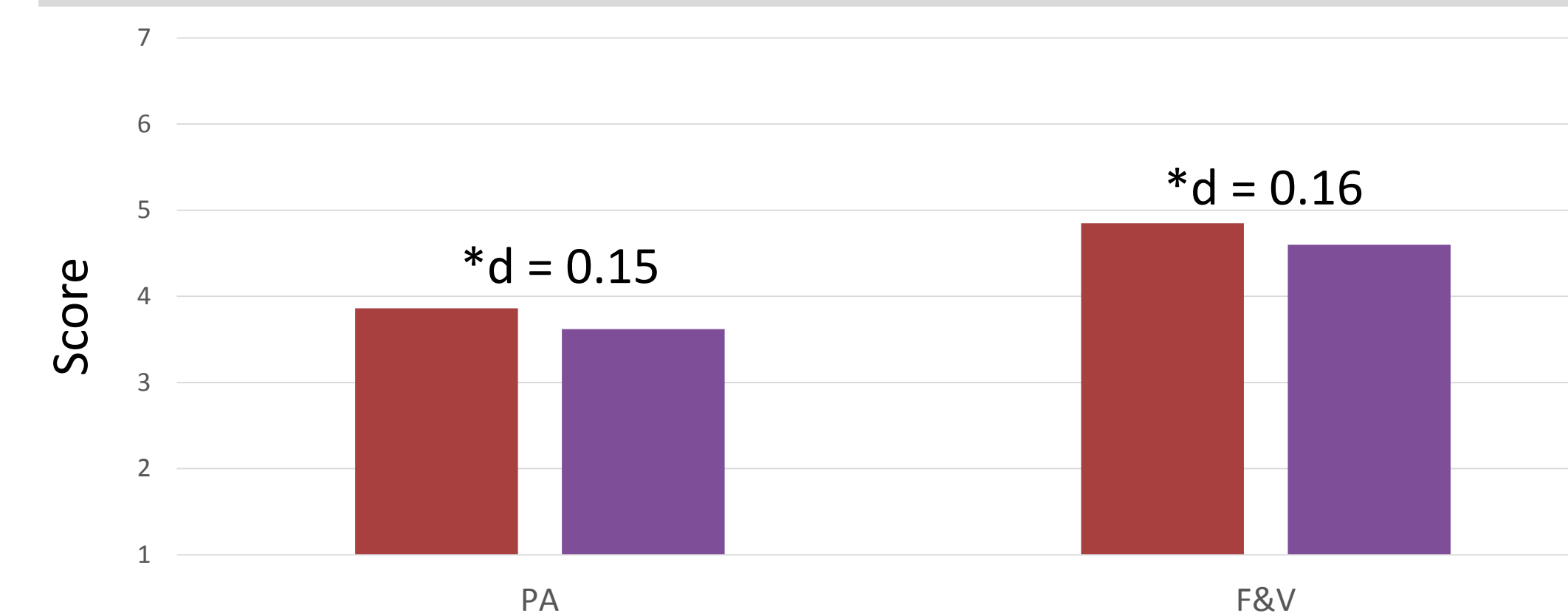
- University staff administered anonymous surveys after worship service between 6/2016 and 10/2016 (8-12 months after early churches were trained; before delayed churches were trained).
 - 35 early churches (832 members)
 - 19 delayed churches (504 members)

Effectiveness: Fruit & Vegetable Intake



Note: Models adjusted for age, gender, education & church clustering. d = Cohen's d effect size. * indicates p < .05

Effectiveness: Self-Efficacy (Confidence)



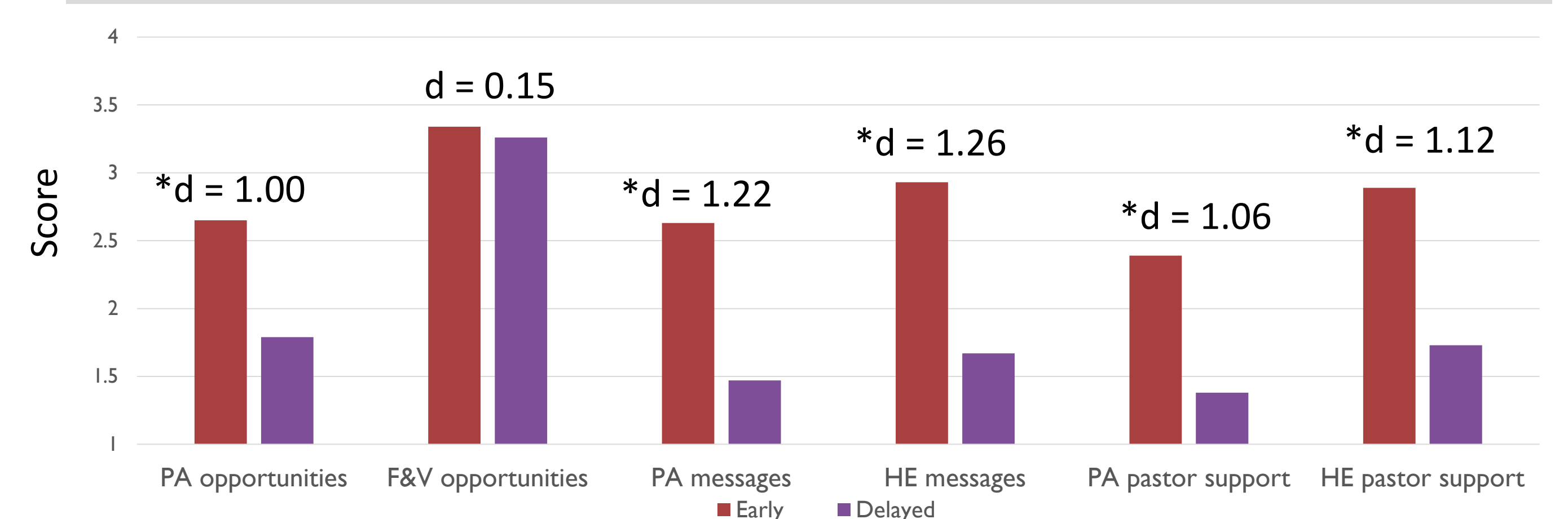
Note: Scale ranges from 1 to 7; higher values indicate greater confidence. Models adjusted for age, gender, education & church clustering. d = Cohen's d effect size. * indicates p < .05

Effectiveness: Physical Activity



Note: Models adjusted for age, gender, education, and church clustering. OR = Odds ratio. * indicates p < .05

Effectiveness: Church Environment



Note: Scale ranges from 1 to 4; higher values indicate more supportive environment. Models adjusted for age, gender, education & church clustering. d = Cohen's d effect size. * indicates p < .05

Conclusions & Next Steps

- Adoption, reach, and implementation were high with favorable impacts (effectiveness) on church environment and member behavior and beliefs.
- Results position FAN for broader dissemination.
- Phase 2 is a statewide D&I study with United Methodist Churches.
- Visit our website to read FAN Church Spotlights and learn more about the program & study: <http://prevention.sph.sc.edu/projects/fanumc.htm>

Acknowledgments

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Building Healthier Communities Together

Interactive Assessment & Planning Guide and Program Plan

