

Childhood Obesity Prevention with Church, Extension and Academic Partners in an Integrated Randomized Control Trial

Kathryn W. Hosig, PhD, MPH, RD¹; J. Elisha Burke, MDiv, DMin²; Monica Motley, MEd, MPH, PhD¹; Jamie S. Dollahite, PhD³; Jyoti (Tina) Savla, PhD⁴; Debra S. Jones, MPH⁵

¹Virginia Tech Center for Public Health Practice and Research; ²Baptist General Convention of Virginia; ³Cornell University Division of Nutritional Sciences; ⁴Virginia Tech Department of Human Development and Family Science; ⁵Virginia State University

Objective

Long-term goals:

- Prevent childhood obesity through improved parenting practices along with home and church environments related to obesity;
- Expand Extension capacity for community-engaged research and collaborative programming with faith-based organizations;
- Enhance Extension strategies for recruiting and training community volunteers
- Train future health professionals to provide culturally appropriate, collaborative, community-based health programs.

Research, Extension and Education outcomes support each goal:

- Parental self-efficacy for obesity prevention behaviors
- Child self-efficacy for healthy food and physical activity behaviors
- Parenting practices related to food and activity
- Home food and physical activity environment
- Extension personnel self-efficacy for partnering with faith-based organizations
- Student perceived competence related to addressing health disparities and health education program planning/implementation/evaluation
- Student perception of Extension's value in collaborative community-based health education and future career potential

Description

Group-randomized design

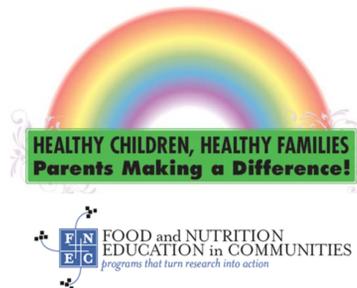
- 24 black churches randomized to host family-based childhood obesity prevention and financial literacy program in random order
- Families with at least one parent or adult caregiver and one or more children in grades 1 - 5 participate in research component

Program delivery

- Family Nutrition Program teaches adults
 - Healthy Children, Healthy Families (HCHF)
- Family and Consumer Sciences Agents teach adults
 - FDIC Money Smart
- Church members trained to teach children
 - OrganWise Guys and Choose Health, Food, Food and Fitness
 - FDIC Money Smart
- Exploratory 4H involvement for older kids

Policy, systems environment assessment and improvement

- Church Readiness and Capacity Health Assessment (CRCHA)



Evaluation

First-year activities and progress:

- 11 FNP Program Assistants trained on HCHF
- 2 project staff and one community member trained on Money Smart
- 13 church volunteers trained on OrganWise Guys and Choose Health
- 3 church volunteers trained on Money Smart for children
- 1 undergraduate and 5 graduate students involved

Research progress:

- First participating church became a pilot church due to scheduling and delays in recruiting families
- Three churches (37 families) participated in RCT
- 38 adult participants & 37 child participants provided baseline data

Conclusions and Implications

Lessons learned:

- Level of interest may not match capacity of churches to recruit young families
- Complexity of RCT design and program delivery strategy may result in miscommunication among research/Extension/church partners
- Complexity of RCT and program delivery strategy presents unique scheduling and staffing challenges
- Travel burden on research staff is greater than anticipated

Solutions:

- Work with churches to evaluate and strengthen capacity to recruit sufficient families before enrollment in study
- Employ multiple communication channels and ensure consistent messages from all staff members
- Identify locations with available Extension staff, then recruit churches
 - Ensure schedule compatibility
- Randomize churches to treatment condition prior to baseline data collection to allow Extension staff more time to prepare
 - Research and church staff and research participants remain blinded prior to baseline data collection