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
  o Healthy Children, Healthy Families (HCHF)
• Family and Consumer Sciences Agents teach adults
  o FDIC Money Smart
• Church members trained to teach children
  o OrganWise Guys and Choose Health, Food, Food and Fitness
  o 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
  o Ensure schedule compatibility
• Randomize churches to treatment condition prior to baseline data collection to allow Extension staff more time to prepare
  o Research and church staff and research participants remain blinded prior to baseline data collection

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