INTRODUCTION

Inequities in obesity and related chronic diseases between rural and urban communities have grown in recent years, as rural residents face numerous barriers to healthy eating. Multilevel programs addressing policy, systems, and environmental changes in rural areas can prevent obesity and promote health equity. Our project is situated in a rural, Appalachian community in southern Kentucky. We used a community-engaged approach and partnered with Cooperative Extension to develop, tailor, and implement multilevel interventions to address food insecurity in this population.

OBJECTIVES

1. Improve food security & nutritional health outcomes in a rural Kentucky community
2. Employ a community-based participatory approach to identify & adapt evidence-based healthy eating interventions at multiple levels of the socioecologic model

COMMUNITY ADVISORY BOARD (CAB) MEMBERS INCLUDE:
cooperative extension council members, family & consumer science agent, faith community representatives, farmers, food bank & pantries, county health department, & school resource center

The CAB prioritized:
(1) healthy cooking classes for families,
(2) farmers market access for lower income households,
(3) relatives raising relatives, and
(4) working lower income families

SELECTED INTERVENTIONS

1. Multigenerational cooking classes
We modified an evidence-based Cooperative Extension program, Cook Together, Eat Together, that employs a multigenerational approach to improve self-efficacy for cooking nutritious meals.

2. Structural farmers market interventions
We aim to increase access to produce by supporting redemption of WIC farmers market benefits through coordinated distribution at pop-up farmers markets located at the county health department in order to better serve WIC recipients.

EVALUATION

Our evaluation approach includes measuring outcomes as well as our community-engaged process:

1. A longitudinal cohort study in both the intervention and control counties will measure food security and fruit & vegetable consumption rates.
2. A process evaluation employing the RE-AIM framework will document implementation.

CONCLUSION

Evidence-based programs that successfully promote healthy eating in rural communities are needed. Obesity prevention strategies might best be informed by rural communities themselves. This community-engaged project may provide broader guidance for feasible multilevel strategies to reduce rural burden of food insecurity & poor nutrition outcomes. Cooperative Extension as a key partner brings trust and existing assets to the table for this work.

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