Living Well at Worship: A Faith-based Approach to Improving Health and Wellness Meghan Slining, PhD, MPH Health Sciences Department Furman University

Study Background

Faith-based organizations are increasingly common settings in which to conduct health promotion programs as they are ubiquitous social institutions with well-established social networks to develop and reinforce sustainable health programs. Yet while growing evidence supports the efficacy of faith-based health interventions, less is known about the effectiveness of such interventions under real-world conditions.

The goal of LiveWell Greenville's (LWG) At Worship workgroup is to support Greenville's faith communities in helping members achieve a healthier lifestyle. LWG At Worship follows a community-based participatory research (CBPR) framework in which houses of worship are involved throughout the research process including the identification and framing of the research issue, the design of study measures and methods and the interpretation and dissemination of study results.

Study Objectives

This study aims to evaluate LWG's At Worship 1-year health promotion initiative in Greenville County houses of worship. Specifically, we aim to:

- 1) Evaluate changes in individual-level (congregation member) health beliefs and practices following the 1-year intervention.
- 2) Evaluate changes in institutional-level (house of worship) health and wellness policies, practices and initiatives following the 1-year intervention.
- 3) Assess relationships between LWG At Worship program reach and implementation factors and study outcomes.
- 4) Understand participants' views and perspectives on the key intervention components driving health behavior change.

Study Methods

This study collects and analyzes both individual-level (congregation member) and institutional-level (house of worship) quantitative baseline and 1-year post assessment data. We plan to collect process and qualitative data to help explain, or elaborate on, the primary quantitative baseline and post assessment results.

<u>Aim 1:</u> Evaluate changes in individual-level (congregation member) health beliefs and practices following the 1-year intervention.

Individual-level health beliefs and practices are measured at baseline and at the 1-year post assessment using a 24-item self-report survey developed in collaboration with faith community leaders. The survey for each house of worship is administered during the primary weekly service for that congregation (typically a Sunday morning service).

<u>Aim 2:</u> Evaluate changes in institutional-level (house of worship) health and wellness policies, practices and initiatives following the 1-year intervention.

Institutional-level health and wellness policies, practices and initiatives are measured using an environmental policy assessment tool modeled after the Faithful Families Community Assessment Tool; the School Health Policies and Practices Study (SHPPS), a national survey developed by the Centers for Disease Control; and the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC), a valid and reliable tool for assessing child care environments.

Aim 3: Assess relationships between LWG At Worship program reach and implementation factors and study outcomes.

Because LWG At Worship follows a CBPR framework, each house of worship develops tailored health promotion initiatives. In order to understand the key components of the intervention, we plan to collect quantitative process data at 4 month intervals throughout the 1-year intervention. Individual- and institutional-level self-report surveys will be designed to assess intervention components, house of worship contextual factors, intervention dose delivered, and intervention dose received.

<u>Aim 4:</u> Understand participants' views and perspectives on the key intervention components driving health behavior change.

LWG's At Worship evaluation team is currently evaluating qualitative research methods appropriate for this study.

Study Update

Phase one of the study included eight houses of worship. As of April 2015, these houses of worship have completed preassessments, set goals and developed action plans aimed at supporting healthy environmental and policy change as well as increasing the knowledge, attitudes and behaviors that demonstrate commitment to healthy eating, active living and smoke-free environments. Post assessments and reports communicating changes observed over the 1-year intervention period have been completed for five of these houses of worship. Efforts are ongoing to complete post assessments on the remaining three houses of worship.

Phase two of the study will include five houses of worship. As of April 2015, one house of worship has been recruited for participation, has completed pre-assessments and is currently developing goals and an action plan aimed at supporting healthy environmental and policy change as well as increasing the knowledge, attitudes and behaviors that demonstrate commitment to healthy eating, active living and smoke-free environments.

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