The FAN program plan: Creating a healthy church environment for physical activity and healthy eating

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ABSTRACT

Background: Faith, Activity, & Nutrition (FAN) helps churches create a healthier environment for physical activity (PA) and healthy eating (HE) through policy, systems, and environmental changes.

Objective: The purpose of this paper is to describe the implementation, evaluation, and revision of the FAN Program Plan across a two-phase study to help churches create guidelines and policies for PA and HE.

Methods: In Phase 1, church committees attended trainings led by Community Health Advisors (CHA) where they assessed current practices to PA and HE. Committees used the FAN Program Plan to outline an implementation plan to increase opportunities, programs, messages, pastor support, and guidelines/practices for PA and HE. FAN Program Plans were submitted to the research team for review. Findings from Phase 1 plans directed revisions in program materials for Phase 2, where the submission and review processes were repeated.

Results: Review of Phase 1 FAN Program Plans (53/54 churches submitted a Program Plan) revealed that church committees confused guidelines/practices with programs and had trouble differentiating programs for PA and HE from providing opportunities (i.e., building PA/HE into existing events). The CHA training, FAN church committee training, FAN Program Plan, and other documents were revised to use the term "guidelines (policies)" instead of "guidelines/practices." In addition, CHAs facilitated a training section on guidelines (policies) to committees, and a guidelines (policies) section was added in the FAN Program Plan and other program documents. These changes in Phase 2 were helpful for differentiating policies from programs and programs from opportunities in FAN Program Plans (53/115 churches submitted a Program Plan), although some confusion remained.

Conclusions: This study underscored challenges churches may have in setting policies for PA and HE and discusses strategies to address these challenges in future faith-based initiatives.

1. Background

Churches provide researchers a unique partnership opportunity for improving the health of the community [4]. A church's leadership structure with elders, pastors, and other lay leaders provides a setting for studying health promotion at the organizational level [4,10]. Faith-based health promotion programs lead to increased physical activity (PA) [2,12] and improved healthy eating (HE) behaviors [9]. Ecologic programs can be more effective than individual-level interventions alone [11]; however, few faith-based programs use an ecologic approach. In addition, dissemination and implementation research has lagged behind to inform the scale-up of faith-based programs [6].

Faith, Activity, & Nutrition (FAN) helps churches create a healthier environment for PA and HE tailored to their context [20,21]. FAN is implemented by a church committee (3–5 individuals) and led by a FAN Coordinator from the church. Pastors are encouraged but not required to serve on the committee. The remaining committee members are identified based on suggestions provided by the study team (e.g., church cook, youth coordinator). Guided by the four components of Cohen et al.'s [5] structural model of health behavior, FAN emphasizes church implement change in four areas: 1) increasing PA and HE opportunities and programs, 2) sharing messages about PA and HE (e.g., sermons about health, newsletters), 3) enlisting the support of the pastor(s), and 4) setting guidelines/policies for PA and HE.

In the most recent FAN community trial, Community Health Advisors (CHA) led one-day trainings for church committees using the FAN Assessment & Planning (A&P) Guide [16,17]. The one-day training allowed committees to assess their current activities for each of the four components of FAN and select ways to add, enhance, or expand them. CHAs were recruited from the local communities where churches were located and were all

members of a church. Their roles included: participating in their own training with study staff prior to learn how to deliver trainings and TA, leading church trainings, facilitating church committee development and submission of their FAN Program Plan, completing 12 monthly technical assistance (TA) phone calls to support FAN Coordinators (8 total/church) and pastors (4 total/church) implementing FAN, entering call completion data in an online database, and participating in other research support and booster meetings, as needed.

CHAs encouraged FAN committees to interact and brainstorm with each other during the training as they developed their own FAN Program Plan (referred to as "Plan" hereafter). The Plan allowed them to outline activities they had chosen to implement. CHAs received modest financial stipends for their work and participated in booster calls with research staff to support their reporting of TA calls and facilitating conversations with church committees.

The purpose of this paper is to describe the implementation, evaluation, and revision of the Plan across the two-phase FAN Dissemination and Implementation study [18,21]. We emphasize how the review of Plans in Phase 1, particularly related to setting guidelines (policies) for PA and HE, directed modifications to the training and Plan in Phase 2.

2. Methods – Phase 1

2.1. Overview

The first phase was a countywide dissemination of the FAN program to churches of any denomination ($N = 54$, 93% with a predominant race/ethnicity of Black/African American) in one rural and medically underserved southeastern county [21]. CHAs received up to $1910 over a two-year period. This study was reviewed and approved by our University Institutional Review Board. We found that intervention churches, compared to delayed intervention control churches, reported significantly higher implementation of PA opportunities and PA and HE pastor support, guidelines/practices, and messages [15].

2.2. Phase 1 plan

Committees used a version of the Plan from the initial FAN effectiveness trial [19]. The Plan contained 5 sections: 1) PA Opportunities for Everyone, 2) PA Programs for Everyone, 3) HE Opportunities for Everyone, 4) Get the Message Out, and 5) Engage and Support Your Pastor. The fourth and fifth sections contained "required" FAN program activities and space to add their own. For example, in the Engage and Support Your Pastor section, one of the required activities was to "suggest guidelines and practices that the Pastor can put in place at church to support PA and HE."

After FAN training, committees submitted their Plans for review for completeness and consistency with the four FAN components. Plans were returned as 1) approved, 2) approved with minor revisions, or 3) revisions requested. Once approved, research staff shared Plans with the CHAs to assist with the 12 months of TA calls, and churches received a modest stipend to fund program activities. Churches received $500 or $300, based on the size of the congregation. Churches with more than 50 regular attendees received $500, and churches with 50 or fewer regular attendees received $300. Research staff also reviewed the CHA TA call notes to guide booster training sessions and follow-up to support CHAs.

3. Results – Phase 1

In total, 54 chuches attended training and 53 (98%) Plans were submitted. Common opportunities and programs for PA included walking after worship service and starting a walking group. Opportunities and programs for HE included serving more fruits and vegetables at events and providing cooking classes. Plans for sharing messages consisted of the three required FAN program activities of creating a bulletin board, distributing bulletin inserts, and sharing messages about PA and HE. Activities to engage and support the pastor included the five required FAN program activities of sharing

the monthly pastor activity, asking the pastor to allow time to talk about PA and HE, providing messages about PA and HE from the pulpit, encouraging the pastor to be a role model by wearing a pedometer, and suggesting guidelines and practices the Pastor can put into place at church.

As research staff reviewed the monthly TA call notes, it became clear that CHAs and committees were confused regarding guidelines/practices. For example, the CHAs often described opportunities or programs and not guidelines/practices. One CHA reported guidelines/practices as "members continue to walk weekly after Bible study" and "members are given fruits and bottled water after service on Sunday."

Review of Plans and TA call notes revealed two additional challenges. First, committees struggled to differentiate between identifying PA opportunities and programs. Second, TA call notes revealed a struggle to implement activities because nobody was assigned to lead activities outlined in the Plan.

4. Methods – Phase 2

4.1. Overview

The second phase was a statewide dissemination of FAN to churches of a single denomination ($N = 115$, 42% with a predominant race/ethnicity of Black/African American) [18]. CHAs received a stipend up to $1380 based on the number of in-person trainings led and number of churches under their supervision for the subsequent 12-months of implementation. Similar to Phase 1, we found that implementation of PA and HE opportunities, programs, messages, and guidelines (policies) significantly increased from baseline to the 12-month follow-up.

4.2. Revisions to FAN training, plan, and program materials

Prior to Phase 2, the research team considered the areas of confusion observed during Phase 1. In Phase 1, guidelines/practices were included as part of the FAN training and Plan but not emphasized to the same degree as the other components. Also, the Plan did not have a specific section for recording planned guidelines/practices. Lastly, unlike the other components in the A&P guide where each component had a standalone chapter, guidelines/practices were discussed briefly in the chapter on pastor support with samples in the appendix.

Thus, modifications were made to the training content, Plan, and A&P Guide to address the challenges from Phase 1. First, the term "guidelines (policies)" replaced "guidelines or practices" in program materials to more clearly differentiate policies from programs. Second, the training was substantially expanded to cover guidelines (policies) as a standalone section. During this section of training, a brainstorming session was added for committees to discuss how to create policies. Third, a new chapter was added to the A&P guide, "Set Guidelines (Policies) for Physical Activity and Healthy Eating" which outlined the steps for planning, writing, and implementing policies and included examples of policies. See Fig. 1. The chapter also provided space for committees to fill-in policies. See Fig. 2. A new section was added to the Plan, "Guidelines (Policies)," that included separate pages for committees to write their own PA and HE policies. Lastly, to minimize the lack of responsibility to lead program activities experienced in Phase 1, a column was added next to each activity in the Plan where committees could identify a leader(s), start date, and frequency for each activity.

We also modified the training for the new CHAs in Phase 2 [17]. In addition to providing the expanded training regarding guidelines (policies), we also emphasized the differences between PA opportunities and programs. We trained CHAs to explain opportunities as activities built into existing events – that is, occurring right before, during, or after regularly scheduled events (e.g., include PA breaks around regular church events) and programs as new activities (e.g., creating a walking group or offering an aerobics class).

Review of Plans and CHA TA call notes followed similar protocol to Phase 1. Because of the substantially larger pool of potential churches in

Steps to Take When Drafting a Guideline (Policy)

Consider these steps when drafting a guideline (policy) and planning the actions you will take to put it in place. As you go through the steps, use the example below as a guide.

1. Identify an opportunity for a guideline (policy): What are some of your current church practices that you think should change to meet FAN goals? Maybe fruits and vegetables are rarely served when you serve food. Or maybe physical activity is not a part of any church meetings, events, or activities. Use this information to write a guideline (policy) for church that will impact the way that your church conducts business regarding physical activity and healthy eating (examples can be seen in the next section).

2. Identify who will be included in drafting, reviewing, or approving the guideline (policy): All churches are different, and depending on the policy that you put in place, this group may be different. However, it is important to include your pastor, your church governing board, or other groups that will be in charge of allowing the policy to become a reality.

3. Consider your target date for a final version of the guideline (policy): Guidelines (policies) may change with input from the people important to drafting and reviewing the document. When do you think it is realistic for your guideline (policy) to go into effect? Give yourself enough time to ask for input on the guideline (policy), but be sure to choose a deadline and stick to it.

4. Think about the actions you will take to make your guideline (policy) a reality in the day-to-day activities of your church: A guideline (policy) is a broad reaching rule that impacts the way that your church conducts business. Actions are the day-to-day activities or practices that are impacted by your guideline (policy). **Consider starting small and adding over time.**

5. Identify who will put these actions into place: Think about how the guideline (policy) and actions will be put into place and about the people who will make that happen. These may be the same people who helped you draft, review, and approve your guideline (policy), but now they are going to be the people who help make that guideline (policy) a reality.

Fig. 1. Suggested steps to take when drafting a guideline (policy).

Phase 1 as compared to Phase 2, churches in Phase 2 did not receive financial incentives for an approved Plan.

5. Results – Phase 2

In total, 115 church committees attended training and 53 (46%) submitted Plans for evaluation. Of these, 43 (81%) included at least one HE policy and 40 (75%) included at least one PA policy. A new group of CHAs ($n = 13$) was recruited and trained to lead implementation. Most were women ($n = 12$), had a degree or certificate in a health-related field ($n = 8$), employed at least part-time ($n = 11$), and were Black or African American ($n = 7$) [17].

The most common policies submitted by church committees were similar, if not identical, to the example policies provided in the Plan or A&P guide. Examples of additional policies included: each month with a 5th Sunday will be a FAN Sunday and will include opportunities for PA; church events will serve 100% fruit juice; and children's activities longer than 45 min will include PA breaks.

Similar confusion between PA opportunities and programs remained. The differences between opportunities and programs are emphasized to

an even greater extent in the ongoing national implementation study of FAN. Lastly, the added columns in the Plan to identify a leader for the activity were completed, and no concerns regarding the lack of responsibility for leading program activities were found in the review of TA call notes.

6. Discussion

Studies evaluating the implementation of policy-level changes in faith-based programs are lacking. This paper described the iterative process of modifying program materials during a 2-phase dissemination and implementation study. We learned important lessons and offer suggestions.

First, churches struggled to understand policies as applied to PA and HE and how they differ from programs. It is important that churches understand and feel empowered to set policies because policy changes likely carry more significance because of their ability to affect organizational practices and reach all members. Indeed, a previous study identified that churches with wellness policies aimed at changing food practices at churches led to greater consumption of fruits and vegetables [13]. Implementing policies may help shift the culture of church activities, thereby leading to sustained change. Future studies should pay careful attention to communicating the importance of policies and providing specific training and resources for creating policies [3].

Second, the Plan revealed that churches struggled with planning and carrying out implementation in two ways. First, churches confused PA opportunities and PA programs. While opportunities and programs share similarities, these two aspects are separate and distinct in the conceptual model underlying the program. While FAN highlights flexibility of the program [19], more guidance and support to ensure the activities map correctly to the conceptual model may be necessary. Considering the need for designing programs with dissemination, implementation, and translation in mind [7,14], researchers should prioritize that programs remain true to the evidence guiding the intervention's design during the translation process. Churches in Phase 1 expressed challenges due to a lack of leadership designation in leading activities. The updates to the Plan for Phase 2 included a section to identify committee members and a projected timeline for each activity. Thus, future programs may wish to more explicitly state roles and responsibilities to allow for clear communication as the program is implemented.

A third lesson from this study relates to the receptivity of church committees to the term "policy." Some committee members who attended training expressed distaste for the term "policy." Thus, we have softened the phrasing in materials and the Plan surrounding policies replacing the word "must" to "should" (e.g., "All events with food should include fruits or vegetables" rather than "All events with food must include fruits or vegetables") while emphasizing how policies can focus on adding healthy options, rather than removing traditional favorites (e.g., avoiding policies such as "Fried foods are not allowed"). Negative feedback regarding policies may also be explained by longstanding traditions and cultures of church practices around holiday celebrations and other church events. Thus, researchers and practitioners should pay special attention to communication strategies about setting policies [1,8].

A fourth lesson from this study is that without external reinforcement (e.g., monetary), it may be difficult to motivate churches to develop and submit a Plan. Incentives were only provided to churches in the smaller, county-wide dissemination after they had an approved Plan. Due to the substantially larger number of potential churches in the state-wide dissemination, we were not able to offer this incentive. Previous research has highlighted the usefulness of financial incentives in faith-based health promotion programs [4]. While external funding in research-community partnerships often helps provide incentives, these financial resources may be limited as programs are scaled-up further. Future studies should explore barriers to creating Plans and non-monetary incentives or strategies to make this process easier.

Overall, committees planned and implemented a variety of activities to promote and increase PA and HE. The evaluations of Phase 1 and Phase 2 of FAN demonstrated that churches made significant improvements in their

What Types of Guidelines (Policies) Will You Set?

Using the steps above, please identify at least one physical activity and one healthy eating guideline (policy) that your church will consider developing. Below is an example of a guideline (policy) for each, along with examples of actions.

Physical Activity Example:

Guideline (Policy):
A physical activity break will be included in all church meetings lasting more than 45 minutes.

Who should be included in drafting & approving guideline (policy)? *Mrs. Jones (FAN Committee member), Pastor, Bible study leaders, Meeting chairpersons*

Target date for final version of guideline (policy): *January 2018*

Actions (these can be from earlier sections)	Who will put it into place?
1. *Take a 10-minute break during Bible Study using the Gospel Lift Off CD and get moving.*	*Bible study leaders*
2. *Take a 10-minute stretch break, walk break, or Gospel Lift Off CD break during standing church meetings.*	*Meeting chairpersons*

Guideline (Policy):

Who should be included in drafting & approving guideline (policy)?

Target date for final version of guideline (policy):

Actions (these can be from earlier sections)	Who will put it into place?
1.	
2.	
3.	

Fig. 2. Fillable tables for brainstorming a guideline (policy).

church environments [15,18,21], accentuating the value of partnering with faith-based communities. The Plan, along with the A&P guide and other materials, are available free of charge online at [http://prevention.sph.sc.edu/resources/fan-program-materials.htm]

Declaration of Competing Interest

The authors declare no conflicts of interest.

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