



Church Leaders' Experiences with the Faith, Activity, & Nutrition Program

Faith-based health programs have the potential to reach large numbers of people. Leaders in these settings such as pastors and other lay volunteers play a central role in making sure programs are a success. Understanding leaders' experiences, including both challenges and successes, with health-related programs may help improve current and future programs in this setting.

What we did

As part of the Faith, Activity, & Nutrition (FAN) Program, a partnership between the University of South Carolina's Prevention Research Center and the Fairfield Community Coordinating Council, we interviewed pastors and lay leaders from 54 churches to learn what they thought would get in the way and what would help them to put the FAN program in place. One year later, we interviewed the same pastors and lay leaders to learn about the actual barriers they faced and what helped them to put the program in place.



What we found

What got in the way of putting FAN into place

- **No barriers:** Many leaders did not expect any trouble putting FAN in place. One year later, many leaders confirmed that nothing got in the way.
- **Resistance to change:** Leaders described resistance to change in two ways: 1) members not wanting to change habits and 2) members not wanting to change due to cultural traditions. For example, one leader shared concern of "changing the culture of past practices" and another shared that "bad habits are hard to change."
- **Church and member characteristics:** Some leaders shared that physical features of the church such as far distance or low access to exercise

resources got in the way. Others described characteristics of church members that could prevent them from participating in certain program activities such as health conditions, disabilities, or older age.

- **Lack of participation/motivation:** Lack of participation/motivation was more commonly reported as an experienced barrier. Church leaders described members' lack of interest in making healthy changes.
- **Lack of time/conflicting priorities:** Lack of time was a problem for leaders and church members due to busy schedules and not having time for additional events. One leader shared "timing is always a challenge with large groups who need to participate in an activity" and another shared



“sometimes special occasions and church-related activities that had already been planned took precedence.”

- **Lack of leadership:** Some leaders described their own lack of involvement in the program. For example, some leaders shared that the pastor had not been involved. Other issues occurred when changes in church staff made it difficult to carry the FAN Program over to the new leadership staff.
- **Lack of internal support:** A lack of consistent planning for FAN activities and events was reported by a number of leaders.
- **Other:**
 - Weather was an issue when it was too hot or cold to do outdoor activities.
 - Some leaders talked about concerns with money and healthy foods costing more.
 - Some leaders discussed concern early on about communication issues among themselves as well as regularly communicating healthy living messages with members.

What helped to put FAN into place

- **Internal support:** Leaders most often shared the importance of internal supports including dedication among members, working together, encouraging each other, and making activities fun.
- **Leadership:** Leaders discussed being role models of healthy living in the church. They talked about their attendance at events, participation in physical activity, and openness to try new foods.



- **Communication:** By communicating about FAN in bulletins and handouts, messages from the pulpit, and other ways such as church newsletters or websites, leaders were able to reach more members. One leader talked about how their church had

“sermons on healthy lifestyles” and used the church website to share the health tips.

- **External support:** External supports referred to resources outside of the church that helped such as community health advisors, FAN research staff, and FAN program materials.
- **Healthy opportunities:** Building in opportunities for healthy changes was described as helpful. Leaders talked about serving more fruit and vegetable dishes at events and planning time for physical activity before or after events.
- **Tailoring:** Leaders described ways they tailored FAN to their congregation. Examples included doing low-impact exercises for older adults as well as connecting the activities and messages to physical and spiritual health.
- **Champions:** Champions were members with a passion for health who did not have a formal leadership title but still served as positive role models. Some leaders praised the youth who helped to encourage others to try new activities.

To learn more: An abstract of the research report is available here <https://www.ncbi.nlm.nih.gov/pubmed/30601982>. If you have questions about the study or would like a full version of this research report, please contact Dr. Sara Wilcox, wilcox@mailbox.sc.edu.

To learn more about the FAN program, please visit <http://prevention.sph.sc.edu/projects/fanumc.htm>.