



# Factors Related to Implementation Among Churches Trained Online in the Faith, Activity, and Nutrition (FAN) National Study

## Background

Many people in the U.S. who have high rates of chronic disease attend church regularly. This is especially true for African American adults and older adults. Because of this, churches are good places to offer programs that support healthy living. However, more research is needed to understand how to scale up faith-based health programs and what influences how well they are put in place.

Research that studies how proven health programs are used in real-world settings is called *implementation research*. Most implementation research happens in healthcare settings, such as hospitals and clinics. Fewer studies look at how these programs work in community settings like churches.

The Consolidated Framework for Implementation Research (CFIR) is a guide that can help researchers understand why a program works well in some churches and not in others. CFIR looks at five main areas:

1. The program itself (intervention)
2. Outside influences (outer setting)
3. The organization where the program is used (inner setting)

4. The people involved in putting programs into place (individuals)
5. The steps taken to put the program into action (process)

CFIR also helps identify things that support success (facilitators) and things that make implementation harder (barriers).

Faith, Activity, and Nutrition (FAN) is a proven health program that helps churches support physical activity and healthy eating among members. FAN focuses on four key areas of practices and policies:

1. Providing opportunities
2. Sharing health messages
3. Creating church policies
4. Gaining pastor support

FAN was developed through a university and faith organization partnership. Training for FAN in earlier studies was done in person and showed positive outcomes, including improved church policies and practices and increased physical activity and healthy eating among members.

To reach more churches, the FAN training was changed from an in-person to an online format. The research team wanted to know

if online training would still help churches improve their health-related practices. This study had three goals:

1. To report the impact of FAN on changes in church policies and practices for physical activity and healthy eating
2. To compare results between churches that met only/mainly online with those that met only/mainly in person during the COVID-19 pandemic
3. To identify factors (from CFIR) that were linked to greater implementation of church policies and practices among churches that met only/mainly in person

## What We Did

The research team focused on enrolling African American churches from across the U.S., but churches were not excluded due to race or ethnicity. Churches joined the study in 10 groups between August 2020 and December 2022. In total, 107 churches from 23 states took part, and about 75% were mostly African American congregations.

Churches completed eight online training lessons. One training lesson was released each week. These

lessons were designed to be engaging and interesting. They helped church FAN committees learn how to put the four key areas of FAN into place in ways that fit their church. Churches also had access to an online discussion board and could reach out to research staff for help. Finally, they received 12 months of support materials, such as newsletter templates, bulletin inserts, recipes, and handouts. During the training, church committee members began to create a program plan that outlined how they would carry out FAN in their church.

Each church named a FAN coordinator who completed online surveys before training began and again 12 months later. They reported their church practices and policies related to physical activity and healthy eating (opportunities, messages, policies, and pastor support). They also rated factors that might influence implementation (from CFIR). Statistical analyses were used to examine changes over time and links between CFIR factors and FAN implementation.

## What We Found

Of the 107 churches, 69 met only/mainly in person and 38 met only/mainly online when they enrolled. Overall, churches showed meaningful increases in practices and policies. Churches that met only/mainly in person showed significant improvements in all FAN areas, for both physical activity and healthy eating. The improvements were similar to those seen in earlier studies of FAN. Churches that met only/mainly online showed significant improvements in physical activity policies, pastor support for physical activity, healthy eating opportunities, and healthy eating messages.

Among churches that met only/mainly in person and completed the 12-month survey (58), we found that that they were more likely to put the physical activity policies and practices in place when they:

- rated FAN as more adaptable and less complex (intervention)
- reported, in their church (inner setting), less tension for change, a



- reported, in their church (inner setting), less tension for change, a greater fit between FAN and their church, priority of FAN over other programs, more rewards for putting FAN into place, greater readiness for FAN, and a greater need for physical activity in their members
- had more confidence to put the healthy practices and policies into place (individuals)
- reported that their church leaders were more supportive of healthy eating practices and policies (process)

## Conclusions

The online training for the FAN program was carefully designed and led to improved church practices and policies that support physical activity and healthy eating. These results were similar to those of earlier studies in which churches were trained in person.

Because online training can reach many more churches than in-person training, this approach can be widely shared. It may help to improve the health of groups with high rates of chronic diseases, including older adults, African American adults, and those who live in rural areas.

The study also shows that success depends on multiple types of factors, ranging from aspects of the program, the church setting, those who put the program into place, and the process of implementing. Knowing these factors can help guide training and technical assistance in other faith-based programs.

greater fit between FAN and their church, priority of FAN over other programs, more rewards for putting FAN into place, greater readiness for FAN, and a greater need for physical activity in their members

- had more confidence to put the physical activity practices and policies into place and expected greater benefits (individuals)
- reported that their church leaders were more supportive of physical activity practices and policies and had champions for physical activity (process)

These same churches were more likely to put the healthy eating policies and practices in place when they:

- rated FAN as less costly in terms of time and money at the follow-up (intervention)
  - Note that those who rated FAN as *more costly* in terms of money at baseline were more likely to put healthy eating policies and practices in place

**To learn more:** The research report is available here: <https://PMC12169341/>.

If you have questions about the study, please contact Dr. Sara Wilcox, Director, University of South Carolina Prevention Research Center, [wilcoxs@mailbox.sc.edu](mailto:wilcoxs@mailbox.sc.edu). To learn more about the FAN program, please visit: <https://prevention.sph.sc.edu/fan-training/>.