Pathways of Influences Leading to Adoption of the Faith, Activity and Nutrition (FAN) Program in a Statewide Initiative

Background

Findings from public health research can be difficult to put into place outside of the research context and in real-world settings. To try to improve this gap between research and practice, researchers have developed frameworks that studies can use. One of these frameworks, RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance), is used to understand the public health impact of interventions in communities or organizations.

Another framework called the Consolidated Framework for Implementation Research (CFIR) looks at factors within a community or organization that may impact if and how a health program is put into place.

In this study, we (University of South Carolina Prevention Research Center) partnered with the South Carolina Conference of the United Methodist Church to offer the Faith, Activity, and Nutrition (FAN) program to all churches in their conference. We then used the RE-AIM framework to look at how many churches adopted FAN across the state of South Carolina. We focused on the adoption component of RE-AIM because not much is known about why faith-based organizations may choose to start a health program. With better understanding of the adoption process in faith-based organizations, researchers might be able to tailor health programs for churches and other faith-based organizations. As a second part of this study, we also looked at factors from the CFIR framework to see whether they were related to which churches adopted FAN.

What we did

All churches in the South Carolina Conference of the United Methodist Church (SCCUMC) were invited to participate in the FAN program, and pastors from 93 churches that adopted FAN took part in this study. Adoption was defined by whether a leader from a church took part in a FAN training. We also interviewed 60 pastors from churches who chose not to adopt the FAN program. We did telephone interviews with the adopting and non-adopting pastors between February - May of 2017. Guided by the CFIR framework, our analysis looked at whether adopting churches were similar to each other in certain ways that were not seen in non-adopting churches:

- ***Church characteristics:*** such as size of congregation and racial demographics
- ***Church culture:*** such as openness to new ideas and pastor's concern for congregant health
- ***Communication:*** such as relationships between members and church leaders, how members are involved in decisions that affect them, and tension within the church
- ***Implementation climate:*** such as whether the program was accepted and seen as a priority in the church
- ***Pastor characteristics:*** such as age, race, physical activity, and eating behavior

Grouping churches with similar responses allowed us to identify pathways that influenced whether a church adopted the FAN program.

What we found

In total, 115 churches out of 982 adopted the FAN program, which meant that the rate of adoption was 11.7%. We also estimated that the FAN program reached over 45,000 members of churches in the SCCUMC. Compared to the SCCUMC overall, churches that adopted FAN had larger congregations, had greater average attendance, and were more likely to be mostly African American.

When we looked at similarities in groups of adopting churches, we found 14 unique pathways to adoption. Church culture appeared in 7 of these pathways, specifically a culture of concern for congregant health and openness to new ideas. This meant that when this combination (culture of concern for congregant health along with openness to new ideas) was present, churches that differed in other ways still adopted FAN. Several pathways included pastor physical activity. This meant that church pastors who reported more physical activity were more likely to be adopters of the FAN program in this study.

Summary

We used two frameworks, RE-AIM and CFIR, to guide our study of adoption and to identify patterns related to adoption of the FAN program in the SCCUMC. We found that overall, about 12% of churches in the SCCUMC adopted the FAN program and that the program reached over 45,000 church members (20% of members). Adopting churches were larger and more often had mostly African American members. Our study of the pathways to adoption showed that pastors having a culture of concern for congregant health combined with an openness to new ideas were the most likely to adopt FAN, even when they differed in other ways. These results help us to understand which churches may be most ready and open to a health behavior program.

To learn more: *An abstract of the research report is available here: https://pubmed.ncbi.nlm.nih.gov/33773182/. If you have questions about the study or would like a full version of this research report, please contact Dr. Sara Wilcox, Director, University of South Carolina Prevention Research Center, wilcoxs@mailbox.sc.edu. To learn more about the FAN program, please visit: http://prevention. sph.sc.edu/projects/ fantraining.htm.*

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