

## **Development of the African Methodist Episcopal (AME) Health-Smart Church Model Program**

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**Purpose of the Program.** The AME Health-Smart Church (HSC) Model Program is being developed to serve as a model for AME churches across Florida to (a) implement the evidence-based Health-Smart Church Program for Preventing and Reducing the Prevalence of Obesity among Children and Adults and (b) implement this program in a way that is customized for statewide implementation among AME churches. This AME HSC Model Program will be the product of three 1-year program phases. The first 1-year program phase, which is called *Development of the AME HSC Model Program*, is the focus of this program summary.

**Need for the Program.** The AME HSC Model program is clearly needed given that: (a) in Florida, obesity prevalence is highest among African American children and adults; (b) African Americans are less likely than other racial/ethnic groups to engage in health-smart (health promoting) behaviors; and (c) church-based health interventions to fight obesity are included in the 2011 Health Disparities Research Agenda for Florida.

**Program Activities and Target Population.** The activities that will occur in the first 1-year program phase are: (a) having the pastor and three leaders at five churches from among two AME 11<sup>th</sup> Episcopal District conferences (i.e., 20 pastors/church leaders) experience and learn to conduct the evidence-based HSC Program, (b) evaluating the impact of participating in these program activities on the health-smart behaviors (i.e., healthy eating and physical activity) of the participating pastors/church leaders, (c) having these pastors/church leaders identify barriers to implementing the HSC Program in AME churches statewide and identify strategies for overcoming these barriers, and (d) having these pastors/church leaders agree to participate in the next two (proposed) program phases to establish the AME HSC Model Program for use in AME Churches statewide. The ultimate target participants (who will participate in the proposed third program phase) will be 2,100 African American/Black children (ages 5-17) and 4,200 African American/Black adults (who may or may not be overweight/obese) from among 105 primarily low-income AME churches located in both rural and urban areas in Florida. The customized AME HSC Model Program will be implemented by the pastor and three church leaders at the 105 churches (totaling 420 pastors/church leaders) with assistance from the program collaborators (identified below).

**Program Collaborators.** These individuals are (a) Dr. Carolyn Tucker, the BCBS Endowed Chair in Health Disparities Research at UF and Professor and Director of the UF-FAMU Community Health Workers Research and Training Institute; (b) Dr. Penny Ralston, Professor, Dean Emeritus, and Director of the FSU Center on Better Health and Life for Underserved Populations; (c) Ms. Ava Parker, AME 11th Episcopal District Attorney and founder of *Fish Kids*; (d) Bishop McKinley Young and Mrs. Dorothy Young, Presiding Bishop and Supervisor, respectively, for the AME 11th Episcopal District; (e) Reverend Thelma Shaw Young, a retired AME pastor; (f) two community health researchers, Dr. Desmond and Dr. Arthur, and (g) the five pastors participating in the first program phase.

**Program Objectives.** These are to obtain qualitative and quantitative data from the 20 pastors/church leaders participating in the first program phase, to determine (a) their perception of the usefulness of and barriers to implementing the program statewide; (b) their views regarding strategies for overcoming the perceived barriers to program implementation statewide; (c) the impact of their participation in the HSC Program on their own engagement in health-smart behaviors during the first program phase; and (d) the lessons learned for implementing, evaluating, and institutionalizing the AME HSC Model Program.

**Program Outcomes/Deliverables.** These will include (a) signed agreements from the participating pastors and church leaders in the first program phase indicating that they will participate in the next program phase, (2) a Results/Outcomes Report from the First-Year Program Phase, and (3) a Lessons Learned and Next-Step Project Report that includes the lessons learned regarding customizing the HSC Program for use with children and adults in diverse AME churches and detailed next-steps for implementing the next two program phases.

**Dissemination of Program Outcomes.** Electronic and hard copies of the above-mentioned Results/Outcomes Report and Next-Step Project Report will be disseminated to all AME churches in Florida and to the BCBSF Foundation. The highlights of and empirical data reported in these reports will be published in a refereed journal article and presented at state and local meetings/conferences focused on reducing the prevalence of obesity and/or on health promotion and disease prevention among African American/Black children, adults, and families, particularly those with low household incomes.