



## Community-Academic Partnerships: A Win for Communities, Schools, and Public Health - Improving Nutrition in a Faith-Based Setting



*This is the first story in a series on how community-academic partnerships can enhance implementation of evidence-based interventions from the Community Preventive Services Task Force (CPSTF).*

"Georgia College and State University (Georgia College) prepares their students for life beyond college by providing 'a practical education that meets life-altering, real-world experiences.' This sparked me to develop interventions based on a CPSTF finding that forged community-academic partnerships and positively impacted the nutritional habits of more than 600 church members."

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Dr. Kirsten Rodgers is a community health activist with a passion for working on public health issues and preparing students to identify and implement solutions. Dr. Rodgers consistently turns to [The Community Guide](#) when looking for evidence-based strategies to improve community health.

In 2016, Dr. Rodgers worked as an assistant professor at Georgia College and led a team of students in the ENGAGE service-learning program. The team wanted to address health disparities and identified an opportunity to improve nutrition in nearby Baldwin, Putnam, and Hancock counties. Nearly half of the residents in these counties were African American<sup>2</sup>—a population with higher rates of diabetes (17%) and obesity (34%) as compared with the rest of the state (11% and 29% respectively).<sup>3</sup>

To start, Dr. Rodgers and her team of students engaged pastors at six predominantly African American churches. "We knew we had the potential for affecting greater change in the communities if we started with the African American churches, each with more than 100-members. These are the hearts of the counties," said Dr. Rodgers.

The project aimed to increase fruit and vegetable intake, decrease high calorie and sugary beverage intake, and enlist community partners to make fruits and vegetables more accessible and affordable in all three counties. "Basically," said Dr. Rodgers, "we wanted to motivate the adult church members to improve their nutritional habits by making the healthy choice the easy choice. We hoped that congregants would share their experiences with family, work colleagues, and other community members—creating a ripple effect through the area that would even reach managers at food stores."

### Addressing the Needs of Church Members

Dr. Rodgers melded the evidence-based [Body and Soul](#) program with the CPSTF finding, [Obesity: Multicomponent Interventions to Increase Availability of Healthier Foods and Beverages in Schools](#), and adapted it for a faith-based setting. "I had worked with Body and Soul previously and was familiar with how it could be used. Also, the CPSTF finding included multicomponent interventions to increase availability of healthier foods and beverages in schools that we could adapt to a faith-based setting."

The pastors' enthusiasm for the program generated a high rate of involvement from church members. "We couldn't force the church members or meal planners to choose healthy options, but we could encourage and provide recommendations about how many fruits and vegetables should be included in church meals and events—especially when the pastors were such enthusiastic role models," said Dr. Rodgers. "Church members were often surprised by the taste of the healthy food options they were introduced to during church events. The best was when they asked for seconds!"



## Strengthening Partnerships

Dr. Rodgers' team used a two-pronged approach to gain the trust of church members and access to the six churches. First, they collaborated with county coalitions that were made up of church congregants and had friends and family members who attended area churches. "This was our 'foot-in-the-door' since Georgia College had worked with the county's coalitions in the past and had built trust and a good reputation with the local communities," said Dr. Rodgers. The second approach was by way of introduction through the students at Georgia College. "Since Georgia College is predominantly attended by in-state students, many lived or had families in Baldwin (Georgia College is in Baldwin county), Hancock, and Putnam counties who introduced the program to their churches." Two of the participating churches were invited to participate through this student approach.



The program focused on one multicomponent intervention that included

- **Pastor engagement.** Pastors encouraged the organizers of church-wide events and regular meetings to provide at least one healthy option and include an additional fruit or vegetable when providing refreshments.


The intervention positively impacted the nutritional habits of more than 600 church members with many program participants reporting that the revised policies also influenced their food choices at home.<sup>1</sup>

### What is The Community Guide?

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based recommendations about public health interventions and policies to improve health and promote safety.

The Community Preventive Services Task Force (CPSTF)—an independent, nonfederal, unpaid panel of public health and prevention experts—bases its recommendations on systematic reviews of the scientific literature. With oversight from the CPSTF, scientists and subject-matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.

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### About Community Academic Partnerships

Service-learning programs, like ENGAGE at Georgia College, are becoming more popular and still have room for growth, according to Dr. Rodgers. "One challenge is to ensure academic programs are serving communities and addressing their identified needs. Another challenge is that service learning requires more work for the instructors and can create additional administrative processes for academic departments," said Dr. Rodgers. Using CPSTF recommendations can save instructors' time, inform decisions about how to use limited resources, and foster a positive learning experience for students -- all while meeting a community's needs. Community-academic partnerships that address public health issues and prepare future public health professionals can be a winning combination for everyone involved.

### Lessons Learned

- **Consider sustainability from the project's beginning.** Churches sustained the policies around event food preparation. Some daily tasks related to the Body and Soul program were not as sustainable, as there were often other priorities in the church. "The challenge," said Dr. Rodgers, "was to motivate new members who were not part of the program and were never engaged in the development and implementation. Creating health councils in churches then integrating them into the program might have affected sustainability."
- **Competing priorities may take precedence.** Weaving nutrition into other priorities, such as poverty, unemployment, stress management, and education, may increase the likelihood that food policy is integrated into church events.
- **Build on existing strengths and activities.** According to Dr. Rodgers, planners needed to shift from "how do we implement" to "how do we help connect the dots from an evidence-based recommendation to enhance what they're already doing."

<sup>1</sup> Dr. Kirsten Rodgers. (Personal communication). January 31, 2020.

<sup>2</sup> CDC 2019. Summary Health Statistics: National Health Interview Survey: 2018. Table A-4a. <http://www.cdc.gov/nchs/nhis/shs/tables.htm>

<sup>3</sup> County Health Rankings & Roadmaps. Georgia 2016. Madison (WI). [https://www.countyhealthrankings.org/app/georgia/2016/compare/additional?counties=13\\_009%2013\\_141%2013\\_237](https://www.countyhealthrankings.org/app/georgia/2016/compare/additional?counties=13_009%2013_141%2013_237); accessed 3/27/20.