

Title of Intervention: Project Joy

Intervention Strategies: Campaigns and Promotions, Group Education, Individual Education, Supportive Relationships

Purpose of the Intervention: To improve lifestyle risk factors

Population: African American women aged 40 years and older

Setting: Urban churches in Baltimore, Maryland; faith-based

Partners: Community Expert Panel

Intervention Description: Interventions from three churches were compared: self-help, standard group education and spiritual group education

- **Campaigns and Promotions:** All church-wide activities were designed to expose other church members to the health activities of Project Joy. Church bulletins included weekly session reminders and “Joy of Health” messages about eating and physical activity. In some churches, relevant scriptures accompanied weekly messages. Pastors distributed a monthly health newsletter called “From the Pastor's Desk.” Churches sponsored at least one Project Joy event each year. Promotional events included walk-a-thons, faith and worship dance recitals and fruit sales.
- **Group Education:** Prior to the initiation of the weekly sessions, each church held a weekend retreat. The retreat served to kickoff the program. It included demonstrations on nutrition and physical activity. A registered nurse discussed cardiovascular disease risk factors with the group. After the retreat, churches held weekly group sessions on nutrition and physical activity in their own facilities. Health educators taught a standardized curriculum for the first 20 weeks of sessions. Each session began with a weigh-in and group discussion, followed by a 30 to 45 minute nutrition education module that included a taste test or cooking demonstration. Each session included 30 minutes of moderate intensity aerobic activity. Physical activities included brisk walking, water aerobics or Tae Bo. After 20 weeks, churches developed their own education sessions.
- **Individual Education:** Retreats included an information session in which participants received their individual results from the baseline screening. The self-help group received materials from the American Heart Association on healthy eating and physical activity. Information was tailored based on the participants’ personal screening results.
- **Supportive Relationships:** Churches with the additional spiritual intervention included a weekly session that incorporated group prayers and health messages enriched with scripture. Physical activities included aerobics, gospel music or praise and worship dance. Telephone calls from lay leaders helped to motivate participants to attend sessions.

Theory: The Community Action and Social Marketing Model, Social Learning Theory

Resources Required:

- **Staff/Volunteers:** Lay leaders, pastors, church members
- **Training:** Training for lay leaders
- **Technology:** Not mentioned
- **Space:** Space in the church for group meetings and various activities
- **Budget:** Not mentioned
- **Intervention:** Posters, materials and food to conduct taste tests and cooking demonstrations, access to physical activity equipment and facilities, training manual for lay health leaders, newsletters, posters, hotel facilities for the kickoff retreat, incentives for completing the follow up screening such as tickets to a gospel play, a bus trip to nearby outlet shopping or gift certificates to local establishments
- **Evaluation:** Digital scale for body weight, sphygmomanometer for measuring blood pressure, Carbon monoxide monitor for smoker measurements

Evaluation:

- **Design:** Randomized trial

- **Methods and Measures:**
 - Session attendance was tracked
 - Weight, BMI, total body fat, blood pressure and heart rate, blood lipid levels and glucose were assessed
 - Dietary nutrient intake was assessed by the Block Food Questionnaire
 - Smoking and carbon monoxide levels were assessed
 - Physical activity was assessed by the Yale Physical Activity Survey

Outcomes:

- **Short Term Impact:** The spiritual and standard groups had statistically improved outcomes compared to the self-help group. There were significant positive trends for most of the cardiovascular risk factors in the intervention groups. Significant improvements were found in the intervention groups for anthropometric measures, blood pressure levels, diet and, to a lesser extent, physical activity.
- **Long Term Impact:** Not measured

Maintenance: In each church, research staff worked with the pastor and church leaders to train lay leaders and to distribute program materials. Each church was permitted to personalize the program in any way desired after the initial 20 weeks of health educator-managed sessions. Sessions following the first 20 weeks varied by church due to this ownership building process.

Lessons Learned: Those churches receiving the standard intervention took it upon themselves to introduce spirituality into their sessions from the beginning without staff assistance. The participating women did not believe there could be any church based program that was not spiritual. They initiated sessions with prayer and selected their own relevant scriptures. Ultimately, the standard and spiritual interventions operated almost identically. The investigators believe it is not possible to maintain a non-spiritual intervention within the African American church environment. There was a nearly complete lack of interest in the self-help program. Participants consistently expressed an interest in having weekly sessions operated by knowledgeable professional leaders. They felt their peers (lay leaders) were not qualified to lead intervention groups. Process data showed that churches had lower weekly attendance after the professional health educator stopped leading the weekly sessions. Women indicated that this decline was due to a lack of confidence in the capabilities of peers whom they did not believe had the same expertise as the professional health educators. It was difficult for them to shift their peer relationships with these women and to accept them as leaders. Participants suggested having sessions offering a choice of multiple days per week, sessions at night and opening the program to the whole family might have increased attendance. Churches with the strongest support from the pastor and pastor's wife or another woman acting as a spiritual leader of the church had the best attendance.

Citation(s):

Yanek, L. R., D. M. Becker, et al. (2001). "Project Joy: faith based cardiovascular health promotion for African American women." *Public Health Rep* 116 Suppl 1: 68-81.