

<b>Title of Intervention</b>	<b>The Genesis Program</b>
<b>Intervention Strategies</b>	Group Education, Environments and Policies, Supportive Relationships
<b>Purpose</b>	'Develop a culturally competent health intervention in partnership with six African American churches in a low-income, inner-city neighborhood of Syracuse, and to test a pilot nutrition program for its effectiveness and perceived value to participants.'
<b>Populations</b>	African American Church Members.
<b>Settings</b>	Community-based, Church-based
<b>Partners</b>	Syracuse University, local African American churches
<b>Intervention Description</b>	<p>A 12 week intervention for local African American Churches held on Saturdays for 3 hours. Meeting components included: 1) "Share'n'Praise" time where participants could share success and challenges related to nutrition and exercise experiences. 2) A 1.5 hours fitness section including education, question/answer time, and aerobic activities. 3) 1 hour alternating between "nutrition education and health information/motivation."</p> <p>"The six nutrition clinics focused on major themes for healthy eating. Topics included:</p> <ol style="list-style-type: none"> <li>1. Think Your Drink - Select healthy drinks to limit sugar and reduce calories.</li> <li>2. The Power of Produce -Select, prepare and enjoy more fruits and vegetables.</li> <li>3. Portion Distortion - Control portion sizes to maintain a healthy weight.</li> <li>4. Read Food Labels - Note nutritional content and avoid high fat, sugar and salt.</li> <li>5. Go for the Grains - Choose whole grains to gain the benefits of fiber and nutrients.</li> <li>6. Sample New foods - Introduce healthy new items into your family's diet.</li> <li>7. Adjust Ethnic Recipes - Keep the taste but decrease calories, fat, and sodium.</li> <li>8. Review My Pyramid - Learn about food variety and daily nutritional requirements.</li> <li>9. Putting it all together - Review menus and make healthy choices when eating out.</li> </ol> <p>These sessions provided hands-on learning in an informal setting. The interactive format included presentations, group dialogue, story-telling, questions, and cooking demonstrations. At the end, participants discussed ideas for choosing healthier foods, increasing their confidence in maintaining a healthy diet, setting goals, and sharing health knowledge with family and friends.'</p> <p>The focus of the physical activity intervention was behavior change. Motivation was a key component. Other components included: choosing an exercise buddy, goal setting, progressive group aerobics, and education.</p>

	In addition to the 12 week educational sessions the churches changed church menus to incorporate nutrition concepts being taught. At the end of the program a "Victory Celebration" was held.	
<b>Theory</b>	Information-Motivation-Behavioral skills model	
<b>Resources required</b>	<b>Staff/Volunteers:</b>	Nurse Educators, Lay Health Advocates (2-3 per church), Pastor.
	<b>Training:</b>	Lay Health Advocate training: fall retreat, semi-monthly education sessions.
	<b>Technology:</b>	None
	<b>Space:</b>	Not mentioned
	<b>Budget:</b>	Not mentioned
	<b>Intervention:</b>	Course curriculum, cooking demonstrations, Victory celebration breakfast, t-shirts.
	<b>Evaluation</b>	15 page survey, scales
<b>Evaluation</b>	<b>Design:</b>	Prospective cohort
	<b>Methods and Measures:</b>	'Methods included building partnerships with the churches, designing survey instruments, developing and implementing the pilot program, soliciting their feedback via surveys, and personal testimonies. Special care was taken to ensure cultural competence and church engagement throughout. The team collected qualitative and quantitative data, using SAS version 9.1 for quantitative analysis. Qualitative data focused on participant attitudes, behaviors, and sense of empowerment. A brief survey was administered to 21 participants four months post pilot to assess whether they were maintaining healthier habits.'
<b>Outcomes</b>	<b>Short term impact:</b>	Findings indicate clear shifts to healthier food choices and cooking methods including: decreased fried foods, increased fruits and vegetables, more low fat dairy, and fewer sodas.
	<b>Long term impact:</b>	Churches changed their congressional meal dinners. Additional churches have begun participating.
<b>Maintenance</b>	Ongoing trainings.	
<b>Lessons Learned</b>	"Winning support from pastors is key; they can inspire trust in a health program and serve as role models for healthier habits."	
	"A culturally sensitive design is critical. Using participants' input also creates programs targeted to their needs and preferences—and gives them ownership and pride in their church-designed health intervention."	
	'Community-based interventions require substantial time and resources. '	
	Obtainable nutrition goals are critical. Avoiding restrictive diets and incorporating simple changes to existing cultural diets is key to success.	

<b>Citation(s)</b>	Cowart, L., Biro, D., Wasserman, T., Stein, R., Reider, L., & Brown, B. (2010). Designing and Pilot-Testing a Church-Based Community Program To Reduce Obesity among African Americans. <i>ABNF Journal</i> , 21(1), 4-10.
<b>Current Program Status</b>	This project is a part of a larger ongoing project at Syracuse University called the Genesis Health Project Network. This program aims to decrease health disparities and has been recognized by the U.S. Department of Health and Human Services' National Institutes of Health for its best practices in eliminating health disparities. ( <a href="http://insidesu.syr.edu/2010/04/23/genesis-health-project-network-sponsors-churches-against-diabetes-april-28-april-30/">http://insidesu.syr.edu/2010/04/23/genesis-health-project-network-sponsors-churches-against-diabetes-april-28-april-30/</a> ).