

Insights on Bringing Research to Practice Through Collaboration

Centers for Disease Control and Prevention
University of South Carolina Prevention Research Center

This snapshot highlights key insights in research translation as shared by the University of South Carolina Prevention Research Center (UofSC PRC).

About the University of South Carolina Prevention Research Center

The UofSC PRC, funded since 1993, envisions Communities That Support Physical Activity and Healthy Eating for All People. To achieve this vision, the UofSC PRC is committed to conducting research and to translating that research into practice to improve the health of individuals, families, and communities. The PRC promotes physical activity and healthy eating through community-engaged intervention, training, dissemination, and applied prevention research.

Research Translation Defined

The Centers for Disease Control and Prevention (CDC) Prevention Research and Translation Branch defines “translation” as the process and steps needed or taken to ensure effective and widespread use of science-based programs, practices, and policies.

Key Projects and Translation Achievements

Current Project

The UofSC PRC’s applied core research project is entitled “National Implementation Study of the Faith, Activity, and Nutrition (FAN) Program.” FAN uses a community-based participatory approach that was developed and tested in partnership with the 7th Episcopal District of the African Methodist Episcopal (AME) Church. This faith-based program targets organizational change within the church to be more supportive of physical activity and healthy eating.

For the 2019-2024 funding cycle, with guidance from Community Advisory Board (CAB) members and research translation partners, the PRC is conducting a national implementation study to deliver FAN using a web-based approach. Church committees will complete FAN online training and receive a year of implementation support.

Previous PRC Projects/Related Research Projects

In a study funded by the National Institutes of Health (2006-2013), University staff delivered in-person training to church committees. This effectiveness trial demonstrated significant improvements in leisure-time physical activity and fruit and vegetable intake. As a result, FAN was indexed in the National Cancer Institute’s Evidence-Based Cancer Control Program, receiving a high rating for “dissemination capability.”

From 2014-2019, the CDC funded the FAN Dissemination and Implementation study. Community Health Advisors, recruited from local churches and trained to deliver FAN training to churches, helped disseminate the FAN program more broadly. The first phase focused on a county in South Carolina, with positive results. In the second phase, the UofSC partnered with the South Carolina Conference of the United Methodist Church to disseminate FAN statewide, with increases in opportunities, messages, pastor support, and policies for physical activity and healthy eating.

Insights Across the Translation Continuum

The key insights in bold black text below are shown in relation to four broad elements of the translation process. These elements are overlapping and often iterative, therefore insights may be relevant at any stage of the process. The four elements are listed here and shown below in bold blue text.

- Identifying the Public Health Challenge or Need
- Collaborative Planning and Co-Designing Interventions
- Supporting Implementation, Dissemination, and Bringing Efforts to Scale
- Facilitating Continuous Learning

Identifying the Public Health Challenge or Need

Insight: Use findings from a needs assessment

Findings from a needs assessment were fundamental to the design of FAN. African Methodist Episcopal churches in South Carolina partnered with the Medical University of South Carolina to conduct a needs assessment. Findings revealed needs related to physical activity, diet, and weight. After reviewing the findings, the church wanted an intervention that included physical activity and diet, which are now the key areas for improvement through the FAN project. Church leaders and lay members offered a lot of support because they saw so many health disparities in their congregations.

Collaborative Planning and Co-Designing Interventions

Insight: Spend time in co-design using a community-based participatory research approach

The UofSC PRC and other South Carolina University representatives spent an entire year in partnership with the AME churches in South Carolina developing the FAN program. They used a participatory research model to develop the program, the training, and the evaluation. Elements of this planning process included the following.

- **Established monthly structured time for co-design:** The AME Church became involved with every aspect of developing FAN through routine meetings. For example, the church thought the PRC's initial organizational survey was too long and suggested opportunities for improvement. When the UofSC PRC suggested a multiday training, the representatives from the church were opposed, saying people would not come for multiday training—or the same people wouldn't come back. Meaningful feedback collected through these routine meetings resulted in a practical intervention for the churches.
- **Collected feedback from practitioners on technical content:** The UofSC PRC developed the technical content based on the input from the church partners and their review of the content. This was critical for churches to see that it takes commitment—but not a lot of time—for them to play a role in improving opportunities for physical activity and healthy eating to address health disparities.

Supporting Implementation, Dissemination, and Bringing Efforts to Scale

Insight: Work with coalitions, networks, and trusted champions

Among the best mechanisms for attracting churches to the program is through people they know and trust. For example, the UofSC PRC has seen several church referrals through a health ministry certificate program. The director of this program is an advocate for FAN. He tells churches in his national network how important it is, which helps them see that it is a credible program and reduces their hesitation about participating in the research. Coalitions and networks have also

been key partners in getting the word out to churches across the country and bringing the intervention to scale. Examples are below.

- Public health coalitions are active members of the Community Advisory Board.
- In several instances, the UofSC PRC partnered with local coalitions focused on physical activity and well-being that wanted to reach churches in their community.
- For dissemination, the UofSC PRC works through networks that it has and tries to reach new networks of faith-based and health-related coalitions.

Insight: List your evidence-based intervention in national clearinghouses

Several churches, coalitions, and groups that work with faith-based organizations found the UofSC PRC FAN intervention through the National Cancer Institute Evidence-Based Cancer Control Program website. The UofSC PRC FAN program is also shared by the Rural Health Information Hub, reaching rural health champions across the country.

Insight: Make training and materials accessible

After receiving numerous requests for training—inside and outside of South Carolina—the UofSC PRC moved to online training for budgetary reasons and the potential for wider-scale adoption and translation. The FAN training consists of eight interactive online lessons. The UofSC PRC made 12 months of resources available for download through Moodle, an online software for housing training courses, and can provide tailored technical assistance, if needed, to churches implementing the program.

Insight: Be flexible with implementation

The processes of FAN are standardized, but the implementation is flexible to adapt to the needs of diverse churches and promote sustainability. As participants in the program, church leaders can choose activities that make organizational changes based on their needs and interests.

Facilitating Continuous Learning

Insight: Use implementation challenges as rich opportunities for learning with practitioners

The UofSC PRC tries to learn as much as possible with partners before implementation and through implementation, always asking “What’s working? / What’s not working?” The UofSC PRC emphasizes to churches that the evaluation process is a learning process, even when things don’t go as planned. During regular Zoom meetings, the PRC reviews challenges and opportunities, and listens to suggestions from the Community Advisory Board and other faith- and health-based partners, so it’s a continuous learning process.

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