

A Church, University, and Extension: A Partnership for Creating Healthy Youth and Healthy Living

Nicole Webster

Department of Agricultural Economics, Sociology, and Education
Pennsylvania State University
nsw10@psu.edu

Maurice D. Smith Jr.

Department of Agricultural Economics, Sociology, and Education
Pennsylvania State University
mds469@psu.edu

Abstract: Within many urban communities, there has been a steady decline in healthy living practices among minority families. This decline is often due to the lack of health services and health knowledge of youth and adults (Shirley, Roark, & Lewis, 2012). In order to better reach these particular audiences it has been suggested by scholars and practitioners to focus on community based programming. Partnerships formed through entities such as universities and community organizations have been shown to be quite successful in creating healthier families. This paper discusses one such program focused on increasing health knowledge of urban families. Activities offered included health screenings and healthy living programming for youth. Program results showed that nearly 95% of youth found the activities informative and gave them ways to think about their health and the health of their families.

Introduction

Childhood obesity is an increasingly important issue plaguing America today. This growing problem has affected American youth at alarming rates. Research statistics show that obesity rates has more than doubled in children and quadrupled in adolescents in the past 30 years. In the US, children aged 6-11 who were obese increased from 7% in 1980 to nearly 18% in 2012. Similarly, the percentage of obese adolescents aged 12-19 increased from 5% to nearly 21% over the same period (CDC, 2015).

While these numbers cut across all ethnic groups and ages, the rates are most astounding for youth in urban areas. The inequality in health rates are due to a number of factors- income, access to quality education, and of course, access to affordable health care. Other factors such as disparate access to affordable and safe spaces, healthy food and physical activity, exacerbate these rates. Overweight and obesity rates also tend to be higher among African American children compared with white children, with rates increasing faster at earlier ages (National Research Council, 2013; Skinner & Skelton, 2014). These numbers are cause for concern for many policy makers, government entities, and communities.

Education and programming

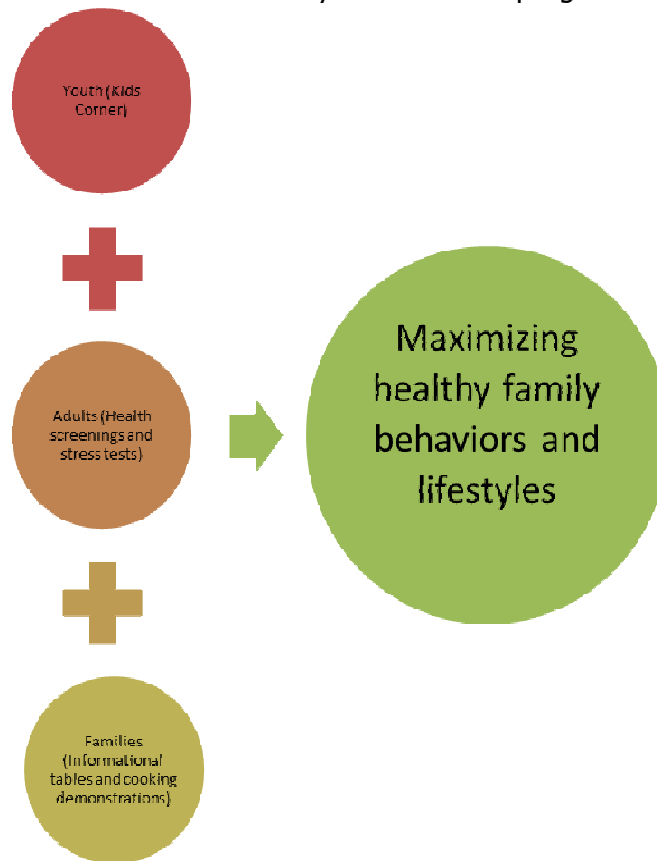
Managing obesity and the health of vulnerable populations is not a problem that can be tackled by an individual agency or program. In order to curb rising rates, local leaders and residents alike must begin to understand how to partner together to more fully address the issue. If neighborhoods and cities come together to create community based health programs, better public action and policies can be created for long term effect. One such program that was developed was a partnership between a Northeastern University and a United Episcopal Church in a urban metropolitan city.

Program format

This community based health program was a partnership between a land-grant university, a local church, and community organizations. All of whom came together to create a community health fair to increase healthy eating and active living in youth and their families. The activities were uniquely positioned to encourage youth to think about how to make and execute healthy choices and for parents or guardians to model these behaviors by making their own healthy choices. The format was designed in such a way to encourage conversations between participants and their families and stimulate actions for future healthy behaviors (see Figure 1).

Figure 1

Format of community based health program



Goal and objectives

The goal of the community health fair was to provide an interactive program to foster health promotion and awareness for families and the community at large. A number of the activities were interactive in nature and involved community health agencies, schools, and other organizations—all who had a goal to promote health and wellness. Several of the organizations provided presentations and educational material on relevant and current health strategies to improve one's health. Screenings and laboratory tests were offered by Pennsylvania State University's Kinesiology department. On-site tests included blood pressure and risk factor screenings, cardiovascular fitness assessments, and nutrition counseling. Local community partners such as a medical spa and an assisted living facility offered aesthetic assessments and cooking demonstrations. Students and faculty from Prince George's Community College offered blood pressure measurements and free flu shots. Activities for youth were also designed in order to make this a complete family day. For example, food nutrition experts from Pennsylvania State University Cooperative Extension offered kids cooking demonstrations and youth development specialists organized a kids corner.

The kids corner was designed to expose youth ages 10-15 to a variety of health based games and activities. Activities were designed to increase youth awareness in three specific areas

1) healthy eating, 2) healthy life choices, and 3) increasing physical activity. Teens and young adults volunteered to serve as assistants to help guide the participation of younger youth.

Participants and Recruitment

Recruitment of the program took place through a number of venues that would reach a broad range of individuals. First, a planning committee was formed to plan the best approach to reach the desired audience and then worked to disseminate information about the event through formal and non-formal community networks. Social media outlets and church bulletins proved to be the most successful strategies in reaching audiences based on feedback the day of the event. Nearly 300 individuals attended the five hour event. Participants included African American families, students from the local universities, church parishioners, and stakeholders from the Upper Marlboro community.

Results

Kids Corner

According to the 25 youth who participated in the kids corner, nearly 95% (19) commented that the activities were informative and gave them more ways to think about their health and the health of their families. After examining the participation of the youth, their interest in the program and activities could be captured in two categories, 1) informative and fun and 2) health choices make a difference. Several of the youth participants commented that the kids corner gave them a chance to learn about healthy eating habits while also learning about recipes and fun games. Older teens and adults alike also noted that the opportunity to participate in a health event in a community setting was a "good idea to get families to learn about their health and make improvements together."

The survey results indicate that more than two-thirds of participants (69 percent) had participated in a wellness program designed to encourage a healthier youth lifestyle. Eighty nine percent of the participants noted they found these types of health related activities helpful in their quest for health and wellness for not only themselves, but also their families. About half of the attendees (49 percent) commented that wellness programs that offer incentives directly to participants are highly desirable. This was supported by a middle aged participant and her adolescent daughter, "This is a nice chance to get out and learn about my health and to help my daughter learn how to live a healthier life in this sometimes tech filled world." Her sentiments were echoed by other parents overheard discussing the quality and quantity information being given at each of the tables, but especially the kids corner.

We also found that the kids corner provided awareness towards healthy lifestyles and wellness to the youth. For example the "Bubble Trouble Shockers" activity, was useful in teaching youth about the amounts of sugar that are found in common foods and beverages. The activity allowed youth to explore items they eat and drink and how to check the nutrition label for health information. One activity in particular, Dizzy Lizzy, was a physical challenge event that helped youth discover the process of eating healthy and engaging in regular physical activity. Other activities included an egg toss race, health trivia, and sack and barrel racing.

Discussion and Conclusion

Results from the Kids Corner indicated that the delivery was not only effective, but informative for both adults and youth. Youth participants indicated that the activities and information obtained during the event will assist them in making healthier living choices in the future. Additionally, they commented how their immediate actions and knowledge will help them to better inform their peers and other youth in their communities to make healthier life choice decisions.

The highlighted program-- a partnership between a local church, university, and external organizations modeled on a healthy living program can be successful when delivered through a multitude of community based entities. The partnership demonstrated that through various resources, often present in minority communities, healthy programming efforts can be provided for the entire family. Quality and affordability was not sacrificed in order to meet the larger goal of promoting healthy living in youth and adults alike.

This activity emphasized the benefit of community based programs and partnerships to address an issue that plagues many families across America, but especially at alarming rates in minority communities. A mother of a family of four so eloquently reiterated this point, "every person in our communities (black communities) can do something to reach one and teach one....programs that are relevant and specific to our community have a deeper impact and show that we are all in this together...communities need to offer more of these types of events and we as families need to support them so we can learn and grow healthier children, mothers, and fathers in the black community."

Implications for future activities

While increased education and research is needed on how to better address the problem of obesity and unhealthy living in minority communities, simple steps can be taken in the short run to address barriers and solutions for healthier lives in urban and minority communities.

Recommendations for communities include:

1. Build partnerships with external organizations to meet needs of hard to reach communities and youth populations.
2. Work with health organizations to offer effective ongoing health activities for multiple age groups.
3. Provide free and/or affordable health education programs with youth serving organizations such as 4-H.
4. Partner with local universities to provide free and/or affordable health clinics and screenings for community members.
5. Use local faith based organizations and other community spaces to serve as a central point for monthly or special health initiatives.
6. Collaborate with local officials to influence local health programs and policies.

The goal of these suggestions is to provide health leaders, community members, local officials and other concerned citizens with strategies that can be easily implemented in communities. The approaches given are ones that can be easily integrated into the daily life and routines of all generations. Additionally, they offer a platform for potential health policy changes that help improve the health of families and communities.

Acknowledgements: We would like to thank all the volunteers, staff, community members, and church affiliates for their assistance and leadership in implementing this program.

References

Center for Disease Control and Prevention. (2015). Physical Activity and Obesity, *Division of Nutrition, Physical Activity, and Obesity*, Available at: <http://www.cdc.gov/obesity.data/childhood.html>

National Research Council. (2013). U.S. Health Perspective: Shorter Lives, Poorer Health. Washington: DC: *The National Academies Press*.

Shirley, L., Roark, M.F., & Lewis, L. (2012). Wellness works: A collaborative program for youth and adults in rural Utah. *Journal of Family and Consumer Sciences*, 104(3), 47.

Skinner, A.C., & Skelton, J. (2014). Prevalence and trends in obesity and severe obesity among children in the United States, 1999-2012. *JAMA Pediatrics*, doi:10.1001/jamapediatrics.2014/21,2014.