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Collecting Health Data With Youth at Faith-Based Institutions: Lessons Learned

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Faith-based organizations (FBOs) are ideal for health promotion but can present unique challenges in data collection. The present initiative included 6 years of awards to mostly small, rural, predominantly African American FBOs to conduct tobacco prevention lessons for youth in Grades 4–6 while they were attending summer Vacation Bible School. In 2005, these awards included \$1,500 disbursed to 64 geographically diverse FBOs who had never before received this funding. Lessons learned include the following: Plan for evaluation in every aspect of the project; pilot-test everything; use reminders judiciously; make backup plans at every step; personally collect data in a nonthreatening way; and safeguard data entry. Evaluation requires extensive time, money, and effort; so, in both the intermediate and the long run, this extra work is worth it.

Keywords: *faith-based institutions; evaluation; youth*

Historically, a community could be reached with health information through civic organizations, town hall meetings, fairs, local gathering places, churches, and by way of the local physician. Today, many organizations make mass media campaigns and school health initiatives their primary methods for addressing such issues as skin cancer (Gelb, Boutwell, & Cummings, 1994), condom use (Alstead et al., 1999), nutrition (Nicklas, Johnson, Myers, Farris, & Cunningham, 1998), seat belt use (Foss, 1989), and tobacco control (e.g., Pechmann & Reibling, 2000). However, churches and

other faith-based organizations (FBOs), such as religion-based summer day care programs, are resurging in popularity because they are an appropriate and relatively personal vehicle for health promotion. Evidence of this transformation is President Bush's faith-based initiative (Bush, 2001), the essence of which is that successful government social programs work in fruitful partnership with organizations that are community serving and faith based.

Churches and other FBOs have several advantages in health initiatives with culturally diverse populations. One, FBOs can reach many age, race, sex, education level, and income segments of the population. FBOs have unique access to disenfranchised subpopulations commonly underserved by the conventional health care system (Duan, Fox, Derosé, Carson, & Stockdate, 2005). Two, FBOs typically contain youth groups and view part of their mission as influencing youth. Three, FBOs are prominent and well respected in the community. Four, African American churches have typically embraced the mission of healing. For all of these reasons, FBOs can reach a broad segment of youth, particularly, minority youth, in a meaningful environment.

These advantages fit within a theoretical model that proposes that an interaction among researcher, site, participant, and community is critical to conducting research from diverse populations. Elements of this model include caring, reciprocity, trust, sensitivity, and involvement (Hautman & Bomar, 1995).

Health groups worldwide have recognized the fruitfulness of collaborating with FBOs. For example, in 1996, the American Public Health Association organized

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a caucus to bring together faith communities and public health officials on general health issues ("Caucus," 1996). Likewise, in tobacco use prevention, the World Health Organization's Tobacco Free Initiative sponsored a 1999 Meeting on Tobacco and Religion (World Health Organization, 1999). This meeting highlighted the notion that tobacco use can be viewed from a moral and ethical standpoint and that organized religion can provide useful information and assistance for health promotion programs with its members.

A number of faith-based health promotion initiatives have succeeded, including smoking cessation programs (for a review, see Ransdell & Rehling, 1996). Successful partnerships between health initiatives and FBOs are abundant in African American communities (e.g., Olson, 1989), Southern communities (e.g., Johnson, Noe, Collins, Strader, & Bucholtz, 2000), and southern African American communities (e.g., Sutherland, Hale, Harris, Stalls, & Foulk, 1997). Therefore, ignoring FBOs when planning community-based tobacco use prevention programs would be a crucial mistake, even though the evaluation process may be challenging because special populations (particularly minorities) simply get lost when lumped with the majority (Green & Kreuter, 1999). Furthermore, the evaluation process itself may interfere with caring, reciprocity, trust, sensitive, and involvement.

A *logic model* (see W. K. Kellogg Foundation, 2001), a flow chart of how an organization works, is built on the theory and assumptions underlying the program, and it provides an outline for evaluating an entire initiative. The present initiative was built within a logic model that was consistent with the best practices of the Centers for

Disease Control and Prevention (1999). This model includes three initial and two long-term outcomes. One initial outcome involves a change in youth knowledge and attitudes, and a long-term outcome includes decreased youth tobacco use (Reinert, Carver, Range, & Bobyricki, 2004–2005). FBOs can be appropriate venues for reaching youth, and a pre–post experimental design can illuminate changes in knowledge, attitudes, and behavioral intentions. The present article describes how the evaluation process of a tobacco prevention initiative in one state evolved over a 6 year period.

► BACKGROUND

Mississippi is a southeast central state where African Americans represent over one third of the population and where church attendance is higher than that of most areas of the country. For example, 6.8% of people in the southeast central United States report that they participate in religious activities nearly every week, and 9.2% report that they participate every week. These percentages are higher than that of the country as a whole, which is 4.5% for nearly every week and 6.9% for every week (Davis, Smith, & Marsden, 1999). Thus, Mississippi represents an ideal location to incorporate health promotion to reach African Americans into FBOs. Hence, the Partnership for a Healthy Mississippi (PHM), a nonprofit organization established from the state's tobacco settlement monies to direct statewide tobacco use prevention and control efforts, recognized that FBOs are essential allies in efforts to decrease youth tobacco use. Beginning in the summer of 1999, PHM funded antitobacco lessons that FBOs could incorporate into the activities of their already existing FBO activities.

Every year, the application process began with a request for proposals disseminated to lists of FBOs, newspapers, and leaders of tobacco use prevention coalitions throughout the state. When planning for a FBO-based health intervention, other avenues for dissemination can include electronic telephone directories and religious sources (Duan et al., 2005).

The specifications were similar every year, and they included the following in 2005:

- Attend an initial training session for FBO leaders.
- Conduct a five-session program on tobacco use prevention—Students Working Against Tobacco (SWAT)—for youth in Grades 4–6 that is individualized to the learning needs of children in this age group in Mississippi (Partnership for a Healthy Mississippi, 2000).
- Commit to having at least 25 youth in Grades 4–6 attend the SWAT Vacation Bible School sessions and monthly SWAT team activities during the subsequent school year.

- Conduct four health promotion lessons during regular weekly meetings some time in the subsequent year.
- Conduct at least one general awareness activity (e.g., speaking to a young adult class about the dangers of secondhand smoke) in their congregation.
- Participate in four health promotion community events.

Researchers attended the initial training session, meeting formally and informally with FBO leaders, to begin developing trust.

In 2005, PHM chose 67 FBOs out of 135 applications for awards of \$1,500, to be disbursed in three steps: one third at the beginning of the summer, one third at the end of the summer, and one third at the end of the following spring. Of these, 3 FBOs failed to attend the initial planning meeting and thus did not receive funding; so, 64 FBOs were actually awarded. Of these, 17 FBOs were selected as being geographically diverse and were thus eligible to receive an additional \$100 for completing an evaluation process that involved pre- and posttesting their youth. However, 1 FBO refused to participate in the data collection because it interfered with prayer time, and another could not be reached for confirmation; so, 15 FBOs participated in pre- and posttesting of their youth. These FBOs had not participated in PHM's previous summer grant programs.

All FBOs in Mississippi were eligible for funding, but the ones that applied for these grants were typically small and rural and predominantly comprised African American members. FBOs typically implemented the SWAT lessons as part of summer Vacation Bible School. For some FBOs, the Vacation Bible School dates had not been set when they made the grant application.

Evaluation included pretesting immediately before the first lesson on the 1st day of Vacation Bible School and posttesting immediately after the last lesson, typically on the last day of Vacation Bible School. Although FBO leaders conducted the intervention, researchers from PHM oversaw and, in most cases, conducted the pre- and posttesting. Evaluation was part of the process from the beginning, but it proved to be much more difficult than anticipated. Indeed, it took 6 years before the pre- and posttesting reached what might be considered acceptable levels. The following lessons are therefore based on 6 years of data collection in these FBOs.

► INTERVENTION APPLICATIONS

Lesson 1: Plan for Evaluation in Every Aspect of the Project

For many FBOs in the present initiative, requiring 25 youth in Grades 4–6 to participate was challenging because of the large number of participants. To meet

this requirement, the present initiative encouraged FBOs to include youth in their community. This proviso fit with the outreach charge that many FBOs include as part of the Vacation Bible School mission, and it promoted community involvement. However, some FBOs may have been reluctant to apply for grants in the first place because of this requirement. So, it is possible that these data were biased in some way. In the present type of initiative, requiring between 15 and 40 youth is reasonable. Building in some flexibility in the number of youth involved might help FBOs to see that they can apply this initiative in their own settings and thereby make these data more generalizable.

In the present initiative, the monetary award was \$1,500, plus an additional \$100 if an FBO participated in pre- and posttesting. FBOs typically used the award for T-shirts, refreshments, activities (such as barbecues), incentives for youth (such as pencils and prizes), and stipends for adult leaders. In some cases, the award helped pay the Vacation Bible School electricity bill. In comparison, an intervention to encourage fruit and vegetable consumption in African American churches in North Carolina provided \$2,500 to implement program activities, plus an additional \$1,000 for general church needs (Campbell et al., 2000). In the present project, FBOs did not complain about the amount of money, but some FBOs, especially, large or prosperous ones, may not have been interested because the amount of money was insufficient. For the small, rural FBOs in the present initiative, amounts such as \$1,500 enabled them to present five lessons at summer Vacation Bible School, develop youth teams that met monthly throughout the year, and incorporate other antitobacco projects. An additional \$100 was enough to encourage most of them to participate in pre- and posttesting.

In the present initiative, the \$1,500 award was disbursed in three installments, a plan that seemed reasonable because some of the FBOs were small and at risk for not completing their contract. However, the fact that they were expecting future moneys may have heightened their concerns about the evaluation process (e.g., “If we are not doing a good job, maybe they won't give us the next \$500”). Every detail of the project has ramifications for the evaluation process.

Lesson 2: Pilot-Test Everything

Pilot-testing should involve giving the questionnaires to youth who are the same age as those scheduled for data collection. Children of the evaluation personnel typically have high reading levels and extensive practice with data collection and, as such, are poor choices for pilot-testing. A better choice might be youth at an

FBO program or a school. To facilitate fine-tuning, ask the pilot youth to provide feedback on all procedures and instructions. Pilot-testing is prudent in all research, but it is especially important when the setting is nonacademic and the respondents are youth.

Pilot-testing can reveal problems with reading levels, which can be problematic with FBOs because they can be more casual than schools about placement, but such problems can also occur in instructions to FBO leaders. In the present initiative, mistakes included overlooking the high reading levels required of questionnaires, making poor wording decisions (such that *strongly agreeing* meant *absolutely not*), and using scales with reverse scoring with regular scoring on the same pages of a questionnaire. An extensive evaluation of Florida's TRUTH campaign, designed for youth aged 12–17, included *yes/no* questions (Sly et al., 2000) that, according to the Flesh-Kincaid reading level and the Flesh reading ease options available in Microsoft Word, have a Grade 10 reading level and a moderately difficult reading ease (53.4%). For a downward comparison, the children's nursery rhyme "Mary Had a Little Lamb" has a reading level of Grade 5.0 and a reading ease score of 86.5% ("Mary had a little lamb, its fleece was white as show, and everywhere that Mary went the lamb was sure to go. It followed her to school one day, which was against the rules. It made the children laugh and play to see a lamb at school"). For an upward comparison, the present article has a reading level of Grade 13.2 and a reading ease of 33.5%. Evaluation personnel can inadvertently design questionnaires that are difficult to impossible for many FBO youth to comprehend.

For example, at one point, evaluation personnel searched the scientific literature, finding several previously used, validated, age-appropriate questionnaires that covered the lesson plans. Then, the evaluation team changed the formatting slightly so that all questions had 5-point Likert responses, ranging from 1 (*always yes*) to 5 (*always no*). Five staff members reviewed the questionnaires, made editing changes for clarity, and approved the final version of the questionnaire. However, on the 1st day of data collection, many children expressed confusion about the wording of the items, and the tobacco prevention staff member herself had difficulty understanding some of the questions and explaining them to the youth. One poorly worded question was "I can say NO when someone tries to get me to smoke." Children in Grades 4 through 6 had trouble understanding that the *always yes* alternative meant that they always say no. Pilot-testing can illuminate problems with instructions, reading levels, awkwardness in wording, and other problems that are difficult to anticipate.

Lesson 3: Use Reminders Judiciously

Reminders are important for data collection personnel as well as FBO leaders and youth. In the present project, some FBOs rescheduled the dates of their Vacation Bible School after submitting grant applications. Reminder phone calls helped researchers catch scheduling changes that would otherwise have been missed. For data collection personnel, it is a good idea to post the data collection schedule and keep it updated so that staff can plan evaluation trips around other evaluation trips, personal leave, and other agency requirements. All personnel may need to answer questions or adjust the schedule when FBO leaders call.

For FBO leaders, the timing of reminders is delicate. A reasonable time to start calling to remind the FBO leaders of the upcoming evaluation is 1–2 weeks beforehand. A longer lead time reduces the value of the reminder. A shorter lead time reduces the chances of reaching someone. If the appropriate FBO person answers the phone, one can ask if it would be possible to call again the day or night before data collection. Reminder calls take enormous patience and dogged persistence, but they are very important.

Reminders work optimally if they have a personal touch. Many small FBOs have no telephones on the premises. Furthermore, some contact persons are reachable only when they happen to be physically located at the FBO, which is rarely during business hours. In these cases, regular phone reminders are untenable. However, regular mail produces a low response rate as well (Duan et al., 2005). For projects involving FBOs, it is important ask the contact persons about the most appropriate way to reach them. Do they use e-mail? If so, evaluation personnel can send an e-mail reminder and ask for an acknowledgment. The fact that these FBO leaders have personally interacted with researchers at the initial meetings enhances their responsiveness to reminders. Also, it is essential to obtain a cell phone number for the FBO leader who is directly involved with the program and to test this number. Modern technology can help researchers reach small, rural, demographically diverse FBOs.

Lesson 4: Build in Backup Plans

Backup plans are appropriate in all phases of all projects but may be especially needed for small, rural FBOs who may have no on-site personnel and less organizational history than that of businesses and schools. For example, many of the present grant recipients scheduled their Vacation Bible School on the same dates so that one day involved five data collections across the state. Hurricane Ivan caused everyone to change plans, and the absence of backup plans meant that some of these

data were never collected. Another group of grant recipients scheduled their Vacation Bible School to coordinate with the July 4 holiday weekend. Unfortunately, for the data collection process, many youth missed the last day of Vacation Bible School and thus had no chance to participate in posttesting. The absence of backup plans meant an extra high loss of data from pre- to posttesting and a potential skew of the data.

For another example, in one situation, evaluation personnel used a popular computer mapping program successfully and arrived at the destination with over an hour to spare. However, the FBO leader had provided her home address rather than the FBO address, and she commuted 45 min to her FBO. Directions from more than one source might reduce geographical misunderstandings. Oversampling data and getting multiple directions to the site are examples of backup plans that act as important insurance policies in collecting data from FBOs.

It is impossible to anticipate all problems that will occur during data collection at an FBO. Therefore, present experience indicates that one reasonable guideline is to plan on collecting at least 50% more data than are actually needed.

Lesson 5: Collect Data Yourself

Data collection may seem straightforward, but it is never so. FBO youth lack the experience with questionnaires that characterizes the life of college sophomores and may struggle over items that are easy for others. Well-meaning FBO leaders may not understand the concepts of anonymity or personal codes to enable researchers to match pre- and posttest data. Something unexpected will happen.

For example, one FBO organization seemed cooperative but scheduled its Vacation Bible School at a busy time. Evaluation personnel mailed the questionnaires to the FBO, and it returned them completed, but the data entry person noticed that all the questionnaires were in the same handwriting and contained the same responses to each question. Furthermore, in every questionnaire, the respondent's age was 33. One speculation is that a teacher may have been confused and believed that she herself, rather than her class, was responsible for completing the 20 forms. Another speculation is that this teacher forgot or neglected to ask the youth to complete the forms and so completed them herself. Despite thorough phone planning, this data collection effort failed because evaluation personnel were not there in person during data collection.

When there is absolutely no alternative to mailing the questionnaires, it is prudent to go to extra lengths to help FBO teachers and leaders administer them properly. In

the instructions, include a phone number so that a teacher who develops a question 10 min before data collection can call and get an answer. In the design of questionnaires, present experience cautions against front- and back-page questionnaires because many youth will fail to realize that there is a back page. Furthermore, in mailed questionnaires, it is helpful to place a line on the bottom of the first page that says that there is only one more page, a step that is unnecessary if evaluation personnel collect the data personally.

A particularly difficult situation for small, rural FBOs is pre- and posttesting. Errors arise when FBO leaders do not pay attention to the instructions, do not realize that the pretest questions must come before the posttest questions, and do not understand that the pretesting must occur before the training. It is essential that instructions are clear and bold, that pretests are on the top of the mailing container, and that pretests are in a different color from that of the posttests. It is a good idea to include a question about the date as a built-in check to ensure that pretesting actually occurred before posttesting. If at all possible, avoid mailing questionnaires in pre- and posttesting situations. For example, in one set of questionnaires, there was no place for the date, but some respondents spontaneously placed a date on their questionnaires. On the data from one FBO, the dates on the pretest questionnaires were later than those on the posttest data. Being there in person can forestall some problems that would undermine confidence that the data are accurate.

Lesson 6: Make Data Collection Nonthreatening

FBO leaders can be leery of the evaluation system, cautious about outsiders coming into their programs, unfamiliar with research, and daunted by multiple grant requirements. In the present initiative, the fact that the funding was disbursed in steps may have added to their concerns. So, in the present initial phone conversation, evaluation personnel stressed the point that the evaluation was not of their Vacation Bible School program but rather of the lessons on tobacco prevention provided to them. Evaluation personnel explicitly stated that answers on the evaluation questionnaires had no impact on funding. Evaluation personnel also explained confidentiality in terms that youth and adults could understand—for example,

There are no right or wrong answers. I [*pointing to self*] am the only person who is going to see what you wrote. No one at Vacation Bible School [*pointing to any teachers in the room*] will see your paper. And please do not write your name on your answer sheet.

Despite evaluation personnel efforts, many of the Vacation Bible School teachers and assistants who were teaching youth in Grades 4–6 did not understand the grant itself or the evaluation component. So, it was not surprising that they were, on occasion, defensive. For example, although evaluation personnel mentioned in every conversation and correspondence that the testing would take about 30 min on the first and last days, more than half of the time, the person in charge of the youth did not know or plan for this 30-min block of time. Consequently, posttesting was often rushed or makeshift, even though researchers always arrived at the FBO well in advance of the appointed time. In the future, plans are to ask FBOs to incorporate the evaluation into their schedules for the first and last days of Vacation Bible School. Establishing open communication is a must (Demark-Wahnefried et al., 2005), and encouraging questions at all points of the evaluation may help to address individual concerns and lessen the potential threatening nature of evaluation.

Lesson 7: Safeguard Data Entry

In health promotion organizations, data entry is often relegated to new staff members, who can be overconfident of their ability to enter data, who can lack investment in entering data correctly, or who can be unaware of simple strategies to check their data entry. Therefore, systematic quality control for data entry is crucial.

Researchers must verify data for accuracy at every step that involves human recording. One simple way to accomplish quality control involves only two steps. First, number all completed questionnaires. It is helpful to number questionnaires in the same place, such as in the upper-right corner, and in red. Second, relatively early in the data entry process, randomly select a few questionnaires so that a person other than the data entry person can check that data are entered correctly. Making an appointment for this two-step quality control check helps data entry personnel see firsthand the importance of their data. Having an official quality control procedure in place is helpful in ensuring integrity of the data.

In addition, accountability is important in data entry. Several steps incorporated into the data storage file can increase accountability. One, each data file needs to include three columns about the data entry person: who, when, and comments that he or she has about the data. Data entry personnel can notice irregularities or problems that everyone else would miss. More than one person may enter the data, so a column for the name of the person who entered that line of data is important. Two, each data file needs to include a column for order number to help future researchers retrieve individual

questionnaires, which are typically stored in large boxes in the back of the office or off-site in storage. Place the order number on the actual questionnaires in a systematic way, such as in the lower-left corner and in blue. Personalizing data entry and facilitating data retrieval helps make the data meaningful and accurate.

Several concrete steps in the data entry process can help the data entry go smoothly. One, data entry personnel can identify many errors by simply looking at the complete screen as they are entering data and before saving and exiting the system. Two, the value labels option in SPSS is an easy step to skip, but it is worth the few extra minutes. The equivalent in Microsoft Excel is the first line, which should contain the item number as well as the exact wording because questionnaires evolve and memories are unreliable. Evaluation personnel may find themselves examining data collected 2 years earlier, so having the exact wording is invaluable. Three, to prevent later mistakes, insist that any saved or printed output file contains a header identifying the data set and the date of analysis. Taking these concrete steps can greatly improve the quality of the data.

In addition, checking for outliers and empty boxes in Microsoft Excel, or using the frequencies option in SPSS, is critical. Evaluation personnel may not understand linear regression or other relatively complex data analysis techniques, but they should be able to use and understand frequencies. For example, in one project involving youth in Grades 4–6, three of the ages were 88, so that the average age for the entire group was 15.4. The frequencies option in SPSS immediately produced an average age that did not make sense; the average option in Microsoft Excel would provide this information as well. Researchers were able to identify three erroneous entries, which should have been 8, not 88. The entry name helped identify the person with the heavy fingers, who was cautioned to be on the lookout for this particular error.

Data from FBOs are rare and precious, and they should be safeguarded carefully. However, even if evaluation personnel are highly motivated and meticulous, human error is inevitable. Quality control, accountability, and some simple steps available in most data analysis programs can diminish data contamination.

► DISCUSSION

Collecting data from FBOs can be challenging, with unexpected pitfalls snagging researchers accustomed to the experimental rigor of a laboratory and to college student respondents. Furthermore, social interventions are embedded in environments that are too complex and dynamic to allow evaluators to determine

cause-and-effect relationships (Julian, Jones, & Deyo, 1995). However, pre- and posttesting can inform researchers about changes in immediate outcomes such as attitudes, beliefs, and behavioral intentions. This important tool must be used judiciously.

In the present initiative, the fact that the data collection was in new FBOs every year contributed to the difficulties in the process because FBO members typically had no history with evaluation or evaluation personnel. However, that most of the FBOs were small may have increased the impact of the intervention. For instance, in an intervention to increase fruit and vegetable consumption, members of small congregations perceived more impact of several interventions than did members of large congregations (Campbell et al., 2000). So, that the evaluation occurred in new, mostly small FBOs each year made the process difficult but the potential impact strong.

In working with African American churches, Demark-Wahnefried et al. (2005) recommended respecting the power of the pastor. Present lessons learned are consistent with this recommendation and add that it is important to respect the power of the person in charge of Vacation Bible School, who was often someone other than the pastor.

In working with African American churches, Demark-Wahnefried et al. (2005) also recommended obtaining the support of umbrella agencies, incorporating the strengths of the congregation, respecting the mission of the church, establishing open communication, and providing ample support and training. Present lessons add that personnel must plan carefully for evaluation because people in these settings are often unfamiliar with scientific principles, unprepared to be assessed, and focused on a mission that is more important to them than complying with the requests of an outside evaluation team.

► CONCLUSION

Evaluation requires extensive time and effort, and FBOs present unique challenges. However, if researchers adhere to an interaction model that includes trust, caring, sensitivity, reciprocity, and involvement, the scientific rewards can be great.

Even before the present project began, researchers worked to establish trust by meeting with FBO leaders formally and informally. During data collection, researchers built on this trust, calling leaders to remind them of upcoming appointments and collecting data personally. Furthermore, researchers demonstrated caring in concrete ways, such as always arriving early and often participating in FBO devotionals before collecting data. Caring and trust between researchers and FBO leaders

build a foundation of trust necessary in collecting data with culturally diverse individuals.

Present materials were tailored to youth attending FBOs, an important step in the present research design because it reflects sensitivity to the participants' concerns. Likewise, a culturally tailored community-based healthy lifestyle intervention in Detroit that was delivered by community residents over five sessions significantly improved glycemic control and reduced risk factors from diabetes (Feathers et al., 2005). In addition to receiving materials, present FBOs received \$1,500 for incorporating lessons into their Vacation Bible Schools, plus an additional \$100 for data collection. Although the financial outlay was relatively small, churches appreciated being able to decide how to spend the funds, which were often a sizable percentage of their yearly budget. These design components helped participating FBOs perceive some reciprocity between themselves and researchers. Sensitivity of intervention materials and research questionnaires, as well as reciprocity between FBOs and research entities, built on the initial foundation of trust.

The present design emphasized involvement by including follow-up requirements, such as forming health promotion teams that met monthly throughout the year. Trust, caring, sensitivity, reciprocity, and involvement contributed to the intervention as well as the evaluation. A plan to evaluate the evaluation was built on a logic model, one important component of which was pre- and posttesting. Researchers that thoroughly test the evaluation plan, use reminders judiciously, back up every aspect of the project, personally collect data in a non-threatening way, and safeguard data entry will find that in both the intermediate and the long run, this extra effort is worth it.

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