

ALLIANCE TO REDUCE OBESITY IN DC THROUGH FAITH-BASED COMMUNITIES

COMMUNITY ADVISORY BOARD MEETING

MINUTES

MEETING INFORMATION

Date:	July 22 nd , 2013	Location:	NSBC
Time:	6:00 PM	Meeting Focus:	Survey Instrument
Facilitator:	Dr. Tiffany Powell-Wiley	Note Taker:	Michael McClurkin
Timekeeper:	Dr. Tiffany Powell-Wiley		

Introduction (Dr. Tiffany Powell-Wiley):

- Presented an overview of the goal and aims of the Community Advisory Board, hereby referred to as CAB.
- Attendees introduced themselves and provided a brief background of themselves to CAB

Overview of responsibilities of the CAB and SCM (Dr. Allan Johnson):

- **Provided brief information on CAB and SCM responsibilities:**
 - a) Facilitate a bidirectional relationship between community members and advocates and research institutions
 - b) Increase recognition and understanding of Community Based Participatory Research

Overview on Progress for Protocol Approval: (Dr. Tiffany Powell-Wiley):

- The NIH/NHLBI has approved our protocol.
- Protocol will go to Howard University IRB for full-review approval.

Overview on Community Outreach Efforts (Mr. Eric Shropshire):

- Study team has met with the following entities to discuss and promote study project:
 - Councilmember Yvette Alexander (Ward 7, Chair-Committee on Health)
 - Councilmember Marion Barry (Ward 8)
 - DC Primary Care Association (DCPCA)
 - DC Cancer Consortium (DCCC)

- Upcoming Meetings:
 - Dr. Gloria Wilder, CoreHealth, Sheridan Row, SE DC
 - We aim to meet with Councilmembers Anita Bonds and Vincent Orange(At-Large, Ward 5), Councilmember McDuffie (Ward 5)
 - DC Department of Health, Chronic Disease and Cancer Bureau
- Update on Community Event
 - Study Announcements at
 - Plymouth Congressional UCC – June 30th
 - New Samaritan Baptist – July 21st
- Upcoming Events:
 - Study Announcement at Pennsylvania Ave Baptist – TBA (Sept 2013)
- Discussions for Ward 8 Site:
 - Matthews Memorial Baptist
 - Campbell AME
 - Assumption Catholic Church
 - Still seeking possible church sites in Ward 8 (Needed ASAP)
- **Overview on Progress for Potocol Implemenation: (Dr. Tiffany Powell-Wiley)**
 - Individuals will be informed of the protocol through information sessions held at participating Churches and Faith-Based Organizations (FBO).
 - Participants will be scheduled to the screening event to be held tentatively in October
 - At the screening, individuals will be given informed consent and complete the screening and survey instrument
- **Health Screening:**
 - Collective input is needed for data collection
 - Collective assistance is needed for dissemination to community members
 - Collective input is needed on behavioral change intervention
- **Suggestion** to change the name from the word “obesity” to “cardiovascular risks” or “heart health” – will meet as steering committee and put forward ideas for new name

Discussion on Survey Tool for Community Assessment

Survey Instrument Overview:

- The survey instrument will take approximately one-hour to complete.
- The questions used are directly from previously validated instruments.

- The psychosocial questions are not a direct measure of “heart” health like the Framingham Risk score. Rather, we intend to investigate whether there is an association between a psychosocial score and cardiovascular health

Feedback on the study tool and assessment event:

- Survey has too many questions
- Consider incorporating an element of spirituality or “church” into screening event
- Participants may not be able to comprehend survey due to layout and question verbage
- Participant retention concerns
- Focus group is a good idea
- Consider having mental health resources available for event
- Consider use of technology for collecting data
- Consider shortening the survey to “key questions”
- Consider addition of questions about dairy intake
- Consider gathering survey data in groups
- Consider color-coding and inserting illustrations to the instrument.

Outcome:

- Redesign the layout of survey
- Divide the survey into three parts for greater participant acceptance
- Conduct a focus group to evaluate completion of the survey and gain qualitative data about the questions from a population similar to those recruited for this study.

Closing:

- Will send out date and location for the next CAB meeting
 - Tentatively scheduled for Sept or Oct 2013

Meeting adjoined at 8:15 PM

Protocol Frequently Asked Questions (FAQs) are attached;

Protocol Frequently Asked Questions (FAQs)

What exactly are you doing on the screening day?

Participants will undergo blood pressure testing and a finger-stick blood sample will be taken to measure blood sugar, cholesterol, and other important markers of heart health. Height, weight, hip and waist circumference will be measured and individuals will complete a survey. Participants will also get instructions on how to use handheld devices and websites for measuring food intake and physical activity.

Will individuals receive any devices?

Yes, everyone would receive wrist worn physical activity monitor. A select group would receive camera to measure dietary intake for three days. A select group would receive a waist worn physical activity monitor. The physical activity monitors will be followed for one month. Data will be uploaded to a computer station at the Church.

Will participants be compensated for their time?

Yes, individuals will be compensated immediately after the screening if they complete all portions of the screening event.

What if a participant has severe health problems uncovered by the screening?

The patient will be referred to a health site if they do not have a primary care doctor or to emergency care if needed.

How many Churches or will be involved?

We currently have 3 sites across Wards 5 & 7. We would like to add another Church in Ward 8.

How many people total are you aiming to recruit?

We are aiming to recruit 100 individuals across 4 Churches (about 25 individuals per Church).

How will you collect physical activity data?

We will use waist-worn and wrist-worn devices to collect physical activity information.

Why are you doing this at Churches?

Churches are very well respected places in the African-American community that can lead in promoting improved heart health to at-risk individuals. They are great locations to interact with community members, allowing health care providers to meet people "where they are" and build trust.

What role will the pastor play in screening and behavioral invention?

As spiritual and community leaders, we would like our esteemed pastors to promote a message of personal health and well-being related to the protocol. We hope that they will also consider being participants in the study to serve as role models for church members who might be interested in participating.

Will the information learned from the screening be delivered back to the participants or churches?

We will come back to the churches to let them know what we have learned in this study and how we will develop an intervention based on the study. We will only present de-identified, aggregated information for all of the participants so that none of the participants' personal information is released.

Are you intending to just recruit Church members?

Our first priority will be to recruit individuals that attend the Churches with whom we have partnered. We hope to expand our work to the surrounding community of the church in the future.